

Consultation paper

Proposed changes to the ADC/DC(NZ) Accreditation
Standards for dental practitioner programs



1. Introduction

The existing Australian Dental Council (ADC) and Dental Council (New Zealand) (DC(NZ)) Accreditation standards for dental practitioner programs ('the Standards') became effective from 1 January 2021.

The Standards are used to evaluate education and training programs which lead to general or specialist registration in Australia or New Zealand, and endorsement of registration in Australia.

The Standards are periodically reviewed to ensure that they continue to be aligned with contemporary benchmarks and expectations, are easy-to-use and are appropriately focused on public safety.

The ADC and DC(NZ) are now consulting with stakeholders on proposed changes to the Standards. This consultation will be open from 17 December 2025 to 27 February 2026.

About this document

This document must be read in conjunction with the [Draft ADC/DC\(NZ\) Accreditation standards for dental practitioner programs – December 2025](#) (the draft Standards). The draft Standards include a detailed appendix outlining the changes proposed.

This document includes the following sections:

- Section 1 introduces the document and includes information about how to respond to the consultation.
- Section 2 provides information about the Standards.
- Section 3 explains the review process.
- Section 4 explains the activities undertaken to inform the review.
- Section 5 explains the main changes proposed to the existing Standards and provides brief rationales.

There are two appendices:

- Appendix 1 lists the members of the Accreditation Standards Review Steering Committee (the Steering Committee).
- Appendix 2 lists the members of the Accreditation Standards Review Project Team.

About the ADC and DC(NZ)

The DC(NZ) is a regulatory authority established by the Health Practitioners Competence Assurance Act 2003. The DC(NZ)'s purpose is to protect the health and safety of the public by making sure that oral health practitioners are competent and fit to practise. The oral health practitioners regulated by the DC(NZ) are dentists, dental specialists, oral health therapists, dental therapists, dental hygienists, orthodontic auxiliaries, clinical dental technicians, and dental technicians.

The DC(NZ) is responsible for:

- setting standards for entry to the register
- recognising, accrediting, and setting programmes to ensure the ongoing competence of health practitioners
- registering oral health practitioners
- setting standards of clinical and cultural competence, and ethical conduct to be met by all oral health practitioners
- recertifying all practising oral health practitioners each year
- reviewing and remediating the competence of oral health practitioners
- investigating the conduct or health of oral health practitioners where there are concerns about their performance and taking appropriate action.

The ADC is an independent organisation appointed by the Dental Board of Australia (DBA) to conduct assessment and accreditation functions for the dental professions under the National Registration and Accreditation Scheme (NRAS).

The assessment and accreditation functions performed by the organisation under the Health Practitioner Regulation National Law (the National Law) include:

- developing accreditation standards for approval by the DBA
- accrediting programs of study which lead to eligibility to apply for registration against those standards
- assessment of overseas qualified dental practitioners who wish to practise in Australia
- providing advice to the DBA on accreditation and assessment matters.

The ADC is a not-for-profit company limited by guarantee under the Australian Securities and Investments Commission. It holds charity status under the Australian Charities and Not-for-profits Commission and is funded by a grant from the DBA and fee for service activities.

Consultation questions

Responses to the consultation are welcome from anyone with an interest in the Standards. The below consultation questions are listed to assist stakeholders in responding to this consultation. **Please provide detail in your responses wherever possible.**

- Q1.** Do you consider that the draft Standards are at the threshold level to deliver competent graduates who are safe to practise in Australia and New Zealand? (Yes, No, Somewhat, Unsure)
- Q2.** Do you agree with the specific proposals as incorporated in the draft Standards? (Yes, No, Somewhat, Unsure)
- Q3.** Are there any additional Standards or Criteria that should be added? (Yes, No, Unsure)
- Q4.** Are there any Standards or Criteria that should be deleted or reworded? Please clearly reference the specific criteria you are referring to for refinement. (Yes, No, Unsure)
- Q5.** Do you have any other questions or comments on the Standards?

How to respond to the consultation

To respond to the consultation, please use the following link:
<https://www.surveymonkey.com/r/M8D3B96>

You can also email your response:

For Australian stakeholders to: consultation@adc.org.au

For New Zealand stakeholders to: consultations@dcnz.org.nz

The deadline for completed responses to the survey is **27 February 2026 at 5pm AEDT**.

Individual survey responses will be published, as will a summary of the responses received. Published submissions will include the names of the respondent and/or organisation making the submission. All personal contact details will be removed from submissions before publication.

The ADC and DC(NZ) will not place on our websites, or make available to the public, submissions containing offensive or defamatory comments or submissions outside the scope of the subject of this consultation.

2. About the Accreditation Standards

How to respond to the consultation

The Standards, as currently worded, comprise six Domains:

1. Public safety
2. Academic governance and quality assurance
3. Program of study
4. The student experience
5. Assessment
6. Cultural safety (Australia)/Cultural competence (New Zealand)

Each Standard is supported by multiple criteria.

The criteria are indicators of what is expected of an accredited program to meet each Standard.

The criteria are **not** sub-standards and when assessing a program, regard is given as to whether each criterion is addressed or is relevant for a type of program. The ADC and DC(NZ) take an on-balance view of whether the evidence presented demonstrates that a particular Standard is met.

The Standards are outcomes focused. The Standards, deliberately, do not specify a number of clinical or teaching hours, or prescribe an educational approach, or define curricula. It is for the provider to show how the program meets the Standards and prepares dental graduates to practise competently, safely and ethically.

New programs and established programs are assessed against the same Standards, although the assessment may be varied according to the circumstances of the provider. Similarly, while some criteria may not apply to non-patient focussed programs, all Standards remain applicable.

Application of the Standards

The Standards must apply to programs that lead to all divisions of dental practitioner registration as well as programs that lead to endorsement in Australia. The Standards also apply across all education levels of programs (e.g. Bachelor level, Master's level, Advanced Diploma and Fellowship), and different education provider types, such as universities, TAFEs and specialist colleges.

The focus of accreditation is on how a program can demonstrate it prepares students to be safe and competent practitioners. It is the responsibility of each education provider to determine and to be able to demonstrate how the program seeking accreditation provides its graduates with the skills required for practice, as outlined in the relevant professional competencies.

The professional competencies are referenced in the Standards and outline what is expected of a newly qualified practitioner within that division of registration.

The professional competencies are important reference documents used in the accreditation process, but they do not form part of this consultation process.

3. About the review

The Standards were last reviewed between 2019 and 2020.

Since their publication, the Standards have been well received by stakeholders and have been adopted in full or in part by other accreditation bodies in Australia and New Zealand.

At the commencement of this review, nine 'focus areas' were identified in relation to external influences and/or feedback from stakeholders. The focus areas were:

- academic integrity
- equity and diversity
- racism and bullying
- cultural competence/safety
- quality of assessments
- diverse clinical placements and treatment
- integration of clinical practice and clinical simulation
- digital health
- workforce pressures.

From 2021, a Cultural Safety/Competence Domain was introduced for the first time.

The DC(NZ) is currently undertaking a review of all cultural competence and safety competencies and standards, including the Accreditation Standards. Further, replacement legislation for the regulation of health practitioners in New Zealand is expected early in 2026, which may further impact on cultural competence and safety standards. To ensure any changes are made once and align with new legislative requirements, DC(NZ) deferred any changes to its Domain 6, Cultural Competence, at this point. Further consultation will occur at a later stage. Until such time, the current cultural competence criteria remain in place.

As such, this consultation only considers Cultural Safety in the Australian context only.

4. Activities undertaken to inform the review

To inform the focus of the review, a wide range of stakeholders were engaged including education providers, professional associations and ADC and DC(NZ) assessors.

The review included the following steps:

- Benchmarking the existing Standards against other relevant standards nationally and internationally.
- Meeting with key stakeholders to seek feedback on the Standards and potential focus areas for the review.
- A targeted stakeholder survey from those who use the Standards most, to seek feedback on the existing Standards, including how they are working and how they might be improved. This included feedback on the focus areas outlined above. In total, 103 responses were received.
- A Steering Committee was convened to provide expert advice about possible changes to the Standards. The results of the benchmarking, stakeholder survey, and stakeholder engagement informed the work plan of the Project Team and the changes proposed to the Standards. A list of the Steering Committee members is provided in Appendix 2 and Project Team members in Appendix 3.

The ADC and DC(NZ) are now consulting with a broad range of stakeholder groups on the proposed changes to the Standards. The responses received will help to refine the proposed changes and ensure the Standards remain fit for purpose.

After the consultation period, changes to the Standards may be further refined, taking into consideration the responses received. The revised Standards will then be considered by the ADC and DC(NZ). In accordance with the National Law in Australia, once the Standards are endorsed by the ADC, they must then be submitted to the DBA for approval. In New Zealand, the DC(NZ) is responsible for approving the Standards.

If the DBA and DC(NZ) approve the revised Standards, they will then be published. If approved according to the above timeline, the revised Standards are anticipated for release in mid-2026, for implementation from 1 January 2027. The ADC and the DC(NZ) will keep stakeholders updated of the implementation timelines.

5. Proposed changes to the Standards

The results of the stakeholder survey and early consultation indicate that the Standards are working well and that substantial changes to content or structure are unlikely to be necessary. The changes proposed are minor in nature and aim to ensure clarity and ease of use of the Standards. Feedback received through the stakeholder survey not directly related to the Standards or criteria may be used to strengthen the guidelines supporting the Accreditation Standards. As these are guidelines, this does not form part of the consultation process.

This section provides an overview of the changes proposed, which align to selected focus areas.

Detailed changes are described in the accompanying document, [*Draft ADC/DC\(NZ\) Accreditation Standards for Dental Practitioner Programs 2025*](#).

Academic integrity

The current accreditation standards do not have a specific focus to assess an education provider's response to internal or external risks that may compromise the integrity of learning content, assessments and processes that may create a risk to the public. Continued reflection is necessary to ensure curricula remain current and relevant.

Key areas for consideration include:

- cheating and plagiarism
- bias and fairness
- security and privacy
- dependence on technology for preparing learning materials and assessments
- accountability and quality assurance.

Addressing these risks requires a combination of robust policies and practices, commitment to quality assurance, ethical artificial intelligence (AI) practices, and continuous monitoring to ensure that AI tools are used responsibly and effectively in the program by students and staff.

To address these concerns, a new criterion is proposed for Standard 5:

- 5.2 Mechanisms are in place to recognise and respond to emerging developments and risks in assessment.

While a focus on emerging AI technologies was highlighted, the intent of this new criterion is to be broad, so it is not so specific that it ignores other emerging challenges in assessment.

Academic governance

A revision to existing criterion 4.2 (new criterion 2.4) has been proposed to address concerns that students unfit to study have previously been admitted to education programs, and that there has been insufficient involvement of program staff in decision making. As the focus is academic governance, it is proposed to move this criterion to Standard 2.

The revised criterion 2.4 states: Admission and progression requirements and processes are fair, transparent and informed by program staff.

Equity and diversity

The ADC and DC(NZ) can continue to build on work to increase the focus on oral health/prevention for the Australian and New Zealand populations. These considerations could include:

- people who are socially disadvantaged or on low incomes
- Aboriginal and Torres Strait Islander and Māori and Pasifika peoples
- people living in regional and remote areas
- people with additional or specialised healthcare needs
- refugees
- LGBTQIA+ people.

To address the needs of these populations the review considered new guidelines such as the Intellectual Disability Health Capability Framework in Australia and how accreditation can ensure graduates from accredited programs are prepared to practise in regional and rural communities. It was determined that some of these considerations will be more appropriately addressed in the professional competencies.

Initial feedback indicated a lack of clarity for criterion 3.9, which states: Cultural safety is articulated clearly, integrated in the program and assessed, with graduates equipped to provide care to diverse groups and populations.

A revision to criterion 3.9 (new criterion 3.5) has been proposed to broaden the focus from cultural safety to cultural diversity so this criterion includes but is not limited to cultural diversity in race, ethnicity, gender, religion, age, disability, geographic location and sexual orientation.

The revised criterion 3.5 states: Program design, delivery, and assessment enable an understanding and appreciation of cultural diversity by students, and the development of skills that promote the provision of inclusive and responsive person-centred care.

Cultural safety (Australia only)

Revisions are proposed to several criteria in Domain 6 to focus on cultural responsiveness as an action to achieve cultural safety. This aims to improve the focus on actively recognising, understanding and adapting to the cultural needs and preferences of Aboriginal and Torres Strait Communities to ensure cultural safety. Graduates must be culturally responsive to deliver culturally safe care.

Suggested revisions to several criteria within Standard 6 (Australia only) aim to improve cultural responsiveness. These revisions aim to promote:

- staff and students working and learning in a culturally responsive environment, supported by structured training and continuous reflection
- local Aboriginal and/or Torres Strait Islander communities external to the provider having input into program design and management.
- the program proactively promoting and supporting the recruitment, admission, participation, retention, and successful completion of the program by Aboriginal and Torres Strait Islander Peoples, with holistic support services and pathways.
- scaffolding of culturally safe healthcare throughout the curriculum, clearly articulated in learning outcomes, and assessed, with explicit focus on self-determination and centring First Nations experiences.
- students undertaking placements designed to provide culturally safe care, aligned with community needs and expectations, with feedback from placement providers and communities.
- students and staff having access to resources and staff with specialist knowledge, expertise, and cultural capabilities.
- clear, transparent processes for actioning feedback and addressing concerns, including support and advocacy for those affected by misconduct or racism.

These changes support a learning and clinical environment where cultural safety is embedded, racism is actively limited through policy and practice, and continuous reflection promotes ongoing improvement.

Racism and bullying

Further to the feedback about cultural responsiveness, of concern is the number of complaints received by both the ADC and DC(NZ) in recent years relating to claims of racism and bullying involving students, staff and patients. Within this context, to ensure cultural safety for those working, learning and receiving care within accredited programs, a specific focus and mechanisms to respond to these issues was deemed necessary.

Accreditation authorities must have assurance of a tertiary education institution's policies and processes that identify and manage such inappropriate behavior.

Criterion 1.8 states: The program provider holds students and staff to high levels of ethical and professional conduct.

To lessen the possibility of racism occurring in programs, in addition to addressing other forms of ethical and professional misconduct, the revised criterion 1.8 states: Students and staff act ethically and professionally, with breaches managed or referred by the program provider.

Guidance notes to support this criterion will include descriptions of misconduct and reference specific standards and codes of conduct, with examples.

Quality of assessments

Assessment is an essential quality control for education programs and must be undertaken by suitably qualified assessors who demonstrate sound assessment practice.

Although the standard statement refers to the validity of the assessment, the current criteria are not explicit about the quality of the assessment to ensure it is appropriate to assure competence. The quality of an assessment is determined by its validity, reliability, fairness, accessibility, and practicality.

Stakeholder feedback suggested that more direction and/or guidelines are warranted regarding assessments. Additional concerns raised in response to other themes included the use of external examiners and the perceived lack of consistency in assessment across education providers.

To address these concerns, a new criterion is proposed for Standard 5:

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

Guidance notes to support criterion 5.1 will provide definitions of validity, reliability and fairness of assessments and highlight the importance of calibration regarding appropriate assessments.

In addition, criterion 5.5 (new criterion 5.7) has been reworded to address feedback regarding the consistency and level of educational qualifications and use of external examiners.

The current criterion 5.5 states: Suitably qualified and experienced staff, including external experts for final year, assess students.

The revised criterion 5.7 states: Students are assessed throughout the program by qualified and experienced educators, including external experts. External examiners assess students for final year exit examinations.

This change addresses feedback regarding consistency and level of educational qualifications and use of external examiners. It also makes explicit the need for external examiners in assessment of final year students. Guidance notes will highlight the dual role of external examiners – to assess students and to provide feedback on whether the program is meeting learning outcomes.

Diverse clinical placements and treatment/Integration of clinical practice and clinical simulation

Diverse clinical placements enable students to gain experience across a variety of clinical settings and in managing a range of patient populations, allowing them to apply their clinical knowledge in real-world settings and gain skills and confidence for their future practice. This is beneficial for not only the students' education but also supports society more broadly in improving access to care for some populations, such as people living in rural and remote areas, people with disability, and children.

Some providers have challenges to secure outplacements to offer students opportunities in different clinical settings and/or to ensure adequate clinical exposure across the full range of a scope of practice. To support this, simulation is an essential part of clinical dentistry teaching that supports students to develop the required professional competencies, though it is not a substitution for provision of patient care.

Minor revisions to several criteria in Standard 3 are proposed to support the learning needs of students to ensure they get sufficient clinical experiences to attain the competencies defined for their scope of practice.

Criterion 3.3 states: The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.

This criterion was considered to determine whether it effectively ensures students obtain the breadth and depth of clinical experiences necessary for developing the expected graduate competencies, while also providing sufficient flexibility to support their achievement.

The revised criterion 3.3 (new criterion 3.4) states: The complexity, quantity, duration and variety of clinical education is sufficient to produce a graduate competent to practice.

Guidance will be provided to explain what determines the complexity and duration of experiences. The variability in resources and delivery across providers will also be acknowledged in the guidance.

Digital health

Digital health refers to the use of information and communications technologies in health professions to manage illnesses and health risks and to promote wellness. It is important to ensure dental practitioner programs can appropriately train and prepare graduates to respond to emerging trends.

Key areas for consideration include:

- digital health literacy
- data security and privacy
- clinical informatics
- contemporary and emerging technologies
- ethical considerations.

Stakeholder feedback indicated that Standard 3 should be strengthened regarding digital health, with specific concerns about the growing use of artificial intelligence (AI) and associated technologies.

Criterion 3.8 states: Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.

To address the feedback, it is proposed that additional guidance to support criterion 3.8 (new criterion 3.9) will include an explanation of the technological capability, related to equipment and facilities, that the program is required to demonstrate.

Criterion 3.10 states: The dental program has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.

This criterion has been slightly reworded to state: The program has the resources to sustain the education required for students to achieve the professional competencies.

Guidance for criterion 3.10 will further explore the digital health focus area in relation to sustainability of resources to support AI.

Workforce pressures

Workforce issues affect the dental education sector, with contributing factors including the global shortage of and intense competition for academic staff, institutions' shift to casual contracts, barriers to academic career pathways and the attractiveness of university roles.

Accreditation authorities have observed long-term staff vacancies due to unsuccessful recruitment, pressure by institutions to increase student numbers, and in some cases hiring freezes due to financial pressures. These result in increasing student-to-staff ratios and further challenges in attracting and retaining suitably qualified academic staff, particularly at senior levels and specialists. General administrative support has also decreased over recent years.

Concerns were highlighted about the lack of qualified academics, registration barriers for hiring staff, academic pressure on work/life balance and flexibility, staff succession planning, remuneration and organisation reputation.

The programs must have suitably qualified staff and appropriate staffing levels to ensure curricula can be delivered, student learning needs are met, and patients' safety is protected. It is also necessary to ensure students are appropriately supervised by educators and can work to their full scope on placement sites.

Criterion 3.10 states: The dental program has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.

This criterion has been slightly reworded to state: The program has the resources to sustain the education required for students to achieve the professional competencies.

To address the concerns about workforce, guidance for criterion 3.10 will highlight the need for sustainability of the program to consider support for staff and that resources for the program can be interpreted broadly to include human resources, in addition to physical resources.

Appendix 1

Members of the Accreditation Standards Review Steering Committee

Name	Role
Professor Ivan Darby	Chair, Accreditation Committee, DC(NZ)
Ms Kellie Gleeson	First Nations Accreditation Committee member, ADC
Ms Leah Hobbs	Chair, Accreditation Committee, ADC
Mr Jonathon Kruger	Chief Executive Officer, ADC
Ms Marie MacKay	Chief Executive, DC(NZ)
Ms Mania Maniapoto-Ngaia	Educational standard-setting member of the Accreditation Committee, DC(NZ)

Appendix 2

Members of the Accreditation Standards Review Project Team

Name	Role
Ms Suzanne Bornman	Prevention Manager, DC(NZ)
Ms Lisa Bourke	Manager, Accreditation, ADC
Ms Kathleen Butler	First Peoples and Allies Reference Group member, ADC
Ms Philippa Davis	Executive Director, Accreditation, Policy and Research, ADC
Ms Hayley Hawkins	Manager, Policy and Projects, ADC
Professor Robert Love	Education Director, DC(NZ)
Dr Nicholas Reid	First Peoples and Allies Reference Group member, ADC