

Accreditation Standards for Dental Practitioner Programs

Revised Draft for Consultation – December 2025



Guide to using this document

The draft Accreditation Standards for consultation follow on pages 3–10. Appendix 1 (pages 11–21) provides a detailed overview of the proposed changes to the Standards, along with explanations for each amendment.

Contact Information

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Accreditation Standards

Preamble

The ADC/DC(NZ) Accreditation Standards for Dental Practitioner Programs (the Standards) are endorsed by the ADC and approved by the DC(NZ) and the Dental Board of Australia (DBA) – pursuant to the Health Practitioners Competence Assurance Act 2003 (the Act – New Zealand) and Health Practitioner Regulation National Law Act 2009 (National Law – Australia).

The Standards help to ensure that education programs meet criteria for the education of newly qualified dental practitioners who are competent and safe to practise in Australia and New Zealand and apply to all dental programs that lead to registration as dental practitioners in Australia and New Zealand. In Australia, the Standards also apply to programs that enable graduates to apply for endorsement of registration for conscious sedation.

The Standards comprise six domains:

1. Public safety
2. Academic governance and quality assurance
3. Program of study
4. The student experience
5. Assessment
6. Cultural responsiveness (for programs seeking accreditation in Australia).

Each Domain includes a Standard that articulates the key purpose of the Domain. Each Standard is supported by multiple criteria, which outline what is expected of an ADC/DC(NZ) accredited program to meet each Standard. The criteria are not sub-standards that will be individually assessed. When assessing a program 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 program provider clearly demonstrates that a particular Standard is met.

New programs and established programs are assessed against the same Accreditation Standards, although the assessment may be varied according to the circumstances of the program provider.

For queries related to these Standards contact the ADC via consultation@adc.org.au or DC(NZ) via consultations@dcnz.org.nz.

Public safety

| Domain 1 | Standard | Criteria |
|---------------|---------------------------|---|
| Public safety | Public safety is assured. | 1.1 Public protection and patient care are key principles guiding the program, clinical education, and learning outcomes. |
| | | 1.2 Student impairment screening and management processes are effective. |
| | | 1.3 Students achieve the relevant competencies before providing patient care as part of the program. |
| | | 1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education. |
| | | 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. |
| | | 1.6 Patients consent to care by students. |
| | | 1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner. |
| | | 1.8 Students and staff act ethically and professionally, with breaches managed or referred by the program provider. |
| | | 1.9 All students are registered with the relevant regulatory authority/ies. (applicable in Australia only) |

Academic governance and quality assurance

| Domain 2 | Standard | Criteria |
|---|--|---|
| Academic governance and quality assurance | Academic governance and quality assurance processes are effective. | 2.1 Academic governance for the program includes systematic review and monitoring, risk management and improvement. |
| | | 2.2 Students, consumers, internal and external academic, and professional peers contribute to the program's design, management and quality improvement. |
| | | 2.3 Mechanisms are in place for responding within the curriculum to contemporary developments in clinical practice and health professional education. |
| | | 2.4 Admission and progression requirements and processes are fair, transparent and informed by program staff. |

Program of study

| Domain 3 | Standard | Criteria |
|------------------|--|--|
| Program of study | Program design, delivery and resourcing enable students to achieve the required professional competencies. | 3.1 A coherent educational philosophy aligned with contemporary education principles informs the program's design and delivery. |
| | | 3.2 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes. |
| | | 3.3 Program learning outcomes address all the required professional competencies. |
| | | 3.4 The complexity, quantity, duration and variety of clinical education is sufficient to produce a graduate competent to practise. |
| | | 3.5 Program design, delivery, and assessment enable an understanding and appreciation of cultural diversity, and the development of skills that promote the provision of inclusive and responsive person-centred care. |
| | | 3.6 The program design develops research literacy appropriate to the level and type of qualification. |
| | | 3.7 Students engage with and learn from relevant health professions to support the development of collaborative practice. |
| | | 3.8 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities. |
| | | 3.9 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes. |
| | | 3.10 The program has the resources to sustain the education required for students to achieve the professional competencies. |
| | | 3.11 Access to clinical training is assured, through formal agreements as required, for students to achieve the professional competencies. |

The student experience

| Domain 4 | Standard | Criteria |
|------------------------|--|---|
| The student experience | Students are provided with equitable and timely access to information and support. | 4.1 Program information is clear and accessible to both prospective and current students. |
| | | 4.2 Students are informed of and have access to effective grievance and appeals processes. |
| | | 4.3 Mechanisms are in place to identify and support the academic learning needs of students. |
| | | 4.4 Students are informed of and have access to personal support services provided by qualified personnel. |
| | | 4.5 Students are formally represented within decision-making committees for the program, with mechanisms to enable active participation. |
| | | 4.6 Equity and diversity principles are observed and promoted in the student experience. |

Assessment

| Domain 5 | Standard | Criteria |
|------------|---|---|
| Assessment | Assessment is fair, valid and reliable to ensure graduates are competent to practise. | 5.1 Assessments conform to the principles of validity, reliability and fairness. |
| | | 5.2 Mechanisms are in place for recognising and responding to emerging developments and risks in assessment. |
| | | 5.3 There is a clear relationship between learning outcomes and assessment strategies. |
| | | 5.4 All required professional competencies are mapped to learning outcomes and are assessed. |
| | | 5.5 Multiple assessment methods are used including direct observation in the clinical setting. |
| | | 5.6 Students receive consistent and timely feedback. |
| | | 5.7 Students are assessed throughout the program by qualified and experienced educators, including external experts. External examiners assess students for final year exit examinations. |

Cultural competence

| Domain 6 (New Zealand) | Standard | Criteria | |
|---|--|----------|--|
| Cultural competence (no proposed changes) | The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples. | 6.1 | The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand. |
| | | 6.2 | The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery. |
| | | 6.3 | The programme, staff and students understand the Māori perspective of health and wellbeing, their beliefs and cultural practices as it pertains to oral health in particular. |
| | | 6.4 | Cultural understanding of Māori and Pacific peoples are integrated throughout the programme, clearly articulated in required learning outcomes (including competencies that will enable effective and respectful interaction with Māori). |
| | | 6.5 | Clinical experiences provide students with experience of providing culturally competent care for Māori and Pacific peoples, and clinical application of cultural competence is appropriately assessed. |
| | | 6.6 | There is a partnership in the design and management of the programme from Māori and Pacific peoples. |
| | | 6.7 | The programme provider promotes and supports the recruitment, admission, participation, retention and completion of the programme by Māori and Pacific peoples. |
| | | 6.8 | The programme provider ensures students are provided with access to appropriate resources, and to staff and the community with specialist knowledge, expertise and cultural capabilities, to facilitate learning about Māori health. |
| | | 6.9 | The programme recognises the important role of Māori Te Reo, Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) and Te Aō Marama (The New Zealand Maori Dental Association) in achieving cultural competence to oral health practitioners. |
| | | 6.10 | Staff and students work and learn in a culturally appropriate environment. |

Cultural responsiveness

| Domain 6 (Australia) | Standard | Criteria |
|-------------------------|--|---|
| Cultural responsiveness | The program ensures students are able to provide culturally responsive care for Aboriginal and Torres Strait Islander Peoples. | 6.1 Staff and students work and learn in a culturally responsive environment. |
| | | 6.2 The program provider continuously seeks input from local Aboriginal and/or Torres Strait Islander Communities external to the provider into the design and implementation of the program. |
| | | 6.3 The program provider proactively promotes and supports the recruitment, admission, participation, retention and successful completion of the program by Aboriginal and Torres Strait Islander Peoples. |
| | | 6.4 Delivery of Country- and Community-appropriate culturally safe healthcare is scaffolded throughout the program, clearly articulated in learning outcomes, and assessed. |
| | | 6.5 All students undertake culturally responsive clinical placements to provide culturally safe care for Aboriginal and Torres Strait Islander Peoples. |
| | | 6.6 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. |

Appendix 1 – Proposed changes to the ADC/DC(NZ) Accreditation Standards for dental practitioner programs

This appendix highlights the changes proposed to the Standards in detail and should be read in conjunction with *Consultation paper – Proposed changes to the ADC/DC(NZ) Accreditation Standards for dental practitioner programs* document.

When reading this document please note that text crossed out (e.g. ~~striketrough~~) is proposed to be deleted from the Standards. Text that appears as **bold** is proposed to be added to the Standards.

Editorial amendments are proposed to improve consistency, flow and understanding of the Standards. The intent of the Standards is not changed by these amendments.

This appendix is provided as an aide to understand the proposed changes.

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The Standards help to ensure that **education programs meet criteria for the education of newly** ~~only suitably trained and~~ qualified dental practitioners **who are competent and safe** ~~can register to practise in Australia and New Zealand~~ **and apply to all dental programs that lead to registration as dental practitioners in Australia and New Zealand.** ~~The Standards apply to all dental education programs that are approved/prescribed programs that enable graduates to apply for registration as dental practitioners in Australia and New Zealand.~~ In Australia, the Standards also apply to programs that enable graduates to apply for endorsement of registration for conscious sedation.

The Standards comprise six domains:

1. Public safety
2. Academic governance and quality assurance
3. Program of study
4. The student experience
5. Assessment
6. Cultural **responsiveness** ~~safety~~ (for programs seeking accreditation in Australia).

Each Domain includes a Standard ~~statement~~ that articulates the key purpose of the Domain. Each Standard ~~statement~~ is supported by multiple criteria, which outline what is expected of an ADC/DC(NZ) accredited program to meet each Standard ~~statement~~. The criteria are not sub-standards that will be individually assessed. When assessing a program 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 program provider clearly demonstrates that a particular Standard is met.

New programs and established programs are assessed against the same Accreditation Standards, although the assessment may be varied according to the circumstances of the program provider.

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Domain 1. Public safety

Standard **statement:** Public safety is assured.

| Original criteria | Proposed criteria (tracked) | Proposed criteria (clean) | Rationale for changes |
|---|---|---|---|
| 1.1 Protection of the public and the care of patients are prominent amongst the guiding principles for the program, clinical education and learning outcomes. | Public protection of the public and the patient care of patients are key prominent amongst the guiding principles for guiding the program, clinical education and learning outcomes. | Public protection and patient care are key principles guiding the program, clinical education, and learning outcomes. | Criterion 1.1 has been revised to simplify language. The intent remains the same. |
| 1.2 Student impairment screening and management processes are effective. | | Student impairment screening and management processes are effective. | No changes proposed. |
| 1.3 Students achieve the relevant competencies before providing patient care as part of the program. | | Students achieve the relevant competencies before providing patient care as part of the program. | No changes proposed. |
| 1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education. | | Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education. | No changes proposed. |
| 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. | | 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. | No changes proposed. |
| 1.6 Patients consent to care by students. | | Patients consent to care by students. | No changes proposed |
| 1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner. | | Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner. | No changes proposed. |
| 1.8 The program provider holds students and staff to high levels of ethical and professional conduct. | Students and staff act ethically and professionally, with breaches managed or referred by the program provider holds students and staff to high levels of ethical and professional conduct. | Students and staff act ethically and professionally, with breaches managed or referred by the program provider. | Criterion 1.8 reframes the focus on students and staff and includes an imperative for providers to act in instances where conduct is inappropriate. |
| 1.9 All students are registered with the relevant regulatory authority/ies. | | All students are registered with the relevant regulatory authority/ies. | No changes proposed. Note: applicable in Australia only. |

Domain 2. Academic governance and quality assurance

Standard statement: Academic governance and quality assurance processes are effective.

| Original criteria | | Proposed criteria (tracked) | Proposed criteria (clean) | Rationale for changes |
|-------------------------------------|---|---|---|--|
| 2.1 | Academic governance arrangements are in place for the program and include systematic monitoring, review and improvement. | Academic governance for the arrangements are in place for the program and include includes systematic monitoring , review and monitoring, risk management and improvement. | Academic governance for the program includes systematic review and monitoring, risk management and improvement. | Criterion 2.1 has been revised to extend the focus for academic governance to include systematic monitoring and risk management, which highlights the importance of programs undertaking continuous review cycles (i.e. planning, implementation, evaluation, improvement) and risk mitigation. |
| 2.2 | Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the program's design, management and quality improvement. | Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the program's design, management and quality improvement. | Students, consumers, internal and external academic, and professional peers contribute to the program's design, management and quality improvement. | Criterion 2.2 has been updated to remove the reference to 'dental' and '(including patients)' as it was understood that 'consumers' was inclusive. |
| 2.3 | Mechanisms exist for responding within the curriculum to contemporary developments in clinical practice and health professional education. | Mechanisms exist are in place for responding within the curriculum to contemporary developments in clinical practice and health professional education. | Mechanisms are in place for responding within the curriculum to contemporary developments in clinical practice and health professional education. | A minor change in the language for criterion 2.3 has been made to update 'exist', which may imply that mechanisms are present but not necessarily operational, to 'are in place' to imply the mechanisms are in place and functional. This also mirrors language used in criterion 5.2. |
| New criterion (reworded 4.2) | Admission and progression requirements and processes are fair and transparent. | Admission and progression requirements and processes are fair, transparent and informed by program staff. | Admission and progression requirements and processes are fair, transparent and informed by program staff. | Feedback indicated there are concerns about admitting students who may not be fit to study and a lack of program involvement. The existing criterion 4.2 has been reworded and moved to become criterion 2.4 to strengthen the involvement of program staff in assessing and admitting students to programs. |

Domain 3. Public safety

Standard statement: Program design, delivery and resourcing enable students to achieve the required professional competencies.

| Original criteria | Proposed criteria (tracked) | Proposed criteria (clean) | Rationale for changes |
|---|---|---|---|
| 3.1 A coherent educational philosophy aligned with contemporary education principles informs the program's design and delivery. | | A coherent educational philosophy aligned with contemporary education principles informs the program's design and delivery. | No changes proposed. |
| 3.2 Program learning outcomes address all the required professional competencies. | Program learning outcomes address all the required professional competencies. Renumbered to 3.3 | Program learning outcomes address all the required professional competencies. | Criterion 3.2 has been renumbered to provide a logical flow of criteria in this standard. |
| 3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings. | The complexity quality, quantity, duration and variety of clinical education is sufficient to produce a graduate competent to practise across a range of settings. Renumbered to 3.4 | The complexity, quantity, duration and variety of clinical education is sufficient to produce a graduate competent to practise. | Criterion 3.3 has been refined to focus on the key aspects of clinical experiences to achieve competence. 'Across a range of settings' has been deleted as the existing wording implies a practitioner is competent to practise across their scope. Criterion 3.3 has been renumbered to provide a logical flow of criteria in this standard. |
| 3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes. | Renumbered to 3.2 | Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes. | Criterion 3.4 has been renumbered to provide a logical flow of criteria in this standard. |
| 3.5 Graduates are competent in research literacy for the level and type of the program. | The program design develops Graduates are competent in research literacy for appropriate to the level and type of qualification the program. Renumbered to 3.6 | The program design develops research literacy appropriate to the level and type of qualification. | 3.5 has been reworded in response to feedback about the need for improved research literacy of graduates. Re-framing the criterion's focus to the program rather than graduates increases emphasis on assessment of the program. Criterion 3.5 has been renumbered to provide a logical flow of criteria in this standard. |

| | | | | |
|------|---|---|--|---|
| 3.6 | Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice. | Students engage work with and learn from relevant dental and health professions professions to foster support the development of interprofessional collaborative practice. Renumbered to 3.7 | Students engage with and learn from relevant health professions to support the development of collaborative practice. | 3.6 has been broadened to include relevant health professions (i.e. broader than oral health professions). 'Work' has been changed to 'engage' to remove any potential confusion with work-integrated learning. The aim of this criterion is to enable students to learn to provide person-centred care as a collaborative member of an interprofessional team. Criterion 3.6 has been renumbered to provide a logical flow of criteria in this standard. |
| 3.7 | Teaching staff are suitably qualified and experienced to deliver their educational responsibilities. | Renumbered to 3.8 | Teaching staff are suitably qualified and experienced to deliver their educational responsibilities. | Criterion 3.7 has been renumbered to provide a logical flow of criteria in this standard. |
| 3.8 | Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes. | Renumbered to 3.9 | Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes. | Criterion 3.8 has been renumbered to provide a logical flow of criteria in this standard. |
| 3.9 | Cultural safety is articulated clearly, integrated in the program and assessed, with graduates equipped to provide care to diverse groups and populations. | Program design, delivery, and assessment enable an understanding and appreciation of cultural diversity, and the development of skills that promote the provision of inclusive and responsive person-centred care. Renumbered to 3.5 | Program design, delivery, and assessment enable an understanding and appreciation of cultural diversity, and the development of skills that promote the provision of inclusive and responsive person-centred care. | Feedback suggested there has been confusion in interpreting criterion 3.9 as being applicable to First Nations people only. The criterion has been broadened so it includes but is not limited to cultural diversity in race, ethnicity, gender, religion, age, disability, geographic location and sexual orientation. Criterion 3.9 has been renumbered to provide a logical flow of criteria in this standard. |
| 3.10 | The dental program has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies. | The dental program has the resources to sustain the quality of education that is required for students to facilitate the achievement of the professional competencies. | The program has the resources to sustain the education required for students to achieve the professional competencies. | The reference to dental has been removed in criterion 3.10 to ensure the standards are more broadly applicable in the future. 'Quality' has been removed as this aspect will be addressed in other criteria in this and other standards. |
| 3.11 | Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies. | Access to clinical training facilities is assured, through via formal agreements as required, for students to sustain the quality of clinical training necessary to achieve the relevant professional competencies. | Access to clinical training is assured, through formal agreements as required, for students to achieve the professional competencies. | Similarly to criterion 3.10, 'quality' has been removed for criterion 3.11 as this aspect will be addressed in other criteria in this and other standards. 'Facilities' has also been removed as this will be assessed in (new) criterion 3.9, but the criterion retains a focus on access to clinical training. |

Domain 4. The student experience

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

| Original criteria | Proposed criteria (tracked) | Proposed criteria (clean) | Rationale for changes |
|--|---|--|---|
| 4.1 Course information is clear and accessible. | Program Course information is clear and accessible to both prospective and current students. | Program information is clear and accessible to both prospective and current students. | Criterion 4.1 has been reworded to address feedback about the perceived difficulty students may experience in navigating generic provider-wide policies. The revised criterion aims to increase clarity for prospective and current students. |
| 4.2 Admission and progression requirements and processes are fair and transparent. | Admission and progression requirements and processes are fair and transparent. Reworded and moved to become criterion 2.4. | Criterion deleted. | Refer to criterion 2.4. |
| 4.3 Students have access to effective grievance and appeals processes. | Students are informed of and have access to effective grievance and appeals processes. Renumbered to 4.2. | Students are informed of and have access to effective grievance and appeals processes. | Criterion 4.3 has been reworded to mirror the language of criterion 4.5 and highlights the need for programs to ensure students are aware of grievance and appeals processes. Criterion 4.3 has been renumbered to provide a logical flow of criteria in this standard. |
| 4.4 The program provider identifies and provides support to meet the academic learning needs of students. | The program provider identifies and provides Mechanisms are in place to identify and support to meet the academic learning needs of students. Renumbered to 4.3. | Mechanisms are in place to identify and support the academic learning needs of students. | Criterion 4.4 has been reworded to mirror the language of 2.3 and highlights the need to be responsive to the varied needs of students. Criterion 4.4 has been renumbered to provide a logical flow of criteria in this standard. |
| 4.5 Students are informed of and have access to personal support services provided by qualified personnel. | Renumbered to 4.4. | Students are informed of and have access to personal support services provided by qualified personnel. | Criterion 4.5 has been renumbered to provide a logical flow of criteria in this standard. |
| 4.6 Students are represented within the deliberative and decision making processes for the program. | Students are formally represented within the deliberative and decision-making committees for the program, with mechanisms to enable active participation. Renumbered to 4.5. | Students are formally represented within decision-making committees for the program, with mechanisms to enable active participation. | Criterion 4.6 has been reworded to address recommendations that the student voice could be strengthened and formalised in program decision-making processes. Criterion 4.6 has been renumbered to provide a logical flow of criteria in this standard. |
| 4.7 Equity and diversity principles are observed and promoted in the student experience. | Renumbered to 4.6. | Equity and diversity principles are observed and promoted in the student experience. | Criterion 4.7 has been renumbered to provide a logical flow of criteria in this standard. |

Domain 5. Assessment

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

| Original criteria | Proposed criteria (tracked) | Proposed criteria (clean) | Rationale for changes |
|--|--|--|---|
| New criterion | Assessments conform to the principles of validity, reliability and fairness. To become 5.1 | Assessments conform to the principles of validity, reliability and fairness. | A new criterion 5.1 has been proposed that states: Assessments conform to the principles of validity, reliability and fairness. This criterion addresses feedback from the 'quality of assessments ensured' focus area, which suggested a new criterion could address concerns regarding teaching staff expertise and calibration, inconsistencies in assessment application, and the overall quality and reliability of assessments. Strengthening the criteria will help ensure assessments are transparent, valid, and consistently applied across disciplines and providers, thereby enhancing the credibility and rigour of the educational program. |
| New criterion | Mechanisms are in place for recognising and responding to emerging developments and risks in assessment. To become 5.2 | Mechanisms are in place for recognising and responding to emerging developments and risks in assessment. | A new criterion 5.2 has been proposed that states: Mechanisms are in place for recognising and responding to emerging developments and risks in assessment. This criterion addresses feedback from the 'academic integrity' focus area that there is a clear and growing need to ensure the standards remain responsive to evolving developments and potential risks in educational assessment, particularly those arising from rapid technological advancements such as artificial intelligence. |
| 5.1 There is a clear relationship between learning outcomes and assessment strategies. | Renumbered to 5.3 | There is a clear relationship between learning outcomes and assessment strategies. | Criterion 5.1 has been renumbered to provide a logical flow of criteria in this standard. |
| 5.2 All required professional competencies are mapped to learning outcomes and are assessed. | Renumbered to 5.4 | All required professional competencies are mapped to learning outcomes and are assessed. | Criterion 5.2 has been renumbered to provide a logical flow of criteria in this standard. |
| 5.3 Multiple assessment methods are used including direct observation in the clinical setting. | Renumbered to 5.5 | Multiple assessment methods are used including direct observation in the clinical setting. | Criterion 5.3 has been renumbered to provide a logical flow of criteria in this standard. |

| Original criteria | | Proposed criteria (tracked) | Proposed criteria (clean) | Rationale for changes |
|-------------------|--|---|---|---|
| 5.4 | Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students. | Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students. Students receive consistent approach to appropriate assessment and timely feedback to students. Renumbered to 5.6 | Students receive consistent and timely feedback. | Criterion 5.4 has been reworded to remove the focus on appropriate assessment, which is now covered in the new criterion 5.1. This criterion focuses on student feedback only. Criterion 5.4 has been renumbered to provide a logical flow of criteria in this standard. |
| 5.5 | Suitably qualified and experienced staff, including external experts for final year, assess students. | Students are assessed throughout the program by suitably qualified and experienced educators staff, including external experts. External examiners assess students for final year exit examinations , assess students. Renumbered to 5.7 | Students are assessed throughout the program by qualified and experienced educators, including external experts. External examiners assess students for final year exit examinations. | Criterion 5.5 has been reworded to address feedback regarding the consistency and level of educational qualifications of examiners. It also makes explicit the need for external examiners in the assessment of final year exit examinations. Criterion 5.5 has been renumbered to provide a logical flow of criteria in this standard. |

Domain 6. Cultural responsiveness safety(Australia)

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

| Original criteria | Proposed criteria (tracked) | Proposed criteria (clean) | Rationale for changes |
|---|--|--|--|
| 6.1 There is external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples. | The program provider continuously seeks input from local Aboriginal and/or Torres Strait Islander Communities external to the provider into the design and implementation management of the program from Aboriginal and Torres Strait Islander Peoples. Renumbered to 6.2 | The program provider continuously seeks input from local Aboriginal and/or Torres Strait Islander Communities external to the provider into the design and implementation of the program. | Criterion 6.1 has been reworded to highlight the need for genuine engagement by providers with Aboriginal and/or Torres Strait Islander Communities that the program is engaged with, and the need for these Communities to be external to the school. Criterion 6.1 has been renumbered to provide a logical flow of criteria in this standard. |
| 6.2 The program provider promotes and supports the recruitment, admission, participation, retention and completion of the program by Aboriginal and Torres Strait Islander Peoples. | The program provider proactively promotes and supports the recruitment, admission, participation, retention and successful completion of the program by Aboriginal and Torres Strait Islander Peoples. Renumbered to 6.3 | The program provider proactively promotes and supports the recruitment, admission, participation, retention and successful completion of the program by Aboriginal and Torres Strait Islander Peoples. | Criterion 6.2 has been reworded to include a focus on the need for proactive promotion of programs to Aboriginal and/or Torres Strait Islander peoples. Criterion 6.2 has been renumbered to provide a logical flow of criteria in this standard. |
| 6.3 Cultural safety is integrated throughout the program and clearly articulated in required learning outcomes. | Delivery of Country- and Community-appropriate culturally responsive healthcare Cultural safety is scaffolded integrated throughout the program, and clearly articulated in required learning outcomes, and assessed. Renumbered to 6.4 | Delivery of Country- and Community-appropriate culturally responsive healthcare is scaffolded throughout the program, clearly articulated in learning outcomes, and assessed. | Criterion 6.3 has been reworded to address feedback that there is a need for programs to provide evidence of Country-appropriate First Nations knowledges that promote self-determination by explicitly centering the experiences of First Nations individuals, families and Communities. Criterion 6.3 has been renumbered to provide a logical flow of criteria in this standard. |
| 6.4 Clinical experiences provide students with experience of providing culturally safe care for Aboriginal and Torres Strait Islander Peoples. | All students undertake culturally responsive clinical placements experiences provide students with experience of to provide providing culturally responsive safe care for Aboriginal and Torres Strait Islander Peoples. Renumbered to 6.5 | All students undertake culturally responsive clinical placements to provide culturally responsive care for Aboriginal and Torres Strait Islander Peoples. | Criterion 6.4 has been reworded to address feedback that programs should offer placements that align with Aboriginal and/or Torres Strait Islander Community needs and expectations. Programs are encouraged to actively seek feedback from placement provider/s (or organisations where these are undertaken) to ensure this alignment. Criterion 6.4 has been renumbered to provide a logical flow of criteria in this standard. |

| Original criteria | Proposed criteria (tracked) | Proposed criteria (clean) | Rationale for changes |
|--|--|--|--|
| 6.5 The program provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about Aboriginal and Torres Strait Islander health. | Students and staff have The program provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about providing culturally responsive care for Aboriginal and Torres Strait Islander Peoples health. Renumbered to 6.6 | 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. | Criterion 6.5 has been reworded to clarify the aim of this criterion is to develop students' skills in providing culturally responsive care Aboriginal and/or Torres Strait Islander peoples as distinct from learning about Aboriginal and/or Torres Strait Islander peoples health. Criterion 6.5 has been renumbered to renumbered to provide a logical flow of criteria in this standard. |
| 6.6 Staff and students work and learn in a culturally safe environment. | Staff and students work and learn in a culturally responsive safe environment. Renumbered to 6.1 | Staff and students work and learn in a culturally responsive environment. | Culturally 'safe' has been updated to 'responsive' throughout this standard to improve the focus on actively recognising, understanding and adapting to the cultural needs and preferences of Aboriginal and Torres Strait Islander Communities to ensure cultural safety. Criterion 6.6 has been renumbered to become criterion 6.1 as it provides a foundation for all other criteria in this standard. |

Contact Information

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Further information is available at www.adc.org.au and www.dcnz.org.nz