

**DENTAL COUNCIL (NZ)
REPORT OF AN EVALUATION OF**

**University of Melbourne
Graduate certificate in dental therapy (advanced clinical practice)**

July 2022

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

CONTENTS

1. EXECUTIVE SUMMARY	4
Background	5
Overview of the Evaluation.....	6
Key Findings.....	6
Accreditation Decision.....	7
2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD	8
3. QUALITY IMPROVEMENT	31
Recommendations.....	31
Commendations	32
Appendix A – List of acronyms used in this report	33
Appendix B – Site visit schedule	34

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

Site visit conducted

14 July 2022

Site Evaluation Team

Dr Jennifer Gray (chair)

University of Adelaide, Australia

Ms Barbara Dewson

Dental therapist with adult care, New Zealand

Ms Charlotte Joyner

Oral health therapist without adult restorative exclusion, New Zealand

Dr Mark Goodhew

Dentist, New Zealand

Dr Hiria McRae

Laymember

Site Evaluation Team

Marie Warner

Chief Executive

Suzanne Bornman

Standards and Accreditation Manager

Programme Provider

University of Melbourne, Australia

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

1. EXECUTIVE SUMMARY

Programme provider	University of Melbourne
Programme/qualification name	Graduate Certificate in Dental Therapy (Advanced Clinical Practice)
Programme/qualification abbreviation	GC-DTACP
Programme length	0.5 years
Registration division	Oral health therapy – accredited course for adult restorative care Dental therapy – accredited course for adult care in dental therapy under clinical guidance
New Zealand Qualifications Framework Level	Level 7i
Accreditation standards version	New Zealand accreditation standards for oral health practitioner programmes (1 January 2021)
Date of site evaluation	14 July 2022
Date of Dental Council decision	8/11/2022
Type of accreditation	Initial Accreditation
Accreditation start date	8/11/2022
Accreditation end date	31/12/2027

SUMMARY OF FINDINGS

Background

The University of Melbourne's Graduate Certificate in Dental Therapy (Advanced Clinical Practice) (GCDT-ACP) course prepares dental therapists and oral health therapists to provide dental therapy restorative care for patients of all ages within their existing scopes of practice.

The programme is a one semester, 50 credit point, postgraduate certificate comprising of three subjects.

The structure has been designed to allow participation by clinicians who wish to maintain existing employment and study while managing other commitments. It also facilitates collegial and team-based practice in a work integrated learning environment, developing the students' practice and integration of adult scope within their own dental team.

The key programme components include:

- Ten weeks of on-line learning (asynchronous modules and live webinar-based tutorials)
- A minimum of 125 hours of hands-on, supported clinical practice. The clinical practice includes:
 - A two-week clinical intensive block at the Melbourne Dental School (MDS), scheduled mid-way through the programme. This includes preclinical practice at the beginning of the two weeks to refresh dental materials practice, isolation procedures and to address any skill deficiencies. This is followed by clinical practice that allow students to apply their learning with patients from the dental school and Royal Dental Hospital of Melbourne clinics.
 - An additional 80 hours (minimum) of mentored clinical practice in their own home clinics. Home clinic practice is supported by MDS credentialed mentors who complete a mentor training programme with support from the programme throughout the 10-week period to ensure the mentor's ability to enable student learning, provide feedback and contribute to assessments.

Students are required to be registered and practising dental therapists or oral health therapists with at least two years dental therapy practice experience. Applicants must also demonstrate current practice in restorative care. For the at-home component, the MDS credentialed clinical mentor must be a practising dentist or dental/oral health therapists who can provide adult clinical dental therapy practice. Students secure their own at-home practice mentor for the duration of their training programme.

The University of Melbourne established this course 10 years ago and is the first educational institution to submit its programme for accreditation to enable oral health therapists and dental therapists practising in Aotearoa New Zealand to expand their restorative care to patients of all ages.

SUMMARY OF FINDINGS

*The programme **does not** change the practitioner's underlying dental therapist or oral health therapist scope of practice. The clinical activities that the practitioner performs before the programme will not change following the course. The programme allows those same activities to be performed on patients of all ages. The programme does not enable a dental therapist to register or practise as an oral health therapist after completion of the qualification.*

Overview of the Evaluation

The site evaluation team (SET) reviewed the material submitted and requested additional material in some areas.

The site visit was conducted via videoconference on 14 July 2022. Given that the programme is delivered by an Australian accredited oral health programme, approved by the Dental Board of Australia, and that a large component of the programme is delivered online while students are at their own dental practice, a site visit was not considered necessary for this review.

Interviews were held with the dental school and programme leadership teams, academic and clinical staff supporting the programme, current and previous students, at-home clinical mentors and the Australian dental and oral health therapists' association. The schedule is included as Appendix B.

Key Findings

Overall, the SET was impressed with the quality of the submission and supplementary evidence provided. The evidence shared and interviews conducted supported the programme submission. There was unanimous and strong support from all the interviewees for the programme.

The SET considers that accreditation standards 1- 5 have been met, with the cultural competence accreditation standard (standard 6) considered substantially met.

The programme's educational philosophy, approach to patient safety, academic governance, programme design and delivery, student support and assessments met the objectives of the Council's accreditation criterion, and reflected the approaches and standards expected from an established and recognised tertiary educational institution. A few minor suggestions based on feedback during interviews are included for the programme's consideration, as part of their ongoing quality improvement activities.

The SET considered that the cultural competence domain was not fully met. The SET is satisfied that broader cultural competence requirements are met. The SET recognises that students entering this programme are registered and practising oral health practitioners in Aotearoa New Zealand (and Australia), with assumed cultural

SUMMARY OF FINDINGS

competence through their knowledge developed in their undergraduate/entry to practice preparation, subsequent practice experience (at least two years), and compliance with the standards expected by the Council.

However, for accreditation in New Zealand the necessary emphasis on the Treaty of Waitangi, Te Ao Māori and hauora Māori has not been demonstrated by the programme. For this reason, a condition is proposed to ensure the programme meets the New Zealand cultural competence accreditation standard.

Accreditation Decision

The University of Melbourne's Graduate Certificate in Dental Therapy (Advanced Clinical Practice) programme is granted accreditation as an accredited *Adult restorative programme* until 31 December 2027 for the:

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

subject to the following condition being met before the next New Zealand student intake:

1. In partnership with Māori, ideally with Te Aō Marama – New Zealand Māori Dental Association, or one of the New Zealand educational institutions with accredited dental programmes, incorporate:
 - a module to reinforce the knowledge and understanding of Te Ao Māori and hauora Māori, as defined in the Haumarutanga ahurea - cultural safety competency domain.
 - ensure specific assessment of the application of cultural safety in the delivery of clinical care (for example through logbooks, case presentations, summative assessments).
 - ensure at-home mentors for New Zealand based students are familiar with the cultural safety component and their obligations during the formative assessment of clinical care delivered by their student.

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

SUMMARY OF FINDINGS

2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
<p>1. Public safety is assured</p>	<p>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.</p>	<ul style="list-style-type: none"> Students are registered and practising Dental Therapists (DTs) or Oral Health Therapists (OHTs) with at least two years dental therapy practice experience; and evidence of current practice in restorative care on patients younger than 18 years of age. As registered practitioners these students must already adhere to the Council's ethical, professional and practice standards defined in the Standards Framework. As part of enrolment, other safety checks are in place - such as police and working with children checks. A credentialed mentor is appointed and have clinical oversight during the at-home practice component of the programme. The mentor must be a practising dentist or dental/oral health therapists who can provide adult clinical dental therapy practice 	<p><i>Standard is met</i></p>
	<p>1.2 Student impairment screening and management processes are effective.</p>	<ul style="list-style-type: none"> Adjustments are made to the programme to enhance students with a disability, as appropriate within their ability to safely provide care. Academic and personal support is available to students through the University of Melbourne services. Links to these services were provided and were as expected from a tertiary institution. As registered practitioners, fitness to practice concerns would have been addressed by the regulator at registration or annual practising certificate renewal. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>1.3 Students achieve the relevant competencies before providing patient care as part of the programme.</p>	<ul style="list-style-type: none"> • Competencies across the dental therapy and oral health therapy scopes of practice have been attained as part of the students' undergraduate study, and maintained through ongoing learning and practice. • The programme builds on the practitioner's competence and experience and expand their knowledge and critical thinking skills before students begin patient care. • This is achieved through: <ul style="list-style-type: none"> ○ ten on-line asynchronous learning modules and live (synchronous) webinars, over ten weeks at the start of the programme ○ preclinical practice at the beginning of the clinical intensive block (two weeks in Melbourne) to refresh dental materials practice, isolation procedures and to address any skill deficiencies. • Students are scaffolded into clinical practice with initial high levels of support by the mentors, which is gradually reduced as competence and confidence develops. • Reflective practice is utilised throughout the programme to develop self-evaluation and recognition of the boundaries of competence. 	
	<p>1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.</p>	<p>At the University of Melbourne:</p> <ul style="list-style-type: none"> • Students are supervised by qualified and credentialed clinical teachers employed by the dental school. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Credentialing includes: <ul style="list-style-type: none"> ○ disclosure of the supervisor's scope of/or restrictions upon clinical practice ○ health status ○ two relevant and independent professional referees ○ relevant professional indemnity information. • Credentialing is a pre-requirement before teaching staff enter student teaching clinics and undertake any supervisory or clinical teaching role. <p>At-home clinical component.</p> <ul style="list-style-type: none"> • Mentors must: <ul style="list-style-type: none"> ○ be registered dentists or dental/oral health therapists with adult scope qualifications. ○ complete a mentor training programme with the programme for credentialing purposes. This comprises an on-line module and live seminar session. ○ maintain overall responsibility for patient care for the duration of the student's coursework at their home practice. • Mentors have the following responsibilities: <ul style="list-style-type: none"> ○ Provide mentoring and support for the student while they provide all dental therapy services to adult patients as part of course requirements. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> ○ Ensure patient care is provided to appropriate standards and provide advice and support where required to enable appropriate skill development in line with course objectives. ○ Take overall responsibility for patient care by the student during this mentoring period. ○ Adjust their clinical load to accommodate the clinical mentor role. ○ Provide de-brief discussions, assessment and feedback in line with the training and calibration provided during the credentialing programme. ○ Record assessments and observations of student development in student clinical workbooks throughout the period. ● The SET had access to the induction material, and was satisfied that credentialing, and the introduction to the programme and mentoring, occur before clinical care start at the home practice. 	
	<p>1.5 Health services and dental practices providing clinical placements have robust health and safety, patient safety and quality and care policies and processes and meet all relevant regulations and standards.</p>	<ul style="list-style-type: none"> ● As already registered practitioners, all regulatory and other legal standards apply in practice. ● At the University of Melbourne clinics, Dental Health Services Victoria (DHSV) is an accredited health service and Royal Dental Hospital of Melbourne (RDHM) is an accredited hospital with policies that comply with Australian Quality and Safety standards. 	
	<p>1.6 Patients consent to care by students.</p>	<ul style="list-style-type: none"> ● Processes for informed consent for treatment is in place at RDHM. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Patients can decline student care at any stage of the treatment without penalty, and will be transferred to another clinician. All at-home practices are required to have developed “informed consent to treatment” compliance processes, with which students and staff must comply. The SET were provided with the RDHM informed consent template. Previous student logbooks were shared with the SET, and clinical notes record informed consent obtained. No concern on this aspect was identified. 	
	1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.	<ul style="list-style-type: none"> The students are already registered and practising in New Zealand and/or Australia, with an obligation to meet the regulatory obligations. 	
	1.8 The programme provider holds students and staff to high levels of ethical and professional conduct.	<ul style="list-style-type: none"> Students and staff, as registered practitioners, must adhere to ethical, professional and practice standards. The dental school has a number of policies with clear expectations of ethical behaviour and professional practice for staff and students. These policies were shared with the SET. Professionalism was evident from all participants – staff, students and mentors. 	
2. Academic governance and quality assurance	2.1 Academic governance arrangements are in place for the programme and include systematic	<ul style="list-style-type: none"> The programme falls within the postgraduate suite of programmes offered by the dental school of the University of Melbourne. 	<i>Standard is met</i>

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
<p>processes are effective</p>	<p>monitoring, review and improvement.</p>	<ul style="list-style-type: none"> The same academic governance is followed – which included programmes accredited by the Australian Dental Council and approved by the DBA. 	
	<p>2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the programme’s design, management and quality improvement.</p>	<ul style="list-style-type: none"> A number of the school committees (including the Postgraduate research education committee and the School advisory committee) have professional representatives on them. These committees contribute to discussions on improvement of teaching and learning. In addition, the dental school is represented by senior dental academics on faculty academic committees. External examiners are engaged for assessment and peer review. A range of student feedback mechanisms are in place – similar to the undergraduate programmes. Examples of changes made as a result of feedback was provided. Interviews confirmed external profession representation during the initial design of the programme, followed by an ongoing strong working relationship with the Australian Dental and Oral Health Therapists’ Association. A broad range of clinicians support the programme through didactic and clinical teaching, with opportunities to provide feedback informally and formally to the programme. Similar opportunities were reported by the clinical mentors. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>2.3 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.</p>	<ul style="list-style-type: none"> • The GCDT-ACP conveners benchmark the assessments against the other courses in the school and other similar courses externally. • The GCDT-ACP staff are also affiliated with and involved in many other academic units or associations, both Australasian and internationally. An extensive list was provided to the SET. • Regular engagement between academic and clinical teaching staff further facilitates ongoing refinement, innovation and problem solving. • Academic material is reviewed annually to ensure it remains up-to-date. 	
<p>3 Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies</p>	<p>3.1 A coherent educational philosophy informs the programme's design and delivery.</p>	<ul style="list-style-type: none"> • The programme is delivered within a dental school with an accredited oral health programme. • The programme is built on the same underpinning ethos of the oral health programme, with a commitment to public health built on the social determinants of health, evidence-based practice and prevention of oral diseases. This is demonstrated through the learning outcomes. • As a postgraduate programme, learning is primarily student-driven, with support and oversight by the programme and the at-home mentor. • Learning enables scaffolding, with increased complexity and integrated application of knowledge through the programme. 	<p><i>Standard is met</i></p>

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>3.2 Programme learning outcomes address all the required professional competencies.</p>	<ul style="list-style-type: none"> • The programme structure reflects and supports these learning approaches. • Staff, students and mentors demonstrated understanding of the educational approach, structure and expected outcomes of the programme. • A programme schedule articulating the various programme components was provided. <ul style="list-style-type: none"> • The programme mapped the learning outcomes to the related Dental Council competencies for oral health therapists and dental therapists. • It articulated the underlying knowledge and competency expectations as a registered oral health therapist or dental therapist, and the aspects that the GCDT-ACP learning material build on. • The programme identified some modules which included additional or adapted material, and/or learning activities to support dental therapist students. Primarily related to periodontics and adult patient management. • Interviews confirmed staff awareness of and responsiveness to individual student learning needs based on their earlier qualification, practice experience and confidence levels – to ensure all the competencies were attained by the end of the programme. • The programme emphasised that the programme does not change the practitioner’s underlying dental therapist or oral health therapist scope of practice. The clinical activities that the 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>practitioner performs before the course will not change as a result of the course. The programme allows those same activities to be performed on patients of all ages.</p> <ul style="list-style-type: none"> • This programme does not enable a dental therapist to register or practise as an oral health therapist after completion of the qualification. • The SET did not identify any gaps within the defined learning outcomes. • During interviews suggestions related to dental therapy students and those with limited experience in treating adults have been received, and these are reflected in the recommendation section of the report. 	
	<p>3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.</p>	<ul style="list-style-type: none"> • The total number of clinical sessions over the semester is a minimum of 125 hours (2 weeks clinical intensive in Melbourne = 15 x 3 hour sessions + 80 hours of supervised home clinic practice – restorative care only). • Students need to demonstrate management of cases that includes preventive and restorative treatment, and recognition and referral of care beyond an OHT or DT's scope of practice. • In the RDHM clinics: <ul style="list-style-type: none"> ○ Students are paired, acting one session as the operator, switching to assisting for the next. ○ From the waiting list, clinical mentors identify and book suitable cases before the clinical intensive block. This includes patients presenting with pain from the RDHM primary care 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>service where students learn the skills for diagnosis and managing acute and chronic pain.</p> <ul style="list-style-type: none"> • During the at-home component, mentors work with the students to identify and book patients ahead of them starting their clinical component. Guidance on this is given to both students and mentors. • Students' clinical logbooks are closely monitored by the programme convenor, and by the mentors during the at-home practice component. • Any gaps or concerns are managed during their clinical intensive time in Melbourne (mid-way through the programme). This allows for an opportunity for any remediation or additional procedures or clinical exposure that may be needed. • Quality of care is assured through the ongoing clinical assessment by the clinical mentors (in Melbourne and at-home practice), and reflective feedback is documented in the clinical logbook by both the student and mentor. This is an important aspect of the learning process. • Example student logbooks were shared with the SET and demonstrated a broad range of cases, with varying complexity – including cases referred outside of the students' scope of practice. 	
	<p>3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.</p>	<ul style="list-style-type: none"> • A range of learning and teaching methods are used by the programme. This includes: <ul style="list-style-type: none"> ○ online didactic modules as asynchronous self-complete component 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> ○ live (synchronous) interactive webinar based tutorial session each week with the content delivery expert for that component. These are recorded and available in the learning management system (LMS) to watch again at a later stage ○ online learning materials and research articles ○ case presentations to support didactic teaching ○ shared tasks and group learning activities. ● The information is available on the LMS. ● The SET had access to last year's LMS programme resources, and found it comprehensive and easy to use. 	
	3.5 Graduates are competent in research literacy for the level and type of the programme.	<ul style="list-style-type: none"> ● Students are explicitly required to use evidence to inform their practice and several coursework and assessment tasks assess this ability. ● The therapeutic workbook (preventive, medications and clinical guidelines) and clinical case studies are examples of tasks where evidence-based research is incorporated. ● Students have a learning session on finding and retrieving of research, and have access to the online resources at the University of Melbourne. Learning includes academic referencing. 	
	3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.	<ul style="list-style-type: none"> ● A range of specialists (including DCLinDent students), dentists and oral health practitioners provide lectures and clinical supervision. ● During the clinical intensive block students present and discuss complex cases, with robust discussion to determine an 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>appropriate treatment plan, and collaborative patient management where required.</p> <ul style="list-style-type: none"> Established referral pathways are in place at the RDHM clinics. During the at-home practice component, the student works within their dental practice, working collaboratively with their mentor, and chairside assistant – where available. The example logbook included reflective feedback from both the student and clinical mentor, and included cases referred to other oral health professionals. 	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> The programme director and convenor are experienced clinicians, and the director is part of the senior academic leadership team in the dental school – a respected member of the oral health profession. Staff who teach into the programme are registered dental and oral health practitioners (DTs, OHTs, dentist and specialists) with 5 to 40 years of practice experience. A list of programme staff was provided and reflected a diverse range of disciplines and backgrounds. 	
	<p>3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.</p>	<ul style="list-style-type: none"> The University of Melbourne has nine accredited dental programmes and is a well-respected tertiary educational institution. The recently developed Melbourne Oral Health Training and Education Centre offers: 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> ○ A 50-seat preclinical simulation facility and 20 MOOG haptic simulators, with 15 chairs secured for the clinical intensive block (students are paired). ○ An education and training private practice clinic with 10 general dentistry surgeries which support student clinical training ○ 6 multipurpose and 35 specialist surgeries. ● The at-home practices are functional dental clinics delivering services to the community. All regulatory and legal standards must be met, and where required facilities licensed. ● The online LMS is an essential component of the remote learning. Webinars and online assessments rely on videoconference facilities. University technical support is provided to the programme, especially during the online assessments. ● Students in rural areas sometimes experience connectivity challenges, but expressed being well supported by the programme. 	
	<p>3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates equipped to provide care to diverse groups and populations.</p>	<ul style="list-style-type: none"> ● In the RDHM clinics students experience a diverse mix of patients. During interviews it was mentioned that about 50 percent of patients require translators. ● Cultural competence is an expected competency of registered oral health practitioners. This means that students already have expected knowledge, experience and obligations to this aspect of care. ● Refer to domain 6 for more detailed feedback on this. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	3.10 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.	<ul style="list-style-type: none"> The dental school leadership expressed commitment to the programme, including ongoing monitoring of programme resource requirements. An intake of up to 30 students are possible, with between 20-24 students usually enrolled. The programme relies heavily on part-time clinical mentors. There is currently an initiative underway to move them from fixed term contracts to part-time employees, to secure the necessary support for the programmes. The programme leadership indicated sufficient staffing to support the programme. 	
	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.	<ul style="list-style-type: none"> Formal agreements between the dental school and DHSV enable the provision of dental care services to patients at RDHM. There are sufficient patients at the RDHM clinics for the clinical intensive clinics, with long waiting lists to secure appropriate patients from. 	
4 Students are provided with equitable and timely access to information and support	4.1 Course information is clear and accessible.	<ul style="list-style-type: none"> Course material shared through the LMS were clear and comprehensive, and the LMS user-friendly. Students and mentors were satisfied with course material. 	<i>Standard is met</i>
	4.2 Admission and progression requirements and processes are fair and transparent.	<ul style="list-style-type: none"> Eligibility and course progression criteria are clear, transparent, and appropriate for the course. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> If demand exceeds capacity, academic performance is used to select the students. To date, this selection process was not often required. 	
	4.3 Students have access to effective grievance and appeals processes.	<ul style="list-style-type: none"> The same University of Melbourne complaints and grievances policies and procedures apply for these students. 	
	4.4 The provider identifies and provides support to meet the academic learning needs of students.	<ul style="list-style-type: none"> Expected academic support are available to the students via the programme and the university. Clinical log summaries are reviewed during the programme, and areas where improvement or more clinical cases are required are identified. Interviews confirmed: <ul style="list-style-type: none"> Easy access to programme staff, and responsiveness to contact made. Great support by the programme. Recognition of individual student educational and practice backgrounds and experiences, and additional awareness of challenges and different technical support that may be required by students studying in remote areas. Where possible, teaming a dental therapist and oral health therapist student together to learn from each other. Regular student and mentor online check-in sessions, where any issues can be raised and feedback given, with further one-on-one sessions to address any issues – where required. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • The SET confirmed awareness of and processes in place to support students and/or mentors if their at-home clinical placement arrangement does not work out or need to be ended for some reason (e.g., change of employment). • It was reported that: <ul style="list-style-type: none"> ○ Fortunately, experience of the student-mentor professional relationship not working effectively, was not a common occurrence (one example since the programme started was recalled). ○ Given that students select their own mentor, it would most likely be an existing, functional professional relationship. ○ Back-up placements within Melbourne is a possibility if the student cannot arrange a new mentor. New mentors need to be credentialled before training can recommence. ○ Similar back-up opportunities for New Zealand based students must be explored. ○ To date, no identifiable pressure was placed on the programme to pass a student due to a contractual agreement between the student and employer/mentor. • No concerns about lack of support from the programme was identified. 	
	<p>4.5 Students are informed of and have access to personal support services provided by qualified personnel.</p>	<ul style="list-style-type: none"> • Students confirmed awareness of available personal support services, and where to find information about these if they needed it. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Interviews confirmed a constructive and effective working relationship with the programme staff. 	
	<p>4.6 Students are represented within the deliberative and decision making processes for the programme.</p>	<ul style="list-style-type: none"> Traditional student representation from this programme on dental school committees are not possible, as this is a short programme, mostly delivered off-campus. Students are encouraged to join the Melbourne Dental Student Society. A number of formal and informal processes are in place for students to provide feedback to the programme. For example: online check-in sessions, feedback session at the end of the clinical intensive block, university led subject experience survey. It was evident from interviews that both students and mentors provide feedback to the programme, and changes made as a result of this feedback were reported. 	
	<p>4.7 Equity and diversity principles are observed and promoted in the student experience.</p>	<ul style="list-style-type: none"> The programme reported on the University of Melbourne's commitment to equal opportunity where all students have the right to fair and equitable treatment and access to resources and services and to participate in a vibrant and inclusive university community. Exposure to a diverse range of patients in the RDHM clinics foster health equity. Programme clinical staff demonstrated diversity. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
<p>5 Assessment is fair, valid and reliable</p>	<p>5.1 There is a clear relationship between learning outcomes and assessment strategies.</p>	<ul style="list-style-type: none"> • There is continuing assessment in clinical areas, practical and written examinations and assignments that evaluate synthesis and application of theoretical content to professional practice contexts and problems. • Assessment processes demonstrated a clear link between theory and practice concepts. For example: assignment tasks, OSCE, case presentations and viva voce. • Examples of last year's assessments were shared with the SET and no concern were identified. 	<p><i>Standard is met</i></p>
	<p>5.2 All required professional competencies are mapped to learning outcomes and are assessed.</p>	<ul style="list-style-type: none"> • The learning outcomes and assessments in the course guide and course handbook have been mapped, and appeared appropriate to achieve the stated graduate outcomes. 	
	<p>5.3 Multiple assessment methods are used including direct observation in the clinical setting.</p>	<ul style="list-style-type: none"> • Both formative and summative assessments are utilised, aligned with the requirements and standards of the university. • A range of assessment methods are used, and include: <ul style="list-style-type: none"> ○ Therapeutic workbooks (preventive, medications and clinical guidelines) ○ Group presentations on prosthetics and oral medicine ○ Clinical case presentations ○ Clinical logbooks, including reflection ○ OSCE ○ Written exams 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.</p>	<ul style="list-style-type: none"> ○ Viva Voce Treatment Planning exam (assessed by two examiners, including an external examiner). ● Assessments follow the policies and procedures of the University of Melbourne. ● The use of assessment rubrics and feedback supports a calibrated approach to progress and assessment. ● The programme acknowledges that moderation and standardisation of clinical assessment by clinical mentors are challenging. ● The programme is encouraged to continue to explore opportunities to strengthen the moderation and standardisation of formative assessments by clinical mentors. ● The mentor credentialing process includes sessions on clinical assessment and giving constructive feedback to students. ● Student self-assessment and reflective practice forms a critical part of the programme, and also support learning. ● Students are required to reflect on all clinical procedures and discuss their performance with their mentors or clinical demonstrators during or immediately after the procedures. Individual feedback is provided to students and a discussion of approaches to improvement takes place between the clinical mentor and student. ● Evidence that this occurs was apparent in the logbooks and was also confirmed during interviews. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Based on comments during interviews, feedback to the mentors at the home practices following the clinical intensive block in Melbourne, could be further formalised and strengthened. <p>This could include areas of additional focus needed, or feedback to mentors on areas of improvement in their assessments or feedback provided to students.</p>	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	<ul style="list-style-type: none"> External examiners are used to participate in the end-of-course viva voce and written exams. Briefing and preparation processes reported for the external examiners appear adequate. 	
6 The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.	<p>6.1 The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand.</p> <p>6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery.</p> <p>6.3 The programme, staff and students understand the Māori perspective of health and wellbeing, their beliefs and cultural practices as it pertains to oral health in particular.</p>	<ul style="list-style-type: none"> Melbourne Dental School incorporates cultural safety training in all its courses to meet the Australian cultural competence standard, which is focused on Aboriginal and Torres Strait Islander peoples. This includes a “walk on land” tutorial session. Billibellary’s Walk is a cultural interpretation of the University of Melbourne Parkville campus landscape that provides an experience of connection to country which Wurundjeri people continue to have both physically and spiritually. The programme director demonstrated commitment, active participation and leadership in dental school initiatives to further strengthen the Australian indigenous cultural safety component. 	<i>Standard is substantially met</i>

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>6.4 Cultural understanding of Māori and Pacific peoples are integrated throughout the programme, clearly articulated in required learning outcomes (including competencies that will enable effective and respectful interaction with Māori).</p>	<ul style="list-style-type: none"> • The programme reported that generic skills incorporated in cultural safety preparation of dental practitioners is translatable across other first nations communities and peoples. • The programme's objective is for these skills to be reinforced and enabled during clinical training. • The SET recognises that: <ul style="list-style-type: none"> ○ As registered and practising oral health practitioners in New Zealand (and Australia) there is assumed cultural competence from the students through their knowledge developed in undergraduate/entry to practice preparation, subsequent practice experience, and compliance with the standards expected by the Council. ○ The exposure to learning about Aboriginal and Torres Strait Islander peoples as part of this programme, would be additional cultural safety experience not attained through New Zealand training institutions. ○ The programme could potentially enrich these practitioners' cultural experiences, especially while practising in the RDHM clinics. ○ Delivery of this programme is new in Aotearoa New Zealand, with no established relationships with Māori, or the Māori dental professional organisation. • The SET is satisfied that broader cultural competence requirements are met by the programme, including assurance through the oral health programme's Australian accreditation status. 	
<p>6.5 Clinical experiences provide students with experience of providing culturally competent care for Māori and Pacific peoples, and clinical application of cultural competence is appropriately assessed.</p>			
<p>6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.</p>			

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>6.7 The programme provider promotes and supports the recruitment,</p>	<ul style="list-style-type: none"> • However, emphasis on the Treaty of Waitangi and Te Ao Māori and hauora Māori is essential for accreditation in New Zealand. • The SET considers that the following would ensure that the programme meets this standard for the New Zealand context: <ul style="list-style-type: none"> ○ In partnership with Māori, ideally with Te Aō Marama – New Zealand Māori Dental Association, or one of the New Zealand educational institutions with accredited dental programmes, incorporate: <ul style="list-style-type: none"> - a module to reinforce the knowledge and understanding of Te Ao Māori and hauora Māori, as defined in the <i>Haumarutanga ahurea - cultural safety</i> competency domain. - ensure specific assessment of the application of cultural safety in the delivery of clinical care (for example through logbooks, case presentations, summative assessments). - ensure mentors for New Zealand based students are familiar with the cultural safety component and their obligations during the formative assessment of clinical care delivered by their student. • It is recommended that the programme continues to explore options for gathering feedback from patients where care was delivered by the programme's students, including on their experience related to cultural safety – and use these as learning experiences for students. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	admission, participation, retention and completion of the programme by Māori and Pacific peoples.	<ul style="list-style-type: none"> Establishing a working relationship with the Māori dental professional organisation could facilitate awareness of the programme among Māori dental therapists and oral health therapists. The mentor at their home practice, and likely from their hapū or iwi, could be a further support to the student's learning. 	
	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.		
	6.9 The programme recognises the important role of Māori Te Reo, Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) and Te Aō Marama (The New Zealand Maori Dental Association) in achieving cultural competence to oral health practitioners.		
	6.10 Staff and students work and learn in a culturally appropriate environment.	<ul style="list-style-type: none"> Based on the information provided and interviews conducted with staff, students and clinical mentors, the SET is satisfied that for the Melbourne component of the programme: cultural competence and a safe patient, work and learning space is front-of-mind for the programme and in the RDHM clinics. For the at-home practice component: these registered practitioners already have ethical and professional obligations they must adhere to, and other health and safety at work legislation that applies. 	

SUMMARY OF FINDINGS

3. QUALITY IMPROVEMENT

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

Commendations

The commendations are as follows:

1. The programme is commended for being the first educational institution to submit its programme for accreditation to enable oral health therapists and dental therapists practising in Aotearoa New Zealand to expand their restorative care to patients of all ages.
2. The programme has a clear vision, is well structured and run, with great support evident from students, graduates, clinical mentors and the Australian dental and oral health therapists' association.
3. The programme's efforts to recognise individual students' educational backgrounds and experiences, and support their academic, personal and logistical needs. In particular, the flexibility of the programme to enable students from remote areas to participate in the programme, while continuing to provide oral health services to their communities.
4. The diverse range of dental disciplines and experiences contributing to the learning and clinical mentoring of students.
5. Comprehensive student and mentor resources available on a user-friendly LMS.

Recommendations

The recommendations are as follows:

1. For those students who have limited experience in treating adult patients, consider an increase of required experience of complex examinations before the clinical intensive placement at the RDHM clinics.
2. Continue to explore opportunities to strengthen the moderation and standardisation of formative assessments by clinical mentors.

SUMMARY OF FINDINGS

3. Formalise and strengthen the feedback to clinical mentors at the students' home practices following their clinical intensive block in Melbourne, to ensure the at-home mentors are aware of any areas of focus or concerns, and feedback on their formative assessments is given.
4. Explore a potential back-up clinical placement option for New Zealand based students, if their at-home placement for some reason becomes unavailable.
5. Continue to explore options for gathering feedback from patients where care was delivered by the programme's students, including on the patients' experience related to cultural safety – and use these as learning experiences for students.

SUMMARY OF FINDINGS

Appendix A – List of acronyms used in this report

Acronym	Description
DHSV	Dental Health Services Victoria
DT	Dental therapist
GCDT-ACP	Graduate Certificate in Dental Therapy (Advanced Clinical Practice)
LMS	learning management system
MDS	Melbourne Dental School
OHT	Oral health therapist
RDHM	Royal Dental Hospital of Melbourne
SET	Site evaluation team

SUMMARY OF FINDINGS

Appendix B – Site visit schedule

Site Evaluation Team (SET) visit – University of Melbourne Graduate Certificate in Dental Therapy (Advanced Clinical Practice)

Thursday 14 July 2022

Team	SET members: Dr Jennifer Gray (chair) Ms Barbara Dewson (dental therapist with adult care) Ms Charlotte Joyner (oral health therapist without adult restorative exclusion) Dr Mark Goodhew (dentist) Dr Hiria McRae (laymember) Council Staff: Ms Suzanne Bornman – Standards & Accreditation Manager Ms Marie MacKay – Chief Executive
-------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUMMARY OF FINDINGS

NZ time	Session description	Participants	Focus areas
9:45 – 10:00	Closed session: SET briefing		
<p>Zoom link: Join Zoom Meeting https://us02web.zoom.us/j/83911011272?pwd=YVdvc2VUUmpNMGRkZXV1WXpqc280Zz09 Meeting ID: 839 1101 1272 Passcode: 075295</p>			
10:00 – 10:30 (AEST: 8-8:30)	Programme leadership	Prof Alastair Sloan (Head of Melbourne Dental School (MDS)) Prof Julie Satur (Director Grad Cert Dental Therapy – ACP) Ms Cassie Kearns (Academic Programs Co-ordinator MDS)	Leadership Governance Strategy
10:30 – 11:25 (AEST: 8:30-9:25)	Programme staff	Prof Julie Satur (Course Director & Subjects Co-ordinator) Ms Joh Lazzaro (Course Convenor)	Student selection Programme of study Cultural competence Monitoring & remediation Assessments Student support Supervisor/mentor support Patient safety
5min switchover			
11:30 – 12:15 (AEST: 9:30-10:15)	Content teaching staff	Ms Joh Lazzaro (Content & Clinical Teaching) Dr Andrew Neil, (Content & Clinical Teaching)	Programme of study Assessments Student support Supervisor/mentor support Monitoring & remediation
12:15 – 12:45	Break & SET closed session		

SUMMARY OF FINDINGS

(AEST: 10:15-10:45)			
12:45 – 13:30 (AEST: 10:45-11:30)	Clinical teaching staff	Dr Sophie Beaumont (PMCC dental oncology unit, SND specialist) Ms Michelle Grouis (preclinical and clinical teaching & OHT priv pract) Ms Sharon Richardson – DT, DHSV & MDS clinical teacher Dr Uma Ravindran - DHSV Dental Teaching Clinic Lead Dentist	Clinical experiences Patient selection Monitoring & remediation Assessments Cultural competence Student support
13:30 – 14:30 (AEST: 11:30-12:30)	Lunch & SET closed session		
14:30 – 15:10 (AEST: 12:30-13:10)	Past students/graduates of the programme	Ms Taygun Tucker NT Oral Health Services (DT 2020 graduate) Ms Karen Smart – CQU (OHT 2018 graduate, academic) Ms Laura Mailshv (2021 grad., OHT- private practice Geelong Vic) Ms Andrea Maguire (2021 Graduate- DT/DH Qld) Ms Sonia King (2020 graduate- DT Qld); private & public sector Ms Rachel Ryan (2021 Graduate OHT, public sector- Vic) <i>Ms Alison Lewis (2020 Graduate DT- private & public practice, clinical staff Vic) (may be available)</i>	Preparedness for practice Programme of study Clinical supervision Assessments Resources Student support
5min switchover			
15:15 – 15:35 (AEST: 13:15-13:35)	Current students in the programme	Ms Kellie Streeter (DT NSW- public) Ms Jacinta Nguyen (OHT rural Vic – private practice) Ms Rebecca Goldman (OHT Vic metro – public and private) Ms Megan Hurst (DT remote NSW- public)	Induction Student resources & support
10min break & switchover			
15:45 – 16:15 (AEST: 13:45-14:10)	Past mentors/clinical supervisors	Dr Rosemary Morgan (Wagga Wagga NSW- Mentor 2020) Dr Jerry Basson (Lithgow NWS Mentor 2020)	Preparedness for practice Programme of study Clinical supervision

SUMMARY OF FINDINGS

		Dr Emily Pegan (NE Health, Wangaratta Vic- mentor 2016, 2021) Mr Eddie Bulter-Bromage (graduate 2016 and mentor 2020)	Monitoring & remediation Moderation & calibration Supervisor/mentor resources & support
16:15 – 16:30 (AEST: 14:15-14:30)	Stakeholder - ADOHTA	Mr William Carlson- Jones Vice-President ADOHTA	Preparedness for practice Professional input Feedback about programme
16:30 – 17:00 <i>(AEST: 14:30-15:00)</i>	Break & SET closed session		
17:00 – 17:15 <i>(AEST: 15:00-15:15)</i>	Summary – programme leadership	Prof Julie Satur (Director Grad Cert Dental Therapy (ACP)) Prof Alastair Sloan (Head of Melbourne Dental School)	Overview of preliminary findings