Dental Council
Te Kaunihera Tiaki Niho

AUSTRALIAN
DENTAL COUNCIL

Dental Council New Zealand/Australian Dental Council

Accreditation guidance notes

Contents

Introduction

These guidance notes have been developed by the Australian Dental Council (ADC) and the Dental Council (New Zealand) to support the interpretation and application of the *Accreditation Standards for Dental Practitioner Programmes* (the standards), which should be read in conjunction with this document.

How to use these guidance notes

These guidance notes are intended to support education providers, assessors and accreditation committees in interpreting and applying the standards. They provide context for the purpose and intent of each Standard and criterion, together with core (mandatory) and additional evidence to demonstrate how the standards are met.

Education providers are strongly encouraged to cross-reference information and evidence rather than reproduce the same material across criteria. Evidence from other quality assurance processes can also be used.

Element	Description
Domain	Identifies the broad area of programme quality being considered within the accreditation standards. Each Domain brings together related standards and criteria that contribute to safe, quality education and public safety.
Standard	The outcome that the programme must meet. This is the threshold that the programme will be assessed against.
Overview of standard	Provides context for the standard, explains its purpose and intent, and outlines how it contributes to programme quality, expected outcomes and public safety.
Criteria	Collectively, the criteria describe the expectations that support achievement of the Standard. When assessing a programme the ADC/DC(NZ) will have regard for whether each criterion is met but will take an on-balance view of whether the evidence presented by a programme provider clearly demonstrates that a particular Standard is met.
Explanation of criterion	Provides additional guidance on the intent of the criterion and examples of how it may be demonstrated in different educational contexts.
Core evidence	Minimum expected evidence that is most directly relevant to the criterion. Core evidence documents provide a common evidence base across programmes and support efficient assessment against multiple standards and criteria. Unless otherwise agreed, all providers are expected to submit the core evidence as part of their accreditation submission. Further evidence may be requested from the provider related to key changes within the programme, or areas of risk or concern identified. This will become a mandatory evidence requirement for that programme.
Additional evidence	Additional evidence provides examples of supplementary evidence that may assist providers to demonstrate how the criterion is met. Additional evidence examples are not exhaustive.

This document will be reviewed and updated regularly to ensure the guidance remains current and fit for purpose. To provide feedback on this document please email inquiries@dcnz.org.nz for New Zealand and consultation@adc.org.au for Australia.

Domain 1: Public safety

Standard: Public safety is assured

Overview of standard: This standard ensures public safety is embedded in programme design, delivery and governance.

Focus areas:

- students provide patient care only when appropriately prepared and supervised
- all clinical environments meet safety and quality requirements
- patients consent to care delivered by students
- legal, ethical and professional obligations are met
- systems identify and manage risks to patients and those in clinical environments.

Criterion 1.1 Public protection and patient care are key principles guiding the programme, clinical education, and learning outcomes.

Explanation of criterion	The programme places patient care and safety as the priority, which is reflected in curriculum design, teaching, supervision and assessment. Students graduate with the knowledge, skills, behaviours and professional attributes required to provide competent and safe care.
Evidence that may demonstrate the criterion	
Core evidence	• Statement of guiding principles and educational philosophy for the programme • Policies and procedures for clinical and workplace safety
Additional evidence	• Incident and near miss reports and trend analyses • Complaints and feedback reports relating to patient safety • Examples of actions taken in response to patient safety concerns and learnings shared • Overview of academic governance arrangements, including quality assurance, review and improvement processes • Staffing profile including teaching and supervision responsibilities • Curriculum mapping demonstrating alignment to Professional Competencies

Criterion 1.2 Student impairment screening and management processes are effective.

Explanation of criterion	Education providers have clear processes to identify when a student may not be fit to practise safely. Mechanisms are in place to respond promptly through defined escalation and support processes. This supports students while protecting patients and maintaining safe learning environments.
Evidence that may demonstrate the criterion	
Core evidence	• Policies and procedures for screening, reporting and management of infectious diseases and blood-borne infections
Additional evidence	• Student impairment procedures to identify, manage and escalate other impairments that could impact safe practice • Fitness to practice committee terms of reference and processes • Sharps injury procedures • Engagement with regulators as required on potential registration or practising implications

	• Examples of pathways available to support students experiencing academic or personal challenges • Admission and progression policies and procedures • Information provided to prospective and enrolled students

Criterion 1.3 Students achieve the relevant competencies before providing patient care as part of the programme.

Explanation of criterion	Students demonstrate the appropriate Professional Competencies before providing patient care. Competence can be assessed through a range of assessment methods (e.g. simulation and barrier assessments) before students are allowed to commence patient care under supervision. Processes are in place to identify students who have not yet met the required competency and ensure relevant students and supervisors are aware, and students are supported to reach the required competency.
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies • Barrier or gateway assessment requirements
Additional evidence	• Simulation programme documentation • Clinical induction resources • Course documentation for students and clinical supervisors that clearly identifies the stages, requirements and decision points for progression to patient care • Processes in place to identify and support students who are not yet competent or have areas requiring further development before returning to patient care • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student timetables showing progression into clinical training • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience

Criterion 1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.

Explanation of criterion	Clinical supervision is provided by practitioners who have appropriate qualifications, relevant clinical experience and current registration to support student learning and safe patient care. Clinical supervisors are inducted and supported appropriately into the clinical environment to support student learning, assessments, constructive feedback, and safe patient care. Supervision levels ensure safe patient care and learning environments.
Evidence that may demonstrate the criterion	
Core evidence	• Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Additional evidence	• Supervisor induction materials • Supervisor training documentation • Staff development records relating to supervision • Mechanisms to support/mentor new clinical supervisors • Supervision rosters • Supervision ratios of clinics • Policies and procedures on student placement and supervision • Register of formal agreements with placement providers, supervisors, clinics, practices and health services

Criterion 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.

Explanation of criterion	In this context, services providing clinical placements include all clinical placement environments, and are not limited to external providers. Clinical learning environments meet safety, quality and regulatory requirements. Relevant policies and processes ensure patients receive safe care, students learn in and staff work in professional and safe settings.
Evidence that may demonstrate the criterion	
Core evidence	• Policies and procedures for clinical and workplace safety • Policies and procedures on student placement and supervision • Maintenance and validation of clinical equipment • Bullying, harassment and discrimination protection • Professional conduct expectations, and processes to manage or escalate any breaches
Additional evidence	• Audit reports • Health and safety risk registers, incident and near miss reports, actions taken to address the issue, and resulting improvement actions • Placement quality reviews • Patient complaints and feedback reports and resulting improvement actions • Clinical supervisor feedback • Student feedback on supervision • Overview of academic governance arrangements, including quality assurance, review and improvement processes • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience

Criterion 1.6 Patients consent to care by students.

Explanation of criterion	To ensure patients' safety, prior to any procedure a patient is informed of and consents to being treated by a student in training.
Evidence that may demonstrate the criterion	
Core evidence	• Patient consent forms (unfilled or deidentified) • Patient information materials about consent
Additional evidence	• Student guidance on informed consent • Policies and procedures on student placement and supervision • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience • Register of formal agreements with placement providers, supervisors, clinics, practices and health services

Criterion 1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.

Explanation of criterion	Students understand their legal, ethical, and professional responsibilities. This enables safe practice, sound decision making, and appropriate behaviour in clinical and professional settings. It also prepares graduates to meet regulatory requirements and professional expectations once registered.
Evidence that may demonstrate the criterion	
Core evidence	• Code of conduct or similar documents defining clear expectations of student behaviour • Professional conduct training materials • Learning activities relating to legal, ethical and professional responsibilities • Examples of assessment tasks addressing professionalism
Additional evidence	• Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Information provided to prospective and enrolled students • Statement of guiding principles and educational philosophy for the programme Policies and procedures on student placement and supervision

Criterion 1.8 Students and staff act ethically and professionally to contribute to a safe environment, with breaches managed appropriately by the programme provider.

Explanation of criterion	Students and staff are expected to demonstrate ethical and professional behaviour throughout the programme. Clear expectations and effective processes for managing unprofessional conduct help students and staff understand their responsibilities, learn from mistakes, and address issues early which fosters a positive and safe learning, work and clinical environment.
Evidence that may demonstrate the criterion	
Core evidence	• Student and staff codes of conduct or similar • Professional behaviour policies • Complaints and disciplinary procedures
Additional evidence	• Complaints and management processes operational • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes • Statement of guiding principles and educational philosophy for the programme • Information provided to prospective and enrolled students • Staffing profile including qualifications, registration status, teaching and supervision responsibilities

Criterion 1.9 All students are registered with the relevant regulatory authority/ies. (applicable in Australia only)

Explanation of criterion	Australian dental students must be registered with the Dental Board of Australia through their education provider while enrolled in approved programmes, as required under the National Law.
Evidence that may demonstrate the criterion	
Core evidence	• Admission and progression policies and procedures • Student registration procedures • Student registration records
Additional evidence	• Registration compliance reports • Information provided to prospective and enrolled students

Domain 2: Academic governance and quality assurance

Standard: Academic governance and quality assurance processes are effective.

Overview of standard:

This standard sets expectations for academic governance and quality assurance systems. Programmes must demonstrate effective oversight of design and delivery, including monitoring, review and risk management. Systems support continuous improvement, timely curriculum review and renewal, and informed decision-making. External input into these processes is critical to gain fresh and independent insights. Admissions and progression processes must be fair, transparent and aligned with programme outcomes.

Focus areas:

- academic governance and quality assurance systems are in place, resulting in timely curriculum review and renewal to deliver competent and safe graduates and reflect contemporary educational approaches
- systems support continuous improvements and active risk management
- input is sought from a range of stakeholders, both internal and external and representing different expertise and experiences, to gain objective and independent insights into the programme curriculum, management, assessment and preparedness for practice
- admission and progression processes are fair, transparent and the involvement of programme staff in these processes foster alignment with the ability to achieve programme outcomes.

Criterion 2.1 Academic governance for the programme includes systematic review and monitoring, risk management and improvement.

Explanation of criterion	Effective academic governance ensures the programme is planned, reviewed, monitored, and improved on an ongoing basis. A systematic approach allows providers to identify issues early, respond to feedback and emerging risks, and evaluate the impact of improvement actions. This supports consistent and contemporary educational quality, ensures graduates can achieve competence, and protects students and the public.
Evidence that may demonstrate the criterion	
Core evidence	• Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes • Schedule and plan of reviews, monitoring and risk management undertaken
Additional evidence	• Committee terms of reference • Committee minutes and action logs • Risk registers and risk management plans • Examples of improvements implemented following review and evaluation of effectiveness • University programme review reports • External quality assurance reports • Teaching staff review processes by provider • Statement of guiding principles and educational philosophy for the programme • Staffing profile including qualifications, registration status, teaching and supervision responsibilities

Criterion 2.2 Students, consumers, internal and external academics, and professional peers contribute to the programme's design, management and quality improvement.

Explanation of criterion	Involving a range of stakeholders in programme design, management, and quality improvement helps ensure the programme is relevant, aligned with current practice and responsive. Input from diverse perspectives supports continuous improvement and may identify gaps, risks, and opportunities that may not be evident from internal review alone.
Evidence that may demonstrate the criterion	
Core evidence	• Records demonstrating a range of internal and external stakeholder input sought and considered by the programme
Additional evidence	• Stakeholder engagement framework • Records of consultation with students, consumers and professional and academic peers including meeting minutes where relevant • External review reports • External examiner reports about the programme • Advisory committee terms of reference, minutes, actions • Student, graduate and employer survey results • Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies • Student committee representation and terms of reference and minutes • Patient feedback, comments, suggestions

Criterion 2.3 Mechanisms are in place for responding within the curriculum to contemporary developments in clinical practice and health professional education.

Explanation of criterion	Clinical practice and health professional education evolve in response to new evidence, technologies, workforce needs and community expectations. Programmes have processes to identify and respond to changes to ensure the curriculum remains current and effective. The programme documents examples of curriculum changes in response to developments.
Evidence that may demonstrate the criterion	
Core evidence	• Records of reviews and monitoring that demonstrate consideration of contemporary developments in clinical practice and health professional education.
Additional evidence	• Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes • Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies • Curriculum review reports • Records of curriculum changes • Benchmarking activities • Student, graduate and employer feedback • Environmental scanning or horizon-scanning activities • Staff professional development opportunities • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours • Student committee representation and terms of reference • Patient feedback, comments, suggestions

Criterion 2.4 Admission and progression requirements and processes are fair, transparent and informed by programme staff.

Explanation of criterion	• Admission and progression requirements are clearly documented, communicated and regularly reviewed. • Involvement of programme staff offer subject matter and programme management expertise to ensure the programme outcomes can be achieved.
Evidence that may demonstrate the criterion	
Core evidence	• Admission and progression policies, procedures and selection criteria and admission requirements • Information provided to prospective and enrolled students • Evidence that programme staff have informed the admission and progression requirements and processes
Additional evidence	• Recognition of prior learning procedures • Examples of progression decisions • Admission and progression committee documentation • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours

Domain 3: Programme of study

Standard: Programme design, delivery and resourcing enable students to achieve the required Professional Competencies.

Focus areas:

- the programme is coherently designed and adequately delivered so students can achieve the Professional Competencies. This includes contemporary educational approaches, appropriate sequencing and integration across the programme that appropriately connects theory and clinical practice and supports performance progression over time
- clear programme learning outcomes that cover all Professional Competencies, including research literacy appropriate to the qualification, and interprofessional practice
- clinical education provides sufficient breadth, duration and variety across the competencies
- close monitoring of student clinical experiences, including direct patient contact as operator to ensure competence can be attained
- mechanisms are in place to identify students who are not progressing or performing as expected, with appropriate support plans to address these concerns
- appreciation of cultural diversity and the development of skills that promote the provision of inclusive and responsive person-centred care are demonstrated within the programme
- learning environments, staffing, facilities, equipment and clinical placement arrangements are sufficient and appropriate to support programme delivery and attainment of learning outcomes
- overall, the programme is accessible, fit for purpose, and sustainable over time.

Criterion 3.1 A coherent educational philosophy aligned with contemporary education principles informs the programme's design and delivery.

Explanation of criterion	Programmes are guided by a clearly defined educational philosophy grounded in contemporary principles such as student-centred learning, inclusivity, lifelong learning and professional relevance. The philosophy informs curriculum design, ensuring alignment between learning outcomes, content and activities. Teaching methods reflect this philosophy through approaches such as active learning, inquiry-based learning, reflective practice, and integration of theory and clinical experience. This supports the development of independent, adaptable and reflective professionals. The philosophy is regularly reviewed to ensure it remains current and responsive to developments in education and healthcare.
Evidence that may demonstrate the criterion	
Core evidence	• Statement of guiding principles and educational philosophy for the programme • Learning and teaching framework
Additional evidence	• Curriculum design documentation • Evidence of curriculum alignment to educational philosophy • Curriculum mapping demonstrating alignment of programme learning outcomes to all the relevant Professional Competencies • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes

	• Staffing profile including qualifications, registration status, teaching and supervision responsibilities

Criterion 3.2 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.

Explanation of criterion	Learning and teaching methods align with programme learning outcomes to ensure students develop the required knowledge, skills, and professional attributes. Learning activities are directly linked to specific outcomes, with a range of methods (e.g. lectures, simulations, case-based learning, clinical practice) to suit different learning styles and contexts. Teaching methods are reviewed regularly to maintain effectiveness and relevance.
Evidence that may demonstrate the criterion	
Core evidence	• Learning and teaching strategy • Overview of learning activities and progression of student development • Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies
Additional evidence	• Course and unit outlines • Examples of learning activities • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours, which support safe progression • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies

Criterion 3.3 Programme learning outcomes address all the required Professional Competencies.

Explanation of criterion	Programme learning outcomes address all required Professional Competencies, including knowledge, clinical, technical, ethical, communication and professional practice skills. Students develop and demonstrate competencies progressively across the programme. Outcomes are clearly defined, measurable and aligned with regulatory frameworks. Outcomes are reviewed regularly with input from stakeholders to ensure they remain current and relevant.
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies
Additional evidence	• Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours

Criterion 3.4 The complexity, quantity, duration and variety of clinical education is sufficient to produce a graduate competent to practise.

Explanation of criterion	Clinical learning experiences are deliberately designed, adequately resourced, closely monitored and regularly reviewed. Students have sufficient exposure to a range of procedures and patients across the lifespan and varying levels of complexity. Clinical exposure spans across the scope of practice to enable students to meet all clinical competencies. The duration (time in clinic spent on different aspects) and volume (repetition and experience differences) of clinical education is sufficient for students to acquire and consolidate skills and apply knowledge in practice. All students have equitable access to the required clinical experiences. While observation and assisting are valid learning methods, clinical exposure includes adequate experience as operator. Simulation may complement clinical learning but cannot replace adequate patient exposure. Gaps in clinical exposure are identified, and alternative arrangements put in place for students to attain patient clinical experiences.
Evidence that may demonstrate the criterion	
Core evidence	• Clinical experience requirements • Overview of clinical experiences students obtain across the scope of practice, including any gaps/pressure areas for access to patients and arrangements in place to offer clinical experiences required • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Placement evaluation reports • Graduate outcome data • Graduate and employer feedback • Clinical supervisor feedback • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours
Related evidence	• Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Policies and procedures on student placement and supervision

Criterion 3.5 Programme design, delivery, and assessment enable an understanding of cultural diversity, and the development of skills that promote inclusive and responsive person-centred care.

Explanation of criterion	Culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Learning methods, training and reflective practice support staff and students to develop their understanding of cultural diversity and its impact on healthcare. Assessments evaluate students' ability to engage effectively and respectfully with people from diverse cultural backgrounds.
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies

Additional evidence	• Learning activities include diverse population focus • Assessment tasks evaluating inclusive practice • Equity and diversity initiatives • Information provided to prospective and enrolled students

Criterion 3.6 The programme design develops research literacy appropriate to the level and type of qualification.

Explanation of criterion	Research literacy includes the ability to locate, understand, critically assess, and apply research evidence. The curriculum is structured to embed research literacy according to the academic level and qualification type, with explicit learning outcomes focused on critical appraisal, evidence-based practice, and ethical information use. Research literacy includes understanding of Aboriginal and Torres Strait Islander (Australian programmes) or Māori research (New Zealand programmes), including issues of leadership, benefit, and data authority.
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of research literacy learning outcomes to the relevant Professional Competencies • Learning and teaching strategy • Student research project/output examples
Additional evidence	• Research-related assessment tasks • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student timetables for each year of the programme

Criterion 3.7 Students engage with and learn from oral health and other health professions to support the development of collaborative practice.

Explanation of criterion	Graduates have the skills to work as members of interprofessional teams. This includes working with oral health practitioners and other health professionals. Programmes provide structured opportunities for interprofessional learning aligned to learning outcomes. These may include shared modules, simulation and multidisciplinary clinical experiences, and building understanding of the roles of other oral health and health disciplines.
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies • Overview of interdisciplinary learning opportunities within the dental team and with other health disciplines
Additional evidence	• Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours • Uptake by oral health students in formalised/structured interdisciplinary projects/activities • Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience

Criterion 3.8 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.

Explanation of criterion	Teaching staff have qualifications relevant to the subjects they teach and appropriate professional experience. Teaching staff demonstrate capability in contemporary educational practices, including curriculum design and assessment. Providers ensure teaching staff remain contemporary through support for ongoing professional development. Robust induction processes and support are in place for new staff to ensure they can fulfil their roles. The focus of this criterion is on staff fulfilling academic teaching and research support roles, where criterion 1.4 covers staff supervising in the clinics.
Evidence that may demonstrate the criterion	
Core evidence	• Staffing profile including qualifications, registration status, teaching/research and supervision responsibilities
Additional evidence	• Professional development provisions • Staff induction materials • Position descriptions • Student, graduate and clinical supervisor feedback • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes

Criterion 3.9 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.

Explanation of criterion	Learning environments, clinical facilities and equipment support quality education outcomes and safe clinical practice. Facilities are physically accessible to all students and suitable for their intended educational purposes. Facilities have sufficient space for safe learning and patient care. Equipment is maintained, updated and calibrated as required to ensure safety. Necessary equipment is available to enable students to attain the Professional Competencies. Students and staff have adequate and timely access to resources to minimise disruption to learning activities. Digital infrastructure supports patient care and online and blended learning, including reliable access to learning materials, assessments and technical support.
Evidence that may demonstrate the criterion	
Core evidence	• Management plan for maintenance, refurbishment and replacement • IT/digital infrastructure supporting patient care, and policies and procedures to ensure confidentiality and security of patient health information
Additional evidence	• Facilities and equipment inventories • Maintenance schedules and calibration/validation records • Accessibility assessments • Sample student timetables for each year of the programme showing clinical roster and clinical hours • Student, graduate and clinical supervisors feedback • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Criterion 3.10 The programme has the resources to sustain the education required for students to achieve the Professional Competencies.

Explanation of criterion	Programmes demonstrate sustainable resourcing to support quality delivery over time, including adequate staffing, facilities, technology and clinical placement capacity, with sufficient patient mix and load. Staffing includes those teaching and supervising students in clinics, as well as programme administration staff and clinic support staff. Succession planning is in place. Providers monitor capacity against cohort size and manage risks that could disrupt and compromise delivery and quality of learning. Providers demonstrate responsible resource use and socially accountable education approaches that support long-term viability.
Evidence that may demonstrate the criterion	
Core evidence	• Student data by year of study, highlighting any significant trends/changes since last accreditation review • Staffing profile including qualifications, registration status, teaching and supervision responsibilities • Number and FTE of staff available directly to the programme for teaching, research and clinical supervision. • Separate number and FTE reporting on administrative resourcing directly available to the programme for teaching and clinical administration. • Workforce plans (student: staff clinical supervision ratios, supervision capacity) • Budgets and resource allocation documentation • Resource deficiencies/gaps or any risks, and planned initiatives/strategies to address. For example: staffing, patient access, restructuring, significant student increases
Additional evidence	• Succession planning documentation • Recruitment • Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Education provider commitment to future of programme • Student, graduate and clinical supervisor feedback • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors) • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes

Criterion 3.11 Access to clinical training is assured, through formal agreements as required, for students to achieve the Professional Competencies.

Explanation of criterion	Programmes assure access to clinical training through formal agreements and partnerships with suitable clinical facilities. This may be offered by the education provider or external through third parties. Agreements support appropriate learning environments, supervision arrangements and patient exposure aligned with the agreement to fulfill programme requirements. Providers have contingency arrangements to maintain delivery during disruptions (e.g. alternative placements, increased simulation, timetable adjustments). Education provider monitors compliance to and achievement of the agreement obligations. Providers demonstrate equity of access so all students can complete required experiences.

Evidence that may demonstrate the criterion	
Core evidence	• Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Agreement documents (this can be provided on-site, in confidence) • Risks to future of placements • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Placement capacity reports • Placement evaluation reports • Policies and procedures on student placement and supervision • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Domain 4: The student experience

Standard statement: Students are provided with equitable and timely access to information and support.

Overview of standard: This standard requires systems to ensure students can engage safely and effectively with the programme. Providers demonstrate that accurate and accessible information is available to prospective and current students, and that fair grievance and appeals processes are accessible. Providers also demonstrate mechanisms to identify and support academic learning needs and personal wellbeing.
The standard further requires meaningful student representation in programme decision-making and active promotion of equity and diversity, so learning opportunities, placements and support services are accessible, inclusive and responsive across the student cohort.

Focus areas:

- systems to ensure students can engage safely and effectively with the programme
- accurate and accessible information is available to prospective and current students
- fair grievance and appeals processes are accessible
- mechanisms to identify and support academic learning needs and personal wellbeing by suitably qualified personnel
- meaningful student representation in programme decision-making
- observe and promote equity and diversity principles, so learning opportunities, placements and support services are accessible, inclusive and responsive across the student cohort.

Criterion 4.1 Programme information is clear and accessible to both prospective and current students.

Explanation of criterion	Information about programme entry requirements, application processes, fees, fitness to practise and conduct expectations, support services, and career pathways are readily available through public channels such as websites and brochures. Course information is clearly presented, regularly updated and accessible for students. This information includes learning outcomes and graduate competencies, structure, duration, assessment methods and progression requirements, and clinical requirements. Including, any placements or rotations that may require travel/relocation, fees, supporting arrangements etc.
Evidence that may demonstrate the criterion	
Core evidence	• Information provided to prospective and enrolled students (e.g. admission and progression requirements, student handbook, course guide, programme information, fees)
Additional evidence	• Student portal links or screenshots • Orientation materials • Communication plans and updates to students • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours

Criterion 4.2 Students are informed of and have access to effective grievance and appeals processes.

Explanation of criterion	Grievances (complaints) are concerns about academic or non-academic matters (e.g. teaching quality, administrative procedures, unprofessional behaviour). Appeals are formal requests to reconsider a decision, usually after a grievance has been investigated or an academic decision made. Programmes demonstrate that grievance and appeals processes effectively manage both. Programmes ensure students are informed of their rights and can access support when raising concerns, such as confidential advice, advocacy and their privacy is protected.
Evidence that may demonstrate the criterion	
Core evidence	• Grievance and appeals policies and procedures • Complaints and appeals registers •Student advocacy and support information
Additional evidence	• Information provided to prospective and enrolled students (e.g. student handbook, course guide, programme information) Admission and progression policies and procedures • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes

Criterion 4.3 Mechanisms are in place to identify and support the academic learning needs of students.

Explanation of criterion	Providers have mechanisms to identify students who may need academic support early (e.g. diagnostic assessment, self-referral, staff referral, early performance indicators). Providers provide timely, tailored support to address a range of academic needs (e.g. practice sessions, simulation, individual coaching, learning tools). Support arrangements are accessible by all, including for students studying remotely or on placement. Providers monitor student progress and the effectiveness of interventions.
Evidence that may demonstrate the criterion	
Core evidence	• Information provided to prospective and enrolled students (e.g. student handbook, course guide, programme information) • Academic support framework • Learning support processes • Learning support service information • Student progression monitoring reports
Additional evidence	• Admission and progression policies and procedures • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes

Criterion 4.4 Students are informed of and have access to support services provided by qualified personnel.

Explanation of criterion	Providers inform students about personal support services available. Students are able to access these professional services as needed throughout their studies, including while on placement. Support arrangements encourage early help-seeking, have clear referral pathways, and are inclusive, culturally responsive and accessible to all students.

	Where concerns raise potential of risk of harm to patients or fitness to practise concerns, these are escalated, managed and monitored appropriately. These matters are handled within a supportive framework and privacy protected.
Evidence that may demonstrate the criterion	
Core evidence	• Student wellbeing and counselling service information • Information is easily accessible, contact points identifiable • Information provided to prospective and enrolled students (e.g. student handbook, course guide, programme information)
Additional evidence	• Referral pathways, demonstrating privacy protection • Evidence of support services accessible during placements • Reminders promoting services to students and staff • Admission and progression policies and procedures • Policies and procedures on student placement and supervision

Criterion 4.5 Students are formally represented within decision-making committees for the programme, with mechanisms to enable active participation.

Explanation of criterion	Programmes ensure students are formally represented on programme-level committees or advisory groups that influence aspects of the programme such as curriculum, assessment, clinical placements, delivery and student support. Mechanisms support active and meaningful student participation. Feedback to students on issues raised closes the information loop, even if changes cannot be made. Student representation is inclusive and cover the full student group. Programmes demonstrate student views are considered in decision-making and that representation arrangements are reviewed regularly for effectiveness and inclusiveness.
Evidence that may demonstrate the criterion	
Core evidence	• Committees terms of reference • Student representative appointment processes • Evidence of actions arising from student feedback
Additional evidence	• Feedback mechanisms to students on issues raised. • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes • Information provided to prospective and enrolled students (e.g. student handbook, course guide, programme information)

Criterion 4.6 Equity and diversity principles are observed and promoted in the student experience.

Explanation of criterion	Equity and diversity principles ensure all students, regardless of background, identity or circumstances, have equitable opportunities for access, participation and success. Programmes promote an inclusive, respectful and safe learning environment for students, including, for example, those from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander peoples, LGBTQIA+ students, students with disabilities, and those from rural or remote areas. Students have equitable access to learning opportunities, placements, support services and resources, and staff able to apply inclusive practices and respond to diversity.

	Providers monitor outcomes and use feedback and other evidence to strengthen the student experience over time.
Evidence that may demonstrate the criterion	
Core evidence	• Equity, diversity and inclusion policies • Information provided to prospective and enrolled students (e.g. student handbook, course guide, programme information) • Admission and progression policies and procedures
Additional evidence	• Reasonable adjustment procedures • Student and graduate feedback results and evaluation reports • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience • Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies

Domain 5: Assessment

Standard: Assessment is fair, valid and reliable to ensure graduates are competent to practise.

Overview of Standard: This standard focuses on whether assessment across the programme can reliably determine that students have achieved the required learning outcomes and are ready for safe practice. Assessments align to programme outcomes and Professional Competencies, using appropriate methods to assess knowledge, clinical skills, judgement, communication and professional behaviour. Assessments and assessors are moderated and calibrated to ensure consistent, independent and fair assessments. For final year students, assessments include an independent external assessor to validate the robustness, quality and fairness of the assessment process and offer a perspective on the preparedness of students for practice. Programmes demonstrate ongoing review of assessment design and outcomes. Review processes identify emerging risks, contemporary developments and any gaps in student performance, and support timely improvement. Overall, assessments provide confidence that graduates are competent to practise.

Focus areas:

- assessment reliably determine that students have achieved the required learning outcomes and are ready for safe practice
- assessments align to programme outcomes and Professional Competencies, using appropriate methods to assess knowledge, clinical skills, judgement, communication and professional behaviour
- assessments and assessors are moderated and calibrated to ensure consistent, independent and fair assessments
- for final year students, assessments include an independent external assessor to validate the robustness, quality and fairness of the assessment process and offer a perspective on the preparedness of students for practice
- ongoing review of assessment design and outcomes. Review processes identify emerging risks, contemporary developments and any gaps in student performance, and support timely improvement.

Criterion 5.1 Assessments conform to the principles of validity, reliability and fairness.

Explanation of criterion	Providers demonstrate that assessment is deliberately designed so decisions about student achievement are sound, defensible and equitable. Assessment tasks are clearly aligned to learning outcomes and Professional Competencies, with a documented rationale for the methods used. Evidence based assessments, appropriately qualified assessors, and processes such as calibration, moderation and external input, particularly for high-stakes decisions, support reliability. Expectations, criteria and performance standards are transparent, consistently applied and free from bias or discrimination, while allowing reasonable adjustments that maintain the integrity of outcomes. Providers review assessment results, feedback and decision-making patterns to ensure assessments remain valid, reliable and fair over time. Assessment authenticity and flexibility support attainment of this criterion.
Evidence that may demonstrate the criterion	
Core evidence	• Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies

	• Assessment policies and procedures • Exit examination documentation • Moderation and calibration records
Additional evidence	• Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies • Assessment review reports • Examples of assessment rubrics • Mechanisms to validate borderline assessment outcomes • Information provided to prospective and enrolled students • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes

Criterion 5.2 Mechanisms are in place for recognising and responding to emerging developments and risks in assessment.

Explanation of criterion	Providers have processes to identify, monitor and respond to developments that may affect the quality, security or appropriateness of assessment. These developments may include changes in technology, academic integrity risks, clinical practice or regulatory expectations. For example, risks associated with online high-stake assessments and the impact of artificial intelligence on validity of assessments. Programme providers are able to respond to issues as they arise and demonstrate that assessment is regularly reviewed and remain valid. Providers anticipate risks where possible and implement improvements to maintain robust assessment systems.
Evidence that may demonstrate the criterion	
Core evidence	• Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes • Assessment review and monitoring reports including any risks identified
Additional evidence	• Records of assessment changes arising from identified risks or developments • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies

Criterion 5.3 There is a clear relationship between learning outcomes and assessment strategies.

Explanation of criterion	A clear and deliberate alignment between learning outcomes and assessment strategies is required. Assessment tasks measure the intended knowledge, skills and professional attributes. Clear alignment supports validity by ensuring assessment measures intended outcomes. It supports fairness by making expectations transparent to students and staff and supports reliability by enabling coherent assessment planning across the programme.
Evidence that may demonstrate the criterion	
Core evidence	• Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies

Additional evidence	• Assessment strategy documentation • Mapping of assessment tasks to learning outcomes • Course assessment schedules • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours

Criterion 5.4 All required professional competencies are mapped to learning outcomes and are assessed.

Explanation of criterion	Providers demonstrate that all required Professional Competencies are mapped to programme learning outcomes and assessed appropriately across the programme. Mapping shows coverage across knowledge, clinical skills, communication, judgement and professional behaviour. Mapping supports identification of gaps, duplication or over-assessment. This ensures decisions about readiness for practice are based on comprehensive evidence of competence.
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Competency tracking records • Exit examination documentation • Student progression dashboards • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours

Criterion 5.5 Multiple assessment methods are used including direct observation in the clinical setting.

Explanation of criterion	Providers use a range of complementary assessment methods to assess different domains of competence. Direct observation in clinical settings is essential for evaluating how students apply knowledge, skills, communication, judgement and professional behaviour in practice.
Evidence that may demonstrate the criterion	
Core evidence	• Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Clinical assessment forms • Workplace-based assessment tools • Examples of assessment tasks and rubrics • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Criterion 5.6 Students receive timely feedback to support their learning.

Explanation of criterion	Providers ensure students receive regular, timely and constructive feedback. Feedback help students understand their performance, identify strengths and gaps, and determine actions for improvement. Feedback is consistent across academic, pre-clinical and clinical settings. Effective feedback processes support early identification of students requiring additional support and promote continuity of learning.
Evidence that may demonstrate the criterion	
Core evidence	• Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes • Documents outlining feedback processes • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience • Examples of student feedback
Additional evidence	• Learning support plans • Student feedback regarding assessment processes • Information provided to prospective and enrolled students

Criterion 5.7 Students are assessed throughout the programme by qualified and experienced educators, including external experts. External examiners assess students for final year exit examinations.

Explanation of criterion	Assessments throughout the programme are conducted by educators and clinicians with appropriate qualifications, experience and contextual understanding. Assessors have relevant discipline expertise and familiarity with the programme stage and expectations. Assessments include input from external examiners, with mandatory involvement in final-year exit examinations to provide additional assurance of standards.
Evidence that may demonstrate the criterion	
Core evidence	• Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors) • Staffing profile including qualifications, registration status, teaching and supervision responsibilities • External examiner reports
Additional evidence	• Assessor induction and training records • Assessment schedules showing assessor involvement • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes

Domain 6: Cultural responsiveness (Australia)

Standard: The programme ensures students are able to provide culturally responsive care for Aboriginal and Torres Strait Islander Peoples.

Overview of standard: This standard ensures graduates are prepared to provide culturally responsive care for Aboriginal and Torres Strait Islander Peoples. It reflects principles of cultural responsiveness, anti-racism, respect for Country, and accountability to the priorities and lived and living experiences of Communities.

Focus areas:

- culturally responsive, safe and anti-racist learning and work environments for students and staff
- access to appropriate resources, expertise and personnel to support learning about culturally responsive care for Aboriginal and Torres Strait Islander Peoples
- ongoing and meaningful engagement with Aboriginal and Torres Strait Islander Communities to inform programme design, delivery and improvement
- integration of Country- and Community-appropriate culturally responsive healthcare throughout curriculum, learning outcomes and assessment
- culturally responsive clinical placement experiences that support the development of culturally safe and anti-racist practice
- recruitment, admission, participation, retention and successful completion of the programme by Aboriginal and Torres Strait Islander Peoples
- continuous reflection, improvement and accountability in advancing culturally responsive education and care.

Criterion 6.1 Staff and students work and learn in a culturally responsive, safe and anti-racist environment.

Explanation of criterion	The programme must foster a culturally responsive, safe and anti-racist environment for staff and students. This includes learning environments across all settings where students and staff learn and work. Appropriate cultural safety training for academic and clinical staff is essential and should be role-specific where relevant. Programmes must have mechanisms to address concerns, including processes for reporting and responding to racism. Appropriate cultural safety training for academic and clinical staff is essential to support a safe learning environment, through fostering understanding, reducing cultural bias, and promoting respectful interactions between educators and Aboriginal and Torres Strait Islander students.
Evidence that may demonstrate the criterion	
Core evidence	• Information provided to prospective and enrolled students (e.g. student handbook, course guide, programme information) • Staffing profile including qualifications, registration status, teaching and supervision responsibilities
Additional evidence	• Cultural responsiveness, anti-racism or cultural safety policies • Cultural capability training records • Reporting and response processes for cultural safety concerns • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes

Criterion 6.2 Students and staff have access to appropriate resources and personnel with specialist knowledge, expertise and cultural capabilities, to facilitate learning about providing culturally responsive care for Aboriginal and Torres Strait Islander Peoples.

Explanation of criterion	Providers must ensure students and staff have access to appropriate resources and personnel with specialist cultural knowledge and capabilities relating to Aboriginal and Torres Strait Islander Peoples. This supports learning about culturally responsive care and enables Aboriginal and Torres Strait Islander perspectives to inform teaching and

	decision-making. This may include Aboriginal and Torres Strait Islander people with lived experience or allies with demonstrated capability. This approach provides students with positive role models, facilitates mentorship opportunities, and ensures that decision-making processes consider the perspectives and experiences of Aboriginal and Torres Strait Islander leaders.
Evidence that may demonstrate the criterion	
Core evidence	• Staffing profile including qualifications, registration status, teaching and supervision responsibilities
Additional evidence	• Evidence of Aboriginal and Torres Strait Islander leadership, educators, mentors or advisors • Cultural capability professional development records • Resource inventories and learning materials • Statement of guiding principles and educational philosophy for the programme • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes

Criterion 6.3 The programme provider continuously seeks input from Aboriginal and/or Torres Strait Islander Communities external to the provider into the design and implementation of the programme.

Explanation of criterion	Education providers must demonstrate ongoing, respectful mechanisms for seeking and incorporating input from Aboriginal and/or Torres Strait Islander Communities external to the provider into programme design and implementation. This may include structured consultation and collaboration with local Communities and organisations. Genuine engagement is evidenced by ongoing relationships and documented changes made in response to external feedback. Benefits of this approach include enhancing cultural pride, increasing engagement, and ensuring that educational materials align with the cultural context of Aboriginal and Torres Strait Islander students. Further, it respects Aboriginal and Torres Strait Islander knowledge systems, and builds trusting relationships between higher education institutions and Indigenous communities.
Evidence that may demonstrate the criterion	
Core evidence	• Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes
Additional evidence	• Community engagement framework • Consultation records with Aboriginal and Torres Strait Islander Communities • Partnership agreements and advisory group documentation • Evidence of actions arising from Community feedback • Statement of guiding principles and educational philosophy for the programme

Criterion 6.4 Delivery of Country- and Community-appropriate culturally responsive healthcare is scaffolded and integrated throughout the programme, clearly articulated in learning outcomes, and assessed.

Explanation of criterion	The programme must scaffold and integrate culturally responsive healthcare throughout the curriculum in a way that is appropriate to the Country on which the provider is located and the Communities it engages with. This must be clearly articulated in learning outcomes and assessed. Teaching

	should incorporate local knowledge and perspectives, so students understand Community needs and preferences. Assessment should evaluate both knowledge and the practical ability to adapt care to Country and Community context.
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of programme learning outcomes to the relevant Professional Competencies • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies
Additional evidence	• Learning outcomes relating to cultural responsiveness • Assessment tasks and rubrics • Teaching materials and curriculum resources incorporating Community and Country perspectives • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience

Criterion 6.5 All students undertake culturally responsive clinical placements to provide culturally safe and anti-racist care for Aboriginal and Torres Strait Islander Peoples.

Explanation of criterion	Programmes must ensure equitable access for all students to culturally responsive clinical placements aligned with Community needs and expectations. Placements should include mechanisms for Community-informed assessment and feedback. Programmes must maintain ongoing relationships with placement providers and seek feedback to support continuous improvement. Completion of relevant preparation (including barrier assessments and pre-clinical learning) is recommended prior to students providing patient care.
Evidence that may demonstrate the criterion	
Core evidence	• Policies and procedures on student placement and supervision • Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Placement evaluation reports • Community feedback on placements • Student reflections and placement assessments • Sample student timetables for each year of the programme showing key learning activities, clinical education and clinical hours • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Criterion 6.6 The programme provider proactively promotes and supports the recruitment, admission, participation, retention and successful completion of the programme by Aboriginal and Torres Strait Islander Peoples.

Explanation of criterion	Programme providers must actively promote and support recruitment, admission, participation, retention and successful completion by Aboriginal and Torres Strait Islander Peoples. This includes creating supportive and inclusive environments to ensure equitable access and outcomes.
Evidence that may demonstrate the criterion	

Core evidence	• Admission and progression policies and procedures • Information provided to prospective and enrolled students (e.g. student handbook, course guide, programme information)
Additional evidence	• Aboriginal and Torres Strait Islander recruitment and outreach initiatives • Retention and support strategies • Participation, progression and completion data • Evaluation of Aboriginal and Torres Strait Islander student outcomes • Overview of academic governance arrangements, including programme quality assurance, review and continuous improvement processes • Staffing profile including qualifications, registration status, teaching and supervision responsibilities