

The Academy of Australian and New Zealand Prosthodontists

Education Committee Report

The purpose of the Education Committee is:

To monitor the teaching of prosthodontics in Australian and New Zealand Dental Schools at the undergraduate and postgraduate levels and to facilitate this teaching.

At the Academy meeting in Werribee in June 2008, there was some discussion about the need to establish guidelines on what is expected academically and clinically (including simulation) in the prosthodontic related components of an undergraduate dental programme for dental graduates to be competent in prosthodontics.

This committee has been asked to consider the following issues:

1. What should be in our undergraduate dental curriculum so that graduates are competent in prosthodontics?
2. Does the curriculum in the Australasian Dental Schools currently meet these requirements and if not, what are the barriers?

The following information has been obtained by the members of the committee (Roy Judge, Iven Klineberg, Poh Hun Loh, Florian Mack, Lindsay Richards, David Thomson and Peter Wilson) whose assistance was gratefully received.

Section One

1. What should be in our undergraduate dental curriculum so that graduates are competent in prosthodontics?

The goal of a competency-based academic programme is to provide students with learning experiences that allow the integrated development of multiple competencies. In competency-based dental education, what students learn is based on clearly described competency statements that outline the essential requirements for successful, independent and unsupervised performance as an entry-level general dental practitioner. Prior to entry into professional practice, dental students must demonstrate that they are able to comprehend, perform and integrate the essential skills, knowledge and values without assistance in a range of patient-care settings. Undergraduate prosthodontic education is involved with development of many undergraduate dental programme competencies, and plays a significant role in contributing to and overseeing development in the following areas:

- patient assessment and diagnosis;
- comprehensive treatment planning and assessment of treatment outcomes;
- restoration of defective teeth to form, function and aesthetics;
- replacement of missing teeth to form, function and aesthetics.

Prosthodontics has a significant role in pre-clinical and clinical training. Preclinical courses are required for fixed prosthodontics, complete denture prosthodontics, removable partial denture prosthodontics, and where relevant the application of dental implants, as well as tooth morphology, occlusion, and dental materials science. Clinical prosthodontics includes the clinical application of the above. Where possible,

prosthodontists and/or postgraduate prosthodontic students should be involved in pre-clinical and clinical prosthodontic teaching.

A dental graduate requires integrated competencies in biomedical sciences as well as in preclinical and clinical dentistry for competent, independent, and unsupervised practice as a general dental practitioner. The following coursework should enable graduates to gain the required competencies in prosthodontics:

Biomedical Sciences

- a. Head and neck anatomy, particularly the elements of the masticatory system, with associated physiology and biochemistry;
- b. Oral biology, particularly the tooth and periodontium, bone, salivary glands and saliva;
- c. Microbiology, particularly but not limited to microbiology of dental caries, periodontal disease and oral fungal infections;
- d. Pharmacology, particularly but not limited to management of fungal infections and medications that contribute to hyposalivation;
- e. Pathology, particularly oral and head and neck pathology and management of these conditions;
- f. Medicine, particularly medical conditions that affect the delivery or outcomes of prosthodontic care;
- g. Dental materials science, particularly but not limited to materials relevant to prosthodontics including restorative materials, alloys, ceramics and porcelains, denture materials, impression materials, cements, provisional materials.

Preclinical

Includes didactic and practical teaching and/or simulation in:

- a. Examination technique and comprehensive treatment planning;
- b. Communication and patient management;
- c. Tooth morphology;
- d. Occlusion including concepts of occlusion and occlusal form;
- e. Cariology including diagnosis, prevention and management of caries;
- f. The interrelationship of periodontics, orthodontics, paediatric dentistry and oral and maxillofacial surgery with prosthodontics;
- g. Endodontics and restoration of the endodontically treated tooth;
- h. Prosthodontic treatment for dentate and partially dentate conditions including steps in tooth preparation and fabrication of crowns and short span bridges for different types of materials;
- i. Prosthodontic treatment for partially dentate conditions particularly diagnosis, treatment planning, survey and design, and construction of removable partial dentures;
- j. Prosthodontic treatment for edentulous patients, particularly tasks in the laboratory phases of fabrication and repair of complete dentures;
- k. Gerodontology and the principles of diagnosis and management of the older patient;
- l. Implant prosthodontics to provide information, knowledge, and skills associated with osseointegration, implant surgical and prosthetic techniques and dental implant treatment modalities.

The use of clinical simulation is emphasised for skills development and the gaining of a “clinical license” with acquisition of the appropriate skill levels for supervised clinical treatment.

Clinical

- a. Clinical history (medical and dental), detailed examination and comprehensive treatment planning;
- b. Patient and colleague communication;
- c. Restorative dentistry and cariology;
- d. Prosthodontic treatment planning and multidisciplinary management with disciplines of endodontics, orthodontics, oral and maxillofacial surgery, oral medicine, paediatric dentistry and periodontics;
- e. Fixed prosthodontic treatment for dentate and partially dentate conditions involving single and multiple unit restorations with full and partial veneer preparations and the restoration of endodontically treated teeth;
- f. Removable prosthodontic treatment for partially dentate conditions including diagnosis, treatment planning, design, mouth preparation, and dental laboratory coordination;
- g. Removable prosthodontic treatment for edentulous conditions (including immediate dentures) including diagnosis and treatment planning, management of supporting tissues, fabrication and placement of complete dentures, and instruction in care and maintenance of complete dentures;
- h. Prosthodontic management of geriatric conditions;
- i. Implant prosthodontics, particularly implant overdentures in the mandible and single tooth replacement.

To establish competence in each of these components, as well as the integration of knowledge, students require a structured programme that allows progressive development of cognitive knowledge through understanding, application, analysis, synthesis and evaluation, with appropriate teaching and learning, clinical experience, monitoring and feedback of performance tasks leading to assessment of competence.

Summary Table

Biomedical Sciences		Didactic	Laboratory	Simulation	Clinical	Prosthodontic staff involved
Head and neck anatomy,	particularly the elements that make-up the masticatory system, with an associated knowledge of physiology and biochemistry;					advice
Oral biology	particularly the tooth and periodontium, bone, salivary glands and saliva;					advice
Microbiology	particularly the microbiology of caries and oral related fungal infections;					advice
Pharmacology	particularly management of fungal infections and medications that contribute to hyposalivation;					advice
Pathology	particularly head and neck pathology and management of these conditions;					advice
Medicine	particularly medical conditions that affect the delivery or outcomes of prosthodontic care;					advice
Dental materials science	particularly materials relevant to prosthodontics including restorative materials, casting alloys, ceramics and porcelains, denture materials, impression materials, cements, provisional materials and so on.					directly
Clinical						
History, examination and treatment planning						directly
Communication	Including patient and colleague communication					advice
Tooth morphology						advice
Occlusion	including the various concepts of occlusion and occlusal form;					directly
Cariology	including diagnosis, prevention and management of caries;					advice
Prosthodontic treatment planning	Including the disciplines of endodontics, orthodontics, oral and maxillofacial surgery, oral medicine, paediatric dentistry					directly

and multidisciplinary management	and periodontics;					
Fixed prosthodontic treatment for dentate and partially dentate patients	including exercises that include steps involved in the tooth preparation and fabrication of crowns and short span bridges for different types of material;					directly
	clinical experience involving single and multiple unit restorations with full and partial veneer preparations; restoration of endodontically treated teeth					directly
Removable Prosthodontic treatment for partially dentate patients	particularly introducing the diagnosis, treatment planning, survey and design, and the construction technique of removable partial dentures;					directly
	clinical experience including patient including diagnosis, treatment planning, design principles, mouth preparation, and dental laboratory coordination;					directly
Prosthodontic treatment for edentulous patients,	particularly introducing, demonstrating, and exercises in the laboratory phases of the fabrication and repair of complete dentures;					directly
	clinical experience in diagnosis and treatment planning, management of supportive tissues, fabrication and placement of complete dentures, and instruction to patients in the care and maintenance of complete dentures including immediate dentures and overdentures					directly
Gerodontology	Including the principles of diagnosis and management of the older patient					Directly
Implant prosthodontics	to provide background information, knowledge, and skills associated with the basics of the osseointegrated implant surgical and prosthetic technique and dental implant treatment modalities;					directly
	clinical experience particularly implant overdentures in the mandible and single tooth replacement.					directly

In-depth knowledge and/or high level of skill

Competent

Familiar

No included

Section Two

2. Does the curriculum in Australian and New Zealand Dental Schools currently meet these requirements and if not, what are the barriers that prevent the meeting of these requirements?

Adelaide

In Adelaide, time, space and staffing constraints have resulted in a reduction in laboratory teaching. As a result, students learn to cast and articulate models and see basic laboratory processes (special trays, casting, ceramic build-up) in third year, and work through a one-week block complete denture exercise at the commencement of fourth year. Staff technicians undertake all other laboratory work.

Specialist staff and postgraduate students provide most of the teaching in fourth year where clinical sessions are dedicated to these disciplines. In other years selected general practitioners generally provide clinical supervision although postgraduate students and specialist staff are sometimes involved.

BDS 1: The teaching of the biomedical sciences and the occlusion topics are currently integrated into the Dental and Health Science Stream and there is also a communication skills module in year one.

BDS 3 and 4: Specialist teaching of fixed and removable prosthodontics commences in third year with the clinical component occurring during fourth year when students provide partial and complete dentures and a range of full and partial coverage restorations. Not all students would complete a bridge.

BDS 4 and 5: Students begin to integrate prosthodontics into their general dental practice during fourth year and consolidate this during final year where all of their clinical experience is in a General Practice clinic.

From 2010 an implantology module during final year will cover theory and give students some practical experience with teaching models. The only clinical experience would be for students who arrange an elective (usually in private practice) involving implantology.

The School is in the process of introducing a new curriculum that will be progressively introduced between 2010 and 2014. The details of how this will affect the prosthodontic programme are not yet clear.

Charles Sturt

No report provided

Griffith

At the School of Dentistry and Oral Health at Griffith University there are no departments. Disciplines are taught within modules that are framed by a formal course in each year. The School is currently in a transition process, with a new Head of School and also new teaching structures. The new structures will include changes in

the existing curriculum providing more didactic teaching, in particular in prosthodontics in the first three years.

Currently, all the components that are listed in section 1 are taught at Griffith University.

Year 1 to year 3: The biomedical sciences are taught including dental materials.

Year 2 and year 3: Preclinical components including fixed prosthodontics

Year 2 to year 5: Clinical components are taught. Fixed and removable prosthodontics is taught in years 4 and 5. Restorative implantology will be taught didactically in year 4. A specialist in prosthodontics provides treatment planning sessions outside clinical hours for 4th and 5th year student for complex and interdisciplinary cases.

The new curriculum tentatively starting from 2012 (or earlier) is as follows:

Year 1 and 2 will teach removable prosthodontics in didactic courses and clinically from year 3. Fixed partial dentures will be taught in didactic courses in year 3 and clinically from year 4. Basics restorations in implantology will be taught from year 4 (hopefully with a clinical component). Treatment planning sessions for complex and interdisciplinary cases outside the clinical hours will remain.

Since Griffith University is running several programs including a Master of Dental Technology, there are two registered prosthodontists who are involved in teaching in both programmes, MDT and Dental Sciences. General dental practitioners are involved in all disciplines of clinical teaching. A patient screening process is in place to ensure that suitable patient cases are forwarded to students in all disciplines including prosthodontics.

The school is planning to start a postgraduate programme (DClinDent) in Prosthodontics in 2013. Prosthodontist and graduate prosthodontic students will be involved in undergraduate and graduate teaching.

James Cook

No report provided

La Trobe

The structure of La Trobe University's School of Dentistry and Oral Health is rather different to the traditional capital city discipline specific model. The school is organised around year level with year coordinators as the main academic to ensure the running of a particular year. For specific disciplines, an academic lead is appointed, and we have two appointees, namely, Dr Abdel Karim El Agha in removable prosthodontics, and Professor Peter Wilson for fixed prosthodontics.

Currently, all of the components that are listed in section 1 of this report, are taught at La Trobe as follows:

First-year: Dental and oral anatomy with basic physiology and biochemistry.

Second-year: Contains teaching on the full scope of dentistry, from birth to death, spread over two academic semesters. There is an introduction to all specialties in the second semester and prosthodontics has specifically 2/13 of this course.

Third year: Contains a data collection, diagnosis and treatment-planning course,

which include the surveying of casts for removable partial dentures, and fabrication of a single tooth acrylic partial denture to wax up stage. Second semester 3rd year, includes complete denture simulation, with technical work performed by the students to wax up stage.

Fourth year: Contains two components, with allocation of a dental student to a dental technician, who is funded partly by La Trobe University. In this attachment, which is about five days in duration, the student will be introduced to the technical stages of denture fabrication. In addition, the student will be practicing prosthodontics for patients as part of general patient care. It will be expected this would increase as the course progresses to more complex restorations in the 5th year. Fixed prosthodontics will be taught in a 12-week block in Bendigo, with specific technical and clinical instruction. By the end of 4th year all students will have rotated to Bendigo, and it is intended that they will be able to undertake fixed prosthodontic procedures. It may be possible to have an attachment to a fixed prosthodontics laboratory, in a site yet to be determined.

It is not yet determined at what stage implant restoration will be presented to the students, as the details of 4th and 5th year are not completely decided.

As an overview, Dental Health Services Victoria have confirmed that all treatment codes will be available for students during their education, which means that students should not be limited in the treatment they provide to patients.

Melbourne

At the Melbourne Dental School, prosthodontics is taught by the Prosthodontic. The unit has three subject conveners responsible for removable prosthodontics, fixed prosthodontics and implant dentistry. The undergraduate students are introduced to prosthodontics via an introductory lecture at which all three component conveners present an overview of prosthodontics.

A newly developed dedicated prosthodontic teaching model has been designed which is first presented at the beginning of the 3rd year of the course. This prosthodontic model encompasses several facets of prosthodontics. The teaching model has several crown preparations in place along with their definitive crowns, including metal ceramics, full metallic, all ceramics (bonded and non bonded) restorations. There is an implant at the 12 site that has several implant solutions for the restoration of this single implant. This includes cross pin, direct to fixture, and cement on restorations. Overlaying these restorations is a partial denture

BDS 3: The 3rd year of the course has an emphasis on removable prosthodontics training with the first introduction via partial dentures.

BDS 4: The 4th year of the course has an introduction into fixed and implant prosthodontics. The 4th year students in the second semester provide prosthodontic solutions for patients using removable and fixed treatment choices.

BDS 5: The 5th year clinical year has some updates in prosthodontics during back to base weeks at the Melbourne Dental School.

The Melbourne Dental School has for some time used a variety of treatment planning exams at the end of 5th year. This is via a formalized OSCE type examination, a

computer based treatment planning exam and the presentation of cases that have been treatment planned and managed over two years of clinical training.

Prosthodontics is taught by prosthodontists, graduate students, and some experienced general practitioners in 3rd, 4th and 5th year of the BDS course at the Melbourne Dental School

Otago

At Otago, the prosthodontics discipline is in the Department of Oral Rehabilitation that includes endodontics, dental materials and dental technology. Prosthodontics at an undergraduate level is not taught as an integrated programme until the 5th year in the general dental practice course. Prior to this, it is taught as removable prosthodontics (2nd, 3rd and 4th year), and fixed and implant prosthodontics (4th year). Integrated clinical experience in fixed, removable and implant prosthodontics occurs in final year together with didactic teaching in advanced implant prosthodontics, although this is changing with the new BDS curriculum that started with 2nd year in 2008 and this year included 4th year.

Currently, all of the components that are listed in section 1, are taught at Otago. The Biomedical Sciences are taught in Year 1 (a Health Science First Year course for all students applying for admission to Health Science courses at Otago) and BDS Years 2 and 3. Preclinical components are provided in Year 2, 3 and 4 and clinical components from Year 2. The specific components are provided as follows:

Health Science Year (BDS 1): General anatomy, biochemistry and physiology

BDS 2: Head and neck anatomy, biochemistry, physiology; oral biology and microbiology, pharmacology, dental materials science; academic principles and introduction to history, examination and treatment planning skills, communication skills, tooth morphology, cariology; laboratory procedures for removable prosthodontics with the emphasis on partial dentures and occlusion; simulation in restorative dentistry and introduction to patient clinical practice.

BDS 3: Applied anatomy, general and oral pathology, medicine, dental materials science as well as academic principles and clinical experience in history, examination and treatment planning skills, communication skills, removable prosthodontics (partial denture prosthodontics), restorative dentistry and cariology. Principles of immediate dentures as well as implant prosthodontics for the partially dentate patient are introduced.

BDS 4: Academic principles and clinical experience in gerodontology, immediate dentures, complete denture prosthodontics and fixed prosthodontics (crowns and restoration of endodontically treated teeth) as well as simulation in fixed prosthodontics, including conventional crown and bridge and single implant crown simulation and implant overdentures. Advanced treatment planning including multi-disciplinary case planning also occurs.

BDS 5: Core teaching completed, the final year students are able to apply their knowledge in the comprehensive care of patients, including implant crowns, as well as being introduced to the concept of a specialist prosthodontic clinic for advanced multi-disciplinary treatment planning cases.

Prosthodontists and graduate prosthodontic students are involved in teaching third, fourth and fifth year courses involving aspects of fixed and removable prosthodontics.

Queensland

At Queensland, prosthodontics is taught within the discipline of Oral Rehabilitation. There has not been a Professor of Prosthodontics since 2006 and no full-time academic staff since April 2009. Associate Professor David Thomson (0.3 appointment) is the course coordinator for the 3rd and 4th year Oral Rehabilitation courses. It is hoped that an appointment of a Professor of Prosthodontics will occur in early to mid 2010.

There are no post-graduate students in the discipline of Prosthodontics. This situation is likely to remain until full-time staff members are appointed.

A committee of Academy members has been established to advise the University of Queensland Dental School on the prosthodontic curriculum. While it is thought that the current curriculum incorporates all components as listed in section 1, the objective of the committee is to have an integrated curriculum so that graduates are competent in all aspects of contemporary prosthodontics. It is hoped to have greater participation from Academy members in 2010 with at least one prosthodontist rostered for each clinical session in BSc years 3 and 4.

An overview of the course including areas that the prosthodontic curriculum advisory committee will address is as follows.

BSc 1: Includes an introduction to the principles of Oral Rehabilitation, factors that affect clinical success and failure, sequence of care in removable, fixed and implant prosthodontics, structure and function in the jaws and in teeth, tooth and root anatomy and tooth-tooth relationships, hard and soft tissue anatomy, jaw movements and TMJ, swallowing and saliva, impression materials and techniques, laboratory materials, removable prosthodontics and occlusion laboratory exercises.

BSc 2: Introduction to Oral Rehabilitation, removable partial denture design, clinical removable prosthodontics, introduction to ceramics and CAD-CAM, laboratory exercises in removable (complete and partial) and fixed prosthodontics and occlusion.

BSc 3: Clinical removable prosthodontics, patient assessment and treatment planning, care of aging and elderly patients, implant dentistry.

BSc 4: Fixed prosthodontics +/- with removable prosthodontics, multidisciplinary treatment planning.

BSc 5: External placement blocks.

2010 Intended changes

BSc 1: Greater clinical focus for the preclinical areas including assessing laboratory work/quality assurance using clinicians and senior dental students in the laboratory, and the anatomy content feeds into a new advanced anatomy course in year 2 that combines advanced radiological anatomy (including cone beam CT) with surgical anatomy. Students will learn CBCT.

BSc 2: Clinical contact in semester 2 assisting fourth year students in clinic and AIDER (Australian Institute for Dental Education and Research), to give students a clinical context for their learning; greater CAD-CAM content.

BDS 3: Pre-clinical and clinical rotations to AIDER.

BDS 4: Fifth year students will undertake a short intensive 5-6 week block Mid-January to late March for comprehensive patient care prior to main external placement blocks.

Plans are in place to provide a more comprehensive approach to treatment planning and patient care using a broader approach to patient work-up and treatment planning so that students are providing prosthodontic treatment in years 3 and 4 in the clinic, that is not partitioned into removable only and fixed only. Complete denture prosthodontics will be retained but with less emphasis on technical work and greater emphasis on survey and design of removable partial dentures, and CAD-CAM and implants (single tooth). There will also be an increase in involvement of fifth year students as instructors in the first year course, increased involvement of senior general practitioners in earlier years in elements such as impression technique and RPD design and increased involvement by prosthodontists in clinical sessions in years 3 and 4 with the plan to recruit several new staff.

Sydney

In the University of Sydney, the Prosthodontics discipline is responsible for teaching in the 4 years of the BDent programme.

The lecture programme occurs in BDent 1, 2, 3 and is supplemented by case-based discussion in BDent 4.

Topics include:

BDent 1, 2: Properties, structure and handling of dental materials. The laboratory programme linked to clinical procedures in BDent 1, 2 includes handling of materials in practical exercises eg impression taking, pouring casts, denture repairs and relines. Step-by-step procedures for complete denture set-up, in the context of aesthetics, phonetics, OVD, patient maturity, and for partial dentures – survey and design options and articulation of casts from clinical records.

BDent 3: Clinical assessment of patient needs for prosthodontics emphasising oral hygiene and medical status including saliva assessment, diet and nutrition, impact of medications and implications of smoking.

Treatment planning is presented as patient-centred for complete and partial dentures

- *complete dentures* – link with medical status, soft tissue health, bone quality and quantity, assessment of OVD in relation to facial form, phonetics and aesthetics;
- *partial dentures* – emphasis on oral health, periodontal condition, dental caries, status of remaining teeth, tooth surface loss and OVD, aesthetic requirements;
- *Step-by-step clinical procedures for complete and partial prostheses.*

Treatment planning in fixed prosthodontics emphasising the need to integrate assessment of dental caries, gingival and periodontal condition, plaque control for single and multiple crowns and/or bridgework.

- *Step-by-step clinical procedures for crown preparation* with emphasis on margin placement for optimising gingival health, emergence profile, form etc.

Maintenance and long-term outcomes.

Occlusal form and its relevance for fixed removable prosthodontics.

Simulation in BDent 3 fixed prosthodontics provides an understanding of procedures and developing skills and confidence before beginning in the clinic.

The clinical programme is primarily in BDent 3, 4.

BDent 3: Includes complete and partial denture clinical cases that are managed in an integrated removable prosthodontics programme. Students work in pairs and complete treatment for two patients.

BDent 4: A prescribed number of units of completed patient treatments addresses patient-centred expectations. It also allows interdisciplinary supervision (where possible by specialists or generalists with broad practice-based skills).

The number of units of treatment (restorations, crowns, dentures etc) is less important than the completion of all aspects of patient care. The key outcome in the clinical years is the confident delivery of prosthodontic units of treatment that satisfy competency requirements.

Western Australia

At the University of Western Australia, prosthodontics at the undergraduate level is taught under the umbrella of the Restorative Division that includes operative dentistry, removable and fixed prosthodontics.

BDS1: Introduction to clinical and laboratory techniques, and didactic teaching in materials science, occlusion and oral anatomy.

BDS2: Pre-clinical training in removable prosthodontics, specifically removable and partial dentures. Manual dexterity is developed in the operative dentistry unit, a large component of this year.

BDS3: Didactic lectures and pre-clinical training in fixed prosthodontics. Commencement of clinical training in removable prosthodontics including the completion of cases involving an occlusal splint and maxillary and mandibular complete dentures.

BDS4: The majority of clinical training in fixed and removable prosthodontics is undertaken in this year. Students have clinical experience targets in prosthodontics and it is recommended they achieve these to provide them with confidence when they are treating patients in the relatively less supervised environment of 5th year. Emphasis is on demonstrating competency rather than productivity. Adequate numbers of appropriate patients along with a lack of experienced technical staff have provided hurdles to students. Students also receive didactic lectures in advanced oral rehabilitation and implant dentistry introduced.

BDS5: Pre-graduation intern year, students undertake rotations through specialty electives in WA Dental Health Services clinics and the Oral Health Centre of WA where their clinical training is consolidated. They receive some hands on teaching in implant dentistry involving model surgery and familiarisation with implant componentry.

A diagnosis and management planning test, DMPT, is administered in the 3rd, 4th and 5th years of the course. This was not well integrated in the past with each discipline submitting individual specific questions. A decision was recently made to shift this to a case-based examination. A series of complex clinical cases will be presented with questions targeted to assess a student's competency in diagnosis in the 3rd year of the

course and more treatment sequencing and multi-disciplinary management in the 4th and 5th years of the course.

Pre-clinical and clinical teaching is provided by Restorative Division academic staff as well as experienced general practitioners. Staff prosthodontists along with external prosthodontic specialists provide opportunities to treatment plan and discuss cases.

A new four year graduate dental degree, Doctor of Dental Medicine commencing in 2012 will bring about changes to the curriculum with as yet unconfirmed changes to the teaching of prosthodontics.

A post-graduate prosthodontic programme is planned for commencement in 2012-2013. The Australian Dental Council will be undertaking accreditation of all post-graduate programmes here at the School of Dentistry at the end of 2010. A draft prosthodontic curriculum or syllabus will be available for review by the accreditation team. It is anticipated that prosthodontic post-graduate students will provide teaching support to the DMD programme and supplement existing teaching staff.