



SUBMISSION

to

Dental Board of Australia

on

Review of Accreditation Arrangements

August 2012

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List of Abbreviations used in this document

<u>Abbreviation</u>	<u>Description</u>
ADC	Australian Dental Council
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
CDAC	Commission on Dental Accreditation of Canada
CODA	Commission on Dental Accreditation (USA)
DPAC	Dental Practitioners Assessment Committee
GDC	General Dental Council (UK)
MCQ	Multiple Choice Question
OMS	Oral and Maxillofacial Surgery
SAQ	Short Answer Question
TAFE SA	TAFE South Australia

List of Attachments

<u>Attachment</u>	<u>Description of Attachment</u>
	Domain 1 Governance
1-3	Criteria for the selection of community assessors for appointment to Accreditation Review Teams
1-4.1	Audited financial statements for 2010-11
	Domain 2 Independence
	Domain 3 Operational Management
3-1	Secretariat organisation (chart)
3-4.1	Examination Fees
3-4.2	Accreditation Fees
	Domain 4 Accreditation Standards
	Domain 5 Processes for accreditation of programs of study and education providers
5-1.1	List of currently accredited programs of study (as at July 2012)
5-3	Guidelines for Accreditation Review Team Assessors
5-6	Annual Report Guidelines
	Domain 7 Assessment of internationally qualified practitioners
7-4.3	Information handbook for dentistry candidates
7-4.4	Preliminary Examination Handbook
7-4.5	Final (Clinical) Examination Handbook
7-5	Policy – Selection Criteria for Clinical Examiners
7-6.3	Policy – Guidelines Relating to Appeals Against the Procedures of a Final (Clinical) Examination

Introduction

The Australian Dental Council [**'ADC'**] is an independent national accreditation authority for dental education and training in Australia. The ADC was assigned by the Council of Australian Governments to undertake the accreditation functions for the Dental Board of Australia [**'Dental Board'**] under the *Health Practitioner Regulation National Law Act 2009* [**'National Law'**] from 1 July 2010 for a three year term.

The ADC was formed in 1993 through the cooperative efforts of the Dental Boards of the States and Territories of Australia, the Australian Dental Association Inc. and the Committee of Deans of Dental Schools in Australia. The Royal Australasian College of Dental Surgeons was also an inaugural member of the ADC. In 1996 the ADC registered under the Corporations Act 2001 as a not-for-profit company limited by guarantee.

The principal purpose of the ADC at the time of its formation was to provide a national body that could undertake on behalf of the Boards the accreditation of education courses conducted by Australian dental schools leading to registrable dental qualifications. Until that time Boards in Australia had relied on the UK General Dental Council (**'GDC'**) for this accreditation advice.

The ADC first accredited undergraduate dental programs of Australian Universities in 1995. Accreditation processes extended to postgraduate specialist education and training programs in 1999, and to education courses for dental hygienists and dental therapists in 2003. In recognition of this expanded scope of accreditation activities the Dental Hygienists Association of Australia and the Australian Dental Therapists Association (now Australian Dental and Oral Health Therapists Association) were admitted to membership of the ADC in May 2004. The Australian Dental Prosthetists Association was invited to become a member of the ADC in 2010 following the inclusion of dental prosthetists in the national registration and accreditation scheme.

The assessment and examination of overseas trained dentists was transferred to the ADC from the Australian Dental Examining Council in 1996, which in turn inherited the role from the Council of Overseas Professional Qualifications. COPQ first conducted its exam in 1977. The ADC continues to provide for the assessment of the knowledge, clinical skills and professional attributes of overseas qualified dentists seeking general registration to practise in Australia. Over 1,850 overseas qualified dentists have successfully completed the ADC assessment pathway and been awarded the ADC Certificate (General Dentist).

In response to the requirements of the National Law, and at the request of the Dental Board, during 2011 the ADC developed a pathway for the assessment of overseas qualified dental hygienists and dental therapists. This pathway involves assessment and examination of these overseas qualified practitioners under arrangements overseen by the ADC, leading to the award of the ADC Certificate (Dental Hygienist/Dental Therapist) that is recognised by the Dental Board for general registration to practise in Australia.

In December 2008, Australian Health Ministers assigned the accreditation functions for the Dental Board to the ADC for a period of three years from 01 July 2010, as the external accreditation authority under the National Registration and Accreditation Scheme for the Health Professions. Subsequently, pursuant to the provisions of the National Law the Australian Health Practitioner Regulation Agency [**'AHPRA'**], on behalf of the Dental Board, entered an agreement with the ADC for the performance of these accreditation functions. The agreement provides that the ADC continue to undertake, and to extend, the accreditation functions for the dental profession that the ADC performed prior to the commencement of the National Law.

Under this agreement, the ADC performs the following accreditation functions as set out in section 42 of the National Law and as defined now in the Constitution of the ADC:

- (a) develop accreditation standards, policies and procedures for dental and oral health education courses and programs of study;
- (b) develop standards, policies and procedures for the assessment of overseas qualified dental practitioners for registration in Australia;
- (c) assess programs of study based predominantly in Australia that lead to general or specialist registration of the graduates of those programs for practice as dental practitioners in Australia, to determine whether the programs meet approved accreditation standards;
- (d) assess education providers based predominantly in Australia that provide programs of study that lead to general or specialist registration of the graduates of those programs for practice as dental practitioners in Australia, to determine whether the education providers meet approved accreditation standards;
- (e) assess authorities in other countries which conduct examinations for registration to practise as dental practitioners, or accredit programs of study relevant to registration as a dental practitioner, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities have the knowledge, clinical skills and professional attributes necessary to practise as dental practitioners in Australia;
- (f) oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified dental practitioners who are seeking registration to practise as dental practitioners under the Health Practitioner Regulation National Law and whose qualifications are not approved qualifications for dental practitioners under the National Law;

In addition, the principal purposes defined in the ADC Constitution include:

- (g) to advise and make recommendations to Federal, State and Territory governments, the Dental Board, and any other national, federal, state and territory agencies and regulatory authorities relevant to the practice of dental practitioners in relation to:
 - (i) matters concerning accreditation or accreditation standards for dental and oral health education courses and programs of study;
 - (ii) matters concerning the regulation, including general and specialist registration of dental practitioners;
 - (iii) matters concerning the assessment of overseas qualified dental practitioners; and
 - (iv) matters concerning the recognition and assessment of overseas qualifications of dental practitioners;
- (h) to do all such other lawful things as are incidental or conducive to the advancement of the above objects or any of them including but not limited to performing any or all of the above functions in relation to health professions other than dental and oral health.

These functions represent a continuation and extension of the accreditation functions undertaken by the ADC prior to the commencement of the National Law.

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This submission has been prepared as required under section 253 of the *Health Practitioner Regulation National Law Act*. It follows the format set out in the Sample Report Guide developed through the Accreditation Liaison Group and is structured around the *Quality Framework for the Accreditation Function* agreed between the National Boards, the Forum of Australian Health Professions Councils and AHPRA.

Domain 1 Governance

The accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

1.1 Constitution The ADC is constituted as a not-for-profit registered company limited by guarantee. The liability of members is limited to the guaranteed amount, being \$10. The ADC is registered with the Australian Securities and Investments Commission (ASIC) and holds a licence to exclude the word 'limited' from its name.

Prior to the National Law the members of the ADC comprised the principal groups associated with the standards of dental education and practice in Australia:

- Dental Boards of the States and Territories of Australia
- Australasian Council of Dental Schools
- Australian Dental Association Inc
- Royal Australasian College of Dental Surgeons
- Australian Dental and Oral Health Therapists Association
- Dental Hygienists Association of Australia.

In addition, the Dental Council of New Zealand and the Council of Regulatory Authorities for Dental Technicians and Dental Prosthetists Australia and New Zealand Inc had Observer status at ADC Board meetings.

The commencement of the National Law resulted in the decommissioning of the State and Territory Dental Boards. This led to a need to review the Constitution and governance structure of the ADC. In developing a new Constitution, the Directors were firmly of the view that the key to the future of the ADC is ongoing involvement in the ADC of all areas of the profession representative of education, regulation and professional practice of those providing dental services and care to the Australian community. Accordingly, the governance framework) was incorporated in a new Constitution adopted by the annual general meeting of the ADC in November 2011:

The current Governing Board of Directors comprise:

Dr Ralph Neller	President and Chair
Dr John Boucher	Deputy President
Dr Susan Gaffney	Immediate Past President
Dr Michael McGuinness	Chair, Audit and Risk Committee
Prof Michael Morgan	Chair, ADC/DCNZ Joint Accreditation Committee
Dr Bruce Noble	Director
Dr Tom Tseng	Chair, Dental Practitioners Assessment Committee
Dr Tim Wigmore	Chair, Uniformity Committee

The Company is moving towards the inclusion of community representative(s) on the Governing Board.

The Constitution will be reviewed in 2013 for continuing appropriateness for the company's operating environment.

1.2 Governing body – membership, selection processes, arrangements

Directors serve two year terms and are eligible for a maximum of three successive terms (but may be reappointed at a later time). A rotation policy for retirement of Directors is being phased in following the adoption of the new Constitution in November 2011.

The ADC has established a range of committees and working parties to assist in providing expert advice to support the Governing Board and the work of the Council. The membership of these groups includes ADC Directors and Councillors, as well as many members drawn from stakeholders and relevant wider interests whose knowledge and expertise can add value to the achievement of the group’s purpose.

The following table lists the various committees.

Table 1. ADC Committees

ADC/DCNZ Accreditation Committee	Joint committee with the Dental Council (New Zealand) for managing the agreed joint process for assessment of education providers and their programs of study in Australasia, and for advising on policy and other matters concerning accreditation
Audit & Risk Committee	Assists in maintaining sound monitoring of financial responsibilities, risk management, internal governance and reporting.
Dental Practitioners Assessment Committee	Develops the ADC assessment and examinations processes for overseas qualified dental practitioners
Strategic Advisory Council	Standing committee to advise Governing Board on strategic direction, priorities and planning
Uniformity Committee <i>(future under review following the consolidation of approaches under the national registration and accreditation scheme)</i>	Advises on uniform approaches to matters relating to equivalence of educational outcomes for graduates of dentistry and oral health programs within Australia and New Zealand
Working Parties	Established on a needs basis by the Governing Board or by Committees. Current and recent Working Parties include: <ul style="list-style-type: none"> • Preliminary examination sub-committee • Governance • Overseas qualified dental hygienists and dental therapists • Restructuring of ADC examination process for overseas qualified general dentists • Attributes and competencies of newly graduated dentists and dental hygienists/ dental therapists/oral health therapists • Development of accreditation standards for dental prosthetist education programs •

In addition to committees and working parties, the ADC appoints site assessment accreditation teams and examining panels as required to undertake the assessment of education providers and programs of study, and assessment of

overseas qualified dental practitioners. The membership of these teams and panels is drawn widely from the relevant professions (see responses under later sections).

1.3 Stakeholder input into governance arrangements

From its inception the ADC has recognised the importance and value of close involvement of stakeholders to the achievement of its mission of promoting and protecting the oral health of the Australian community by ensuring robust standards; quality of education and training programs; and, quality assessment for the dental and oral health professions. The members of the ADC (now known as Councillors) provide perspectives from a cross-section of national bodies associated with the standards and quality of dental education and practice across Australia and from all of the professions engaged in the practice of dentistry.

As at 30 June 2012 the Members and Councillors of the ADC included:

- nominees of dental education providers (via the Australasian Council of Australian Dental Schools)
- nominees of the peak national bodies for the dental professions:
- a nominee of the Royal Australasian College of Dental Surgeons (a professional and dental specialist education body)
- nominees of the Dental Board of Australia and from each State/Territory committee
- the chairs of the following ADC committees:
 - Accreditation Committee
 - Dental Practitioners Assessment Committee ('DPAC').

Councillors have constitutional responsibility for appointment of the directors, who are responsible for the management of the ADC. The directors have established a Strategic Advisory Council, comprising the Councillors listed above, as the principal advisory body on the strategic direction and priorities for the ADC.

In June 2012, ADC Directors endorsed a proposal to expand stakeholder representation within the ADC by inclusion of a lay member and an overseas qualified practitioner with recent experience of the ADC assessment pathway.

The current policy of the ADC provides for lay representation on the Accreditation Committee, the Dental Practitioners Assessment Committee and the Audit and Risk Committee. ADC guidelines for the appointment of accreditation review teams to undertake assessment of programs of study provide for the inclusion of lay members, wherever possible. (see ATTACHMENT 1-3) It is also common practice for the ADC to include observers as part of accreditation review teams, who may be from stakeholder groups, where their inclusion is acceptable to the education provider undergoing accreditation.

As indicated above (see section 1.2) the ADC has established a range of committees and working parties with membership drawn from stakeholders and relevant wider interests to add value and expertise, and to contribute to and provide a sense of ownership of, the work of the ADC.

Table 2. Stakeholder organisations

Name of organisation	Number of Councillors who can be nominated
Australian Dental Association Inc [ADA Inc]	2
Dental Hygienists Association of Australia [DHAA]	1
Australian Dental and Oral Health Therapists Association [ADOHTA]	1
Australian Dental Prosthetists Association [ADPA]	1
Australasian Council of Dental Schools [ACODS]	2
Royal Australasian College of Dental Surgeons [RACDS]	1
Dental Board of Australia – National Board [DBA]	1
ACT Board of Dental Board of Australia [DBA(ACT)]*	1
NSW Board of Dental Board of Australia [DBA(NSW)]*	1
NT Board of Dental Board of Australia [DBA(NT)]*	1
Qld Board of Dental Board of Australia [DBA(Qld)]*	1
SA Board of Dental Board of Australia [DBA(SA)]*	1
Tas Board of Dental Board of Australia [DBA(Tas)]*	1
Vic Board of Dental Board of Australia [DBA(Vic)]*	1
WA Board of Dental Board of Australia [DBA(WA)]*	1

* *State/Territory Board of the DBA means the committees established by the Dental Board of Australia under the National Law. Their predecessor bodies (State/Territory Dental Boards) were foundation members of the ADC. The composition of the Stakeholder organisations is to be reviewed over the next 18 months to ensure independence from influence over the accreditation activities.*

1.4 Accounts meet relevant Australian accounting and financial reporting standards

The ADC engages an external accounting firm, JVM Wood & Co, to assist with management of the ADC accounts. They oversee the work of a bookkeeper who is employed for day-to-day financial transactions and record keeping. However the intention is to engage an accountant and manage the finances in house to enable greater control and monitoring of the budget. The financial statements are prepared by the external accountant according to the Australian Accounting Standards and the *Corporations Act 2001*. The annual accounts are audited by Black & Krantz in accordance with Australian Auditing Standards.

The audited financial statements for 2010-11 (the most recent financial year available) are at ATTACHMENT 1-4.1.

In the 2010-11 financial year, total operating revenue (excluding DBA/AHPRA funding grant and investment income) was \$4.44m and total expenditure was \$4.09m. The operating surplus was \$0.35m for the financial year.

1.5 Work planned or underway

Completion of transition to new governance framework:

A strategic priority identified by the ADC Board in 2010 was a review and

implementation of a new governance framework for the ADC following the commencement of the national registration and accreditation scheme (as outlined in the sections above). The principal step in this process was the adoption of a new Constitution in November 2011. The new Constitution provides for a transition period over the first year of its operation. A Governance Working Party was appointed to assist in achieving the changes from the previous structure. The proposals from this group were endorsed by Councillors and Directors in June 2012 and planning is proceeding for completion of the transition at the annual general meeting in November 2012.

New stakeholders and members:

The Governing Board has agreed to expand stakeholder representation within the ADC by inclusion of a community representative and an overseas qualified practitioner with recent experience of the ADC assessment pathway. The identification and appointment of appropriate persons for these roles will be part of the Board's agenda in the year ahead.

Community representative involvement:

The ADC will be seeking to make appointments to vacancies for community representatives on the Dental Practitioners Assessment Committee and the Audit and Risk Committee.

Domain 2 Independence

The accreditation authority carries out its accreditation operations independently.

2.1 Decision making processes are independent

As outlined above, the ADC has established a range of committees, sub-committees and working parties that support the work of the Council and contribute to decision making in the key operational areas.

As emphasised earlier, the membership of these various bodies is diverse, and is based on the expertise and experience that is designed for effective achievement of the group's purpose. This structure and the composition of the various bodies provide a hierarchy of reporting, recommendation and review that contributes to balanced, independent and quality decision making.

The decision making process in the key areas of accreditation and examinations are described in more detail below.

Accreditation Decision Making

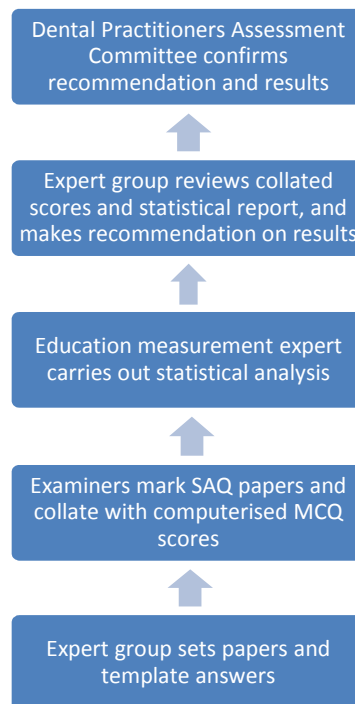
Diagram 2: Accreditation decision making hierarchy



Several steps progressively involving different bodies contribute to a decision by the ADC on accreditation of an education provider and program of study. An Accreditation Review Team undertakes a site visit and prepares a draft report with their findings. An initial review of the report is carried out by the Chair of the Accreditation Committee and the Committee's relevant discipline Coordinator (neither of whom is involved with the team) to ensure the conclusions and recommendations are sound and based on the findings and are consistent over time. The Accreditation Committee then reviews the report to confirm (or otherwise) and formulate the overall recommendation to be made to the ADC Governing Board for accreditation of the program. The ADC Board considers the Committee's report and recommendation and determines the final accreditation outcome. The decision and report are then forwarded to the Dental Board to consider for approval of the program.

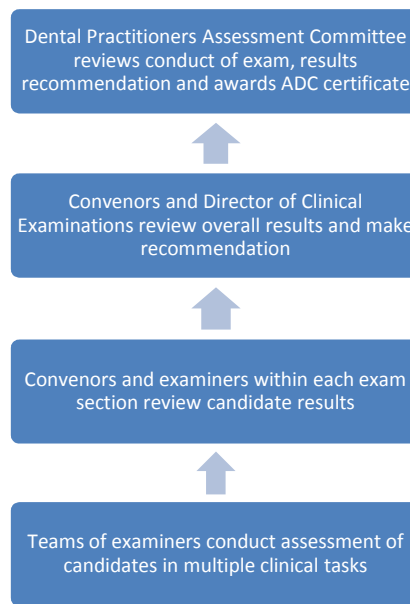
Examination Decision Making

Diagram 3: Preliminary Examination decision making hierarchy



An expert subcommittee sets the papers for each Preliminary Examination according to a blueprint approved by the Dental Practitioners Assessment Committee. Completed candidate papers are marked by a team of examiners appointed by the subcommittee. Marking is based on an answer template prepared by the subcommittee. Each paper is double marked (except for the MCQ papers, which are computer scanned for scoring). Results from all papers are subject to advanced statistical analysis to ensure consistency with the predetermined ADC standard and to score against the predetermined ADC scale. These results are reviewed by the expert subcommittee for any anomalies and then reported to DPAC for confirmation of results and for commentary on the conduct of the examination and for any recommendations for changes and improvements.

Diagram 4: Final Examination decision making hierarchy



For the Final Examination, a team of examiners, headed by the Director of Clinical , is selected from the pool of suitably qualified and experienced dentists and dental academics (see under 7.5 below). Approximately 22 examiners are involved in any one examination, with the actual number determined by the number of candidates. The examiners conduct the assessment of candidates over five days across the principal clinical disciplines, which are grouped into three sections. The assessment and examination pathway is published on the ADC website at <http://www.adc.org.au/Assessment%20of%20Overseas%20Qualified%20Practitioners.html>. A Convenor is appointed for each section of the exam. Examiners work in pairs and, within sections, are randomly assigned. Where multiple tasks are being assessed, examiners and examiner pairs are randomly rotated. Examiners use detailed assessment guides for the various procedures to record their assessments of the candidate’s knowledge, application of knowledge, manipulative skills and spatial perception. At the conclusion of each session the section Convenor coordinates the results and compiles them into a central spreadsheet. Convenors and examiners for a section meet daily during the conduct of the examination to review progress and at the conclusion of the examination to discuss and finalise candidates’ results for each section. Convenors and the Director of Clinical Examinations then meet and review aggregate results across the three sections, prepare the composite results and finalise the overall recommendations. The Director of Clinical Examinations reports to DPAC on the conduct of the examination and presents the consolidated results. DPAC reviews the examination process and outcomes and approves the award of the ADC Certificate to successful candidates.

2.2 Procedures for identifying and managing conflicts of interest.

Note this relates to

The ADC is a registered company limited by guarantee. Its operations are subject to the *Corporations Act 2001*. As outlined above for the ADC governance structure, stakeholders nominate Councillors, who are the members of the ADC, and Councillors appoint the Directors. Under the ADC Constitution and the *Act*, Directors are required to act in the best interests of the ADC, independent of any nominating stakeholder. There is also a provision

interest of the governing body. Processes for managing assessment team interest are reported under Domain 5.

in the ADC Constitution dealing with Directors' conflicts of interest.

Directors may and do appoint committees and delegate various powers (whilst retaining responsibility for them) to provide expert advice and assist the functions of the ADC in their specific area of operations.

The policy and practice of the ADC for identifying and managing conflicts of interest is embedded in established committee meeting procedures. The first item on the agenda for any meeting of the Governing Board and of all committees is disclosure by members of any relevant personal or professional interest that may be perceived to conflict with their ability to consider impartially any matter on the agenda. As interests are declared, the Board/committee is required to determine how it should deal with the declared interest. All declared interests are recorded in the minutes of the meeting. The minutes of meetings of all committees are reviewed by the Directors at the next meeting of the Governing Board. All declarations of interests, and the manner of dealing with them, are noted by the Board.

The ADC has established specific procedures for management of conflicts of interest of members of the accreditation teams. These are described under heading 5.4.

2.3 Work planned or underway

New governance framework:

With the implementation of a new governance structure and the introduction of a 'skills mix' Governing Board it is proposed to initiate a recognised training course for Directors such as the Australian Institute of Company Directors (AICD). As well, an appropriate process is to be investigated to assist regular performance review for the Governing Board and Directors.

The governance framework will continue to be developed to create not only the actuality of independence but the perception of independence by stakeholders.

Register of interests:

The ADC is to introduce a register of interests for Directors and members of key committees, as an additional risk management step to the declaration of interests that occurs for all Board and committee meetings.

Domain 3 Operational management

The accreditation authority effectively manages its resources to support its accreditation function under the National Law.

3.1 Resources to achieve accreditation function objectives

The ADC operates from a national office, based in East Melbourne, Victoria. The Governing Board and the committees are supported by the Secretariat of 13 staff (11.5 FTE) in the national office who are responsible for the administration of ADC operations. See ATTACHMENT 3-1 for the ADC organisational structure.

As necessary, the ADC engages consultants or project officers on a short term basis to assist with specific projects. The most recent example of such an appointment was to assist in the development of accreditation standards for dental prosthetist programs of study.

The activities of the ADC are also enabled in large measure by an essentially honorary workforce, consisting of members of the dental and oral health professions and the community from across Australia through their involvement in the following ways:

- a pool of clinical examiners (academics and clinicians) are credentialed by the ADC to conduct the Final (Clinical) Examination (currently there are 163 credentialed clinical examiners)
- a panel of dental/oral health academics, clinicians, managers/administrators and community members are approved as assessors to conduct the accreditation of education providers and their programs of study (currently there are 144 approved assessors)
- a total of over 50 persons at any one time serve on committees and working parties. (see section 1.2 above for list of these groups)

Whilst Directors do not receive any payment, and members of committees are not currently paid a sitting fee, examiners and assessors receive a sessional honorarium for their services. It seems unlikely that it will be sustainable in the future for the ADC to continue to rely on the goodwill and honorary contributions of time and expertise of those involved as Directors and committee members. This is particularly the case given the level of responsibility that is now attached to the ADC's work under the *National Law* and the significant increase in the time commitment now required.

The financial statements of the directors and auditor for the year ended 30 June 2011 attest to adequate reserves and business processes to support the ADC's operations. (See ATTACHMENT 1-4.1).

3.2 Monitoring and improving accreditation processes, and risk management

The ADC routinely seeks feedback on its accreditation processes from education providers and assessors and chairs of Teams involved in accreditation visits. Additionally, in its practice of including external observers on visits (as described above) the ADC invites them to provide comment to the ADC on their experience and observation of the process. This feedback is collated for review by the Accreditation Committee. A session in each committee meeting is set aside for discussion of issues and concerns that are identified, and for forward planning and strategic review.

Similarly, for the clinical examination anonymous feedback is sought from candidates. Examiners review each examination and provide a report to DPAC, via the Director of Clinical Examinations. DPAC considers the reports shortly after each examination (by teleconference). Issues that need early attention are identified for action, whilst broader or longer term issues are referred to the agenda of the next face to face meeting for more detailed consideration.

Financial risk management strategy seeks to ensure that the ADC meets its financial targets, whilst minimising potential adverse effects of cash flow shortfalls. Financial instruments used by the ADC consist mainly of deposits with banks, short-term investments, accounts receivable and payable, and leases on property and equipment.

The Governing Board has established an Audit and Risk Committee to advise and assist the Board in maintaining sound control in its financial responsibilities, risk management, internal governance and reporting. The committee contains external members and is involved in reviewing external accounting and audit services, financial reporting and controls, and annual audit processes. The committee is authorised to obtain legal or other independent professional advice, as necessary.

3.3 Information and records, including confidentiality

The ADC recognises that confidentiality is integral to the accreditation process to ensure the necessary level of trust for the extent of disclosure required of education providers and for the process to operate effectively and successfully. In order to discharge its accreditation functions to a high standard, the ADC requires a considerable amount of information from Schools, both in documentation and during accreditation site visits, some of which is of a sensitive nature.

Unless otherwise indicated, the ADC regards all meetings and documentation, all information obtained onsite and all discussions related to the accreditation of programs as confidential. All assessors are instructed in relation to this policy and reminded that confidentiality has no expiry date. They are required to sign an agreement to protect the confidentiality of all accreditation materials, all discussions before, during and after the site visit, and all recommendations and suggestions arising from it, and to dispose of all documentation provided to them, in either hard copy or electronic format, in a confidential fashion.

It is well established practice in the ADC that the agenda paper for all Board and committee meetings includes an introductory item regarding the confidentiality of accreditation and examination material. The chair is required to read out at the commencement of the meeting the reminder to members that all accreditation and examination material is confidential. All staff are required to sign confidentiality agreements as part of their employment contract.

There is similar attention to confidentiality aspects of the examination in the instructions provided to examiners. This applies both to the content and conduct of the examination, as well as to the examination results, both overall and for individual candidates.

In addition, the ADC employs a range of strategies to ensure the appropriate management of information and records, and for their security and confidential handling:

- access to the ADC office beyond the reception area is controlled by security

- code entry, with staff only issued with the code (which is changed routinely); visitors are required to be signed in or escorted by staff
- after normal business hours the building in which the ADC office is located is accessible only by a separate security code
- both hardcopy and softcopy records of accreditation documents are maintained
- the ADC employs an offsite secure destruction service for confidential documents, as well as using an onsite document shredder
- ADC practices comply with national Privacy laws
- in relation to individual assessments, disclosure of information (by any means, including telephone inquiry) to third parties is available only with formal written authorisation (this includes permission to provide information to, or discuss applications with, the Dental Board and/or AHPRA)
- individual candidate file records are not permitted to be taken offsite
- external IT consultants manage firewall protection against unauthorised access to ADC electronic records
- the ADC computer system has several levels of redundancy and automatic backup to protect against data loss
- examination materials (both current and past) are kept in a safe to which only nominated senior staff have access
- reproduction of examination materials is contracted to a specialised printing service to ensure secure handling
- ADC Certificates and other documents used officially to establish equivalence of qualifications are printed on specially watermarked paper and include other security features and unique identifiers to protect against fraudulent use.

**3.4 Fee charging
balances
National Law
and business
requirements**

The fee levels for examinations are based on those established at the time of rapid expansion in candidate numbers in the mid-2000s, adjusted annually to ensure that fees collected from candidates are adequate to meet the increased expenses associated with a larger cohort. These expenses include costs charged by third parties, which are not controllable by the ADC. The third party for the Preliminary Examination is the Clearing House consortium, of which the ADC is a member, which is operated by the Australian Pharmacy Council Ltd and provides all services associated with organisation of the examination delivery in 30 centres across Australia and the rest of the world. For the Final Examination the ADC uses pre-clinical and clinical venues and services provided by dental hospitals and dental schools across Australia. The current fee schedule for ADC examinations is set out in ATTACHMENT 3-4.1.

Regarding accreditation fees, from the inception of the ADC the intention of dental registration boards was to support accreditation from registration fees. It did so by providing an annual grant to the ADC towards the costs of accreditation activities. This was in recognition of the responsibility of the profession to support the maintenance of the standards of training of the next generation of dental practitioners so that the profession maintains its high standing in the community. The grant was based on a capitation amount per

registrant that the ADC understands has not been adjusted since the amount set in the early 2000s, although the complexity and volume of accreditation work has expanded very significantly. The ADC charges a nominal fee for accreditation that is set at a level intended to cover the basic costs of a site visit. This approach to setting fees has been maintained across the years. The current fees charged to institutions are set out in ATTACHMENT 3-4.2.

The ADC has appreciated the continuation by the Dental Board of the support of the ADC's accreditation activities. The national scheme includes registration and accreditation as complementary aspects of the regulatory framework for the health professions. The income for the operation of the scheme is intended to be raised essentially from registration fees (as laid out in the intergovernmental agreement underpinning the Scheme). It is the expectation of the ADC that the national scheme will continue to support the basic infrastructure costs of an accreditation process as well as the costs of administering the registration process. However the increased costs of site visits, the additional costs of more rigorous monitoring and the increased activity level associated with the significant rate of emergence of new programs and programs undergoing major change are recognised by the ADC. The ADC Governing Board intends in the coming year to move towards greater cost recovery from education providers through increased fee levels for the direct costs of accreditation and monitoring of programs. Development has commenced on different funding models for discussion with education providers later in 2012.

3.5 Work planned or underway

Secure storage of archived records:

The ADC Governing Board has recently adopted a new policy on retention of individual candidate records. The growth in the number of records, together with the effect of this policy, have led to a search for suitable, secure off-site storage of these and other archived records of the ADC. Culling of files has commenced in preparation for the move of such records to the identified offsite storage.

Accreditation fees:

The fees will be substantially increased to program providers to reflect the true cost of accreditation. A rigorous audit of the ADC's processes and activities is being undertaken to determine a fair amount that takes into account income from other key stakeholders such as the DBA, and that is benchmarked against other like professions.

Refer ATTACHMENT 3-4.2 – Accreditation Fees. CIT Upgrade

The communication and Information Technology upgrade will include replacement of the current telephone system, computer hardware and software upgrade, and databases upgrade. Upgrade of these systems is necessary to enable the ADC to effectively and efficiently complete its assigned functions.

Office Relocation

The office has outgrown its premises and there is no opportunity to expand into other areas of the building. The lease expires mid December 2012. A "make good" and identification of new premises with subsequent fit out is planned in the near future.

Critical Staff Appointments

The ADC has engaged a Director Finance and Human Resources to better monitor the finances in relation to budget development, accreditation costs

assessment and other; and, implement contemporary work place practice including performance appraisal of staff, skills audits, staff development and other.

The ADC is also current in the process of recruiting a Director Accreditation who will be able to develop and document processes and policies, manage the accreditation of programs functions and interact with key stakeholders regarding accreditation issues.

Domain 4 Accreditation standards

The accreditation authority develops robust accreditation standards which have been set in advance for the assessment of programs of study and education providers.

4.1 Accreditation standards for programs of study for general registration, specialist registration and/or endorsement

The ADC views the purpose of accreditation as both to assure the quality of education providers and their programs of study and to promote continuous improvement in quality to response to evolving community need and professional practice. The accreditation standards and processes assess the capacity of the providers and programs to produce graduates who have the knowledge, clinical skills and professional attributes necessary to practise as dental professionals in Australia, and who are prepared by their program for a commitment to lifelong learning.

The ADC accreditation process became a joint process with the Dental Council of New Zealand (DCNZ) from 2004. The process is overseen now by a joint ADC/DCNZ Accreditation Committee, but the ADC Governing Board and the Dental Council (NZ) make their accreditation decisions independently.

Within Australia, Accreditation Review Teams are appointed by the ADC to assess providers and their programs against the explicit standards described in the accreditation standards documents. Teams make their report to the Accreditation Committee which, in turn, reports with its recommendation to the ADC Governing Board. (see under 2.1 above for decision making hierarchy)

The ADC has developed accreditation standards for programs of study for general registration and specialist registration. Some years ago a standard was developed for what was called 'certification', which was intended to be used for programs that do not lead to registrable qualifications. To date, education providers have sought accreditation of their programs by the ADC and use of the 'certification standard' has not been required. There is potential for a revised version of this standard to be adapted as an accreditation standard for programs of study leading to endorsement.

ADC accreditation standards are published on the ADC website at: <http://www.adc.org.au/adcmajoractivities.html>. These standards were developed prior to the commencement of the *National Law* and were approved by the Ministerial Council in the transition to the National Registration and Accreditation Scheme.

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These are joint ADC/DCNZ accreditation standards since they have been adopted also by the Dental Council (NZ). These standards were reviewed, revised and updated in preparation for the introduction of the national registration and accreditation scheme. They are the standards that have been used by the ADC in its accreditation processes since June 2010.

Implementation of the national scheme in July 2010 led to the inclusion of dental prosthetists among regulated dental practitioners. This led to a request by the Dental Board for the ADC to develop an accreditation standard to be used in the accreditation of education providers and programs of study for dental prosthetists. Development of the standard was undertaken by a working group overseen by the Accreditation Committee, supported by an appointed consultant, with the development process involving consultation with key stakeholders from the dental prosthetist and wider dental professions, the

education sector, workforce authorities and government.

The resultant accreditation standard, developed and endorsed by the ADC, has been approved by the Dental Board, pursuant to the *National Law*. The Accreditation Standards: Education Programs for Dental Prosthetists is published on the ADC website at <http://www.adc.org.au/adcmajoractivities.html>.

This is not a joint accreditation standard with the DCNZ.

Prior to the start of the national scheme the ADC had embarked on a series of projects to develop nationally agreed statements of attributes and competencies for newly graduated dentists, dental hygienists, dental therapists and oral health therapists. These several projects were pursued under the aegis of the ADC Uniformity Committee and were completed by June 2011. They involved extensive consultation with professional associations, dental schools, dental boards (state/territory/national/NZ) and Health Departments.

The resulting documents, listed below, have not been incorporated in the relevant accreditation standard. However, the ADC anticipates that educational institutions seeking to have their programs of study accredited by the ADC will use the documents to assist them in the self-assessment stage of the accreditation process and to assess a program's effectiveness. Teams also use them as a reference document in their assessment of programs.

- Professional Attributes and Competencies of the newly qualified dentist
- Professional Attributes and Competencies of the newly qualified dental hygienist
- Professional Attributes and Competencies of the newly qualified dental therapist
- Professional Attributes and Competencies of the newly qualified oral health therapist.

The above documents are published on the ADC website at <http://www.adc.org.au/adcmajoractivities.html>

These documents assume that the goal of dental education in Australia is to develop dental practitioners who are competent to practise safely and effectively and who have an appropriate foundation for professional growth and development so that they can respond to diverse and changing health needs throughout their professional lives. For this reason, the ADC anticipates that in the reviews of its accreditation standards that are intended to occur in the next period of appointment as the accreditation entity (should that occur) serious consideration will be given to an outcomes focused accreditation standard that is underpinned by the relevant attributes and competencies.

4.2 Work planned or underway

The following work is planned in relation to accreditation standards:

- Review of accreditation standards for general dentist programs and nexus with Professional Attributes and Competencies document following a request to do so by the DBA.

- Once this is completed reviews of the other standards will follow
- A review of the role of peer evaluation (by relevant specialist academies/societies) in specialist program accreditation (this review commenced in July 2012 with an initial national workshop)
- Commence development of 'attributes and competencies' document for dental prosthetists
- Review of the 'attributes and competencies' documents, commencing in 2015, or sooner if there are changes to scope of practice adopted by the Dental Board or introduced more widely by education providers in their accredited programs of study.

Domain 5 Processes for accreditation of programs of study and education providers

The accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.

5.1 List programs of study accredited

The ADC undertakes accreditation of education providers and programs of study that are offered in all states and territories of Australia to prepare graduates for registration with the Dental Board of Australia as:

- General dentists
- Dental specialists (currently accredited programs for: dento-maxillofacial radiology, endodontics, oral and maxillofacial surgery, oral medicine, oral pathology, orthodontics, paediatric dentistry, periodontics, prosthodontics, special care/needs dentistry)
- Dental hygienists
- Dental therapists
- Oral health therapists
- Dental prosthetists.

At the present time there are 15 different education providers and 59 programs of study that have current accreditation with the ADC. These include programs in both the university and TAFE sectors. The list of accredited programs and their providers is tabled in ATTACHMENT 5-1.1.

The first new dental school in Australia in nearly 60 years was commenced by Griffith University in 2004. The ADC developed a structured approach to accreditation for a new school and program in response to this development. Since that time, five new schools have been established and many new programs have been introduced at existing schools or have undergone major changes. During 2012 a number of other education providers are planning or investigating the introduction of dentist or oral health programs. All of these require accreditation with the ADC and careful monitoring of progress during their formative years leading up to the first cohort of graduates. This generally involves annual visits to ensure the developing programs were progressing as planned and in conformity with ADC accreditation standards. It has seen a substantial increase in the ADC's accreditation activities over the last five years.

The activity level in accreditation over the last two years, covering the start of the national scheme, is summarised in the following tables (see 5.6 - Tables 4,5, and 6).

There are a number of qualifications and programs that were not previously accredited by the ADC and which transitioned on commencement of the national scheme as approved programs. These include programs of study for dental prosthetists. As explained under 4.1 above, the ADC has recently developed accreditation standards to be used for the accreditation of these programs. The ADC is currently organising the first accreditation visit for a dental prosthetist program and plans to complete the accreditation process with other education providers over the next 18 months. In preparation for this rollout the ADC conducted a joint workshop with the Dental Board in late 2011 for the education providers involved to assist them to prepare for accreditation with the ADC.

5.2 Documentation on standards and

The ADC's accreditation procedures and notes to elaborate on the requirements for a number of the accreditation standards are set out in the document *Accreditation*

**procedures for
assessment or
programs**

Guidelines and Explanatory Notes which is published on the website at <http://www.adc.org.au/adcmajoractivities.html>.

This document has been prepared by the Accreditation Committee to support and accompany the accreditation standards and is made available to all education providers at the outset of any accreditation process. In addition, ADC accreditation staff and, as necessary and appropriate, the Chair and/or Coordinator for the relevant discipline area, meet with relevant education provider staff to brief them on the process and requirements. This can be particularly beneficial in the early stages for new programs applying for accreditation.

It is also usual practice that this documentary guide is supplemented by e-mail and telephone contact between the education provider and ADC accreditation staff in the lead up to an accreditation visit. There is no direct contact between Team members and the education provider prior to a visit. All necessary communication, such as negotiation of the schedule for the visit and request for the institution to provide additional information required by the visiting Team, is handled by ADC accreditation staff.

Oral and maxillofacial surgery specialist program of study

The Royal Australasian College of Dental Surgeons Fellowship program in Oral and Maxillofacial Surgery FRACDS(OMS) is an Australasia-wide, college-based specialist training program that leads to the approved qualification for the specialty. Oral and maxillofacial surgery ('OMS') involves education and training in both dentistry and medicine and requires an extended period of specialist training compared with the University-based programs for other specialties that are offered as 3-year postgraduate DClinDent courses. OMS is a recognised specialty with both the Dental Board and the Medical Board of Australia. The ADC and Australian Medical Council ('AMC') have therefore agreed to collaborate in the accreditation of the College Fellowship program, which is conducted as a joint undertaking of the ADC and AMC. In view of the different nature of this specialty program the ADC has agreed to vary the accreditation cycle for the program from the usual period of five years. Instead, the ADC and AMC have aligned accreditation cycles, with an initial accreditation period of six years and with the option to extend accreditation for up to a further four years, based on consideration of a comprehensive report from the College during the final year of initial accreditation.

**5.3 Policies on
assessment team
members**

The ADC's policies and practices for accreditation team selection are documented in the *Guidelines for Accreditation Review Team Assessors* (see ATTACHMENT 5-3).

**5.4 Procedures for
identifying and
managing
conflicts of
interest in the
work of
accreditation
assessment teams
and working
committees**

The ADC policy and practice for identifying and managing conflicts of interest that can arise in the work of committees and working parties is described under 2.2 above.

For Accreditation Teams, the *Guidelines for Accreditation Review Team Assessors* (ATTACHMENT 5-3) draw attention to the importance of confidentiality and management of conflicts of interest for assessors. All Accreditation Review Team members ('assessors') are required to sign a confidentiality agreement prior to their appointment being confirmed. Assessors must declare any potential personal, professional or ideological conflicts of interest that arise at any stage in the accreditation process, whether prior to appointment or during the review. Prior to confirmation of appointment to a Team, proposed Team members are required to complete and lodge with the ADC/DCNZ a Notice of Interests and a Confidentiality Agreement (see Appendix 1 and Appendix 2 of ATTACHMENT 5-3).

In addition, the ADC submits to the education provider a list of proposed Team members. The education provider can indicate at this stage, in advance of the visit, if they believe any proposed team member would have a conflict of interest in reviewing the program. If this were to occur, the ADC would clarify the objection with the proposed team member and replace them if necessary.

The above policy and practice enable accreditation teams to review the program and provide their report free from any inappropriate influence on their assessment of the program.

5.5 The authority follows its processes for decision-making and reporting

The ADC's reporting and decision-making processes for accreditation are set out under 2.1 of Domain 2 (above). These processes are strictly adhered to for accreditation decisions for all programs of study that are assessed and/or reviewed by the ADC.

5.6 Accreditation cycle including monitoring of accredited programs of study

The period of accreditation granted to programs varies according to the type of program and is related to the length of these programs of study. The table below summarises the accreditation cycles currently used by the ADC.

Table 4: Accreditation Activities 2010

Notes:

1. 'Stage 1 Assessment' is the first step in accreditation of a new program. The purpose of the Stage 1 assessment is to determine whether the education provider's plans are sufficiently well developed to proceed with the accreditation process and to establish whether the planned curriculum is likely to comply with the accreditation standards.
2. New Program Accreditation and Reaccreditation usually involve a site visit.
3. Annual reports are shown for the year to which they relate (although they are considered at the start of the following year).
4. 'New program accreditation' can involve repeat visits as the program is implemented, as part of the conditions of accreditation.

2010	New program accreditation	Reaccreditation	Condition review	Stage 1 Assessment	Curriculum change	Annual Reports	Total
Dentist programs	4	1	1	1	1	6	14
Dental Specialist programs							
Dento-Maxillofacial Radiology		1					1
Endodontics		3					3
Oral and Maxillofacial Surgery						1	1
Oral Medicine	2						2
Oral Medicine and Oral Pathology		2					2
Oral Pathology		1					1
Orthodontics		5					5
Paediatric Dentistry		4					4
Periodontics		5					5
Prosthodontics		3					3

<i>Special Needs Dentistry</i>	1	2					3
Dental Hygienist programs						2	2
Dental Therapist programs	1					1	2
Oral Health Therapist programs	2		1			7	10
Total	10	27	2	1	1	17	58

Table 5: Accreditation Activities 2011

2011	New program accreditation	Reaccreditation	Condition review	Stage 1 Assessment	Curriculum change	Annual Reports	Total
Dentist programs	3		5	1		7	16
Dental Specialist programs							
<i>Dento-Maxillofacial Radiology</i>						1	1
<i>Endodontics</i>						3	3
<i>Oral and Maxillofacial Surgery</i>							0
<i>Oral Medicine</i>						2	2
<i>Oral Medicine and Oral Pathology</i>						2	2
<i>Oral Pathology</i>						1	1
<i>Orthodontics</i>	1			1		5	7
<i>Paediatric Dentistry</i>	1			1		5	7
<i>Periodontics</i>						5	5
<i>Prosthodontics</i>			1			3	4
<i>Special Needs Dentistry</i>						3	3
Dental Hygienist programs				1		2	3
Dental Therapist programs			2			3	5
Oral Health Therapist programs	2		2	2	1	7	14
Dental Prosthetist programs							0
Total	7	0	10	6	1	49	73

Table 6: Accreditation Activities Projected 2012-2015

Notes:

1. Some programs submit Annual Reports when not required
2. Review of conditions may overlap with other accreditation processes
3. Initial assessment for new program accreditation includes Stage 1 and/or Stage 2 of accreditation process
4. It is difficult to accurately predict new programs and progress with conditions, estimates are based on one per type of program starting in 2014

PROGRAM/ACCREDITATION PROCESS	2012	2013	2014	2015
DENTIST PROGRAMS				
Reaccreditation				
New program/major change				
• Initial assessment	1	1	1	1
• Progress with conditions	3	2	2	2
Review of conditions	2		1	1
Annual reports	8	10	10	10
DENTAL SPECIALIST PROGRAMS				
Reaccreditation	1	1		28
New program/major change				
• Initial assessment		2	1	1
• Progress with conditions			2	2
Review of conditions	4	1	2	2
Annual reports	29	30	30	2
DENTAL HYGIENIST PROGRAMS				
Reaccreditation	1		1	
New program/major change				
• Initial assessment	1	1	1	1
• Progress with conditions		1	1	1
Review of conditions				
Annual reports	3	1	2	2
DENTAL THERAPIST PROGRAMS				
Reaccreditation	1			
New program/major change				
• Initial assessment			1	1
• Progress with conditions		1		
Review of conditions	1		1	1
Annual reports	2	3	3	3
ORAL HEALTH THERAPIST PROGRAMS				
Reaccreditation	1	4	1	1
New program/major change				
• Initial assessment	1		1	1
• Progress with conditions	2			1
Review of conditions	1		3	2
Annual reports	7	8	8	8
DENTAL PROSTHETIST PROGRAMS				
Reaccreditation		4	2	
New program/major change				
• Initial assessment			1	1
• Progress with conditions				
Review of conditions			2	2

Annual reports		2	4	5
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Table 7. Accreditation cycle

Type of Program	Accreditation Period (Years)
General Dentist	7
Dental Hygienist, Dental Therapist and Oral Health Therapist	5
Dental Specialist (except OMS)	5
OMS	6 (may extend to 10)*

* see under 5.2 above for further information re OMS

Monitoring of accredited programs

The ADC monitors all accredited programs in accordance with s50 of the *National Law*.

For programs that do not have conditions, the ADC monitors the programs during the period of accreditation primarily via an annual reporting process. The Annual Report Guidelines (ATTACHMENT 5-6) outline the process for monitoring these accredited programs. At the end of each academic year education providers are required to submit a report to the ADC using a standard template that the ADC provides (see appendix in ATTACHMENT 5-6). The provider reports information and provides responses in a number of areas, including performance against any recommendations of the accreditation report, under the following headings:

- School details
- Response to ADC/DCNZ recommendations, suggestions and questions
- Statistics
- Summary of significant changes
 - context/overview of the program
 - administration and educational resources
 - students
 - staff
 - curriculum and assessment
 - delivery of the program
 - research
 - external relationships
 - program evaluation.

Annual reports are usually not required for programs that are preparing a comprehensive submission for an accreditation review in the early part of the

following year.

This monitoring process pays particular attention to responses to recommendations in the most recent accreditation report and to information indicating significant change in programs. Section 5.9 of *Accreditation Guidelines and Explanatory Notes* sets out the criteria for 'major changes' in a program that could trigger a review process for the accreditation of the program. The Annual Report Guidelines also detail the action that will be taken in the event of a finding by the Committee that a program is making unsatisfactory progress (see section 8 of *Accreditation Guidelines and Explanatory Notes*).

The Accreditation Guidelines and Explanatory Notes is published on the ADC website at <http://www.adc.org.au/adcmajoractivities.html>.

There are a number of programs that have accreditation with conditions. These programs are monitored in two ways: by completion of the annual reports as above, and submission at other specified times of specific reports of progress in meeting the conditions imposed on their accreditation. The process for dealing with these reports and the possible outcomes of this monitoring of conditions are set out in section 8 of *Accreditation Guidelines and Explanatory Notes*. The ADC provides reports to the Dental Board of the outcome of its monitoring processes, both for annual reports for programs and for specific reports for programs with conditions on their accreditation. The above tables (see 5.6 - Tables 4 and 5) include a summary of these monitoring activities over the last two academic years.

In addition to monitoring individual programs the Accreditation Committee has also undertaken a review of trends and issues in dental education provision in Australia, as apparent from these annual reports (for 2010, this was forwarded to the Dental Board for its information). These analyses are carefully studied by the ADC in relation to implications for its accreditation standards and processes. This has led to the issuing of further guidelines concerning clinical supervision and outplacement, and clinical experiences for dental students. It can also focus attention in specific areas for accreditation reviews and has informed ADC contributions to several national initiatives in health workforce education, such as projects related to clinical training and supervision being undertaken by Health Workforce Australia.

**5.7 Complaints,
review and
appeals processes**

The accreditation standards require schools to have grievance processes in place. Any complaint in the nature of an individual grievance unrelated to the accreditation process is referred to the school for attention, or the individual is redirected to the school, as appropriate.

If a complaint potentially relates to a program's adherence to accreditation standards, the ADC seeks further information and follows up with the education provider concerned. If appropriate, the ADC investigates the matter further and requests a formal response from the education provider, including the potential for the matter to be included in subsequent monitoring reports. The ADC routinely seeks feedback on its accreditation processes from education providers and assessors involved in accreditation visits. Additionally, in its practice of including external observers on visits (as described above) the ADC invites them to provide comment to the ADC on their experience and observation of the process.

The international links described in the next section are another source of external review and feedback when representatives of overseas accreditation authorities attend as observers on visits and for the decision making on reports. (This has occurred twice with observers from the Commission on Dental Accreditation of Canada.) As well, the ADC commissioned an external panel to review the accreditation process, including site visits and Accreditation Committee procedures for handling reports. The panel sought input from all participants in the accreditation process and from regulators to whom the ADC reported its accreditation outcomes. The panel's report led to a number of changes, including a broadening of the range of assessors used and streamlining of committee processes.

To date, there have been no instances of refusal or revocation of accreditation by the ADC. An appeals process that could be available to education providers in such circumstances has not yet been formalised, but the ADC has an existing model in the two-stage internal review and external appeal mechanism that it has instituted for appeals concerning the assessment of internationally qualified dental practitioners (see under 7.6 below).

**5.8 Work planned or
underway**

Documentation review and development

- Further updating of Guidelines and Explanatory Notes for accreditation
- Further updating of Guidelines for Accreditation Review Team Assessors
- Formalisation of review and appeal procedures for accreditation
- Development of accreditation standards and processes for forensic odontology and oral surgery
- Development/adaptation of accreditation standards and processes for courses leading to qualifications approved for endorsement of registration, such as conscious sedation (and potentially for return to practice/currency of practice courses)
- Review of annual monitoring *pro forma* to ensure data collection consistency with relevant sections of AHPRA policy on management of approved programs of study; and, broadening of the monitoring process to include items such as

monitoring of School websites which may alert ADC to misrepresentation of a programs status or lack of staff evidence by recruitment advertising.

Initial accreditation with the ADC

- Implementation of accreditation process for education providers and programs of study for dental Prosthetists.

Training for assessors

- Development of a formal training program for assessors (may occur in collaboration with other accreditation councils as members of the Forum of Australian Health Professions Councils) which will be delivered by the Director Accreditation prior to each Team site visit.

Domain 6 Assessing authorities in other countries

Where this function is exercised by the accreditation authority, the authority has defined standards and procedures to assess examining and/or accrediting authorities in other countries consistent with the National Law.

6.1 Standards for assessment

Prior to the introduction of the *National Law* the ADC had established a reciprocity agreement with the Commission on Dental Accreditation of Canada ('CDAC') for recognition of accreditation processes and outcomes for general dentistry programs, as envisaged under s42(c) of the *National Law*. The ADC used the following criteria in its approach to developing this agreement with the CDAC:

- (1) Is there a comparable accreditation authority/registration body with legal authority and independence of process?
- (2) Is there comparability in the clinical context (including: burden of disease, oral health profile, level of technology, delivery of health services) and professional context (eg ethics, treatment of women, patient rights)?
- (3) Is there a comparable educational context – systems, principles and delivery of dental education?
- (4) Is there comparability in the scope of practice for the discipline of dental practitioner concerned?
- (5) Is there comparability in accreditation standards?
- (6) Is there comparability in accreditation processes, both in the scope and rigour of the assessment process and in the governance for independent decision making for the outcome of accreditation?

The ADC has proposed to the DBA-ADC Joint Working Group on Overseas Qualified Dental Practitioners (in relation to s53(b) of the *National Law*) that this approach be followed for any future assessment of accreditation authorities in other countries who accredit programs of study relevant to registration as a dental practitioner in Australia

6.2 Procedures for assessment

The ADC has adopted the following procedures in undertaking assessment of accreditation authorities in other countries:

- (1) Review the governance documents of the accreditation authority/registration body
- (2) Review the clinical context and professional context (eg using WHO country profiles, Australian experts involved on visits/exchanges)
- (3) Mapping/gap analysis of dental curriculum or education outcomes/objectives (eg comparison against the ADC 'Attributes and competencies' documents)
- (4) Verification of comparability of the accreditation process and accreditation standards involving:
 - mapping/'gap analysis' against the relevant ADC accreditation standards
 - comparison of accreditation processes as described in accreditation

guidelines and protocol documents of each party

- ADC attendance as observer for relevant accreditation visit conducted by the overseas accreditation authority
- ADC attendance as observer for governance processes of the overseas accreditation authority.

The above processes can be illustrated by reference to the process that was followed by the ADC and the Commission on Dental Accreditation of Canada for recognition of accreditation processes and outcomes between the ADC and CDAC for general dentistry programs:

- ADC recognised education and health systems in Australia and Canada as comparable
- ADC compared the 'Competencies for a Beginning Dental Practitioner in Canada' with the curriculum outcomes expected for a graduate of a professional entry level course for dentists in Australia
- ADC and CDAC independently 'mapped' their accreditation standards against the other's to ensure there were no significant gaps
- During 2009 each party reviewed and participated on each other's accreditation visits and observed the governance process of the other party to determine accreditation decisions
- Following this, each party recognised the accreditation standards and policies of the other party as being substantially equivalent to its own
- On this basis, each party recognised the accreditation status granted by the other party for education programs in general dentistry.

**6.3 Assessments
of overseas
assessing
authorities
(new,
reviewed and
monitoring)**

At this stage, the only overseas assessment authority recognised by the ADC is the Commission on Dental Accreditation of Canada. The ADC has established a reciprocity agreement with the CDAC for recognition of accreditation processes and outcomes for general dentistry programs. The agreement took effect on 31 March 2010 (with no retrospectivity provisions) and is for an initial term of five years. The agreement means that any student who successfully completes and graduates from an accredited general dentistry program whose accreditation is recognised pursuant to the agreement is recognised by each party as a graduate of an accredited program included within the agreement.

The process leading to this agreement is described under 6.2 above. The monitoring process incorporated in the agreement involves the following provisions:

- Staff and/or elected officials from each organisation attend the meetings of the other agency's decision making body in alternate years
- Staff and/or elected officials participate on site visits conducted by the other party in order to maintain an understanding of the accreditation processes in each country, thereby helping to ensure that the accreditation

processes in each country continue to be substantially equivalent

- Each party has agreed to inform the other promptly of any changes in their respective accreditation standards and policies that may affect the eligibility of the recognition granted by the other party.

The monitoring visits commenced in 2011 when CDAC representatives visited Australia and participated on a site visit. The CEO of the ADC participated on a CDAC site visit in February 2012. Both of these visits confirmed that the terms of the reciprocal agreement continued to be observed as intended.

Early in 2012 the Dental Board and the ADC agreed to form a Joint Working Group on Overseas Qualified Dental Practitioners in relation to s53(b) of the *National Law*. One of the purposes of this group is to investigate appropriate mechanisms to enable ongoing recognition for registration in Australia of overseas qualifications that are deemed to be substantially equivalent to Australian qualifications that are approved for registration. Irish and UK qualifications for general dentists were identified for priority consideration. The accreditation recognition process followed by the ADC for Canada (and described under 6.2 above) was endorsed by the Working Group as providing an appropriate basis for recognition of the Irish and UK qualifications.

With this endorsement the ADC has undertaken initial steps to investigate the feasibility of such recognition by participating in an accreditation site visit conducted by the Irish Dental Council, followed by a formal meeting with the Council. In a linked visit, and high level discussions were held with the General Dental Council in London. Reports of these visits and discussions, including recommendations for follow up action, have been forwarded to the Working Group to consider the next steps for establishing either mutual or unilateral recognition. The ADC is recommending that there is a good basis to expect accreditation recognition can be established, and has offered to continue to work with the Dental Board towards this end.

In early 2012 the ADC met for discussions with the Director and Chair of the Commission on Dental Accreditation of the American Dental Association ('CODA') and observed a biannual meeting of CODA. As reported to the Dental Board in its report of this visit and the visit to Canada, the ADC has concluded that whilst there is an invitation to maintain communication with CODA there is limited opportunity at present to develop a Canadian-style agreement with CODA for recognition of accreditation processes with the USA.

6.4 The authority follows its processes for decision-making and reporting

The processes followed by the ADC are described under 6.2 and 6.3 above.

6.5 Complaints, appeals/review

At this early stage the only procedure the ADC has used to deal with complaints or appeals or reviews of decisions concerning recognition of overseas assessing or accreditation authorities is by reference to the criteria identified under 6.1 above.

**6.6 Work planned
or underway**

Extension of ADC-CDAC Accreditation Agreement to include Dental Hygienists:
During the ADC visit to Canada in February 2012 initial discussions occurred with the CDAC and the College of Dental Hygienists of Ontario (the provincial licensing/registration authority for dental hygienists) and the Chair, CDAC Dental Hygiene Education Programs Committee regarding inclusion of dental hygiene education programs in the current ADC-CDAC reciprocal agreement for general dentistry. The discussions were very positive and the ADC is intending to follow this up. This decision is reinforced by the prominence of Canadian dental hygiene graduates among the applicants to undertake the newly available ADC assessment and examinations pathway for overseas qualified dental hygienists.

DBA-ADC Joint Working Group on Overseas Qualified Dental Practitioners:

- As mentioned above (under 6.3) the ADC is recommending to the DBA-ADC Joint Working Group on Overseas Qualified Dental Practitioners that opportunities for an accreditation-based reciprocal agreement with the Irish Dental Council be followed up, both for general dentistry and dental hygiene. The ADC has offered to pursue the necessary steps, as recommended in the report forwarded by the ADC to the Working Group in early July 2012.
- As mentioned above (under 6.3) the ADC is recommending to the DBA-ADC Joint Working Group on Overseas Qualified Dental Practitioners that opportunities for accreditation-based recognition with the GDC be followed up for general dentists. The ADC has offered to pursue the necessary steps, as recommended in the report forwarded by the ADC to the Working Group in early July 2012.

Development of Standards to be applied to countries where there is no reciprocal agreement with view to identifying those whose graduates may be considered (i.e. substantially equivalent) to enter an accelerated process towards registration.

A recommendation will be made to the DBA-ADC Joint Working Group that the benchmarking against other health professions and noting the Public Sector Dental Workforce Scheme exemptions should be undertaken to identify a fair and defensible process for identification of graduates from “substantially equivalent” programs. Such graduates may be considered exempt from some of the assessment processes for registration in Australia.

Domain 7 Assessment of internationally qualified practitioners

Where this function is exercised by the accreditation authority, the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of internationally qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession.

7.1 The assessment standards, criteria and objectives The ADC provides assessment pathways for overseas qualified dentists, dental hygienists and dental therapists whose qualifications are not approved qualifications under the *National Law* to assess their knowledge, clinical skills and professional attributes for registration as dental practitioners in Australia.

Overseas qualified dental practitioners are assessed at the standard of a new graduate from an Australian accredited program of study in the relevant discipline.

The following documents are used by the ADC as reference documents in carrying out this assessment function:

- Professional Attributes and Competencies of the newly qualified dentist
- Professional Attributes and Competencies of the newly qualified dental hygienist
- Professional Attributes and Competencies of the newly qualified dental therapist
- Professional Attributes and Competencies of the newly qualified oral health therapist

These documents are published on the ADC website at <http://www.adc.org.au/adcmajoractivities.html>.

The overriding objective of the examination component of the assessment pathway is to ensure candidates are competent to practise safely and effectively in the Australian community. Candidates who successfully complete the assessment and examination process are awarded the *ADC Certificate*, which is recognised by the Dental Board for registration purposes.

The Dental Practitioners Assessment Committee ('**DPAC**') that has been established as a standing committee of the ADC as having responsibility for the conduct of the assessment and examination process and the delegation of authority for the award of the *ADC Certificate (General Dentist)/(Dental Hygienist)/(Dental Therapist)* to successful candidates.

Assessment of overseas qualified dentists

The examination for overseas qualified dentists involves a complex series of assessments designed to test the candidate's knowledge of the science and practice of dentistry and clinical judgment and technical skills relevant to dental practice in Australia.

Assessment Standard: The assessment standard is set at the level of attainment of the knowledge, skills and professional attributes to practise as a dentist in Australia which is required of newly qualified graduates of Australian dental

schools who are eligible for registration in Australia.

Assessment Criteria: The competencies (as set out in *Professional Attributes and Competencies of the Newly Qualified Dentist*) apply to demonstrated knowledge and performance in the basic clinical skills to provide a complete, competent and coordinated delivery of dental care in the Australian context.

Objectives: The overall aim of the assessment is to assess appropriately, fairly and consistently the performance of internationally qualified dentists in the requirements of fundamental knowledge, clinical skills and clinical judgment at a level comparable with a newly qualified dentist from an accredited Australian dental school.

Assessment of overseas qualified dental hygienists and dental therapists

A national assessment pathway offered by the ADC for overseas qualified dental hygienists and dental therapists commenced in April 2011. The development and operation of this assessment pathway by the ADC was approved by the Dental Board following the commencement of the national scheme. It is being overseen by a Working Group appointed by the ADC, supported by ADC staff and reporting to DPAC. The Working Group comprises experienced dental hygiene and dental therapy clinicians and educators.

The assessment pathway involves the successful completion by candidates of:

- initial assessment of professional qualifications and experience and 'good standing' which is carried out by the ADC; and
- an examination process which involves written/theory and clinical examinations conducted by ADC - approved examining bodies – TAFESA (TAFE South Australia, Gilles Plains campus) and Curtin University (Curtin).

Assessment Standard: The assessment standard is set at the level of attainment of the knowledge, skills and professional attributes to practise as a dental hygienist or dental therapist in Australia which is required of newly qualified graduates of Australian dental schools who are eligible for registration in Australia.

Assessment Criteria: The competencies (as set out in *Professional Attributes and Competencies of the Newly Qualified Dental Hygienist and Professional Attributes and Competencies of the Newly Qualified Dental Therapist*)) apply to demonstrated knowledge and performance in the basic clinical skills to provide competent and coordinated delivery of dental care in the Australian context in accordance with the scope of practice defined by the Dental Board.

Objectives: The overall aim of the assessment is to assess appropriately, fairly and consistently the performance of internationally qualified dental hygienists and dental therapists in the requirements of fundamental knowledge, clinical skills and clinical judgment at a level comparable with a newly qualified dental hygienist or dental therapist from an accredited Australian education provider, within the scope of practice defined by the Dental Board.

Assessment of qualifications of dental specialists for advice to the Dental Board of Australia

Applications for registration by overseas qualified dental specialists may be referred to the ADC by the Dental Board to provide advice to the Board on whether the qualification is substantially equivalent or based on similar competencies to the Dental Board approved Australian qualification for the

specialty. These applications are assessed by the ADC under s58(b) of the *National Law* where the speciality has a currently accredited postgraduate education and training program in Australia.

The ADC convenes expert panels in each of the specialties comprising representatives from education providers and specialist academies/societies to assess the qualification for equivalence or based on similar competencies to the approved Australian qualification. The assessment process involves review of the documentary evidence submitted by the overseas specialist applicant to the Dental Board and then forwarded as required to the ADC. The assessment standard is implicit in s58(b) and is substantial equivalence to the standard of the approved qualification for the specialty. The criteria used by the ADC panel are those encountered in currently approved programs of study for the specialty. The objective of the ADC in this assessment process is to provide an opinion, based on the documentation available, as to the substantial equivalence, or otherwise, of the applicant's specialist qualification to that of the approved Australian qualification. The ADC does not undertake any assessment of the applicant's clinical knowledge or skills performance in providing this assessment advice under s58(b) of the *National Law*.

7.2 Standard setting

Assessment of overseas qualified dentists

The examination for overseas qualified dentists comprises two stages: a Preliminary Examination (written) and Final (Clinical) Examination, as described under 7.3 below. The Preliminary examination consists of multiple choice question papers (MCQ) and a short answer question paper (SAQ), both of which must be passed in the same session before attempting the clinical examination. The Final examination involves a range of pre-clinical and clinical assessments, with associated *viva voce* examinations. Some of the clinical components currently involve treatment of patients (who have given informed consent to participate).

The standard setting methods for the examinations are outlined below.

Preliminary Examination:

- Preliminary examination papers are designed to assess fundamental knowledge, clinical judgment (involving diagnosis and treatment planning) and clinical application in scenarios related to dental practice in Australia.
- Questions for the MCQ papers are classified by discipline and function, and papers are constructed according to a specification matrix or 'blueprint' and grouped into related sections. All questions are type A (single correct answer from five possible responses).
- Questions used in the papers have been benchmarked by use with final year dental students; new questions are trial tested using final year dental students and practising general dentists (at profession congresses).
- SAQs are benchmarked against standards of final year dental students.
- Candidates must pass all three papers in the one examination session.
- The standard of a pass performance is maintained constant across all examination series using advanced statistical methods that analyse results

and scale them according to the predetermined ADC scale.

Final (Clinical) Examination:

- For clinical skills assessments there are multiple standardised tasks common to dental curricula in Australian dental schools and to general clinical practice in Australia (performed in a simulated clinical setting).
- Evaluation includes application of knowledge, hand piece control, manipulative skills and spatial perception.
- *Viva voce* assessments are associated with most tasks and are conducted by examiners working in pairs; members of pairs are assigned randomly (within their area of expertise) and varied for the different clinical tasks and for candidates moving between assessments.
- Candidate/patient interaction and operator skills are observed and monitored in a clinical setting by examiners working in pairs; members of pairs vary across the different clinical tasks and for candidates moving between assessments.
- ADC examiners are selected from a pool of credentialed dentists, most of whom are experienced in clinical assessment with dental schools; all have a background in clinical practice and/or academic practice.
- Assessment task performance criteria are described in examiner guidelines and are standardised at commencement of sessions by examiner discussion and referral to the set guidelines.
- Overall examiner assessments are benchmarked and monitored in meetings of the examining groups, and reviewed by the examination conveners.
- DPAC reviews each examination and confirms the recommendation of the examiners.

Assessment of overseas qualified dental hygienists and dental therapists

As indicated above (under 7.1) the assessment pathway for overseas qualified dental hygienists and dental therapists involves completion by candidates of a written/theory examination which, if successful, is followed by a clinical examination. These examinations are conducted by TAFESA and Curtin University, which have been approved as examining bodies by the ADC. These examining bodies have been selected by the ADC because they conduct programs of study that are accredited by the ADC in the relevant disciplines, and they have undertaken such assessments for their previous State dental registration boards.

The nature, content and standard of their examinations, and their delivery, are based on the requirements of the final year examinations for their accredited courses. The examinations have been subject to rigorous review by the ADC using an accreditation type of process for both the written and clinical examinations. The assessment standard required in this 'accreditation' was the standard of performance and scope of practice expected of a final year graduating student.

The members appointed by the ADC to the accreditation teams for these examination reviews were experienced dental examiners and oral health academics from the relevant disciplines.

7.3 Procedures

The tables below summarise the numbers of internationally qualified dental practitioners who have been assessed by the ADC for suitability to practise their profession in Australia, recorded by calendar year. The table for dentists includes historical data since 2000. For dental hygienists and dental therapists the data reported are from the commencement of the pathway in April 2011.

Table 8: Assessment of internationally qualified dentists

	Initial Assessments	Preliminary Exam Assessments	Preliminary Exam Completions	Clinical Exam Assessments	Clinical Exam Completions
2000	221	105	34	69	51
2001	259	149	43	51	52
2002	264	200	61	50	37
2003	385	275	104	74	48
2004	429	387	148	157	61
2005	615	466	216	234	110
2006	750	585	304	299	158
2007	740	688	380	437	156
2008	786	587	326	496	171
2009	765	734	309	577	204
2010	608	813	166	558	242
2011	540	730	261	569	215

Note: The number of completions is not a measure of the pass rate since there are multiple exam sessions each year, the assessments include candidates sitting supplementary examination, and candidates may undergo multiple assessments to achieve a successful completion.

Table 9: Assessment of internationally qualified dental hygienists

	Initial Assessments	Preliminary Exam Assessments	Preliminary Exam Completions	Clinical Exam Assessments	Clinical Exam Completions
2011	12	4	3	3	2

Table 10: Assessment of internationally qualified dental hygienists and dental therapists (dual trained)

	Initial Assessments	Preliminary Exam Encounters	Preliminary Exam Completions	Clinical Exam Encounters	Clinical Exam Completions
2011	2	1	0	0	0

Table 11: Assessment advice re internationally qualified dental specialists

	Endo	OMS	OM/OP	Oral Surg	Ortho	Paed	Perio	Pros	Pub Hlth	SND	TOTAL
2007	3	2			6		2	3		1	17
2008	1				6	4	2	2			15

2009	3	1	2	2	2	3	2	1	1		17
2010	1				2	2					5
2011	3			1	8	1	5	3			21

7.4 Procedures for assessment

Information and links for the assessment and examination pathways for overseas qualified dental practitioners are published on the ADC website at: <http://www.adc.org.au/Assessment%20of%20Overseas%20Qualified%20Practitioners.html>. More detailed information follows for the different disciplines.

Overview of the assessment pathway for overseas qualified dentists

The ADC assessment and examination pathway for overseas qualified dentists consists of the following separate components:

- (1) Assessment of qualifications: a paper assessment by experienced ADC staff of an applicant's qualifications and experience to determine their eligibility to enter the examination process.
- (2) English language test: administered and conducted independently by either Council of Adult Education OET or IELTS, held in multiple locations within Australia and throughout the world, with multiple test periods each year.
- (3) Preliminary Examination: written examination in MCQ and SAQ formats; conducted twice a year, usually in March and September, in approximately 28 locations across the world, including in all States and Territories of Australia
- (4) Final (Clinical) Examination: conducted over a full week period at various clinical teaching venues in Australia; assessment involves both simulation and patient treatment; multiple sessions (approx 18) each year.

For further details refer to the following documents published on the ADC website at

<http://www.adc.org.au/Assessment%20of%20Overseas%20Qualified%20Practitioners.html>.

Information about the ADC's assessment and examination pathway for overseas qualified dentists

Application for Initial Assessment of Professional Qualification in General Dentistry

Additional information is provided to candidates following their eligibility to commence the examination process:

<i>Information handbook for dentistry candidates</i>	ATTACHMENT 7-4.3
<i>Preliminary Examination Handbook</i>	ATTACHMENT 7-4.4
<i>Final (Clinical) Examination Handbook</i>	ATTACHMENT 7-4.5

Overview of the assessment pathway for overseas qualified dental hygienists and dental therapists

The ADC assessment and examination pathway for overseas qualified dental hygienists and dental therapists consists of the following separate components:

- (1) Assessment of qualifications: a paper assessment of an applicant's qualifications and experience to determine their eligibility to enter the examination process; undertaken by ADC staff in consultation with the

appointed ADC expert Working Group (see under 7.1 above).

- (2) English language test: administered and conducted independently by either Council of Adult Education OET or IELTS, held in multiple locations within Australia and throughout the world, with multiple test periods each year.
- (3) Written examination: written examination in MCQ format; conducted by the ADC-approved examining bodies prior to attempting the clinical examination; may be offered in an approved location overseas
- (4) Clinical examination: conducted by the ADC-approved examining bodies at clinical teaching venues in Australia; assessment involves both simulation and patient treatment; multiple sessions held each year.

The ADC has formal agreements with TAFESA and Curtin for them to conduct the examinations in dental hygiene and dental therapy on behalf of the ADC. The ADC carefully reviews these examinations using an accreditation-type process to verify that the content and standard at which candidates are being assessed are equivalent to those of graduates from an accredited Australian program of study in dental hygiene or dental therapy. The review involves a site visit to observe the delivery of the examinations.

This is an interim arrangement which will operate until December 2012, with the option to continue for a further 12 months after this date. Extension of the interim arrangements to December 2013 is currently being negotiated. The longer term future of the pathway will be evaluated in the first half of 2013 when it is anticipated that further data will provide a sufficient basis to allow for such conclusions to be drawn.

For further details see the following documents published on the ADC website at <http://www.adc.org.au/Assessment%20of%20Overseas%20Qualified%20Practitioners.html> . More specific information on the structure and content of the examinations is provided to candidates by the examining bodies after they make application to sit the examination.

Steps in the assessment pathway leading to registration in Australia for overseas qualified dental hygienists and dental therapists

Application for Initial Assessment of Overseas Qualified Dental Hygienist and/or Dental Therapist

7.5 Policies on examiners/ assessor selection, training and review

The ADC policy on the assessment and examination processes specifies that DPAC maintains a pool of examiners for the Final Examination, comprising dentists selected from across the public, private and academic sectors. DPAC (more usually, the Director of Clinical Examinations on behalf of DPAC) selects examiners from this pool of examiners to comprise the team of examiners for each examination session, so as to provide appropriate expertise over the range of disciplines included. An endeavour is also made to introduce appropriate gender and age balance and overseas trained dentists, whenever possible, in the membership of examiner teams.

Selection as an Examiner is based on criteria determined from time to time by the ADC Board. The current policy on examiner selection is set out in ATTACHMENT 7-5.

Training of examiners occurs in calibration sessions that are held at the start of the clinical examination and in moderation sessions at the conclusion of the examination and for each section in the examination. For new examiners, an apprenticeship-type model is used. Potential new examiners are interviewed by the Director of Clinical Examinations and then attend an examination as an observer. This orientates them to the specific nature of the ADC examination and the skills required for an ADC examiner. As observers, potential examiners have the opportunity to comment on and to grade candidates' performance to allow an evaluation of their assessment skills to be made. At the end of the examination session, Coordinators comment on the potential examiner's skills and general suitability. The Director of Clinical Examinations then submits a recommendation to DPAC for a decision on the inclusion of the examiner in the examiner pool. Newly appointed examiners are paired with experienced examiners for their early experience.

For all examinations, the examination performance is reviewed by the coordinators for each of the three sections of the examination, together with the Director of Clinical Examinations. This enables early identification of trends in examiner marking and any risk management that might be required for the examination. The Director of Clinical Examinations reports formally to DPAC shortly after each examination, on the conduct of the examination and the results awarded by the examiners.

7.6 Complaints, appeals/review

The response in this section relates only to the examinations that are conducted directly by the ADC for overseas qualified dentists. For examinations of overseas qualified dental hygienists and dental therapists that are conducted by TAFESA and Curtin University, as part of the requirements for ADC approval of the examinations the ADC ensures that TAFESA and Curtin have appropriate avenues available to candidates for review and appeal.

The ADC has a formal policy in relation to appeals and requests for review concerning the Final Examination for overseas qualified dentists. It also provides opportunities for candidates who fail an examination (Preliminary or Final) to request verification of their results to ensure that the results and grade notified to them are correct and in accord with the decisions of the examiners. Complaints concerning the examination which fall outside the parameters of verification, review and appeal are handled on an ad hoc basis by the CEO in consultation with the Director of Clinical Examinations or Chair of the Preliminary Examination Sub-Committee, as appropriate, and Chair of DPAC.

The verification process involves a manual check of examination papers and records to ensure that the results and grade notified to candidates are correct and in accord with the decisions of the examiners. It is often used by candidates who fail as a preliminary step to considering a request for a review.

MCQ papers of the Preliminary examination are scored by computer scanning of the candidate's answer sheets. These are manually checked for verification. SAQ answer papers are double marked for all candidates, with the result confirmed if required by the Chair of the Preliminary Examination Sub-Committee. Thus, whilst verification and complaints about the conduct of the examination can be considered, results are not subject to review or appeal.

Candidates who fail the Final Examination may request the ADC to undertake a manual review to verify the accuracy of the result notified to them for each of the sections and for the overall grade. Relevant examination records are checked

by authorised ADC personnel to verify the accuracy of the result notified to the candidate, which is confirmed by the Director of Clinical Examinations.

Data for verification applications for the calendar years 2010-11 are shown in the table below.

Table 12: Applications for Verification of Examination Results

Examination	Year	Applications Received	Outcome	
			Result Confirmed	Result Amended
Preliminary Examination	2010	41	41	0
	2011	53	53	0
Final Examination	2010	7	7	0
	2011	20	20	0

Candidates in an ADC Final Examination who believe that their performance in the examination has been adversely affected may apply to the ADC for review and for appeal against the procedures of the examination, on the following grounds:

- (a) the procedural requirements and instructions for the examination were not followed in a significant manner or to a significant extent; or
- (b) the candidate's performance was adversely affected by significant deficiencies in the examination procedures beyond the control of the candidate. (ATTACHMENT 7-6.3)

The initial stage in dealing with an application is an internal review, which is undertaken by DPAC. If a candidate is dissatisfied with the outcome of the review, the candidate may request the matter be referred to an external Appeals Committee (see section 5 of ATTACHMENT 7-6.3).

The outcome of a successful review or appeal can be to set aside the candidate's result and allow another examination attempt. A review or appeal cannot overturn a candidate's result and change a fail grade to a pass.

Data for appeals and reviews for the calendar years 2010-11 are shown in the table below.

Table 13: Applications for Review and Appeal re Final Examination

	Year	Applications Received	Outcome	
			Review/Appeal Upheld	Review/Appeal Rejected
Reviews	2010	6	1	5
	2011	7	2	5
Appeals	2010	3	0	3

	2011	0	-	-
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Until recently, the ADC has not kept consolidated records of complaints. Most complaints received by the ADC are from candidates about the examination process and are resolved by providing information for clarification of the matter. During 2010-11 many related to the interface between the ADC and the new national registration scheme. Clarification of processes between the ADC and staff of the Dental Board and AHPRA resolved these process issues, mostly around limited registration that is required by candidates for the ADC Final Examination. The processes are now streamlined between the ADC office and AHPRA offices and operate smoothly.

Over the last two years three complaints have been initiated by candidates to external bodies, alleging discrimination in relation to the Final Examination. One of these matters (alleging discrimination on the basis of blood borne virus status) has been resolved in favour of the ADC. Two cases alleging discrimination on the grounds of race are ongoing.

7.7 Work planned or underway

Assessment pathway for overseas qualified dental specialists

The ADC and the Dental Board propose to continue work to establish a national assessment pathway for overseas qualified dental specialists.

Assessment pathway for overseas qualified dental hygienists and dental therapists

As described above, the ADC plans to extend the interim arrangement with the ADC-approved examining bodies and renegotiate Memoranda of Understanding with TAFESA and Curtin for a further 12 months. The first year of operation of this interim arrangement has been evaluated and reported to the Dental Board. After two years of operation (April 2013) it is planned to evaluate the longer term future of the assessment pathway for overseas qualified dental hygienists and dental therapists, including the feasibility of developing an examination to be offered by the ADC.

Restructured examination for overseas qualified dentists

Following the formal external review of the ADC assessment and examination process which was commissioned by the ADC Board in 2009, the ADC has now identified the direction for restructuring of the examination pathway for overseas qualified dentists and is giving this the highest priority in its strategic plan for the next three years. The planned approach will produce a more coherent examination comprising a qualifying examination to assess fundamental knowledge and clinical judgement and, on passing this examination, a clinical skills assessment. The approach is intended to provide a more efficient examination pathway overall which can be completed by candidates in less time and with improved reliability. Assessment tasks are being planned not to require patients and thus to reduce this potential for variability in the current examination. Examination delivery will also be less intensive in its requirement for access to clinical teaching facilities and so will lead to reduced competition between the ADC and dental schools for access to these facilities. It is anticipated that the new examination structure will be able to accommodate the relationship the ADC has had for a number of years with the Dental Council (New Zealand) in the current Preliminary Examination.

The ADC has undertaken initial steps towards this new approach and the Chair, Clinical Examinations has just returned from detailed discussions and

observations of a similar model of examination introduced in 2011 by the National Dental Examining Board of Canada. The report of this visit is informing the ADC in its approach. The ADC is in the process of developing more detailed project plans, with the intention to be in a position to discuss these more fully with the Dental Board in the coming months. Indicative planning would see the introduction of the changed examination format in the second half of 2014.

Domain 8 Stakeholder collaboration

The accreditation authority works to build stakeholder support, and collaborates with other national and international accreditation authorities including other health profession accreditation authorities.

8.1 Stakeholder engagement

From its inception the ADC has recognised the importance and value of close involvement of stakeholders to the achievement of its mission of promoting and protecting the oral health of the Australian community by ensuring the standards and quality of education and training programs and assessment for the dental and oral health professions.

The formal process for engagement of the ADC with its principal stakeholders under its new Constitution is via their inclusion in the ADC Register of Stakeholders, which entitles them to nominate Members/Councillors of the ADC. Councillors form the Strategic Advisory Council to the ADC Governing Board. This is described under section 1.3 above, which refers also to ADC plans to extend formal stakeholder engagement to overseas qualified dental practitioners and lay members.

With the introduction of the National Registration and Accreditation Scheme and the commencement of the *National Law* the ADC has a particularly important stakeholder relationship with the Dental Board and with AHPRA. The role and the manner in which the ADC undertakes its responsibilities as the assigned accreditation authority for the Dental Board are described in detail under previous Domains. Some examples of the ADC's engagement with and support of the Dental Board and AHPRA since July 2010 are described below. These activities can be characterised collectively as making recommendations and providing advice to the Dental Board as envisaged under s42 of the *National Law*.

Dental Board of Australia

- consultation re interim policies on limited registration and protocols for recognition of non-approved qualifications for general registration
- consultation on registration standards for practitioners with non-approved qualifications that are deemed to be substantially equivalent
- consultation on registration standards for limited registration under s66 of the *National Law*
- consultation on scope of practice for dental therapists
- presentation to the Dental Board Working Group on the ADC attributes and competencies in the context of the scope of practice of dental hygienists and dental therapists
- project to develop accreditation standards for use in the accreditation of programs of study for dental prosthetists and their education providers
- joint workshop for education providers of dental prosthetist programs of study re accreditation standards and accreditation processes

- consultation forum on the definition of practice
- submission response to consultation on the definition of oral practice
- advice on specialist registration in oral medicine and oral pathology
- joint Working Group with the DBA on overseas qualified dental practitioners and related matters (followed several consultations leading to this decision)
- consultation on the guidelines on limited registration for postgraduate training or supervised practice
- consultation on recognition of new specialties
- advice re endorsement of dental practitioners for acupuncture
- ongoing advice re substantial equivalence of overseas specialist qualifications.

Australian Health Practitioner Regulation Agency (AHPRA)

AHPRA supports the work of the Dental Board. Under the *National Law*, AHPRA may enter a contract with the ADC on behalf of the Dental Board for the performance of the accreditation functions for the dental profession. The ADC and AHPRA have completed formal agreements for this purpose covering the period 01 July 2010 to 30 June 2013. In addition to the work described under earlier Domains and the examples given above, in undertaking these functions the ADC has worked with senior AHPRA staff to:

- develop protocols and documentation for the efficient and effective administration of limited registration for ADC candidates
- develop protocols for an efficient and effective process for registration of successful candidates
- develop documentation and protocols for applications for specialist registration under section 58(b) of the *National Law* and provision of expert advice on individual applications
- consultation re interim policies on limited registration and protocols for recognition of non-approved qualifications for general registration

In addition, the ADC has engaged with other national government and quasi-government bodies, including the following, in a variety of ways as described below.

University Dental Schools

The ADC receives considerable collaboration and assistance from State Public Dental Sector clinics and University dental schools and their associated teaching clinics in the conduct of ADC examinations. Academic staff, clinical teachers, clinic staff, managers and administrators provide essential support for the conduct of ADC clinical examinations.

Public Sector Dental Workforce Scheme (PSDWS)

The ADC collaborates with State and Territory Health Departments and Dental Health Services in the jurisdictions by offering an abbreviated examinations pathway for overseas trained dentists who are employed in the public sector under this scheme. The intention of the scheme is to assist in addressing dental workforce shortages in rural and remote areas and in the public sector.

Health Workforce Australia (HWA)

The ADC has participated in meetings and consultations with various HWA projects and activities. This continues the involvement that the ADC had with HWA's predecessor body, the National Health Workforce Taskforce:

- dental workforce (meetings with consultants)
- English language requirements and testing for overseas qualified health workforce
- national projects on:
 - clinical placement project
 - clinical supervision project
 - Health Professions Prescribing Pathway Project
 - oral health practitioner scope of practice review

Australian Research Centre for Population Oral Health (ARCPOH)

The ADC contributes to ARCPOH data collection and ADC staff assist in advisory roles to ARCPOH projects.

Australian Learning and Teaching Council (ALTC)/Office for Learning and Teaching (DIISRTE)

The ADC has participated in meetings and consultations and provided submissions to various national projects:

- Learning and Teaching Academic Standards Project: Threshold Learning Outcomes (which utilised the ADC documents on the attributes and competencies for the newly graduated dental practitioner)
- Harmonising Higher Education and Professional Quality Assurance Processes for assessment of learning outcomes in health including dentistry) (membership of reference group; submissions; participation in consultations)

Tertiary Education Quality and Standards Agency (TEQSA)

- participation in various meetings and consultations, and contributed to submissions concerning qualification standards and teaching and learning standards.

Voluntary Dental Graduate Year Program

The ADC has participated in the consultations and reference group for the curriculum project associated with this new program (a project being undertaken by ACODS for the Government).

National Advisory Council on Dental Health

- participation in invitational consultation with NACDH, leading to 2012

report to Government.

8.2 Communication strategy

The ADC's website is a key tool of communication with stakeholders and with prospective applicants and candidates as well as the general public. The website provides both general and specific information about the ADC and its accreditation, assessment and examining functions and processes. This information is regularly updated – see <http://www.adc.org.au/>.

It is the usual practice of the ADC to prepare a summary of meetings of the Governing Board which is distributed to representatives of stakeholders to keep them well informed on matters of current deliberation and to advise them of decisions. In addition, Councillors, as nominees of stakeholders, are regularly circulated with information of developments relevant to the ADC's role in accreditation and assessment, to keep them well informed and to invite their participation and contribution to the formulation of ADC responses to such developments, where relevant.

As indicated earlier, the ADC also undertakes an analysis of trends and key issues that emerge from accreditation visits and reports that occurred during the year. The report of this analysis is distributed to education providers and the Dental Board for information. It is also used within the ADC to inform the ongoing development and improvement of accreditation processes and to highlight areas that might require particular attention.

The ADC maintains regular communication with the Dental Board via e-mail and telephone. In addition, the President and CEO meet on a regular basis with the Chair and Executive Officer of the Board. While these meetings usually have a formal agenda that is addressed, they also allow for informal discussion of matters of current consideration within the Board and the Council and for early identification of emerging issues and forthcoming priorities.

The ADC President and CEO attend invited sessions of meetings of the Australasian Council of Dental Schools, where the agenda deals with matters of mutual interest and concern around accreditation standards and processes and registration pathways for overseas qualified dental practitioners. Matters of specific interest to individual schools and programs of study are dealt with in regular communications between senior personnel of the education provider and the ADC.

The ADC both sponsors and is responsive to requests for meetings with stakeholders for specific purposes, for example:

- workshops with education providers, *eg* dental prosthetist program providers
- meetings with specialist academies/societies and dental schools re accreditation of specialist programs of study
- meetings with specialist academies/societies, education providers and regulators re pathways for recognition of overseas qualified specialists
- presentations to national meetings of professional bodies
- information booth at the Australian Dental Association biennial Congresses to provide information about the activities of the ADC

The ADC also provides occasional articles about its role and activities for

dental school magazines.

8.3 Collaboration with other national and international accreditation authorities

The ADC collaborates with a range of international and international authorities:

- **Dental Council (New Zealand)**

See Domain 1 for description of the close co-operation that has existed between the ADC and the DC(NZ) over a number of years to assist in setting uniform standards and processes for accreditation and in assessment practices. The ADC and DC(NZ) have signed a Memorandum of Understanding to provide a framework for collaboration that exists in a joint approach to accreditation of programs of study, and in the Preliminary Examination as the first stage of each party's examination for overseas qualified dentists.

- **Commission on Dental Accreditation of Canada**

As described under Domain 6, the ADC and the CDAC have signed a reciprocity agreement that recognises the accreditation processes and outcomes of the other party. As part of this agreement, the ADC and CDAC exchange information and documents and undertake visits in alternate years to the other country to monitor accreditation processes and for senior level discussions.

- **National Dental Examining Board of Canada**

The chief examiners of the ADC and NDEB maintain regular communication concerning latest developments in their respective examination processes. The Executive Director of the NDEB was a member of the external review panel for the ADC assessment and examination processes in 2009, and the ADC Chair of Clinical Examinations visited the NDEB in 2012 to observe their new examination format.

- **General Dental Council (UK)**

The ADC maintains regular communication with the GDC in relation to accreditation matters and registration of overseas qualified dentists who are applicants for assessment by the ADC. Senior level meetings occur periodically during visits by ADC office bearers and senior staff to discuss accreditation and registration issues of mutual concern.

- **Irish Dental Council**

Under 6.3 above the ADC has described the relationship that is developing between the ADC and the Irish Dental Council with a view to progressing a reciprocity agreement for accreditation of programs of study, leading to mutual recognition of accredited qualification.

- **Other international connections**

During 2011 and 2012 the ADC has hosted visits and discussions with newly formed accreditation authorities from a number of Asian countries:

- Korean Institute of Dental Education and Evaluation
- Japan (Tokyo Medical and Dental University delegation involved in formulating a national approach to the accreditation process).

- **Forum of Australian Health Professions Councils**

The Forum is a coalition of the accreditation Councils of the health professions that are regulated under the *National Law*. The ADC was a

founding member of this group and the ADC President and the CEO have held office as the elected Deputy Chair at different times. The ADC continue to be an active member and contributor to the Forum, and participated in the accreditation workshop sponsored by the Forum earlier in 2012

- **Accreditation Liaison Group**

The ADC, through its CEO, has been an involved member and co-Chair of the Accreditation Working Group (AWG) (now known as the Accreditation Liaison Group (ALG)) established by the Forum, the National Boards and AHPRA. The AWG and ALG have been responsible for the 2011 and 2012 Joint Meetings of the Forum, Chairs of National Boards and senior staff of AHPRA, and for generating the important documentation considered at these meetings.

- **Australian Medical Council**

As indicated above (under 5.2), the ADC collaborates with the Australian Medical Council in a joint accreditation process for the specialist Fellowship program in Oral and Maxillofacial Surgery of the Royal Australasian College of Dental Surgeons. As well, as part of the maintenance of the important links necessary for a successful collaboration of this nature, and at the invitation of the AMC, the ADC participates as an observer on the AMC Specialist Education Accreditation Committee.

- **Professions Australia**

The ADC is an associate member of Professions Australia and participates in the Accreditation Forum and occasional workshops for discussion of cross-profession accreditation matters. The ADC was a member of the Accreditation Forum that developed.

8.4 Working within national and international structures of quality assurance/ accreditation

The ADC aims to work within relevant national and international frameworks and, for this purpose:

- Adopted the document of the Forum of Australian Health Professions Councils *Accreditation of Health Profession Education Programs* (March 2011) incorporating:
 - Document 1 – *Good Practice in Accreditation of Health Profession Education Programs*
 - Document 2 – *Essential Elements of Education and Training in the Registered Health Professions*
- Adopted the Professions Australia document *Standards for Professional Accreditation Processes* (June 2008)
- Endorsed the document jointly developed by the Forum of Australian Health Professions Councils, National Boards and AHPRA *Accreditation under the Health Practitioner Regulation National Law Act* (2011)
- Developed the ADC documents on *Professional Attributes and Competencies* of newly graduated dental practitioners by reference to comparable material of the American Dental Education Association, the Association for Dental Education in Europe, the General Dental Council (UK) and the Commission on Dental Accreditation of Canada.

The ADC contributed to the Australian Learning and Teaching Council's national project on Learning and Teaching Academic Standards (LTAS) which has acknowledged the ADC documents on *Professional Attributes and Competencies* in its Threshold Learning Outcomes. This has led to the ADC being invited to become a member of the Accreditation Expert Advisory Panel for the follow up project on *Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in health*.

In addition, ADC accreditation standards and processes are benchmarked internationally as part of the rigorous process that led to the reciprocity agreement for accreditation with the Commission on Dental Accreditation of Canada. Similarly, this benchmarking will occur in the proposed development of a reciprocity agreement with the Irish Dental Council.

8.5 Work planned or underway

- The ADC plans to extend its stakeholder engagement by inviting formal recognition of overseas qualified dental practitioners and community representatives for participation on the Strategic Advisory Council.
- The ADC is proposing a significant upgrade of its website as part of a major upgrade of its IT systems.
- As indicated under 6.6 above, the ADC is proposing to pursue an accreditation-based reciprocal agreement with the Irish Dental Council, both for general dentistry and dental hygiene, and extension of the reciprocity agreement with the Commission on Dental Accreditation of Canada to include dental hygiene.