DENTAL COUNCIL (NZ)
REPORT OF AN EVALUATION OF

UNIVERSITY OF OTAGO
Undergraduate programmes

September 2019

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

Site visit conducted

2 – 5 September 2019

Site Evaluation Team

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

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Clinician: Ms Emilee Walby, New Zealand

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Programme Provider

Faculty of Dentistry

University of Otago

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EXECUTIVE SUMMARY

1. EXECUTIVE SUMMARY

Programme provider	University of Otago
Programme/qualification name	Bachelor of Dental Surgery Bachelor of Dental Surgery with Honours Bachelor of Oral Health Bachelor of Dental Technology Bachelor of Dental Technology with Honours
Programme/qualification abbreviation	BDS BDS (Hons) BOH BDentTech BDentTech (Hons)
Programme/qualification code	N/A
Address	Faculty of Dentistry, 310 Great King Street, Dunedin, New Zealand
Campus(es)	N/A
Programme length	BDS – 5 years BOH – 3 years BDentTech – 3 years
Registration division	General Dental Practice Oral Health Therapy Practice Dental Technology Practice
Registration specialty	N/A

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Qualification type	HE
New Zealand Qualifications Framework Level	BDS: Level 7 BDS (Hons): Level 8 BOH: Level 7 BDentTech: Level 7 BDentTech (Hons): Level 8
Accreditation standards version	Accreditation Standards for Dental Practitioner Programs (1 January 2016)
Date of site evaluation	2 - 5 September 2019
Date of Dental Council decision	2/12/2019
Type of accreditation	Re-accreditation

Background

The Bachelor of Dental Surgery (BDS) and Bachelor of Dental Surgery with Honours (BDS (Hons)) programmes were accredited in 2010 for 7 years, with the Faculty of Dentistry opening in 1907. Bachelor of Oral Health (BOH) was accredited in 2014 (first offered in 2007), and the Bachelor of Dental Technology (BDentTech) and Honours (BDentTech (Hons)) in 2015 for 5 years (the technology programme was established in 2002).

The undergraduate programme accreditation periods were aligned to 31 December 2019 to allow for a joint accreditation process of the University of Otago undergraduate programmes, after the completion of the new clinical facilities. Due to the delay in completion of the clinical facilities and the review of the faculty's 12 postgraduate programmes in 2018, the undergraduate accreditation was scheduled for 2019.

The programmes were monitored through annual reports, and since the start of the building project in 2016, quarterly building reports were submitted to the Dental Council. These reports focused on the risks and impact on delivery of teaching and clinics, to allow the Council to closely monitor the ability of the programmes to continue to meet the ADC/DC(NZ) Accreditation Standards. As a result of these monitoring reports, the Council identified a number of areas of concern. These were shared with the site evaluation team (SET), and included:

- significant and ongoing executive leadership changes during a period of substantial changes
- decreasing staffing levels with several senior academics lost

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- accessibility of staff by students during the displacement of staff offices
- levels of supervision in clinics
- whether appropriate clinical experience across the scopes of practice were obtained (volume, breadth and complexity)—especially in light of the building project disruptions and increasing student numbers, anticipated to continue to grow over the next few years.

The SET was requested to focus on these concerns, the new clinical facilities and the changes made to the BDS (Hons) programme during the undergraduate review.

The key programme changes reported were:

BDS: The vertical and horizontal integration of the curriculum and embedding of the year 5 community service learning (CSL) placements to develop cultural competence by providing care to patients with a range of backgrounds in clinics outside of the faculty—primarily with Māori health providers. Changes to the BDS (Hons) clinical paper was made with the replacement of Dent562 with Dent563—removing content overlap with Dent561 and providing similar cultural outplacement opportunities for the honours students. BDS student numbers have increased to a total of 368 in 2019, up from 276 at the end of 2009.

BOH: No major programme changes have been implemented since the last review. The oral health programme had 140 students in 2019, compared with 123 students during the last accreditation in 2013.

BDentTech: An increased focus on digital design and manufacturing was introduced into the programme since the last review. The dental technology programme had 54 enrolled students in 2019, compared with 60 students during the 2015 accreditation.

Overview of the evaluation

The site visit was conducted between 2 – 5 September 2019 at the University of Otago Faculty of Dentistry in Dunedin. A videoconference call was held on 22 August 2019 with those staff who could not attend the site visit due to other commitments.

The SET comprised of a core group, represented by all professions under review, that focused on the standards common to all programmes—primarily standards 1, 2 and 4. The discipline groups focused on the curriculum, clinical experiences and assessments of each programme (standards 3 and 5).

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With the new clinical services building (CSB) completed and becoming operational in June 2019, a key focus area of the review was to ensure that the new clinical facilities were fit for purpose and protected patient, staff and student safety (the review of the facilities once completed was also a condition from the 2018 postgraduate accreditation review).

The team also had to satisfy themselves that while the building project continues with the refurbishment of the Walsh building, with the expected completion date of late 2020, that the interim arrangements continued to support learning. The team reviewed the plans for the new Auckland clinic, under construction at the time of the visit, with the aim to have the first BDS student placement there early 2020.

The SET reviewed the submissions and requested additional information and clarification from the programmes on a number of areas. The material was reviewed by the team and formed the basis of the focus for the interviews during the site visit.

The team interviewed the programmes' leadership, including the new Dean Prof Mike Morgan who starts February 2020, administrative and support staff, academic and clinical staff, students, 2016 – 2018 graduates, external placement providers, professional associations and the building project team. The complete schedule is available as Appendix B.

Key findings

Bachelor of Dental Surgery and Bachelor of Dental Surgery with Honours

The University of Otago Bachelor of Dental Surgery and Bachelor of Dental Surgery with Honours programmes have dedicated staff, a strong didactic foundation and an exemplary cultural competence component. Despite the Faculty's significant period of change over the last few years, the BDS programme has provided an appropriate educational experience for students to attain the necessary dentist competencies. However, patient management experiences in some areas need strengthening. It appears that better patient triage, record assessment and patient allocation to students could improve the availability and more equitable distribution of these cases. The academic management tool on the new digital patient record system provides an opportunity for easier and closer monitoring of available cases and individual student experiences.

The new CSB is world-class and is a major asset to the faculty. Bedding-in of operational processes is still underway, with some issues still being resolved. Based on what the SET observed, the clinics appear fit for purpose. Completing the implementation of track and trace of critical items across all clinics in the CSB, refining a few infection prevention and control (IPC) processes, and training of students and clinical staff on these new processes, need urgent attention to ensure a safe workspace

and to protect patient safety. The implementation of the new digital platforms for patient records and radiographs is well underway, albeit with some teething issues. To ensure access to patient records and images, a stable network and timely support for the clinic is essential; currently lacking through the university central services.

The other area of concern is staffing. Staffing is stretched, under significant pressure and a high risk to the delivery of the programme. Particularly in the areas of endodontics and periodontics—recruitment is underway with some progress reported in periodontics. These positions must be filled, or alternative mechanisms put in place to support these areas of the programme. Available staff supervising in clinics needs to increase to ensure safe patient care and an appropriate learning environment for students; this requires increased clinical staff. The level of clinical support staff also requires addressing, especially dental assistants (DAs) available in the clinics.

Some inter-professional learning opportunities are in place—primarily focused on health promotion. Joint patient management opportunities with other members of the dental team and other health professionals need to be provided.

The changes to the BDS (Hons) curriculum appear appropriate and working; ongoing monitoring through student feedback is suggested.

Assessments were considered fair and transparent. More robust and consistent assessment of professionalism and clinical application of cultural competence in the Dunedin (and Auckland in the future) clinics is needed. Professional practice fellows (PPFs) need more training, moderation and calibration on clinical assessments. New and less experienced PPFs need more initial support in the clinics.

The build of the new Auckland clinic was reported as being on-track, for use by up to 24 final year BDS students at the start of the 2020 academic year. Staff recruitment was imminent at the time of the site visit. There is still a lot of work left on operational implementation. Validation by the Dental Council that the facility is fit for purpose, ready and safe for patient care is required before clinical teaching starts.

Based on the evidence available to the SET, it concluded that the BDS programme delivers competent dental graduates for practising in New Zealand.

Bachelor of Oral Health

The University of Otago Bachelor of Oral Health programme has high quality and dedicated staff, and a very strong didactic foundation and preventive focus. The programme significantly contributes towards the Dunedin population's oral health. Despite the Faculty's significant period of change over the last few years, the BOH programme has provided an appropriate educational experience for students to attain the necessary oral health therapy (OHT) competencies. However, the programme design and delivery is still distinctly separated into hygiene and therapy curricula rather than an integrated OHT programme. The programme should continue to explore ways to integrate the teaching and clinics to reflect the new OHT scope of practice and foster a holistic and comprehensive approach to patient care.

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The patient management experiences in the following areas need strengthening:

- The pool of patients available at the Otago clinics provides students with insufficient exposure to a broad range of restorative and exodontia care. Students mostly rely on their five-week outplacements to gain the necessary restorative and exodontia experience. This is not satisfactory to ensure an equitable student experience and assure competent graduates across the range of restorative treatment.
- Limited orthodontic experience on patients are available.
- Periodontal experience during outplacements appear variable, with most recorded as observational in private practice. The SET encourages renewed efforts to increase clinically immersive periodontal care opportunities during outplacements, and to seek clarification on the indemnity insurance requirements if these occur in private practice.

There is considerable concern about the sustainability of current arrangements for the external clinical placements. Particularly given that students rely on these now to gain restorative treatment experience and competency. These placements also contribute towards students gaining experience of providing clinical care in different practice settings. The programme, with support from the faculty, is encouraged to continue to build on and foster the existing placement relationships, but also explore alternative models of care to secure outplacement opportunities for future BOH students. Extending the placements to include a greater cultural competence experience is also suggested.

The team noted issues in the CSB clinic with referral of patients between practitioner groups and blurred responsibilities for completing courses of care. The clinical leadership of the CSB clinics should finalise and embed appropriate digital referral pathways and resolve the waitlist management issues as a result of the transition.

Separate Titanium versions for child and adult patients (between Southern District Health Board (DHB) and CSB) poses a risk for continuity of patient care, prevents access for non oral health students and staff to a comprehensive record of care provided in the CSB for a particular patient, and complicates student experience and performance monitoring. Integration between the two systems should be encouraged.

Like the other programmes, no formalised joint patient management occur between dentistry, oral health, dental specialists and dental technology students. Co-design and collaborative planning of treatment and care delivery is an important element of preparing students for collaborative team care.

Increased student numbers could put pressure on resources, and should be closely monitored.

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Bachelor of Dental Technology and Bachelor of Dental Technology with Honours

The University of Otago Bachelor of Dental Technology and Bachelor of Dental Technology with Honours programmes have dedicated staff, and comprehensive, clear and well-structured programme coursebooks and information for students. The temporary dental laboratory set-up and lighting is commended; with staff and students complimented on their resilience to make this space work during this interim period.

The BDentTech and BDentTech (Hons) programmes continue to deliver graduates competent to practice dental technology in New Zealand.

The primary concern of the SET was the lack of technical exposure to patient cases. Technology students' clinical[1] involvement and technical fabrication of a prosthesis for a patient should be urgently re-introduced. The SET acknowledges the practical difficulties in achieving this but considers it essential for preparation of practice and will assist in achieving some of the competencies where current gaps have been identified.

Great progress on the introduction of digital technologies have been made in recent years, but further emphasis on the clinical application of all the aspects related to digital technologies is encouraged. Other areas with limited practical exposure include shade taking, repairs and relines of dental appliances.

Greater focus on and assessment of communication, professionalism, IPC and other Dental Council practice standards within the dental laboratory is necessary. Better cross infection and control practices within the dental laboratory are required to ensure patient, student and staff safety.

Another health and safety concern by the SET relates to the lack of adequate supervision within all areas of the new facility. This is due to stretched staffing levels and the split configuration of the temporary facilities. Increased full-time supervision of students is urgently needed to protect students, staff and the public; and to provide appropriate learning environments for students. There is a lack of lockable space in the temporary facility for students to store their coursework.

Cultural competence is included in the didactic components of the curriculum, but there is a lack of application into practice. Clinical application, including effective and respectful interaction with Māori, should be established; even if it is through case scenarios.

The external laboratory placements are viewed favourably by those involved, but more structured placements could facilitate a more meaningful experience for both students and supervising dental technicians. This could be achieved through formalised agreements with clearly articulated learning outcomes and supervision responsibilities with the placement dental laboratories.

The new dental laboratory in the Walsh building will need to be validated by the Dental Council, once completed.

[1] Reference to "Clinical" in the commentary related to all programmes means dental laboratory work for the dental technology programme. "Clinical" in the dental technology specific comments means participation in patient management.

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In the absence of evidence of formalised joint dental team treatment planning, the SET supports the shared position from the BDS and BOH reviews that joint treatment opportunities between members of the dental team should occur and be facilitated by the programmes.

Dental Council accreditation decisions

The Dental Council made the following accreditation decisions:

The core group of the SET considered that standard 1 (public safety) was substantially met and standards 2 (academic governance and quality assurance) and 4 were met.

Bachelor of Dental Surgery and Bachelor of Dental Surgery with Honours

The BDS SET considered that standard 3 (programme of study) is substantially met, and standard 5 (assessment) is met.

The University of Otago Bachelor of Dental Surgery and Bachelor of Dental Surgery with Honours programmes were **granted accreditation with the following conditions until 31 December 2024*:***

By 30 June 2020:

1. Increase clinical exposure and ensure equitable exposure for all students to:

    a. oral surgery—increased number of extractions and observations of surgical removal of teeth

    b. management of periodontal disease, with access to appropriate periodontal instruments

    c. fixed and removable prosthodontic patient management, including technical hands-on experience and guaranteed access to the dental technology laboratory to facilitate this

    d. endodontic treatment.

    Evidence to include a summary of patient contacts in these clinical areas, for years 4 and 5 students.

2. An urgent review of the processes that involve patient triage, record assessment and patient allocation to students to improve patient flow and to ensure the appropriate range and level of student exposure. The review should include, but not limited to:

    a. clear articulation of the responsibilities of the academic, clinical leadership and support staff

    b. more robust patient assessment processes

    c. closer monitoring of available patient pools and student clinical experiences to proactively identify areas of potential shortfall.

By 31 August 2020:

3. In consultation with the programme leadership and clinical staff, revisit and:

    a. increase the staff : student supervision ratio in the clinics according to the experience of the students and supervisors, the complexity of treatment provided, and the lay-out of the new CSB chairs—to ensure patient safety and appropriate learning environments for students

    b. consider the appropriate number and experience level of DAs and other clinical support staff to fulfill the clinical service and training needs, and have a safe treatment area; and ensure these resource requirements are achieved.

4. Ensure all clinical supervisors are appropriately inducted, trained, calibrated and moderated in assessment of the performance of students; with further support to new and less experienced PPFs.

5. Ensure teaching vacancies related to the BDS programme are filled, or alternative mechanisms are in place to ensure appropriate teaching capacity and experience across all areas of the curriculum.

By 31 December 2020:

6. Ensure joint patient management opportunities for all BDS students with other relevant health professions, for example medicine, nursing and pharmacy.

7. **By 16 March 2020** a subset of the BDS SET to validate the readiness and fitness for purpose of the new facility, equipment and processes to ensure safe practice and appropriate learning environments. Details of the evidence to be provided by 17 January 2020 will be confirmed by the Dental Council, but areas to cover will include:

    - staffing (teaching, academic and support)
    - timetabling and clinical supervision across both training sites
    - health and safety and other regulatory compliance of facilities and equipment
    - business processes established to support equitable delivery of the programme across both training sites - including patient flow, clinical exposure monitoring, appropriate IT infrastructure and support for shared digital platforms, access to dental laboratory services etc.
    - appropriate and accessible research support to BDS (Hons) students
    - access to student academic and personal support services in Auckland, including pastoral care
    - student information and preparation before placements, including Pasifika cultural awareness training.

    If delays force all final year students to remain in Dunedin for some time in 2020, the faculty must report on how these students will be accommodated during the transition in Dunedin to ensure appropriate clinical exposure and supervision.

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Bachelor of Oral Health

The BOH SET considered that standard 3 (programme of study) is substantially met, and standard 5 (assessment) is met.

The University of Otago Bachelor of Oral Health programme was **granted accreditation until 31 December 2024, subject to meeting the following condition:**

1. To ensure an increase and equitable distribution in restorative and exodontia clinical procedures:
    a. **By 31 July 2020** provide an interim progress report on achieving increased exposure to these procedures and evidence of at least comparable restorative treatment opportunities to previous years to ensure 2020 final year students achieve appropriate clinical exposure in these areas
    b. **By 28 February 2021** demonstrate an increase and equitable distribution in restorative and exodontia clinical procedures.

Bachelor of Dental Technology and Bachelor of Dental Technology with Honours

The SET considered that standard 3 (programme of study) is substantially met, and standard 5 (assessment) is met.

The University of Otago Bachelor of Dental Technology and Bachelor of Dental Technology with Honours were **granted accreditation until 31 December 2024, subject to meeting the following conditions**:

1. **By 30 June 2020** establish and have implemented clinical exposure and technical fabrication of a prosthesis for a patient; and this must be assessed.

2. Validate the new laboratory in the Walsh building once completed to ensure its fit for purpose within the first quarter of it becoming operational.

Conditions common to all undergraduate programmes

By 17 February 2020:

1. Complete bedding-in and a self-audit of the IPC processes in the CSB and temporary dental technology laboratory. This needs urgent completion and more training of staff and students. Examples of gaps observed are included throughout the report, but the primary concerns relate to track-and-trace of all critical items across all floors of the CSB, wipe-down and safe transfer of used instruments from the chairs to the sterilising bays located on each floor, and cleaning and disinfection processes of dental appliances before and after transit.

2. Ensure stable digital platforms to ensure access to electronic patient records, digital radiographs; and appropriate back-up and support infrastructure to provide ongoing and timely support to the faculty to ensure appropriate and safe patient care.

By 31 December 2020:

3. Ensure joint patient management opportunities between the dentistry, oral health, dental technology and dental specialist students to foster a collaborative dental team approach to care.

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

2.1 SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria		Evidence	Assessment
1.	Public safety is assured	1.1	Protection of the public and the care of patients are prominent amongst the guiding principles of the educational program, clinical training and student learning outcomes.	• Adherence to the New Zealand Code of Health and Disability Services Consumers Rights 1996 is included in orientation for all new staff and the programme for students. • The Faculty of Dentistry provides dental services on behalf of the Southern DHB. This includes acute care, dental surgery and after-hours dental emergency services. • All clinical staff performing patient care are required to hold current NZ Resuscitation Council Immediate CORE level certification, and Advanced level for patients involved with sedation. • First aid training is offered to other staff. • Five automated external defibrillators (AEDs) are available in the CSB. The site visit revealed limited visibility of signage for AEDs, first aid and resuscitation equipment—signage and staff awareness of where these are located should be enhanced. Confirmation that all kits contain the necessary equipment and drugs is required—one kit observed was missing oxygen. • Programme curricula include the Dental Council's Standards Framework for Oral Health Practitioners, that defines the ethical conduct and professional standards expected from registered oral health practitioners. This framework is patient-centred. The attention to teaching and assessment of the content of the framework varies across the programmes. The programme reports include further details where concern was raised. • Some stakeholders held the view that collaborative approaches to referral across services (between DHBs and the faculty clinics) and the patient journey pathways could be enhanced.	Standard is substantially met

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
		1.2 Student impairment screening and management processes are effective.	• Applicants must declare any mental or physical condition, criminal conviction or disciplinary proceedings that may impact enrolment. • Applicants and students complete a Vulnerable Children Act Safety Check every three years. • Applicants must provide evidence of their serology status of the following blood-borne viruses: HBV, HCV and HIV. Other community viral and bacterial infections are also monitored through the Infectious Diseases Policy for Health Professional Students. • The Faculty's Fitness to Practice Committee consider any health and conduct issues that may impact the student's ability to safely practise, or risk the safety of others.	
		1.3 Students achieve the relevant competencies before providing patient care as part of the program.	• There are compulsory barrier assessments in clinical papers that students must complete before providing patient care or progressing—these are outlined in the course books. • Clinical supervision can identify any concerns and refer students back to simulation tasks to attain more experience. *BDS specific issue:* • BDS students appear to only have one session of preclinical periodontics before seeing patients for periodontal therapy. Further details on preclinical simulation is the BDS report.	
		1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.	• The lists of staff from the programmes includes PPFs involved in preclinical and patient clinics. • Based on the roles reported, those providing clinical supervision during patient care are registered with the Dental Council with current practising certificates. • The qualifications appear appropriate for the roles reported.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
			• There was a general concern about staff numbers and the difficulty in recruitment. This is of particular concern in light of the planned increase in student numbers and the introduction of the Auckland clinic in February 2020. • Specific staff concerns are detailed in the respective programme reports.	
		1.5 Health services and dental practices providing clinical placements have robust quality and safety policies and processes and meet all relevant regulations and standards.	Agreements • The University of Otago has contracts with Southern DHB for delivering oral health services. • External placements for final year students (BDS and BDS Hons) are underpinned by MOUs between the host organisations and University of Otago. • External BOH placements in DHBs are supported by agreements. • No contracts are in place for external dental laboratory placements—further addressed in the BDentTech report. Health and safety • Extensive health and safety policies exists. This includes Incident Management and Patient Feedback procedure. • The faculty based its radiation safety on the Ministry of Health Office of Radiation's Code of Safe Practice for the Use of X-Rays in Dentistry. Evidence of radiation compliance for newly installed radiation sources was provided. • Protocols are in place for IPC, informed consent, patient records and health information—based on the DC(NZ) Standards Framework and associated practice standards. However, application of these protocols and embedding of revised processes in the new CSB and temporary dental laboratory is variable.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
			IPC • Evidence of appropriate steam steriliser installation, validation and monitoring processes was presented. • Implementation of track and trace of all instruments is projected for roll out over time but is dependent on additional staff and integration of different IT platforms. Track and trace of critical items has to date only been implemented in Level 1 clinics. Accordingly, Levels 2 and 3 clinics are not currently compliant with the Dental Council's IPC practice standard requirement. This needs urgent attention to ensure patient safety and to enable call-backs if required. • Other processes observed or reported as occurring in the CSB that could result in a breach of infection control or cross contamination were: ○ students cleaning their own chairs, especially in-between patients ○ students charting on the computer during an examination without a chairside assistant ○ students or supervisors needing to fetch instruments from the central dispensary during procedures, as a result of low DA numbers available in the clinic. • Uncertainty about the following new processes was expressed: ○ Instrument cleaning protocols (the need for chairside wipe-down of debris on instruments) ○ safe transfer of used instruments from the dental chairs to the sterilising bays on each floor ○ responsibilities between students and the dental laboratories for cleaning and disinfection of dental appliances before or after despatch ○ quality assurance and monitoring processes around IPC in chair pods.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
			• Finalisation, embedding and training of clinical staff and students on the new IPC processes in the CSB and temporary dental laboratory are critical. • To ensure compliance the faculty must undertake a self-audit against the requirements in AS/NZS 4187:2014 *Reprocessing of reusable medical devices in health service organizations* and the Council's Infection prevention and control practice standard.	
		1.6 Patients consent to care by students.	• An e-form in Titanium is now being used for informed consent. The use of the form appears to be not uniform yet. • Consent documentation does not explicitly state that treatment in the faculty clinics will be provided by students under supervision. While this is implied, documentation wording should be made clearer. • Ongoing verbal consent is achieved and recorded for each visit. Capturing of this information as part of the digital patient record appears to be inconsistent.	
		1.7 Where required, all students are registered with the relevant regulatory authority/ies.	• Not applicable—students are not registered in New Zealand.	
		1.8 The education provider holds students and staff to high levels of ethical and professional conduct.	• The University of Otago Ethical Behaviour Policy outlines staff and student behaviour expectations. • The Code of Student Conduct is signed by every student. • The faculty's Code of Professional Practice is a comprehensive document outlining professional behaviour expected by staff and students. • This code is supported by the University of Otago Academic Integrity Policy and Student Misconduct Procedure. • All registered staff must adhere to the DC(NZ) Standards Framework.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
2.	Academic governance and quality assurance processes are effective	2.1 The provider has robust academic governance arrangements in place for the programme of study that includes systematic monitoring, review and improvement.	• The Faculty of Dentistry is part of the Division of Health Sciences along with the Faculty of Medicine, the School of Pharmacy and the School of Physiotherapy. • The Dean is a member of the Executive of the Health Sciences Divisional Board, as well as a member of the Divisional Board. • Faculty members serve on several university and division committees. • The university has established a process for regular programme review. The Programme Review Framework, its Terms of Reference, and the Internal Review Guide for Students and Graduates were presented. • The report of the Faculty of Dentistry 2014 review was presented. • The faculty's next strategic planning has been delayed during the period of major change, and is still pending.	Standard is met
		2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the program.	• Annual curriculum review meetings are held by programmes. The programme committees and the undergraduate studies committee include student representation. • Annual student feedback surveys are undertaken by the faculty. • University graduates' survey results for 2016-2018 were provided. • Examples were offered of changes made as a result of student feedback. However, it was unclear if and how feedback to students were provided on issues raised. This could be formalised. • Final year examinations are moderated by external examiners. Copies of the last external examiner reports were shared for all programmes. The programme reports have further detail on these.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
			BDS specific comments: • The programme is currently undergoing phase 3 accreditation by the Commission on Dental Accreditation (CODA – USA). • The faculty is currently developing formal student exchange programmes with Dalhousie University and the University of Leeds. This process involved a detailed mapping of curricula to ensure similar clinical experiences and outcomes.	
		2.3 There is relevant external input to the design and management of the program, including from representatives of the dental professions.	• The Dean of the faculty is a member of Australasian Council of Dental Schools (ACODS). • A number of staff are office bearers or members of national and international professional associations. • ACODS reviewed the value of clinical placements of dental and oral health students, to inform and share best practices. Faculty members were involved in this project. • Although professional bodies were reported to have membership on the various faculty and programme committees, active participation could not be confirmed. • There was no evidence of structured, formalised NZ professions' involvement in curriculum review or clinical experience audits to ensure it represents contemporary practice, or to gain an independent view of graduate ouput by the practising profession.	
		2.4 Mechanisms exist for responding within the curriculum to contemporary develop ments in health professional education.	• The faculty has a dedicated Education and Support Lecturer who advises on best practice and programme developments. • Published education research by staff and students are used to inform improvements to programmes and curriculums. • The faculty holds an annual Teaching Excellence day.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
			• The Research and Study Leave Policy encourages staff to extend their knowledge. However, staffing pressures inhibit these opportunities being fully explored. • Staff are encouraged to participate in a number of internal forums to contribute to their CPD opportunities. • Some faculty staff are involved with overseas education programmes (for example Fiji National University), and on national and international committees.	
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 of study design and delivery.	*Comments common to all programmes:* • The University of Otago is a research-intensive university with a comprehensive Teaching and Learning Framework. • The faculty has developed a vision and mission which outlines the philosophy of its educational and research programmes. This is in addition to the faculty's Strategic Directions Plan. There are also clearly defined values and aims. • Undergraduate clinical and didactic teaching is research informed.	Programme specific assessment in respective reports
		3.2 Programme learning outcomes address all the relevant attributes and competencies.	*Comments common to BDS & BOH programmes:* • The programme course books for each discipline contain learning outcomes appropriate to the scope of practice for the discipline. • The curriculum contains aspects of ethical and professional practice. This includes teaching the ethical principles, professional standards and practice standards defined in the DC(NZ)'s Standards Framework for Oral Health Practitioners.	
		3.3 The quality and quantity of clinical education is sufficient to produce a graduate competent to	*Comments common to BDS and BOH programmes:* • Clinical education includes simulation and patient care.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
		practice across a range of settings.	• Students have induction sessions into the clinics before proceeding with treatment. Induction to the new CSB clinics was conducted at the beginning of semester 2, when the CSB became operational. • Students are assigned clinical sessions each week for guided clinical practice, with increasing clinical complexity as student competence and confidence increase. • Some clinical sessions were cancelled in 2019 due to disruption during the building project. It was reported that with the increased number of chairs in the CSB, additional clinical sessions will be available in semester 2 for students to make up their lost sessions. This was confirmed as occurring. • Clinical logbooks and case presentations are required for all patient treatments. • Assessments of clinical procedures are conducted to evaluate theoretical, procedural and general management of the patient. Feedback is given to students on their performance during the clinical sessions. Commentary about these aspects in standard 5. • The academic management functionality within the new digital patient records system provides opportunities for streamlined and closer monitoring of student experiences but is not yet fully embedded.	
		3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	*Comments common to BDS & BOH programmes:* • The faculty has a Teaching and Learning Plan with input from the Otago Higher Education Development Centre. • Students are provided a range of educational opportunities to accommodate different learning preferences. • These include self-directed learning, lectures and seminars, direct observation, group presentations, e-learning, group-work, paired and solo hands-on simulation and patient treatments, and external clinical placements.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
		3.5 Graduates are competent in research literacy for the level and type of the programme.	*Comments common to all programmes:* • The research component programme is designed to ensure graduates are research literate and trained for lifelong learning. • Final year students must attend/invited to attend the Sir John Walsh Research Institute (SJWRI) Research Day. • Support or funding available through the NZ Dental Research Foundation, academic staff research funds, SJWRI and other funds. • Students are encouraged to present their research at the Annual International Association for Dental Research ANZ meeting and relevant international conference.	
		3.6 Principles of inter-professional learning and practice are embedded in the curriculum.	*Comments common to all programmes:* • Inter-professional education (IPE) learning opportunities are embedded in the curricula, supported by the university and health sciences division's focus on IPE. • However, the activities listed primarily related to health promotion. One example where joint treatment planning occur was provided—limited spaces are available for this placement. • No evidence of formalised joint dental team treatment planning was identified.	
		3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	*Comments common to all programmes:* • The faculty has provided a staff list with the staff's qualifications.	
		3.8 Learning environments support the achievement	*Comments common to all programmes:* • The University of Otago Teaching and Learning Plan requires students to have access to appropriate and timely feedback on progress.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
		of the required learning outcomes.	• A number of academic and personal support services are available to students. The faculty's Student Support Officer can also offer guidance or refer students to appropriate support services, including counselling. • Students have access to course material and communication via BlackBoard, a learning management system. Students also receive university email accounts to facilitate communication with the programme. • Students have access to the central university and medical libraries, online journals and reference materials. • Students are provided with formative feedback at every clinical session. Students also reflect on their own clinical sessions. These are recorded in the student's clinical logbook, reflective journal and case studies—as relevant to the specific programme. • Progress meetings are held at the end of the first and second semester examinations to review student performance and summative assessment grades to identify students whose progress is of concern. Meetings with those students are then held to discuss the concern and to put into place remedial plans. • The building project has caused disruption for students and staff; and has been a very difficult time within the faculty. • Multiple changes in leadership occurred during a time of great change. The appointment of the new Dean should assist in providing some stability in leadership. *Comments common to BDS & BOH programmes:* • A new digital patient record system (Titanium) and digital radiographs have been introduced in the CSB. This better reflects contemporary dental practice. However, some implementation issues are still being dealt with. • A temporary preclinical simulation clinic is used to introduce students to clinical procedures and achieve competence before treating patients.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
		3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	*Comments common to BDS and BOH programmes:* • During the build of the new clinical spaces, difficulty with ageing chairs, equipment and short supply of some instruments were experienced. Increased student numbers placed this under further pressure. Some transitional equipment and instruments were purchased. • The new clinical facility allowed for substantial equipment upgrades. This included a significant increase in the number of dental chairs, chairside digitisation, and overall more floor space. This will support the increased student numbers. • The Walsh building is being refurbished for academic offices, research/diagnostic laboratories, and student learning facilities and due for completion late 2020. • This has resulted in temporary relocation of these facilities onto the main campus. • Multiuse teaching spaces are available in the Hunter Centre across from the dental school. These are equipped with digital technology. Zoom videoconferences with external lecturers/speakers are used. • Digitalisation of patient records is ongoing in the new CSB, with the use of Titanium software, digital radiographs, intraoral scanning and imaging. Active patients' records (seen in the last 3 years), are currently being scanned. Older files can be recalled from the archive facilities. Some issues are still being experienced with this transition.	
		3.10 Cultural competence is integrated within the programme and clearly articulated as required disciplinary learning outcomes: this includes Aboriginal, Torres Strait	*Comments common to all programmes:* • The Māori Strategic Framework for the Faculty of Dentistry lists the knowledge, skills and attitude objectives that all students should gain on Māori health and oral health provision. • There are growing opportunities in Māori Health Services to provide both clinical placement experience and cultural competence development.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
		Islander and Māori cultures.	• The faculty is encouraged to foster Treaty of Waitangi-based relationships through stronger inter-professional links with the Director of the Māori Health Workforce Development Unit/ Dunedin School of Medicine Associate Dean (Māori). • The Associate Dean Māori role within the Faculty of Dentistry is considered essential to maintain and grow relationships with Māori staff, students and communities. Ongoing assurance of a dedicated dental resource focussed on Māori health and oral health across all accredited programmes offered by the Faculty of Dentistry is considered fundamental to achieve this. • Continued efforts on embedding cultural competence across the programmes (particularly focusing on the increased emphasis within the Health Practitioners Competence Assurance Act 2003 (HPCAA) on effective and respectful interaction with Māori), and integration within the clinical care and assessments in the Dunedin (and Auckland in the future) clinics are encouraged.	
		3.11 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the necessary attributes and competencies.	*Comments common to all programmes:* • The university has made a significant investment of $155m into the infrastructure of the faculty. • The faculty receives funds from various sources, with the Ministry of Education being the primary funder. This is supplemented by payment for the oral health care services delivered to Southern DHB patients. • The submission reported that adequate financial resources have been available to enable the faculty to fulfil its educational objectives in recent times. • The SET explored the impact of the university's support services review (SSR) on the faculty. A loss of experienced clinical administration and support staff was noted. • A concern was expressed about the lack of administrative support to academic staff.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
			• Additional administrative support would enable more efficient and effective use of academics' time and should be explored by the faculty with the university.	
4.	Students are provided with equitable and timely access to information and support	4.1 Course information is clear and accessible.	• A number of university policies are in place and available to students on enrolment: Student Advising Policy, Provision of Course and Study Information to Enrolled Students Policy, Academic Progress Policy, Student Academic Grievance Procedures, Academic Integrity Policy, Student Academic Misconduct Procedures and Student Communication Policy. • Each student receives an orientation package that contains essential information. • At the beginning of each academic year the student receives a programme course book, detailing what to expect for this year—including details about the papers, learning outcomes, assessments and their weightings etc. • Contact information of key programme staff is also made available to students. • Communication channels where information is shared with students include email, eVision communication, Blackboard, and the university website. The team had access to Blackboard during the site review and confirmed the relevant information was available to students. *BDS specific comment:* • Detailed information about the new BDS Auckland placement was reported as lacking.	Standard is met
		4.2 Admission and progression requirements and processes are fair and transparent.	• The admission criteria to the programmes were shared. • Formal progression meetings are held after the 1st and 2nd semester examinations. • The University of Otago Academic Progress Policy is provided to students on enrolment, and detailed in the various course books. *BDS specific comment:*	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		• The entry interview process and selection criteria for BDS were unclear to students. Transparency on this is encouraged.	
	4.3 Students have access to effective grievance and appeals processes.	• There is a well-established framework for student grievance procedures including appeal processes. • The University of Otago Student Charter outlines the Rights and Responsibilities of Students.	
	4.4 The provider identifies and provides support to meet the academic learning needs of students.	• Academic support services are provided by the university. • Workshop opportunities are available through the Student Learning Centre for students requiring academic support or advice. • The faculty's Student Support Officer provides support and advocacy to students who require it. • Students can also discuss issues with the academic and PPF staff. • Academic learning support for students has not yet been established for students who will be placed at the Auckland facility.	
	4.5 Students are informed of and have access to personal support services provided by qualified personnel.	• Wide ranging support services are available through the university. This includes general and mental health, financial support, and cultural, religious and social support groups etc. • The university's students' association provides advocacy for all students. • The faculty's Student Support Office can suggest available personal support services to students, including counselling. This role is also responsible for the International Medical University (IMU) students' induction into the BDS 3 programme. There is concern about the capacity of this role, given various other teaching and supervision responsibilities, and with increased student numbers.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
			A female support resource could be beneficial. • Limited student awareness of the support services available and how to access these were observed. • Students discuss personal issues with the academic and PPF staff. • Personal support services for students have not yet been established for students that will be placed in Auckland. These must be assured, including pastoral care.	
		4.6 Students are represented within the deliberative and decision making processes for the program.	• The University of Otago has a Class Representative System Policy that promotes communication between students and staff. • Students are elected or appointed to various university and faculty committees. • Students are represented on Faculty of Dentistry committees, including the Undergraduate Studies Committee and the various programme committees. • The team confirmed active participation by students in these forums, with the ability to raise concerns, influence change and obtain relevant information. • Providing feedback to students on issues raised appeared ad-hoc.	
		4.7 Equity and diversity principles are observed and promoted in the student experience.	• The university has a number of equity and diversity policies in areas related to employment and educational opportunities, as well as specific focus on Māori and Pacific groups. The faculty conforms to these policies. • A number of university offices have been established to recruit, retain and support students and staff to promote and enhance diversity. • The Mirror on Society Selection (MOS) Policy of the Division of Health Sciences promotes and facilitate academic equity for Māori students. • The faculty's selection process aligns with this policy and has defined criteria for under-represented MOS sub-groups. This includes Māori, Indigenous Pacific, socioeconomic, refugees and rural applicants.	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
			Evidence of student intake under these categories were provided. • Succession planning for the role of Associate Dean Māori must be prioritised. Further comments on this in the respective programme reports.	
5.	Assessment is fair, valid and reliable	5.1 There is a clear relationship between learning outcomes and assessment strategies.	*Comments common to all programmes:* • The university has established Best Practice Guidelines for the Assessment of Student Performance. • The course book for each clinical paper includes an outline of the learning opportunities, requirements and assessment processes. *Comments common to BDS & BOH programmes:* • Both clinical and theoretical components (including research) have to be passed for the degree to be awarded. For the BDS(Hons) degree to be awarded, a research dissertation must also be submitted and passed. • A number of barrier examinations exist to assure students' competence before progressing to the next year, and before starting patient treatment.	Programme specific assessment in respective reports
		5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies.	*Programme specific comments in respective reports*	
		5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	*Programme specific comments in respective reports*	

SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

Standard Statement		Criteria	Evidence	Assessment
		5.4 Programme management and co-ordination, including moderation procedures ensure consistent and appropriate assessment and feedback to students.	*Comments common to all programmes:* • The programme convenor oversees coordination of all papers. • The Undergraduate Studies Committee provides governance to the programme. • Marking rubrics for assessments were provided. • External examiners are used for the final examinations, to provide moderation. • Both verbal and written student feedback is provided during clinical sessions and recorded in the student's logbook. • Student and graduate feedback are received and considered for programme improvements.	
		5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	*Comments common to all programmes:* • Academic staff qualifications and experience appear suitable for their roles, including assessments. • The external examiners used were experienced clinicians. • Rotating external examiners on a frequent basis and using international academics as external examiners from time-to-time are strongly advised.	
		5.6 All learning outcomes are mapped to the required attributes and competencies and assessed.	*Programme specific comments in respective reports*	

2.2 SUMMARY OF PROGRAMME SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Bachelor of Dental Surgery and Bachelor of Dental Surgery with Honours

Executive summary

The University of Otago Bachelor of Dental Surgery and Bachelor of Dental Surgery with Honours programmes have dedicated staff, a strong didactic foundation and an exemplary cultural competence component. Despite the Faculty's significant period of change over the last few years, the BDS programme has provided an appropriate educational experience for students to attain the necessary dentist competencies. However, patient management experiences in some areas need strengthening. It appears that better patient triage, record assessment and patient allocation to students could improve the availability and more equitable distribution of these cases. The academic management tool on the new digital patient record system provides an opportunity for easier and closer monitoring of available cases and individual student experiences.

The new CSB is world-class and is a major asset to the faculty. Bedding-in of operational processes is still underway, with some issues still being resolved. Based on what the SET observed, the clinics appear fit for purpose. Completing the implementation of track and trace of critical items across all clinics in the CSB, refining a few IPC processes, and training of students and clinical staff on these new processes, need urgent attention to ensure a safe workspace and to protect patient safety. The implementation of the new digital platforms for patient records and radiographs is well underway, albeit with some teething issues. To ensure access to patient records and images, a stable network and timely support for the clinic is essential; currently lacking through the university central services.

The other area of concern is staffing. Staffing is stretched, under significant pressure and a high risk to the delivery of the programme. Particularly in the areas of endodontics and periodontics—recruitment is underway with some progress reported in periodontics. These positions must be filled, or alternative mechanisms put in place to support these areas of the programme. Available staff supervising in clinics needs to increase to ensure safe patient care and an appropriate learning environment for students; this requires increased clinical staff. The level of clinical support staff also requires addressing, especially DAs available in the clinics.

Some inter-professional learning opportunities are in place—primarily focused on health promotion. Joint patient management opportunities with other members of the dental team and other health professionals need to be provided.

The changes to the BDS (Hons) curriculum appear appropriate and working; ongoing monitoring through student feedback is suggested.

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Assessments were considered fair and transparent. More robust and consistent assessment of professionalism and clinical application of cultural competence in the Dunedin (and Auckland in the future) clinics is needed. PPFs need more training, moderation and calibration on clinical assessments. New and less experienced PPFs need more initial support in the clinics.

The build of the new Auckland clinic was reported as being on-track, for use by up to 24 final year BDS students at the start of the 2020 academic year. Staff recruitment was imminent at the time of the site visit. There is still a lot of work left on operational implementation. Validation by the Dental Council that the facility is fit for purpose, ready and safe for patient care is required before clinical teaching starts.

Based on the evidence available to the SET, it concluded that the BDS programme delivers competent dental graduates for practising in New Zealand.

Overall accreditation decision

The SET considered that standard 3 (programme of study) is substantially met, and standard 5 (assessment) is met.

The University of Otago Bachelor of Dental Surgery and Bachelor of Dental Surgery with Honours programmes were **granted accreditation with the following conditions until 31 December 2024*:***

By 30 June 2020:

1. Increase clinical exposure and ensure equitable exposure for all students to:
    a. oral surgery—increased number of extractions and observations of surgical removal of teeth
    b. management of periodontal disease, with access to appropriate periodontal instruments
    c. fixed and removable prosthodontic patient management, including technical hands-on experience and guaranteed access to the dental technology laboratory to facilitate this
    d. endodontic treatment.

Evidence to include a summary of patient contacts in these clinical areas, for years 4 and 5 students.

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

2. An urgent review of the processes that involve patient triage, record assessment and patient allocation to students to improve patient flow and to ensure the appropriate range and level of student exposure. The review should include, but not limited to:
    a. clear articulation of the responsibilities of the academic, clinical leadership and support staff
    b. more robust patient assessment processes
    c. closer monitoring of available patient pools and student clinical experiences to proactively identify areas of potential shortfall.

By 31 August 2020:

3. In consultation with the programme leadership and clinical staff, revisit and:
    a. increase the staff : student supervision ratio in the clinics according to the experience of the students and supervisors, the complexity of treatment provided, and the lay-out of the new CSB chairs—to ensure patient safety and appropriate learning environments for students
    b. consider the appropriate number and experience level of DAs and other clinical support staff to fulfill the clinical service and training needs, and have a safe treatment area; and ensure these resource requirements are achieved.
4. Ensure all clinical supervisors are appropriately inducted, trained, calibrated and moderated in assessment of the performance of students; with further support to new and less experienced PPFs.
5. Ensure teaching vacancies related to the BDS programme are filled, or alternative mechanisms are in place to ensure appropriate teaching capacity and experience across all areas of the curriculum.

By 31 December 2020:

6. Ensure joint patient management opportunities for all BDS students with other relevant health professions, for example medicine, nursing and pharmacy.

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

7. By 16 March 2020 a subset of the BDS SET to validate the readiness and fitness for purpose of the new facility, equipment and processes to ensure safe practice and appropriate learning environments. Details of the evidence to be provided by 17 January 2020 will be confirmed by the Dental Council, but areas to cover will include:

    - staffing (teaching, academic and support)
    - timetabling and clinical supervision across both training sites
    - health and safety and other regulatory compliance of facilities and equipment
    - business processes established to support equitable delivery of the programme across both training sites - including patient flow, clinical exposure monitoring, appropriate IT infrastructure and support for shared digital platforms, access to dental laboratory services etc.
    - appropriate and accessible research support to BDS (Hons) students
    - access to student academic and personal support services in Auckland, including pastoral care
    - student information and preparation before placements, including Pasifika cultural awareness training.

Clinical teaching in this facility should not occur before this condition has been met.

If delays force all final year students to remain in Dunedin for some time in 2020, the faculty must report on how these students will be accommodated during the transition in Dunedin to ensure appropriate clinical exposure and supervision.

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Quality improvement

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

Commendations

The commendations are as follows:

1. The dedication and professionalism of the staff to continue to deliver clinical services and teaching whilst managing a huge change programme.
2. The new CSB is an excellent facility and has great potential for an outstanding student learning experience.
3. The bilingual signage in English and Māori in the new CSB.
4. The CSL outplacement opportunities with the primary focus to enrich students' cultural competence experience.

Recommendations

The recommendations are as follows:

Curriculum

1. Review the curriculum and assessments within and across year levels given significant changes and future opportunities once the Walsh building is completed, with the new CSB, the new Auckland clinic, new digital technologies etc.
2. Continue to monitor the BDS (Hons) curriculum change through student feedback.

Clinical experience

3. Explore more time and increased emphasis on consolidating final year students' knowledge and clinical skills to patient-centred, holistic care.
4. Increase solo operator simulation laboratory exposure in years 2 and 3 to provide a greater level of exposure to procedures before entering the clinics.

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

5. Consider an independent audit of the technical services laboratory's manufacturing output and internal quality control processes, taking into consideration the quality of the students' work received into the laboratory.

6. Increased exposure to Pasifika cultural competence to all BDS students. In particular, to better support those BDS students placed in the Auckland clinic and going to one of the Pacific Islands during their outplacements.

Staff

7. Given the anticipated increase in international students, difficulty in recruitment and need for succession planning—continue to closely monitor staff numbers, expertise and experience levels to ensure appropriate and safe learning environments for students to attain all the competencies required by a dentist.

8. Support initiatives to facilitate BDS staff engagement across the programme during the Walsh refurbishment.

Clinics

9. As chairs need to be replaced, consider installing some chairs configured for left-handed use.

10. Develop a guideline on appropriate use of the new chair-side ultrasonic scalers.

11. Increase the change management focus to complete the development and bedding-in of the operational procedures of the CSB and the new Auckland clinic.

12. Enhance the communication to the BDS 4 students on the Auckland outplacement, particularly those students who have indicate willingness to move.

Supervision

13. Develop a process to better support the academic staff to manage clinical supervisor absences and replacements.

14. Consider more consistent rostering periods within clinics to allow continuity of supervision for longer periods where possible.

15. Develop treatment planning guidelines to facilitate a more standardised approach to care, assessment and feedback to students—particularly in earlier years of study.

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Assessments

16. Ensure consistent and robust assessment of professionalism in clinics, aligned with the Dental Council's professional standards contained in the Standards Framework for Oral Health Practitioners.

17. Strengthen the assessment on the clinical application of cultural competence within the Dunedin clinics (and Auckland in the future), beyond the formative assessment during the CSL placements (and viva voce for BDS (Hons)).

18. Consider providing feedback to students on examination performance, not just the grade.

Communication

19. Transparency on the admission interview rubrics is encouraged.

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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 of study design and delivery.	• Course material included handbooks with clearly articulated learning objectives, associated assessments, and timetables that allows for didactic learning and clinical experiences. • There are aligned clinical and theoretical components for each year level of the programme. • The curriculum is horizontally and vertically integrated, with progressive complexity as the student progresses through the course.	Standard is substantially met
	3.2 Programme learning outcomes address all the relevant attributes and competencies.	• A mapping of the learning outcomes against the DC(NZ) competencies for dentists was provided. • In addition to the core training, students have an introduction into the New Zealand health care scene, with sessions by organisations such as Accident Compensation Corporation, Ministry of Health, Dental Protection, DC(NZ), financial management in dental practice, and management of patient complaints.	
	3.3 The quality and quantity of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	• Student experience in simulation clinic is often in pairs or triplets, especially in earlier years. • Some stakeholders considered increased simulation experience in earlier years would benefit students before entering the clinics. • Students are sometimes paired in clinics, especially year 3 and early in year 4. • Increased numbers of dental chairs in the clinics, improved patient assessment and allocation to students, could increase solo clinical experience opportunities for students. However, the SET recognises the value of paired teaching in earlier years to compliment solo operator experience. • A sample of BDS 5 self-review reports and their clinical reflective logbooks for 2017 & 2018 were provided. These included a summary of graded and formative tasks completed during their final year.	

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		• Final year students must also submit by August, a self-assessment of 40 compulsory tasks completed with satisfactory grading to the programme lead. • Logbooks and ten weekly meetings are used to ensure students have sufficient clinical experience across the scope, and to manage those students with gaps in experience. • Logbook examples were sighted during the site-visit. Based on the evidence provided, students recorded many restorative procedures, but had limited exposure to other procedures. • Distribution and allocation of patients were reported as variable, resulting in inequitable opportunities and clinical experience for students, especially in endodontics, crown and bridge, and periodontal treatment. This needs urgent addressing. • Oral surgery teaching is one week in BDS4 and one week in BDS5, with very limited surgical extraction exposure. • Limited partial denture exposure was observed with students sharing patients, mostly four students per denture. The primary reason offered was insufficient volume of appropriate and dentally prepared patients. • The hands-on appliance manufacturing experience is further limited by the temporary off-site dental laboratory, with only adjustment bays available in the CSB. The temporary dental laboratory was reported as being available to BDS students. Uptake by students appears to be minimal due to the off-site location (10min walk from the faculty), rostering schedule of dental technology students in the same facility, and the need for supervision to be available in the laboratory. Greater liaison and planning between the BDS and dental technology programme to facilitate the necessary technical experience is needed.	

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		• Simulation experience is used to make up procedure numbers where patient experience is lacking. This is not always appropriate at an undergraduate level. Better patient assessment and allocation to students should be ensured; or alternative opportunities explored to provide the necessary clinical experiences.	
	3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	• 2nd year students are paired with BDS 4 and 5 students for clinical observation. • A range of staff supervise students for clinical practice—academic, professional practice fellows (including from private practice) and postgraduate students—providing different clinical perspectives. *BDS (Hons)* • The changes to the BDS (Hons) programme curriculum (Dent563 replacing Dent562), introduced in 2019, appear to be appropriate. • Honours students have the same clinical requirements as BDS students, including the CSL placement. BDS (Hons) students have a viva voce assessment following the CSL placement. • The research component is described in criterion 3.5. • The programme should continue to monitor the curriculum change through student feedback.	
	3.5 Graduates are competent in research literacy for the level and type of the program.	• Students are required to undertake a research project in Biomedical Sciences 4 and address the ethical implications of carrying out research. • The BDS (Hons) research component culminate in a dissertation, assessed according to the university research criteria defined for honours programmes. • The SET viewed examples of research outputs from the BDS and Hons programmes and considered it appropriate.	

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	3.6 Principles of inter-professional learning and practice are embedded in the curriculum.	• BDS students participated in the IPE activities described in the submission. • BDS students are also placed at Te Kāika clinic, an inter-professional clinic. This is a new initiative with potential to allow inter-professional patient management; but this is not occurring at present. • Increased opportunities for joint patient management outside of the dental team should be explored. • No formal interaction or clinical management opportunities between dentistry and the oral health or dental technology students were evident. Previous initiatives were reported to have stopped due to timetable scheduling difficulties and limited space. Joint patient management opportunities should be reinstated to ensure understanding and fostering of a collaborative dental team approach to care.	
	3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	• Staff resources are stretched. • A number of dental specialists teach into the BDS programme. It was reported that the level of specialist input into the programme has decreased over time. Specialist input into the undergraduate training programme should be fostered. • Concern was expressed about the difficulty in recruiting PPFs, resulting in the appointment of less experienced PPFs at times. Sufficient training and support for new PPFs should be provided.	
	3.8 Learning environments support the achievement of the required learning outcomes.	• International Medical University (IMU) students have a 6-month induction paper during their first semester at the school (year 3 semester 2). Staff	

Standard Statement	Criteria	Evidence	Assessment
		• Staff availability to students has been difficult due to the displacement of staff offices. Interim office space is available in the Dunedin hospital and university campus. • Staff are commended for their efforts beyond the normal call of duty during this difficult period. • Day-to-day staff integration and interaction have been limited as a result of the office displacement. This will continue to be the case during the refurbishment of the Walsh building. Ongoing effort to facilitate staff engagement across the programme is encouraged. Support services • Concern about the level of clinical support staff in the clinics was expressed. There are lower numbers of trained DAs within clinics than would be expected to be able to achieve consistent compliance with IPC standards. These lower numbers may also compromise patient safety and student productivity, in particular years 4 & 5. Further detail in criterion 3.11. • The quality and timeliness of the work delivered by the technical services laboratory was reported by multiple stakeholders as variable. An independent audit of the technical services laboratory's manufacturing output and internal quality control processes may be beneficial—taking into consideration the quality of the students' work received into the laboratory. Patient management • Inconsistent diagnosis and treatment planning by students, but also between PPF's, was reported.	

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		The SET recognises the balance required between standardisation and teaching students' different approaches to care. Treatment planning guidelines may assist in a more standardised approach to care, assessment and feedback to students—particularly in earlier years. • More time and increased emphasis on consolidating final year students' knowledge and clinical skills to patient-centred, holistic care would be strongly encouraged. This is reliant on sufficient clinical experiences in earlier years. Supervision • The clinical supervision ratio in most clinics is on average 1:8. • The difficulty in recruiting academic staff and appropriately experienced PPFs continue to put pressure on this supervision ratio—particularly when staff are away on leave or ill. • Inconsistent induction, training and support for new PPFs were reported. • The focus to increase international student numbers, new chair layout, centralised dispensary and the current lower numbers of DAs in the CSB further escalate the need for an urgent review of the supervision requirements. • On balance, there was real concern about the current level and appropriateness of clinical supervision, in particular for more complex treatments. • An urgent review of the clinical supervision levels across all clinics is necessary to ensure patient safety and allow for an adequate and safe learning environment. Sufficient staff and PPF input into the review is considered essential.	
	3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the	• The simulation clinic is overcrowded due to increased student numbers, resulting in students having to work in pairs or triplets.	

Standard Statement	Criteria	Evidence	Assessment
	achievement of learning outcomes.	Any slippage in the refurbishment timeline will significantly put at risk the ongoing suitability of using this space for an extended period. This should be closely monitored by the Dental Council in its quarterly building report. • Questions whether the new dental laboratory fit-out would be fit for purpose was raised. Liaison by the project team with the dental technology and prosthodontic programmes would be encouraged. • Concerns about IPC processes in the CSB clinics are detailed in criterion 1.5. • Insufficient access to appropriate periodontal instruments for BDS students was reported, with access to only one design scaling instrument. • A guideline on appropriate use of the new chair-side ultrasonic scalers is recommended. • There are no left-handed chairs. There is a pending delivery of extended cabling for ten percent of the chairs to facilitate left-handed use. Consideration of chairs configured for left-handed use is encouraged in future replacements plans. • Reports of Titanium down-time, slow responsiveness and delayed centralised IT support was of concern to the SET. This compromised appropriate and optimal patient care and could pose patient safety risks. For example, when treatment relies on real-time digital radiography, such as assessment of root morphology before extraction or calculation of working length during root canal therapy. Stable digital platforms and appropriate back-up and timely support must be assured for patient care.	

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		• In general, the team considered that ongoing support and readily accessible training opportunities for students and staff in the CSB could be beneficial, given the significant level of changes. • The new operational committee across all programmes to discuss and resolve the CSB issues is considered necessary until the processes and systems have been fully embedded, and key issues resolved. Auckland clinic • A new Auckland clinic (32 dental chairs and 15 simulation chairs) is currently under construction, due to open in early 2020. • Initially 24 final-year BDS students will be placed in Auckland. Eventually 42 of the final year-class will be in Auckland. • Limited information was available on how the Auckland facility would function, and how the integration with the Dunedin staff and other resources will occur. Recruitment of the four staff positions was about to get underway at the time of the site visit. • Validation that the new facility and processes are in place and fit for purpose, and appropriate integration with the programme and resources in Dunedin will be required before students start their training there.	
	3.10 Cultural competence is integrated within the programme and clearly articulated as required disciplinary learning outcomes: this includes Aboriginal, Torres Strait Islander and Māori cultures.	• Students are exposed to Māori customs such as a Mihiwhakatau during orientation week for new students and the Whakawatea for the dissection room. • Some faculty staff members are Māori, engage with Te Aō Marama and speak Te Reo Māori. • Lectures on various topics related to Māori and Pasifika are included in the curriculum.	

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		• Final year BDS & BDS (Hons) students spend five weeks in CSL placements – most with Māori host providers throughout NZ, and some with communities in the Pacific. These placements offer a unique experience to students and should be commended. • All students required to submit a report reflecting on their CSL experience. • BDS (Hons) students also have a viva voce at the end of their CSL placement. • Cultural competence aspects are integrated in examination questions from year 2 onwards. However, no evidence of assessment of cultural competence in the Dunedin clinics was evident. • Increased exposure to Pasifika cultural competence to all BDS students is recommended. In particular, to better support those BDS students placed in the Auckland clinic and going to one of the Pacific Islands during their outplacements.	
	3.11 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the necessary attributes and competencies.	Staffing • A concern shared by most interview groups was the decrease of academic, clinical and administrative staffing levels. In general staff are reported as being stretched and overloaded, with their well-being compromised. The impact of the building project has exacerbated this pressure. • Senior academic staff also have additional postgraduate teaching, supervision and research commitments. Some also have DHB clinical service provision requirements. • A number of recruitment initiatives in endodontics and periodontics have been ongoing for some time, with no success in endodontics to date. The SET was	

Standard Statement	Criteria	Evidence	Assessment
		advised during the site visit that two periodontic offers were currently in negotiation phase—with both candidates requiring NZ registration. • Staffing concern extends to the experience of some of the clinical supervisors. Again, recruiting in this area was reported as difficult. Increased clinical supervision, with adequate experience to support younger supervisors, is required to ensure patient safety and adequate and timely support to students. • The SET acknowledges the ongoing recruitment efforts and some of the reasons offered for the recruitment difficulties. However, staffing is of particular concern with the planned increase in international student numbers that necessitate staff increases. • The new central dispensary system in the CSB, increased chair numbers and lay-out of the chairs have resulted in a concern about the level of DAs available in the clinics. It was also reported that a number of newly appointed DAs were less experienced. Employment of students was offered by the faculty as a solution. However, the SET considered that more experienced support is required for students—particularly in earlier years and during complex procedures. Increasing the number and experience level of DAs available chairside are considered necessary to ensure student and patient safety. Patients • Concern about the comprehensive range of patient exposure by BDS students were highlighted in criterion 3.3. • The majority of stakeholders considered the patient pool available to the faculty sufficient, with poor patient record assessments and timely student allocation being the main issues.	

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		• An urgent review of this process, including clear articulation of the responsibilities of the academic, clinical leadership and support staff is required. • Available patient pools and student clinical experiences must be more closely monitored, to proactively identify areas of potential shortfall.	
5. Assessment is fair, valid and reliable	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• Both clinical and theoretical components (including research) have to be passed for the BDS degree to be awarded. For the BDS(Hons) degree to be awarded, a research dissertation must also be submitted and passed. • A number of barrier examinations exist to assure students' competence before progressing to the next year, and before starting patient treatment.	Standard is met
	5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies.	• The graduate attributes outlined in the course books, and the assessment methodology was mapped to the competencies required for the general dental scope of practice. • Copies of recent examination papers were shared with the SET and covered the relevant learning outcomes. • Although taught didactically there is a lack of evidence of consistent and robust assessment of student professional behaviour and the application of cultural competence in the Dunedin clinics.	
	5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	• A variety of assessment methods are used. These include teacher feedback, simulation and clinical assessments, practical and theory tests, assignments, group presentations, written reports, written and oral exams, and clinical logbooks and reflective logbooks. • Written examination includes multiple choice, open-ended, and scenario-based questions. • The volume of assessment was considered appropriate.	

SUMMARY OF BDS SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	5.4 Programme management and co-ordination, including moderation procedures ensure consistent and appropriate assessment and feedback to students.	• The same clinical rubrics are used from years 2-5. • Clinical teaching staff meet every ten weeks during semester time to discuss student progress and identify those students with concerns or gaps in exposure. • Clinical teaching staff provide written feedback. This was observed in the logbooks and was variable—some detailed and other comments very limited. • Variability between clinical supervisors in grading students and interpreting of grading scales/rubrics were reported. • Induction, training, calibration and moderation of clinical teachers must be strengthened and more consistent across all years. • It was reported that for written examinations no individual feedback to students beyond their grade was provided. • The programme may want to revisit the fairness of a single pass/fail outcome for Dent262 - comprising of four substantial papers. The SET notes that this may be a divisional or university matter.	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• One of the external examiners mentioned for 2019 is an academic member of staff. External assessors must be independent from the programme. • Concerns about the experience level of some clinical teachers performing formative assessments have been raised earlier.	
	5.6 All learning outcomes are mapped to the required attributes and competencies and assessed.	• The graduate attributes outlined in the course books were mapped to the competencies required for the general dental scope of practice. • Increased focus on consistent and robust assessment of professionalism and cultural competence within the Dunedin (and Auckland in the future) clinical setting was highlighted earlier.	

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Bachelor of Oral Health

Executive summary

The University of Otago Bachelor of Oral Health programme has high quality and dedicated staff, and a very strong didactic foundation and preventive focus. The programme significantly contributes towards the Dunedin population's oral health. Despite the Faculty's significant period of change over the last few years, the BOH programme has provided an appropriate educational experience for students to attain the necessary OHT competencies. However, the programme design and delivery is still distinctly separated into hygiene and therapy curricula rather than an integrated OHT programme. The programme should continue to explore ways to integrate the teaching and clinics to reflect the new OHT scope of practice and foster a holistic and comprehensive approach to patient care.

The patient management experiences in the following areas need strengthening:

- The pool of patients available at the Otago clinics provides students with insufficient exposure to a broad range of restorative and exodontia care. Students mostly rely on their five-week outplacements to gain the necessary restorative and exodontia experience. This is not satisfactory to ensure an equitable student experience and assure competent graduates across the range of restorative treatment.
- Limited orthodontic experience on patients are available.
- Periodontal experience during outplacements appear variable, with most recorded as observational in private practice. The SET encourages renewed efforts to increase clinically immersive periodontal care opportunities during outplacements, and to seek clarification on the indemnity insurance requirements if these occur in private practice.

There is considerable concern about the sustainability of current arrangements for the external clinical placements. Particularly given that students rely on these now to gain restorative treatment experience and competency. These placements also contribute towards students gaining experience of providing clinical care in different practice settings. The programme, with support from the faculty, is encouraged to continue to build on and foster the existing placement relationships, but also explore alternative models of care to secure outplacement opportunities for future BOH students. Extending the placements to include a greater cultural competence experience is also suggested.

The team noted issues in the CSB clinic with referral of patients between practitioner groups and blurred responsibilities for completing courses of care. The clinical leadership of the CSB clinics should finalise and embed appropriate digital referral pathways and resolve the waitlist management issues as a result of the transition.

Different Titanium versions for children treated by the faculty but outside of the BOH programme contract with SDHB, result in separate treatment records for that patient (for example a GA in the CSB is not recorded in the SDHB system for that patient). Integration between the two systems should be encouraged to ensure

visibility and more streamlined access by all CSB staff and students to childrens' patient records, and to facilitate easier monitoring of BOH students' clinical experience.

Like the other programmes, no formalised joint patient management occur between dentistry, oral health, dental specialists and dental technology students. Co-design and collaborative planning of treatment and care delivery is an important element of preparing students for collaborative team care.

Increased student numbers could put pressure on resources, and should be closely monitored.

Overall accreditation decision

The SET considered that standard 3 (programme of study) is substantially met, and standard 5 (assessment) is met.

The University of Otago Bachelor of Oral Health programme was **granted accreditation until 31 December 2024, subject to meeting the following condition**:

1. To ensure an increase and equitable distribution in restorative and exodontia clinical procedures:
    a. **By 31 July 2020** provide an interim progress report on achieving increased exposure to these procedures and evidence of at least comparable restorative treatment opportunities to previous years to ensure 2020 final year students achieve appropriate clinical exposure in these areas
    b. **By 28 February 2021** demonstrate an increase and equitable distribution in restorative and exodontia clinical procedures.

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Quality improvement

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

Commendations

The commendations are as follows:

1. The quality and dedication of the BOH staff.
2. The quality of theoretical preparation for practice across the OHT scope of practice.
3. The focus in the programme on preventive practice.

Recommendations

The recommendations are as follows:

Curriculum and clinical experiences

1. Review the curriculum to enable integration of therapy and hygiene streams into OHT preparation for practice and holistic patient care.
2. The programme, with support from the faculty, further develop and ensure ongoing opportunities in community based clinics through:
    - Developing sustainable models of care
    - Developing mentoring and appropriate support for external supervisors
    - Exploring increased clinical immersive periodontal experience, and seek clarification about the indemnity insurance requirements if these occur in private practice.
3. Strengthen the clinical orthodontic experience with patients.
4. Monitor access to periodontal patient management experiences for BOH students.

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

5. Continued attention to embedding processes and resolving referral pathways and waitlist management issues via the electronic patient records management system.

6. Establish clinical placement opportunities in Māori and/or Pasifika oral health clinics, similar to those available to BDS students.

7. Explore joint inter-professional patient management opportunities for all BOH students.

Clinics

8. Resolve the problem of a separate Titanium system for child patients in the CSB, with the aim of integration between the systems to ensure visibility and more streamlined access by all CSB staff and students to childrens' patient records, and easier monitoring of BOH student experiences.

9. Explore increased DAs availability in the CSB clinics.

Resources

10. Monitor staffing and patient pools if BOH student numbers increase.

11. Monitor the impact of increased BDS student numbers on BOH resources.

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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 of study design and delivery.	• Course material included handbooks with clearly articulated learning objectives, associated assessments, and timetables that allows for didactic learning and clinical experiences. • There are aligned clinical and theoretical components for each year level of the programme. • Clinical practice increases as the student progress through the programme, and is continually assessed on clinical performance, theory, professional conduct and working as part of a team. • There is still reference to separate hygiene and therapy curricula rather than an integrated OHT programme (example Oral health committee objectives – Appendix 8). There is an articulated intention to blend these streams, but there are curriculum design and delivery impediments. The programme should continue to explore ways to integrate the teaching and clinics to reflect the new OHT scope of practice and foster a holistic and comprehensive approach to patient care.	Standard is substantially met
	3.2 Programme learning outcomes address all the relevant attributes and competencies.	• The DC(NZ) competencies formed a key programme design component. • An updated mapping of the programme's learning outcomes against the DC(NZ) competencies for OHTs was provided. The team considered that all competencies are included within the curriculum. • As mentioned in criterion 3.1—a more integrated approach to care to support the OHT scope of practice, underpinned by the learning outcomes, should be further explored. • The team noted that earlier graduate surveys had raised issues around the appropriateness of the local anaesthetic teaching.	

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		Observations made in this review indicated that this issue had been resolved.	
	3.3 The quality and quantity of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	• The preclinical preparation of students was considered well designed and adequate. • The total number of clinical hours reported—825 (patient clinical care) and 425 (simulation clinical). • A range of motivated and committed clinical staff are supervising students. • Students are required to maintain a reflective journal for simulation and patient care. • A range of clinical logbooks were made available to the team during the site visit. • The team noted the quality of preparation in the theoretical and preventive areas of practice. • Adolescents treated under the adolescent oral health contract has increased over the years. • The pool of patients available at the Otago clinics provides students with insufficient exposure to a broad range of restorative and exodontia care. The team noted concerns expressed by a number of internal and external stakeholders in this regard. • The team also noted that the experiences provided in external CSL was positive and fundamental to the development of competency among BOH students. • There is considerable concern about sustainability of the current arrangements for external clinical placements, especially given that students rely on these placements to provide the majority of their restorative and exodontia experiences. Both internal and external stakeholders noted this concern. • The team were advised that one DHB withdrew two places from this year's placement intake, and some DHBs took fewer students.	

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment

		• Concerns related to:
		  ○ The tensions between service delivery and education agendas, and available resources in community based clinics hosting student placements. This includes agreed approaches to service models.
		  ○ Supporting the development and capacity of the DHB staff to supervise and support student learning.
		  ○ Managing the relationships and engagement to ensure mutually beneficial outcomes.
		• The placement providers all complimented the programme lead's efforts in strengthening the relationships between the DHBs and the programme.
		• Periodontal placement opportunities appear variable between students; with most in private practice being observational.
		The barrier for clinical immersive experiences appears to be the indemnity insurance. Clarification on this is encouraged.
		More hands-on periodontal experience within private practice would be beneficial for students' preparedness in different practice settings.
		• Support from the faculty for engagement, partnerships and exploration of alternative models to secure outplacement opportunities for future BOH students is strongly encouraged.
		• The team was advised that the agreement with AUT prevented the placement of BOH students in the new Otago Auckland Clinic.
		This seems a lost opportunity for both BOH and integrated dental practice experience.
		• Hands-on clinical experience in orthodontic procedures needs strengthening.	

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	• Reflective practice is a major theme of the oral health programme. Students are required to reflect on their own learning/clinical practice using the reflective journal. • Individual courses are evaluated regularly through the Quality Advancement Unit and feedback is used to make improvements to content and teaching methods. • The structures that enable student evaluation of PPFs' performance and feedback, are commended. • Students also appeared satisfied with the consistency between clinical teachers.	
	3.5 Graduates are competent in research literacy for the level and type of the program.	• Students are introduced to the research process in first year and must complete a research paper in year 3. • Students are encouraged to compete in the Otago Medical School Research Society and Summer Studentship Oral Presentations. • The SET viewed examples of research outputs and considered it appropriate. • No concerns about research supervision were raised.	
	3.6 Principles of inter-professional learning and practice are embedded in the curriculum.	• A number of IPE opportunities where oral health students participated were listed; mostly health promotional activities. However, limited opportunities exist for joint patient management. • The health sciences division is commended for the establishment of the Tairāwhiti IPE. Since 2015 between one and three BOH3 students have been placed for each of three to four 5-week blocks per year. The faculty was encouraged to consider extending this opportunity or providing other joint treatment planning opportunities to all BOH students. • Limited evidence of interaction with other members of the dental team was offered.	

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		A "buddy" initiative with final year dental students was reported as not sustainable and had been discontinued. • No formalised joint patient management occurs between dentistry, oral health, dental specialists and dental technology students. Co-design and collaborative planning of treatment and care delivery is an important element of preparing students for collaborative team care. These programmes should explore ways to achieve these collaborative patient management opportunities.	
	3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	• The programme lists 17 staff, and they appear suitably qualified. PPFs have a range of practice experiences including private and public practice. • Dental specialist and dentist academic staff also teach into the BOH programme. • Staff are required to attend annual full day faculty teaching workshops. • The programme is commended for supporting its staff into obtaining postgraduate qualifications. • Staff are provided support to attend conferences and CPD courses to ensure ongoing learning.	
	3.8 Learning environments support the achievement of the required learning outcomes.	• The team noted issues in the CSB clinic with referral of patients between practitioner groups and blurred responsibilities for completing courses of care. This was most evident in periodontal treatment where both BDS and BOH students were competing for caseloads. This impacts learning in relation to integrated team skills and referral processes along with procedural mix to develop appropriate competencies. It also poses risks to patient care with regard to potential over treatment, missed treatments and duty of care.	

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		Referral guidelines and streamlined processes for patient assessment and student allocation should be established as soon as possible.	
	3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	• Office space for BOH staff is temporarily located in the Jamieson Building, some distance from the school. • While competent utilisation of Titanium is developing among staff and students, some concerns around digital referral pathways and waitlist management as a result of transition are apparent and should be addressed. Different Titanium versions for children treated by the faculty but outside of the BOH programme contract with SDHB, result in separate treatment records for that patient (for example a GA in the CSB is not recorded in the SDHB system for that patient). Integration between the two systems should be explored to ensure visibility and more streamlined access by all CSB staff and students to childrens' patient records. This will also support the ability of the BOH programme to integrate the hygiene and therapy streams. • Some down-time and slow responsiveness of the CSB Titanium was reported. • The SET supports the prioritisation of the bedding-in of the IPC processes in the CSB to ensure consistent and safe processes are followed across all students and staff (refer criterion 1.5).	
	3.10 Cultural competence is integrated within the programme and clearly articulated as required disciplinary learning outcomes: this includes Aboriginal, Torres Strait Islander and Māori cultures.	• BOH students should also have clinical placement experience in Māori and/or Pasifika oral health clinics. • Students are exposed to Māori customs such as a Mihiwhakatau during orientation week for new students and the Whakawatea for the dissection room. • Some faculty staff members are Māori, speak Te Reo Māori and engage with Te Aō Marama.	

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	3.11 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the necessary attributes and competencies.	• Student/staff ratio in clinics appear to be appropriate under current conditions. However, when the clinic is running at full patient capacity or if student numbers increase, this will present a challenge for existing supervision levels. • Any increase in student numbers will require a commensurate increase in staffing levels and patients. • Increasing BDS student numbers may put pressure on the BOH programme delivery and should be monitored. • There is an apparent lack of DAs in the CSB clinics which hampers clinical outputs and hence clinical experience for students.	
5. Assessment is fair, valid and reliable	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• A number of barrier examinations exist to assure students' competence before progressing to the next year, and before starting patient treatment.	Standard is met
	5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies.	• The graduate attributes outlined in the course books, and the assessment methodology was appropriately mapped to the competencies required for the OHT scope of practice. • Competencies are assessed in multiple ways and at different points in the curriculum, to increase the validity and reliability of the assessments. • Both clinical and didactic components have to be passed for the degree to be awarded. • Copies of recent examination papers were shared with the team and seemed appropriate. • If a more integrated approach to care is introduced within the clinics, then assessments should be adapted to promote and measure students' performance on comprehensive treatment planning.	

SUMMARY OF BOH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	• A wide range of assessment methods are applied, including teacher feedback, clinical assessment, practical and theory tests, assignments, group presentations, written reports, written/oral exams and clinical reflective logbooks. • Direct observation is used to assess patient interaction.	
	5.4 Programme management and co-ordination, including moderation procedures ensure consistent and appropriate assessment and feedback to students.	• There are standardised assessment processes for all papers. • Regular staff meetings occur to discuss assessment approaches and co-marking occurs. • Students are provided with information regarding assessment methodology.	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• External placement clinical supervisors would benefit from professional development focussed on educational methodologies, evaluation and feedback.	
	5.6 All learning outcomes are mapped to the required attributes and competencies, and assessed.	• Learning outcomes are outlined in each course book. • All learning outcomes, subjects and assessment are mapped and well documented.	

SUMMARY OF BDENTTECH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Bachelor of Dental Technology and Bachelor of Dental Technology with Honours

Executive summary

The University of Otago Bachelor of Dental Technology and Bachelor of Dental Technology with Honours programmes have dedicated staff, and comprehensive, clear and well-structured programme coursebooks and information for students. The temporary dental laboratory set-up and lighting is commended; with staff and students complimented on their resilience to make this space work during this interim period.

The BDentTech and BDentTech (Hons) programmes continue to deliver graduates competent to practice dental technology in New Zealand.

The primary concern of the SET was the lack of clinical and technical exposure to patient cases. Technology students' clinical[2] involvement and technical fabrication of a prosthesis for a patient should be urgently re-introduced. The SET acknowledges the practical difficulties in achieving this but considers it essential for preparation of practice and will assist in achieving some of the competencies where current gaps have been identified.

Great progress on the introduction of digital technologies have been made in recent years, but further emphasis on the clinical application of all the aspects related to digital technologies is encouraged. Other areas with limited practical exposure include shade taking on patients, repairs and relines of dental appliances.

Greater focus on and assessment of communication, professionalism, IPC and other Dental Council practice standards within the dental laboratory is necessary. Better cross infection and control practices within the dental laboratory are required to ensure patient, student and staff safety.

Another health and safety concern by the SET relates to the lack of adequate supervision within all areas of the new facility. This is due to stretched staffing levels and the split configuration of the temporary facilities. Increased full-time supervision of students is urgently needed to protect students, staff and the public; and to provide appropriate learning environments for students. There is a lack of lockable space in the temporary facility for students to store their coursework.

Cultural competence is included in the didactic components of the curriculum, but there is a lack of application into practice. Clinical application, including effective and respectful interaction with Māori, should be established; even if it is through case scenarios.

The external laboratory placements are viewed favourably by those involved, but more structured placements could facilitate a more meaningful experience for both students and supervising dental technicians. This could be achieved through formalised agreements with clearly articulated learning outcomes and supervision responsibilities with the placement dental laboratories.

[2] Reference to "Clinical" in the commentary related to all programmes means dental laboratory work for the dental technology programme. "Clinical" in the dental technology specific comments means participation in patient management.

SUMMARY OF BDENTTECH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

The new dental laboratory in the Walsh building will need to be validated by the Dental Council, once completed.

In the absence of evidence of formalised joint dental team treatment planning, the SET supports the shared position from the BDS and BOH reviews that joint treatment opportunities between members of the dental team should occur and be facilitated by the programmes.

Overall accreditation decision

The SET considered that standard 3 (programme of study) is substantially met, and standard 5 (assessment) is met.

The University of Otago Bachelor of Dental Technology and Bachelor of Dental Technology with Honours were **granted accreditation until 31 December 2024, subject to meeting the following conditions:**

By 30 June 2020 establish and have implemented clinical exposure and technical fabrication of a prosthesis for a patient; and this must be assessed.

Validate the new laboratory in the Walsh building once completed to ensure its fit for purpose within the first quarter of it becoming operational.

Quality improvement

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

Commendations

The commendations are as follows:

1. The dedication of the BDentTech and BDent (Hons) staff.
2. The comprehensive, clear and well-structured programme coursebooks and information made available to students; and the detailed information provided as part of this accreditation process.
3. The set-up and lighting of the temporary dental laboratory facility.

Recommendations

The recommendations are as follows:

1. Safe and appropriate supervision

SUMMARY OF BDENTTECH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

2. Ensure sufficient staffing to maintain health and safety compliance and appropriate student supervision in the dental laboratories, both the temporary and the new facility once commissioned in the Walsh building. The dental laboratory support officer role would offer valuable support to the supervisors.

3. Improve and monitor the tutor:student ratio.

Range of experiences

4. Further increase the clinical application of all aspects related to digital technologies.

5. Increase the practical experience on shade taking, repair and relines of dental appliances.

6. Establish greater focus on and application of cultural competence into practice, including effective and respectful interaction with Māori - even if it is through case scenarios.

7. Implement a stronger focus on and assessment of communication, professionalism, IPC and other Dental Council practice standards within the dental laboratory.

Assessments

8. Encourage consistent application of the formative assessment rubrics.

Temporary laboratory facility

9. Explore lockable space for students to store their coursework within the temporary dental laboratory.

External placements

10. Establish agreements with the placement dental laboratories to clearly articulate the learning outcomes and supervision responsibilities.

11. Encourage increased outplacement opportunities across dental laboratory with different focus areas.

SUMMARY OF BDENTTECH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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 of study design and delivery.	• Course material included handbooks with clearly articulated learning objectives, associated assessments, and timetables that allows for didactic learning and hands-on dental laboratory experiences. • There are aligned practical and theoretical components for each year level of the programme. • Delivery of the programme is well aligned with the curriculum. *BDentTech (Hons)* • The integration of the honours programme throughout the course is considered appropriate.	Standard is substantially met
	3.2 Programme learning outcomes address all the relevant attributes and competencies.	• The DC(NZ) dental technology scope of practice and competencies formed the basis of the design process of the programme. • The learning outcomes outlined in the course book were mapped against the DC(NZ) dental technology competencies and covered all the required competencies. • The SET commends the programme for its comprehensive curriculum and assessment mapping provided. • The curriculum covers the fundamental scientific components related to general oral health and biomaterials, and the design, manufacturing and adjustments of removable complete and partial dentures, crowns (including CAD CAM design), removable orthodontic appliances, bridges with different biomaterials (ceramic, acrylic, gold, metal, porcelain). • There was no evidence of shade taking being applied in practice. • To ensure preparation for practice and to protect patients and dental practice staff, a stronger focus on and assessment of IPC application in the dental laboratory should be introduced.	

SUMMARY OF BDENTTECH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	3.3 The quality and quantity of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	• Students are required to maintain a lab task book. • Sample lab task books were provided to the SET. • On review, it appears that there is a lack of experience in repair, relines, shade checking and IPC. • Technical exposure to patient cases should be re-introduced. • Increased clinical application of all aspects related to digital technologies is required to better prepare students for practice. • This includes awareness of the technology that dental specialists use (for example advanced imaging such as cone beam computed tomography and intra-oral scans).	
	3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	• All learning and teaching methods used in the dental technology programme conforms to the university guidelines - Teaching and Learning Plan. • Staff are encouraged to undergo the university's Quality Advancement Unit's educational review. • Student and graduate feedback also feed into the review of the programme design and delivery.	
	3.5 Graduates are competent in research literacy for the level and type of the program.	• The SET viewed examples of research outputs from the BDentTech and Hons programmes and considered it appropriate. Some projects are of international standard. • The dental technology day is a good opportunity for the programme to showcase the profession. • The New Zealand Institute of Dental Technologists (NZIDT) has a research fund; students can apply for financial support. • Top students also have the opportunity to present their research at the NZIDT conferences.	

SUMMARY OF BDENTTECH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	3.6 Principles of inter-professional learning and practice are embedded in the curriculum.	• There is limited evidence of IPE opportunities. • Interaction with the BDS students appears to no longer occur. Lack of space, timetabling challenges and the off-site location of the temporary dental technology laboratory were offered as reasons. The team acknowledges these barriers. • However, this is considered essential, and should be re-instated. • The SET supports the shared position from the BDS and BOH reviews that joint treatment opportunities between members of the dental team should occur and be facilitated by the programmes.	
	3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	• The programme lists 6 staff and they appear suitably qualified with extensive experience.	
	3.8 Learning environments support the achievement of the required learning outcomes.	• Staff are dedicated and focussed on achieving good learning opportunities for students. • The tutor:student ratio is a concern. The current levels appear stretched and could affect learning outcomes. • Final year students have external laboratory placements, with the primary objective of furthering their understanding of commercial practice management experience. • Feedback was overall positive, but more structured placements could facilitate a more meaningful experience for both students and supervising dental technicians. • This can be achieved through formalised agreements with clearly articulated learning outcomes and supervision responsibilities with the placement dental laboratories; and is strongly encouraged. • There was benefits in promoting students to explore laboratory placements with different focus areas.	

SUMMARY OF BDENTTECH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	• The new CSB was commissioned in June 2019. The refurbished Walsh Building will house the dental technology programme once commissioned; expected December 2020. • A temporary dental technology laboratory was commissioned in February 2019. • The set-up and lighting of the temporary facility is commended. • There is a lack of lockable space for students to store their coursework. • A sub-set of the SET must validate the new dental laboratory in the Walsh building once completed to ensure its fit for purpose. • The programme experiences difficulties with timely IT support related to digital technologies (for example security blocks, software upgrades etc.). • Dedicated support for the Faculty of Dentistry should be explored.	
	3.10 Cultural competence is integrated within the programme and clearly articulated as required disciplinary learning outcomes: this includes Aboriginal, Torres Strait Islander and Māori cultures.	• Although included in the didactic components of the curriculum, evidence did not support that this aspect translates into practice. • Greater focus and application into practice should be established; even if it is through case scenarios.	
	3.11 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the necessary attributes and competencies.	• There was uncertainty whether the role of the dental laboratory support officer will be reinstated within the new laboratory. • Current staff numbers are stretched. • The SET was concerned that the current levels cannot sustain the educational needs of the programme.	

SUMMARY OF BDENTTECH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		• Due to stretched staffing levels and the configuration of the temporary facilities, adequate supervision cannot be provided within all areas. • This raises a health and safety concern that should be urgently addressed.	
5. Assessment is fair, valid and reliable	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• The assessments appear appropriate for the programme's learning outcomes.	Standard is met
	5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies.	• Graduate attributes are outlined in the course book and the assessment methodology is mapped to the competencies required for the scope of practice. • Competencies are assessed in multiple ways and at different points in the curriculum. • Assessment of the technical aspects of the course appears comprehensive. • No evidence of assessment in communication, IPC and cultural competence was evident.	
	5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	• Assessment methods include teacher feedback, applied design assessment, theory tests, assignments, group presentations, written reports, written/oral exams and lab logbooks.	
	5.4 Programme management and co-ordination, including moderation procedures ensure consistent and appropriate assessment and feedback to students.	• Some evidence indicated inconsistent application of the formative assessment rubrics. • Consistent application is important to ensure fair and robust assessment processes across all students, as well as ensuring common understanding by students of the acceptable minimum threshold for delivering an acceptable appliance. • Similar concern was not raised on examination assessments.	

SUMMARY OF BDENTTECH SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• Programme course book outlines teaching staff and lists their qualifications. A similar list was provided for the accreditation process. • The staff members are appropriately qualified and experienced to conduct the various assessments. • The same external examiner was used for the final year examination for a number of years. • A fresh perspective will be beneficial to the programme.	
	5.6 All learning outcomes are mapped to the required attributes and competencies, and assessed.	• Outlined in each course book. • Learning outcomes are mapped to graduate attributes and DC(NZ) competencies.	

3. COMMENDATIONS AND QUALITY IMPROVEMENTS COMMON TO ALL PROGRAMMES

In addition to those contained within the programme specific reports:

Commendations to all undergraduate programmes

The commendations are as follows:

1. Motivated and passionate staff committed to maximising the potential of the new facilities in both dental service and academic domains. This is apparent across all areas of the faculty.

2. Management of, and resilience through enormous and disruptive change enabling continued student learning at a high standard.

Recommendations common to all undergraduate programmes

The recommendations are as follows:

Programme review and enhancement

1. Actively engage with key New Zealand professional groups from time-to-time to participate in programme curriculum review or clinical experience audits to ensure the programme represents contemporary practice, and to canvass independent views from the practising profession on the quality of graduate output.

2. The faculty to promote staff-use of research or study leave to enhance professional and educational development; this relies on satisfactory resource levels to back-fill.

COMMENDATIONS AND QUALITY IMPROVEMENTS COMMON TO ALL PROGRAMMES

Clinics

3. Improve visibility of signage for AEDs, first aid and resuscitation equipment, and ensure all kits are fully stocked—in both the CSB and temporary dental technology laboratory.

4. Update the e-consent form to enhance transparency, and for patients to confirm that they are aware that they are receiving dental services in a training institution and may be treated by students under supervision of a registered oral health practitioner.

5. Develop a process for consistent capturing of ongoing consent of treatment, or otherwise, and consider an audit process to ensure compliance with the patient consent requirements.

6. Provide ongoing support and readily accessible training opportunities for students and staff in the CSB and temporary dental laboratory given the ongoing and significant level of changes. In particular on the digital platforms to support patient care, including standardisation of treatment plan sign-off by supervisors, and recording of treatment plan changes.

Patient management

7. Strengthen dialogue with Southern DHB to establish more collaborative referral approaches between the services and enhance the patient journey pathways.

Communication

8. Enhance and formalise the feedback process to students and staff following the analysis of the student survey results, and to individual students after raising specific issues.

9. Faculty to continue updates to staff and students on the Walsh building refurbishment.

COMMENDATIONS AND QUALITY IMPROVEMENTS COMMON TO ALL PROGRAMMES

Student support services

10. Explore alternative ways for the faculty to increase student awareness of available support services, and how to access these.

11. Consider a female faculty support officer to support the existing role, currently filled by a male.

Cultural competence

12. Ongoing assurance of a dedicated dental resource focused on Māori health and oral health across all accredited programmes offered by the Faculty of Dentistry.

13. Continue efforts on embedding cultural competence across all undergraduate programmes (particularly focusing on the increased emphasis within the HPCAA on effective and respectful interaction with Māori), and integration within the clinical care and assessments in the clinics are encouraged.

Assessments

14. Rotate external examiners on a frequent basis and use international academics as external examiners from time-to-time.

APPENDIX A – LIST OF ACRONYMS

Acronym	Description
ACODS	Australasian Council of Dental Schools
ADC	Australian Dental Council
AED	Automated external defibrillator
BDS	Bachelor of Dental Surgery
BDS (Hons)	Bachelor of Dental Surgery with Honours
BDentTech	Bachelor of Dental Technology
BDentTech (Hons)	Bachelor of Dental Technology with Honours
BOH	Bachelor of Oral Health
CAD CAM	Computer Aided Design and Computer Aided Manufacturing
CODA	Commission on Dental Accreditation (USA)
CSB	Clinical services building
CSL	Community service learning
DC(NZ)	Dental Council
DAs	Dental assistants
DHB	District health boards
HBV	Hepatitis B virus
HCV	Hepatitis C virus

Appendix A – LIST OF ACRONYMS

Acronym	Description
HIV	Human Immunodeficiency Virus
HPCAA	Health Practitioners Competence Assurance Act 2003
IMU	International Medical University
IPC	Infection prevention and control
IPE	Inter-professional education
IT	Information technology
MOS	Mirror on Society
PPF	Professional practice fellow
NZIDT	New Zealand Institute of Dental Technologists
SJWRI	Sir John Walsh Research Institute
SET	Site Evaluation Team
SSR	Support Services Review
TB	Tuberculosis

APPENDIX B – SITE VISIT SCHEDULE

Monday, 2 September 2019 – CORE GROUP

Time	Activity
CORE SET members: Prof Ivan Darby – co-chair Prof Julie Satur – co-chair John Robertson - laymember Mark Goodhew - dentist representative Emilee Walby - oral health therapist representative Brent Norton - dental technician representative Pauline Koopu – cultural competence representative	*Dental Council staff:* Ms Marie Warner – Chief Executive, Dental Council Ms Suzanne Bornman – Standards & Accreditation Manager *International observers:* Frédéric Duguay – Director, Commission on Dental Accreditation of Canada David O'Flynn – Chief Executive, Dental Council Ireland Paul Lyons, Education Manager, Dental Council Ireland

Room details	HU116(Hunter Centre)		
	Session description	Participants	Focus areas
8:00 – 8:30	Head of School	Acting Dean – Karl Lyons Associate Dean Undergraduate – Alison Meldrum	Strategic vision Strengths, weaknesses & risks
8:30 – 8:45	New Dean (from 2020)	Professor Mike Morgan *Zoom call*	Faculty leadership
8:45 – 9:30	Building project team	Project Director - Jamie Cargill Programme Manager Organisational Delivery - Peter Cathro	Contractor and Faculty project team leads

Appendix B – SITE VISIT SCHEDULE

			Update on balance of project: overview of next stages, timeframes, potential risks to programme delivery Update on Auckland build
9:30 – 10:15	Overview of key changes associated with new building, equipment and processes	Programme Manager Organisational Delivery - Peter Cathro	Change management Key process changes as a result of new building, equipment etc.
10:15 – 10:30	**Morning tea break**		
10:30 – 11:30	Tour of new clinical facilities & lecturing theatres	Staff members to accompany core group	
Room details	**HU116(Hunter Centre)**		
11:30 – 12:15	Undergraduate studies committee	Alison Meldrum (Assoc Dean, Undergraduate Studies) Susan Moffat (BOH Programme Convenor) Richard German (Divisional Manager, Health Sciences Library) Pearl Matahiki (Tumuaki/Manager, Maori Centre) Dr Lee Adam (Deputy Assoc Dean, Undergraduate Studies) Dr Lara Friedlander (BDS Programme Convenor) - Apology Kaye Jeffries (Senior Manager Client Services) Ludwig Jansen van Vurrren (DTech Programme Convenor) Ming Yap (President, NZDSA)	On principle levels across programmes: Selection & progression Programme development External programme input & review Academic governance Research Assessments

Appendix B – SITE VISIT SCHEDULE

		Alina da Cruz (BOH Rep, NZDSA) – Declined as on placement Hetal Shukla (VP, Treasurer, NZDSA) Imogen Reid (Educational Welfare, NZDSA) Annie Cho (DTech Rep, NZDSA)	
12:15 – 13:00	Faculty Operations	Kerry Shea (HR Advisor) Kaye Jeffries (Senior Manager Client Services) Charne Hudson (Finance Manager) Elaine Chisnell (Lead Administrator, Clinical) Joanne Kennedy (Lead Administrator, Clinical) Karen O'Neil (Lead Administrator, Academic)	Programme resourcing Administrative support
13:00 – 13:45	**Lunch & closed team session HU116(Hunter Centre)**		
13:45 – 14:30	Clinical Services	Don Schwass (Clinical Director) Dianne Fox (Clinic Manager) Kelly Swale (Senior Sterilising Assistant) Stephen Swindells (Manager, Technical Services) Elaine Chisnell (Lead Administrator, Clinical) Joanne Kennedy (Lead Administrator, Clinical)	Clinic management Key changes & challenges Digital patient records Patient safety Quality of care Equipment maintenance, service
14:30 – 15:00	Student support	Assoc Professor - Andrew Tawse-Smith (Student Support Officer) Kaye Jeffries (Senior Manager Client Services)	Student support resources
15:00 – 15:30	Cultural competence	Professor John Broughton (Associate Dean Māori) Sam Carrington (Deputy Associate Dean Māori and Pasifika Representative)	Embedding of Māori patient care & cultural competence Assessment
15:30 – 16:00	**Afternoon tea & closed session**		

Appendix B – SITE VISIT SCHEDULE

16:00 – 16:30	Southern DHB	Deputy Medical Officer - Tim Mackay	Service arrangements Strengths & issues Patient safety & quality of care
16:30 – 17:15	Dental student association representatives (student body executive & class reps)	Ming Yap (President, NZDSA) Alina da Cruz (BOH Rep, NZDSA) – Declined as on placement Hetal Shukla (VP, Treasurer, NZDSA) Imogen Reid (Educational Welfare, NZDSA) Annie Cho (DTech Rep, NZDSA) James Edwards (Publisher, NZDSA) Jared Monk (Sports Rep, NZDSA) Izazi Pg Hassim (Year 2, BDS Class Rep) Madeline Homan (Year 2, BDS Class Rep) Aseem Anand (Year 3, BDS Class Rep) Lizelle Borges (Year 4, BDS Class Rep) Jacques Glover (Year 4, BDS Class Rep) Ruby Wills (Year 4, BDS Class Rep) Laura Gray (Year 5, BDS Class Rep) Anne Jude (Year 5, BDS Class Rep) Amanda Watkins (Year 1, BoH Class Rep) Erin Parker (Year 1, BoH Class Rep) Ruby Tukia (Yr 3, BOH Class Rep) Emma Lee (Yr 3, BOH Class Rep) Cindy Liu (Yr 2, BOH Class Rep)	Student experience Building project

Appendix B – SITE VISIT SCHEDULE

		Michael Le Pine-Day (Yr 2, BOH Class Rep)	
17:15 – 18:15	Summary of key findings for next day's report writing (Closed team session)		

Appendix B – SITE VISIT SCHEDULE

Tuesday, 3 September 2019 – Core group (day 2)

Time	Activity	
Room details	**HU116(Hunter Centre)**	
CORE SET members: Prof Julie Satur – co-chair Emilee Walby - oral health therapist representative Brent Norton - dental technician representative		*Dental Council staff:* Ms Marie Warner – Chief Executive, Dental Council
8:00 – 10:00	Core group (excluding dentist members) – initial report writing standards 1,2, & 4 based on previous day's findings; for further input and review by dentists CORE members	
10:45 – 11:15	Morning tea	
11:45 – 13:30	Report writing	
12:45 – 13:45	**Lunch**	
13:45 – flight departures	Report writing	

Appendix B – SITE VISIT SCHEDULE

Tuesday, 3 September 2019 – Bachelor of Dental Surgery

Time	Activity
8:00 – 8:15	Meet and greet with Acting Dean
8:15 – 9:15	Tour of the facilities specifically related to the discipline
Room details	**Sayers Board Room, Ground Floor, Sayers Building**

BDS SET members: Prof Ivan Darby – co - chair Mark Goodhew - NZ dentist & CORE member Pauline Koopu – cultural competence representative A/Prof Dimitra Lekkas – Senior academic John Robertson – laymember Natalie Stent - NZ dentist	*Dental Council staff:* Ms Marie Warner – Chief Executive, Dental Council Ms Suzanne Bornman – Standards & Accreditation Manager *International observers:* Frédéric Duguay – Director, Commission on Dental Accreditation of Canada Gerard Cleary – Vice President, Dental Council Ireland David O'Flynn – Chief Executive, Dental Council Ireland Paul Lyons, Education Manager, Dental Council Ireland

STUDENT CLINICAL LOGBOOKS *– available from 8.30am for the SET team. A range of student logbooks from BDS3, BDS4 and BDS5. These must not leave the breakout room and must not be marked or copied in anyway.*

BLACKBOARD ACCESS *– Karen O'Neil will demonstrate the Blackboard platform to the SET Team*

Session description		Participants	Focus areas
9:30 – 10:00	Undergraduate Studies Committee – Dental Surgery (excluding student reps)	Dr Lara Friedlander Chair – Apology *Zoom 22/8/19* Ms Alison Meldrum (Assoc Dean Undergraduate Studies) Dr Lee Adam (Deputy Assoc Dean Undergraduate Studies) Ms Kaye Jeffries (Senior Manager, Client Services)	Strengths, weaknesses & risks Programme development & changes planned External programme input and review

Appendix B – SITE VISIT SCHEDULE

		Dr Nicholas Heng (BDS (Hons) Programme Co-Ordinator) Assoc Professor Andrew Tawse-Smith (Student Support Officer) **Year Committee Chairs** Assoc Professor Jonathan Broadbent (Y2) Ms Suzanne Hanlin (Y3), Dr Sunyoung Ma (Y4) - *Zoom 22/8/19*	
10:00 – 10:45	Paper and module coordinators – yrs 2 & 3 (Includes academic staff who are clinical teachers)	<u>Paper and module coordinators BDS2 and BDS3:</u> DENT261 - Assoc Professor Jonathan Broadbent/ Andrew Tawse-Smith DENT262 - Dr Carolina Loch (Oral Biology) *for Professor Richard Cannon* DENT263 - Assoc Prof Jonathan Broadbent / Professor John Broughton DENT361 - Dr Abdullah Barazanchi (Paper co-ordinator) <u>Module Co-ordinators</u> Periodontics - Assoc Prof Andrew Tawse-Smith Endodontics - Mr David Coburn (Professional Practice Fellow) *Zoom 22/8/19* Cariology & prosthodontics - Dr Abdullah Barazanchi Oral Surgery - Dr Harsha De Silva DENT362 - Dr Haizal Hussaini (Paper co-ordinator)	Overview of course structure Strengths & issues New clinical facilities Student clinical experiences Supervision Assessments Staffing

Appendix B – SITE VISIT SCHEDULE

		DENT363 - Assoc Professor Jonathan Broadbent *on behalf of* Professor Murray Thomson (Paper co-ordinator) DENT364 - Assoc Prof Andrew Tawse-Smith ((Paper co-ordinator IMU Transfer)	
10:45 – 11:15	**Tea & closed team session**		
11:15 – 12:00	Paper and module coordinators – yrs 4 & 5 (Includes academic staff who are clinical teachers)	Dr Sunyoung Ma (Paper co-ordinator) - *Zoom 22/8/19* (DENT461) <u>Module Co-ordinators</u> Periodontics – Warwick Duncan Endodontics - Ms Tina Hauman Cariology & prosthodontics – Ms Suzanne Hanlin / Dr Sunyoung Ma Paediatric dentistry & orthodontics – Dr Niv Kamalendran/ Ms F Bennani Oral Surgery & Oral Medicine – Prof Darryl Tong, Dr Simon Guan BDS 2-4 Professional Development – Ms Suzanne Hanlin DENT462 – Dr Peter Mei / Dr Haizal Hussaini/Dr Ben Seo DENT463 – Assoc Prof Jonathan Broadbent DENT551/561 – Dr Peter Cathro DENT552 – Ms D Boyd / Dr Lee Adam DENT553 – Professor John Broughton <u>BDS Honours</u> DENT563 – Ms Alison Meldrum DENT580 – Dr Haizal Hussaini/Dr Ben Seo	Overview of course structure Strengths & issues New clinical facilities Student clinical experiences Supervision Staffing Assessments

Appendix B – SITE VISIT SCHEDULE

		DENT581 – Dr Nick Heng	
12:00 – 12:45	Senior Academic teaching staff (including Heads of Disciplines)	Professor Nick Chandler – Endodontics Professor Warwick Duncan – Periodontics Professor Karl Lyons - Prosthodontics Mr Graeme Ting – Special Needs Dentistry Professor Darryl Tong – Oral & Maxillofacial Surgery Assoc Professor Jonathan Broadbent *on behalf of* Professor Murray Thomson – Dental Public Health Professor Mauro Farella – Orthodontics Ms Alison Meldrum – Paediatric Dentistry Professor Alison Rich – Oral Pathology Mr Ajith Polonowita – Oral Medicine – Zoom Assoc Professor Neil Waddell - Biomaterials	Strengths & issues Clinical and Research Facilities Assessments Staffing
12:45 – 13:45	**Lunch & closed team session**		
13:45 – 14:30	Clinical teaching staff PPFs	Dr Kate Newsham-West – Zoom 22/8/19 Mr David Coburn – Zoom 22/8/19 Ms Mitten McLean – PPF Oral surgery Ms Pip MacDonald – PPF UCU experienced fulltime Ms Saleema Reeves – PPF experienced part time Ms Sunethra Tennekoon – PPF UCU & GDP experienced fulltime Ms Belinda Hsu – PPF recent grad UCU & GDP Ms Megan Webb – PPF experienced part time GDP Mr Perry Noyce – PPF experienced part time GDP	Strengths & issues New clinical facilities Student clinical experiences Supervision Assessments Staffing

Appendix B – SITE VISIT SCHEDULE

		Mr Perry Adank – PPF experienced part time GDP Ms Heather Lundbeck – PPF overseas trained Ms Cheun Lin Hong – PPF recent graduate Mr Sunil Bangah – PPF overseas trained part time GDP	
14:30 – 15:20	BDS students all year levels, including IMU transfer students Year 3-5	<u>BDS2</u> Marina Saleh Linbei Ke Willow Anstis Fanatanu Tuivaiti <u>BDS3</u> Millie Pearce Rosemary Han Jaehee Choi Nicholas Chen <u>BDS4</u> Christina Oude-Alink Jie Shi Najwa Mohamad Nor <u>BDS5</u> Shay Taylor – Zoom IPE Gisborne – cannot guarantee availability at the meeting time	Strengths & issues New facilities Supervision Academic & personal support Clinical experiences Assessments Involvement in programme Communication

Appendix B – SITE VISIT SCHEDULE

		Te Waikapoata Tamati – Placement Mid semester break Samoa Kevin Koay – Placement July/Aug Hastings Summer Kendall – Placement May/Jun TeKaika IMU Transfer students Celene Voon (BDS3) Yee Haow Khoo (BDS4) May Pink Sim (BDS5)	
15:20 – 15:45	BDS Honours students DENT561, 563, 580, 581	Tasha Paul – Placement July/Aug Tauranga Eden Ross – Placement July/Aug Tonga Hetal Shukla – Placement May/June Samoa Darren Wang – Placement Sept/Oct – Tauranga	Honours programme changes Strengths & issues Supervision & support Assessments Clinical experiences Assessments (incl DENT563) Involvement in programme Communication
15:45 – 16:00	**Tea**		
16:00 – 16:30	Cultural outplacements	Prof John Broughton - Associate Dean Māori Coordinator of outplacements	Strengths, risks & issues Overview of experience Student feedback Provider feedback Assessment
16:30 – 17:00	Providers clinical outplacements - Māori	Dr Justin Wall (Ashburton) – Zoom	Strengths, risks & issues

Appendix B – SITE VISIT SCHEDULE

	and overseas providers (videoconference)	Mr Gary Marks (Te Kāika reps) Ms Lynda Wixon Mr Malcolm Dacker	Overview of experience Student feedback Assessments
17:00 – 18:00	Recent graduates	*Zoom* 2016- Rebecca Chapman 2016- Stephen Lee 2017- Shennae Bartlett 2017 – Kris Mark Sweetapple 2018 – Jarden Kuramaiki Lacey 2018 – Deep Kumar Joshi BDS Hons – David Chew	Strengths & issues Supervision Clinical experiences Assessments Academic & personal support Preparedness for practice Involvement in programme Communication
18:00 – 18:30	Professional body – NZDA & Te Aō Marama	*Zoom* Tihema Nicol (Te Ao Marama) Leeann Waaka (Te Ao Marama) Dr Bill OConnor (NZDA) Immediate Past President Ami Gilchrist (NZDA) Membership Services Manager	Strengths & issues Preparedness for practice Programme input

Appendix B – SITE VISIT SCHEDULE

Wednesday, 4 September 2019 – Bachelor of Dental Surgery (day 2)

Time		Activity	
8:00		Shuttle from hotel to multidisciplinary clinic Te Kāika	
Room details	**HU116(Hunter Centre)**		
BDS SET members: Prof Ivan Darby – co - chair Mark Goodhew - NZ dentist & CORE member Pauline Koopu – cultural competence representative A/Prof Dimitra Lekkas – Senior academic John Robertson – laymember Natalie Stent - NZ dentist		*Dental Council staff:* Ms Suzanne Bornman – Standards & Accreditation Manager *International observers:* Gerard Cleary – Vice President, Dental Council Ireland David O'Flynn – Chief Executive, Dental Council Ireland	
	Session description	Participants	Focus Areas
8:30 – 9:15	Welcome & tour of Te Kāika 25 College Street Caversham Dunedin (Please note - *very small space, so have to rotate in pairs*)	*Clinicians* Mr Gary Marks – programme lead Mr Malcolm Dacker – PPF dentist *Administrative staff / stakeholders* Shelley Kapua (General Manager, Arai Te Uru Whare Hanora) Albie Lawrence (Founder of Te Kaika, Chief Executive Officer, Otakou Health) Mackenzie Chapman – Reception enquiries related to dental unit	Cultural competence Inter- & Intra- professional learning
9:15 – 10:30	Return to Dental School & tea		

Appendix B – SITE VISIT SCHEDULE

10:30 – 13:30	BDS report writing
13:30 – 14:30	**Lunch & closed team session**
14:30 – flight departures	BDS report writing

Appendix B – SITE VISIT SCHEDULE

Wednesday, 4 September 2019 – Bachelor of Oral Health

Time	Activity
8:00 – 8:15	Meet and greet with Acting Dean
8:15 – 9:15	Tour of the facilities specifically related to the discipline
Room details	**Sayers Board Room, Ground Floor, Sayers Building**

BOH SET members: Prof Julie Satur – co – chair Lynette Nicholas – NZ dental therapist Tessa Lawrence – NZ dental hygienist John Robertson – laymember Carol Tran – senior academic Emilee Walby – NZ OHT & Core member	*Dental Council staff:* Ms Marie Warner – Chief Executive, Dental Council Ms Suzanne Bornman – Standards & Accreditation Manager *International observers:* Frédéric Duguay – Director, Commission on Dental Accreditation of Canada Paul Lyons, Education Manager, Dental Council Ireland

	Session description	Participants	Focus Areas
9:30 – 10:15	Undergraduate Studies Committee – Oral Health	Dr Susan Moffat (Chair & Programme Convenor) Dr Lee Adam (Deputy Assoc Dean Undergraduate Studies) Ms Deanna Beckett (Lecturer) Mr Sam Carrington (Lecturer) Dr Nick Heng (Senior Lecturer) Ms Gina Todd (Professional Practice Fellow) Assoc Professor Geoff Tompkins	Strengths, weaknesses & risks Programme development & changes planned External programme input & review

Appendix B – SITE VISIT SCHEDULE

		Ms Alison Meldrum (Assoc Dean Undergraduate Studies) Ms Hanna Olson (Deputy Convenor) Ruby Tukia (Yr 3, BOH Class Rep) Emma Lee (Yr 3, BOH Class Rep) Cindy Liu (Yr 2, BOH Class Rep) Michael Le Pine-Day (Yr 2, BOH Class Rep) Erin Parker (Yr 1, BOH Class Rep) Amanda Watkins (Yr 1, BOH Class Rep)	
10:15 – 11:00	Providers outplacements (DHBs, private dental practices observational placements)	*Zoom* Paula Palmer (Access Dental) – follow up Victoria Arreola/Cherie Keen (Gentle Dental) Bridget Ranger Louise Cox (Lumino) Hannah Clark (Southern DHB) - confirmed Anne Hu (Tairawhiti DHB) Kelly Larkins & Kirstie Cuplan (Northland DHB) Dianne Watson (Hutt Valley DHB) Rebecca Ahmadi (Waikato DHB)	Strengths & issues Assessments
11:00 – 11:30	**Tea & closed team session**		
11:30 – 12:30	Teaching staff – focus on curriculum & didactic teaching	Dr Susan Moffat (Programme Convenor) Ms Hanna Olson (Deputy Convenor) Assoc Professor Geoff Tompkins Dr Nick Heng (Senior Lecturer) Ms Deanna Beckett (Lecturer)	Strengths & issues Facilities Assessments Staffing

Appendix B – SITE VISIT SCHEDULE

		Mr Sam Carrington (Lecturer) Ms Gina Todd (Professional Practice Fellow) Ms Nikki Marasigan (Professional Practice Fellow) Ms Ebony Hsu (Professional Practice Fellow)	
12:30 – 13:30	Clinical staff (incl PPFs) – focus on clinical experiences *(incl review of logbooks)*	Dr Susan Moffat (Programme Convenor) Ms Hanna Olson (Deputy Convenor) Ms Deanna Beckett (Lecturer) Mr Sam Carrington (Lecturer) Ms Gina Todd (Professional Practice Fellow) Ms Nikki Marasigan (Professional Practice Fellow) Ms Ebony Hsu (Professional Practice Fellow) Ms Kirsty Barltrop (Professional Practice Fellow) Sheetal Devi (Professional Practice Fellow) Keri Carruthers (Professional Practice Fellow) Mrs Judith Windle (Professional Practice Fellow) Mrs Priyangika Konthasingha (Professional Practice Fellow) Mrs Jo Macbeth (Professional Practice Fellow) Ms Esther Devaney (Professional Practice Fellow) Wanitta Praks (Professional Practice Fellow)	Strengths & issues New clinical facilities Student clinical experiences Supervision Assessments Staffing
13:30 – 14:30	**Lunch & closed team session**		
14:30 – 15:30	Students all year levels	**Year 1:** Veronia Metry Sachi Wijeyekoon Hanel Blom	Strengths & issues New facilities Supervision Academic & personal support

Appendix B – SITE VISIT SCHEDULE

		Paige Jones **Year 2:** Hettige Fernando (Peumi) Megan Lawton Grace Soong Sun Mi Hwang (Sunny) **Year 3:** Johnson Kwong (Zoom, ARDS Auckland) Aline Tristao Da Cruz (Zoom, ARDS Auckland) Angus Liddell (Zoom, ARDS Northland) Sadaf Froozanfar (on-site, completed outplacement ARDS) Daphne Tsao (on-site, completed outplacement Gisborne)	Clinical experiences Assessments Involvement in programme Communication
15:30 – 16:30	Recent graduates	*Zoom* 2016- Sarah Brocherie 2016 – Melissah Kelly 2017- Brittany Blythe 2017- Stella Marina Marshall- apology 2018 – Sarah Gunnarsdottir 2018 – Silvia Estefania Salinas Avila	Strengths & issues Supervision Clinical experiences Assessments Academic & personal support Preparedness for practice Involvement in programme Communication
16:45 – 17:30	Professional body **–** NZDOHTA, NZDHA & Te Aō Marama (videoconference)	*Zoom* Tihema Nicol (Te Ao Marama) Leeann Waaka (Te Ao Marama)	Strengths & issues Preparedness for practice Programme input

Appendix B – SITE VISIT SCHEDULE

		Anne-Marie Maikuku (Te Ao Marama) Anna Holyoake (NZDHA) Arish Naresh (NZDOHTA)	
17:30	End of day 2 at Faculty		

Appendix B – Site visit schedule

Thursday, 5 September 2019 – Bachelor of Oral Health (day 2)

Time		**Activity**
Room details	**Sayers Board Room, Ground Floor, Sayers Building**	
BOH SET members: Prof Julie Satur – co – chair Lynette Nicholas – NZ dental therapist Tessa Lawrence – NZ dental hygienist Carol Tran – senior academic Emilee Walby – NZ OHT & Core member		*Dental Council staff:* Ms Marie Warner – Chief Executive, Dental Council *International observers:* Frédéric Duguay – Director, Commission on Dental Accreditation of Canada Paul Lyons, Education Manager, Dental Council Ireland
8:00 – 10:00	BOH report writing	
10:45 – 11:15	Morning tea	
11:45 – 13:30	BOH report writing	
12:30 – 13:30	**Lunch**	
13:30 – flight departures	BOH report writing	

Appendix B – Site visit schedule

Thursday, 5 September 2019 – Bachelor of Dental Technology

Time	Activity
8:00 – 8:15	Meet and greet with Acting Dean
8:15 – 9:00	Tour of the facilities specifically related to the discipline
Room details	**HU116 (Hunter Centre)**

BDentTech SET members: Prof Ivan Darby – co – chair A/Prof Jane Evans – senior academic Ian Mercer – NZ dental technician Brent Norton – NZ dental technician & Core group member John Robertson – laymember	*Dental Council staff:* Ms Marie Warner – Chief Executive, Dental Council Ms Suzanne Bornman – Standards & Accreditation Manager *International observers:* Gerard Cleary – Vice President, Dental Council Ireland David O'Flynn – Chief Executive, Dental Council Ireland

	Session description	Participants	Focus Areas
9:15 –10:00	Undergraduate Studies Committee – Dental technology	Ludwig Jansen van Vuuren (Discipline Head) Wendy-Ann Jansen van Vuuren (Teaching staff) Dr Joanne Choi (Teaching staff) Dr Lee Adam (Deputy Assoc Dean, Undergraduate Studies) Assoc Professor Vincent Bennani (Teaching staff) Alison Meldrum (Assoc Dean, Undergraduate Studies) Jenny Zheng (Yr 1, Class rep)	Strengths, weaknesses & risks Programme development & changes planned External programme input & review

Appendix B – Site visit schedule

		Sharon Simon (Yr 2, Class rep) Tina Li (Yr 3, Class rep) Annie Choi (Yr 3, Class rep)	
10:00 – 10:45	Teaching staff – focus on curriculum & didactic aspects	Ludwig Jansen van Vuuren (Discipline Head) Wendy-Ann Jansen van Vuuren Dr Joanne Choi Dr KC Li Assoc Professor Neil Waddell Dr Nick Heng	Strengths & issues Assessments
10:45 – 11:15	**Tea & closed team session**		
11:15 – 12:15	Laboratory teaching staff – focus on laboratory activities *(incl review of logbooks and models)*Supervision	Ludwig Jansen van Vuuren (Discipline Head) Stephen Swindells (Manager, Technical Services)	Strengths & issues Facilities Student laboratory exposure Assessments Staffing
12:15 – 12:30	Laboratory management	Ludwig Jansen van Vuuren (Discipline Head) Stephen Swindells (Manager, Technical Services)	Strengths & issues Facilities Quality assurance
12:30 – 13:00	**Lunch & closed team session**		
13:00 – 14:00	Students all year levels (3 per year, random selection by DC(NZ))	**Year 1:** Beom-Suk Yoon Chenxuan Jin Gao Gui **Year 2:**	Strengths & issues New facilities Supervision Academic & personal support Laboratory experiences

Appendix B – Site visit schedule

		Shiyao Chen Anastasiia Grymak Sharon Simon **Year 3:** Jingru Li Yingying Sun Tina Li **Honours:** Abby Liu	Assessments Involvement in programme Communication
14:00 – 15:00	Recent graduates	*Zoom* 2016- Hansol Kim 2016- Kendall Maree Garrud 2017- Zichuan Lin 2018- Jintak Jung 2018- Kylie Jones	Strengths & issues Supervision Laboratory experiences Assessments Academic & personal support Preparedness for practice Involvement in programme Communication
15:00 – 15:30	Professional body - NZIDT (videoconference)	*Zoom* Leah Taylor (NZIDT) Ryan Carlton (NZIDT)	Strengths & issues Outplacements Preparedness for practice Programme input
15:30 – 16:15	**Tea & debrief of dental technology session**		
16:15 – 16:45	CORE group – summary of key findings		
16:45 – 17:00	Briefing to faculty undergraduate leadership CONCLUSION		

Appendix B – Site visit schedule

Friday, 6 September 2019 – Bachelor of Dental Technology (day 2)

Time	Activity	
Room details	**H116 (Hunter Centre)**	
BDentTech SET members: A/Prof Jane Evans – senior academic Ian Mercer – NZ dental technician Brent Norton – NZ dental technician & Core group member John Robertson – laymember *Co-chairs:* Prof Ivan Darby – co – chair		*Dental Council staff:* Ms Marie Warner – Chief Executive, Dental Council Ms Suzanne Bornman – Standards & Accreditation Manager *International observers:* Frédéric Duguay – Director, Commission on Dental Accreditation of Canada Gerard Cleary – Vice President, Dental Council Ireland David O'Flynn – Chief Executive, Dental Council Ireland Paul Lyons, Education Manager, Dental Council Ireland
10:00 – 11:30	BDentTech report writing	Co – chairs with input from laymember: Refine core group draft report
11:30 – 11:45	Tea	
11:45 – 13:30	BDentTech report writing	Co – chairs with input from laymember: Refine core group draft report
13:30 – 14:15	Lunch	
14:15 – 16:00	Report writing tidy-up	Co – chairs with input from laymember: Refine core group draft report
Conclusion of site visit activities		