DENTAL COUNCIL (NZ)
REPORT OF AN EVALUATION OF UNIVERSITY OF OTAGO
Undergraduate programmes

August 2024

CONTENTS

1. EXECUTIVE SUMMARY 6
Background 8
Structure of the report 9
Overview of the evaluation 9
Overall key findings 11
Commendations for all undergraduate programmes 12
Accreditation decisions 13
Recommendations across all undergraduate programmes 15
2.1 SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS 17
2.2 SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5 61
Bachelor of Dental Surgery & Bachelor of Dental Surgery (Honours) 61
Bachelor of Oral Health 93
Bachelor of Dental Technology 110
Appendix A – List of acronyms used in this report 125
Appendix B – Site visit schedule 126

SITE VISIT AND EVALUATION BY SITE EVALUATION TEAM

Site visit conducted

5 – 9 August 2024

Site evaluation team

Core team

A/Prof Rebecca Wong – Co-chair & senior dental academic

Dr Kay Franks – Co-chair & senior dental academic

Dr Alex Munro – Dentist

Dr Pauline Koopu – Cultural competence and safety member

Dr Hiria McRae – Laymember

Programme representatives

Bachelor of Dental Surgery & Bachelor of Dental Surgery (Honours)

A/Prof Rebecca Wong – Co-chair & senior dental academic

A/Prof Dimitra Lekkas – Senior dental academic

Dr Alex Munro – Dentist

Dr Pauline Koopu – Cultural competence and safety member

Dr Hiria McRae – Laymember

SITE VISIT AND EVALUATION BY SITE EVALUATION TEAM

Bachelor of Oral Health

Dr Kay Franks – Co-chair & senior dental academic

Ms Stella Marshall – Oral health therapist

Dr Pauline Koopu – Cultural competence and safety member

Dr Hiria McRae – Laymember

Bachelor of Dental Technology

A/Prof Rebecca Wong – Co-chair & senior dental academic

Dr Frank Alifui-Segbaya – senior dental academic

Mr Neil Carlisle – Clinical dental technician & dental technician

Dr Pauline Koopu – Cultural competence and safety member

Dr Hiria McRae – Laymember.

SITE VISIT AND EVALUATION BY SITE EVALUATION TEAM

Programme provider

Faculty of Dentistry

University of Otago

PO Box 56

DUNEDIN 9054

1. EXECUTIVE SUMMARY

Programme provider	University of Otago
Programme/qualification name	Bachelor of Dental Surgery & Bachelor of Dental Surgery (Honours) Bachelor of Oral Health Bachelor of Dental Technology
Programme/qualification abbreviation	BDS & BDS (Hons) BOH BDentTech
Programme length	BDS & BDS (Hons): 5 years BOH: 3 years BDentTech: 3 years
Registration division	BDS & BDS (Hons): General dental practice BOH: Oral health therapy BDentTech; Dental technology
New Zealand Qualifications Framework Level	BDS: Level 7 BDS (Hons): Level 8 BOH: Level 7 BDentTech: Level 7

EXECUTIVE SUMMARY

Accreditation standards version	New Zealand accreditation standards for oral health practitioner programmes (1 January 2021)
Date of site evaluation	5 – 9 August 2024
Date of Dental Council decision	4 December 2024
Type of accreditation	Re-accreditation
Accreditation start date	1/01/2025
Accreditation end date	31/12/2029
Accreditation outcome: Bachelor of Dental Surgery & Bachelor of Dental Surgery (Honours) Bachelor of Oral Health Bachelor of Dental Technology	Accreditation with conditions

EXECUTIVE SUMMARY

Background

The University of Otago Faculty of Dentistry offers four programmes accredited for registration as a dentist, oral health therapist and dental technician with the Dental Council in Aotearoa New Zealand. The previous undergraduate accreditation occurred in 2019; this accreditation process is the five-yearly cyclical review.

The programmes under review are:

- Bachelor of Dental Surgery (BDS)
- Bachelor of Dental Surgery with Honours (BDS(Hons))
- Bachelor of Oral Health (BOH)
- Bachelor of Dental Technology (BDentTech).

Having a Faculty of Dentistry offering the full suite of undergraduate programmes and a wide range of dental specialist disciplines to contribute to the undergraduate learning is a great strength, offering a rich source of knowledge and expertise, and enable many opportunities for interdisciplinary practice and research in preparing the future oral health workforce and homegrown dental academics for Aotearoa New Zealand.

The BDS programme is a five-year full-time degree, awarded on the basis of meeting all graduate competencies for a general dentist in Aotearoa New Zealand. After successfully completing their health sciences year 1 papers, students start the dentistry programme in the Faculty of Dentistry in year 2. The programme has a total of 355 students across BDS 2 – 5, with 90 students in the final year.

Top performing students can apply in their fourth year to complete the BDS(Hons) programme in their final year. This cohort comprises around 10% of students in the graduating year. In addition to meeting the same clinical competencies, the BDS(Hons) student submits a dissertation on completion of a comprehensive supervised research project which is examined externally.

BDS and BDS(Hons) graduates can apply for registration in the general dental scope of practice in Aotearoa New Zealand.

The BOH is a three-year full-time degree combining education and training in the scope of oral health therapy, with restorative care limited to patients 18 years and younger. A total of 163 oral health students are enrolled, with 55 in the final year of their studies.

EXECUTIVE SUMMARY

The BDentTech programme is a three-year full-time degree preparing students to register in the dental technology scope of practice in Aotearoa New Zealand. A total of 59 students are enrolled across the three years, with 14 in year three.

For all these programmes, students must pass all papers in a given year to progress to the following year or to graduate. Papers are a combination of didactic and clinical/technical. For the clinical papers, preparation for clinical care starts in a pre-clinical environment, progressing through to patient care in the new state-of-the-art patient clinics in Dunedin and Auckland (where about a third of the BDS class is based in their final year). Dunedin-based BDS and BOH final year students rotate through Te Kāika – a kaupapa Māori health provider. Clinical supervision is performed by oral health practitioners holding a practising certificate to practise in Aotearoa New Zealand.

The curriculums of the BDS, BDS(Hons) and BDentTech programmes were comprehensively reviewed, with input from their respective advisory committees. Stakeholder engagement was comprehensive. These changes were introduced at the start of the 2024 academic year.

Structure of the report

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

Programme-specific comments related to the curriculum and assessments against accreditation standards 3 and 5 are contained in section 2.2.

While every effort was made to avoid conflicting statements across the various sections, in case of conflicting commentary between the common and programme-specific sections, the latter takes priority related to a specific programme's standing.

Overview of the evaluation

The site visit was conducted between 5 – 9th August 2024 at the University of Otago Faculty of Dentistry in Dunedin.

The review process comprised of a joint review of all undergraduate programmes.

The site evaluation team (SET) consisted of a core team that reviewed all the accreditation standards common to all programmes, with programme specific groups (comprising of an Australian dental academic and a New Zealand practising clinician in the related scope of practice) that focussed on the individual curriculum and assessment aspects of the programmes under review.

EXECUTIVE SUMMARY

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

The SET interviewed multiple stakeholders that included Faculty and undergraduate programme leadership, staff (academic, clinical, research), recent graduates, undergraduate students, Te Whatu Ora - Southern representatives, professional associations, and where relevant the programme advisory committee and external clinical placement providers. Participants could join the sessions remotely.

Students and graduates were randomly selected from class lists by Dental Council staff and invited to participate. Unfortunately, uptake from the recent graduates joining their sessions were low.

The review schedule is available as Appendix B.

EXECUTIVE SUMMARY

Overall key findings

The accreditation submission was comprehensive and of high quality. The undergraduate programmes engaged constructively with the review process. Participants in the interview sessions were generous with their knowledge and time, and open to share their experiences to inform the findings and report.

Many improvement initiatives have been undertaken since the last accreditation review, which is commended. Particularly within a financially strained university environment, after having to navigate the challenges during the pandemic, and where dental academic recruitment is challenging globally. The commitment and passion of all staff was evident during this process.

A key component of the BDS, BDS(Hons) and BDentTech curriculum changes related to the embedding of the Dental Council cultural safety competencies that came into effect in 2023. The effort from the Faculty, Associate Dean Māori and the Kōhatu team (University's Centre for hauora Māori) is acknowledged. Training was developed and introduced, and a new Cultural Safety Assessment Framework developed. The socialisation and implementation of the new assessment framework is not yet complete – and more work needs to be done. Various staff training opportunities on cultural competence, cultural safety and hauora Māori have been offered, but awareness of this was low among professional practice fellows. Upskilling and further learning opportunities for all Faculty staff must continue to ensure those teaching and supporting students and providing patient care, is culturally competent and safe.

A new Clinical Governance Framework was developed to hold the Faculty accountable for the quality of care delivered to patients and to support the clinical experience requirements for students. Various groups have been established that focuses on patients, health equity, tikanga Māori, and safety.

The close integration between the didactic and clinical learning is hugely beneficial in preparing professional, high quality graduates whilst ensuring patient safety is protected during the student learning experiences. This integration should be fostered.

Senior academic, clinical supervision and administrative resources remain stretched. This will be further challenged with University expectations to grow some of the Faculty's programmes in the future. Further details are provided in the respective programme reports.

In Dunedin, access to patients in some clinical areas remains a challenge. These are highlighted in the programme reports.

An outcome on the Division of Health Science structure review is still pending, and how this could impact the Faculty of Dentistry unknown. The Council will monitor this once a final decision is made.

Overall, the quality of the education across the four programmes reviewed remains high, student experiences positive, and sector feedback supportive. Programmes deliver the expected level of competence for new graduates. Graduates enter the professions with substantial knowledge and foundation skills to be further refined in

EXECUTIVE SUMMARY

practice to build confidence and gain further experiences. Mentoring of new graduates is supported by the profession, and essential for the nurturing and ongoing development of these graduates. Professional mentoring and further professional development on advanced or complex areas of practice are required to build confidence and expand on the level of experience once entering practice.

For those accreditation standards common to all programmes, the SET considers that accreditation standard 2 (academic governance and quality assurance), standard 4 (student experience) and standard 6 (cultural competence) are met. Accreditation standard 1 (public safety) is substantially met.

The outcome of standard 3 (programme of study) and standard 5 (assessments) are indicated against each programme report.

Commendations for all undergraduate programmes

The following commendations relate to all undergraduate programmes covered in the accreditation review:

1. Staff commitment and passion for high quality education and teaching to deliver professional, competent and safe oral health practitioners.
2. The Faculty's commitment to embed and strengthen the cultural safety components into the undergraduate programmes, Māori staff recruitment and retention, the close working relationship with Kōhatu, and Faculty wide staff training on cultural safety and hauora Māori.
3. Many improvement initiatives undertaken since the last accreditation review.
4. The student-centred approach demonstrated through willingness to seek student feedback, listen to and engage with issues raised, and care demonstrated by many staff to check on students' wellbeing and welfare.

EXECUTIVE SUMMARY

Accreditation decisions

The Council resolved that:

Accreditation be granted to the University of Otago Bachelor of Dental Surgery, Bachelor of Dental Surgery with Honours, Bachelor of Oral Health and Bachelor of Dental Technology programmes until 31 December 2029, subject to meeting the following conditions:

Conditions related to all accredited undergraduate programmes:

To satisfy accreditation standard 1 – Patient safety

By 31 March 2025

1. Undertake a review of the Faculty's patient records and informed consent processes to ensure it meets the legal and ethical requirements. Communicate the new requirements and expectations clearly to staff and students. Implement ongoing random audits to determine compliance with these requirements across all the clinics.

2. Review patient triaging, escalation and waiting list procedures to ensure patient rights and safety is protected, balanced with learning needs.

   As priority within this review, consider the paediatric patient triaging and waitlist processes based on the specific concerns raised. For this aspect, provide an interim report to the Council before Monday, 16 December 2024 on interim measures put in place, working with the appropriate Health NZ Te Whatu Ora Southern representative, to assure paediatric patient management processes protect their safety and any immediate patient risks identified are appropriately managed until the overall review and changes are in place.

3. Continue to engage with the University IT services to identify and implement a sustainable solution to enable reasonable access to the various patient records and clinical software records (Titanium and Sidexis) during clinic hours, to support safe and effective patient care. Report on the solution/s implemented and monitoring completed to ensure the issue has been addressed.

EXECUTIVE SUMMARY

To ensure accreditation standard 2 – Academic governance continues to be met:

When a University decision has been reached:

4. Report on the outcome of the Division of Health Science structure review, how this impacts the Faculty of Dentistry, and any change management and transitional arrangements put in place to limit impact of these changes on the Faculty's academic deliveries.

In addition to the above conditions:

Conditions specific to BDS and BDS(Hons) programmes:

By 30 June 2025:

To satisfy accreditation standard 1 – Patient safety and accreditation standard 3 – Programme of study

1. Prioritise solutions with the Division of Health Sciences leadership, and escalate if required, to address critical resource gaps identified as:

   a. Increased levels of professional practice fellows experienced in general dental practice, to deliver quality clinical supervision for the restorative dentistry clinics to ensure safe patient care, provide appropriate learning environments for students, and free up academic staff to fulfil their other teaching and leadership responsibilities.

   b. Recruitment of dedicated Faculty of Dentistry clinical administrative staff with appropriate experience to manage waiting lists, support patient triage, patient allocation, management of patient bookings and preliminary monitoring of student experiences and escalating when needed.

The above measures are considered essential to promote sustainable resourcing, match the resourcing with increased student numbers and increasing complex patient care, and create a conducive environment for retaining existing academic and clinical resources.

To satisfy accreditation standard 3 – Programme of study

2. Increase and sustain the restorative dentistry experiences (providing restorative, endodontic and prosthodontic care) for students in third- and fourth- years to ensure better preparedness of foundation skills to consolidate their clinical practice in the final year.

EXECUTIVE SUMMARY

Report on additional opportunities created for the current third- and fourth-year groups to regain some lost clinical opportunities and demonstrate how their experience then compares with earlier years, and any further initiatives to address any gaps.

Conditions related to BOH programme:

To satisfy accreditation standard 1 – Patient safety and accreditation standard 3 – Programme of study

1. Ensure that all students have completed at least one restoration on a patient prior to going on their external placement, and report before 31 July 2025 with evidence that this has occurred, and is scheduled for future placement.

Conditions related to BDentTech programme:

To satisfy accreditation standard 3 – Programme of study

Before the start of the 2025 academic year:

1. Review the course handbook to ensure it reflects the various changes to the curriculum and a general tidy-up.

Recommendations across all undergraduate programmes

The following recommendations relate to all undergraduate programmes covered in the accreditation review:

1. Explore opportunities with the new Pro-Vice Chancellor for a review of the funding model to ensure ongoing sustainability of the academic and clinical teaching requirements to ensure the supply of a competent and safe oral health workforce for New Zealand.
2. Explore opportunities for increased clinical support staff levels to support safe provision of care and ongoing sustainability. These include:
    a. sterilising staff
    b. dental assistants.

3. Explore securing administrative support for timetabling to improve the learning for students and teaching experiences for staff.

4. Reconsider the use of personal devices for recording any patient information, including the taking of photographs, and make corresponding updates to student information.

5. Whilst acknowledging the initiatives already introduced, continue ongoing cultural safety learning for staff to ensure staff are appropriate role models for students, and they can adequately manage difficult scenarios that may occur in the workspace and clinics. This should be made available and promoted to all staff, including PPFs and those in Auckland.

6. Explore recruitment opportunities for appointment of Māori staff to further build on cultural capacity and capability.

7. Continue to explore options to increase diverse cultural experiences in clinical practice for students based in Dunedin. This could include:

    a. Engagement with Māori health providers for hauora Māori and kaupapa Māori experiences in other areas of the country – potentially as part of interprofessional education or oral health promotion activities, and the Faculty considers strategies to reciprocate the contribution of Māori organisations to their programmes.

    b. Rotations through the Auckland dental clinic.

8. Continue to explore opportunities to support staff financially to engage with quality external professional development opportunities.

9. Encourage all lecturers to upload their learning material before the lecture, and recordings immediately following the session.

10. Introduce formalised Titanium training, with in-house Titanium trainers responsible for training clinical staff and students on the appropriate use of Titanium to support up-to-date and complete patient records and meet the Faculty's academic management needs.

Programme-specific recommendations are contained in the respective reports.

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

2.1 SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
1. Public safety is assured.	Combined response	1.1 Protection of the public and the care of patients are prominent amongst the guiding principles for the programme, clinical education and learning outcomes.	• The Faculty of Dentistry provides emergency dental services, including unplanned acute dental appointments during business hours. • In Dunedin, after-hours emergency dental care is offered in conjunction with Dunedin Hospital – delivered by Dental House Surgeons and supported by a Registrar and consultant. In Auckland, after-hours emergency dental care is accessed via Health NZ - Te Whatu Ora or other emergency facilities. • A Director of the Dental Hospital was appointed and a new clinical governance structure was introduced in 2023 at the University of Otago Dental Hospital and clinics in Dunedin and Auckland. These facilities are collectively referred to as clinics in the rest of the report. • The governance structure is designed to hold the Faculty accountable for the quality of care delivered to patients and support the clinical experience requirements for students. • Within the clinical governance structure, the following groups exist: ○ Complaints Review Group to lead the complaints process. ○ Consumer Group to receive reports and consider recommendations about consumer experiences, ideas	*Standard is substantially met*

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			and initiatives. Aim within six months to include consumers from both Dunedin and Auckland. ○ Tikaka/Tikanga Group to ensure culturally competent, culturally safe and equitable delivery of dental care and treatment to patients and whānau delivered in the clinics. ○ Equity Group to guide the Faculty in its efforts to fulfil its commitments to te Tiriti o Waitangi and ōritetanga (equity) in oral health. ○ The above groups report into the overarching Clinical Governance Group. • An 18-month hospital optimisation project was embarked on. This project sits within the clinical governance framework and aims to improve clinical workflows for patients and students learning on the Dunedin campus. • A Clinical Outcome and Improvement Group is to be established in September 2024 to identify further efficiencies and embedding of processes within the clinics— to contribute to improved quality of clinical care, student learning and patient safety in the clinics. • The Faculty is committed to the New Zealand Code of Health and Disability Services Consumers Rights. HDC posters are displayed and leaflets available in the patient waiting areas. • Information on rights of patients, how they can provide feedback or make a complaint is displayed on the TV screens in the waiting rooms. Patient feedback forms were sighted at the clinic reception desks.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• Patient complaints are documented, investigated by the Complaint Review Group, and reported on. • The outcome of the complaint is communicated to the complainant and any subsequent deficiency in systems or processes is rectified and communicated to appropriate staff and/or students. • Redacted examples of patient feedback and resolutions were provided. The process appears comprehensive and appropriate. • New staff onboarding is scheduled in student break periods to allocate more time for them to be acquainted with University processes and clinical procedures. Induction processes was reported to have been strengthened. Occurrence of induction and orientation was confirmed by new staff and described as satisfactory. Ensure new Auckland professional practice fellows (PPFs) are included in induction processes at the Faculty. • Students are supervised by registered, practising oral health practitioners during provision of patient care. • Within the clinical programmes, students are required to participate in a 'huddle' designed to discuss the planned procedures of the session for each student and to identify and proactively manage any potential hazards, risks and to identify any cultural considerations for safe practice. In the BOH clinics, this is followed by a debrief with staff and students at the end of the clinic.	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• There was a concern raised that the triage and management of paediatric patients' waiting lists was not adequately managed. There were questions whether initial assessments of referred paediatric patients by BDS students was appropriate, and referral then onto the paediatric dental specialist waiting lists added to the waiting time. There was also concern about these patients "falling through the cracks", due to this process. It is understood that conversation between the Health NZ South Island commissioning team and the Director of the Dental Hospital is already underway to safeguard any immediate patient risks. • The SET has no further details and is unable to substantiate this concern, but from a patient risk perspective it is considered appropriate that the Faculty review this claim more closely to ensure patient rights and safety is protected.	
		1.2 Student impairment screening and management processes are effective.	• All applicants are required to provide evidence of their serology status. • Students must declare any medical, health or personal condition which may threaten their fitness to practise. Students disclosing an impairment are required to meet the Associate Dean Undergraduate as a condition of admission to the programme. Issues may be escalated to the Faculty Fitness to Practise Committee.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• At the beginning of each year students complete a statutory declaration that they continue to meet standards for safe practice. • Under the Code of Professional Practice students must report any changes to personal circumstances to the Programme Convenor or Associate Dean Undergraduate. • Varied University health and student support services are available to students who may need additional support.	
		1.3 Students achieve the relevant competencies before providing patient care as part of the programme.	• Specific hurdle assessments exist within the clinical programmes. • These include: ○ practical tasks to be successfully completed in a simulation environment before patient care commence ○ barrier assessments. • Although no direct patient care is delivered independently by dental technology students, barrier assessments exist before progressing to further technical papers.	
		1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.	• A staff list detailing their qualifications, registration status and roles in the three programmes were provided. • Supervision in the clinics is provided by New Zealand registered oral health practitioners with practising certificates.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• New clinical supervisors (PPFs) are inducted, undertake clinic orientation, and are initially paired with experienced supervisors. • Within the context of stretched resources, the level of clinical supervision appears appropriate to protect patient safety, albeit borderline when there are absences. When adequate supervision cannot be assured, clinics are cancelled. • Further details in the respective programme reports on resourcing (criterion 3.10).	
		1.5 Health services and dental practices providing clinical placements have robust health and safety, patient safety, and quality and care policies and processes and meet all relevant regulations and standards.	• The majority of clinical placements occur in the Faculty clinics in Dunedin, and for the final year BDS students in Auckland. • BDS and BOH students in Dunedin rotate through Te Kāika clinic. This clinic is led by a full-time Faculty dentist staff member. • The same health and safety policies and protocols apply between the Faculty clinics and Te Kāika. • For the BOH outplacements - specific policies, procedures and agreements for outplacements exist. These placements occur in health services providing patient care (primarily Health NZ - Te Whatu Ora clinics around the country). These health services and health practitioners must meet regulatory requirements and Dental Council standards. • The Faculty has extensive and robust health and safety policies, protocols, and procedures.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment

			• Clinical processes and protocols are being delivered by instructional videos. These are being rolled out because of the amount of information students and staff need to be across and provide opportunities for revision.
			• Clinical related protocols and procedures are informed by the Council's practice standards, and include areas such as:
			  ○ infection prevention and control protocols
			  ○ management of medical emergencies, including:
			    ▪ access to clearly marked automated external defibrillators, crash trolly, medical emergency equipment and medicines, and first aid stations
			    ▪ resuscitation training completed by clinical staff at the level required by the Council's Medical emergencies practice standard
			  ○ management of blood and bodily fluid exposure
			  ○ patient records
			  ○ radiation.
			• The Faculty has an incident management process. It collects data and reports on incidents and near misses and develops strategies to mitigate similar or other incidents.
			• The Faculty is conducting a needlestick survey at its clinical locations to identify potential trends and causation.
			• Redacted examples of the Faculty incident management process and learnings were provided.	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• The following records were made available to the SET, and following review, met expectations: ○ radiation source licences and maintenance ○ reprocessing equipment monitoring, validation and maintenance. • On enrolment, students must complete a Children Act safety check and repeat the Police check every three years. The same requirement exists for staff. • Students are introduced to the Faculty's health and safety requirements during their programme orientation. Online videos have been developed to reinforce the process and procedures. • Dental technology students and new laboratory staff have to pass certain health and safety training specific to dental laboratories before access to the laboratory spaces are granted. There is always a person in the dental laboratory spaces for health and safety purposes – in addition to the teachers in the labs. • New staff are introduced to the Faculty's health and safety requirements at commencement in their new workplace. This was confirmed by induction material shared and verified by newly employed clinical staff members. • The Faculty employs qualified sterilising technicians and medical radiation technologists.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• Sterilising staff levels are stretched, which places additional pressure on the sterilising facility to meet the clinic demands during staff absences and staff holidays. This appears to be not sustainable, and needs support. • Similar challenges exist with dental assistant support. Securing replacements on short notice is challenging. For the BDS and BOH programmes: • During the review of random patient records by the clinical members of the SET, the following concerns were identified that could adversely impact appropriate access to and maintaining comprehensive patient records: *Notes to demonstrate informed patient consent* ○ While the majority of records included a signed copy of the treatment consent, there were some records where this was not included/accessible to the SET. ○ The information on the agreed consent form primarily contained information on the fees agreed to by the patient but lacked any list or details of treatment planned. ○ The fees provided some insight into the agreed treatment plan, and patient interviews conducted during 2024 reported that "Almost all (patients) had received a treatment plan which had been well explained to them". ○ However, the supporting notes of many of the random patient records reviewed by the SET did not contain adequate details on the various treatment plans offered to the patient, or any discussions related to the pros, cons	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			and risks associated with the various options presented, and the final decision by the patient. ○ These are important information to demonstrate informed consent, to support future treatment planning, and equip students to meet the Council's Informed consent and Patient records and privacy of health information practice standards once registered. Good habits must be established during students' learning. ○ A review of the Faculty's patient records and informed consent policies and processes is required to ensure it meets the legal and ethical requirements, and expectations on patient records must be clearly communicated to staff and students. Ongoing random audits of patient records to determine compliance must be conducted across all the clinics. *Internet bandwidth to support multiple, simultaneous instances of clinical software use in clinics* ○ During peak clinic hours timely access and proper use of the clinical records were hampered by the internet capacity not coping with the demand. This was experienced first-hand by the SET during their records review – and this was not only limited to the start of the clinical session. ○ Hanging screens and inability to access the information does not support safe and appropriate patient care.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			○ It may prevent timely access of important patient information, or result in incomplete record keeping. ○ Similar experiences were reported by the Auckland clinic. ○ This issue only impacts the patient clinics - the dental technology programme did not experience the same problems. ○ The SET acknowledges that this issue is managed by central University resources, and that various attempts have been made at both clinic locations to address this matter. ○ However, it has not been fully resolved and needs further attention. ○ The Faculty must continue to prioritise its engagement with the relevant University department/s to identify and implement a sustainable solution to enable reasonable access to the various patient records and clinical software required to support safe patient care (Titanium and Sidexis). *Student use of personal devices for recording of patient information and taking of photographs* ○ The Student Code of Professional Conduct advises students not to use personal mobiles phones to contact patients, and to ensure that any recordings of patients are kept on personal devices for as short a time as possible and then be deleted. The SET was concerned about this practice.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			○ Whilst additional clarification was sought regarding the students recording of patient information on personal devices, and we were assured this occur infrequently, the SET considered this was not good practice. These devices may be subject to unauthorised access and it is difficult to verify information was deleted from these devices. ○ It is strongly recommended that the Faculty reconsider the use of personal devices for any patient care activities.	
		1.6 Patients consent to care by students.	• Patients who attend the clinics are required to complete a patient enrolment form. This includes consent to care by a student, and the use of their anonymous data for student case studies and publications. • Informed consent on procedures is managed chairside by the student, and supervisor where appropriate. • The electronic informed patient consent form was shared with the SET – see comments in criterion 1.5.	
		1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.	• Learning content and assessments include the Council's Standards Framework defining the ethical principles and professional standards expected from registered oral health practitioners—to protect patient safety and offer good oral health care. These learnings start as early as the student orientation and induction process, and related learning outcomes were identifiable through the years. • Every year a Council representative addresses the undergraduate final year students during their last semester	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			to further explain to students their legal and ethical obligations when practising in Aotearoa New Zealand.	
		1.8 The programme provider holds students and staff to high levels of ethical and professional conduct.	• The University of Otago's Ethical Behaviour Policy and Faculty's Code of Professional Practice outlines expectations regarding behaviour. This applies to staff and students. • A University Code of Student Conduct is signed by students during admission. • On admission and at the start of every academic year, students make a health and conduct declaration. • After that, at the beginning of each academic year students must sign an online declaration stating they have reviewed and understood the Faculty Code of Professional Practice and agree to comply with the code. • Breaches must be reported and managed at the appropriate level, dependent on the nature of the breach and severity. • Serious repeated breaches will necessitate a more stringent approach by the leadership team and may be referred to the Faculty's Fitness to Practise Committee.	
2. Academic governance and quality assurance processes are effective.	Combined response	2.1 Academic governance arrangements are in place for the programme and include systematic monitoring, review and improvement.	• 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.	*Standard is met*

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• The review of the structure of the Division of Health Sciences is still ongoing under the leadership of the new Pro-Vice Chancellor Health Sciences. • These changes could still impact on the Faculty of Dentistry structures, and how the dental hospital and clinics could operate in the future. • The outcome of these deliberations and the potential impact on the Faculty of Dentistry will be monitored. • The next University Quality Advancement Unit review of the Faculty is scheduled for 2025. • The Faculty Board of studies is chaired by the Dean, and has overall responsibility for all academic matters related to undergraduate and postgraduate programmes. • Governance is further supported by the Undergraduate Programmes Committee – with academic representatives from all the undergraduate programmes and students. • Each of the undergraduate programmes under review has its own programme committee chaired by the Programme Convenor, which reports to the Associate Dean Undergraduate, Chairing the Undergraduate Programmes Committee which in turn reports to the Faculty Board of Studies and the senior leadership team, then to the Division of Health Sciences Academic Board. • The terms of references and minutes of the various Faculty committees were available to the SET. The documents included evidence of the recent BDS, BDS(Hons) and	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			BDentTech curriculum review processes and approval of updates to the papers. • The committees are active and appear to fulfil their respective roles.	
		2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the programme's design, management and quality improvement.	• There are student representatives on all Faculty clinical, undergraduate academic committees and on the Board of Studies. • Active student participation and the ability to provide feedback and raise concerns into these committees were confirmed to the SET. • Recent student and graduate opinion survey results were available to the SET, as well as examples of changes made as a result of the feedback. • As part of the clinical governance framework the Tikaka/Tikanga Group has a consumer voice on it. • The planned Consumer Group's terms of reference indicate 6 – 8 consumer members to participate. • Since the start of 2024, the Director of the dental hospital conducted interviews with randomly selected patients that attended the clinics to explore their experiences in more detail. The results of these interviews were available to the SET. • The recent BDS, BDS(Hons) and BDentTech curriculum reviews were supported by their External Advisory Groups. These groups had strong professional representation from a	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			wide range of practice experiences, cultural and contextual perspectives. The terms of references and membership was provided. Interviews confirmed their active participation, and satisfaction with the process. • All programmes reported on reviewing overseas curriculums from reputable programmes and engaging with international senior academic colleagues to identify gaps or areas of improvement within the current curriculums. • A Faculty Assessment Group has been established recently and includes external medical education experts from other health professional programmes and staff from the University Higher Education Development Centre. They offer expert advice to the Faculty on proposed changes to assessment processes and information related to assessments. • External examiners participate in the final examinations on an annual basis and submit a report detailing any concerns they may have on either the assessments or preparedness of the students. • Senior academic staff also gets invited to assess international programmes and College examinations – where learnings can be taken from, and gaining a sense on comparability.	
		2.3 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.	• Faculty staff undertake continuing professional development to maintain their competence. This is a regulatory requirement of all practising oral health practitioners. • The University has a Research and Study Leave Policy and a Conference Leave Policy, allowing opportunity for staff to	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			develop and maintain contacts with the wider academic, research and professional communities. • As reported during the postgraduate accreditation review, the decrease in the staff professional development financial allowance is limiting staff's ability to attend overseas learning opportunities. • Staff's professional networks, locally and internationally, offer additional opportunities for informal interactions on academic and professional matters that could positively contribute to the programme development and quality improvements. • Opportunities for internal knowledge sharing between programmes and disciplines include: o Grand rounds o Clinical and research excellence symposium o Teaching excellence days o Tutor training days o SJWRI research seminar series o Peer review.	
4. Students are provided with equitable and timely access to	Combined response	4.1 Course information is clear and accessible.	• The level of information available to prospective and current students is extensive, and covers the expected areas such as: o Provision of Course and Study Information to Enrolled Students Policy	*Standard is met*

Standard Statement	Discipline	Criteria	Evidence	Assessment
information and support.			○ Student Advising Policy ○ Student Academic Grievances Procedures ○ Academic Integrity Policy ○ Student Academic Misconduct Procedures. • The University has an established a Student Communication Policy. • Various communication channels are used including email, eVision communication, Blackboard, and the University website. • Each student receives orientation information and participate in an orientation programme at the start of their studies. A three-day orientation is repeated at the start of each academic year for BDS and BDS(Hons) students. • The programme information is contained in coursebooks, and include information on the entry requirements, learning content and assignments, details on assessments, programme staff and relevant contact details. These coursebooks were shared with the SET. • Some ad-hoc concerns about the lateness of sharing coursebooks, or lecturers not uploading lecture material beforehand were raised. The SET observation was that this was not a widespread issue. • Overall, course information was considered accessible, clear and transparent.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• A more general concern was raised about the frequency of timetabling changes for the BDS and BDS(Hons) programmes, and sometimes delays to access. • This is likely symptomatic of the resource limitations. Administrative support for timetabling would be highly recommended to improve student learning and staff teaching experiences. For the BDentTech programme: • Some gaps and tidy-up of coursebooks to reflect the changes to the recent dental technology curriculum changes were identified. A review of all the coursebook material is needed to avoid discrepancies or confusion.	
		4.2 Admission and progression requirements and processes are fair and transparent.	• Admission criteria and procedures are clearly defined in the information for prospective students on the Faculty website, and in the coursebooks. • The categories of entry for the various programmes were provided. • The selection criteria are set by the Division of Health Sciences and approved by the University Senate. These were shared with the SET and was as expected. • Applications are made via the electronic portal on the website. • The respective programme Admission Committee administers the selection process and makes recommendations for admission of candidates to the Pro-Vice-Chancellor (Health Sciences) for approval.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• Entry to the BDS programme is currently limited by government funding to 60 domestic students. The number of international student admissions is not capped but current resourcing permits up to 40 international students. The Faculty supports an increase to the number of domestically funded positions. However, this is a government decision and requires staff resourcing . • There is no limit on the number of students entering the BOH programme however within current resourcing this is ~ 55 students per year. There is expectation that the BOH student numbers be increased, but that will place pressure on internal resources and any increase needs to be carefully managed. • There is no limit on the number of students entering the BDentTech programme and this has been increasing in recent years to ~25 students per year. • The University of Otago Academic Progress Policy is provided to students on enrolment. • Students who are at risk of exclusion are provided with related information, they meet with the Associate Dean Undergraduate and the Programme convenor and are provided with information in writing, including how to access academic support within the Faculty and through University support services. • Students and graduates confirmed that they knew the admission and progression requirements, and knew how their performance was tracking through their studies.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		4.3 Students have access to effective grievance and appeals processes.	• There is an established framework for student grievance procedures, including appeal processes. • The University Student Charter outlines the rights and responsibilities of students. • A link to the complaints process was provided. • No concern on the fairness of these processes was raised.	
		4.4 The provider identifies and provides support to meet the academic learning needs of students.	• Outcomes of continuous and periodic assessment are reviewed on an ongoing basis by the paper and module coordinators. • Clinical supervisors and teaching staff play a vital role in identifying students experiencing difficulties or clinical gaps, and in formulating remedial plans. • Where a student is identified as needing support to meet the paper requirements, the Faculty meets with students as soon as possible. • Concerns about student performance are also raised at the Undergraduate Programmes Committee meetings. • Examples of anonymised academic plans and monitoring reports to support students that required additional help were provided to the SET. • During the orientation week various learning support services are introduced to students.	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• Guidance on what support services is available to students can be found on the University website. • Examples provided of academic support used by the Faculty included: ○ The Faculty Student support officer provides support and advocacy to students who require it. This includes access to academic counselling internal or external to the Faculty. ○ The Faculty has a Disability and Impairments Contact who works with the Disability and Impairments Support Office, and who students may contact confidentially if they are experiencing academic difficulties related to an impairment. ○ Referral to the University Student Learning and Development Team who offer a range of services to support students academically. ○ The Faculty Associate Dean International supports the international students. International student advisors can support international students on a confidential basis. This includes language guidance for students for whom English is an additional language. ○ The Faculty Undergraduate Programmes Committee has an international student representative to advocate for international students. ○ Confidential in-person or online counselling is available to students for pastoral support to enhance learning.	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			○ A range of learning methods are used by all programmes to offer different learning opportunities for students. • The Faculty has its finger on the pulse on available support and has the ability to offer feedback on potential support gaps, with the Associate Dean Undergraduate as the Health Sciences representative on the University Learner Success Plan Advisory Group. • No concerns were raised on academic support not being available when needed.	
		4.5 Students are informed of and have access to personal support services provided by qualified personnel.	• In line with its strategic goals, the University has created a new role, Manager of Student Pastoral Care, who reports directly to the Director of Student Experience to ensure that students feel safe and supported to enable them to reach their full potential and to have a positive and successful experience. • A University Wellbeing Hub is currently being established and supported by trained staff and this will act as a central point to link students with a range of support services. • Available contact points for students requiring support or assistance within the Faculty is the Pastoral Care Network team, Student Support Officer, Programme Convenors, Year Chairs, Paper Coordinators, the Associate Dean Undergraduate or the NZ Dental Students Association (NZDSA) Student Wellbeing Representative. • A comprehensive range of health and wellbeing services, and support are available under University services.	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• The University Students Association provides advocacy for all students. There are student bodies for various ethnic, religious and LGBTTIQA+ communities. • Most of the support services are accessible online. • The Faculty continues to work on improving access to pastoral support for the BDS and BDS(Hons) students based in Auckland, particularly after-hours. • Students and graduates confirmed awareness of personal support services and where to go to access them. Positive experiences were reported from the groups when some of them needed additional support. • Overall, feedback was complimentary about the care demonstrated by many staff to check on student wellbeing and welfare.	
		4.6 Students are represented within the deliberative and decision making processes for the programme.	• The University of Otago has a Class Representative System Policy that promotes communication between students and staff. • Students are represented on the Faculty's Undergraduate and Clinical Governance Committees, and on the Board of Studies. Active student participation was confirmed during the review. • There are student representatives on the Clinical Governance and Equity Groups within the new Clinical Governance Framework.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• There is also a new Student Clinic Improvement Group which enables students to contribute to discussion with staff and make decisions which affect students learning and clinical experiences. • In addition, the senior executive team hold meetings twice a semester with the NZDSA Executive and with Ngā Mokai o Ngā Whetū (Māori Dental Students Association Executive), where students are able to openly communicate and provide feedback in a safe environment. There is an open invitation for these student groups to ask to meet at any time. • Students and graduates from a range of backgrounds contributed to the recent BDS and BDentTech curriculum review. • Students confirmed they were able to raise issues and felt heard – although changes were not always possible.	
		4.7 Equity and diversity principles are observed and promoted in the student experience.	• The University has a range of policies and procedures regarding equity, diversity, equal employment opportunities and equal educational opportunities. • The University policy, Te Kauae Parāoa promotes Māori, Pacific, rural, refugee and socio-economic equity groups for admission to BDS, BOH and BDentTech programmes within the University of Otago Health Sciences first year category. • Student ethnicity breakdowns were provided to the SET. Interviews with staff confirmed diverse student cohorts.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• The increasingly diverse staff profile of the Faculty further promotes opportunities for students to have role models and access to support through their learning journey.	
6. The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.	Combined response	6.1 The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand.	• The University's commitment to The Treaty is articulated in the University's Māori Strategic Framework 2022. • The Faculty strategic plan expresses a commitment to te Tiriti o Waitangi, with a defined outcome to demonstrate its commitment to te Tiriti o Waitangi. • Faculty strategic goals to achieve this outcome include: o Increased Māori decision making through the Faculty's leadership and governance arrangements. o Design and implement a programme of work to address institutional racism and discrimination. o Measure and monitor Māori oral health outcomes. o Develop and implement a Māori oral health research agenda that contributes to achieving Pae Ora in partnership with Māori. o Develop Māori oral health capacity and capability with resourcing and authority to deliver kaupapa Māori and whānau-centred models of care. • Further details on how these are translated into the programmes and related Faculty initiatives are reported through the rest of the domain six criteria.	*Standard is met*

Standard Statement	Discipline	Criteria	Evidence	Assessment
		6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery.	• The Faculty is committed to its role as dental educators to develop the future workforce to be able to provide high-quality, safe and effective health services, in order to commit to te Tiriti o Waitangi obligations and achieve equitable health outcomes for Māori. • The programmes are aligned to the University and Faculty Māori strategic frameworks, Whakamaua – the Māori Health Action Plan 2020-2025, and it recognises the recommendations and health sector changes since Wai2575. • The undergraduate programmes provide the learning and clinical experiences to lay the foundations to students in cultural competency, demonstrating their understanding of hauora Māori, and delivering culturally safe care. • The Treaty Principles are demonstrated through the undergraduate programmes as follows: ○ Tino rangatiratanga: This provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of the curriculum by engagement and seeking feedback from Kōhatu, Te Ao Mārama, Te Rōpu Niho Ora and Ngā Mōkai O Ngā Whetū. The Faculty has an Associate Dean Māori who has representation on Faculty committees; contributes to programme design; supports Māori students; and regularly meets, seeks, and provides feedback to Faculty, students, and other Associate Deans Māori within the Division of Health Sciences and the wider University.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			Welcoming of first year students and graduation ceremonies follow tikanga Māori – including mihi whakatau. Faculty meetings are opened with a karakia. The use of te Reo and tikanga Māori within the learning environments are increasing, and actively promoted. The Faculty spaces have bilingual signs. Further details in criteria 6.6 & 6.9. ○ Mana Taurite: The principle of equity within the curriculum commits to contribute to equitable health outcomes for Māori. Learning content covers determinants of health and ongoing health inequities for Māori. Students provide care within the Faculty clinics in Dunedin and Auckland, and Te Kāika clinics – a kaupapa Māori health provider. These clinics serve patients with high unmet oral health needs, from a range of backgrounds – including refugees. The clinical governance framework established an Equity Group to improve equity and health outcomes for vulnerable groups, and also to address potential or existing inequities for staff and students. Ethnicity data is now collected within the clinics to better inform data analysis on patient experiences and outcomes of care. ○ Whakamarumarutia: The principle of active protection is embedded through ensuring students are well informed	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			on the extent and nature of Māori health outcomes and efforts to achieve Māori health equity through culturally safe oral health practice. The involvement of Māori university staff in the course development and delivery is strong – further details in 6.6 & 6.9. The role of the Tikaka/Tikanga Group and the Consumer Group is to ensure culturally competent, culturally safe, and equitable delivery of dental care and treatment to patients and whānau in the clinics. Clinical experiences gained at Te Kāika clinic and learning from Māori clinical educators foster the knowledge of te ao Māori and hauora Māori, and enable application of these learnings into clinical practice. ○ Kōwhiringa: The principle of options requires that the learning objectives, outcomes and assessment within the papers foster delivery of dental care in a culturally appropriate and safe way that recognises and supports the expression of te ao Māori models of care in dentistry, and patients' right to choose. More details in criterion 6.3.	
		6.3 The programme, staff and students understand the Māori perspective of health and wellbeing, their beliefs and cultural practices as it pertains to oral health in particular.	• Lectures and seminars on both the Māori and Pacific perspectives of health and wellbeing, and beliefs and cultural practices in relation to oral health are embedded within the undergraduate programmes.	

Standard Statement	Discipline	Criteria	Evidence	Assessment

			• Māori learning is predominantly delivered by Māori staff from the Kōhatu team - the University's Centre for hauora Māori and supported by Māori staff within the Faculty.
			• Kōhatu staff include oral health practitioners that contribute to teaching hauora Māori within health sciences, medicine, and dentistry. The Kōhatu whānau brings a diverse range of expertise in hauora Māori and health equity.
			• The hauora Māori curriculum learning outcomes are:
			  ○ Discuss the role of te Tiriti o Waitangi in maintaining indigenous health rights for Māori in Aotearoa New Zealand and in contributing to Māori oral health advancement.
			  ○ Discuss how the process of colonisation has shaped current health status for Māori, the determinants of health and health inequities in Aotearoa New Zealand.
			  ○ Discuss the five Treaty principles as outlined in Wai2575 and Whakamaua, and their application to hauora Māori and Māori oral health outcomes.
			  ○ Develop an understanding of community engagement in the dental context.
			  ○ Discuss ways in which they can engage with communities as part of their role as an oral health professional, and how this improves their practice.
			  ○ Reflect on how community engagement can positively influence their career as an oral health professional.	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			○ Define and discuss equity and the determinants of hauora that maintain and perpetuate Māori health inequities. ○ Understand the differences between cultural competence and cultural safety and use knowledge of cultural safety and te Tiriti o Waitangi as a basis of their practice. ○ Utilise Māori health promotion frameworks in practice when developing oral health promotional activities and initiatives. ○ Describe and/or demonstrate how to interact with Māori patients and whānau using Māori health models, tikanga, concepts, approaches in tandem with appropriate clinical model to support Māori health advancement. ○ Define and discuss whānau ora and weave te Tiriti-based practice and whānau-centered approaches into clinical and public health practice. ○ Develop an understanding of Māori Health Providers, their functions and how specific community needs can be supported in practice. ○ Understand the importance of health research that is responsive to Māori. • The teaching pedagogy is underpinned by the concept of Ako, which emphasises the reciprocal process of teaching and learning within te ao Māori.	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• The hauora Māori teaching was described by Kōhatu as comprehensive, delivering a sound foundation for future oral health practitioners.	
		6.4 Cultural understanding of Māori and Pacific peoples are integrated throughout the programme, clearly articulated in required learning outcomes (including competencies that will enable effective and respectful interaction with Māori).	• There are a variety of cultural learning opportunities ranging from didactic teaching, modules, case studies, supervised patient care, case presentations and self-reflections. • The broad topic areas embedded within the undergraduate learning material include: ○ te Tiriti o Waitangi, te Whare Tapa Whā, the hui process ○ Cultural competency, cultural safety and hauora Māori. • The aims and learning objectives of the hauora Māori and Pacific health curriculums' aims and learning outcomes were provided. Criterion 6.3 detailed the hauora Māori learning. • The Pacific health curriculum focusses on the unique relationship and responsibility for Pacific peoples in NZ and in the Pacific regions, the health status of Pacific people, important Pacific cultural principles, concepts and values, Pacific model of care. working alongside Pacific patients and their family and communities for Pacific health advancement in a culturally safe way. • Additional examples of te ao Māori and hauora Māori learning outcomes embedded across papers include: ○ Understand te Tiriti o Waitangi and Treaty of Waitangi and the application of the principles to clinical practice	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			○ Describe the Māori world view of hauora, tikanga and kawa and apply this knowledge to their practice ○ Demonstrate understanding of how to engage Māori communities, including Māori health providers ○ Demonstrate that a patient's cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences. ○ Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide, including delivery of patient care. ○ Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau or family to enable culturally safe care. ○ Maori research methodology. • In year one, the BOH students complete a Māori Society paper, and in year two, a Sociology paper that investigates the divisions in New Zealand Society, and a Public Health paper that emphasises both inequalities in health and health promotion. • Similar content areas are covered in health sciences year 1 that dentistry students complete before entering the BDS programme.	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• The BOH programme designed specific hauora Māori lectures/seminars for their programme, in consultation with Kōhatu staff, that include: ○ Tamariki/rangatahi ora ○ Te Pae Mahutonga ○ Cultural safety ○ The Hui process ○ Māori health providers ○ Whānau ora: Weaving the threads. • The same hauora Māori curriculum delivered to BDS by Kōhatu is delivered to the BDentTech programme.	
		6.5 Clinical experiences provide students with experience of providing culturally competent care for Māori and Pacific peoples, and clinical application of cultural competence is appropriately assessed.	• BDS students in Dunedin and BOH undertake a 3-5 week community placement to Te Kāika Health Hub that provides Kaupapa Māori health services. • There students are exposed to the whānau ora healthcare model, and engage in a programme which includes teaching, clinical practice, and reflection activities to recognise biases and enhance cultural understanding and safety. • It also offers opportunities working with health navigators, social services, and a range of allied health professions health professionals such as nurses. • The clinical lead at Te Kāika is a Māori oral health practitioner.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment

			• BDS and BDS(Hons) students located in Auckland gain cultural experience through provision of integrated care in clinics located in an area of NZ with high Māori and Pacific populations and unmet oral health needs.
			• BOH outplacements in their final year provide additional opportunities for contact with diverse communities, particularly on their interprofessional education placements in areas such as Tairāwhiti, Whakatāne and the West Coast.
			• For the Malaysian IMU students joining the BDS programme in semester two of year 3, the bridging programme covers cultural competence and hauora Māori. Students enrol in DENT364 (Dentistry in a New Zealand Context) which is a bespoke paper for IMU students and includes hauora Māori, understanding of disparities in Māori health and cultural competency. Hauora Māori teaching and ongoing monitoring of these students cultural learning is provided by a Māori clinician.
			• Overall, cultural safety in the clinical programmes is assessed through:
			  ○ Reflective journals (care of patients) or reflective practice portfolio – students develop a reflective evidence-based portfolio of patient cases, understanding of their beliefs, biases and cultural practices as they pertain to delivery of culturally safe oral health care.
			  ○ Clinical practice assessment – ongoing continuous assessment	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			○ Written case reports (patient’s social and cultural background and implications for care) ○ Reflective essays (where relevant) ○ Exam questions - an integrated written examination requiring application of theoretical knowledge to clinical problems ○ Oral exam questions (e.g., on competencies, oral health inequities, te Tiriti o Waitangi). • For assessment of cultural safety in the provision of patient care a new Cultural Safety Assessment Framework was developed, appraised by Māori staff, and implemented in 2024. Embedding is still ongoing, and a view on its effectiveness premature. • The framework criteria were provided to the SET. • Students’ progress are assessed as DEVELOPING or DEVELOPED. Where there is immediate risk of harm to a patient the supervisor will intervene. • As dental technology is a pre-clinical setting with no direct clinical patient experience, the programme provides indirect clinical experience for the students by incorporating scenarios with Māori patient cases for the design of dental appliances, exam questions, and scenario based oral presentations.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment

			• The dental technology programme recognises their role to protect Te Taiao – the natural world, and to be respectful and conservative on the materials and processes they use.
			• Interaction among staff and students and between students themselves are monitored to identify cultural safety concerns.
			• There is an appetite by students for increased opportunities to apply the cultural learnings to diverse groups – especially for those based in Dunedin.
			• The Faculty is encouraged to explore additional optional opportunities for students to gain increased diverse cultural experiences in clinical practice. Suggestions include:
			  ○ continue engagement with Māori health providers for hauora Māori and kaupapa Māori experiences in other areas of the country – potentially as part of interprofessional education or oral health promotion activities,
			  ○ Clinical rotations through the Auckland dental clinic.	

		6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.	• The Faculty has an Associate Dean Māori and Associate Dean Pacific who are members of the Undergraduate Programmes Committee, Board of Studies and senior executive team members. • The Faculty Associate Dean Māori is chair/co-chair of a number of the Clinical Governance Committees. • Representatives from Kōhatu (Centre for hauora Māori) and Va'a o Tautai (Centre for Pacific Health) attend the Faculty's	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			Undergraduate Programmes Committee. Both also participate in the learning activities delivered to the undergraduate programmes. • The Associate Dean Māori for the Division of Health Sciences provided input into the design of the new BDS and BDS(Hons) programmes. • The BDS External Advisory Group that supported the curriculum review included four Māori and Pacific clinicians - one participating as a Te Aō Marama representative. • Kōhatu contribute Māori leadership, curriculum and teaching, and provide training in cultural safety to staff and pastoral support and academic support to Māori students. • Three paper coordinators within the clinical undergraduate programmes are Māori. • The lead dentist supervising students on community placements at Te Kāika is Māori. • There is engagement with the Ngāi Tahu Research Committee for all research activities undertaken as part of the BDS and BDS(Hons) programmes. • Given these extensive input and contributions to the Faculty, it should consider strategies to reciprocate the contribution of Māori organisations to their programmes.	
		6.7 The programme provider promotes and supports the recruitment, admission, participation, retention	• Criterion 4.7 referenced the University policy Te Kauae Parāoa that promotes Māori, Pacific, rural, refugee and socio-economic equity groups for admission to BDS, BOH and	

Standard Statement	Discipline	Criteria	Evidence	Assessment
		and completion of the programme by Māori and Pacific peoples.	BDentTech programmes within the University of Otago Health Sciences First Year category. • Since the last review, the number of Māori students entering the BDS programme has increased to represent between 16-19% of domestic admissions. Between 2020-2023, the BDS programme graduated 30 Māori students, three Māori Pacific students, and 19 Pacific students (self-identified). Between 2020-2024 two students within these groups left the BDS programme. • For the BOH programme, 14 Māori students and nine Pacific students graduated during 2020-2023 (self-identified). For the 2023 cohort, the number of Māori represented 7.3% of the class, and Pacific 5.5%. Between 2020-2024 three students within these groups left the BOH programme. • For the BDentTech programme, during 2020-2023 one Māori student and three Pacific students graduated (self-identified). All of those enrolled successfully completed the programme. • No Māori or Pacific student has been enrolled into the BDS(Hons) or BDentTech(Hons) programmes. These programmes are aware of this. Programme leads continue to identify potential barriers and seek opportunities to identify and support Māori or Pacific students to meet the academic thresholds enter the honours programmes. • Students are supported to submit assessments in te Reo Māori should they so choose. This is articulated in the coursebooks provided.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• A number of Māori and Pacific support organisations and services are available for Māori and Pacific students on-campus. • Students have access to Māori and Pacific staff within the Faculty for support, mentoring and role modelling. • Students are introduced to Te Aō Marama and the Pasifika Dental Association to foster professional relationships, and are invited to become student members of these organisations, at no charge. • Kōhatu reported that Māori dentistry students were supported well, and they were not aware of any concerns.	
		6.8 The programme provider ensures students are provided with access to appropriate resources, and to staff and the community with specialist knowledge, expertise and cultural capabilities, to facilitate learning about Māori health.	• As detailed in criteria 6.3 & 6.4 staff from the Kōhatu (Centre for hauora Māori) work closely with the Faculty to assist in the development and delivery of appropriate resources and cultural competency education for students and staff. • Their staff includes Māori oral health practitioners, which is beneficial to the Faculty. • Interviews confirmed ongoing support from Kōhatu for the cultural competence, cultural safety and hauora Māori learning in the undergraduate programmes – with recent extension of this training into the dental technology and postgraduate programmes. • However, resource demands on them remain high and staff stretched.	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• There are nine Faculty teaching staff who identify as Māori and who deliver clinical and/or didactic undergraduate teaching. • Internal staff development must continue to relief the cultural teaching load. Appointment of more Māori staff should be explored during recruitment activities. • The following staff learning opportunities were reported: ○ Cultural competency and cultural safety for oral health in Aotearoa – Sam Carrington ○ Foundations of cultural safety – Tehmina Gladman ○ Te Reo Māori - He Tīmatanga: an introduction to the Māori language ○ Te Reo Māori - Te Waharoa ○ Tauiwi-led Introduction to te Tiriti o Waitangi ○ Tikanga and te Tiriti o Waitangi; Kura Lacey ○ Te Taiao, Maori values in practice; Kura Lacey ○ Pacific perspectives on oral health in NZ; Jane Taafaki ○ External e-learning made available through: – Ministry of Health Ngā Paerewa learning on te Tiriti o Waitangi, Ao Mai te Rā – Anti-Racism Kaupapa, and hauora Māori – Ethnic communities inter-cultural capability eLearning.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		6.9 The programme recognises the important role of Māori te Reo, Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) and Te Aō Marama (The New Zealand Māori Dental Association) in achieving cultural competence to oral health practitioners.	• The clinical programmes have strong relationships with Te Ao Mārama, with a representative participating in the recent BDS curriculum review. There was also input and collaboration with the Associate Deans Māori and Pacific for the Division of Health Sciences, Associate Deans Māori and Pacific for the Faculty of Dentistry, Ngā Mōkai O Ngā Whetū (Māori Dental Students' Association), Pacific Students Dental Association, Kōhatu, Va'a o Tautai Centre for Pacific Health in the design of the programme. External stakeholder engagement was also sought from Te Rōpu Niho Ora, and employers. • The senior leadership team meets regularly and engages in partnership with Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) to share and seek feedback on how the Faculty can continue to enhance cultural competence and hauora Māori within the teaching. They also have a representative on the Undergraduate Programmes Committee. • Student representatives from Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) confirmed regular engagement and active participation in the Faculty committees they serve on. They have the ability to raise concerns. • It was acknowledged that the Faculty was still on a learning journey, and support continued growth and development in	

Standard Statement	Discipline	Criteria	Evidence	Assessment
			the areas of cultural competence, cultural safety and hauora Māori.	
		6.10 Staff and students work and learn in a culturally appropriate environment	• The University and Faculty have strategic aims to support Māori and Pacific students, improve student experiences and have a staff profile that meets evolving needs and reflects New Zealand society. • The Faculty’s commitment to embed and strengthen the cultural safety components in the undergraduate programmes, Māori staff recruitment and retention, and Faculty wide staff training on cultural safety and hauora Māori is commended. • Various clinical governance initiatives will contribute to ensure the clinical learning and patient care experiences are culturally safe and equitable. • Facilities and patient services are accessible for people with disabilities. • Rainbow diversity and inclusion promotion was displayed across the Faculty facilities. • The Faculty staff and student pool represent a diverse group from different cultures, including Māori, Pacific, Asian, Muslim, range of sexual and gender identities, and include students with learning challenges. Patients across the various clinics also represent diversity, in particular in Auckland and at Te Kāika.	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			• During the review no serious concerns were raised or evidence observed by the SET of a systemic issue that could result in an unsafe learning or working environment. • There was ad-hoc instances of inappropriate, emotional response behaviours by staff mentioned. Generally, these were attributed to stretched staffing pressures. While addressing the root cause of the issue is required (resource levels), ongoing advocacy for cultural competence and cultural safe spaces for all is critical. • Some cultural unsafe responses from patients have also been experienced in the clinics. • Cultural safety learning for staff should continue to ensure staff are appropriate role models for students, and they can adequately manage difficult scenarios that may occur in the workspace and clinics.	

2.2 SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Bachelor of Dental Surgery & Bachelor of Dental Surgery (Honours)

Key findings for the BDS and BDS(Hons) programmes

The curriculum review and engagement process were comprehensive to ensure the programme remains contemporary and fit-for-purpose. As these changes were introduced at the start of this academic year, it will take time to measure the impact of these changes, and close monitoring will be required. Updates will be provided to the Council in the annual accreditation reports.

The didactic and research components of the programmes remain strong, with the range and extent of dental specialists teaching into the various disciplines a strength.

Recruitment to fill academic vacancies in the disciplines of endodontics, periodontics, and oral surgery have to date been challenging and unsuccessful, and oral health experience within the dental public health discipline remains a challenge – as identified during last year's postgraduate accreditation review. These disciplines struggle to meet their undergraduate, postgraduate and clinical teaching obligations. This is notwithstanding their research, leadership and clinical service delivery obligations. Efforts to secure additional senior academic support for these disciplines must continue.

With the increased student numbers and increased complexity of patient cases the appropriate level of clinical supervision is difficult to maintain. In particularly, during times of unexpected absences or leave periods. The level of PPFs with general dental practice experience remains stretched, particularly in restorative, endodontics and paediatrics. Recruitment and retention for these roles are difficult for a number of reasons listed in the report.

In addition to securing additional PPFs with general dental practice experience to deliver quality clinical supervision, support educational learning, and protect patient safety, the SET considers that dedicated clinical administration resourcing would alleviate some of the pressure points and improve patient and student experiences. The SET considers the Faculty needs dedicated clinical administrative staff with appropriate experience to manage waiting lists, support patient triage, patient allocation, management of patient bookings, and preliminary monitoring of student experiences and escalating when needed.

These resourcing measures are considered essential to promote sustainable resourcing, match the resourcing with increased student numbers and increasing complex patient care, and create a conducive environment for retaining existing academic and clinical resources.

BDS SPECIFIC REPORT

The cancellation of one weekly restorative clinic (restorative dentistry, prosthodontics and endodontics) for BDS3 and 4 due to unforeseen, significant drop-off in clinical supervisors at the start of the year, is not appropriate. The decision was made to prioritise the final year clinics to ensure they get the clinical hours and patient experiences needed to demonstrate competence for graduation.

There was broader concern expressed by the clinical staff that students are already underprepared for restorative care when entering their final year. Clinical time is used to teach basic skills rather than refinement, consolidation and gaining confidence for practice. The loss of the restorative clinics this year will exacerbate the scenario.

The programme committed to closely monitoring the clinical experiences across these year groups, and to create additional opportunities to ensure competence for graduation.

It was reported that 3FTE has been secured for supervising these clinics, starting over the next few months. In parallel, ongoing recruitment initiatives are underway to supplement the clinical supervision.

The programme must increase and sustain the restorative dentistry experiences (providing restorative, endodontic and prosthodontic care) for students in third- and fourth-years to ensure better preparedness of foundation skills to consolidate their clinical practice in the final year. To monitor this, the programme must report on the additional opportunities created for the current third- and fourth-year groups to regain some lost clinical opportunities, and demonstrate how their experience then compares with earlier years.

New clinical assessment and cultural safety assessment frameworks have been developed. Implementation and embedding continues, and a review of the clinical assessment framework is planned for the end-of-year.

Assurance that cultural safety and Hauora Māori training is completed by all programme staff involved in teaching and patient care, and ongoing learning continue to build capabilities within the Faculty.

Strengthening the working relationship between the academic clinicians and PPFs will be valuable to get the most out of staff, and to create a welcoming, valued and safe environment for all clinical staff – ultimately benefiting student and patient experiences.

Suggestions are made through the programme report that could further contribute to improvements.

BDS SPECIFIC REPORT

Commendations for the BDS & BDS (Honours) programmes

1. The staff commitment to deliver high quality education and training during challenging times, and the leadership contributions within the Faculty of Dentistry.
2. The comprehensive curriculum review and engagement process undertaken to ensure the programme remains contemporary and fit-for-purpose.
3. The commitment to the BDS(Hons) programme to identify and foster future researchers and potential “home-grown” academics, and to contribute to the sector body of knowledge.

Accreditation decision for BDS & BDS (Honours)

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

The Bachelor of Dental Surgery and Bachelor of Dental Surgery (honours) programmes are **granted accreditation until 31 December 2029, subject to the following conditions:**

By 30 June 2025:

To satisfy accreditation standard 1 – Patient safety and accreditation standard 3 – Programme of study

1. Prioritise solutions with the Division of Health Sciences leadership, and escalate if required, to address critical resource gaps identified as:

   a. Increased levels of professional practice fellows experienced in general dental practice, to deliver quality clinical supervision for the restorative dentistry clinics to ensure safe patient care, provide appropriate learning environments for students, and free up academic staff to fulfil their other teaching and leadership responsibilities.

   b. Recruitment of dedicated Faculty of Dentistry clinical administrative staff with appropriate experience to manage waiting lists, support patient triage, patient allocation, management of patient bookings and preliminary monitoring of student experiences and escalating when needed.

The above measures are considered essential to promote sustainable resourcing, match the resourcing with increased student numbers and increasing complex patient care, and create a conducive environment for retaining existing academic and clinical resources.

To satisfy accreditation standard 3 – Programme of study

2. Increase and sustain the restorative dentistry experiences (providing restorative, endodontic and prosthodontic care) for students in third- and fourth- years to ensure better preparedness of foundation skills to consolidate their clinical practice in the final year.

   Report on additional opportunities created for the current third- and fourth-year groups to regain some lost clinical opportunities and demonstrate how their experience then compares with earlier years, and any further initiatives to address any gaps.

Recommendations for the BDS & BDS (Honours) programmes

1. Identify potential issues or barriers achieving a cohesive and trusted working relationship in the clinics between academic clinicians and PPFs. Recognise PPFs valuable input into the clinical education of the workforce.
2. Encourage clinical supervisors to self-reflect on their approaches to provide constructive feedback, particularly to those struggling, and openness for students to approach them if they need help in the clinic.
3. Increase exposure to paediatric and adolescent patients suitable for general dental practice care, beyond the fourth year.
4. Review the effectiveness and embedding of the clinical and cultural safety assessment frameworks and refine accordingly.
5. Continue to promote timely and advance information on examinations and assessments and releasing assessment results within the required timeframes.
6. Continue to explore ways to improve access to pastoral support for the BDS and BDS(Hons) students based in Auckland, particularly after-hours.
7. Continue to identify potential barriers and seek opportunities to identify and offer support to interested Māori and Pacific students to meet the academic thresholds to enter the BDS(Hons) programme.
8. Explore increased interactive learning, including the material used during lectures or seminars.
9. Explore purchasing additional portable, handheld intra-oral scanners at both the Dunedin and Auckland clinics for use chair-side.

10. Enable Titanium academic management module access to paper/module/clinical coordinators to allow them to closely monitor student progress, real-time.

11. Consider rotation between a clinical and academic external examiner.

12. Include new PPFs at the Auckland clinic into the academic induction processes at Dunedin.

BDS SPECIFIC REPORT

Summary of findings for Bachelor of Dental Surgery & Bachelor of Dental Surgery (Honours)

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.1 A coherent educational philosophy informs the programme's design and delivery.	• The BDS curriculum aligns the teaching of theoretical aspects to the timing of related clinical practice teaching. • There are three themes in each of the four professional years of the programme, namely The Dentist and the Patient, Biomedical Sciences, and The Dentist and the Community. • Students' engagement with clinical practice increases as they progress through the programme. Students are rostered to the simulation clinic throughout the programme to gain competency before undertaking patient care. • Year 5 focusses on the integration of students' knowledge, understanding and skills in preparation for independent practice. • The BDS(Hons) programme offers students who have shown outstanding clinical and academic performance in BDS4 the opportunity to engage in deeper learning in research. • A comprehensive curriculum review of the BDS and BDS(Hons) programmes started in 2021 to ensure teaching and learning experiences provide students optimal opportunities to meet the required competencies. These changes were introduced in the 2024 academic year. • The curriculum review working group was led by the Associate Dean Undergraduate and included the Dean, Deputy Deans (clinical and academic), Associate Dean Māori, Associate Dean Pacific along with other key academic and clinical teaching staff.	*Standard is substantially met*

<table>
<tr><th>Standard Statement</th><th>Criteria</th><th>Evidence</th><th>Assessment</th></tr>
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- Wide stakeholder engagement was undertaken with students, staff, other health professional programmes, employers and mentors of new graduates, the New Zealand Dental Association (NZDA), Dental Council and a BDS External Advisory Group.
- Key curriculum changes were:
  - Year 2: Redeveloped aspects to provide basic science teaching that was directly relevant to dentistry (a bespoke physiology module) and increased clinical experiences to better prepare students for clinical practice in year 3.
  - Year 5: Deletion of five papers and introduction of four new papers to achieve:
    - a Te Tiriti o Waitangi focus
    - embedding of the Council’s cultural competence and cultural safety domains (2021) and develop a cultural safety assessment framework. This included more equitable clinical experiences to attain cultural competence through rotations at Te Kāika clinic
    - focus on Pacific health
    - more equitable experiences for research and didactic learning for students completing their final year at the Auckland clinic
    - focus on gerodontology
    - increased oral surgery experiences
    - a more balanced workload in year five – better aligned to the papers’ point values.

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Standard Statement	Criteria	Evidence	Assessment
		• These changes were vertically and horizontally integrated into the curriculum. • The changes appear appropriate to the SET. It took a holistic view of the five years, aim to address pressure points and target learning appropriately, meet new graduate competency requirements, respond to areas of community needs, and increase clinical experiences in areas identified as lacking. • Although early days, feedback from staff and students to date were generally positive. Ongoing monitoring of these changes by the programme and undergraduate committees was confirmed as a focus area for the next few years. • Further updates to be provided by the programme in its next accreditation annual report (2025). • The close integration between the didactic and clinical learning is of great benefit and should be fostered and protected.	
	3.2 Programme learning outcomes address all the required professional competencies.	• The learning outcomes are appropriate and represent contemporary general dental practice. • The competency mapping against the learning outcomes have been shared with the SET. • No gaps have been identified.	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice	• Breakdown of the clinical practice learning opportunities were provided. • The clinics covered the clinical areas expected within a dentistry programme with a combination of pre-clinical and patient clinics. Students	

Standard Statement	Criteria	Evidence	Assessment
	across a range of settings.	work in triplets or paired, progressively towards full-time solo operator in the final year. • Clinical experience over the four years total to 1,675 hours. As operator, 978 hours delivering patient care and 270 hours of simulation. The balance is as assistant or observation. • A breakdown of the range of treatment areas across each year was provided, and it demonstrated the progression in complexity. • A summary on the range of procedures performed by the fourth- and fifth-year students during 2023, and the first five months of the 2024 academic year was provided. • The data confirms the following pressure points, also reported by the programme: ○ Final year students are prioritised for case allocations, with most experiences almost doubling in the final year. Final year students practise as solo operators under clinical supervision. ○ Limited clinical experience and management of paediatric and adolescent patients. It was reported that paediatric patient allocations were limited to fourth year. With higher paediatric dental specialists staffing levels increased learning opportunities are being explored, balanced with the oral health and postgraduate programmes' clinical learning needs. Exploring recruitment of dentists with paediatric patient experience would be beneficial as PPFs for the BDS programme. ○ Challenge to find suitable root canal cases for undergraduate learning due to the bigger class sizes and complexity of cases	

Standard Statement	Criteria	Evidence	Assessment
		presenting – especially on molars. Reportedly, this is a challenge shared by the Endodontic Educators Group from Australasian Dental Schools. For this reason, the programme strengthened the simulation learning in BDS3 and BDS4 with discipline-led teaching and the introduction of life-like 3D printed molar and premolar teeth with additional canals for learning, and which are able to be mounted in a phantom head. BDS4 students are expected to undertake a minimum of two endodontic assessments and complete root canal treatment on one or two straightforward teeth – which are generally achieved. Introduction of an endo barrier assessment at the end of year 4 is being considered. Furthermore, in BDS5, students undertake a refresher course in simulation using engine driven instrumentation techniques and extracted teeth. BDS5 students are assigned 3-4 patients for endodontic assessment and instrumentation and students fill around 6-10 root canals. While a dedicated endo clinic is desirable, current discipline staffing levels make this not viable. This will again be explored in 2025. ○ Securing edentulous patients for dental prosthetics are challenging. ○ BDS3 & 4 students have had one less integrated clinic per week for restorative dentistry, prosthodontics and endodontics. This was caused by an unforeseen drop in the clinical supervision levels (4FTE lost) at the start of this year.	

Standard Statement	Criteria	Evidence	Assessment
		This situation is evident in the clinical patient contacts reported for the fourth years during 2024 – particularly root canal treatments and prosthodontic units. The Faculty raised this as a concern. There was broader concern expressed by the clinical staff that students are underprepared for restorative care when entering their final year. At the moment, clinical time is used to teach basic skills rather than refinement and gaining confidence for practice. The loss of these clinics this year will exacerbate the scenario. Final year students have been prioritised to ensure they get the clinical hours and patient experiences needed to demonstrate competence for graduation. However, with limited resources this approach was taken to protect patient safety and ensure the quality of the clinical experiences for the soon-to-be graduates. These clinical experiences are being closely monitored across the year groups. Additional opportunities for the earlier years will be created to ensure competence for graduation. It was reported that 3FTE has been secured for these clinics, starting over the next few months. In parallel, ongoing recruitment initiatives are underway to supplement the clinical supervision. See criterion 3.10 for further details. • Further developments to the clinical experiences include: ○ The level of clinical opportunities to extractions/minor oral surgery has increased from the last review.	

Standard Statement	Criteria	Evidence	Assessment
		◦ Dedicated weekly periodontology clinics were introduced to BDS4 in 2023. Perio exposure during year 4 was reported as satisfactory, while greater oversight on periodontic experiences for final year students by the head of discipline is planned. ◦ Increased focus on gerodontology to enable the future workforce to better meet the needs of our ageing population – it was reported that approximately one third of patients assigned to students are older adults. Within integrated clinics, students manage older adults for prevention, periodontal, restorative, endodontic and prosthodontic needs. Teaching is provided on the biological, physiological, psychological and psycho-social aspects of ageing. Pharmacology, systemic disease, pain diagnosis and the oral pathologies common in old age are also taught, as well as communication, consent, risk assessment, preventive oral care for older adults and public health issues. ◦ In the final year, students manage between 17-20 patients for integrated care - as part of holistic patient care. Patient treatments are often carried over from earlier years enabling students to reflect on the outcome of their treatment and better understand how patients' circumstances, needs, wants and oral health status changes over time. • Suggestions on future considerations for increased clinical experiences included: ◦ Hands-on (simulation) experience with different implant systems. ◦ Domiciliary care experiences, including special care patients.	

Standard Statement	Criteria	Evidence	Assessment
		◦ A simulation refresh at the start of year 3 before patient care starts. ◦ A prosthodontic lab to refresh impression taking skills before their first prosthodontic patient contact. ◦ Vertical integration of more robust radiography learning as students' progress through their studies, including related record keeping. ◦ Increased focus on sequencing of treatment planning. ◦ Longer clinical sessions to allow more time for whanaungatanga and building relationships with the patient and their whānau. ◦ Hands-on learning about instrument reprocessing, sterilisation record keeping, waterline maintenance, basic plantroom machinery during rotations at Te Kāika clinic and at the Auckland clinic, for preparation of practice. • While students who complete their final year in Auckland do not have rotations to specialist clinics, the outcomes are considered similar, and students meet graduating competencies through different experiences. This is achieved by the comprehensive integrated model of care provided at the Auckland Dental Facility - similar to a large supervised general practice. In addition to their fourth year Dunedin experiences, students participate in teledentistry clinics for oral medicine consultations, and are rotated out to observe in specialist oral surgery clinics. A Faculty working group has been established to explore the development of selected postgraduate programmes in the Auckland Dental Facility.	

Standard Statement	Criteria	Evidence	Assessment
		• There is a dedicated clinical coordinator for final year clinical practice who has access to real-time monitoring of students' clinical logbooks of experience and progress, focuses on parity in the quality, quantity, and variety of clinical experience for students in Auckland and Dunedin. • Interviews with recent graduates, professional associations, and the graduate and employer surveys confirmed that graduates reached the expected level of competence of a new graduate for general dental practice, but that professional mentoring and further professional development on advanced areas of practice are required to build confidence and expand on the level of experience once entering practice. • Professional associations whose members are employers of these graduates, offer mentorship after graduation, and support them with securing employment were very complimentary about the programme and the quality of the graduates delivered. • Final year students felt on-track to reach the expected level of clinical experiences for their final assessments and graduation. • In general, PPFs supervising the final year students in Dunedin considered that more clinical supervisors would better support them to provide additional clinical teaching on holistic patient care, to better support students' preparedness for practice. • It was reported that the Faculty received communication from the Royal Australasian College of Dental Surgeons, reporting that over the last six years Otago graduates attained the highest marks year-on-year in a range of College examinations. • Overall, the SET considered that the clinical experiences gained supported general dental practice as a new graduate to enter the profession, subject to the programme closely monitoring and continued	

Standard Statement	Criteria	Evidence	Assessment
		responses to remediate individual student needs or gaps before graduation. • The SET was satisfied that students who did not reach the expected level of clinical experiences or performance levels were held back from graduating until they have met the requirements. • Addressing staffing levels to alleviate undue pressures on staff and students is critical to ensure the sustainability and good quality clinical education.	
	3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	• A range of learning and teaching methods are used. • Emphasis is on self-directed and experiential learning with the aim to develop and refine competency in evidence-based knowledge, patient management, diagnostic and operative skills, social awareness, professionalism (including ethical conduct) and compliance necessary for independent clinical practice. • Didactic activities include lectures, workshops, tutorials, group presentations, computer aided learning including e-cases, reflective case reports. • This is supported by related clinical activities in the simulation or patient care clinics, virtual case-based problem solving, computer-aided digital dentistry, hands-on workshops, clinical reflective workbooks, and community collaboration. Students further learn from the constructive feedback from clinical supervision and assessments. • The range of learning and teaching methods reflect contemporary educational approaches, and is appropriate for a clinical, hands-on programme.	

Standard Statement	Criteria	Evidence	Assessment
		• The learning material available to staff and students on the Blackboard learning management system was demonstrated to the BDS SET on-site. • Increased interactive learning, including the material used during lectures or seminars, was supported by the learners. • The availability of digital learning material to be reviewed anytime was preferred. Commentary on this was included under criterion 4.1.	
	3.5 Graduates are competent in research literacy for the level and type of the programme.	• The programmes are designed to ensure that graduates are research literate and educated for life-long learning. • BDS students will be able to recognise when information is needed, be able to locate, retrieve, evaluate, and use information effectively, and demonstrate an understanding of evidence-based clinical practice. • BDS students attend the Sir John Walsh Research Institute Clinical and Research Excellence Day. Students and staff can join virtually. • BDS(Hons) students complete a substantial research project and present the findings as a dissertation, which is externally examined. • An example of a dissertation and the research progress reports were provided. • Research supervisors support students through their projects, including securing financial support/grants and obtaining ethical approval. • Some of the research projects are presented at local and internal conferences or scientific meetings. • BDS(Hons) students were complimentary about the programme and their research supervisors. These included students based in Auckland.	

Standard Statement	Criteria	Evidence	Assessment
		• Honours programme graduates supported the recent curriculum changes made to better balance the workload. Monitoring of these changes will occur through the course convenor and programme committee. • The SET described the research component of the programmes as very strong, with no concerns identified. • The honours pathway is a great addition for the BDS programme to identify and foster future researchers and potential “home-grown” academics, and to contribute to the sector’s body of knowledge.	

	3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.	• The undergraduate programme includes teaching on the principles of inter-professional practice, which covers the role and function of other team members in patient care.
		• This includes working within a team, awareness of different specialities, different disciplines and different health care providers and agencies.
		• BDS students participate and are assessed on the following interprofessional education activities:
		  ○ BDS2 – Professional Ethics.
		  ○ BDS3 - understanding how health professionals can work together to manage a person with a chronic long-term health condition and their whānau.
		  ○ BDS4 - knowledge and understanding of the management of smoking cessation and a range of chronic/non communicable diseases prevalent in New Zealand.
		  ○ BDS5 - The Tairāwhiti Interprofessional Education Programme includes senior health professional students in their final year of	

Standard Statement	Criteria	Evidence	Assessment
		study from the areas of Medicine, Nursing, Occupational Therapy, Oral Health, Pharmacy, Physiotherapy, Dietetics and Dentistry. • Students also engage with community providers in health promotion activities. • The Faculty has three staff who are clinicians providing leadership in coordinating IPE activities. • The importance of the dental team is promoted through learning. Initiatives where BDS and BOH students work together were introduced. Pairing of BDS4 students with BDentTech3 students on joint design of a dental prosthetic appliance was reported – however, student experiences on this occurring was mixed. • Observation, collaboration and referral between BDS, BOH and postgraduate students and dental specialist staff build a foundation for understanding the respective scopes of practice, and recognising when to refer. • Shared clinical, academic and social spaces offer opportunities for collaboration and interaction. • The submission recognises greater integration between the three undergraduate programmes can be achieved, and is exploring potential opportunities and ways around the current limitations – primarily staff resourcing and timetabling.	
	3.7 Teaching staff are suitably qualified and experienced to deliver	• Faculty teaching staff comprise of academic clinicians (mostly dental specialists), PPFs (primarily dentists), and postgraduate students holding a practising certificate in NZ.	

Standard Statement	Criteria	Evidence	Assessment
	their educational responsibilities.	• Recruitment remains a major challenge for the Faculty for various reasons. These include the geographical location of the Faculty in Dunedin, not competitive remuneration compared with private sector, registration challenges for those holding non-prescribed overseas qualifications, and lack of available career progression for clinical teachers without research obligations. It must be acknowledged that there is a global academic dental workforce shortage and competitive recruitment initiatives. • Academic discipline staff are highly qualified and experienced, and contribute positively to the undergraduate teaching. • The programme has a mix of experienced and younger PPFs. With appropriate induction, shadowing of experienced supervisors, and mentoring of the new PPFs could support succession planning. These processes are in place, interviews and timetabling schedules confirmed they are occurring, and the submission reported that these are ongoing improvement focus areas. However, ongoing stretched resources may hamper realisation of these processes to the desired standard, and retention of staff. • No specific concern about the qualifications or experience of staff related to their roles were identified. • More details on staff resourcing under criterion 3.10. • The valuable contributions by the PPFs may not be fully recognised or acknowledged by the academic staff. There appears to be a disconnect, and perceived or real hierarchical differentiation on clinical education contributions. This is not beneficial for performance and retention of PPFs, and this concern should be further explored.	

Standard Statement	Criteria	Evidence	Assessment
	3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	• The Faculty facilities and equipment are incredible and will serve the faculty well for many years to come to prepare the future oral health workforce of NZ. • Academic facilities are fit-for-purpose, including technology to facilitate remote active participation in virtual learning. Recordings can be made and automatically uploaded to Blackboard. • The clinics are state-of-the-art, spacious and include contemporary equipment and technologies. • Equipment and chairs are maintained, serviced and capital replacement planning occur – at a substantial cost given the quality of equipment and technology. Licences are renewed for access to digital software. • Ongoing limitations on left-handed clinical chairs remain. Left-handed or ambidextrous teachers support left-handed students with targeted teaching and tips for workarounds. There is also a valid argument that most clinical practices use right-handed chairs and equipment – so students need to be able to competently and confidentially use these. • A request for portable, handheld intra-oral scanners at both the Dunedin and Auckland clinics for use chair-side was raised by few participants. It was considered that this will reduce waiting times for patients and students. • The issue with the IT bandwidth capacity in the clinical spaces have been articulated in criterion 1.5. • Formalised Titanium training, with in-house Titanium trainers responsible for training clinical staff and students on the appropriate use of Titanium to support the Faculty’s needs is suggested.	

Standard Statement	Criteria	Evidence	Assessment
		• Currently some coordinators do not have access to the Titanium academic management module – this should be enabled to allow them to closely monitor student progress, real-time.	
	3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates equipped to provide care to diverse groups and populations.	• Refer to evidence detailed in domain 6 on cultural competence and cultural safety. • Cultural competence, cultural safety and hauora Māori are embedded in the curriculum and assessed – including during provision of patient care. • Ethnicity data of patients treated by BDS year 4 & year 5 students at the Dunedin, Te Kāika and Auckland clinics were presented. • Beyond New Zealand European, patients primarily identified as Asian (4-22%), Māori (7-16%) and Pacific Peoples (2-18%). Other ethnicities represented 4-8% of patients treated by final year students. The Auckland clinic presented the higher proportion of non-European ethnicities. • Patient groups included refugees, people with disabilities, and diversity in religion and gender identities. • The Faculty continues to promote inclusiveness. • The SET observed diverse staff and student profiles. These promote further role modelling and learning experiences. • No concern identified related to cultural competence.	

	3.10 The dental programme has the resources to sustain the quality of education that is required to facilitate the	• A total of 355 BDS and BDS(Hons) students are enrolled in 2024, spread as follows:
		  ○ BDS2: 91
		  ○ BDS3: 90 (5 IMU)	

Standard Statement	Criteria	Evidence	Assessment
	achievement of the professional competencies.	○ BDS4: 74 ○ BDS5: 90 (61 Dunedin, 29 Auckland) ○ BDS(Hons): 10. • Two new roles have been created to better support student learning: ○ A Deputy Convenor for the BDS programme with responsibility for Early Learning in Dentistry (BDS2 and BDS3). This enables close monitoring of students' academic and clinical progress early in the programme and proactive support where appropriate. ○ A BDS(Hons) Convenor to closely monitor competence in clinical practice alongside research activities, and to foster leadership and interprofessional links. • Increased student numbers have at times increased pressure on the Faculty's ability to provide an appropriate range of cases. In particular for students during earlier years. Removable and fixed prosthodontics, endodontics, and oral surgery have been the most challenging areas. • The online patient records and assessment process enable paper coordinators to monitor the range of students' experiences across the scope in real time. Staff have been proactive in recruiting and assessing patients from waiting lists for student learning whilst ensuring patients' oral health needs are appropriately managed. • However, the lack of adequate clinical administrative support means that these tasks take up valuable time from already stretched academic resources. • Similarly, the lack of consistent administrative support to actively manage patient appointments take away from students' clinical experiences.	

Standard Statement	Criteria	Evidence	Assessment
		Cancellations are managed by administrators at the University central call centre. Making patient appointments and rescheduling them is the responsibility of students. Students are expected to have patient appointments entered on Titanium 24 hours ahead of the clinical session, which can make it difficult to arrange late bookings or reschedule. These issues have been identified and are being managed by the Director of the Dental Hospital to improve processes for students and patients. • The SET supports the use of experienced clinical administrative staff to manage the waiting lists, support triage, patient allocation, management of patient bookings, and monitoring of student experiences and escalating when needed. This will free up limited and stretched professional clinical resources to contribute towards clinical education, identifying and managing of risks. It will also remove the responsibility from students to manage their patient bookings, and they can focus more on the patient care and outcomes. • Students are supervised for clinical practice sessions at a teaching ratio of 1:6 or 1:8. For more specialised areas e.g. urgent care or oral surgery, this ratio is 1:3-4 which is important to ensure close monitoring of patient care/safety and to facilitate learning. • With the increased student numbers and increased complexity of cases the appropriate level of clinical supervision is difficult to maintain. In particularly, during times of unexpected absences or leave periods. • Students and graduates commented empathetically on the impact of the stretched resource levels on their staff and clinical supervisors’ workload and stress levels. While great to see, this does not represent the ideal student experience the university is striving for.	

Standard Statement	Criteria	Evidence	Assessment
		Beyond the direct impact on staff - students and patients wait longer for sign-off for treatments to progress or to perform the final check before the patient leaves. • The SET is aware of very stretched staffing in the disciplines of endodontics, periodontics, and oral surgery. Extra dental public health resource to support the discipline from an oral health perspective would also alleviate pressure. Proactive academic succession planning for some disciplines is also difficult as a result. • The challenges for the recruitment and retention of academic and clinical staff were articulated in criterion 3.7. • The Faculty reported on the Hospital Improvement Programme that has a focus on cost recovery of services and sustainability. • The funding level for dentistry is unique compared to other professional health programmes. A review of the funding model may be required for ongoing sustainability of the programme and clinical teaching requirements. • The SET acknowledges the broader fiscal environment the Faculty is operating in due to the financial challenges of the Universities, and the pressure this place on the Division and Faculty. • The SET acknowledges the ongoing recruitment activities underway to fill some of the vacancies and attract more PPFs to support clinical supervision, and the need to revisit the PPF roles to remove some of the recruitment barriers were identified. • However, the cancellation of the years 3 (PCE) and 4 (PPCE) restorative dentistry clinics is not satisfactory. The SET acknowledges this was a	

Standard Statement	Criteria	Evidence	Assessment
		short-term solution – but will cause ongoing downstream impacts through later years. • Increased clinical supervision to support the restorative dentistry clinics for general dental practice is critical to support safe patient care, provide appropriate learning environments for students, and free up academic staff to fulfil their other teaching and leadership responsibilities. • The current staffing levels are not sustainable, and not conducive for retaining existing clinical supervision resources. The employer also has a responsibility for the health and wellbeing of its employees.	
	3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies.	• Southern Health NZ – Te Whatu Ora and the Faculty Dental Hospital has signed agreements for the delivery of oral health care. • While the tension between learning and meeting service delivery expectations remains, the new clinical leadership team is constructively working with the Southern Health NZ representatives and the commissioning team to address concerns. • Rotations through Te Kāika is supported with an agreement.	
5. Assessment is fair, valid and reliable.	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• A Faculty of Dentistry Undergraduate Examinations Handbook was developed since the last accreditation review and shared with the SET. The handbook contains information for staff and students on assessments and examinations, and on applying for special consideration related to examinations. • One of the roles of the new Faculty of Dentistry Assessment Group, with assessment expertise outside of the Faculty, is to review the assessment processes with respect to learning objectives, and make recommendations on any suggested changes.	*Standard is met*

Standard Statement	Criteria	Evidence	Assessment
		• The assessments used for the different learning components are appropriate and reflect what is expected from a dentistry programme. • The coursebooks provided details on the assessments. • There was no evidence from students, graduates or staff that the purpose of the assessments was unclear.	
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	• A mapping of the Council competencies, learning outcomes and related assessments to assess the competencies was provided. • No concern or gaps were identified.	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	• Competencies are assessed in multiple ways and at different points in the curriculum. This increased validity and reliability of the assessment outcomes. • Multiple formative and summative assessment methods are used including teacher feedback, clinical assessment, practical and theory tests, assignments, group presentations, written reports, written and oral examinations and clinical reflective logbooks. • Barrier assessments are used to ensure students are competent at their level of learning to progress through the programme. These include pre-clinical tasks before undertaking patient treatment. • In the clinics students are observed and assessed against a marking rubric. • At each clinical session, students receive formative feedback from clinical supervisors on their holistic management of a patient, the procedure	

Standard Statement	Criteria	Evidence	Assessment
		performed (including their ability to translate theory into clinical practice) and their professionalism. • At the end of the programme students need to demonstrate competency across the scope of practice. • Students must pass all Dent531/570 individual assessments and gain a mark of 60% or more in clinical practice and in the final viva voce examination to meet the final programme requirements. The outcomes of a failure of these barrier assessments are that after a period of remediation a student is required to sit a 'special' examination early in the following year to demonstrate competency. This enables further opportunities to address weaknesses or gaps to ensure competence. • If more than one assessment was unsuccessful the student is usually required to repeat the final year.	
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	• The same clinical assessment process is used across all four clinical years. • A new clinical assessment process was introduced in 2024 which was described as being based on international dental education best practice and consistent with assessments in other health professional programmes at the University of Otago. • Students are assessed and graded at each appointment and the competency is linked to the scope of practice area the student is undertaking. • Tutor feedback is provided on:	

Standard Statement	Criteria	Evidence	Assessment
		1) *Independence performing clinical skills*: rated as Competent / Learner Independent /Learner Assisted / Novice / Planned procedure Incomplete 2) *Knowledge, clinical judgement and holistic care of the patient*: rated as Outstanding / Satisfactory / Unsatisfactory 3) *Infection control, professionalism, communication, and self-management*: rated as Satisfactory / Minor Breach / Major Breach • These supervisor ratings then auto-generate the summative grade as A – E (Outstanding / Good / Satisfactory / Poor / Very Poor). The aim is to ensure consistency and transparency in supervisors' gradings. • The rating scales are described in the Clinical Assessment Framework document. • Some clinical staff and students are continuing to adapt to this change. Preliminary concerns shared with the SET included: ○ how the tutor ratings can be nuanced to better reflect the different learning stages of the student – the rating was described as blunt ○ the weighting of the third assessment section into the overall grade was too high: Infection control, Professionalism, Communication and Self-management ○ students preferred a more nuanced rating, such as A+ or A- etc. ○ the reflective feedback from the student does not form part of the assessment, and the important value of this may be lost over time. • The SET reviewed some of the Poor and Very Poor gradings, including when these were driven by a Major Breach in the third section – and the	

Standard Statement	Criteria	Evidence	Assessment
		SET was comfortable that the overall lower grades were fair and appropriate based on the breaches. • The Cultural Assessment Framework introduced was not well socialised amongst PPFs, and not embedded. • The programme has committed to a review of the new assessment process at the end of 2024, after some time of using it. • Various mechanisms are used to improve standard setting, moderation and calibration. These include: ○ clinical teaching staff attend the Faculty teaching day at the start of the academic year, and are supported to attend further professional development courses offered by the University ○ the clinical coordinator holds calibration meetings three times a year with PPF staff from all clinics using supervised patient cases ○ senior staff from Dunedin assessed the clinical practice at the Auckland clinic alongside their clinical staff to ensure parity of assessment. The process and marks were considered consistent between the groups ○ digital assessment grades allow for real-time and more pro-active monitoring and analysis ○ clinical assessment and cultural safety frameworks with associated rubrics ○ examination handbook detailing the assessment expectations ○ written examinations are marked blind against a marking guide ○ borderline results are discussed between markers and mark agreed	

Standard Statement	Criteria	Evidence	Assessment
		◦ examination questions reviewed independently to check for clarity, readability and reasonableness ◦ examination paper considered by paper coordinator and approved by head of discipline/year chair ◦ oral examinations are conducted by a pair of examiners and a consensus grade reached. Calibration meetings are held before and after vivas. Borderline or failed results are supported by examiner notes/commentary against the marking criteria, and these are discussed at the subsequent examiners meeting. ◦ at the end of each year the paper coordinators meet to moderate the assessment process based on the paper review reports. • Scenarios (limited) were described where students felt that because of the clinical supervisor's high standards, they were not comfortable to ask for help. The programme should encourage clinical supervisors to self-reflect on their approaches to provide constructive feedback, particularly to those struggling, and openness for students to approach them if they need help in the clinic. • The submission highlighted improvements made to the calibration of viva examiners following feedback from the 2022 external examiner. • Due to increased class sizes and stretched staffing individual written feedback on all assessments are not feasible; these are prioritised for those students at risk of not meeting the requirements. In general, class feedback is provided identifying areas that students may have overlooked or areas to reflect on. This approach is not favoured by students. • The various assessment frameworks, examination handbook, rubrics and marking guides were shared with the SET.	

Standard Statement	Criteria	Evidence	Assessment
		• No concern was raised on fairness or transparency of the assessment processes, or adverse impacts on their overall performance. • Students recognise different clinical perspectives and approaches brought by the individual clinical supervisors, and the learning value of these. • Ad-hoc experiences of late assessment results or delayed information on assignments or exams were mentioned.	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• No concern was identified on the suitability of assessors. • External examiners are used for final year exit examination. • External examiners review internal assessment grades, a selection of clinical reflective portfolios, and participate in final examinations. They participate in the assessment of a mix of students, including those whose marks have been poor/borderline, good and excellent. • The most recent external examiner report was provided. It was encouraging to see different external examiners, outside of Dunedin, involved. Rotation between a clinical and academic external examiner would be beneficial. • The examination process was described as fair and robust. Calibration meetings before and after the oral examination was confirmed. The examination material covered a broad range of general dental practice topics. The clinical logbooks represented “competence levels expected for their learning stage”. • The report confirmed that students who did not meet the required level of competence for safe practice was correctly identified, and additional remediation required before reassessment.	

Standard Statement	Criteria	Evidence	Assessment
		• The organisation of the assessment, quality of the programme and the dedication of its staff to ensure robust and high clinical and professional standards were commended.	

BOH SPECIFIC REPORT

Bachelor of Oral Health

Key findings for the BOH programme

It was evident that the programme staff was highly regarded and valued. In particular, their efforts to support individual student needs. The programme-specific hauora Māori learning material was a positive. Staffing remains stretched and should be closely monitored, especially if student numbers further increase.

The University of Otago oral health clinics continue to be separated distinctly into periodontal and paediatric clinics. Other oral health programmes have a more integrated educational delivery across the scope of practice. The programme referred to the idea of merging the papers which are encouraged to ensure the graduating professional is adaptable to community needs and moves seamlessly across all patients - adults, adolescents and children.

The key concern is the lack of restoration experiences. The SET acknowledges the minimal intervention approach of the programme. However, it is important to ensure competence across the full restorative care treatments that will be required to meet the current community needs, once in practice. The SET considers the current lack of restorative care on a patient before they go on community outplacement inappropriate – and a potential patient risk of harm. At least one restoration on a patient in the programme managed clinic before external placement is required.

Further suggestions are made through the programme report that could further contribute to improvements.

Commendations for the BOH programme

1. Programme staff described as loyal, committed and caring – taking great care for their students to succeed.
2. Staff effort to identify students that need additional support or experiences, and to develop individual student timetables during their mid-semester break that ensure each student has the necessary clinical experience to reach the required standard through one-to-one tuition.
3. Collaboration with Kōhatu staff to adapt the cultural competence, cultural safety and hauora Māori learning material to apply directly to oral health therapy practice.
4. The innovative teaching methods for tooth morphology for BOH 1.

BOH SPECIFIC REPORT

Accreditation decision for the BOH programme

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

The Bachelor of Oral Health programme is **granted accreditation until 31 December 2029, subject to the following condition:**

To satisfy accreditation standard 1 – Patient safety and accreditation standard 3 – Programme of study

1. Ensure that all students have completed at least one restoration on a patient prior to going on their external placement, and report before 31 July 2025 with evidence that this has occurred, and is scheduled for future placement.

Recommendations for the BOH programme

1. Develop a more integrated delivery of the programme across the oral health therapy scope of practice, including clinics.
2. Continue to explore opportunities for increased restorative exposure on patients, including extractions, to build student confidence.
3. Increased interdisciplinary learning opportunities within the undergraduate programmes.
4. Consider an Australian oral health academic as an external examiner for final year assessment.
5. For IPE activities with limited placements to develop a formalised, transparent selection process and a feedback loop to students as to why their application was not successful.
6. A sample of assessment papers, alternated across papers/subjects over different semesters, from the higher and lower marking scale should be double marked by staff.

BOH SPECIFIC REPORT

Summary of findings for Bachelor of Oral Health

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.1 A coherent educational philosophy informs the programme's design and delivery.	• Based on academic experience, other Australasian oral health programmes have a more integrated educational delivery across the scope of practice. • The University of Otago oral health clinics continue to be separated distinctly into periodontal and paediatric clinics. • The programme's philosophy is to provide high quality preventative care, as well as minimal dental caries intervention for children and adolescents with the aim to reduce dental caries and the number of restorations. • The SET acknowledges this philosophy. However, it is important to ensure competence across the full restorative care treatments that will be required to meet the current community needs, once in practice. • University regulations specify admissions criteria and ensure standardisation of the process. • The selection criteria for the programme are based on academic performance and demonstration of the appropriate attributes for admission into the programme. There are five categories of entry to the BOH programme: ○ Secondary school category ○ One year university study category ○ Two or more years university study category ○ Graduate category ○ Alternative category.	*Standard is substantially met*

Standard Statement	Criteria	Evidence	Assessment
		• This diversity is positive for the programme.	
	3.2 Programme learning outcomes address all the required professional competencies.	• Mapping of the programme learning outcomes and the competencies was provided to the SET. • Coursebooks provided had clearly articulated learning aims and objectives, linked to the relevant Council competencies. • The programme is teaching discrete skillsets through differential patient clinics that does not facilitate exposure to an integrated "OHT clinic", but continue a differentiation based on patient age or procedure types. • The SET acknowledges that access to paediatric and adolescent patients are through Health NZ – Te Whatu Ora arrangements. • In the 2023 annual report the programme reported the two separate clinical papers in each of the second and third years of the degree will be integrated in the future. The programme referred to the idea of merging the papers which is encouraged to ensure the graduating professional is adaptable to community needs and moves seamlessly across all patients - adults, adolescents and children. This arose again at the accreditation this year, and it is an expectation that this will happen, to ensure a contemporary oral health therapist that is adaptable to the varied health settings of the future. • The learning outcomes cover the required competency areas for an oral health therapy graduate.	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate	• All programme papers are titled oral health therapy and clinics are distinguished by the patient groups treated - adults, adolescents and children.	

Standard Statement	Criteria	Evidence	Assessment
	competent to practice across a range of settings.	• Students' engagement with clinical practice increases as they progress through the programme. Clinical practice in the first year introduces clinical dentistry and includes significant simulation component teaching led by clinical academic staff. • In the second year, BOH students start to care for patients providing holistic health care and services to Māori, Pacific and low-income people. • In the third-year students undertake rotations to Te Kāika - a community health and well-being clinic as well as Health NZ - Te Whatu Ora community oral health clinical outplacements. • In addition, students also observe other disciplines providing patient care, through several rotations within the Faculty. • Students are required to attend 90% of clinics and tutorials; those students who miss time (attendance below 80%) are required to make up extra clinical time. • The programme monitors the range of treatment undertaken, deficits in clinical tasks etc. by student. At the mid-year break or after final-year exams, they develop individual timetables and 1:1 tuition to bring each student's clinical experience up to the required standard and at the level of their peers. • There are barrier tests for critical procedures (for example local anaesthetics in first term BOH2), and if a student fails, they are mentored 1:1 until they pass, and can then move on to treating patients. • Treatment planning principles are separated between periodontic and paediatric skills/patients as the papers, clinics and IT systems are not integrated which impinges on the ability to deliver integrated learning.	

Standard Statement	Criteria	Evidence	Assessment
		• There is a low volume of referrals from the BDS final year students to BOH for periodontal treatment. Any case referral is predominantly maintenance only. • The volume of maintenance patients is sufficient through the university clinic however the programme should look to broaden their partnerships with other health facilities to get a breadth of medical histories and periodontal case types - diabetes clinics, cardiac rehabilitation, radiotherapy etc. *Patient Allocation* • For periodontal care, at the beginning of BOH2 each student is allocated 4 adult patients, with completion of a minimum of ten adult periodontal patients and an expectation to complete at least fifteen adult patient appointments by the end of year 2. In BOH3 each student is allocated 10 -15 patients. • The programme has developed a case ranking system and active management of adult waitlists to ensure students gain exposure to all case types and difficulties commensurate to their skill level - easy, average and difficult. *Informed Consent* Paediatric patients • For children, verbal consent can be gained over the phone for any treatment to be provided that aligns to the treatment plan if the written consent form is not available. However, there is variability in the way the students record consent into Titanium.	

Standard Statement	Criteria	Evidence	Assessment
		• Hard copy consent form is only valid for one course of care, aligned to the treatment plan. If treatment changes, they need to seek new consent but not if the operator changes. • Some medical histories whilst signed by the parent, the actual medical history declaration was incomplete, not helped by the format and content of the current form. • Patient consent processes and subsequent health information recorded on patient records must be reviewed and gaps remediated to ensure safe patient care and compliance with the Council's Informed consent and Patient information and records practice standards. Refer to the condition under standard 1. Periodontal patients • Medical history taken at the initial enrolment may not be scanned to Titanium yet – administratively there is a backlog. However, a new medical history is taken on each visit from the patient or from the legal guardian for each course of care. • The newly developed e-form "FOD Examination Bachelor of Oral health (BOH)" for the adult clinic is to be commended. It captures the relevant information, the system prompts guide the student, and enable the development of the treatment care plan and charting. This is completed by the student on paper first for the clinical supervisor review and then uploaded to the system, prior to treatment commencing. • If papers are to be integrated then this needs to be backed up by integrated OHT clinical practice.	

Standard Statement	Criteria	Evidence	Assessment
		• Students gain sufficient clinical experiences to reach competence across the oral health therapy scope of practice for graduation.	
	3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	• Learning and teaching methods reflect what is expected from an undergraduate clinical programme. • There are a wide range of educational opportunities to accommodate different learning preferences – including: self-directed learning, lectures and seminars (online or in-person), direct observation, group presentations, e-learning, group-work, paired and solo hands-on simulation and patient treatments, and external clinical placements. • Paper review reports completed at the end of each academic year demonstrated reflection on student performance, feedback received, and any changes made as a result. Feedback is sought from students, staff, stakeholders and the external examiner. *Outplacements BOH3 Te Whatu Ora and IPE* • There are two Te Whatu Ora student placement blocks during the final year in the second semester, timing determined by the programme. • Students are given the list of placements available and give a first and second choice, along with their reasons for their choices. Most students get their first choice. • In addition, two IPE placement opportunities are offered. Dates are determined by the IPE programme based on availability of providers and number of places. • Placement providers receive information about the student's level of clinical exposure/competence to date prior to commencing placement.	

Standard Statement	Criteria	Evidence	Assessment
		• Students are required to prepare their profile to share with their mentor in the provider service as part of whanaungatanga - creating the relationships early. • It was reported at times students may not have completed a restoration or extraction on a patient before their outplacement; a concern shared by various interviewees. The SET considers the current lack of restorative care on a patient before they go on community outplacement inappropriate – and a potential patient risk of harm. At least one restoration on a patient in the programme clinic before external placement is required. • Te Kāika placements are led by a senior Faculty staff member with other PPFs supporting clinical supervision – enabling succession planning. • There are opportunities for students to complete a one- or two-day observation placement in private practice. *Blackboard* • Blackboard is a student intranet to support learning where lecturers and administrators can communicate to students notifications messages and course information. • PowerPoint slides for lectures are shared with students prior to the lecture to enable note taking. Lectures are recorded during face-to-face lectures and shared to Blackboard within an hour. • Learning methods support attainment of competence. Increased restorative exposure on patients, including extractions, before outplacements is necessary to build student confidence.	

BOH SPECIFIC REPORT

Standard Statement	Criteria	Evidence	Assessment
	3.5 Graduates are competent in research literacy for the level and type of the programme.	• The research component is well defined in the paper, to ensure graduates are research-literate and life-long learners. • Students complete a year-long research paper in their final year, presenting a report – embodying the design of a research proposal/ethics application. • Range of academic support services are available to students, including access to a Faculty Senior Lecturer - Education and Research. • All year 3 BOH students must attend the Sir John Walsch Research Institute Research Day. • BOH staff are research active and offer support to students.	
	3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.	• Division of Health Science IPE activities occur across all three years. A range of health disciplines participate in these initiatives. • These include: ○ Yr1: team-based IPE ○ Yr2: Professional ethics activity ○ Yr3: Collaborative approaches to manage long-term conditions and Te Whatu Ora – Tairāwhiti and Te Tai Poutini IPE. • For the Te Whatu Ora – Tairāwhiti and Te Tai Poutini - there are up to 10 places available each year. Students apply for these placements each year. This year was the first year it was over prescribed, and students were selected by the BOH2 paper coordinators, based on students' clinical ability and confidence. Other considerations were whether the student was Māori, from a rural area, or from the placement area. A formalised, transparent selection process and a feedback loop to students	

Standard Statement	Criteria	Evidence	Assessment
		as to why their IPE application was not successful needs to be developed and communicated. • There was no evidence of formalised joint dental team treatment planning. Whilst referrals between BDS and BOH occur, increased interdisciplinary learning opportunities within the undergraduate programmes can be improved.	
	3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.	• Suitably qualified and experienced staff run the programme. • The programme's clinical teaching resources reported were: o 5 Dental Hygienists (2.9 FTE) o 6 Dental Therapists (4.9 FTE) o 6 Oral Health Therapists (5.3 FTE) o I Dentist (1 FTE). • Staff are experienced clinicians and support new staff joining the programme. • Increasing OHT teaching staff will help support fully integrated patient clinics for oral health therapy, and development of academic leadership for the future of the programme. • The programme regularly calibrates staff. • No concerns about the academic and clinical staff were raised. • Feedback on staff was very complimentary – described as loyal, committed and caring.	

Standard Statement	Criteria	Evidence	Assessment
	3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	• Learning and clinical facilities are exceptional and support student learning. • No concerns on equipment, instruments and materials. • Maintenance is scheduled and undertaken. • Each student has to purchase 3 periodontal instrument kits however there is additional instrumentation that they can request through a booking system.	
	3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates equipped to provide care to diverse groups and populations.	• The programme has a very strong focus on cultural competence, cultural safety and hauora Māori. • In collaboration with Kōhatu the programme developed targeted learning material with an oral health perspective. • Kōhatu and Va'a o Tautai provide pastoral care and academic support to Māori and Pacific students. • One of the senior programme staff members is also the Faculty Associate Dean Māori. • The programme's student and staff profile is diverse.	
	3.10 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the	• The BOH programme has 163 students across the three years. • The programme reported 14.7FTE academic and clinical staff. • During the recent Hospital Optimisation project, it was identified that the staff load has not kept pace with the increased student numbers. • Satisfactory clinical supervision resource is needed to ensure adequate learning for students and protect safe patient care.	

Standard Statement	Criteria	Evidence	Assessment
	professional competencies.	• Sufficient access to paediatric patients with restorative needs remain a challenge within Dunedin. The Te Kāika and Te Whatu Ora outplacements offer student experiences to gain restorative competence.	
	3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies.	• The SET sighted the signed agreements with the Health NZ – Te Whatu Ora community oral health services where the third-year students are placed for clinical experiences. • The balance of clinical experiences is within Faculty managed clinics.	
5. Assessment is fair, valid and reliable.	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• The coursebooks clearly articulate the learning outcomes and assessments for each paper. • Self-reflection is a strong component within the various assessments. This supports the principle of life-long learning and the Council recertification requirement for registered practitioners. • The programme assesses competencies in multiple ways and at different points of the curriculum to enhance reliability of assessment.	*Standard is met*
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	• Assessment mapping to the competencies were clear and appropriate for assessing the competencies as content is scaffolded through the 3 years of the programme. • Mapping provided was comprehensive with a detailed precis, their mapping to the Council standards and the cited various modes of delivery.	

Standard Statement	Criteria	Evidence	Assessment
		• All competencies are assessed, and modes of assessment considered appropriate.	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	• The programme uses a range of assessment modes. • The programme uses a variety of summative and formative assessment methods that are reflective of a contemporary pedagogical approach. • Assessments are staggered appropriately throughout the academic year to balance the load on students. • Student assessments of clinical tasks encourage students to be self-reflective and use critical thinking in their approach to clinical practice. • Importantly ongoing clinical assessment tools incorporate assessing students' interpersonal skills as well as the technical aspects of OHT clinical practice and interaction with patients. • Practical OSCE and case study-based assessments provide contextual learning-based assessments applicable to the practice of an OHT. • Assessments are reviewed and appropriate changes are made to content, delivery dates and format e.g. research assessment for DEOH304 proposes a group assessment rather than individual submission to replicate research proposal development in a real 'world context '. • Assignments and logbooks were available. • Clinical logbooks provided a comprehensive overview of students continuing assessment of clinical practice. • To be commended was the innovative teaching method for tooth morphology for BOH 1. This was innovative, creative in conceptual tooth model building in any medium chosen by the student. The assessment	

Standard Statement	Criteria	Evidence	Assessment
		modes are appropriate, and consistent with comparable international programmes. • The methods of assessment are comparable to programmes across Australasia with varying assessment modes of delivery reflecting contemporary OHT teaching and learning. • The assessment schedule, variety of assessment delivery methods and the underpinning pedagogy used to formulate/design both formative and summative assessments are appropriate.	
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	• Papers incorporate robust internal review processes to assess fairness and equity in the assessment delivery. • Evidence was presented to the SET of extensive support for students to confidently undertake assessments. • This support consists of 1-1 coaching for students to pass assessments if they have failed a previous attempt with remediation sessions put in place. e.g. local anaesthetic barrier assessment. • There is a valid approach to assessment marking in formal student assessments and examinations. • A sample of assessment papers, alternated across papers/subjects over different semesters, from the higher and lower marking scale should be double-marked by clinical supervisors. This is already being done for some assessments, e.g. reflective essays, OSCEs and some tests, but should be formalised, conducted routinely, and extended across other assessments. • This double marking process ensures internal validity in marks awarded especially in the issue of student appeals.	

Standard Statement	Criteria	Evidence	Assessment
		• It also assists clinical supervisors in self-assessing that their marking is accurate, benchmarked against marking rubrics. • Interviews confirmed calibration of clinical supervisors occur regularly. • No concern on the timeliness of student feedback was raised.	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• The programme in the future may need to increase the volume of oral health therapist educators when it moves to an integrated programme delivery. *External Examiner* • External examiners for the BOH programme were a former Oral Health academic/Community Oral Health Service (COHS) Oral Health Educator and the local COHS Professional Leader. • External examiners outside of Dunedin also bring different perspectives. • Whilst it's acknowledged that a NZ clinician has knowledge of the NZ practice context, it's a recommendation that one of the programme's external examiners is an Australian oral health academic. • Using external examiners from another BOH programme ensures academic expertise and impartiality is applied to final year students' performance, especially in cases of appeal. • Both examiners agreed that the students were well prepared and demonstrated a level of clinical knowledge to move into clinical practice. • One examiner provided a comprehensive summary of the final year examination process whilst the other provided minimal comments which made it harder to gauge their overall experience in the process. A joint	

Standard Statement	Criteria	Evidence	Assessment
		comprehensive, consensus view from the external examiners in the report may be more appropriate.	

BDentTech specific report

Bachelor of Dental Technology

Key findings for the BDentTech programme

The Bachelor of Dental Technology programme undertook a comprehensive curriculum review to ensure it remained contemporary and fit-for-purpose. The changes included embedding of the Dental Council cultural safety competencies, papers reflected the shift to digital technologies introduced over recent years, and strengthening the vertical and horizontal integration.

The learning of traditional and digital design and manufacturing makes this an intense course – but the balance appears appropriate and necessary for the foreseeable future.

The SET considered the curriculum changes appropriate. An update to the coursebook is needed to ensure the changes are accurately reflected and content current.

Additional opportunities for formalised patient interaction to build students' confidence in engaging with patients and colleagues in the oral health sector is recommended. Ideally, patient cases where the prostheses the BDentTech students prepared could be trial-fit for the patient.

External professional representatives were complimentary about the programme and considered that it prepared graduates well for contemporary dental technology practice in Aotearoa New Zealand. The commitment and loyalty of the programme staff was a strength to the programme that should be fostered.

Suggestions are made through the programme report that could further contribute to improvements.

Commendations for the BDentTech programme

1. The passion and commitment of staff to continually update and improve the programme to ensure it delivers graduates that meet the sector needs.
2. The extensive curriculum review reflecting contemporary dental technology practice with clear vertical and horizontal integration.
3. The dental laboratory infrastructure – the range of equipment, digital technologies, instruments, and dental materials are extensive and high quality.

BDentTech specific report

Accreditation decision for the BDentTech programme

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

The Bachelor of Dental Technology programme is **granted accreditation until 31 December 2029, subject to the following programme-specific condition:**

Before the start of the 2025 academic year:

To satisfy accreditation standard 3 – Programme of study

1. Review the course handbook to ensure it reflects the various changes to the curriculum and a general tidy-up.

Recommendations for the BDentTech programme

1. Explore increased, formalised patient interaction opportunities for BDentTech students during years 2 and 3 to build their confidence in engaging with patients and colleagues in the oral health sector - this could include collaboration with other dental programmes. Ideally, patient cases where the prostheses prepared by the BDentTech students could be trial-fit.
2. Continue to embed the Kōhatu cultural competence, cultural safety and hauora Māori training into the BDentTech programme, and explore further opportunities where this can be applied within the context of dental technology practice.
3. Monitor technical staff levels in the laboratories to ensure adequate resourcing across the various spaces to ensure safe learning and work spaces.
4. Engage with other undergraduate course coordinators to better optimise and manage scheduling across the laboratory spaces and to protect dental technology teaching resources to focus on their students' learning.
5. For year 1, consider increased use of tutorials instead of lectures.
6. Continue establishing an academic induction programme for school leaver BDentTech students to better support their adjustment to tertiary education.

BDentTech specific report

Summary of findings for Bachelor of Dental Technology

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.1 A coherent educational philosophy informs the programme's design and delivery.	• The BDentTech programme is designed to facilitate the acquisition of knowledge, lifelong reflective learning skills and foster attitudes leading to intellectual independence while giving students the opportunity to develop clinical, oral, and written communication skills. • Students are required to apply their knowledge through critical reasoning, intellectual analysis, and problem solving in an environment informed by research. • In recent years significant new technologies were introduced to the dental technology industry. • The use of digital technologies, computer-assisted design and computer-assisted manufacturing (CAD/CAM) have been incorporated into the programme over the years, but not formally reflected in the programme papers. • A curriculum review working group was established to ensure the programme remains contemporary and fit-for-purpose. • The working group included senior academics and Māori and Pacific representatives. • Benchmarking against international programmes occurred. • The curriculum changes were approved by the University and introduced at the start of the 2024 academic year. • The key changes included: o Paper name changes to reflect the use of digital technologies.	*Standard is met*

Standard Statement	Criteria	Evidence	Assessment
		○ The introduction of a broader range of competencies at a foundation level in the first year. ○ In-house delivery of applied chemistry and physics as it relates to the practical aspects of dental technology. ○ Embedding of cultural competence, cultural safety and professional communication for dental technology practice into the applied design papers across all three years. This includes a Te Tiriti o Waitangi and Pacific Peoples focus. ○ Restructuring of the orthodontic appliance competency development across years 1 and 2 to better support the skills development on removable prostheses and removable orthodontic appliances. ○ A decrease in the points allocated to the research paper in year 3 to better reflect the level of research completed by the programme. This allowed for the introduction of a new paper to consolidate the removable and fixed prosthetic applied design papers from the earlier years. ○ The professional practice paper that develops skills for practice management remains, but paper details were updated to accurately reflect content. • The vertical and horizontal integration is clear. Each year builds on the previous year with increased emphasis on self-directed learning, application of knowledge and integration as students move towards independence. • The focus on digital technologies reflects contemporary practice and will appropriately prepare students for the industry demands.	

Standard Statement	Criteria	Evidence	Assessment
		• The learning of traditional and digital design and manufacturing make this an intense course – but the balance appears appropriate and necessary for the foreseeable future.	
	3.2 Programme learning outcomes address all the required professional competencies.	• A key component of the 2022 curriculum review was to benchmark the BDentTech programme with other international programmes and mapping of its learning opportunities to Dental Council competencies. • The mapping of the professional competencies to the learning outcomes was provided. • Detail on what the various papers cover was provided, as well as the coursebook and applied design workbooks. • The programme covers the competency areas required for the dental technology scope of practice.	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	• The programme aims to balance the academic and technical work. • If offers the foundation knowledge and understanding of dental materials, biological and pathological processes underpinning technical activities. • The technical component starts with guided technical practice which increases in complexity as the course progresses and requires students to engage in reflective practice. • The applied design workbooks detail the technical activities to be completed. • By example, the third year applied design activities are: ○ 2 x denture cases ○ CAD diagnostic wax-up, temporary crowns	

Standard Statement	Criteria	Evidence	Assessment
		○ 3 x Removable partial dentures ○ Posterior ceramic bridge (CAD) ○ Posterior 3 unit implant bridge ○ Single implant (CAD) ○ 2 x Orthodontic appliances ○ Intra-oral scanner CAD case ○ Implant overdenture framework ○ 2 x assessment cases ○ Patient case with postgraduate clinical dental technology student. • For the patient case, each BDentTech student is assigned to a clinical dental technology (CDT) student for a full denture case to be set-up for the try-in stage. There are some references to BDS year 4 student involvement in these cases, but it's unclear whether this was occurring regularly or consistently. • At each stage of the case, engagement between the students is required, and the dental technology students are encouraged to attend the patient clinic throughout the case – where possible. • Quality control of the work is performed by the laboratory supervisors before sign-off to be used for the patient. • Student experiences on the patient case were generally positive. • The programme taps into external commercial laboratories to identify actual patient cases for use as learning material.	

Standard Statement	Criteria	Evidence	Assessment
		• Staff identify interesting or challenging cases from undergraduate or postgraduate clinics that they can use for learning. • Additional laboratory sessions are arranged where students need more time or extra skills practice. • Students have industry placement experiences in year 3, where they visit commercial dental laboratories and work alongside registered dental technicians/clinical dental technicians. These placements form part of the Practice Management module to prepare students for practice. • Students are encouraged to work in or visit laboratories during their breaks. • Sector representatives interviewed during the site visit commented on the high standard and complexity of the cases students are given for their applied design tasks. • The clinical SET members observed a representative range of dental prostheses designed and manufactured by students across years 1 – 3, and at different performance levels. • The progression of skills and complexity throughout the years were demonstrated. • The quality of the work was considered appropriate for the progression levels. • Final years' work reflected what was expected of a dental technology graduate entering the workforce. • As with other new graduates, learning is steep into commercial laboratories – particularly around time management.	

Standard Statement	Criteria	Evidence	Assessment
		• External professional representatives were complimentary about the programme and considered that it prepared graduates for contemporary dental technology practice in Aotearoa New Zealand.	
	3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	• The design of the programme accommodates different learning preferences through use of various learning methods. • These include lectures, tutorials, clinical case presentations, groupwork, laboratories, use of videos for demonstrations of techniques, clinical observation, lab reports, self-reflection, context rich problem case studies, external guest lectures. • All lectures/seminars are recorded, and automatically uploaded after the session. • In year 1, the increased use of tutorials instead of lectures was recommended. • Teaching evaluations and papers reviews enable feedback on potential changes needed to better support learning. Annual student surveys are done by the University, and feedback shared with the programme. • As mentioned under criterion 4.1 – a review of the course handbook is needed before the next academic year as there are missing details, duplication of information, incorrect task numbering etc. • The programme identified that year 1 students directly entering from school need additional academic support. An academic induction programme is being explored to better support these students' adjustment to tertiary education.	

Standard Statement	Criteria	Evidence	Assessment
	3.5 Graduates are competent in research literacy for the level and type of the programme.	• In the final year students complete an Applied Research in Dental Technology paper. • The paper introduces the principles and methodology of research with the objective to critically evaluate literature and research evidence, and understand research methods related to dental technology. • Students undertake a research project in smaller groups. • They undertake scientific investigation and present the outcomes in a final report, in the form of a paper for submission to a specified journal. • The project is presented to the class, and some are selected for presentation at professional conferences/meetings. • Example research reports were shared with the SET, and the quality of the reports were very high.	
	3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.	• BDentTech students participate in the Health Sciences Interprofessional Education (IPE) programme in a variety of settings throughout the degree, including a Professional Ethics in professional practice IPE activity over two days in their final year. • The patient cases where the BDentTech and CDT students share a denture case foster collaborative practice. The students work together to plan, problem solve and critically evaluate the technical work. • Students also report on a CAD/CAM clinical case from the undergraduate clinics. The student analyses the case on its preparation quality, and provide written feedback to the clinician. Their findings are presented to the class.	

Standard Statement	Criteria	Evidence	Assessment
		• Explore increased opportunities for BDentTech students to build their confidence interacting with patients and other oral health practitioners. This could be achieved with joint activities across undergraduate programmes.	
	3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.	• A list of the teaching staff, their qualifications and their roles were provided. • Teaching staff are highly qualified, skilled and experience. Many have postgraduate qualifications in dental technology, PhDs and higher education qualifications. • The laboratory staff are highly experienced and respected.	
	3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	• The new facilities are very high quality. • A 32-chair computer aided design laboratory is available, with a full range of digital design software. Each lab has a recording camera, used to record demonstrations for students and uploaded for students. • Contemporary equipment, five 3D printers and two new CAM milling machines are available. A digital microscope is linked to in-class displays. • Left-handed burs and kits have been purchased. • New equipment is sourced when needs are identified. • A staffed dispensary provides the necessary dental materials and equipment. The laboratory staff support the programme very well. • Research spaces and equipment are available for projects. • While the state-of-the-art equipment and technology are extraordinary, maintenance and replacement costs are high. Careful budget planning will	

Standard Statement	Criteria	Evidence	Assessment
		be needed – this is front-of-mind among the programme leadership and laboratory staff. • With increased student numbers across the undergraduate programmes, the shared laboratory space can become filled quickly. Other undergraduate students use the opportunity to ask for help from the dental technology staff in the shared facilities, taking away from their primary roles. • Planning with the other course coordinators is recommended to better optimise the use of the shared laboratory spaces (particularly the plaster room) and to protect dental technology teaching resources to focus on their students' learning.	

	3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates equipped to provide care to diverse groups and populations.	• Commentary on cultural competence, cultural safety and hauora Māori is available under domain 6.
		• The programme has recently introduced these modules – delivered by Kōhatu staff.
		• Topics cover:
		  ○ Tikanga and Te Tiriti o Waitangi
		  ○ Te Taiao, Māori values in practice
		  ○ Cultural safety, communication, use of language.
		• This is further supported by a lecture:
		  ○ Communication in the dental team: Cultural safe practice.	

<table>
<tr><th>Standard Statement</th><th>Criteria</th><th>Evidence</th><th>Assessment</th></tr>
<tr><td rowspan="2"></td><td></td><td>

All the design workbooks have a section on the programme and students' role to protect Te Taiao – the natural world, and to be respectful and conservative on the materials and processes they use.
Students are reminded of these principles throughout their studies.
Active reflection forms a key part of the programme assessment.
Assessments include:

written assignment on how a personal understanding of Te Tiriti o Waitangi, Tikanga and Māori values will contribute to a culturally safe work environment is included as part of the paper
examination questions
observation of patient interaction (on patient case).

Students have limited patient interactions – but interaction with their peers and staff must also be culturally safe.
Great collegiality among the students was observed.
</td><td rowspan="2"></td></tr>
<tr><td>3.10 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.</td><td>

The programme has the necessary resources to deliver the programme.
Staffing is stable.
Although sufficient technical staff is available to fulfil the teaching – staffing is stretched, and any absences put additional pressures on staff. Supervision across all the spaces with limited staff is challenging.
New dental technology staff has joined the programme, which is positive for further capacity and capability development.
</td></tr>
</table>

BDentTech specific report

Standard Statement	Criteria	Evidence	Assessment
		• Staff demonstrated their passion and commitment to deliver high quality graduates ready to meet the sector demands.	
	3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies.	• The teaching laboratories are University facilities. • Student placements in commercial laboratories are supported by the New Zealand Institute of Dental Technologists. The programme has a well-established and supportive working relationship with the association.	
5. Assessment is fair, valid and reliable.	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• The programme assessments are underpinned by the principles set by the University *Best Practice Guidelines for the Assessment of Student Performance.* • The learning outcomes were mapped against the assessment modes. • All subjects are assessed through a combination of technical work and a final examination. • Formative assessment is carried out routinely to aid student learning and to give feedback. This helps to identify any difficulties the students might have with aspects of the programme. It also allows movement away from snapshot impressions to rotational or cumulative assessment of students over the entire programme. • The summative aspect of the technical assessments is the applied design tests and assessment tasks. These are controlled tests that have a task or cases that must be completed in a certain timeframe.	*Standard is met*

Standard Statement	Criteria	Evidence	Assessment
		• Assessment modes used to measure competencies are considered appropriate.	
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	• A mapping of the competencies and the related assessments has been provided. • All competencies are assessed.	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	• An extensive range of assessments is used. • The theory components of the dental technology assessment are a mixture of formative and summative assessments. These are made up of assignments, multiple-choice questions written tests, context rich presentations and written examinations. • While students are expected to know the facts and understand the literature – focus is on problem-solving in context. • The technical assessments are aimed at checking the acquisition of competency in an area. • In addition to the technical tasks, assessments include lab reports and oral examinations focusing on the synthesis of knowledge and patient-centric and holistic integration of practice. • Students must pass both the theory and technical component of each paper. • Remedial activities and special examinations may be awarded. If more than one component is failed, the year is repeated.	

Standard Statement	Criteria	Evidence	Assessment
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	• Clear criteria are articulated against each technical task in the design workbooks. • Clear marking criteria are used. Rubrics for assignments, presentation and reflective exercises were shared, and were appropriate. • The small pool, full-time and experienced staff teaching across all three years ensure calibration in assessing tasks. • University marking processes of written examinations are followed (blind-marking, borderline candidates double-marked etc.) • Examiners are calibrated before and after the oral examinations. • No concern about the timeliness of results were raised.	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• Staff assessing students are highly experienced. • An external examiner is used. • The last external examiner report was provided, and comments were generally positive. • The only technical work area identified for further improvement related to porcelain margins and their fit. • Availability of implant examples for external assessment was recommended (work was already with students, off-site). • The staff, teaching and learning approach, and available technical opportunities were complimented. • No concern on the assessment quality or process was raised.	

Appendices

Appendix A – List of acronyms used in this report

Acronym	Description
BDentTech	Bachelor of Dental Technology
BDS	Bachelor of Dental Surgery
BDS (Hons)	Bachelor of Dental Surgery with Honours
BOH	Bachelor of Oral Health
CAD-CAM	computer-assisted design and computer-assisted manufacturing
CDT	clinical dental technology
DA	Dental assistant
DCNZ	Dental Council New Zealand
FTE	Full-time equivalent
HDC	Health and Disability Commissioner
IPC	Infection prevention and control
IPE	Interprofessional education
NZDSA	NZ Dental Students Association
OHT	Oral health therapy
PPF	professional practice fellows
SET	Site evaluation team

Appendix B – Site visit schedule

Monday 5 August – CORE GROUP

Time	Activity		
Day 1 team	*CORE SET members:* A/Prof Rebecca Wong – Co-chair & senior dental academic Dr Kay Franks – Co-chair & senior dental academic Pauline Koopu - Cultural safety advisor Dr Hiria McRae - Layperson Alex Munro – New Zealand clinician *DC Staff:* Suzanne Bornman – Prevention Manager Marie MacKay – Chief Executive	*International observers:* Dr Gerry Cleary – Ireland Dental Council Chair David O'Flynn – Ireland Dental Council Chief Executive Paul Lyons – Ireland Dental Council Education Manager	
Room details	**Session**	**Focus areas**	**Participants**
Zoom details (if required)	Join Zoom Meeting		
8:30 – 9:10	Mihi whakatau & morning tea - G37, Walsh Building		Faculty leadership team Undergraduate programme leads Site evaluation team – core group Council cultural advisor – Nate Rowe Dental Council Chair – Dr Andrew Cautley International observers Dental Council staff

Room details	Walsh G02		
9:20 – 9:55	Leadership team	Strategic direction Governance Resources	Prof Paul Cooper - Dean Prof Richard Cannon – Deputy Dean Academic Prof Karl Lyons – Deputy Dean Clinical A/Prof Lara Friedlander – Associate Dean Undergraduate Dr Janine Cochrane – Director Dental Hospital Ms Kaye Jeffries – Senior Manager, Divisional Services & Administration
10:00 – 10:20	Divisional representation	University strategic vision for Faculty & undergraduate programmes	A/Prof Megan Gibbons – Pro-Vice Chancellor Health Sciences
10:30 – 11:15	Undergraduate committee	On principle levels across programmes: Selection process, entry criteria Programme development, monitoring and improvement Assessments standard setting	A/Prof Lara Friedlander - Associate Dean Undergraduate Prof Karl Lyons – Associate Dean Admissions Dr Benedict Seo – Convenor Bachelor of Dental Surgery (BDS) A/Prof May Mei – Deputy Convenor BDS Early Learning Dentistry A/Prof Susan Moffat – Convenor Bachelor of Oral Health (BOH) Mr John Aarts – Convenor Bachelor of Dental Technology (BDentTech) Prof Andrew Tawse-Smith - Associate Dean International
11:15 – 11:30	**Morning tea break**		
11:30 – 12:15	Tour of facilities	Undergraduate common areas (study & support) Undergraduate clinical areas	A/Prof Lara Friedlander Prof Karl Lyons Prof Richard Cannon
12:20 – 12:45	Te Whatu Ora Southern	Faculty clinical service delivery	Ms Toni McKillop

			Dr Tim MacKay
12:45 – 13:25	**Lunch & closed session**		
13:30 – 14:10	Dental student association Māori student association Pasifika Dental Association	Student experiences	Neha Kumar - Pacific Ruby Tukia - Pacific Christian Fogavai - Pacific Tala'ofalefa Kefu - Pacific Michael Le Pine-Day – NZDSA President Sophie Gaudin - NZDSA Sonia Hua - NZDSA Abigail Thompson - NZDSA Dylan Vanuffelen - NZDSA Abdul Ahmadi – NZDSA Kristen Laing - NZDSA Ella McDonald - NZDSA Calvin Chen - NZDSA Yan Kang Lim - NZDSA Leo Liu - NZDSA Phoebe Skinner - Māori Dental Students Assoc President. Brianna Jansen - MDSA Charlie Douglas - MDSA KC Trainor - MDSA Tui-Aroha Fransen - MDSA Devine Tahere - MDSA Akuira Haimona-Ngawharau - MDSA
14:15 – 14:40	Faculty Operations	Resources Administrative support	Ms Anita Sykes (FoD Finance Advisor) Ms Kaye Jeffries (FoD Administration Manager)

			Ms Kerry Shea (FoD HR Advisor)
14:45 – 15:30	Cultural competence and safety	Cultural safety learning in curriculums Cultural safety in clinical practice/labs Assessment	Mr Sam Carrington - Associate Dean Māori Prof Darryl Tong - Associate Dean Pacific A/Prof Esther Willing – Director Kōhatu Prof Rose Richards – Deputy Director Va'a o Tautai/Centre for **Pacific Health** Dr Lynda Wixon – Lead Dentist Te Kāika
15:30 – 15:45	Afternoon tea		
15:45 – 16:25	Clinical Governance	Clinical services Patient safety Quality assurance	Dr Janine Cochrane - Director Dental Hospital Prof Karl Lyons - Deputy Dean Clinical Dr Pip MacDonald - Head of Clinical Services, Dunedin Dr David Roessler - Head of Clinical Services, Auckland Mr Don Brewer - Services Manager Clinical Dr Lynda Wixon - Clinical Lead, Te Kāika Ms Jenine Upritchard – Compliance Manager
16:30 – 17:00	Student support services	Faculty student support University personal and academic support	Prof Andrew Tawse-Smith Prof Richard Cannon A/Prof Lara Friedlander Ms Holly He Ms Kaye Jeffries
17:00 – 17:30	Core group debrief Closure of day 1 with karakia		

Tuesday 6 August – Bachelor of Dental Surgery and Bachelor of Dental Surgery (Honours) review

Time	Activity
7:45	Team arrival and set-up
Day 2 team	*BDS SET members:* A/Prof Rebecca Wong – Co-chair & senior dental academic A/Prof Dimitra Lekkas – Senior dentist academic Alex Munro – New Zealand clinician Pauline Koopu - Cultural safety advisor Dr Hiria McRae - Layperson *DC Staff:* Suzanne Bornman – Prevention Manager Marie MacKay – Chief Executive *International observers:* Dr Gerry Cleary – Ireland Dental Council Chair David O'Flynn – Ireland Dental Council Chief Executive Paul Lyons – Ireland Dental Council Education Manager
Zoom details (where required)	Join Zoom Meeting https://us02web.zoom.us/j/89837301382?pwd=cUtUNUlrbEtnZFVxYXRiUHcvYXNJQT09
8:00 – 8:30	Whakawhanaungatanga (karakia, interactions & cup of tea) – G02 For BDS staff & UG leadership representative/s
Room details	Walsh G02

Appendices

8:40 – 9:10	Bachelor of Dental Surgery Committee (excluding student reps)	Strengths & issues Programme changes Monitoring of changes External educational review	BDS Programme Convenor - Dr Benedict Seo BDS Deputy Convenor and Early Learning – A/Prof May Mei Year Chairs BDS2 – Dr Carolina Loch BDS3 – Dr Benedict Seo BDS4 – Prof Sunyoung Ma BDS5 – A/Prof Peter Cathro Deputy Dean Clinical – Prof Karl Lyons Deputy Dean Academic – Prof Richard Cannon Associate Dean Undergraduate – A/Prof Lara Friedlander
9:15 – 9:55	Clinical paper coordinators	Overview of course structure Strengths & issues Student clinical experiences Supervision Clinical facilities Assessments Resources Cultural safety in clinics	DENT261 – Dr Zeina Al Naasan DENT361 – Dr Finn Gilroy DENT461 – Dr Mani Ekambaram DENT531/570 – A/Prof Peter Cathro / Dr Kate Newsham-West Cultural safety in clinics - Dr Lynda Wixon
10:00 – 10:25	Head of disciplines Cariology, Prosthodontics, Restorative Dentistry, Special Needs Dentistry, Dental Public Health	Overview of content Strengths & issues Assessments Resources	Cariology & Restorative Dentistry - A/Prof May Mei Prosthodontics – Prof Karl Lyons Special Needs Dentistry - Dr David Antunovic & Dr Nural Thiyahuddin Dental Public Health – Prof Jonathan Broadbent
10:30 – 10:45	**Tea & closed team session**		
10:45 – 11:10	Head of disciplines	Overview of content	Endodontics - A/Prof Lara Friedlander

Appendices

	Endodontics, Periodontics, Oral surgery	Strengths & issues Assessments Resources	Periodontics - Prof Warwick Duncan Oral Surgery - A/Prof Harsha De Silva
11:15 – 11:40	Head of disciplines Orthodontics, paediatrics, oral medicine, oral pathology	Overview of content Strengths & issues Assessments Resources	Orthodontics - Prof Mauro Farella Paediatric Dentistry - A/Prof Mani Ekambaram Oral Pathology- A/Prof Haizal Hussaini Oral Medicine – Dr Simon Guan
11:45 – 12:15	Tour of facilities – BDS specific areas		Prof Richard Cannon A/Prof Haizal Hussaini
12:15 – 12:45	Lunch & closed team session		
12:45 – 13:00	BDS Honours Programme	Entry criteria & selection Clinical experiences Research	BDS Honours programme Convenor – A/Prof Haizal Hussaini BDS Honours Clinical Co-ordinator – Dr Kate Newsham-West Cultural competence & Safety Final Year Dentistry – Dr Lynda Wixon
13:00 – 13:25 *zoom*	BDS Advisory Group (external)	External programme review, development & changes – contemporary practice	Dr Erin Mahoney - Yes Dr Graham Leathley - Yes Dr Natalie Stent - Yes Dr Anna Dawson - Yes Dr Kris Sweetapple - Apology Dr Kathy Fuge - Yes Dr Sene Ioane - Apology Dr Margaret Rae Clark (Te Ao Mārama Representative) - Yes
13:30 – 13:55	New Academic staff since the last accreditation review	Strengths & issues	Dr Kate Morgaine (Dental Public Health) – Senior Lecturer

		Learning outcomes Resources Support	Dr Adith Venugopal (Orthodontics) – Senior Lecturer Dr Yvonne Golpak (Paediatric Dentistry) – Lecturer – Maternity Leave Dr Noren Hasmun (Paediatric Dentistry) – Senior Lecturer - Apology Dr Arthi Senthikumar (Prosthodontics) - Lecturer Dr Zeina Al Naasan (Periodontics) –Lecturer
14:00 – 14:40	BDS students Years 2 & 3	Strengths & issues Clinical experiences Supervision Clinical facilities Academic & personal support Assessments Involvement in programme Communication	*Year 2* Xinyu Fu Albert Thompson Vincent Withers *Year 3* Mosese Dolodolotawake Tony (Letian) Lin Jonine Tiakia Youyu Zhang
14:45 – 15:00	**Tea & closed team session**		
15:00 – 15:40	BDS students Years 4 & 5 (incl Hons)	Strengths & issues Clinical experiences Supervision Clinical facilities Academic & personal support Assessments Involvement in programme Communication	*Year 4* Aidan Khoo Ethan Martin Rory Patu Charlotte Hillberg *Year 5* Adrita Arif Xing Chua Sarah Ibrahim

			Faeamani Lokotui Zinah Awbi Jasmina Singh
15:45 – 16:30 *zoom for those off-site*	Clinical teaching staff PPFs	Strengths & issues Student clinical experiences Clinical facilities Supervision Assessments Resources	Dr Florence Bennani (Orthodontics) Dr Malcolm Dacker (Oral Surgery) Dr Zoe Brook (Te Kāika & BDS CSB) Dr Binnie Ahamat (UCU) Dr Ruth Sun (UCU & BDS CSB) Dr Helen Smith (BDS CSB) Dr Ken Orchiston (Experienced PPF – BDS CSB) Dr Sunil Bangah (Experienced PPF – BDS CSB) Dr Patricia Tudin (Experienced PPF – BDS CSB) Dr Yolin Govender (AKL) Dr Sabrina Tan (AKL) Dr Sherin Takawi (AKL) - Apology
16:40 – 17:10 *zoom*	Professional body – NZDA & Te Ao Mārama	Strengths & issues Preparedness for practice Programme input Research funding to UG Programmes	Dr Mo Amso – NZDA Ami Gilchrist – NZDA Dr Amanda Johnson – President NZDA Leeann Waaka - Te Ao Mārama
17:15 – 18:00 *zoom*	Recent graduates	Strengths & issues Clinical experiences Supervision Assessments Academic & personal support Preparedness for practice	*2021* Ahmad Alani Jedidiah Lim Yun Tsern Pang Andrew Jiuyuan Li Jonathan Liang

		Involvement in programme Communication	Titus Ji Cheng Who *2022* Noor Al Jassasi Amelia DeMarco Reuben Katene Tegan Saskia Binkhorst Alexandra Summerfield Burhanuddin Haidermota *2023* Eunice Koo Maryam Al-Adawi Bayley Anderson Karanvir Gidda Hua-Xin Teo Bhavya Rajan Lauren Reynoldson-Ross Laura Phillips
18:00	End of day 2 at Faculty		

Appendices

Wednesday 7 August – Te Kāika visit (BDS & BOH SET members)

Time	Activity	
Day 2 team	*BDS SET members:* A/Prof Rebecca Wong – Co-chair & senior dental academic Dr Kay Franks – Co-chair & senior dental academic A/Prof Dimitra Lekkas – Senior dentist academic Alex Munro – New Zealand dentist Stella Marshall – New Zealand oral health therapist Pauline Koopu - Cultural safety advisor Dr Hiria McRae - Layperson *DC Staff:* Suzanne Bornman – Prevention Manager Marie MacKay – Chief Executive	 *International observers:* Dr Gerry Cleary – Ireland Dental Council Chair David O'Flynn – Ireland Dental Council Chief Executive Paul Lyons – Ireland Dental Council Education Manager
7:55	Team arrival at Te Kāika	
8:00 – 8:30	Facility visit	Led by Dr Lynda Wixon
8:30 – 8:45	Travel to Dental School	

Wednesday 7 August – BDS clinical record review & report writing

Time	Activity
Room details	Breakaway room
SET participants	A/Prof Rebecca Wong – Co-chair & senior dental academic A/Prof Dimitra Lekkas – Senior dentist academic Alex Munro – New Zealand dentist DC staff: Suzanne Bornman
9:00 – 10:30	Clinical record reviews – CSB Level 3 Postgraduate Area SET clinical members with BDS representative/s: Dr Kate Newsham-West, Associate Professor Lara Friedlander – Access into Titanium patient records (random BDS 5 & 4 students, random patient entries) – Overview on academic/clinical management tools. For example: o Patient triage & allocation o Dashboard view on treatment types/codes – i.e. how you see the range of patients, identify gaps for individual students o Treatment plans without supervisor sign-off etc.
10:30 – 12:45	Report writing
12:45 – 13:30	Lunch
13:30 – end of day	Continue report writing

Appendices

Wednesday 7 August – Bachelor of Oral Health review

<table>
<tr><th>Time</th><th colspan="3">Activity</th></tr>
<tr><td>Day 3 team</td><td colspan="3">BOH SET members:
Dr Kay Franks – Co-chair & senior dental academic
Stella Marshall – New Zealand oral health therapist
Pauline Koopu - Cultural safety advisor
Dr Hiria McRae - Layperson

DC Staff:
Marie MacKay – Chief Executive

International observers:
Dr Gerry Cleary – Ireland Dental Council Chair
David O'Flynn – Ireland Dental Council Chief Executive
Paul Lyons – Ireland Dental Council Education Manager</td></tr>
<tr><td>Zoom details (where required)</td><td colspan="3">Join Zoom Meeting</td></tr>
<tr><td>9:00 – 9:30</td><td colspan="3">Whakawhanaungatanga (karakia, interactions & cup of tea) – Walsh G02
For BOH staff & UG leadership representative/s</td></tr>
<tr><td>Room details</td><td colspan="3">Walsh G02</td></tr>
<tr><td>9:40 – 10:00</td><td>Undergraduate Studies Committee – Oral health (excluding student reps)</td><td>Strengths & issues
External educational review
Programme changes planned</td><td>A/Prof Susan Moffat (Chair, Programme Convenor)
Ms Hanna Olson (Deputy Programme Convenor)
Mr Samuel Carrington
A/Prof Nick Heng
Dr Deanna Beckett
Dr Priyangika Konthasingha
Ms Ebony Hsu
Dr Lee Adam</td></tr>
</table>

			Prof Tawse-Smith (Student support, HOD)
10:00 – 11:15	Discuss papers by year - paper coordinators Yrs 1 – 3	Overview of content Strengths & issues Student clinical experiences Supervision Clinical facilities Assessments Resources Cultural safety in clinics	A/Prof Nick Heng (101, 102) Dr Deanna Beckett (103, 301) Dr Priyangika Konthasingha (104) Mr Samuel Carrington (201, 202) Mrs Melissa Young (202) Ms Ebony Hsu (203) Ms Hanna Olson (301, 302) Mrs Kirsty Barltrop (302) A/Prof Susan Moffat (303) Ms Keri Carruthers (303) Dr Lee Adam (304)
11:15 – 11:30	**Tea & closed team session**		
11:30 – 12:00	Continue paper session		
12:10 – 12:45	Tour of facilities - BOH specific areas		A/Prof Susan Moffat Mrs Hanna Olson
12:45 – 13:30	Lunch & closed team session		
13:30 – 14:25	BOH students	Strengths & issues Clinical experiences Supervision Clinical facilities Academic & personal support Assessments Involvement in programme Communication	*Student reps* Polly Xing (BOH1) – No Resp Sammie Smith (BOH1) Charlie Roberts (BOH2) – No Resp Michelle Liu (BOH2) Tyla Roe (BOH3) – No resp Da Eun Baek (BOH3) – No Resp Dylan Vanuffelen (BOH rep on NZDSA)

			Tui-Aroha Fransen (BOH rep on Ngā Mōkai O Ngā Whetū) *BOH1* Mckenzie Akeroyd - Apology Sofa Letane Fesola'i Sachin Pattanshetti *BOH2* Lenah Al-Mahrouqi – No Resp Yifan Guo Tala 'O Falefa Kefu *BOH3* Al Julanda Al-Maawali – No resp Ruby Baxter – No resp Hamish Bone Trinity Frater Seojin Lee
14:30 – 15:15 *zoom for those off-site*	Clinical teaching staff PPFs	Strengths & issues Student clinical experiences Clinical facilities Supervision Assessments Resources	Dr Priyangika Konthasingha (104) Mrs Melissa Young (202) Ms. Ebony Hsu (203) Mrs Kirsty Barltrop (302) Ms Keri Carruthers (303) Mrs Maree Thomson Ms Sheetal Devi Ms Kavita Budhia Ms Jane Choi (off-site; Zoom please)
15:15 – 15:35	**Tea & closed team session**		

15:40 – 16:10 *zoom*	Outplacement providers (Te Whatu Ora & private placements)	Strengths & issues Preparedness for practice Programme input	Carmen Denyer, Farhat Ali (ARDS) Trish Goddard (Waikato) – No Response Barbara Dewson (Whanganui) Vanessa Barnett (BOP) Leeann Waaka (BOP; IPE) Jenny Kim (Canterbury) Nikki Marasigan (West Coast) Dianne Watson Dee Hollingsworth (Nelson) Hannah Clark (Southern) Georgina Wilson (Lumino, West Coast IPE) – No Response Julie Jenkins Kirsty Rance – No Response
16:15 – 16:40 *zoom*	Professional body – NZOHA & Te Ao Mārama	Strengths & issues Preparedness for practice Programme input	Leeann Waaka (Te Ao Mārama) Tule Misa (Pasifika Dental Association) Anna Holyoake (NZOHA)
16:40 – 17:10	**Closed team session**		
17:15 – 18:00 *zoom*	Recent graduates	Strengths & issues Clinical experiences Supervision Assessments Academic & personal support Preparedness for practice Involvement in programme Communication	*2021* Zena Burgess Qilun Huang Harpreet Sidhu *2022* En Bolo Fiona Joe Jayna Lopa-Skinner Linghui Zhao *2023*

			Alice Cen Amanda Van der Merwe Maha Khan Christopher Kuizon Yeji Shin
18:00	End of day 3 at Faculty & debrief		

Appendices

Thursday 8 August – BOH clinical record review & report writing

Time	Activity
Room details	Breakaway room
SET participants	Dr Kay Franks – Co-chair & senior dental academic Stella Marshall – New Zealand oral health therapist DC staff: Marie MacKay
8:30 – 10:00	Clinical record reviews SET clinical members with BOH representative/s: Mrs Hanna Olson (302), Mr Samuel Carrington (202), Ms Ebony Hsu (203), Ms Keri Carruthers (303) – Access into Titanium patient records (random BOH 2 & 3 students, random patient entries) – Overview on academic/clinical management tools. For example: o Patient triage & allocation o Dashboard view on treatment types/codes – i.e. how you see the range of patients, identify gaps for individual students o Treatment plans without supervisor sign-off etc.
10:00 – 12:45	Report writing
12:45 – 13:30	Lunch
13:30 – end of day	Continue report writing

Thursday 8 August – Bachelor of Dental Technology review

<table>
<tr><th>Time</th><th colspan="3">Activity</th></tr>
<tr><td>Day 3 team</td><td colspan="3">BOH SET members:
A/Prof Rebecca Wong – Co-chair & senior dental academic
Dr Frank Alifui-Segbaya – senior dental academic
Neil Carlisle – New Zealand dental technician
Pauline Koopu - Cultural safety advisor
Dr Hiria McRae - Layperson

DC Staff:
Suzanne Bornman – Prevention Manager

International observers:
Dr Gerry Cleary – Ireland Dental Council Chair
David O’Flynn – Ireland Dental Council Chief Executive
Paul Lyons – Ireland Dental Council Education Manager</td></tr>
<tr><td>Zoom details (where required)</td><td colspan="3">Join Zoom Meeting</td></tr>
<tr><td>8:30 – 9:00</td><td colspan="3">Whakawhanaungatanga (karakia, interactions & cup of tea) – Walsh G02
For BDentTech staff & UG leadership representative/s</td></tr>
<tr><td>Room details</td><td colspan="3">Walsh G02</td></tr>
<tr><td>9:10 – 9:40</td><td>Undergraduate Studies Committee – Dental technology
(excluding student reps)</td><td>Strengths & issues
External educational review
Programme changes
Monitoring of changes</td><td>Mr John Aarts – Convenor (BDentTech)
Prof Andrew Tawse-Smith (Student Support)
Dr Joanne Choi (1st year chair/Deputy Convenor)
Mr Ludwig Jansen van Vuuren (2nd year chair)
Ms Wendy Jansen van Vuuren (3rd year chair)
A/Prof Vincent Bennani (Prosthodontist)</td></tr>
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			Mr Khaled Bibi (NZIDT rep)
9:45 – 10:20	Year 1 papers	Overview of content Strengths & issues Student technical experiences Supervision Laboratory facilities Assessments Resources Cultural safety	Paper coordinators Dr Joanne Choi (DTEC102) A/Prof Nick Heng (DTEC111) Dr Ludwig Jansen van Vuuren (DTEC113)
10:25 – 11:00	Year 2 papers	Overview of content Strengths & issues Student technical experiences Supervision Laboratory facilities Assessments Resources Cultural safety	Paper coordinators A/Prof Azam Ali (DTEC201) Dr Ludwig Jansen van Vuuren (DTEC202) Ms Wendy Jansen van Vuuren (DTEC203)
11:00 – 11:15	**Tea & closed team session**		
11:20 – 11:55	Year 3 papers	Overview of content Strengths & issues Student technical experiences Supervision Laboratory facilities Assessments Resources Cultural safety	Paper coordinators Dr Ludwig Jansen van Vuuren (DTEC303) Dr Kc Li (DTEC311) Ms Wendy Jansen van Vuuren (DTEC312)

12:00 – 12:40	Tour of facilities		Laboratory
12:40 – 13:10	Lunch & closed team session		
13:15 – 13:55	Teaching and laboratory staff (not participated in earlier sessions)	Strengths & issues Learning outcomes Resources Support	Ms Jane King Mr Stephen Swindells
14:00 – 14:45	BDentTech students	Strengths & issues Technical experiences Supervision Laboratory facilities Academic & personal support Assessments Involvement in programme Communication	*BDentTech1* Mia Gardiner Christian Fogavai Adleen Singh Sirui Wang *BDentTech2* Rishika Dahya Marley Orr Zhiman Zhong Xiyu Chen *BDentTech3* Reeya Patel Prapitchaya Saimule Vincent Ye Eric Zhang Al Al Kalbani
14:50 – 15:20 *zoom*	BDentTech Advisory Group (external)	External programme review, development & changes – contemporary practice	Mr John Batchelor
15:20 – 15:40	**Tea & closed team session**		

15:45 – 16:15 *zoom*	Professional body – NZIDT	Strengths & issues Preparedness for practice Programme input	Mr Khaled Bibi
16:20 – 17:00 *zoom*	Recent graduates	Strengths & issues Clinical experiences Supervision Assessments Academic & personal support Preparedness for practice Involvement in programme Communication	*2021* Hannah Kent Dhaval Ravindra Soni Giho Kal Beom-Suk Yoon *2022* Hun Li Sophia Lin Harleen Sethi Mary Andrea Nicdao Mojico *2023* Juan Hou Chun Guo Xiyan Sun Yeyin Sun Binrui Shi
17:00	End of day 4 at Faculty & debrief		

Friday 9 August – BDentTech technical work review & report writing

Time	Activity
Room details	Breakaway room
SET participants	Dr Frank Alifui-Segbaya – senior dental academic Neil Carlisle – New Zealand dental technician A/Prof Rebecca Wong – Co-chair & senior dental academic DC staff: Suzanne Bornman
8:30 – 10:00	Technical work review SET clinical members with BDentTech representative/s: Mr John Aarts, Dr Joanne Choi, Dr Ludwig Jansen van Vuuren, Ms Wendy Jansen van Vuuren – Access to technical work across range of appliances, and different levels of student performances – 2 & 3rd years – Corresponding prescription/patient records/case scenario to provide context
10:00 – 12:20	Report writing
13:10 – 13:45	Lunch
13:45 – end of day	Continue report writing

Friday 9 August – Close of accreditation review

Time	Activity	
Room details	Walsh G02	
SET participants	A/Prof Rebecca Wong – Co-chair & senior dental academic Pauline Koopu - Cultural safety advisor Dr Hiria McRae - Layperson *DC Staff:* Suzanne Bornman – Prevention Manager Marie MacKay – Chief Executive	*International observers:* Dr Gerry Cleary – Ireland Dental Council Chair David O'Flynn – Ireland Dental Council Chief Executive Paul Lyons – Ireland Dental Council Education Manager
12:30-12:45	Closure of review and next steps	Prof Paul Cooper - Dean Prof Richard Cannon – Deputy Dean Academic Prof Karl Lyons – Deputy Dean Clinical A/Prof Lara Friedlander – Associate Dean Undergraduate Dr Janine Cochrane – Director Dental Hospital Ms Kaye Jeffries – Senior Manager, Divisional Services & Administration