

**DENTAL COUNCIL (NZ)**

**REPORT OF AN EVALUATION OF  
Royal Australasian College of Dental Surgeons**

**Dental specialist programmes in oral medicine, paediatric dentistry and  
special needs dentistry**

**December 2025**

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

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# SITE VISIT AND EVALUATION BY SITE EVALUATION TEAM

## Site visit conducted

8 – 10 & 12 December 2025

## Site evaluation team

### Core team

Prof Alison Dougall – Chair

Dr Callum Durward – NZ clinician

Dr Hiria McRae – Laymember

Dr Margaret-Rae Clark – Cultural safety member

### Discipline specific representatives

#### Oral medicine

Dr Roddy McMillan – Senior international academic member, UK

Dr Juan Bugueno – Senior international academic member, USA

Dr Kim Gear – NZ clinician

#### Paediatric dentistry

Dr Alex Keightley – Senior international academic member, UK

Dr Gabriella Garisto – Senior international academic member, Canada

Dr Callum Durward – NZ clinician

# SITE VISIT AND EVALUATION BY SITE EVALUATION TEAM

## **Special need dentistry**

Prof Alison Dougal – Chair, Senior international academic member, Republic of Ireland

Dr Helen Patterson – Senior international academic member, UK

Dr Joanna Ngo – NZ clinician

## **Programme provider**

Royal Australasian College of Dental Surgeons

Level 13/37 York street

Sydney NSW 2000

Australia

# EXECUTIVE SUMMARY

## 1. EXECUTIVE SUMMARY

Programme provider	Royal Australasian College of Dental Surgeons
Programme/qualification name	Fellowship of the Royal Australasian College of Dental Surgeons in Oral Medicine Fellowship of the Royal Australasian College of Dental Surgeons in Paediatric Dentistry Fellowship of the Royal Australasian College of Dental Surgeons in Special Needs Dentistry
Programme/qualification abbreviation	FRACDS(Spec OralMed) FRACDS(Spec Paed) FRACDS(Spec SND)
Programme length	3 years full-time
Registration division	Oral medicine specialists Paediatric dentistry specialists Special needs dentistry specialists
New Zealand Qualifications Framework Level	N/A
Accreditation standards version	New Zealand accreditation standards for oral health practitioner programmes (1 January 2021)
Date of site evaluation	8 – 10 & 12 December 2025
Date of Dental Council decision	3 March 2026
Type of accreditation	Initial Accreditation

# EXECUTIVE SUMMARY

Accreditation start date	3/03/2026
Accreditation end date	31/12/2030
Accreditation outcome:	<p>Accreditation with conditions subject to:</p> <p>Confirmation from Health NZ Te Whatu Ora on the:</p> <ul style="list-style-type: none"><li>• establishment of the dental specialist training registrar roles</li><li>• disciplines the roles are earmarked for</li><li>• secured duration of the roles, and</li><li>• agreement with the Royal Australian College of Dental Surgeons to undertake the training for these registrar roles.</li></ul> <p>These assurances are essential to demonstrate how the programmes can meet the accreditation standards.</p>

# EXECUTIVE SUMMARY

## Background

The Royal Australasian College of Dental Surgeons (RACDS or the College) developed three new fellowship programmes in the following dental specialist disciplines:

- Oral medicine
- Paediatric dentistry
- Special needs dentistry.

The training programmes have been established to address critical workforce shortages in Aotearoa New Zealand, particularly within the public health system. In 2024, Health NZ Te Whatu Ora published the New Zealand health workforce plan that referenced specific issues for the dental workforce and offered a commitment to fund six dental advanced training roles in Health NZ Te Whatu Ora. The College advocated for, and worked with Health NZ Te Whatu Ora, to secure the dental specialist registrar training roles. These new roles have not yet been confirmed.

The proposed programmes are structured, three-year full-time training programmes delivered in training posts within hospitals and health facilities across Aotearoa New Zealand. Initial planning is for a maximum of six trainees across the three disciplines; two trainees per discipline spread across the various training centres and years.

Three centres have met the College's standards to act as training sites for the three disciplines. The training centres are:

- Te Toka Tumai Auckland: all three disciplines, with paediatric dentistry placements limited to trainees in years two and three.
- Capital, Coast and Hutt Valley: all three disciplines, trainees across all years.
- Canterbury Christchurch : paediatric dentistry and special needs dentistry, trainees across all years.

These centres will be referred to as Auckland, Wellington and Christchurch through the report for ease of reference.

The College is currently only offering these programmes in Aotearoa New Zealand. To support the objective of increasing the New Zealand workforce, eligibility criteria for the programmes include citizenship or permanent resident status of New Zealand.

The key strengths identified by the College included: expanding the training options; the ability for trainees to be employed while pursuing postgraduate study resulting in less financial burden; training sites spread across the country with some able to stay close to their whānau and support structures; real-life experiences in

# EXECUTIVE SUMMARY

the clinical settings where most would practice; and the extensive clinical range and mix within diverse communities. The biggest risk is the unconfirmed training posts.

Self-directed and experiential learning form the cornerstone of the programmes. This is achieved through structured teaching, supervisor engagement, and shared learning platforms. The structured and modular curriculum design supports trainees to develop self-directed learning skills through the foundation year. Clinical development will be under appropriate supervision and guidance of dental specialists and other health professionals, and over time trainees will support service delivery. Patient safety and trainee competence are assured through regular, continuous, structured assessments with progressive clinical complexity and independence commensurate with the trainee's competence and performance. A research component fosters life-long learning, enabling critical analyses and appraisal of information, and improving research literacy.

The indicative timetables allocate 3.5 days per week spent in clinic, 0.5 days on teaching (foundation and advanced modules), and 0.5 days on research. Protected learning time is guaranteed through the Specialty Trainees of New Zealand (STONZ) and Residents Doctors' Association (RDA) Resident Medical Officer (RMO) collective agreements (referred to as collective agreements through the rest of the report).

The educational approach, programme design, and delivery, leverage off the structure of the RACDS oral and maxillofacial programme, accredited by Dental Council NZ since 2012. It also mirrors other local and international medical college training programmes.

On successful completion of the programme requirements, the trainee will be awarded a RACDS fellowship within the relevant discipline.

## Structure of the report

The findings are reported in two sections. Section 2.1 reports on accreditation standards 1, 2, 4 and 6 which common across all three programmes.

Section 2.2 contains programme-specific comments related to the curriculum and assessments, covering accreditation standards 3 and 5.

# EXECUTIVE SUMMARY

## Overview of the evaluation

A request for accreditation of the three new programmes were submitted to the Dental Council (the Council) at the end of January 2025.

Care was taken to identify respected, experienced and independent assessors for the review.

The site evaluation team (SET) comprised of:

- International senior academics and experienced dental specialist trainers across the three disciplines. They represented a mix of university-based and college-run teaching programmes from the United Kingdom, Canada, Ireland and the United States of America. Each member confirmed they had no involvement in the development or review of these proposed programmes, and no affiliation with the RACDS.
- Experienced dental specialists practising in New Zealand within each of these disciplines were appointed. Similarly, each of them confirmed no involvement in the development or review of these proposed programmes, and no approach or accepted role as potential supervisor of training or other teaching responsibilities within these programmes.
- A laymember and a cultural safety member, with no conflicts of interest.

The review process comprised of a joint review of the three programmes.

The accreditation standards common to all programmes were assessed collectively by a CORE team. The discipline specific reviews focussed on the programme design, delivery, resourcing especially for supervision, clinical experiences and assessments of the three programmes.

The programme submitted evidence on how they meet the accreditation standards. The SET reviewed the material and requested additional information or clarification to inform their understanding.

In November 2025 the Dental Council NZ issued a consultation on proposed changes to the prescribed qualifications for the oral medicine scope of practice. This fell outside of the ambit of this accreditation review process. The accreditation assessment of the oral medicine programme was conducted against current requirements. Any future changes will be handled in due course, dependent on the outcome of the Council decisions on the consultation following consideration of submission feedback.

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The interview stage further explored and validated the information provided. The interviews were held between 8 – 10 and on 12 December 2025. The New Zealand members attended the three training centres with Council staff. The international members joined virtually. Photos of the site walk-throughs were shared with the international members for review and commentary, with permission from the units.

Given the nature of a new programme, the College development team, director of training and supervisors of training were the primary stakeholders interviewed. They were supported by the hospitals' service directors/managers, clinical directors, head of departments, chief medical officers and senior medical trainers. A representative of the Australian Council for Educational Research attended a session in the capacity of an external consultant on the curriculum, assessments and examinations. In the absence of current trainees, two former university postgraduate students who attended these training centres shared their experiences during their clinical placements.

The review schedule is available as Appendix B.

## Overall key findings

The material developed was robust and extensive, and substantial resource commitment was evident. The College engaged constructively with the review process. Participants across the board were very enthusiastic, committed and supportive of the new programmes. The College is aware of the challenges the roll-out of these programmes will create. Their genuine desire and commitment to grow these disciplines to better serve and improve the health of the Aotearoa New Zealand public, was commendable.

The SET acknowledged the challenges and risks in establishing new programmes within very small disciplines, recognising that measures will be needed to manage initial risks while the programmes develop and can increase the number of dental specialists needed to supplement the staffing of the programmes.

On balance the SET considered that there were sufficient frameworks in place with robust processes and administrative support from the College. Clinical case load, patient mix and complexity will support dental specialist training. Clinical supervision, assessments and monitoring mechanisms were robust. The SET was satisfied that adequate resourcing was presented to support the planned maximum of six trainees across the three disciplines at any given time. Any increase to trainees or major changes to the staff resourcing presented across the three training centres, will constitute a major change and require consideration by the Council whether the accreditation standards continue to be met.

While primary training is the responsibility of the supervisor of training within the same discipline as the trainee, sufficient support by other suitable dental and medical specialists could be secured. Close monitoring of capacity in the sites with a solo discipline-specific trainer, is required. The Council emphasised that

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practitioners undertaking clinical teaching and supervision cannot practise outside of their own registered scope of practice or their competence and experience levels.

Accordingly, the SET recommends accreditation of all three new programmes to the Council, subject to the programmes meeting certain conditions within the defined timeframes.

Most significantly, confirmation from Health NZ Te Whatu Ora on the establishment of the dental specialist training registrar roles; the disciplines it's earmarked for; the secured duration of these roles; and an agreement with the Royal Australian College of Dental Surgeons to undertake the training for these registrar roles. Without these assurances, the programme is unable to meet the accreditation standards.

As the programmes move from development to implementation stage, several assurances and refinements are required. These include:

- revisiting the research requirement to be achievable within a three-year clinical programme
- clarification on some trainee selection aspects
- clear information to prospective and selected trainees on rotation requirements
- confirmed timetables
- evidence that all supervisors of training and others that may regularly support supervision of trainees have participated in induction, training, calibration, and ongoing calibration is assured
- assurance of cultural safety training or experiences by all those who teach and supervise trainees
- strengthened trainee support through formalised remediation planning
- mechanisms to promote and support trainees to establish a mentor relationship with somebody outside of their training programme, and ideally outside of their department, to support and advocate for them
- once the programme/s start: at the end of each of the first three academic years, provide an independent and external report on trainee and supervisor feedback of their experiences.

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For those accreditation standards common to all programmes, the SET considers that accreditation standard 1 (public safety), standard 2 (academic governance and quality assurance) and standard 6 (cultural competence) are met.

Accreditation standard 3 (programme of study), standard 4 (student experience), and standard 5 (assessments) are substantially met.

The conditions below describe in more detail the areas that must be addressed to ensure that all the accreditation standards are fully met. Recommendations for quality improvements are also included.

Programme-specific findings and conditions are detailed in section 2.2.

# EXECUTIVE SUMMARY

## Commendations

The following commendations are made:

1. Acknowledging the College's leadership and substantial commitment to resource the development and administrative support for the three new programmes, and advocate with Health NZ Te Whatu Ora for new dental specialist registrar training posts.
2. Recognising the NZ clinicians and others involved in the rigorous design and development of the curriculums, programme requirements and various other policy deliberations.
3. The enthusiasm and commitment demonstrated by all those involved in the interviews.

## Accreditation decisions

The Council grants accreditation with conditions until 31 December 2030 for the Royal Australian College of Dental Surgeons Fellowships in oral medicine, paediatric dentistry and special needs dentistry, subject to:

1. Confirmation from Health NZ Te Whatu Ora on the:
  - establishment of the dental specialist training registrar roles
  - disciplines the roles are earmarked for
  - secured duration of the roles, and
  - agreement with the Royal Australian College of Dental Surgeons to undertake the training for these registrar roles.

These assurances are essential to demonstrate how the programmes can meet the accreditation standards.

### Conditions related to all three dental specialist programmes:

By 30 May 2026:

2. Reconsider the research output requirements to be achievable within a three-year clinical programme and expand the options on how trainees can demonstrate research competence. Examples may include presenting or a poster at an international dental specialty conference, thesis or publication.  
Submit the updated research requirements, including the research assessment matrix and confirm that this component will be externally marked.

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3. Clarify the following on trainee selection:
  - a. Reframe the wording in the Trainee selection policy on the additional non-clinical references allowed for an application, to avoid the unintended perception that this is an additional barrier/task for indigenous applicants to complete to be considered for acceptance to the secured interview.
  - b. Clarify how the non-clinical references will be weighted in conjunction with the clinical references.
  - c. Reconsider the provision that “the selection panel may select referees from any consultant that the applicant has worked with and is not restricted to those listed in the application form”. This raises concern of a breach in privacy. If the provision is retained, at minimum, the applicant must give permission before another individual (to be identified to the applicant) is approached for reference purposes.
4. Clarify the following on trainee rotations between training centres:
  - a. For each discipline, whether rotations will be mandatory.
  - b. Additional information available to prospective and selected trainees on what such rotations may mean, at what stage of the training they may take place, and how the trainee will be supported.
  - c. Information on how training centres will be allocated transparently, fairly and equitably.
5. Teaching timetables demonstrating an agreed, common half-day didactic teaching session across all training centres.

By 30 September 2026:

6. Evidence that all supervisors of training and others that may regularly support supervision of trainees have participated in induction, training, calibration; and evidence to confirm ongoing calibration sessions will occur for those involved in assessments. The condition report to include details on the nature of activities undertaken, and assurance that all supervisors and assessors participated.
7. Assurance of cultural safety training or experiences by those who teach and supervise trainees to ensure that they are equipped and confident to role model, assess, provide constructive feedback and identify inappropriate behaviour. Their training and experiences must meet the Dental Council Haumarutanga ahurea/Cultural safety competencies defined in domain 6 of the discipline’s competencies.
8. Strengthen trainee support through formalised remediation planning for trainees identified as not performing at the pace or standard expected for that stage of the training programme.
9. Identify and facilitate mechanisms to promote and support trainees to establish a mentor relationship with somebody outside of the training programme, and ideally outside of their department, to support and advocate for trainee safety and wellbeing within such small disciplines and training programmes.

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Once the programme/s started, at end of each academic year for the first 3-year cohort:

10. An independent and external report on trainee and supervisor feedback of their experiences. This independent report be accompanied by a separate College response on their interpretation of the results, any actions taken/planned to address potential concern or risk identified.

## Condition specific to the oral medicine programme:

1. Before any training post is offered to an oral medicine trainee at the Wellington training centre, the following assurances be accepted by the Council:
  - a. Confirmation of supervisor of training permanent employment uptake, and details on FTE contract hours for the service.
  - b. Teaching timetable and evidence of structured supervision plans for times the supervisor of training is not available, given no other oral medicine resource is available within the unit.

## Conditions specific to the paediatric dentistry programme:

By 30 May 2026:

1. Clarify the minimum expectation of paediatric dentistry trainees to be able to administer nitrous oxide (single technique), and monitoring of a sedated patient. This to be clearly articulated in the competencies, learning outcomes, logbooks and assessment requirements.
2. Specialist paediatric dentistry supervision for trainees when rotating through Wellington hospital must be secured, especially for complex cases.

## Conditions specific to the special needs dentistry programme:

By 30 May 2026:

1. Clarify the minimum expectation of special needs dentistry trainees to be able to administer nitrous oxide (single technique) and intravenous sedation, and monitoring of a sedated patient. This to be clearly articulated in the competencies, learning outcomes, external training requirements, logbooks and assessment requirements.

Before the first special needs dentistry trainee placements at Wellington and Auckland training centres:

2. Confirm the planned clinical opportunities in the administration of intravenous sedation and domiciliary care either through new established opportunities within the training centre, or through rotations/external placements. Details to include the nature of the supervision.

# EXECUTIVE SUMMARY

## Recommendations

### Recommendations across all three specialist programmes

1. Consider purchasing equipment that can be shared across units as needed to support technical upskilling, such as typodonts, manikins or haptics.
2. Validate that all assessment templates include assessment criteria and guidance to ensure consistency in assessment (for example the 360-degree feedback form require guidance).
3. Explore opportunities to support training centres to increase on-site general administrative support for supervisors of training and trainees.
4. Continue to explore how the College can demonstrate active leadership to support the on-the-ground learning, mentoring and support for Māori and Pasifika trainees and Māori and Pasifika supervisors.

### Recommendation specific to the oral medicine programme

1. Consider placing the first oral medicine trainee at the Auckland training centre to allow the Wellington supervisor of training to fully immerse within the new consultant role and establish relationships with other dental and medical departments to fully support the oral medicine training. The Wellington supervisor of training supporting the Auckland training remotely in the interim, would be beneficial for all involved.

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

## 2.1 SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
1. Public safety is assured.	Combined response	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 programmes' aim is to produce highly competent and capable dental specialists, targeting hospital based dental specialist disciplines to grow the workforce for the public of Aotearoa New Zealand in areas of high demand and limited workforce growth.</li> <li>Ensuring optimal, ethical, and patient-centred dental care, along with recognising the collaborative role of the patient and carer in clinical decision-making are fundamental competencies defined for the dental specialty programmes.</li> <li>Education is delivered through planned learning experiences, with appropriate training time provided to develop, enhance and become competent.</li> <li>Support is provided by experts in their field.</li> <li>Research activities contribute towards developing life-long learners, ability to critically analyse and appraise information, and has the potential to contribute to the knowledge base and improve oral health care in New Zealand.</li> <li>The programmes are delivered across three New Zealand tertiary hospital centres where trainees, under appropriate guidance and supervision of dental specialists and other health professionals, will learn and over time support service delivery.</li> </ul>	Standard is met

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>As training registrars and employees of Health NZ Te Whatu Ora, trainees will be bound by its clinical governance, policies, processes and procedures.</li> <li>The proposed educational model follows the same approach as medical specialists training in New Zealand over many years, and internationally in medicine and dentistry.</li> </ul>	
		<p>1.2 Student impairment screening and management processes are effective.</p>	<ul style="list-style-type: none"> <li>The College developed various processes for screening and managing trainee impairment to maintain high standards of patient care and safety.</li> <li>These measures include:                             <ul style="list-style-type: none"> <li>Unconditional general dental registration with the Dental Council, and notifying the College within two working days of any changes to their registration status.</li> </ul> <p>Practitioners declare annually in their renewal for a practising certificate on their competence, health and any disciplinary proceedings/investigations.</p> <li>The Trainees requiring assistance policy sets out the processes used by the College for the early identification, support and management of trainees who might be experiencing personal or professional difficulties impacting on their learning or practice.</li> </li></ul> <p>The objective is to identify and manage trainees in this situation in a supportive, holistic and collaborative manner.</p>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		<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>• The College understands its mandatory reporting requirements of any health, competence or conduct concerns they may identify with trainees.</li> <li>• Trainees will work collaboratively with a wide range of health practitioners and other staff who can identify and notify of any concern they may have.</li> <li>• The hospitals where the trainees will learn also have various policies and procedures in place.</li> </ul> <ul style="list-style-type: none"> <li>• By incorporating a structured curriculum, progressive clinical training, and rigorous assessments, the programme ensures that trainees are equipped with the knowledge, skills, and professional behaviours required for safe and independent practice.</li> <li>• The programme is structured to promote incremental competency development, beginning with foundational knowledge and advancing to complex clinical skills.</li> <li>• Trainees begin by observing techniques or procedures.</li> <li>• They gradually assist with procedures, perform parts of them, and eventually complete them independently under supervision.</li> <li>• Iterative observed procedural skills assessments enable trainees to demonstrate progressive improvement in specific procedures.</li> <li>• Clinical progress assessment is further informed by the learning portfolio, logbooks and case reviews.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		<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>• Supervisors of training conduct midterm and six-monthly assessments to evaluate knowledge, technical skills, professional behaviours, and attitudes.</li> <li>• This ensures supervisors of training and the trainee know how they are tracking, and can identify any issues early on.</li> <li>• The programme is structured to ensure increasing levels of independence and complexity.</li> </ul> <ul style="list-style-type: none"> <li>• Each training centre has designated supervisors of training responsible for overseeing and supporting registered trainees. They take primary responsibility for the training.</li> <li>• Supervisors of training are supported by the director of training, who offers general oversight of the supervision and supervisors across the three programmes.</li> <li>• Roles and responsibilities are clearly articulated in the role descriptions.</li> <li>• All the supervisor of training roles have been appointed, and are dental specialists registered in the same discipline as the trainee.</li> <li>• Staffing profiles for each programme is detailed in the programme-specific summaries.</li> <li>• Most of the supervisors of training are highly experienced dental specialists, while those who entered the specialty more recently will be supported by experienced supervisors in the same training centre.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>The director of training has previous academic and programme lead experience, and is also a registered dental specialist in one of the three disciplines.</li> <li>Strong professional working and collegial relationships among the supervisors of training and director of training was evident during the interview sessions.</li> <li>The supervisors of training will be supported by other dental specialists in the same or related dental disciplines, experienced senior dentists and other medical specialists.</li> <li>Those involved in supervision cannot practise outside of their own registered scope of practice or their competence and experience levels.</li> <li>There was also strong commitment from experienced medical specialists and leadership across the training centres to support the new dental specialty programmes. This would facilitate interdisciplinary collaboration and clinical support for the dental supervisors.</li> </ul>	
		<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>The registrar training posts will be in Health NZ Te Whatu Ora hospitals, all with HealthCERT accreditation.</li> <li>Health and safety is a core component of the hospital policies, processes and procedures.</li> <li>During the site visits NZ members of the SET did a walk-through of three of the hospitals. No concern on compliance to standards was identified.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		1.6 Patients consent to care by students.	<ul style="list-style-type: none"> <li>Consent by patients for a trainee assisting with or providing care and treatment is routine in teaching hospitals, especially under general anaesthetic.</li> <li>Consent is recorded on the patient 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>As registered dentists, trainees will understand their legal, ethical and professional responsibilities.</li> <li>Trainees must comply with the Standards framework that articulate the ethical principles they must meet and professional standards they must adhere to.</li> <li>They declare compliance on an annual basis when renewing their practising certificate.</li> <li>Experienced colleagues working with the trainee will have an opportunity to further role model this for trainees, and will form part of the development journey towards becoming a dental specialist.</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 College has a Bullying, harassment and discrimination policy to support a safe learning space.</li> <li>The College is in the process of developing a Code of conduct that will also apply to College trainees.</li> <li>Professional behaviour forms part of various assessment templates. This includes a 360-degree feedback evaluation from various colleagues and hospital staff on the trainee's professional skills in a teamwork setting.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>The College appointed roles such as the director of training and supervisors of training will have a responsibility to protect the integrity and reputation of the programme, their own professional standing and that of the trainee.</li> <li>As registered oral health practitioners they also have a legal and ethical responsibility to notify the Dental Council of any breaches to ethical and professional conduct.</li> </ul>	
2. Academic governance and quality assurance processes are effective.	Combined response	2.1 Academic governance arrangements are in place for the programme and include systematic monitoring, review and improvement.	<ul style="list-style-type: none"> <li>The RACDS has an established and robust governance structure.</li> <li>An organisation chart was provided, and the various bylaws and terms of references for the following governance committees:               <ul style="list-style-type: none"> <li>Education policy board</li> <li>Board of studies</li> <li>Training and education committee</li> <li>Examination committee</li> <li>Trainee committee.</li> </ul> </li> <li>In addition, an accreditation panel was established, with a trainee selection panel to be set-up.</li> <li>Continuous review and improvement of the curriculum is the responsibility of the Training and education committee.</li> <li>The registrar of training has a pivotal role in educational leadership, and clinical and academic oversight where appropriate to ensure the maintenance of education standards</li> </ul>	Standard is met

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<p>and integrity of examination and assessment processes. An appointment to this role has been made. The appointee has extensive practice and academic experience, and well regarded.</p> <ul style="list-style-type: none"> <li>• An Academic integrity policy outlines a collective responsibility to protect, practice and promote academic integrity in all College assessment and examination activities. This includes computer-based examinations or any future delivery method.</li> <li>• The College policy framework outlines a broad framework for development of governance documents including policies, procedures and other related guidance material within the College.</li> <li>• The President of the College was a key member of the development team and implementation committee.</li> <li>• The College committees have been closely monitoring the development phase of these new programmes.</li> <li>• It will take time for the governance structure to be replicated as independent committees for these three disciplines – given the small nature of these disciplines. However, representation of these disciplines will be prioritised.</li> </ul>	
		<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>• Targeted dental consumer feedback on the curriculum itself was not sought, but the Board of studies that had oversight on the project has a consumer representative on it.</li> <li>• The Trainee committee will represent trainees, with one trainee also on the Board of studies.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>• It was evident that during the development phase extensive input from local and international professionals was sought. It was a collaborative approach.</li> <li>• External peer-review of the curriculums was undertaken that included academics with international recognition and experience from Australia and the UK.</li> <li>• The Australian Council for Educational Research (ACER) was engaged for external review of the proposed curriculums.</li> <li>• ACER also supported implementation of an examination framework for the oral and maxillofacial surgery programme—that was adopted for these proposed programmes.</li> <li>• ACER will continue to be involved in standard setting and will provide additional independent assessment expertise and resource.</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>• Once operational, annual surveys will inform programme monitoring and refinement. These include:               <ul style="list-style-type: none"> <li>○ Trainee selection survey</li> <li>○ Trainee induction survey</li> <li>○ Trainee survey</li> <li>○ Examination survey</li> <li>○ Supervisor survey.</li> </ul> </li> <li>• The data collected from annual surveys are shared with the Board of studies and appropriate committees to consider how best to respond to any emerging trends.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>The College routinely engages external subject matter experts in training, education and examination to assist with the development of training programmes.</li> <li>As an example, two recent external subject matter experts were appointed to the Education policy board.</li> <li>RACDS is also a member of various College networks, which also enable sharing of developments in medical education, assessments, examinations and other related sector matters.</li> <li>Regular informal and formal feedback opportunities and agile responses will be critical during the operationalising of the programme. The College demonstrated awareness of this need.</li> </ul>	
4. Students are provided with equitable and timely access to information and support.	Combined response	4.1 Course information is clear and accessible.	<ul style="list-style-type: none"> <li>Extensive information for trainees on the programme and College processes have been developed.</li> <li>This includes course curriculums, a training handbook, indicative calendars and mock timetables, and various policies.</li> <li>These resources will be hosted on the College's learning management system.</li> <li>An online platform for logbooks and portfolios will further improve accessibility and usability, and optimise monitoring.</li> <li>As the programmes move into implementation phase, some of the course material needs refinement and updating. This includes information on training centres, programme staff,</li> </ul>	Standard is substantially met

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<p>their registration status and roles within the training programme.</p> <ul style="list-style-type: none"> <li>The potential requirement for the trainees to rotate between different training centres was an area the SET identified where expectations should be more clearly articulated upfront to prospective and selected trainees.</li> <li>It was not clear whether these rotations would be mandatory, or optional. It further lacked detail on when during the training programme this may occur, and what the support for trainees would be compared with their own expected contributions.</li> <li>Given these trainees often have families or other dependants, transparency was needed for them to make informed decisions.</li> <li>To support the College's commitment to improve equity and to promote fairness and transparency – clarity is needed on how training centres will be allocated to trainees.</li> <li>Some further refinements to curriculum documentation are detailed in the specific programme reports.</li> </ul>	
		<p>4.2 Admission and progression requirements and processes are fair and transparent.</p>	<ul style="list-style-type: none"> <li>The Trainee selection policy clearly articulates the eligibility criteria, selection criteria and selection method, selection tools and weightings, and the application outcomes.</li> <li>The training handbook identifies the various assessments, ongoing monitoring, and passing requirements.</li> <li>The SET identified a few areas that require clarification and/or refinement around the trainee selection process. These are:</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>○ Reframe the wording in the Trainee selection policy on the additional non-clinical references allowed for an application, to avoid the unintended perception that this is an additional barrier/task for indigenous applicants to complete to be considered for acceptance to the secured interview.</li> <li>○ Clarify how the non-clinical references will be weighted in conjunction with the clinical references.</li> <li>○ Reconsider the provision that “the selection panel may select referees from any consultant that the applicant has worked with and is not restricted to those listed in the application form”.</li> </ul> <p>This raises concern as a breach of privacy. If the provision is retained, at minimum, the applicant must give permission before another individual (to be identified to the applicant) is approached for reference purposes.</p>	
		4.3 Students have access to effective grievance and appeals processes.	<ul style="list-style-type: none"> <li>● A number of policies exist to enable trainees with options when they believe that they have been adversely or unfairly affected by a decision of the College. These include:               <ul style="list-style-type: none"> <li>○ Reconsideration, review and appeals policy</li> <li>○ Complaints policy</li> <li>○ Administration complaints policy.</li> </ul> </li> <li>● The appeals process is a staged with the three distinct stages – escalating along the process if the outcome remains unacceptable for the applicant/trainee.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>• These processes are already well established within the College for its other programmes.</li> <li>• The collective agreements further standardises the provision of various support mechanisms.</li> <li>• The College intends to develop a mentoring programme.</li> <li>• The College advocates for proactive early identification and intervention to resolve issues promptly and informally, if possible.</li> <li>• Trainees also have access to the College's Trainee assistance programme that provides them free and confidential access to professionals to assist with a range of problems.</li> <li>• Unfortunately, professional relationships sometimes do deteriorate or just don't work.</li> <li>• Given the very small disciplines with most clinicians involved in the training programme, relatively small dental departments, and the trainee-supervisor-employment power imbalance, external mentoring and advocacy for the trainee is strongly encouraged.</li> <li>• The College is requested to identify and facilitate mechanisms to promote and support trainees to establish a mentor relationship with somebody outside of the training programme, and ideally outside of their department, to support and advocate for trainee safety and wellbeing.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	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>• Regular and ongoing monitoring of trainee progress and oversight on multiple levels allow early identification of trainees that are struggling.</li> <li>• Working alongside a range of clinicians would further expose trainees to different teaching styles, and informal feedback or escalation to the supervisor of training.</li> <li>• A number of policies are set up to identify and support trainees who require additional assistance:               <ul style="list-style-type: none"> <li>○ Trainees requiring assistance policy</li> <li>○ Special consideration in examination and assessment policy.</li> </ul> </li> <li>• The SET considered that the mechanisms to identify trainees that may be struggling, were strong.</li> <li>• There is room for more proactive, formalised remediation planning. Developing some formal structured learning plans that are available to supervisors to leverage off, when needed, would be beneficial.</li> <li>• While these can be individualised based on the trainee’s specific need, it would also facilitate some consistency and equity across the training centres.</li> <li>• The College should consider purchasing equipment that can be shared across units to support trainee’s technical upskilling when needed, such as typodonts, manikins or haptics. For example, experienced trainers on the SET reported</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			refinement of molar endodontic skills was required from time-to-time.	
		4.5 Students are informed of and have access to personal support services provided by qualified personnel.	<ul style="list-style-type: none"> <li>In the training handbook, trainees are advised that the College has partnered with Converge International, specialists in psychology and wellbeing, to give trainees access to confidential, personal coaching and counselling service that provides support for a variety of short term, personal or work issues.</li> <li>Professionals include psychologists, social workers and management coaches.</li> <li>All sessions are entirely confidential and are fully subsidised by the College.</li> <li>The hospitals also have personal support services available for their employees.</li> <li>The programme allows part-time training, interrupted training or deferral of training which may be approved in a range of circumstances, including ill-health or parental duties.</li> <li>The College also has a Special consideration in examination and assessment policy.</li> </ul>	
		4.6 Students are represented within the deliberative and decision making processes for the programme.	<ul style="list-style-type: none"> <li>The Trainee committee represents the interests of trainees within the College structures.</li> <li>A Trainee committee for these disciplines will be established once the training commences.</li> <li>There is a trainee position on the Board of studies.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		<p>4.7 Equity and diversity principles are observed and promoted in the student experience.</p>	<ul style="list-style-type: none"> <li>• Given the small programme size and the hurdles that will occur during roll-out of these new programmes - close monitoring of trainee and supervisor of training experience and wellbeing is required.</li> <li>• For this reason, at the end of each academic year for the first 3-year cohort the Council requires:               <ul style="list-style-type: none"> <li>○ An independent and external report on trainee and supervisor feedback on their experiences.</li> <li>○ This report to be accompanied by a separate College response on their interpretation of the results, any actions taken/planned to address potential concern or risk identified.</li> </ul> </li> <li>• The trainee selection policy allows applicants who identify as Māori, Pacific Peoples, Aboriginal or Torres Strait Islanders and meet the eligibility criteria to automatically proceed to the interview stage.</li> <li>• Strong cultural safety learning components will ensure trainees and supervisors of training have opportunities to learn, self-reflect, teach and role model cultural safety – which ultimately benefits patient care and outcomes.</li> <li>• As employees of Health NZ Te Whatu Ora and through the collective agreements trainees have equal rights and protections.</li> <li>• All learning material are available for trainees and supervisors on the learning management system.</li> </ul>	

## SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>Other required learning resources are available through Health NZ Te Whatu Ora.</li> <li>Trainees earn as they learn, which makes the pathway achievable and equitable for more dentists.</li> </ul>	
6. The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.	Combined response	6.1 The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand.	<ul style="list-style-type: none"> <li>In November 2024 the College published its Māori health strategy and action plan 2024 – 2027 (Māori health action plan).</li> <li>It provides a roadmap for achieving the vision of Māori health equity and a dental workforce that is culturally safe and competent.</li> <li>The Māori health action plan states: “The College acknowledges the significance of Te Tiriti o Waitangi as the foundation for policy review, development, planning, and the establishment of partnerships.”</li> </ul>	Standard is met
		6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery.	<ul style="list-style-type: none"> <li>In 2020 College published a Statement of intent to:                             <ul style="list-style-type: none"> <li>Strengthen the engagement of Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand within the College’s education programmes.</li> <li>Ensure increased participation of Aboriginal and Torres Strait Islander and Māori organisations.</li> </ul> </li> <li>This was followed in 2022 with the publication of the RACDS Reflect reconciliation action plan, expressing the College’s support the intent of the Uluru Statement from the Heart - recognising Aboriginal and Torres Strait Islander peoples in</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<p>the Constitution of Australia, which would allow Indigenous representation in the laws and policies affecting them.</p> <ul style="list-style-type: none"> <li>○ The reconciliation action plan defined actions and timelines across the areas of relationships, respect, opportunities and governance.</li> <li>● The Māori health action plan defines objectives, actions and measures for success against the following strategies: <ul style="list-style-type: none"> <li>○ Governance: to ensure Indigenous representation at RACDS governance level in order to include important perspectives of mana whenua.</li> <li>○ Policy development: to strengthen policy development of RACDS with the inclusion of Māori oral health evidence and advice relevant to Aotearoa New Zealand.</li> <li>○ Māori knowledge and capability: to enhance the cultural capability and competency of RACDS and its members.</li> <li>○ Workforce development: to encourage and track RACDS Māori membership and to ensure they are supported in their careers.</li> <li>○ Relationships: to engage in authentic relationships with professional institutions and Māori organisations, to help promote RACDS and its programmes.</li> </ul> </li> <li>● In 2024 the College established its Indigenous advisory committee with three Māori representatives.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>The College is a member of Australasian College networks, where various Indigenous health and cultural responsiveness initiatives are underway.</li> <li>These developments collectively demonstrates the College's commitment to indigenous health and equity, and the action plans aligns with the principles of Te Tiriti o Waitangi.</li> <li>The College acknowledges that this is a journey that will require sustained effort and commitment.</li> </ul>	
		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.	<ul style="list-style-type: none"> <li>A Māori representative was an integral member of the development team, with involvement over the last 18 months and ongoing involvement during the implementation phase.</li> <li>A Pasifika member joined deliberations later through the process, predominantly at training centre level.</li> <li>Manaakitanga was used to describe their experiences - their voices being heard, respected and valued. In their opinion, Te Ao Māori was weaved and actioned throughout the process.</li> </ul>	
		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).	<ul style="list-style-type: none"> <li>Cultural competence and safety are embedded across the learning outcomes and assessment matrices. This was a conscious effort during the development stage.</li> <li>Mapping of the learning outcomes and assessment confirms this.</li> <li>A range of cultural competence and safety resources are available to trainees and supervisors, and include:</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>○ He Ako Hiringa, Centre for Culture Ethnicity and Health: Ideas on culturally safe consultations - A discussion on communicating to improve medicine access equity</li> <li>○ Groundwork: Applying Te Tiriti</li> <li>○ Health Quality &amp; Safety Commission - Te Tāhū Hauora: 3 modules on understanding bias in health care               <ol style="list-style-type: none"> <li>1. Understanding and addressing implicit bias</li> <li>2. Te Tirit o Waitangi, colonisation and racism</li> <li>3. Experiences of bias</li> </ol> </li> <li>○ Te Mauri o Rongo - NZ Health Charter</li> <li>○ Health NZ Te Whatu Ora: Ko Awatea Mandatory Training Modules and other Cultural safety modules available through HealthLearn. Access limited to account holders – health organisations and/or Health NZ Te Whatu Ora employees</li> <li>○ Ministry of Health - Manatū Hauora Ao Mai Te Rā podcast, Anti-racism kaupapa</li> <li>○ Mahi Tahi: Indigenous health campaign, Prof Papaarangi Reid</li> <li>○ Mauri Ora - Māori health education and research professionals: Foundation course in cultural competency</li> <li>○ Whitireia: Cultural safety for health professionals</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>○ Aki Hauora App: Free phone app - game that teaches Te Reo medical phrases</li> <li>○ Royal New Zealand College of Urgent Care: Cultural safety and equity resources</li> <li>○ Council of Medical Colleges (CMC): a range of general resources, publications and a CMC cultural safety toolkit which includes interactive self-reflection and reflective cycle tools, literature and environmental scan, and a baseline cultural safety report.</li> <li>○ Royal Australasian College of Physicians: Podcast: Pomegranate Health, a podcast about culture of medicine</li> <li>○ The Harvard Implicit Bias test</li> <li>○ International Journal for Equity in Health: Why cultural safety rather than cultural competency is required to achieve health equity: a literature review</li> <li>○ Malu learning (previously known as YOUR MOB learning), Indigenous cultural awareness course bundle. (College licence holder).</li> <li>● The majority of these resources are free with some requiring nominal fees.</li> <li>● The focus of the learning is for trainees and supervisors to understand bias, unconscious bias and racism.</li> <li>● Various self-reflections tools are included in the resources.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		<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 cultural safety session at the induction week is reinforced by further self-directed learning, and ongoing self-reflection by trainees and supervisors during the clinical supervision monitoring and assessments.</li> <li>• Workplace-based assessments, such as DOPS, Mini-CEX and 360 feedback include sections on ensuring:               <ul style="list-style-type: none"> <li>○ trainees recognise and respects cultural considerations</li> <li>○ the consent process is culturally appropriate</li> <li>○ culturally safe language is used, that trainees communicate in a culturally respectful manner and that trainees demonstrates respect and understanding of diverse cultural values and beliefs</li> <li>○ trainees show a commitment to culturally safe care in all professional interactions.</li> </ul> </li> <li>• These assessments are reviewed by the supervisor of training, director of training and Training and education committee.</li> <li>• Hospital staff, including the dental departments, are diverse and offer ongoing learning and role modelling opportunities.</li> <li>• The big training centres serve diverse populations, especially in Auckland, which will offer rich learning experiences for trainees.</li> <li>• As reported in more detail under section 3.9, ensuring cultural safety training or experiences by all those who teach and supervise trainees is required to offer assurance that they are</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			equipped and confident to role model, assess, provide constructive feedback, and identify inappropriate behaviour.	
		6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.	<ul style="list-style-type: none"> <li>The integral involvement of the Māori representative during development, and their reported positive experience offer assurance to the programme's commitment to ensure cultural safety is weaved through the learning and assessment aspects of the programme.</li> <li>Pasifika involvement more recently is positive, and will continue through the delivery of the training programme, for example involvement during the induction week.</li> <li>The three Māori members on the College Indigenous advisory committee were kept informed through the development phase, and were reported as being very supportive of the initiative.</li> <li>The Indigenous advisory committee ensures Māori engagement and will continue to advise and support the College on indigenous matters.</li> </ul>	
		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"> <li>The Trainee selection policy has provision for applicants who identify as Māori, Pacific Peoples, Aboriginal, or Torres Strait Islander to automatically proceed to the interview stage.</li> <li>The SET considered this a very positive initiative.</li> <li>Further, the College recognises the value of the applicant's connection and engagement with their various communities.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>To facilitate a more holistic approach in getting to know the applicant, these three programmes invite non-clinical references. This is new for the RACDS.</li> <li>Any applicant can choose to provide these references. It is not mandatory.</li> <li>These non-clinical references can relate to any community aspect, for example volunteering, religious leaders.</li> <li>The Māori representative on the development team described this as respecting Māori's Tino Rangatiratanga, allowing the kaumātua, iwi, hapu to speak on behalf of their people.</li> <li>It will demonstrate a real connection to their community. A relationship beyond the transactional.</li> <li>The Māori action plan establishes strategies to encourage and track RACDS Māori membership and for them to be supported in their careers.</li> <li>The Council's annual accreditation report also tracks enrolment and retention of Māori and Pasifika trainees.</li> </ul>	
		<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"> <li>An extensive range of resources are made available to trainees and clinical supervisors via the learning management system.</li> <li>In addition to the trainee induction, all Health NZ Te Whatu Ora hospitals will have their own induction processes which includes cultural safety.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>• Strong Māori support agencies are active within the NZ hospital services, for example Hauora Māori health teams, Kia ora Hauora.</li> <li>• Similar Pasifika support services are available.</li> <li>• These services and mentors are available to support Māori and Pasifika whānau along their journey.</li> <li>• Māori supervisors of training will contribute to day-to-day teaching and supervision of trainees, while Māori and Pasifika dental practitioners will also support teaching and clinical supervision of trainees.</li> <li>• While the College has demonstrated many positive initiatives and progress, the College is encouraged to continue to explore how they can demonstrate active leadership within these programmes to support the on-the-ground learning, mentoring and support for Māori and Pasifika trainees and Māori and Pasifika supervisors.</li> </ul>	
		<p>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 Māori Dental Association) in achieving cultural competence to oral health practitioners.</p>	<ul style="list-style-type: none"> <li>• The Māori health action plan recognises the importance of establishing partnerships - "To better understand the rights, interests, and perspectives of Māori, the College will actively engage with Māori communities, foster partnerships with Māori organisations".</li> <li>• The key partner identified by the College was Te Ao Mārama - Aotearoa Māori Dental Association.</li> </ul>	

# SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> <li>Engagement with Te Ao Mārama was confirmed, with ongoing College commitment to further develop the relationship and explore opportunities for collaboration.</li> <li>The College is also exploring opportunities for collaboration with Ngā Mokai o Ngā Whetu – the Māori Dental Students' Association.</li> <li>The Māori representative on the development team has extensive iwi and hapu connections, and was energetic about potential opportunities for partnerships to grow the Māori workforce to serve their communities.</li> </ul>	
		6.10 Staff and students work and learn in a culturally appropriate environment	<ul style="list-style-type: none"> <li>The College has a <i>Bullying, harassment and discrimination policy</i> to support a safe learning space.</li> <li>Some of the Health NZ Te Whatu Ora cultural safety learning resources focus on increased awareness and promoting equity for the disability and rainbow communities.</li> <li>Health NZ Te Whatu Ora has workplace safety obligations with various policies and procedures in place.</li> <li>Mechanisms exist within these facilities to raise concerns. The employer has a legal obligation to keep staff and patients safe.</li> </ul>	

# ORAL MEDICINE SPECIFIC REPORT

## 2.2 SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

### Fellowship of the Royal Australasian College of Dental Surgeons in Oral Medicine

#### Key findings for the FRACDS (Spec OralMed) programme

In November 2025 the Dental Council NZ issued a consultation on proposed changes to the prescribed qualifications for the oral medicine scope of practice. This fell outside of the ambit of this accreditation review process. The accreditation assessment of the oral medicine programme was conducted against current requirements. Any future changes will be handled in due course, dependent on the outcome of the Council decisions on the consultation, following consideration of submission feedback.

The curriculum learning outcomes and curriculum content represented contemporary oral medicine practice. The clinical exposure across the two training centres was comprehensive and considered appropriate for oral medicine specialist training.

At the Auckland training centre, strong interdisciplinary learning and collaboration with other dental and medical specialties were confirmed. In Wellington, similar relationships will have to be reconfirmed and strengthened once the new consultant starts their role.

Based on current resourcing, both training centres confirmed a maximum of one oral medicine trainee at each site at any given time.

The supervisors of training were committed, demonstrated a strong working relationship and had aligned expectations. The biggest risk to the oral medicine programme is the limited number of oral medicine dental specialists in each training centre. Especially at the Wellington training centre where the newly appointed oral medicine specialist is only taking up their role early in 2026 at 0.7FTE as a solo oral medicine specialist at the unit. While support and clinical supervision by oral and maxillofacial surgery, and timetabling, would assist with scheduling and offering trainee support and supervision, it was considered a risk.

To mitigate the risk, it is proposed that the first oral medicine trainee starts their training at the Auckland training centre. Confirmed appointment, agreed timetable and back-up supervision support must be accepted by the Council before an oral medicine trainee is confirmed at the Wellington training centre.

Given the small number of clinical supervisors and heavy service demands, appropriate supervision, and supervisor and trainee wellbeing must be closely monitored.

# ORAL MEDICINE SPECIFIC REPORT

## Accreditation decision for FRACDS (Spec OralMed) programme

The SET considers that accreditation standard 3 (programme of study) and standard 5 (assessments) are substantially met.

The SET recommends that the Fellowship of the Royal Australasian College of Dental Surgeons in Oral Medicine be granted accreditation until 31 December 2030, subject to:

Confirmation from Health NZ Te Whatu Ora on the:

- establishment of the dental specialist training registrar roles
- disciplines the roles are earmarked for
- secured duration of the roles
- agreement with the Royal Australian College of Dental Surgeons to undertake the training for these registrar roles.

These assurances are essential to demonstrate how the programmes can meet the accreditation standards.

### Oral medicine programme specific condition:

1. Before any training post is offered to an oral medicine trainee at the Wellington training centre, the following assurances be accepted by the Council:
  - a. Confirmation of supervisor of training permanent employment uptake, and details on FTE contract hours for the service.
  - b. Teaching timetable and evidence of structured supervision plans for times the supervisor of training is not available, given no other oral medicine resource is available within the unit.

### Oral medicine programme specific recommendation:

1. Consider placing the first oral medicine trainee at the Auckland training centre to allow the Wellington supervisor of training to fully immerse within the new consultant role and establish relationships with other dental and medical departments to fully support the oral medicine training. The Wellington supervisor of training supporting the Auckland training remotely in the interim, would be beneficial for all involved.

# ORAL MEDICINE SPECIFIC REPORT

## Summary of findings for the Royal Australasian College of Dental Surgeons in Oral Medicine

Standard Statement	Criteria	Evidence	Assessment
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"> <li>The curriculum is based on adult learning principles and a commitment to lifelong learning.</li> <li>Self-directed and experiential learning form the cornerstone of the programme, achieved through structured teaching, supervisor engagement, and shared learning platforms.</li> <li>The structured and modular curriculum design support trainees to develop self-directed learning skills through the foundation year.</li> <li>The curriculum allow stepwise progression for trainees to work through modules in an order and pace that suits them, within their practice context and within the programme timeframe.</li> <li>The educational approach, programme design, and delivery leverage off the structure of the RACDS oral and maxillofacial programme, accredited by Dental Council NZ since 2012.</li> <li>The recently reviewed UK curriculum was used for international benchmarking during development, followed by international academic review and refinement.</li> <li>The educational approach is similar to other international college-run, work based dental and medical education.</li> </ul>	Standard is substantially met
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> <li>The curriculum reflects the Dental Council oral medicine scope of practice.</li> <li>The graduate outcome domains are based on the Royal College of Physicians and Surgeons of Canada's CanMEDS Framework.</li> <li>Domains include dental expert, communicator, collaborator, leader, dental advocate, scholar, and professional - supported by broad competencies</li> </ul>	

# ORAL MEDICINE SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<p>and learning outcomes for each module. These are described in the programme curriculum.</p> <ul style="list-style-type: none"> <li>• The following evidence were provided:               <ul style="list-style-type: none"> <li>○ mapping of the Dental Council NZ/Dental Board of Australia oral medicine competencies against the programme's broad competencies</li> <li>○ curriculum mapping outlining the learning outcomes for the foundation and advanced modules required to attain the entry-level competencies.</li> </ul> </li> <li>• The oral medicine curriculum covers the following advanced modules:               <ul style="list-style-type: none"> <li>○ Oral immunity and immune-mediated diseases</li> <li>○ Oral and maxillofacial pathology</li> <li>○ Advanced pharmaceuticals</li> <li>○ Oral potentially malignant diseases</li> <li>○ Oral and maxillofacial oncology</li> <li>○ Supportive care in oncology and palliative care medicine</li> <li>○ Salivary gland disease</li> <li>○ Neurological and psychological medicine</li> <li>○ Pain medicine</li> <li>○ Temporomandibular disorders</li> <li>○ Infectious disease and sexual health medicine</li> <li>○ Oral systemic diseases and multidisciplinary medicine</li> <li>○ Paediatric oral medicine</li> <li>○ Dental sleep medicine</li> </ul> </li> </ul>	

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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"> <li>○ Adjunctive technologies in oral medicine.</li> <li>● The mappings demonstrate alignment, with no key gaps identified.</li> </ul> <ul style="list-style-type: none"> <li>● The indicative timetables provided allocate 3.5 days per week spent in clinic, 0.5 days on teaching (foundation and advanced modules), and 0.5 days on research.</li> <li>● The exact patient numbers will vary across the various training centres depending on the types of patients referred each year, and the regional location of the hospital.</li> <li>● There was a high level of confidence that across the two health regions adequate clinical case load and patient mix suitable for oral medicine training will be available to trainees.</li> <li>● The assessment framework captures competence across relevant patient numbers, case types, and core skills required.</li> <li>● Logbook templates and frequent monitoring by the supervisor of training, with oversight from the director of training, will track trainee exposure and progression through the required case types.</li> <li>● A logbook template for oral medicine was provided, and the clinical exposure was categorised across the following areas:               <ul style="list-style-type: none"> <li>○ Mucosal</li> <li>○ Salivary</li> <li>○ Neurological</li> <li>○ Medication</li> <li>○ Additional clinical</li> <li>○ Biopsies and other procedures</li> </ul> </li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Different clinics attended.</li> <li>● The logbook then listed detailed diseases, procedures, therapies, techniques, different clinic attendances etc.</li> <li>● The proposed training centres for oral medicine are Auckland and Wellington, both large tertiary hospitals.</li> <li>● The College's accreditation reports across the two proposed training centres for oral medicine stated:               <ul style="list-style-type: none"> <li>○ Auckland offers Oral Medicine clinics including mucosal, orofacial pain, salivary and oral manifestations of systemic disease.</li> </ul> <p>The oral medicine service currently accepts inpatient referrals, with planned reopening of other referral pathways now that a full-time oral medicine consultant is available.</p> <p>During the SET interviews it was reported that 400-500 consultations per year occur, with 1500 recall patients on record.</p> <p>Auckland serves a very diverse population.</p> <li>○ Wellington runs six oral medicine clinics per week, offering opportunities for trainees to manage both new and follow-up patients. High-acuity OM patients are admitted to Wellington Hospital when required.</li> </li></ul> <p>Referrals cover central and lower part of North Island, and top of the South Island.</p> <p>Outpatient regional services are also offered.</p> <li>● The oral medicine supervisors of training were confident that the case range would be overarching, diverse and complex enough to support oral medicine specialist training.</li>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Some examples mentioned during the interviews included: range of biopsies of varied mucosal presenting pathology, ablation procedures, intralesional steroid therapy, TMD patient management, occlusal appliance therapy and adjunctive splint, head and neck – endoscopy, diagnostics, oro-pharyngeal carcinoma, pain medicine, neurotoxin injections, telehealth initial consultations etc.</li> <li>• The only disease identified with a lower prevalence compared with some other major international education centres was vesiculobullous disease. However, Auckland region has sufficient bullous cases that will adequately support clinical training opportunities.</li> <li>• Should clinical gaps be identified, shared learning or site rotations can occur in year 3. These rotations will enhance the breadth of clinical experience and ensure competency requirements are met, but may not be essential to attain competence across the oral medicine scope of practice.</li> <li>• The SET was satisfied that the patient load, case mix and complexity would support oral medicine training at a specialist level.</li> <li>• The strong working relationship between the two supervisors of training would facilitate sharing of interesting learning material, or identification of suitable cases to supplement a trainee’s learning experiences.</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>• The programme design comprises approximately 70% supervised clinical activity and 30% structured didactic, research, and assessment components.</li> <li>• Didactic teaching and research complement clinical practice, providing the theoretical and evidence-based underpinnings of specialist training.</li> <li>• Learning topics across the foundation modules are delivered through a mix of internal and external resources.</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Internal teaching includes tutorials, journal clubs, case-based discussions, radiology rounds, research workshops, professionalism sessions, and supervisor-led small groups conducted within accredited hospital sites.</li> <li>• These provide coverage of topics such as clinically applied anatomy and imaging, dentoalveolar surgery, oral pathology, core research methods and evidence-based practice, and ethics and professionalism.</li> <li>• Each trainee will be required to attend a “Foundation Week” at the beginning of their first year which will consist of trainee induction, an introduction to cultural safe practice and other specialty specific teaching.</li> <li>• Clinical training is combined with service delivery, with each patient offering learning opportunities.</li> <li>• Trainees are exposed to a range of consultants/specialists who demonstrate role modelling.</li> <li>• Supervisors of training offer ongoing informal and structured feedback to trainees.</li> <li>• The mid-term formative and 6-monthly summative assessments track trainee progress and ensure accountability by both parties.</li> <li>• Structured monitoring of the supervisor reports by the RACDS Board of studies ensures equity across training centres.</li> <li>• The following evidence was presented to support the learning structure:               <ul style="list-style-type: none"> <li>○ annual calendar of training</li> <li>○ overview of induction week</li> <li>○ draft four-week rotation roster to integrate didactic sessions with clinical practice</li> </ul> </li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
	<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>○ foundations modules mapping with internal and external delivery sources, and identification of the different teaching and learning modes</li> <li>○ reading lists</li> <li>○ programme curriculum</li> <li>○ assessment requirements</li> <li>○ logbook templates</li> <li>○ indicative timetables with protected weekly learning time, which RACDS and the hospitals have agreed will be standardised across sites on the same day and time to facilitate joint didactic teaching</li> <li>○ protected learning time is mandated by the collective agreements under which registrars are employed</li> <li>○ protected teaching and professional development time for supervisors (30% non-clinical time) guaranteed under SECA for senior medical and dental officers.</li> <li>● There was a question about the need for unconditional registration to practise medicine in New Zealand as an eligibility criterion for the oral medicine programme. Practising medicine in New Zealand is not a requirement for registration as an oral medicine specialist in New Zealand. The College is encouraged to reconsider this requirement.</li> <li>● The research requirements presented are:               <ul style="list-style-type: none"> <li>○ Completion of an article that has been accepted for publication in a peer-reviewed dental journal, where the trainee is the first author.</li> <li>○ Submission of a literature review.</li> </ul> </li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Ethics approval, if required.</li> <li>○ Presentation of research at a national or international conference, recognised by the College.</li> <li>○ Completion of research courses as recognised and prescribed by the College.</li> <li>● During the induction week there is a dedicated session on research techniques.</li> <li>● Trainees must also attend the Royal Australasian College of Surgeons (RACS) Critical literature evaluation and research (CLEAR) course as part of their foundation year.</li> <li>● Research literacy is further developed through case presentations, tutorials, journal clubs.</li> <li>● One session a week is allocated for research.</li> <li>● Research proposals must be submitted by August in year 1, with structured reviews by the Board of studies to confirm feasibility and ethics clearance. Six-monthly progress reporting, and the final manuscript submission is required by December of year 3.</li> <li>● To support this timeline, supervisors of training have already begun compiling potential research projects to assist trainees in meeting the programme requirements.</li> <li>● Up to 18 months extension to meet the research requirements can be granted after passing the fellowship examination, but the trainee cannot be awarded the fellowship before the research requirements have been met.</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>The SET team supports the requirement for a postgraduate programme to have a research component suitable for the level and nature of the programme.</li> <li>All SET teams shared concern about the feasibility of the research requirements – especially those members who themselves are research supervisors and longstanding academics.</li> <li>The proposed research requirements closely mirror the output required by the OMS training programme, a four-year programme compared to the 3 years for this programme.</li> <li>The SET considered the timeframes for the various stages very steep – and perhaps even unattainable within a busy clinical programme. Especially given ethics approval will likely be involved.</li> <li>During the interviews it was offered that the research component was often the component that held OMS trainees up from completing their programme requirements.</li> <li>The SET considers that the research output requirements must be reconsidered to be achievable within a three-year clinical programme, and options on how trainees can demonstrate research competence be expanded.</li> </ul> <p>Examples may include presenting or a poster at an international dental specialty conference, thesis, or publication.</p> <ul style="list-style-type: none"> <li>The quality assurance can be achieved through the assessment matrix and external assessment.</li> </ul>	
	<p>3.6 Students work with and learn from and about relevant dental and health professions to foster</p>	<ul style="list-style-type: none"> <li>Multidisciplinary teamwork is embedded into the learning outcomes and the Directly Observed Procedural Skills assessment.</li> </ul>	

# ORAL MEDICINE SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
	interprofessional collaborative practice.	<ul style="list-style-type: none"> <li>• The training programme calendar reference multidisciplinary team activities. These could include routine interdisciplinary meetings and participation in multi-disciplinary teams.</li> <li>• Trainees will receive supervision from other appropriately qualified healthcare professionals outside of their supervisor of training.</li> <li>• Trainees will have the opportunity to rotate through other hospital departments to broaden their clinical experiences and interprofessional collaboration.</li> <li>• Oral medicine training will include immersive clinical rotations. During the interviews, existing working relationships with oral and maxillofacial surgery was demonstrated. The Auckland training centre also reported on established relationships and opportunities with dental sleep medicine (that offer exposure to otolaryngologists and respiratory physicians), and dermatology, with opportunities for future participation of oral medicine trainees in the Auckland based medical-based chronic pain clinic, attending paediatric grand rounds, hospital grand rounds.</li> <li>• Trainees will also interact regularly with nurse practitioners.</li> <li>• Material shared confirmed involvement of external speakers, adjunct faculty, specialists from other hospital departments and healthcare professions contributing to didactic teaching, supervised rotations, and sessions during the trainee induction week.</li> <li>• During interviews across the three training centres, there was commitment expressed from Health NZ Te Whatu Ora head of dental departments, chief medical officers, and senior medical and dental consultants in various disciplines to work collaboratively with the proposed dental specialist training programmes.</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> <li>• Beyond the clinical learning opportunities for trainees, the medical colleagues' training experience and collegial support will be greatly beneficial during the roll-out phase of the new programmes.</li> <li>• The roles and responsibilities of the director of training, supervisor of training, and research supervisor have been provided.</li> <li>• The appointment process for supervisors of training is via the Board of studies, usually on the recommendation of the director of training.</li> <li>• Appointments of the director of training and supervisors of training across the training centres have been made, and all participated in the SET interview sessions.</li> <li>• The director of training has previous educational and programme lead experience. One of the key functions of this role is to mentor and support the supervisors of training.</li> <li>• All supervisors of training have teaching hospital appointments as oral medicine consultants.</li> <li>• Some supervisors of training have had non-training registrars in their units, have supervised or mentored house surgeons or postgraduate university students during placements.</li> <li>• The individuals identified to support the didactic teaching include academics, Australian dental specialists, researchers, medical specialists, nurse, sedation training provider, and experts in medical law, ethics.</li> <li>• All external resources are reviewed and endorsed by RACDS governance committees to ensure quality and relevance.</li> <li>• Research intensity varies across the training centres. Trainees are supported through external mentorship arrangements, including</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<p>partnerships with university academics, statisticians, and hospital research offices.</p> <ul style="list-style-type: none"> <li>• External research supervisors may be appointed where specialist expertise is required, and multi-centre or medical collaborations are encouraged to broaden exposure.</li> <li>• A staffing matrix was provided of the dental department staff across the training centres, with the following information:               <ul style="list-style-type: none"> <li>○ Names</li> <li>○ Scope of practice</li> <li>○ Qualifications</li> <li>○ Practice experience.</li> </ul> </li> <li>• Planned supervisor of training induction and ongoing training is structured to ensure that all supervisors of training are equipped to provide clinical and educational supervision. A draft induction training day schedule was shared.</li> <li>• Supervisors of training will have access to training modules, and an induction pack which will include a list of learning resources, recommended e-learning courses, wellbeing conversation prompts, resources with tools to manage conflict, and supervisor scenarios to support reflective practice and practical decision-making.</li> <li>• Examples of training courses available to supervisors of training include Te Whatu Ora's Ko Awatea supervision modules/workshops, Royal Australasian College of Physicians Supervisor Professional Development Program, Royal Australasian College of Surgeons Foundation Skills for Surgical Educators.</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Embedding a new programme, taking responsibility for a full-time trainee, and being involved in teaching will be new for most of the supervisors of training.</li> <li>• Robust induction, training, calibration and mentoring of supervisors of training will be essential to support the teaching and protect the wellbeing of the supervisor of training and trainee.</li> <li>• Evidence that all supervisors of training and others that may regularly support teaching and supervision of trainees have undertaken supervision induction, training and calibration is required before the programme starts.</li> </ul>	
	<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"> <li>• The College accreditation reports and training centres' self-assessment forms confirmed the following:               <ul style="list-style-type: none"> <li>○ Evidence of accreditation by HealthCERT (New Zealand) to undertake care</li> <li>○ Access to library resources with core textbooks and journals – either hard copies or online</li> <li>○ Computers and internet access.</li> </ul> </li> <li>• The College has an established learning management system where trainees and supervisors have access to a suite of online resources and forums.</li> <li>• A new digital logbook and assessment platform will streamline processes, ensure consistency, transparency, and alignment of training outcomes. This system will be rolled out for the OMS programme in 2026.</li> <li>• The SET's New Zealand clinicians, laymember and cultural safety member walked through facilities from the three proposed training centres. This covered Auckland Greenlane, Hutt Valley and Christchurch hospitals.</li> </ul>	

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		<ul style="list-style-type: none"> <li>• Photos were shared with the international members of the SET, with permission from the units.</li> <li>• This confirmed appropriate clinical treatment rooms, access to pathology and dental laboratory facilities, Titanium patient records, digital radiography, sterilisation services, theatres, sedation and recovery spaces, resuscitation equipment. No concerns on patient safety or compliance to standards were identified during the walk throughs.</li> <li>• Dedicated trainee learning spaces with sufficient space and light, a desk, PC and screen/s, internet, access to online journals/textbooks and some physical libraries were confirmed.</li> <li>• During interviews those already involved in medical teaching at each of the training centres assured the SET that the teaching hospitals are well equipped and versed with trainee registrars.</li> </ul>	
	<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"> <li>• New Zealand registered dentists entering postgraduate study are experienced dentists and need to be culturally safe for practice. Some foundation knowledge is assumed through their experience.</li> <li>• However, the programme needs to ensure all trainees meet the expectations and apply cultural safe care in their clinical practice.</li> <li>• The curriculum mapping demonstrated where the entry-level competencies for cultural safety were integrated within the programme.</li> <li>• The Directly Observed Procedural Skills, Mini-Clinical Evaluation Exercises, and the Trainee Assessment Report include criteria for culturally safe practice and cultural competency.</li> <li>• Resources available in the learning management system include:               <ul style="list-style-type: none"> <li>○ Haumarutanga ahurea - Cultural Safety for oral health practitioners in Aotearoa NZ</li> </ul> </li> </ul>	

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		<ul style="list-style-type: none"> <li>○ Te Tahu Hauora HQSC: Learning and education modules on understanding bias in health care</li> <li>○ RACDS Cultural Safety Induction Program</li> <li>○ RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety (with permission from RACP)</li> <li>○ Malu Learning (formerly YOUR MOB LEARNING) Indigenous Cultural Awareness Course Bundle</li> <li>● Some interviewees were less confident in describing how cultural competence and safety can be demonstrated and assessed within their clinical practice.</li> <li>● Assurance of cultural safety training or experiences by those who teach and supervise trainees is required to offer assurance that they are equipped and confident to role model, assess, provide constructive feedback, and identify inappropriate behaviour. Their training and experiences must meet the Dental Council Haumarutanga ahurea/Cultural safety competencies defined in domain 6 of the discipline's competencies.</li> </ul>	
	<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"> <li>● Collaboration and resource sharing are integral to the programme delivery and are supported through structured teaching, supervisor engagement, and shared learning platforms.</li> <li>● An earmarked afternoon session agreed to by all training centres will be allocated to group learning activities. A Wednesday afternoon was proposed, but some indicative timetables shared did not yet facilitate this.</li> <li>● These joint learning sessions will cover tutorials, journal clubs, and case presentations.</li> <li>● This approach allows for coordination of the sequencing of didactic teaching across sites, ensuring efficient use of subject expertise, while</li> </ul>	

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		<p>minimising duplication of effort. These contribute towards sustainability of the programme. It further strengthens the consistency of teaching across the programme, contributes to interdisciplinary collegiality, and allows for peer and trainee contact.</p> <ul style="list-style-type: none"> <li>• Supervisors of training, other qualified healthcare professionals and subject specialists contribute to didactic teaching on either a one-off or rotational basis, depending on the subject matter.</li> <li>• Research support can be accessed through other hospitals, including Auckland Hospital who has 230 research projects underway with expertise such as biostatisticians, epidemiologist. Similarly, in Christchurch the adjacent University of Otago medical school offer strong research support opportunities.</li> <li>• Trainees can apply for research grants through the New Zealand Dental Association and other annual research grant rounds.</li> <li>• Interviews demonstrated strong commitment from the director of training, supervisors of training, head of dental departments to the proposed new programmes.</li> <li>• Interviews with those involved in medical training confirmed that under SECA their teaching time is well protected and respected within the teaching hospitals – everyone understands the importance of this to develop the future workforce and to protect patient safety.</li> <li>• It was acknowledged that while service demands are high on consultants, over time the trainees would also contribute towards service delivery.</li> <li>• Both proposed training centres confirmed good dental assistant and patient pathway support.</li> </ul>	

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		<ul style="list-style-type: none"> <li>• While sufficient administrative support exist, some centres may benefit with more general administrative support for supervisors of training and trainees.</li> <li>• The College will establish an education officer role that will be responsible for administering all aspects of the three proposed training programmes.</li> <li>• All supervisors of training are registered dental specialists within the same discipline as the trainee.</li> <li>• The supervisors of training take primary responsibility for providing hands-on clinical training and supervision, ensuring appropriate case exposure, and undertaking trainee assessment and feedback.</li> <li>• They will be supported by other dental specialists, experienced senior dentists and other medical specialists.</li> <li>• The Auckland training centre reported:               <ul style="list-style-type: none"> <li>○ 1.5FTE oral medicine specialists (3 clinicians), with the supervisor of training available at 1FTE. Another 1.5FTE oral medicine vacancy remains.</li> <li>○ A range of other dental specialists and medical specialists can support the training, including oral and maxillofacial surgery, dermatology.</li> </ul> </li> <li>• The Wellington training centre reported:               <ul style="list-style-type: none"> <li>○ The oral medicine consultant at Wellington starts their contract in 2026, at 0.7 FTE.</li> <li>○ It is planned that for the periods that the oral medicine consultant is not available, that trainees will use that time for their self-directed learning and research, as well as multidisciplinary clinics, oral and maxillofacial surgery rotations in the head and neck clinic, or potentially buddying with plastic and reconstructive surgery trainees.</li> </ul> </li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ As a smaller unit, the supervisor of training indicated a maximum capacity of 1 oral medicine trainee at any given time.</li> <li>● Given the oral medicine supervisor of training at the Wellington training centre has not yet fully commenced their employment, additional assurance of starting their employment, formalised timetables, and structured supervision plans for the time they are not available must be provided before training commences at Wellington.</li> <li>● Ideally, the first oral medicine trainee placement to be at the Auckland training centre to allow the Wellington supervisor of training to fully immerse within the new consultant role and establish relationships with other dental and medical departments to fully support the oral medicine training. Supporting the Auckland training remotely in the interim would be beneficial for all involved.</li> <li>● Not all staff listed in the various documents have confirmed their participation in training. Involvement with the training is not mandatory, but it is hoped that the collegial and professional support for the profession will promote broad involvement.</li> <li>● Trainees must always have adequate and appropriate clinical supervision commensurate to their level of competence, experience and activities undertaken.</li> <li>● While teaching and supervision can be shared, those involved cannot practise outside of their own registered scope of practice or their competence and experience levels. If they do, they will breach the law and professional obligations and be held accountable.</li> <li>● Clinical supervisors remain responsible for the patient care delivered by the trainee.</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
	<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"> <li>• All trainees will be employed by Health NZ Te Whatu Ora as registrars and covered by the collective agreements.</li> <li>• The College submitted the following demonstrating commitments to the proposed training programmes:               <ul style="list-style-type: none"> <li>○ Expressions of Interest: Hospitals have confirmed their intent and commitment to act as accredited training centre, providing placements, case exposure, and supervision consistent with RACDS standards.</li> <li>○ Health NZ Te Whatu Ora engagement: Positive discussions are ongoing with Health NZ Te Whatu Ora, and it is anticipated that funding support for six initial training positions will be provided through the employing hospitals.</li> <li>○ While funding arrangements are ultimately between Health NZ Te Whatu Ora and each hospital, these discussions reflect strong support for the programme's establishment and sustainability.</li> <li>○ College accreditation: Although the Council does not solely rely on the College's accreditation of the training centres, it does demonstrate an expression of interest by the unit to offer training, and meet the College's requirements to act as a training centre.</li> </ul> </li> <li>• Collectively, these demonstrate commitment to assure placement, supervision, and resourcing across the proposed training centres.</li> <li>• The training programmes are intrinsically reliant on the establishment of the proposed six dental specialist training registrar posts by Health NZ Te Whatu Ora.</li> <li>• Confirmation of the establishment of the training registrar posts, the disciplines it's earmarked for, an indication of the secured duration of these posts, and an agreement with the RACDS to undertake the training</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<p>for these registrar posts is essential to demonstrate how the programme can meet the accreditation standards.</p>	
<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>• A comprehensive assessment framework was evident.</li> <li>• The programme handbook sets out the mandatory assessment and examination requirements.</li> <li>• A diverse range of assessments are spread across all years of training and cover a broad range of subject matter at different and progressive levels, including basic knowledge, application of knowledge, clinical competence, and professional performance.</li> <li>• The assessment framework was appropriate, comprehensive and as expected for a dental specialist training programme.</li> <li>• The Australian Council for Educational Research (ACER) was engaged for implementation of the examination framework – leveraging off work they have previously completed for the FRACDS OMS programme.</li> <li>• An interview with an ACER representative confirmed that they supported the College with development and review of the examination framework for the three proposed programmes. Their ongoing involvement on standard setting will provide additional independent assessment expertise and resource.</li> <li>• The SET specifically explored the requirement for the RACDS Primary dental sciences (PDS) examination as an entry criterion for training.</li> <li>• The College explained that the PDS examination is intended to complement, rather than duplicate, the Year 1 science teaching within the programme. Year 1 provides contextualised teaching, framing foundational sciences, such as anatomy, physiology, pharmacology, and paediatric or special care dentistry topics, directly within the clinical context of each specialty.</li> </ul>	<p>Standard is substantially met</p>

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>The SET was satisfied with the College response, and that the PDS was not an unnecessary barrier but would support learning and development within the foundation year.</li> <li>A similar requirement is not uncommon in other local and international College dental and medical training programmes.</li> </ul>	
	<p>5.2 All required professional competencies are mapped to learning outcomes and are assessed.</p>	<ul style="list-style-type: none"> <li>The following assessment details was provided:               <ul style="list-style-type: none"> <li>Mapping of the teaching modules and the various assessment tools used within the module.</li> <li>Topics for core case presentation, direct observation of procedures, mini clinical evaluation exercises, topics for critical appraisals.</li> <li>Foundation exam blueprint.</li> <li>Fellowship exam blueprint.</li> </ul> </li> <li>The SET was satisfied that the assessment framework covered the core clinical oral medicine areas, and provides for assessment of professional behaviour, communication, and cultural safety.</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 diverse range of assessments, blending summative and formative elements, distributed throughout the training duration was presented.</li> <li>A teaching mode register was provided detailing the various modes of assessment, the frequency and/or timing, and the evidence of engagement it measure.</li> <li>This included:               <ul style="list-style-type: none"> <li>Direct observation of procedures (DOPS)</li> </ul> </li> </ul>	

# ORAL MEDICINE SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Trainees are assessed on technical skills and ability to perform dental procedures safely. Includes feedback sessions and a global competency rating.</li> <li>○ Structured feedback sessions on DOPS completed.</li> </ul> <p>Mini clinical evaluation exercise (Mini-CEX)</p> <ul style="list-style-type: none"> <li>○ Focusses on initial patient consultations across different settings to assess communication, clinical examination, and management planning skills.</li> <li>○ Direct observation and evaluation during patient consultations, feedback provided immediately after.</li> </ul> <p>Critical appraised topics (CATs)</p> <ul style="list-style-type: none"> <li>○ Evaluates a trainee’s ability to critically analyse scientific literature and apply evidence-based findings to clinical practice.</li> <li>○ Trainees present in a seminar format.</li> </ul> <p>Case presentations (case-based discussions)</p> <ul style="list-style-type: none"> <li>○ Assesses clinical decision-making and the application and use if dental knowledge in relation to patient care.</li> <li>○ Includes trainee self-reflection and detailed feedback from assessors.</li> </ul> <p>360-Degree feedback evaluation</p> <ul style="list-style-type: none"> <li>○ Comprehensive evaluation involving self-assessment and feedback from various colleagues the trainee work and interact with. Assesses professional skills in a teamwork setting.</li> <li>○ This assessment is undertaken in year 2 of training.</li> </ul> <p>Logbooks and portfolios</p>	

# ORAL MEDICINE SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Trainees maintain comprehensive logbooks and portfolios, documenting clinical cases and reflecting on their learning journey.</li> <li>○ Continuous documentation of clinical cases, semi-annual review.</li> </ul> <p>Examinations – summative assessments</p> <ul style="list-style-type: none"> <li>○ The Foundation examination assesses baseline dental skills and knowledge and readiness for advanced training.</li> </ul> <p>Written and oral examination on patient care scenarios</p> <ul style="list-style-type: none"> <li>○ The Fellowship examination evaluates a trainee's capability to independently manage complex patient cases as a dental specialist.</li> </ul> <p>This examination comprises of a comprehensive written exam, and an oral examination that includes case presentations and discussions.</p> <ul style="list-style-type: none"> <li>● Multiple assessment formats ensure comprehensive evaluation of the required competencies.</li> <li>● The assessment approach represents contemporary workplace-based assessment practices, supplemented by assessment and examinations to validate application of knowledge, critical analysis and evaluation, and clinical judgement.</li> <li>● No concern on the range and type of assessments were raised.</li> </ul>	
	<p>5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.</p>	<ul style="list-style-type: none"> <li>● A structured approach to assessments are followed.</li> <li>● Copies of the various assessment form templates were provided:               <ul style="list-style-type: none"> <li>○ DOPS</li> <li>○ Mini-CEX</li> <li>○ Trainee assessment by supervisor of training</li> </ul> </li> </ul>	

# ORAL MEDICINE SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ 360-degree feedback evaluation form (assessment guidelines not included)</li> <li>○ Trainee improvement plan for when trainees receive a borderline or unsatisfactory outcome for their 3- month or unsatisfactory for 6-month assessments.</li> <li>● The templates included assessment criteria and guidelines, except for the 360-degree feedback form that needs guidance to ensure consistency in assessment.</li> <li>● Assessment and examination policies were provided.</li> <li>● Examinations are conducted under the oversight of the Examinations committee and registrar of training.</li> <li>● The examinations will follow a marking and calibration system close to that used in the OMS programme.</li> <li>● ACER will have continued involvement in the assessment and examination components, and standard setting.</li> <li>● Structured feedback is scheduled at the start, mid-point, and end of each 6-month term, with feedback timing defined in the programme handbook.</li> <li>● This would assure the trainee and the supervisor of training know exactly how the trainee is tracking, and put in place plans to address any issues.</li> <li>● The director of training advocates strongly for open and ongoing communication between the trainee and supervisor, supervisor and the director, and early identification of potential risks or issues, and prompt responses.</li> <li>● Support and mentoring of supervisors will be prioritised. The vision shared was “To be the supervisor you wished you had during your training.”</li> </ul>	

# ORAL MEDICINE SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• A supervisor calibration and governance matrix was shared, which provides structured mechanisms to ensure consistency, quality, and accountability of supervision across all sites.</li> <li>• The matrix includes activities such as the annual supervisor training calendar, calibration and moderation workshops, inter-rater reliability checks, mentoring scheme for new supervisors, and tracking of cultural safety expectations.</li> <li>• The close working and mentor relationship between the two supervisors of training was evident. This would offer some level of calibration alignment in itself. However, external validation is still required to ensure robust and fair assessment.</li> <li>• Robust induction, training, and calibration will be essential for any new supervisor of training, followed by regular structured calibration sessions for supervisors and examiners to maintain consistency in evaluation.</li> <li>• Assurance that this occurred is required before commencement of the new programmes.</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>• Workplace assessments will predominantly be done by registered oral medicine specialists with clinical experience, who hold appointments in teaching hospitals and is actively involved in the specialty.</li> <li>• Medical specialists and other hospital staff will also be involved in some assessments. Most of whom also have experience with training of medical registrars.</li> <li>• Supervisors of training will be supported by the director of training, who had previous academic and programme lead experience.</li> <li>• An examiner selection and appointment policy was shared.</li> <li>• External examiners will be used for the final exit examination.</li> </ul>	

# ORAL MEDICINE SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"><li>• External examiners is likely to be Australian registered dental specialists not involved in the training programme. Other international dental specialists may also be approached to act as external examiners.</li><li>• It was recognised that conflict of interest in such small disciplines may be a challenge. External examiners need to be carefully selected, and are essential to add validity to the final assessments.</li></ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

## Fellowship of the Royal Australasian College of Dental Surgeons in Paediatric Dentistry

### Key findings for the FRACDS(Spec Paed) programme

The curriculum learning outcomes and curriculum content represented contemporary paediatric dentistry practice. The clinical exposure across the three training centres was comprehensive and considered appropriate for paediatric dentistry specialist training. Rotations may not be required for paediatric dentistry trainees to gain adequate clinical exposure across their scope of practice. Rotations may be a trainee's preference to supplement their clinical experiences and serve different communities.

Placement at the Auckland training centre will be limited to trainees in year two or three of their training, due to the high-pace service demands and patient complexity.

Good access to general anaesthesia and nitrous oxide sedation is available across the centres, with the Auckland centre exploring expanding access to nitrous oxide to more of their sites. The SET confirmed the minimum expectation that paediatric dentistry trainees must be able to administer nitrous oxide (single technique) and monitor a sedated patient.

Good clinical supervision support is available across the three training centres, with all centres having at least two paediatric dental specialists and strong collegial support from special needs dentistry. The exception was that there was no specialist paediatric dentistry supervision for trainees when rotating through Wellington hospital. This must be secured, especially for complex cases.

Good interdisciplinary learning and collaboration exists among other dental and medical specialties.

The supervisors of training were very passionate and committed to making the programme a success, alleviating the workforce pressures and continuing to foster the discipline's professional relationships.

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

## Accreditation decision for the FRACDS(Spec Paed) programme

The SET considers that accreditation standard 3 (programme of study) and standard 5 (assessments) are substantially met.

The SET recommends that the Fellowship of the Royal Australasian College of Dental Surgeons in Paediatric Dentistry be granted accreditation until 31 December 2030, subject to:

Confirmation from Health NZ Te Whatu Ora on the:

- establishment of the dental specialist training registrar roles
- disciplines the roles are earmarked for
- secured duration of the roles
- agreement with the Royal Australian College of Dental Surgeons to undertake the training for these registrar roles.

These assurances are essential to demonstrate how the programmes can meet the accreditation standards.

### **Further programme specific conditions:**

By 30 May 2026:

1. Clarify the minimum expectation of paediatric dentistry trainees to be able to administer nitrous oxide (single technique), and monitoring of a sedated patient. This to be clearly articulated in the competencies, learning outcomes, logbooks and assessment requirements.
2. Specialist paediatric dentistry supervision for trainees when rotating through Wellington hospital must be secured, especially for complex cases.

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

## Summary of findings for FRACDS(Spec Paed) programme

Standard Statement	Criteria	Evidence	Assessment
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"> <li>The curriculum is based on adult learning principles and a commitment to lifelong learning.</li> <li>Self-directed and experiential learning form the cornerstone of the programme, achieved through structured teaching, supervisor engagement, and shared learning platforms.</li> <li>The structured and modular curriculum design support trainees to develop self-directed learning skills through the foundation year.</li> <li>The curriculum allow stepwise progression for trainees to work through modules in an order and pace that suits them, within their practice context and within the programme timeframe.</li> <li>The educational approach, programme design, and delivery leverage off the structure of the RACDS oral and maxillofacial programme, accredited by Dental Council NZ since 2012.</li> <li>The recently reviewed UK curriculum was used for international benchmarking during development, followed by international academic review and refinement.</li> <li>The educational approach is similar to other international college-run, work based dental and medical education.</li> </ul>	Standard is substantially met
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> <li>The curriculum reflects the Dental Council paediatric dentistry scope of practice.</li> <li>The graduate outcome domains are based on the Royal College of Physicians and Surgeons of Canada's CanMEDS Framework.</li> <li>Domains include dental expert, communicator, collaborator, leader, dental advocate, scholar, and professional - supported by broad competencies</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<p>and learning outcomes for each module. These are described in the programme curriculum.</p> <ul style="list-style-type: none"> <li>• The following evidence were provided:               <ul style="list-style-type: none"> <li>○ mapping of the Dental Council NZ/Dental Board of Australia paediatric dentistry competencies against the programme's broad competencies</li> <li>○ curriculum mapping outlining the learning outcomes for the foundation and advanced modules required to attain the entry-level competencies.</li> </ul> </li> <li>• The paediatric dentistry curriculum covers the following advanced modules:               <ul style="list-style-type: none"> <li>○ Behaviour Management</li> <li>○ Local Anaesthesia, Sedation and General Anaesthesia in Paediatric Dentistry</li> <li>○ Infant Oral Health, Early Childhood Caries and Preventive Strategies</li> <li>○ Dental Trauma and Orofacial Emergencies in Children</li> <li>○ Pulp Therapy and Restorative Dentistry for Primary and Young Permanent Teeth</li> <li>○ Periodontal Diseases in Children and Adolescents</li> <li>○ Orthodontics in Paediatric Dentistry</li> <li>○ Management of Dental Anomalies, Developmental Defects and Tooth Wear</li> <li>○ Paediatric Oral Medicine and Pathology</li> <li>○ Dental Management of Children with Medical Complexity and Special Health Care Needs</li> </ul> </li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

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"> <li>○ Dentoalveolar and Maxillofacial Surgery of Relevance to Paediatric Dentistry</li> <li>○ Adolescent Oral Health and Transitional Care</li> <li>○ Multidisciplinary Approaches to Paediatric Oral Health Care</li> <li>○ Oral Health Promotion and Preventive Strategies for Children</li> <li>○ Paediatric Dental Radiology and Imaging Techniques.</li> <li>● The mappings demonstrate alignment, with no key gaps identified.</li> </ul> <ul style="list-style-type: none"> <li>● The indicative timetables provided allocate 3.5 days per week spent in clinic, 0.5 days on teaching (foundation and advanced modules), and 0.5 days on research.</li> <li>● The exact patient numbers will vary across the various training centres depending on the types of patients referred each year, and the regional location of the hospital.</li> <li>● There was a high level of confidence that across the biggest three public health regions within New Zealand adequate clinical case load and patient mix suitable for paediatric dentistry training will be available to trainees.</li> <li>● The assessment framework captures competence across relevant patient numbers, case types, and core skills required.</li> <li>● Logbook templates and frequent monitoring by the supervisor of training, with oversight from the director of training, will track trainee exposure and progression through the required case types.</li> <li>● A logbook template for paediatric dentistry was provided, and the clinical exposure was categorised across the following areas: Dental conditions</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Anomaly</li> <li>○ ECC</li> <li>○ Oral habit</li> <li>○ Oral pathology</li> <li>○ Orthodontic</li> <li>○ Periodontal</li> <li>○ Tooth surface loss</li> <li>○ Trauma</li> <li><b>Medical conditions</b></li> <li>○ Cardiac</li> <li>○ Cranial</li> <li>○ Connective Tissue</li> <li>○ Dermatology</li> <li>○ Endocrine</li> <li>○ ENT</li> <li>○ Genetic/syndrome</li> <li>○ Haematology</li> <li>○ Immunology</li> <li>○ Infective</li> <li>○ Liver</li> <li>○ Metabolic</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Musculoskeletal</li> <li>○ Neurology</li> <li>○ Oncology</li> <li>○ Ophthalmology</li> <li>○ Renal</li> <li>○ Respiratory</li> <li>○ Skeletal</li> <li>○ Urology</li> <li>○ Vascular.</li> </ul> <ul style="list-style-type: none"> <li>● The logbook listed specific conditions, some further sub-categorised, and specific treatments to be covered.</li> <li>● The proposed training centres for paediatric dentistry are Auckland, Wellington and Christchurch, all large tertiary hospitals.</li> <li>● The College's accreditation reports across the proposed training centres for paediatric dentistry stated: <ul style="list-style-type: none"> <li><b>Auckland</b></li> <li>○ There are currently five clinics per week for both special needs dentistry and paediatric dentistry, enabling trainees to manage a range of new and follow-up patients.</li> <li>○ The Paediatric Dentistry service currently offers 69 elective theatre lists per month across the hospitals within the training centre.</li> <li>○ Admissions are generally coordinated through the oral and maxillofacial surgery service, and high-acuity patients are managed at</li> </ul> </li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<p>Auckland City Hospital (ORL ward) and Starship Children’s Hospital (ENT ward).</p> <ul style="list-style-type: none"> <li>○ Trainees participate in consultant-led outpatient clinics and are exposed to a diverse case mix, including medically complex patients, across both elective and emergency care settings.</li> <li>○ Clinical training includes assessment, intraoperative care, and post-operative management. Trainees may accompany consultants during inpatient consultations and ward rounds, which contributes to their hospital-based clinical development.</li> <li>○ The caseload and patient mix are considered appropriate for second- and third-year trainees.</li> <li>○ The SET understood this was predominantly due to the complex nature of referrals – especially at Starship hospital and high-pace service demands.</li> </ul> <p><b>Wellington</b></p> <ul style="list-style-type: none"> <li>○ Paediatric dentistry trainees will engage in five weekly clinics, with access to 3–4 paediatric GA sessions per week and acute admissions available both during office hours and after hours, as per standard hospital consultant protocols.</li> <li>○ This training centre was considered suitable for paediatric dentistry trainees across years 1-3.</li> <li>○ Training is primarily based at Hutt Hospital, where significant exposure to routine paediatric dentistry is available. These cases often involve treatment followed by referral back to the school dental service, making this a strong training environment for first-year trainees.</li> <li>○ At Wellington, there is a need for a paediatric dentistry specialist to regularly attend the Gateway Clinic (for high-needs children) and the</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<p>oncology clinic, to ensure adequate specialist-level supervision in these complex multidisciplinary settings.</p> <ul style="list-style-type: none"> <li>○ Trainees would get oncology exposure at Wellington hospital.</li> <li>○ While three paediatric dental specialists are based at Hutt Hospital, it is noted that supervisors at Wellington are not currently specialists, which may affect the consistency of clinical oversight at that site.</li> <li>○ The SET considered that specialist paediatric dentistry supervision for trainees when rotating through Wellington hospital must be secured, especially for complex cases.</li> </ul> <p><b>Christchurch</b></p> <ul style="list-style-type: none"> <li>○ Trainees in the paediatric dentistry unit participate in seven clinical sessions per week and are exposed to a diverse case mix across both elective and emergency care settings.</li> <li>○ A minimum of four elective operating lists is provided per month, with the likelihood of additional outplaced and outsourced lists. These are primarily elective day-case procedures, though occasional acute treatments under general anaesthesia are carried out, sometimes in conjunction with other specialties. This set-up supports the management of a broad range of clinical scenarios and provides a strong opportunity to treat patients under sedation in the outpatient setting.</li> <li>○ Triage of all referrals into the unit is conducted by the paediatric dentistry and special needs dentistry specialists, alongside experienced general dentists.</li> <li>○ This ensures patients are appropriately allocated to registrars based on their year level and training requirements.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ The department also runs a relief of pain clinic that can accommodate paediatric patients and those with special care needs, particularly when other appointments are unavailable. Typical presentations in the clinic include trauma, facial swelling, and acute dental pain. Registrars are encouraged to manage these cases in the acute setting, developing their diagnostic and emergency management skills.</li> <li>○ Although paediatric trauma is primarily managed on-call by the oral and maxillofacial surgery team, there may be opportunities for trainees to gain exposure to such cases depending on clinical circumstances.</li> <li>○ This training centre was considered suitable for paediatric dentistry trainees across years 1-3.</li> <li>● Both Wellington and Christchurch training centres considered that they can offer trainees clinical experiences across the paediatric dentistry scope of practice without the need for rotation to other centres. While Auckland centre will only place senior trainees after their foundation years.</li> <li>● The supervisors of training were confident that the case range would be overarching, diverse and complex enough to support paediatric dentistry specialist training.</li> <li>● Experiences would cover children, adolescents and special need adults, treatment under sedation and GA. Trainees will have exposure to acute care, especially trauma, restorative, and endodontics – involving out and inpatients.</li> <li>● The only procedure the supervisors identified as a potential gap in clinical experiences was placements of zirconium or gold crowns due to public sector funding limitations. Clinical exposure can be sought within the private sector through professional connections. This limitation was not a major concern for the SET.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Should clinical gaps be identified, shared learning or site rotations can occur in year 3.</li> <li>• There was lack of clarity in the material provided about the minimum expectations from trainees on administration of sedation. Interviews confirmed that the programme expects the paediatric dentistry trainee to attain competence in administration of nitrous oxide (single technique), and the monitoring of the sedated patient.</li> <li>• Whilst some trainees may have an interest in oral and intravenous sedation for children and adults, and can be supported in some training centres such as Christchurch, this will not be a minimum training programme requirement. For intravenous sedation, additional external sedation training and clinical exposure requirements are required outside of the programme.</li> <li>• The sedation expectation must be clearly articulated in the competencies, learning outcomes, logbooks and assessment requirements.</li> <li>• Nitrous oxide is available across most training centres, except at Greenlane hospital and Buckland Rd Community Dental Clinic. There is a business case to enable nitrous oxide sedation at these two dental units. In the interim, Auckland base trainees can access Starship to gain the necessary clinical experiences.</li> <li>• The SET was satisfied that the patient load, case mix and complexity would support paediatric dentistry training at a specialist level.</li> </ul>	
	<p>3.4 Learning and teaching methods are intentionally designed and used to enable students to</p>	<ul style="list-style-type: none"> <li>• The programme design comprises approximately 70% supervised clinical activity and 30% structured didactic, research, and assessment components.</li> <li>• Didactic teaching and research complement clinical practice, providing the theoretical and evidence-based underpinnings of specialist training.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
	<p>achieve the required learning outcomes.</p>	<ul style="list-style-type: none"> <li>• Learning topics across the foundation modules are delivered through a mix of internal and external resources.</li> <li>• Internal teaching includes tutorials, journal clubs, case-based discussions, radiology rounds, research workshops, professionalism sessions, and supervisor-led small groups conducted within accredited hospital sites.</li> <li>• These provide coverage of topics such as clinically applied anatomy and imaging, dentoalveolar surgery, oral pathology, core research methods and evidence-based practice, and ethics and professionalism.</li> <li>• Each trainee will be required to attend a “Foundation Week” at the beginning of their first year which will consist of trainee induction, an introduction to cultural safe practice and other specialty specific teaching.</li> <li>• Clinical training is combined with service delivery, with each patient offering learning opportunities.</li> <li>• Trainees are exposed to a range of consultants/specialists who demonstrate role modelling.</li> <li>• Supervisors of training offer ongoing informal and structured feedback to trainees.</li> <li>• The mid-term formative and 6-monthly summative assessments track trainee progress and ensure accountability by both parties.</li> <li>• Structured monitoring of the supervisor reports by the RACDS Board of studies ensures equity across training centres.</li> <li>• The following evidence was presented to support the learning structure:             <ul style="list-style-type: none"> <li>○ annual calendar of training</li> <li>○ overview of induction week</li> </ul> </li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ draft four-week rotation roster to integrate didactic sessions with clinical practice</li> <li>○ foundations modules mapping with internal and external delivery sources, and identification of the different teaching and learning modes</li> <li>○ reading lists</li> <li>○ programme curriculum</li> <li>○ assessment requirements</li> <li>○ logbook templates</li> <li>○ indicative timetables with protected weekly learning time, which RACDS and the hospitals have agreed will be standardised across sites on the same day and time to facilitate joint didactic teaching</li> <li>○ protected learning time is mandated by the collective agreements under which registrars are employed</li> <li>● protected teaching and professional development time for supervisors (30% non-clinical time) guaranteed under SECA for senior medical and dental officers.</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>● The research requirements presented are:               <ul style="list-style-type: none"> <li>○ Completion of an article that has been accepted for publication in a peer-reviewed dental journal, where the trainee is the first author.</li> <li>○ Submission of a literature review.</li> <li>○ Ethics approval, if required.</li> <li>○ Presentation of research at a national or international conference, recognised by the College.</li> </ul> </li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Completion of research courses as recognised and prescribed by the College.</li> <li>● During the induction week there is a dedicated session on research techniques.</li> <li>● Trainees must also attend the Royal Australasian College of Surgeons (RACS) Critical literature evaluation and research (CLEAR) course as part of their foundation year.</li> <li>● Research literacy is further developed through case presentations, tutorials, journal clubs.</li> <li>● One session a week is allocated for research.</li> <li>● Research proposals must be submitted by August in year 1, with structured reviews by the Board of studies to confirm feasibility and ethics clearance. Six-monthly progress reporting, and the final manuscript submission is required by December of year 3.</li> <li>● To support this timeline, supervisors of training have already begun compiling potential research projects to assist trainees in meeting the programme requirements.</li> <li>● Up to 18 months extension to meet the research requirements can be granted after passing the fellowship examination, but the trainee cannot be awarded the fellowship before the research requirements have been met.</li> <li>● The SET team supports the requirement for a postgraduate programme to have a research component suitable for the level and nature of the programme.</li> <li>● All SET teams shared concern about the feasibility of the research requirements – especially those members who themselves are research supervisors and longstanding academics.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>The proposed research requirements closely mirror the output required by the OMS training programme, a four-year programme compared to the 3 years for this programme.</li> <li>The SET considered the timeframes for the various stages very steep – and perhaps even unattainable within a busy clinical programme. Especially given ethics approval will likely be involved.</li> <li>During the interviews it was offered that the research component was often the component that held OMS trainees up from completing their programme requirements.</li> <li>The SET considers that the research output requirements must be reconsidered to be achievable within a three-year clinical programme, and options on how trainees can demonstrate research competence be expanded.</li> </ul> <p>Examples may include presenting or a poster at an international dental specialty conference, thesis, or publication.</p> <ul style="list-style-type: none"> <li>The quality assurance can be achieved through the assessment matrix and external assessment.</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>Multidisciplinary teamwork is embedded into the learning outcomes and the Directly observed procedural skills assessment.</li> <li>The training programme calendar reference multidisciplinary team activities. These could include routine interdisciplinary meetings and participation in multi-disciplinary teams.</li> <li>Trainees will receive supervision from other appropriately qualified healthcare professionals outside of their supervisor of training.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Paediatric dentistry trainees will work alongside oral and maxillofacial surgery, special needs dentistry and orthodontics, with well established relationships.</li> <li>• Paediatric dentistry trainees will gain extensive general anaesthesia exposure, working with other disciplines in theatre.</li> <li>• Trainees will have the opportunity to rotate through other hospital departments to broaden their clinical experiences and interprofessional collaboration, including paediatrics. Multidisciplinary clinics such as cleft palate, rheumatic fever, saliva will be attended.</li> <li>• Material shared confirmed involvement of external speakers, adjunct faculty, specialists from other hospital departments and healthcare professions contributing to didactic teaching, supervised rotations, and sessions during the trainee induction week.</li> <li>• During interviews across the three training centres, there was commitment expressed from Health NZ Te Whatu Ora head of dental departments, chief medical officers, and senior medical and dental consultants in various disciplines to work collaboratively with the proposed dental specialist training programmes.</li> <li>• Beyond the clinical learning opportunities for trainees, the medical colleagues' training experience and collegial support will be greatly beneficial during the roll-out phase of the new programmes.</li> </ul>	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> <li>• The roles and responsibilities of the director of training, supervisor of training, and research supervisor have been provided.</li> <li>• The appointment process for supervisors of training is via the Board of studies, usually on the recommendation of the director of training.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Appointments of the director of training and supervisors of training across the training centres have been made, and all participated in the SET interview sessions.</li> <li>• The director of training has previous educational and programme lead experience. One of the key functions of this role is to mentor and support the supervisors of training.</li> <li>• All supervisors of training have teaching hospital appointments as paediatric dental specialist consultants.</li> <li>• Some supervisors of training have had non-training registrars in their units, have supervised or mentored house surgeons or postgraduate university students during placements.</li> <li>• The individuals identified to support the didactic teaching include academics, Australian dental specialists, researchers, medical specialists, nurse, sedation training provider, and experts in medical law, ethics.</li> <li>• All external resources are reviewed and endorsed by RACDS governance committees to ensure quality and relevance.</li> <li>• Research intensity varies across the training centres. Trainees are supported through external mentorship arrangements, including partnerships with university academics, statisticians, and hospital research offices.</li> <li>• External research supervisors may be appointed where specialist expertise is required, and multi-centre or medical collaborations are encouraged to broaden exposure.</li> <li>• A staffing matrix was provided of the dental department staff across the training centres, with the following information:             <ul style="list-style-type: none"> <li>○ Names</li> </ul> </li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Scope of practice</li> <li>○ Qualifications</li> <li>○ Practice experience.</li> <li>● Planned supervisor of training induction and ongoing training is structured to ensure that all supervisors of training are equipped to provide clinical and educational supervision. A draft induction training day schedule was shared.</li> <li>● Supervisors of training will have access to training modules, and an induction pack which will include a list of learning resources, recommended e-learning courses, wellbeing conversation prompts, resources with tools to manage conflict, and supervisor scenarios to support reflective practice and practical decision-making.</li> <li>● Examples of training courses available to supervisors of training include Te Whatu Ora's Ko Awatea supervision modules/workshops, Royal Australasian College of Physicians Supervisor Professional Development Program, Royal Australasian College of Surgeons Foundation Skills for Surgical Educators.</li> <li>● Embedding a new programme, taking responsibility for a full-time trainee, and being involved in teaching will be new for most of the supervisors of training.</li> <li>● Robust induction, training, calibration and mentoring of supervisors of training will be essential to support the teaching and protect the wellbeing of the supervisor of training and trainee.</li> <li>● Evidence that all supervisors of training and others that may regularly support teaching and supervision of trainees have undertaken supervision induction, training and calibration is required before the programme starts.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
	<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"> <li>• The College accreditation reports and training centres' self-assessment forms confirmed the following:               <ul style="list-style-type: none"> <li>○ Evidence of accreditation by HealthCERT (New Zealand) to undertake care</li> <li>○ Access to library resources with core textbooks and journals – either hard copies or online</li> <li>○ Computers and internet access.</li> </ul> </li> <li>• The College has an established learning management system where trainees and supervisors have access to a suite of online resources and forums.</li> <li>• A new digital logbook and assessment platform will streamline processes, ensure consistency, transparency, and alignment of training outcomes. This system will be rolled out for the oral and maxillofacial surgery programme in 2026.</li> <li>• The SET's New Zealand clinicians, laymember and cultural safety member walked through facilities from the three proposed training centres. This covered Auckland Greenlane, Hutt Valley and Christchurch hospitals.</li> <li>• Photos were shared with the international members of the SET, with permission from the units.</li> <li>• This confirmed appropriate clinical treatment rooms, access to pathology and dental laboratory facilities, Titanium patient records, digital radiography, sterilisation services, theatres, sedation and recovery spaces, resuscitation equipment. No concerns on patient safety or compliance to standards were identified during the walk throughs.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Dedicated trainee learning spaces with sufficient space and light, a desk, PC and screen/s, internet, access to online journals/textbooks and some physical libraries were confirmed.</li> <li>• During interviews those already involved in medical teaching at each of the training centres assured the SET that the teaching hospitals are well equipped and versed with trainee registrars.</li> </ul>	
	<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"> <li>• New Zealand registered dentists entering postgraduate study are experienced dentists and need to be culturally safe for practice. Some foundation knowledge is assumed through their experience.</li> <li>• However, the programme needs to ensure all trainees meet the expectations and apply cultural safe care in their clinical practice.</li> <li>• The curriculum mapping demonstrated where the entry-level competencies for cultural safety were integrated within the programme.</li> <li>• The Directly observed procedural skills, Mini-clinical evaluation exercises, and the Trainee assessment report include criteria for culturally safe practice and cultural competency.</li> <li>• Resources available in the learning management system include:               <ul style="list-style-type: none"> <li>○ Haumarutanga ahurea - Cultural Safety for oral health practitioners in Aotearoa NZ</li> <li>○ Te Tahu Hauora HQSC: Learning and education modules on understanding bias in health care</li> <li>○ RACDS Cultural safety induction program</li> <li>○ RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural competence and cultural safety (with permission from RACP)</li> </ul> </li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Malu learning (previously known as YOUR MOB learning), Indigenous Cultural awareness course bundle</li> <li>● Some interviewees were less confident in describing how cultural competence and safety can be demonstrated and assessed within their clinical practice.</li> <li>● Assurance of cultural safety training or experiences by those who teach and supervise trainees is required to offer assurance that they are equipped and confident to role model, assess, provide constructive feedback, and identify inappropriate behaviour.</li> </ul>	
	<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"> <li>● Collaboration and resource sharing are integral to the programme delivery and are supported through structured teaching, supervisor engagement, and shared learning platforms.</li> <li>● An earmarked afternoon session agreed to by all training centres will be allocated to group learning activities. A Wednesday afternoon was proposed, but some indicative timetables shared did not facilitate this yet.</li> <li>● These joint learning sessions will cover tutorials, journal clubs, and case presentations.</li> <li>● This approach allows for coordination of the sequencing of didactic teaching across sites, ensuring efficient use of subject expertise, while minimising duplication of effort. These contribute towards sustainability of the programme. It further strengthens the consistency of teaching across the programme, contributes to interdisciplinary collegiality, and allows for peer and trainee contact.</li> <li>● Supervisors of training, other qualified healthcare professionals and subject specialists contribute to didactic teaching on either a one-off or rotational basis, depending on the subject matter.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Research support can be accessed through other hospitals, including Auckland Hospital who has 230 research projects underway with expertise such as biostatisticians, epidemiologist, public health. Similarly, in Christchurch the adjacent University of Otago medical school offer strong research support opportunities.</li> <li>• Trainees can apply for research grants through the New Zealand Dental Association and Starship grants.</li> <li>• Interviews demonstrated strong commitment from the director of training, supervisors of training, head of dental departments to the proposed new programmes.</li> <li>• Interviews with those involved in medical training confirmed that under SECA their teaching time is well protected and respected within the teaching hospitals – everyone understands the importance of this to develop the future workforce and to protect patient safety.</li> <li>• It was acknowledged that while service demands are high on consultants, over time the trainees would also contribute towards service delivery.</li> <li>• All three proposed training centres confirmed good dental assistant and patient pathway support.</li> <li>• While sufficient administrative support exist, some centres may benefit with more general administrative support for supervisors of training and trainees with on-site administration.</li> <li>• The College will establish an education officer role that will be responsible for administering the day-to-day operational aspects of the three proposed training programmes.</li> <li>• All supervisors of training are registered dental specialists within the same discipline as the trainee.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• The supervisors of training take primary responsibility for providing hands-on clinical training and supervision, ensuring appropriate case exposure, and undertaking trainee assessment and feedback.</li> <li>• They will be supported by other dental specialists, experienced senior dentists and other medical specialists.</li> <li>• The Auckland training centre reported:               <ul style="list-style-type: none"> <li>○ Two dental paediatric specialists at 1.25FTE will take primary responsibility for the training.</li> <li>○ A further 6.3FTE senior dentists and other dental specialists were listed as being able to support the training.</li> <li>○ The service has a range of other dental specialists, including oral and maxillofacial surgeons, special needs dentists, oral medicine specialists and prosthodontist.</li> </ul> </li> <li>• The Wellington training centre reported:               <ul style="list-style-type: none"> <li>○ Three paediatric dental specialists at 1.6FTE employed at the service.</li> <li>○ Three other dental specialists at 1.5FTE were reported as being able to support the trainees. They are oral and maxillofacial surgeons and special care dental specialists.</li> <li>○ The service also employs oral medicine specialists and dentists.</li> <li>○ Back-up clinical supervision support will predominantly be by the special needs dental specialist.</li> </ul> </li> <li>• The Christchurch training centre reported:               <ul style="list-style-type: none"> <li>○ Two paediatric dental specialists at 1.2FTE.</li> </ul> </li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Six additional senior consultants can support the trainee (2.1FTE). These include orthodontists, special needs dental specialist, and experienced dentists.</li> <li>○ The service further employs oral and maxillofacial surgeons.</li> <li>● Trainees must always have adequate and appropriate clinical supervision commensurate to their level of competence, experience and activities undertaken.</li> <li>● While teaching and supervision can be shared, those involved cannot practise outside of their own registered scope of practice or their competence and experience levels. If they do, they will breach the law and professional obligations and be held accountable.</li> <li>● Clinical supervisors remain responsible for the patient care delivered by the trainee.</li> </ul>	
	<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"> <li>● All trainees will be employed by Health NZ Te Whatu Ora as registrars and covered by the collective agreements.</li> <li>● The College submitted the following demonstrating commitments to the proposed training programmes:               <ul style="list-style-type: none"> <li>○ Expressions of Interest: Hospitals have confirmed their intent and commitment to act as accredited training centre, providing placements, case exposure, and supervision consistent with RACDS standards.</li> <li>○ Health NZ Te Whatu Ora engagement: Positive discussions are ongoing with Health NZ Te Whatu Ora, and it is anticipated that funding support for six initial training positions will be provided through the employing hospitals.</li> </ul> </li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ While funding arrangements are ultimately between Health NZ Te Whatu Ora and each hospital, these discussions reflect strong support for the programme's establishment and sustainability.</li> <li>○ College accreditation: Although the Council does not solely rely on the College's accreditation of the training centres, it does demonstrate an expression of interest by the unit to offer training, and meet the College's requirements to act as a training centre.</li> <li>● Collectively, these demonstrate commitment to assure placement, supervision, and resourcing across the proposed training centres.</li> <li>● The training programmes are intrinsically reliant on the establishment of the proposed six dental specialist training registrar posts by Health NZ Te Whatu Ora.</li> <li>● Confirmation of the establishment of the training registrar posts, the disciplines it's earmarked for, an indication of the secured duration of these posts, and an agreement with the RACDS to undertake the training for these registrar posts is essential to demonstrate how the programme can meet the accreditation standards.</li> </ul>	
<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>● A comprehensive assessment framework was evident.</li> <li>● The programme handbook sets out the mandatory assessment and examination requirements.</li> <li>● A diverse range of assessments are spread across all years of training and cover a broad range of subject matter at different and progressive levels, including basic knowledge, application of knowledge, clinical competence, and professional performance.</li> <li>● The assessment framework was appropriate, comprehensive and as expected for a dental specialist training programme.</li> </ul>	<p>Standard is substantially met</p>

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• The Australian Council for Educational Research (ACER) was engaged for implementation of the examination framework – leveraging off work they have previously completed for the FRACDS OMS programme.</li> <li>• An interview with an ACER representative confirmed that they supported the College with development and review of the examination framework for the three proposed programmes. Their ongoing involvement on standard setting will provide additional independent assessment expertise and resource.</li> <li>• The SET specifically explored the requirement for the RACDS Primary dental sciences (PDS) examination as an entry criterion for training.</li> <li>• The College explained that the PDS examination is intended to complement, rather than duplicate, the Year 1 science teaching within the programme. Year 1 provides contextualised teaching, framing foundational sciences, such as anatomy, physiology, pharmacology, and paediatric or special care dentistry topics, directly within the clinical context of each specialty.</li> <li>• The SET was satisfied with the College response, and that the PDS was not an unnecessary barrier but would support learning and development within the foundation year.</li> <li>• A similar requirement is not uncommon in other local and international College dental and medical training programmes.</li> </ul>	
	<p>5.2 All required professional competencies are mapped to learning outcomes and are assessed.</p>	<ul style="list-style-type: none"> <li>• The following assessment details was provided:               <ul style="list-style-type: none"> <li>○ Mapping of the teaching modules and the various assessment tools used within the module.</li> <li>○ Topics for core case presentation, direct observation of procedures, mini clinical evaluation exercises, topics for critical appraisals.</li> </ul> </li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Foundation exam blueprint.</li> <li>○ Fellowship exam blueprint.</li> <li>● The SET was satisfied that the assessment framework covered the core clinical paediatric dentistry areas, and provides for assessment of professional behaviour, communication, and cultural safety.</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 diverse range of assessments, blending summative and formative elements, distributed throughout the training duration was presented.</li> <li>● A teaching mode register was provided detailing the various modes of assessment, the frequency and/or timing, and the evidence of engagement it measure.</li> <li>● This included:               <ul style="list-style-type: none"> <li>Direct observation of procedures (DOPS)                   <ul style="list-style-type: none"> <li>○ Trainees are assessed on technical skills and ability to perform dental procedures safely. Includes feedback sessions and a global competency rating.</li> <li>○ Structured feedback sessions on DOPS completed.</li> </ul> </li> <li>Mini clinical evaluation exercise (Mini-CEX)                   <ul style="list-style-type: none"> <li>○ Focusses on initial patient consultations across different settings to assess communication, clinical examination, and management planning skills.</li> <li>○ Direct observation and evaluation during patient consultations, feedback provided immediately after.</li> </ul> </li> </ul> </li> <li>Critical appraised topics (CATs)</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Evaluates a trainee’s ability to critically analyse scientific literature and apply evidence-based findings to clinical practice.</li> <li>○ Trainees present in a seminar format.</li> </ul> <p>Case presentations (case-based discussions)</p> <ul style="list-style-type: none"> <li>○ Assesses clinical decision-making and the application and use of dental knowledge in relation to patient care.</li> <li>○ Includes trainee self-reflection and detailed feedback from assessors.</li> </ul> <p>360-Degree feedback evaluation</p> <ul style="list-style-type: none"> <li>○ Comprehensive evaluation involving self-assessment and feedback from various colleagues the trainee work and interact with. Assesses professional skills in a teamwork setting.</li> <li>○ This assessment is undertaken in year 2 of training.</li> </ul> <p>Logbooks and portfolios</p> <ul style="list-style-type: none"> <li>○ Trainees maintain comprehensive logbooks and portfolios, documenting clinical cases and reflecting on their learning journey.</li> <li>○ Continuous documentation of clinical cases, semi-annual review.</li> </ul> <p>Examinations – summative assessments</p> <ul style="list-style-type: none"> <li>○ The Foundation examination assesses baseline dental skills and knowledge and readiness for advanced training. Written and oral examination on patient care scenarios</li> <li>○ The Fellowship examination evaluates a trainee’s capability to independently manage complex patient cases as a dental specialist. This examination comprises of a comprehensive written exam, and an oral examination that includes case presentations and discussions.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Multiple assessment formats ensure comprehensive evaluation of the required competencies.</li> <li>• The assessment approach represents contemporary workplace-based assessment practices, supplemented by assessment and examinations to validate application of knowledge, critical analysis and evaluation, and clinical judgement.</li> <li>• No concern on the range and type of assessments were raised.</li> </ul>	
	<p>5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.</p>	<ul style="list-style-type: none"> <li>• A structured approach to assessments are followed.</li> <li>• Copies of the various assessment form templates were provided:               <ul style="list-style-type: none"> <li>○ DOPS</li> <li>○ Mini-CEX</li> <li>○ Trainee assessment by supervisor of training</li> <li>○ 360-degree feedback evaluation form (assessment guidelines not included)</li> <li>○ Trainee improvement plan for when trainees receive a borderline or unsatisfactory outcome for their 3- month or unsatisfactory for 6-month assessments.</li> </ul> </li> <li>• The templates included assessment criteria and guidelines, except for the 360-degree feedback form that needs guidance to ensure consistency in assessment.</li> <li>• Assessment and examination policies were provided.</li> <li>• Examinations are conducted under the oversight of the Examinations committee and registrar of training.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• The examinations will follow a marking and calibration system close to that used in the OMS programme.</li> <li>• ACER will have continued involvement in the assessment and examination components, and standard setting.</li> <li>• Structured feedback is scheduled at the start, mid-point, and end of each 6-month term, with feedback timing defined in the programme handbook.</li> <li>• This would assure the trainee and the supervisor of training know exactly how the trainee is tracking, and put in place plans to address any issues.</li> <li>• The director of training advocates strongly for open and ongoing communication between the trainee and supervisor, supervisor and the director, and early identification of potential risks or issues, and prompt responses.</li> <li>• Support and mentoring of supervisors will be prioritised. The vision shared was “To be the supervisor you wished you had during your training.”</li> <li>• A supervisor calibration and governance matrix was shared, which provides structured mechanisms to ensure consistency, quality, and accountability of supervision across all sites.</li> <li>• The matrix includes activities such as the annual supervisor training calendar, calibration and moderation workshops, inter-rater reliability checks, mentoring scheme for new supervisors, and tracking of cultural safety expectations.</li> <li>• Robust induction, training, and calibration will be essential for any new supervisor of training, followed by regular structured calibration sessions for supervisors and examiners to maintain consistency in evaluation.</li> <li>• Assurance that this occurred is required before commencement of the new programmes.</li> </ul>	

# PAEDIATRIC DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
	<p>5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.</p>	<ul style="list-style-type: none"> <li>• Workplace assessments will predominantly be done by registered paediatric dental specialists with clinical experience, who hold appointments in teaching hospitals and is actively involved in the specialty.</li> <li>• Medical specialists and other hospital staff will also be involved in some assessments. Most of whom also have experience with training of medical registrars.</li> <li>• Supervisors of training will be supported by the director of training, who had previous academic and programme lead experience.</li> <li>• An Examiner selection and appointment policy was shared.</li> <li>• External examiners will be used for the final exit examination.</li> <li>• External examiners are likely to be Australian registered dental specialists not involved in the training programme. Other international dental specialists may also be approached to act as external examiners.</li> <li>• It was recognised that conflict of interest in such small disciplines may be a challenge. External examiners need to be carefully selected, and are essential to add validity to the final assessments.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

## Fellowship of the Royal Australasian College of Dental Surgeons in Special Needs Dentistry

### Key findings for the FRACDS(Spec SND) programme

For transparency, the College and SET noted that one of the supervisors of training is a part-time Dental Council staff member. Their responsibility is the development of professional and practice standards, and they have no involvement in any of the Council accreditation matters.

The curriculum learning outcomes and curriculum content represented contemporary special needs dentistry. The clinical exposure across the three training centres was comprehensive and considered appropriate for special needs dentistry training.

Placement at the Auckland training centre will be limited to trainees in year two or three of their training due to the high-pace service demands and patient complexity.

The SET confirmed the minimum expectation that special needs dentistry trainees must be able to administer nitrous oxide (single technique) and intravenous sedation and monitor a sedated patient. The intravenous sedation training will be offered by an external provider, with subsequent clinical experiences then gained within the trainee's training site.

There were some differences in access to intravenous sedation, with Auckland not currently able to offer those clinical experiences. Currently, only Christchurch offers domiciliary care, while other training sites have outreach initiatives or less frequent domiciliary opportunities.

The SET's assessment was that adequate clinical experiences may be achieved within a single training centre if these additional services not currently routinely available in Auckland and Wellington can be arranged before training commences, or shorter targeted rotations developed, for example to gain required hands-on intravenous sedation experience or sufficient understanding and practice of domiciliary care.

Strong clinical supervision is available across two of the training centres, with Wellington centre having a solo special needs dentist employed at 0.85FTE. The strong support by the paediatric dentistry and oral and maxillofacial surgeons within the Wellington unit demonstrated, overlaid with appropriate timetabling, should offer adequate clinical supervision and support for trainees. This must be closely monitored to ensure appropriate supervision, and supervisor and trainee wellbeing.

Based on current resourcing, the Auckland and Wellington training centres indicated that they could manage one special needs dentistry trainee, while Christchurch could increase their capacity to a maximum of three trainees at a time.

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Good interdisciplinary learning and collaboration exist among other dental and medical specialties. Frequent engagement with social services, carers, aged care and mental health facilities are ensured.

The supervisors of training were very excited and ready to get the programme started.

## Accreditation decision for the FRACDS(Spec SND) programme

The SET considers that accreditation standard 3 (programme of study) and standard 5 (assessments) are substantially met.

The SET recommends that the Fellowship of the Royal Australasian College of Dental Surgeons in Special Needs Dentistry be granted accreditation until 31 December 2030, subject to:

Confirmation from Health NZ Te Whatu Ora on the:

- establishment of the dental specialist training registrar roles
- disciplines the roles are earmarked for
- secured duration of the roles
- agreement with the Royal Australian College of Dental Surgeons to undertake the training for these registrar roles.

These assurances are essential to demonstrate how the programmes can meet the accreditation standards.

### Further programme specific conditions:

By 30 May 2026:

1. Clarify the minimum expectation of special needs dentistry trainees to be able to administer nitrous oxide (single technique) and intravenous sedation, and monitoring of a sedated patient. This to be clearly articulated in the competencies, learning outcomes, external training requirements, logbooks and assessment requirements.

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Before the first special needs dentistry trainee placements at Wellington and Auckland training centres:

2. Confirm the planned clinical opportunities in the administration of intravenous sedation and domiciliary care either through new established opportunities within the training centre, or through rotations/external placements. Details to include the nature of the supervision.

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

## Summary of findings for FRACDS(Spec SND) programme

Standard Statement	Criteria	Evidence	Assessment
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"> <li>The curriculum is based on adult learning principles and a commitment to lifelong learning.</li> <li>Self-directed and experiential learning form the cornerstone of the programme, achieved through structured teaching, supervisor engagement, and shared learning platforms.</li> <li>The structured and modular curriculum design support trainees to develop self-directed learning skills through the foundation year.</li> <li>The curriculum allow stepwise progression for trainees to work through modules in an order and pace that suits them, within their practice context and within the programme timeframe.</li> <li>The educational approach, programme design, and delivery leverage off the structure of the RACDS oral and maxillofacial programme, accredited by Dental Council NZ since 2012.</li> <li>The recently reviewed UK curriculum was used for international benchmarking during development, followed by international academic review and refinement.</li> <li>The educational approach is similar to other international college-run, work based dental and medical education.</li> </ul>	<i>Standard is substantially met</i>
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> <li>The curriculum reflects the Dental Council special needs dentistry scope of practice.</li> <li>The graduate outcome domains are based on the Royal College of Physicians and Surgeons of Canada's CanMEDS Framework.</li> <li>Domains include dental expert, communicator, collaborator, leader, dental advocate, scholar, and professional - supported by broad competencies</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<p>and learning outcomes for each module. These are described in the programme curriculum.</p> <ul style="list-style-type: none"> <li>• The following evidence were provided:               <ul style="list-style-type: none"> <li>○ mapping of the Dental Council NZ/Dental Board of Australia special needs dentistry competencies against the programme’s broad competencies</li> <li>○ curriculum mapping outlining the learning outcomes for the foundation and advanced modules required to attain the entry-level competencies.</li> </ul> </li> <li>• The special needs dentistry curriculum covers the following advanced modules:               <ul style="list-style-type: none"> <li>○ Physical disability and patients with special needs</li> <li>○ Intellectual disability and patients with special needs</li> <li>○ Neurology and psychiatry and patients with special needs</li> <li>○ Bleeding disorders and their management in a dental setting</li> <li>○ Cardiovascular and respiratory diseases and patients with special needs</li> <li>○ Immunocompromising conditions and infectious diseases and patients with special needs</li> <li>○ Gastrointestinal, renal disorders and endocrine disorders and patients with special needs</li> <li>○ Genetic disorders, syndromes, and developmental Disabilities and patients with special needs</li> <li>○ Gerodontology and care of the older person</li> <li>○ Supportive care in oncology and palliative care medicine</li> </ul> </li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

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"> <li>○ Multidisciplinary approach to special needs dentistry</li> <li>○ Oral health promotion, preventive strategies, and community outreach for patients with special needs</li> <li>○ Orofacial pain and patients with special needs</li> <li>○ Dentoalveolar and maxillofacial surgery in patients with special needs</li> <li>○ Sedation and general anaesthesia for patients with special needs.</li> <li>● The mappings demonstrate alignment, with no key gaps identified.</li> </ul> <ul style="list-style-type: none"> <li>● The indicative timetables provided allocate 3.5 days per week spent in clinic, 0.5 days on teaching (foundation and advanced modules), and 0.5 days on research.</li> <li>● The exact patient numbers will vary across the various training centres depending on the types of patients referred each year, and the regional location of the hospital.</li> <li>● There was a high level of confidence that across the biggest three public health regions within New Zealand adequate clinical case load and patient mix suitable for special needs dentistry training will be available to trainees.</li> <li>● The assessment framework captures competence across relevant patient numbers, case types, and core skills required.</li> <li>● Logbook templates and frequent monitoring by the supervisor of training, with oversight from the director of training, will track trainee exposure and progression through the required case types.</li> <li>● A logbook template for special needs dentistry was provided, and the clinical exposure was categorised across the following areas: <ul style="list-style-type: none"> <li>○ Physical disability</li> </ul> </li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Learning disability</li> <li>○ Medical complexity</li> <li>○ Care of older people</li> <li>○ Anxiety</li> <li>○ Mental health.</li> <li>● Clinics to gain experience in are:               <ul style="list-style-type: none"> <li>○ Special needs clinic</li> <li>○ Oral medicine clinic</li> <li>○ Domiciliary visits</li> <li>○ Head and neck cancer multidisciplinary meetings.</li> </ul> </li> <li>● The proposed training centres for special needs dentistry are Auckland, Wellington and Christchurch, all large tertiary hospitals.</li> <li>● The College's accreditation reports across the proposed training centres for special needs dentistry stated:               <p><b>Auckland</b></p> <ul style="list-style-type: none"> <li>○ There are currently five clinics per week for special needs dentistry, managing a range of new and follow-up patients.</li> <li>○ Trainees participate in consultant-led outpatient clinics and are exposed to a diverse case mix, including medically complex patients, across both elective and emergency care settings.</li> </ul> </li> <li>○ Current limitations identified by the panel were:</li> </ul>	

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		<ul style="list-style-type: none"> <li>▪ Lack of on-call capacity at Auckland hospital, which restricts trainee exposure to the management of acute and emergency cases involving patients with special needs.</li> <li>▪ No access to domiciliary care services for special needs dentistry registrars.</li> <li>▪ Conscious sedation (intravenous and oral sedation) is not currently offered at the Auckland service. Good access to nitrous oxide (at 1 hospital) and general anaesthesia is available.</li> </ul> <ul style="list-style-type: none"> <li>○ Admissions are generally coordinated through the oral and maxillofacial surgery service, and high-acuity patients are managed at Auckland City Hospital (ORL ward) and Starship Children’s Hospital (ENT ward).</li> <li>○ Clinical training includes assessment, intraoperative care, and post-operative management. Trainees may accompany consultants during inpatient consultations and ward rounds, which contributes to their hospital-based clinical development.</li> <li>○ The caseload and patient mix are considered appropriate for second- and third-year trainees.</li> </ul> <p><b>Wellington</b></p> <ul style="list-style-type: none"> <li>○ Special needs dentistry trainees will engage in five clinics per week covering both consultation and treatment.</li> <li>○ Three elective theatre lists are available per month, and one intravenous sedation (IV) list per month, with potential for increased sessions shared with oral and maxillofacial surgery.</li> <li>○ Two nitrous oxide units are available within the special needs department.</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Dedicated time is allocated weekly for the acute and urgent management of special needs dentistry patients.</li> <li>○ High-acuity special needs dentistry patients are typically admitted to Hutt Hospital under the plastic surgery or general medical wards.</li> <li>○ Trainees also benefit from outreach opportunities such as the Kimi Ora School in Naenae, a facility for students aged 5 to 21 with high and complex special needs.</li> <li>○ Trainees are encouraged to join the oral and maxillofacial surgery on-call roster, depending on their level of experience. This provides exposure to emergency care, including trauma management for special needs dentistry patients and maxillofacial cases.</li> <li>○ This training centre was considered suitable for special needs dentistry trainees across years 1-3.</li> </ul> <p><b>Christchurch</b></p> <ul style="list-style-type: none"> <li>○ Special needs dentistry trainees engage in seven clinical sessions per week with a mix of new, recall and treatment patients.</li> <li>○ The unit offers a minimum of two elective operating lists per month, with an additional two lists specifically allocated for adults with Special Needs. These are predominantly elective day cases, with occasional acute cases requiring general anaesthesia or overnight stays.</li> <li>○ A relief of pain clinic can accommodate paediatric patients and those with special care needs, particularly when other appointments are unavailable. Typical presentations in the clinic include trauma, facial swelling, and acute dental pain.</li> <li>○ There may be opportunities for trainees to gain exposure to dental trauma cases through the on-call, depending on clinical circumstances.</li> </ul>	

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		<ul style="list-style-type: none"> <li>○ Admissions are managed by oral and maxillofacial surgery or general medicine. Registrars can attend ward rounds for these patients alongside medical staff, which may include potential involvement in the care of referred inpatients, though most are typically directed to the dental hospital.</li> <li>○ There are strong opportunities for the special needs dentistry trainee to gain experience in intravenous sedation within the outpatient setting, with six experienced intravenous sedationists within the dental department. Oral sedation is also used.</li> <li>○ The site is equipped to manage bariatric and non-ambulatory patients, with appropriate facilities and support structures in place.</li> <li>○ Domiciliary care services are available, primarily for screening, with mobile equipment available to deliver treatment where required</li> <li>○ This training centre was considered suitable for special needs dentistry trainees across years 1-3.</li> <li>● The supervisors of training were confident that the case range would be overarching, diverse and complex enough to support special needs dentistry training at a specialist level.</li> <li>● Training centre reports identified daily clinical exposure to patients with learning disability, physical disability, medical complexity, mental health disabilities and geriatric patients. Many of these patients require anxiety management.</li> <li>● These patients will require treatment ranging from preventive care, restorative and prosthodontic care (within the remit of services offered by the hospital). Many of the patients receive care in a medical and dental multi-disciplinary manner. Treatment modalities include behavioural modulation, local anaesthetic, conscious sedation and general anaesthetic.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Based on a previous hospital-based trainee logbooks trainees can be expected to complete full and comprehensive treatment plans for approximately 400 patients over the duration of training.</li> <li>• Most transplant patients are referred to Auckland across the north island. Christchurch indicated less cultural diversity compared with the diverse community in Auckland.</li> <li>• Rotations to different training centres may be required, especially for Auckland based special needs dentistry trainees, to gain experience in domiciliary care services and intravenous sedation.</li> <li>• Auckland reported good relationship with spinal rehabilitation unit and ad-hoc residential care services.</li> <li>• The Christchurch centre offer intravenous (and oral) sedation, domiciliary care, telehealth assessment and regional services in the West Coast.</li> <li>• Wellington does not have structured domiciliary care services in place at the moment but do have yearly community outreach activities.</li> <li>• The SET's assessment was that adequate clinical experiences may be achievable within a single training centre if some of these additional services can be arranged before training commences, or shorter targeted rotations developed for example to gain hands-on intravenous sedation experience. Evidence of these required clinical opportunities must be presented, including the nature of the supervision.</li> <li>• Any trainee rotations are planned during year 3.</li> <li>• These potential rotational requirements, if they still apply when offering special needs dentistry trainee placements, should be identified to prospective trainees.</li> <li>• On-call rostering alongside oral and maxillofacial surgery staff would provide trainees with valuable exposure to acute and emergency care</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<p>scenarios, but should contribute to special needs dentistry learning rather than just supporting after-hours service delivery at a generalist level.</p> <ul style="list-style-type: none"> <li>• There was lack of clarity in the material provided about the minimum expectations from trainees on administration of sedation. Interviews confirmed that the programme expects the special needs dentistry trainee to attain competence in administration of both nitrous oxide (single technique) and intravenous sedation, and the monitoring of the sedated patient.</li> <li>• Intravenous sedation training will be undertaken externally, with clinical experience gained following the training course at the Christchurch and Wellington centres.</li> <li>• The sedation expectation needs must be clearly articulated in the competencies, learning outcomes, logbooks and assessment requirements.</li> <li>• Nitrous oxide is available across most training centres, except at Greenlane hospital and Buckland Rd Community Dental Clinic. There is a business case to enable nitrous oxide sedation at these two dental units. In the interim, Auckland base trainees can access Starship to gain the necessary clinical experiences.</li> <li>• The SET was satisfied that the patient load, case mix and complexity would support special needs dentistry training at a specialist level.</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>• The programme design comprises approximately 70% supervised clinical activity and 30% structured didactic, research, and assessment components.</li> <li>• Didactic teaching and research complement clinical practice, providing the theoretical and evidence-based underpinnings of specialist training.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Learning topics across the foundation modules are delivered through a mix of internal and external resources. Early on the learning is structured in 3-week blocks for teaching, seminars, registrar-led training – supported by commensurate clinical experiences.</li> <li>• Internal teaching includes tutorials, journal clubs, case-based discussions, radiology rounds, research workshops, professionalism sessions, and supervisor-led small groups conducted within accredited hospital sites.</li> <li>• These provide coverage of topics such as clinically applied anatomy and imaging, dentoalveolar surgery, oral pathology, core research methods and evidence-based practice, and ethics and professionalism.</li> <li>• Each trainee will be required to attend a “Foundation Week” at the beginning of their first year which will consist of trainee induction, an introduction to cultural safe practice and other specialty specific teaching.</li> <li>• Clinical training is combined with service delivery, with each patient offering learning opportunities.</li> <li>• Trainees are exposed to a range of consultants/specialists who demonstrate role modelling.</li> <li>• Supervisors of training offer ongoing informal and structured feedback to trainees.</li> <li>• The mid-term formative and 6-monthly summative assessments track trainee progress and ensure accountability by both parties.</li> <li>• Structured monitoring of the supervisor reports by the RACDS Board of studies ensures equity across training centres.</li> <li>• The following evidence was presented to support the learning structure:               <ul style="list-style-type: none"> <li>○ annual calendar of training</li> <li>○ overview of induction week</li> </ul> </li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ draft four-week rotation roster to integrate didactic sessions with clinical practice</li> <li>○ foundations modules mapping with internal and external delivery sources, and identification of the different teaching and learning modes</li> <li>○ reading lists</li> <li>○ programme curriculum</li> <li>○ assessment requirements</li> <li>○ logbook templates</li> <li>○ indicative timetables with protected weekly learning time, which RACDS and the hospitals have agreed will be standardised across sites on the same day and time to facilitate joint didactic teaching</li> <li>○ protected learning time is mandated by the collective agreements under which registrars are employed.</li> <li>● protected teaching and professional development time for supervisors (30% non-clinical time) guaranteed under SECA for senior medical and dental officers.</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>● The research requirements presented are:               <ul style="list-style-type: none"> <li>○ Completion of an article that has been accepted for publication in a peer-reviewed dental journal, where the trainee is the first author.</li> <li>○ Submission of a literature review.</li> <li>○ Ethics approval, if required.</li> <li>○ Presentation of research at a national or international conference, recognised by the College.</li> </ul> </li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Completion of research courses as recognised and prescribed by the College.</li> <li>● During the induction week there is a dedicated session on research techniques.</li> <li>● Trainees must also attend the Royal Australasian College of Surgeons (RACS) Critical literature evaluation and (CLEAR) course as part of their foundation year.</li> <li>● Research literacy is further developed through case presentations, tutorials, journal clubs.</li> <li>● One session a week is allocated for research.</li> <li>● Research proposals must be submitted by August in year 1, with structured reviews by the Board of studies to confirm feasibility and ethics clearance. Six-monthly progress reporting, and the final manuscript submission is required by December of year 3.</li> <li>● To support this timeline, supervisors of training have already begun compiling potential research projects to assist trainees in meeting the programme requirements.</li> <li>● Up to 18 months extension to meet the research requirements can be granted after passing the fellowship examination, but the trainee cannot be awarded the fellowship before the research requirements have been met.</li> <li>● The SET team supports the requirement for a postgraduate programme to have a research component suitable for the level and nature of the programme.</li> <li>● All SET teams shared concern about the feasibility of the research requirements – especially those members who themselves are research supervisors and longstanding academics.</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>The proposed research requirements closely mirror the output required by the OMS training programme, a four-year programme compared to the 3 years for this programme.</li> <li>The SET considered the timeframes for the various stages very steep – and perhaps even unattainable within a busy clinical programme. Especially given ethics approval will likely be involved.</li> <li>During the interviews it was offered that the research component was often the component that held OMS trainees up from completing their programme requirements.</li> <li>The SET considers that the research output requirements must be reconsidered to be achievable within a three-year clinical programme, and options on how trainees can demonstrate research competence be expanded.</li> </ul> <p>Examples may include presenting or a poster at an international dental specialty conference, thesis, or publication.</p> <ul style="list-style-type: none"> <li>The quality assurance can be achieved through the assessment matrix and external assessment.</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>Multidisciplinary teamwork is embedded into the learning outcomes and the Directly observed procedural skills assessment.</li> <li>The training programme calendar reference multidisciplinary team activities. These could include routine interdisciplinary meetings and participation in multi-disciplinary teams.</li> <li>Trainees will receive supervision from other appropriately qualified healthcare professionals outside of their supervisor of training.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Special needs dental specialist trainees will work alongside oral and maxillofacial surgery, paediatric dentistry, oral medicine and dental laboratories, with well established relationships.</li> <li>• Special needs dental specialist trainees will gain extensive general anaesthesia exposure, working with other disciplines in theatre.</li> <li>• Trainees will have the opportunity to rotate through other hospital departments to broaden their clinical experiences and interprofessional collaboration, including psychiatry. Multidisciplinary clinics such as cardiology/transplantology/immunology are available. Examples of shared treatment planning reported included patients with rheumatic fever, hypersalivation/xerostomia.</li> <li>• Special needs dentistry trainees will also work closely with social services, patient carers, staff from aged care and mental health facilities.</li> <li>• Material shared confirmed involvement of external speakers, adjunct faculty, specialists from other hospital departments and healthcare professions contributing to didactic teaching, supervised rotations, and sessions during the trainee induction week.</li> <li>• During interviews across the three training centres, there was commitment expressed from Health NZ Te Whatu Ora head of dental departments, chief medical officers, and senior medical and dental consultants in various disciplines to work collaboratively with the proposed dental specialist training programmes.</li> <li>• The substantial senior medical and management support from Christchurch hospital during their on-site interview session is acknowledged.</li> <li>• Beyond the clinical learning opportunities for trainees, the medical colleagues' training experience and collegial support will be greatly beneficial during the roll-out phase of the new programmes.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> <li>• The roles and responsibilities of the director of training, supervisor of training, and research supervisor have been provided.</li> <li>• The appointment process for supervisors of training is via the Board of studies, usually on the recommendation of the director of training.</li> <li>• Appointments of the director of training and supervisors of training across the training centres have been made, and all participated in the SET interview sessions.</li> <li>• The director of training has previous educational and programme lead experience. One of the key functions of this role is to mentor and support the supervisors of training.</li> <li>• All supervisors of training have teaching hospital appointments as special needs specialist consultants.</li> <li>• Some supervisors of training have had non-training registrars in their units, have supervised or mentored house surgeons or postgraduate university students during placements.</li> <li>• The individuals identified to support the didactic teaching include academics, Australian dental specialists, researchers, medical specialists, nurse, sedation training provider, and experts in medical law, ethics.</li> <li>• All external resources are reviewed and endorsed by RACDS governance committees to ensure quality and relevance.</li> <li>• Research intensity varies across the training centres. Trainees are supported through external mentorship arrangements, including partnerships with university academics, statisticians, and hospital research offices.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• External research supervisors may be appointed where specialist expertise is required, and multi-centre or medical collaborations are encouraged to broaden exposure.</li> <li>• A staffing matrix was provided of the dental department staff across the training centres, with the following information:               <ul style="list-style-type: none"> <li>○ Names</li> <li>○ Scope of practice</li> <li>○ Qualifications</li> <li>○ Practice experience.</li> </ul> </li> <li>• Planned supervisor of training induction and ongoing training is structured to ensure that all supervisors of training are equipped to provide clinical and educational supervision. A draft induction training day schedule was shared.</li> <li>• Supervisors of training will have access to training modules, and an induction pack which will include a list of learning resources, recommended e-learning courses, wellbeing conversation prompts, resources with tools to manage conflict, and supervisor scenarios to support reflective practice and practical decision-making.</li> <li>• Examples of training courses available to supervisors of training include Te Whatu Ora's Ko Awatea supervision modules/workshops, Royal Australasian College of Physicians Supervisor Professional Development Program, Royal Australasian College of Surgeons Foundation Skills for Surgical Educators.</li> <li>• Embedding a new programme, taking responsibility for a full-time trainee, and being involved in teaching will be new for most of the supervisors of training.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Robust induction, training, calibration and mentoring of supervisors of training will be essential to support the teaching and protect the wellbeing of the supervisor of training and trainee.</li> <li>• Evidence that all supervisors of training and others that may regularly support teaching and supervision of trainees have undertaken supervision induction, training and calibration is required before the programme starts.</li> </ul>	
	<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"> <li>• The College accreditation reports and training centres' self-assessment forms confirmed the following:               <ul style="list-style-type: none"> <li>○ Evidence of accreditation by HealthCERT (New Zealand) to undertake care</li> <li>○ Access to library resources with core textbooks and journals – either hard copies or online</li> <li>○ Computers and internet access.</li> </ul> </li> <li>• The College has an established learning management system where trainees and supervisors have access to a suite of online resources and forums.</li> <li>• A new digital logbook and assessment platform will streamline processes, ensure consistency, transparency, and alignment of training outcomes. This system will be rolled out for the oral and maxillofacial surgery programme in 2026.</li> <li>• The SET's New Zealand clinicians, laymember and cultural safety member walked through facilities from the three proposed training centres. This covered Auckland Greenlane, Hutt Valley and Christchurch hospitals.</li> <li>• Photos were shared with the international members of the SET, with permission from the units.</li> </ul>	

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		<ul style="list-style-type: none"> <li>• This confirmed appropriate clinical treatment rooms, access to pathology and dental laboratory facilities, Titanium patient records, digital radiography, sterilisation services, theatres, sedation and recovery spaces, resuscitation equipment. No concerns on patient safety or compliance to standards were identified during the walk throughs.</li> <li>• Dedicated trainee learning spaces with sufficient space and light, a desk, PC and screen/s, internet, access to online journals/textbooks and some physical libraries were confirmed.</li> <li>• During interviews those already involved in medical teaching at each of the training centres assured the SET that the teaching hospitals are well equipped and versed with trainee registrars.</li> </ul>	
	<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"> <li>• New Zealand registered dentists entering postgraduate study are experienced dentists and need to be culturally safe for practice. Some foundation knowledge is assumed through their experience.</li> <li>• However, the programme needs to ensure all trainees meet the expectations and apply cultural safe care in their clinical practice.</li> <li>• The curriculum mapping demonstrated where the entry-level competencies for cultural safety were integrated within the programme.</li> <li>• The Directly observed procedural skills, Mini-clinical evaluation exercises, and the Trainee assessment report include criteria for culturally safe practice and cultural competency.</li> <li>• Resources available in the learning management system include:             <ul style="list-style-type: none"> <li>○ Haumarutanga ahurea - Cultural Safety for oral health practitioners in Aotearoa NZ</li> <li>○ Te Tahu Hauora HQSC: Learning and education modules on understanding bias in health care</li> </ul> </li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ RACDS Cultural safety induction program</li> <li>○ RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural competence and cultural safety (with permission from RACP)</li> <li>○ YOUR MOB LEARNING Indigenous Cultural awareness course bundle</li> <li>● Some interviewees were less confident in describing how cultural competence and safety can be demonstrated and assessed within their clinical practice.</li> <li>● Assurance of cultural safety training or experiences by those who teach and supervise trainees is required to offer assurance that they are equipped and confident to role model, assess, provide constructive feedback, and identify inappropriate behaviour.</li> </ul>	
	<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"> <li>● Collaboration and resource sharing are integral to the programme delivery and are supported through structured teaching, supervisor engagement, and shared learning platforms.</li> <li>● An earmarked afternoon session agreed to by all training centres will be allocated to group learning activities. A Wednesday afternoon was proposed, but some indicative timetables shared did not facilitate this yet.</li> <li>● These joint learning sessions will cover tutorials, journal clubs, and case presentations.</li> <li>● This approach allows for coordination of the sequencing of didactic teaching across sites, ensuring efficient use of subject expertise, while minimising duplication of effort. These contribute towards sustainability of the programme. It further strengthens the consistency of teaching across the programme, contributes to interdisciplinary collegiality, and allows for peer and trainee contact.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Supervisors of training, other qualified healthcare professionals and subject specialists contribute to didactic teaching on either a one-off or rotational basis, depending on the subject matter.</li> <li>• Research support can be accessed through other hospitals, including Auckland Hospital who has 230 research projects underway with expertise such as biostatisticians, epidemiologist, public health. Similarly, in Christchurch the adjacent University of Otago medical school offer strong research support opportunities.</li> <li>• Trainees can apply for research grants through the New Zealand Dental Association and Starship grants.</li> <li>• Interviews demonstrated strong commitment from the director of training, supervisors of training, head of dental departments to the proposed new programmes.</li> <li>• Interviews with those involved in medical training confirmed that under SECA their teaching time is well protected and respected within the teaching hospitals – everyone understands the importance of this to develop the future workforce and to protect patient safety.</li> <li>• It was acknowledged that while service demands are high on consultants, over time the trainees would also contribute towards service delivery.</li> <li>• All three proposed training centres confirmed good dental assistant and patient pathway support.</li> <li>• While sufficient administrative support exist, some centres may benefit with more general administrative support for supervisors of training and trainees with on-site administration.</li> <li>• The College will establish an education officer role that will be responsible for administering the day-to-day operational aspects of the three proposed training programmes.</li> </ul>	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• All supervisors of training are registered dental specialists within the same discipline as the trainee.</li> <li>• The supervisors of training take primary responsibility for providing hands-on clinical training and supervision, ensuring appropriate case exposure, and undertaking trainee assessment and feedback.</li> <li>• They will be supported by other dental specialists, experienced senior dentists and other medical specialists.</li> <li>• The Auckland training centre reported:               <ul style="list-style-type: none"> <li>○ Three special needs dental specialists at 3.125FTE are available at the service.</li> <li>○ Three other clinicians at 3FTE were identified as additional potential trainers, an orthodontist, and experienced dentists.</li> <li>○ The service has a range of other dental specialists, including oral and maxillofacial surgeons, paediatric dental specialists, dental public health specialists, oral medicine specialists and prosthodontist.</li> </ul> </li> <li>• The Wellington training centre reported:               <ul style="list-style-type: none"> <li>○ One special needs dental specialist at 0.85FTE is employed at the service.</li> <li>○ Five other dental specialists at 2.2FTE were reported as being able to support the trainees, oral and maxillofacial surgeons and paediatric dental specialists.</li> <li>○ The service also employs oral medicine specialists and dentists.</li> <li>○ Back-up clinical supervision support will predominantly be by one of the three paediatric dental specialists for the time the supervisor of training is unavailable. Trainees will also be able to do oral and maxillofacial surgery rotations during that time, with an oral and</li> </ul> </li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<p>maxillofacial surgeon on-site every day. Hutt hospital now also has an oral and maxillofacial surgery trainee.</p> <ul style="list-style-type: none"> <li>○ There are also special needs dental specialists in Hamilton, and a strong team in Auckland. This means that there are short to medium term back-up options available.</li> <li>● The Christchurch training centre reported: <ul style="list-style-type: none"> <li>○ Four special needs dental specialists at 1.8FTE.</li> <li>○ Six additional senior consultants can support the trainee (3.3FTE). These include experienced dentists (one being dual training in medicine) and a clinical dental technician.</li> <li>○ The service further employs oral and maxillofacial surgeons, orthodontists, paediatric dental specialists.</li> </ul> </li> <li>● With current resourcing and capacity, both Wellington and Auckland training centres confirmed that they can only manage 1 special needs dentistry trainee at a time, while Christchurch reported they can increase their special needs dentistry trainees up to 3 across the centre.</li> <li>● It was acknowledged that some training centres have only one special needs dental specialist supervisor of training, and a training programme can also facilitate future special needs dentistry employment capacity.</li> <li>● The SET considered that there are sufficient back-up options available for the Wellington training centre to support the single trainer for short- and medium-term solutions.</li> <li>● Trainees must always have adequate and appropriate clinical supervision commensurate to their level of competence, experience and activities undertaken.</li> <li>● While teaching and supervision can be shared, those involved cannot practise outside of their own registered scope of practice or their</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
	<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>	<p>competence and experience levels. If they do, they will breach the law and professional obligations and be held accountable.</p> <ul style="list-style-type: none"> <li>• Clinical supervisors remain responsible for the patient care delivered by the trainee.</li> </ul> <ul style="list-style-type: none"> <li>• All trainees will be employed by Health NZ Te Whatu Ora as registrars and covered by the collective agreements.</li> <li>• The College submitted the following demonstrating commitments to the proposed training programmes:               <ul style="list-style-type: none"> <li>○ Expressions of Interest: Hospitals have confirmed their intent and commitment to act as accredited training centre, providing placements, case exposure, and supervision consistent with RACDS standards.</li> <li>○ Health NZ Te Whatu Ora engagement: Positive discussions are ongoing with Health NZ, and it is anticipated that funding support for six initial training positions will be provided through the employing hospitals.</li> <li>○ While funding arrangements are ultimately between Health NZ Te Whatu Ora and each hospital, these discussions reflect strong support for the programme's establishment and sustainability.</li> <li>○ College accreditation: Although the Council does not solely rely on the College's accreditation of the training centres, it does demonstrate an expression of interest by the unit to offer training, and meet the College's requirements to act as a training centre.</li> </ul> </li> <li>• Collectively, these demonstrate commitment to assure placement, supervision, and resourcing across the proposed training centres.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>The training programmes are intrinsically reliant on the establishment of the proposed six dental specialist training registrar posts by Health NZ Te Whatu Ora.</li> <li>Confirmation of the establishment of the training registrar posts, the disciplines it's earmarked for, an indication of the secured duration of these posts, and an agreement with the RACDS to undertake the training for these registrar posts is essential to demonstrate how the programme can meet the accreditation standards.</li> </ul>	
5. Assessment is fair, valid and reliable.	5.1 There is a clear relationship between learning outcomes and assessment strategies.	<ul style="list-style-type: none"> <li>A comprehensive assessment framework was evident.</li> <li>The programme handbook sets out the mandatory assessment and examination requirements.</li> <li>A diverse range of assessments are spread across all years of training and cover a broad range of subject matter at different and progressive levels, including basic knowledge, application of knowledge, clinical competence, and professional performance.</li> <li>The assessment framework was appropriate, comprehensive and as expected for a dental specialist training programme.</li> <li>The Australian Council for Educational Research (ACER) was engaged for implementation of the examination framework – leveraging off work they have previously completed for the FRACDS OMS programme.</li> <li>An interview with an ACER representative confirmed that they supported the College with development and review of the examination framework for the three proposed programmes. Their ongoing involvement on standard setting will provide additional independent assessment expertise and resource.</li> </ul>	<i>Standard is substantially met</i>

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• The SET specifically explored the requirement for the RACDS Primary dental sciences (PDS) examination as an entry criterion for training.</li> <li>• The College explained that the PDS examination is intended to complement, rather than duplicate, the Year 1 science teaching within the programme. Year 1 provides contextualised teaching, framing foundational sciences, such as anatomy, physiology, pharmacology, and paediatric or special care dentistry topics, directly within the clinical context of each specialty.</li> <li>• The SET was satisfied with the College response, and that the PDS was not an unnecessary barrier but would support learning and development within the foundation year.</li> <li>• A similar requirement is not uncommon in other local and international College dental and medical training programmes.</li> </ul>	
	<p>5.2 All required professional competencies are mapped to learning outcomes and are assessed.</p>	<ul style="list-style-type: none"> <li>• The following assessment details was provided:               <ul style="list-style-type: none"> <li>○ Mapping of the teaching modules and the various assessment tools used within the module.</li> <li>○ Topics for core case presentation, direct observation of procedures, mini clinical evaluation exercises, topics for critical appraisals.</li> <li>○ Foundation exam blueprint.</li> <li>○ Fellowship exam blueprint.</li> </ul> </li> <li>• The SET was satisfied that the assessment framework covered the core clinical special needs dentistry areas, and provides for assessment of professional behaviour, communication, and cultural safety.</li> </ul>	
	<p>5.3 Multiple assessment methods are used</p>	<ul style="list-style-type: none"> <li>• A diverse range of assessments, blending summative and formative elements, distributed throughout the training duration was presented.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
	<p>including direct observation in the clinical setting.</p>	<ul style="list-style-type: none"> <li>• A teaching mode register was provided detailing the various modes of assessment, the frequency and/or timing, and the evidence of engagement it measure.</li> <li>• This included:               <ul style="list-style-type: none"> <li>Direct observation of procedures (DOPS)                   <ul style="list-style-type: none"> <li>○ Trainees are assessed on technical skills and ability to perform dental procedures safely. Includes feedback sessions and a global competency rating.</li> <li>○ Structured feedback sessions on DOPS completed.</li> </ul> </li> <li>Mini clinical evaluation exercise (Mini-CEX)                   <ul style="list-style-type: none"> <li>○ Focusses on initial patient consultations across different settings to assess communication, clinical examination and management planning skills.</li> <li>○ Direct observation and evaluation during patient consultations, feedback provided immediately after.</li> </ul> </li> <li>Critical appraised topics (CATs)                   <ul style="list-style-type: none"> <li>○ Evaluates a trainee's ability to critically analyse scientific literature and apply evidence-based findings to clinical practice.</li> <li>○ Trainees present in a seminar format.</li> </ul> </li> <li>Case presentations (case-based discussions)                   <ul style="list-style-type: none"> <li>○ Assesses clinical decision-making and the application and use if dental knowledge in relation to patient care.</li> <li>○ Includes trainee self-reflection and detailed feedback from assessors.</li> </ul> </li> </ul> </li> </ul> <p>360-Degree feedback evaluation</p>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>○ Comprehensive evaluation involving self-assessment and feedback from various colleagues the trainee work and interact with. Assesses professional skills in a teamwork setting.</li> <li>○ This assessment is undertaken in year 2 of training.</li> </ul> <p>Logbooks and portfolios</p> <ul style="list-style-type: none"> <li>○ Trainees maintain comprehensive logbooks and portfolios, documenting clinical cases and reflecting on their learning journey.</li> <li>○ Continuous documentation of clinical cases, semi-annual review.</li> </ul> <p>Examinations – summative assessments</p> <ul style="list-style-type: none"> <li>○ The Foundation examination assesses baseline dental skills and knowledge and readiness for advanced training.</li> </ul> <p>Written and oral examination on patient care scenarios</p> <ul style="list-style-type: none"> <li>○ The Fellowship examination evaluates a trainee’s capability to independently manage complex patient cases as a dental specialist.</li> </ul> <p>This examination comprises of a comprehensive written exam, and an oral examination that includes case presentations and discussions.</p> <ul style="list-style-type: none"> <li>● Multiple assessment formats ensure comprehensive evaluation of the required competencies.</li> <li>● The assessment approach represents contemporary workplace-based assessment practices, supplemented by assessment and examinations to validate application of knowledge, critical analysis and evaluation, and clinical judgement.</li> <li>● No concern on the range and type of assessments were raised.</li> </ul>	
	5.4 Mechanisms facilitate a consistent approach to	<ul style="list-style-type: none"> <li>● A structured approach to assessments are followed.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
	<p>appropriate assessment and timely feedback to students.</p>	<ul style="list-style-type: none"> <li>• Copies of the various assessment form templates were provided:               <ul style="list-style-type: none"> <li>○ DOPS</li> <li>○ Mini-CEX</li> <li>○ Trainee assessment by supervisor of training</li> <li>○ 360-degree feedback evaluation form (assessment guidelines not included)</li> <li>○ Trainee improvement plan for when trainees receive a borderline or unsatisfactory outcome for their 3- month or unsatisfactory for 6-month assessments.</li> </ul> </li> <li>• The templates included assessment criteria and guidelines, except for the 360-degree feedback form that needs guidance to ensure consistency in assessment.</li> <li>• Assessment and examination policies were provided.</li> <li>• Examinations are conducted under the oversight of the Examinations committee and registrar of training.</li> <li>• The examinations will follow a marking and calibration system close to that used in the OMS programme.</li> <li>• ACER will have continued involvement in the assessment and examination components, and standard setting.</li> <li>• Structured feedback is scheduled at the start, mid-point and end of each 6-month term, with feedback timing defined in the programme handbook.</li> <li>• This would assure the trainee and the supervisor of training know exactly how the trainee is tracking, and put in place plans to address any issues.</li> <li>• The director of training advocates strongly for open and ongoing communication between the trainee and supervisor, supervisor and the</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<p>director, and early identification of potential risks or issues, and prompt responses.</p> <ul style="list-style-type: none"> <li>• Support and mentoring of supervisors will be prioritised. The vision shared was “To be the supervisor you wished you had during your training”.</li> <li>• A supervisor calibration and governance matrix was shared, which provides structured mechanisms to ensure consistency, quality, and accountability of supervision across all sites.</li> <li>• The matrix includes activities such as the annual supervisor training calendar, calibration and moderation workshops, inter-rater reliability checks, mentoring scheme for new supervisors, and tracking of cultural safety expectations.</li> <li>• Robust induction, training and calibration will be essential for any new supervisor of training, followed by regular structured calibration sessions for supervisors and examiners to maintain consistency in evaluation.</li> <li>• Assurance that this occurred is required before commencement of the new programmes.</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>• Workplace assessments will predominantly be done by registered special needs dental specialists with clinical experience, who hold appointments in teaching hospitals and is actively involved in the specialty.</li> <li>• Medical specialists and other hospital staff will also be involved in some assessments. Most of whom also have experience with training of medical registrars.</li> <li>• Supervisors of training will be supported by the director of training, who had previous academic and programme lead experience.</li> <li>• An Examiner selection and appointment policy was shared.</li> <li>• External examiners will be used for the final exit examination.</li> </ul>	

# SPECIAL NEEDS DENTISTRY SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"><li>• External examiners are likely to be Australian registered dental specialists not involved in the training programme. Other international dental specialists may also be approached to act as external examiners.</li><li>• It was recognised that conflict of interest in such small disciplines may be a challenge. External examiners need to be carefully selected, and are essential to add validity to the final assessments.</li></ul>	

# Appendices

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

Acronym	Description
CATs	Critical Appraised Topics
DOPS	Direct observation of procedures
FTE	Full-time equivalent
RACDS	Royal Australasian College of Dental Surgeons
Mini-CEX	Mini Clinical Evaluation Exercise
NZSSD	New Zealand Society for Anaesthesia and Sedation in Dentistry
OMS	Oral and maxillofacial surgery
PDS	Primary Dental Sciences
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RDA	New Zealand Resident Doctors' Association
RMO	Resident Medical Officer
SET	Site evaluation team
SECA	Single Employer Collective Agreement
STONZ	Specialty Trainees of New Zealand

# Appendices

## Appendix B – Site visit schedule 8 – 10 & 12 December 2025

Monday, 8 December 2025 – CORE group		
Wellington, DC office & online		
On-site SET members: Dr Hiria McRae (Lay member), DCNZ Staff: Marie MacKay and Suzanne Bornman Off-site SET members: Prof Alison Dougal (Chair), Dr Callum Durward (NZ clinician); Margaret Clark (Cultural Safety member)		
Time	Areas of focus	Participants
10:00 – 10:55 (AEDT: 8 – 8:55)	Karakia Whanaungatanga/ Introductions Strategic focus for programmes Governance – transitional and long-term <i>Standard 2: Academic governance and quality assurance</i>	RACDS – Eithne Irving – CEO (remote) Chris Little - Director of Education (remote) Sally O’Doherty – Project Officer (remote)  Project team – Dr Erin Mahoney – RACDS President (On-site) Dr Graeme Ting – Director of Training (DoT) (remote)
11:00 – 11:15	Capital, Coast and Hutt Valley  Support for training	Dr Cathy Ferguson - Clinical Director Surgery and Women CCHV (remote)  Project team – Dr Erin Mahoney – RACDS President (On-site) Dr Graeme Ting – DoT (remote) Chris Little - Director of Education (remote) Sally O’Doherty – Project Officer (remote)
11:15 – 11:30	SET break	
11:30 – 12:00	Cultural safety  <i>Standard 6: Cultural competence</i>	Joseph Tyro – Māori Advisor (remote) Dr Lesieli Tomika – Paediatric Dentist (remote)

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		<p>Chris Little - Director of Education (remote)          Sally O'Doherty – Project Officer (remote)          Dr Graeme Ting – DoT (remote)          Dr Erin Mahoney – RACDS President (On-site)</p>
<p>12:05 – 12:30          (AEDT: 10:05 – 10:30)</p>	<p>Public safety          Quality assurance          Induction</p> <p><i>Standard 1: Public safety</i>  <i>Standard 2: Academic governance and quality assurance</i></p>	<p>Dr Jacob Pearce - Australian Council for Educational Research (ACER) (remote)</p> <p>Development team –          Chris Little - Director of Education (remote)          Dr Graeme Ting – DoT          Dr Erin Mahoney – RACDS President (On-site)          Dr Hadleigh Clark - Supervisor of Training (SoT) – Oral Medicine (remote)          Sally O'Doherty – Project Officer (remote)</p>
<p>12:35 – 13:00</p>	<p>Trainee experience and support</p> <p><i>Standard 4: The student experience</i></p>	<p>Development team -          Dr Graeme Ting – DoT (remote)          Dr Erin Mahoney – RACDS President and Supervisor of Training (SoT) – Paediatric Dentistry (On-site)          Dr Hadleigh Clark – SoT – Oral Medicine (remote)          Chris Little - Director of Education (remote)          Sally O'Doherty – Project Officer (remote)</p>
<p>13:00 – 14:30</p>	<p>SET closed session          Working lunch &amp; summary of day          Karakia</p>	

# Appendices

Tuesday, 9 December 2025 – Oral Medicine

## AUCKLAND: Greenlane

On-site SET members: Dr Kim Gear (NZ oral medicine clinician); DCNZ Staff: Marie MacKay and Suzanne Bornman

Off-site SET members: Prof Alison Dougal (Chair), Dr Roddy McMillan (Int oral medicine academic), Dr Juan Bugueno (Int oral medicine academic), Dr Hiria McRae (Lay member)

Time	Areas of focus	Participants
08:15 – 08:45	Karakia Whanaungatanga/ Introductions Overview for discipline SET – training posts, number of anticipated trainees during yrs 1-3 of programme delivery Short- and medium-term challenges	Development team – Dr Graeme Ting – Director of Training (DoT) Dr Erin Mahoney - Supervisor of Training (SoT) – Paediatric Dentistry Chris Little - Director of Education Sally O'Doherty – Project Officer  Supervisors of Training across training sites Dr Hadleigh Clark (Auckland) – Oral Medicine
08:45 – 09:15	Resourcing Teaching Supervision Research Admin	Dr Anna Dawson – Service Clinical Director (remote)  Supervisors of Training across training sites - Dr Hadleigh Clark (Auckland) – Oral Medicine  Development team – Dr Graeme Ting – DoT Dr Erin Mahoney - SoT – Paediatric Dentistry Chris Little – Director of Education Sally O'Doherty – Project Officer
09:15 – 10:00 (AEDT: 7:15 – 8:00)	Didactic curriculum content delivery integrated learning between other disciplines and training units	Development team – Dr Graeme Ting – DoT Dr Erin Mahoney - SoT – Paediatric Dentistry Chris Little - Director of Education Sally O'Doherty – Project Officer

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	research	<p>Clin A/Prof Mark Schifter – Oral Medicine (remote)            Dr Jessica Buchanan – Oral and Maxillofacial Surgery Specialist (remote)</p> <p>Supervisors of Training across training sites:            Dr Hadleigh Clark (Auckland)            Dr Philippa Greer (Wellington) (remote)</p>
10:00 – 10:15	SET break	
10:20 – 11:00	<p>Clinical requirements            case load and patient mix            supervision            trainee monitoring and remediation            supervisors – training, induction and moderation            Assessment</p>	<p>Development team –            Dr Graeme Ting – DoT            Dr Erin Mahoney - Supervisor of Training (SoT)            Chris Little - Director of Education            Sally O'Doherty – Project Officer</p> <p>Supervisors of Training across training sites – ORAL MEDICINE:            Dr Hadleigh Clark (Auckland)            Dr Philippa Greer (Wellington) (remote)</p>
11:05 – 11:25	Interdepartmental teaching and clinical rotations	<p>Development team –            Dr Graeme Ting – DoT            Dr Erin Mahoney - Supervisor of Training (SoT)            Chris Little - Director of Education            Sally O'Doherty – Project Officer</p> <p>Supervisors of Training across training sites – ORAL MEDICINE:            Dr Hadleigh Clark (Auckland)</p> <p>Dr Carl Eagleton – CMO ADHB (remote)            Dr Hugh Trengrove - Prosthodontic Specialist (remote)            Timothy Gunn - Practice Manager Capital and Coast Dental and Oral Health Service (remote)</p>
11.30 – 12:45	SET closed session Summary of day	

# Appendices

Karakia, international members end-of-day	
13:00 -13:55	Lunch Break
14:00	<p>Site visit</p> <p>Learning space</p> <p>Clinical space, equipment</p>
	<p>On-site SET members only</p> <p>NZ oral med clinician</p> <p>DC staff</p> <p>Joined by HoD and SoT -</p> <p>Dr Anna Dawson</p> <p>Dr Hadleigh Clark</p> <p>And RACDS –</p> <p>Dr Graeme Ting - DoT</p> <p>Chris Little - Director of Education</p> <p>Sally O’Doherty – Project Officer</p>
After site visit	End of day

# Appendices

Wednesday, 10 December 2025 – Paediatric Dentistry

## WELLINGTON: Hutt Hospital

On-site SET members: Dr Callum Durward (NZ paediatric dentistry clinician), Dr Hiria McRae (Lay member), Margaret Clark (Cultural Safety member); DCNZ Staff: Marie MacKay and Suzanne Bornman

Off-site SET members: Prof Alison Dougal (Chair), Dr Alex Keightley (Int paediatric dentistry academic), Dr Gabriella Garisto (Int paediatric dentistry academic)

Time	Areas of focus	Participants
9:00 – 9:30	Karakia Whanaungatanga/ Introductions Overview for discipline SET – training posts, number of anticipated trainees during yrs 1-3 of programme delivery	Development team Dr Graeme Ting – Director of Training (DoT) Chris Little - Director of Education Sally O'Doherty – Project Officer Dr Lydia Ng – Curriculum  Supervisors of Training across training sites – PAEDIATRIC DENTISTRY Dr Erin Mahoney (Hutt)
9:30 – 10:15	Didactic curriculum content delivery integrated learning between other disciplines and training units research	Development team: Dr Graeme Ting – DoT Chris Little - Director of Education Sally O'Doherty – Project Officer Dr Lydia Ng – Curriculum Dr Wendy Cheney (remote) Supervisors of Training across training sites – PAEDIATRIC DENTISTRY Dr Erin Mahoney (Hutt)
10:15 – 10:30	SET break	
10:35 – 11:15	Clinical requirements case load and patient mix supervision	Development team Dr Graeme Ting – DoT Chris Little - Director of Education Sally O'Doherty – Project Officer

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	<p>trainee monitoring and remediation</p> <p>supervisors – training, induction and moderation</p> <p>Assessment</p>	<p>Supervisors of Training across training sites – PAEDIATRIC DENTISTRY</p> <p>Dr Erin Mahoney (Hutt)</p> <p>Dr Yaso Ramadas (Auckland) (remote)</p> <p>Dr Abbey Corbett (Christchurch) (remote)</p> <p>Otago post grad: Lisa Ung (Paediatric Dentistry)</p>
11:20 – 11:40	Interdepartmental teaching and clinical rotations	<p>Dr Alisa Ireland – Anaesthetist</p> <p>Development team</p> <p>Dr Graeme Ting – DoT</p> <p>Dr Erin Mahoney - SoT</p> <p>Chris Little - Director of Education</p> <p>Sally O'Doherty – Project Officer</p>
11:45 – 12:15	<p>Resourcing</p> <p>Teaching</p> <p>Supervision</p> <p>Research</p> <p>Admin</p>	<p>Dr Manish Patel HOD Dental and Maxillofacial Department Hutt Hospital</p> <p>Dr Erin Mahoney - SoT</p> <p>Development team</p> <p>Dr Graeme Ting – DoT</p> <p>Chris Little - Director of Education</p> <p>Sally O'Doherty – Project Officer</p>
12:15 – 13:30	<p>SET closed session</p> <p>Working lunch &amp; summary of day</p> <p>Karakia, international members end-of-day</p>	
14:00	<p>Site visit</p> <p>Learning space</p> <p>Clinical space, equipment</p>	<p>On-site SET members only</p> <p>NZ oral med clinician</p> <p>Lay member</p> <p>DC staff</p> <p>Dr Erin Mahoney</p>
After site visit	End of day	

# Appendices

Friday, 12 December 2025 – Special Needs Dentistry

## CHRISTCHURCH: Christchurch Hospital

On-site SET members: Dr Joanna Ngo (NZ SND clinician); DCNZ Staff: Marie MacKay and Suzanne Bornman

Off-site SET members: Prof Alison Dougal (Chair),

Dr Helen Patterson - An apology for 12 December 2025 due to bereavement. Reviewed a recording afterwards and provided feedback.

Time	Areas of focus	Participants
09:00 – 9:30	Karakia Whanaungatanga/ Introductions Overview for discipline SET – training posts, number of anticipated trainees during yrs 1-3 of programme delivery	Development team – Chris Little - Director of Education Sally O’Doherty – Project Officer Dr Graeme Ting – Director of Training Dr Erin Mahoney – RACDS President  Supervisors of Training across training sites, SPECIAL NEEDS DENTISTRY: Dr Juliet Gray (Christchurch) Dr Ceridwen Benn (Wellington) (remote)
09:30 – 10:15	Didactic curriculum content delivery integrated learning between other disciplines and training units research	Development team – Chris Little - Director of Education Sally O’Doherty – Project Officer Dr Graeme Ting – DoT Dr Erin Mahoney -Supervisor of Training  Supervisors of Training across training sites, SPECIAL NEEDS DENTISTRY: Dr Juliet Gray (Christchurch) Dr Ceridwen Benn (Wellington) (remote)
10:15 – 10:30	SET break	
10:35 – 11:15	Clinical	Development team –

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	<p>requirements case load and patient mix supervision trainee monitoring and remediation supervisors – training, induction and moderation Assessment</p>	<p>Chris Little - Director of Education Sally O'Doherty – Project Officer Dr Graeme Ting – DoT</p> <p>Supervisors of Training across training sites, SPECIAL NEEDS DENTISTRY: Dr Guo Ling (Auckland) (remote) Dr Ceridwen Benn (Wellington) (remote) Dr Juliet Gray (Christchurch)</p>
11:20 – 11:40	Interdepartmental teaching and clinical rotations	<p>Dr Olivia Murdoch – Head of Department Dr Alan Pithie -CMO Dr Gordon Beadel – Chief of Surgery Nathan Hood -GM CHCH Campus Pamela Gordon - Service Manager of Hospital Dental</p> <p>Development team – Dr Graeme Ting – DoT</p>
11:45 – 12:15	<p>Resourcing Teaching Supervision Research Admin</p>	<p>Dr Olivia Murdoch – Head of Department</p> <p>Supervisors of Training across training sites, SPECIAL NEEDS DENTISTRY: Dr Ceridwen Benn (Hutt) (remote) Dr Guo Ling (Auckland) (remote) Dr Juliet Gray (Christchurch) Timothy Gunn - Practice Manager Capital and Coast Dental and Oral Health Service (remote) Development team – Dr Graeme Ting – DoT Dr Erin Mahoney -Supervisor of Training Chris Little - Director of Education Sally O'Doherty – Project Officer</p>
12:15 – 13:30	<p>SET closed session Working lunch &amp; summary of day</p>	

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Karakia, international members end-of-day		
14:00 – 15:00	Site visit Learning space Clinical space, equipment	On-site SET members only NZ oral med clinician DC staff  Joined by HoD Dr Olivia Murdoch
15:15 – 15:25 (AEDT: 13:15 – 13:25)	Closing session	College leadership Chris Little - Director of Education  Project team – Dr Erin Mahoney – RACDS President (remote) Dr Graeme Ting – DoT Sally O'Doherty – Project Officer
End of review		