

12 August 2019

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By email: [accreditation@adc.org.au](mailto:accreditation@adc.org.au)

Dear Michael

**Re: *Review of the ADC/DC(NZ) Accreditation standards – stakeholder feedback survey***

Thank you for providing the Australian Dental Association (ADA) with the opportunity to provide feedback on the review of the ADC/DC (NZ) Accreditation standards. We note that at this stage, the review is focused on a number of areas only and that it is your intention for any feedback to be considered by the Working Party and that any proposed changes to the Standards will be the focus of additional consultation.

ADA welcomes the opportunity to comment on the Accreditation Standards and believes that the peak professional bodies have an essential role in the ongoing development and review of Standards and Guidelines for the accreditation of education and training programs leading to general and specialist registration. Members of the dental profession are required to ensure that the assessment of the educational standards leading to registration of practitioners is contemporaneous and achievable. Many of the dental programs now sit within larger faculties with the educational institutions and may no longer be administered directly by those with professional qualifications. In order to ensure that the criteria in the Standards are achieved, the profession must be involved in all aspects of this process.

**1. Do you consider the Standards are at the threshold level required for public safety?**

ADA believes that while the document adequately outlines the criteria against which the statements for each domain are assessed, the document lacks sufficient detail. The current Standards do not specify how criteria are or should be, assessed which may lead to a heavy reliance on members faculty/administration of the individual programs defining their own methods of assessment against criteria. This situation leads to the Standards being interpreted differently in the various jurisdictions and may result in a wide variation of outcomes.

Furthermore, the Standards should be more specific with regard to the assessment methods that should be used and that these should include significant input from external stakeholders including the dental professions and the public.

**2. Are there any Standards that should be deleted or reworded?**

The document would benefit from the addition of a new column to define the methods of assessment against each criterion.

This would result in a more detailed document that more clearly specifies the requirements required to meet the Standards and lead to less variation between programs.

Further, the Standards should reference the Guidelines directly, as these provide additional explanation and detail that is beneficial to the user.

### 3. Are there any standards that should be added?

No. However, as outlined above, increasing the detail in the current document would provide benefits in uniformity and improved clarity. An example of this is Criterion 3.7 “*Teaching staff are suitably qualified and experienced to deliver the units that they teach*”. There is no guidance as to what suitably qualified and experienced entails. For example, this would benefit from the addition of specifications relating to recency of practice and the minimum clinical/academic/educational/research experience required for the various teaching roles.

### 4. Do you have any comments about the focus areas identified for the review?

*Aboriginal, Torres Strait Islander and Maori health outcomes:*

The ADA supports making provision within the Standards to better address the identified gaps in health outcomes between indigenous and non-indigenous people is important. These additional competencies around Cultural Safety could either be incorporated within the existing domains or within a newly created dedicated domain.

*Consumer involvement:*

ADA welcomes the involvement of consumers in the accreditation process as long as it is in addition to and not a replacement of the existing level of input from the dental profession. Peak professional bodies are an essential component of the accreditation process and are best placed to offer contemporary views on the Standards of the profession’s education and training programs.

*Inter-professional learning and practice:*

The review document is unclear with regard to this criterion. ADA cannot comment until the proposed changes are identified and then circulated for comment.

*Assessment:*

The criteria “Suitably qualified and experienced staff, including external experts of final year, assess students” would benefit from improved wording to better identify the “external experts”. It is currently unclear whether these are subject matter “experts” or what this term applies to, as it is not a standard term used within academia or the profession and it is not referred to in the Guidelines.

### 5. Are there any additional areas we should consider in the review?

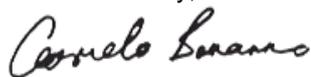
ADA believes that the maximum duration of Accreditation for Dentistry programs of 7 years is too long. We ask the ADC to consider shortening this duration to a maximum of 4-5 years for fully accredited programs and even shorter for new programs or those that had conditions, or their accreditation revoked within the past 2 review periods.

### 6. Do you consider there to be duplication between the Standards and the standards/requirements of higher education and/or vocational educational and training regulators in Australia and/or New Zealand?

As identified above at question 3, outcomes for quality, competent and safe practitioners is dependent on quality teaching. There is some discrepancy between the requirement of those teaching between the two sectors as the Higher Education sector has no requirement for formal training in educational principles of adult education, learning and assessment. References are made to suitably qualified and experienced teaching staff, therefore, it may be appropriate for the Standards to define suitably qualified to include educational qualification as well as subject content knowledge.

If you require any further information regarding the ADA’s position, please do not hesitate to get in touch with Ms Eithne Irving, Deputy CEO & General Manager Policy & Advocacy on 02 8815 3332 or [eithne.irving@ada.org.au](mailto:eithne.irving@ada.org.au).

Yours sincerely,



Dr Carmelo Bonanno  
President