

New Zealand accreditation guidelines for oral health practitioner programmes

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Dental Council
Te Kaunihera Tiaki Niho

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1. Purpose

The purpose of the guidelines is to assist oral health practitioner programmes that are seeking accreditation with the Dental Council ('the Council') by describing the accreditation processes.

2. Programme accreditation

2.1 What is accreditation?

The Council's primary purpose is to protect the health and safety of the public by providing mechanisms to ensure that oral health practitioners are competent and fit to practise their profession.¹

In New Zealand, the Council described scopes of practice for each profession it regulates, and sets the prescribed qualifications for each of these scopes of practice. All New Zealand programmes that provide these qualifications must be accredited by the Council.²

Accreditation is granted by the Council to programmes that meet the Council's accreditation standards.³ The accreditation standards are designed to ensure that programmes deliver competent graduates for registration and practise as an oral health practitioner in New Zealand. It also provides assurance that patient, staff, and student safety is paramount and protected during the training programme.

When a programme obtains initial accreditation, the Council is required to consult with stakeholders to propose the gazette the qualification as a prescribed qualification for the relevant scope of practice.

Ongoing accreditation assures that programmes continue to meet the accreditation standards.

2.2 Accreditation principles

The Council conducts accreditation by the following principles:

Outcome-focussed – The Council requires that oral health practitioner programmes produce graduates who are competent to practise their profession, but does not describe the nature, delivery, content, or level of exposure of these programmes.

Competence – The threshold of competence is that of an entry level graduate, not a proficient, experienced oral health practitioner.

Flexible – The Council allows the programme to be designed as they see fit to promote innovation and ongoing quality improvement to ensure the programme remains contemporary, inclusive and fit for purpose.

Professional obligations – The Council relies on the educational institution offering the programme, academic expertise of those involved, and the professional and ethical obligations of the registered oral health practitioners teaching in the programme, to ensure that the programme:

¹ Section 3 of the Health Practitioners Competence Act 2003 (HPCA Act)

² Sections 118(a), and 12(1) - (2) of the HPCA Act

³ Section 12(4) of the HPCA Act

- protects patient, staff, and student safety
- delivers students with the fundamental knowledge and clinical experiences to attain the necessary competencies defined for the scope of practice, and students are assessed as competent in the relevant area before graduation.

Quality improvement – While accreditation’s primary purpose is to demonstrate whether or not accreditation standards are met, the process also fosters quality improvement through feedback during accreditation reviews. The programme can choose to act on the recommendations, or not.

Respectful – accreditation processes are conducted in a positive, constructive, and collegial manner.

2.3 Accreditation standards

The *New Zealand accreditation standards for oral health practitioner programmes* specifies the standards against which all oral health practitioner programmes are assessed for accreditation purposes.

All programmes, regardless of the scope of practice or whether it is a new or established programme, are assessed against the same accreditation standards.

The standards are minimum (threshold) standards. This means that they are regarded as the minimum required to deliver dental education to produce an entry level graduate for the respective scope of practice.

There are six accreditation standards, and a standard statement describes the key purpose of each:

Accreditation standards	Standard statement
1. Public safety	Public safety is assured
2. Academic governance and quality assurance	Academic governance and quality assurance processes are effective
3. Programme of study	Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies
4. The student experience	Students are provided with equitable and timely access to information and support
5. Assessment	Assessment is fair, valid, and reliable
6. Cultural competence	The programme ensures students are able to provide culturally competence engagement and appropriate care for Māori and Pacific peoples.

Each standard is supported by multiple criteria. The criteria indicate what is expected of a programme to meet each of the standard statements.

When assessing whether a standard is met, all criteria will be considered, and an ‘on-balance’ view will be taken about whether the standard is met. The criteria are not standards in themselves.

The accreditation standards and criteria are available on the [Council website](#).

2.4 Professional competencies

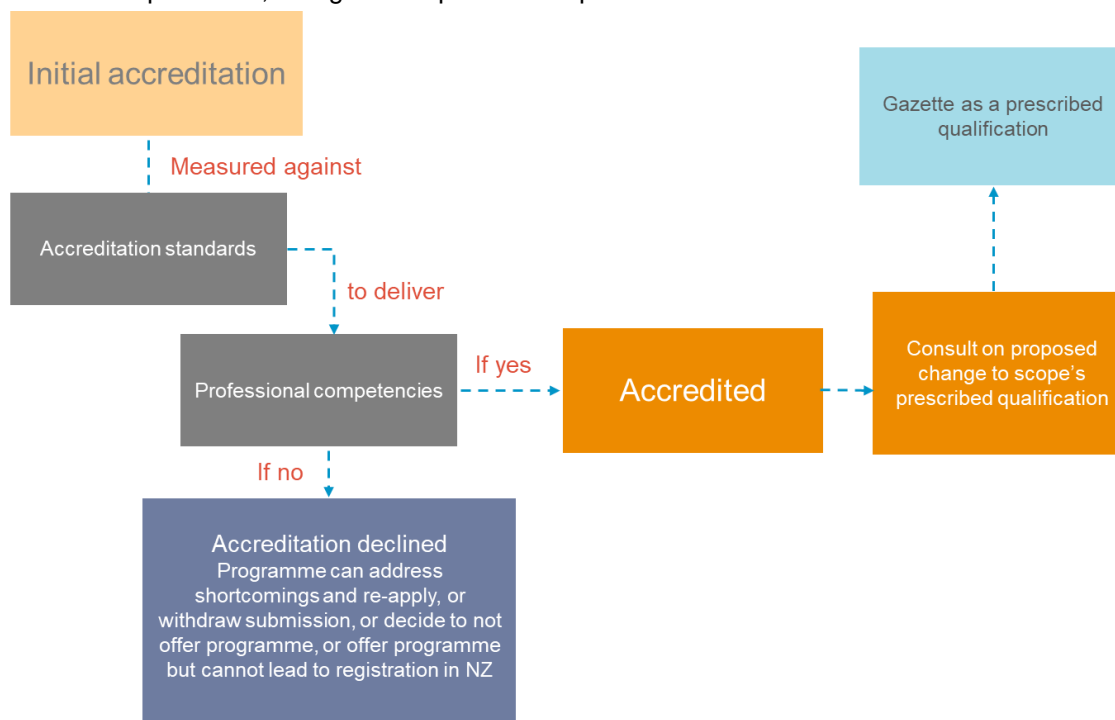
The accreditation standards require programmes to demonstrate through mapping how the relevant professional competencies are achieved through the programme learning outcomes, and how these are assessed.

These are measures to demonstrate a programme's effectiveness in providing graduates with the professional competencies needed to practise in the relevant scope of practice.

The following [competency standards](#) describe the professional competencies for newly qualified oral health practitioners in New Zealand:

- Competency standards for dentists
- Competency standards for dental specialists, by discipline⁴
- Competency standards for oral health therapists
- Competency standards for dental therapists
- Competency standards for dental hygienists
- Competency standards for clinical dental technicians
- Competency standards for dental technicians.

The following diagram illustrates the relationships between initial accreditation, the accreditation standards, professional competencies, and gazetted prescribed qualifications.



⁴ Entry level competencies for dental specialties were jointly published by the Council and the Dental Board of Australia in 2016

2.5 Accreditation committee

The Council appoints an accreditation committee to consider and make recommendations to the Council on whether new or accredited programmes meet the accreditation standards, and to advise the Council on other accreditation related matters.

The committee comprises of:

- Two senior dental academics (at least 1 from Australia) and two New Zealand practising clinicians representing the following disciplines:
 - General dentistry/dental specialty
 - Oral health
 - Clinical dental technology
- Laymember
- Independent educational standard-setting
- Dental Council Chair or its nominee, ex-officio member.

At least one committee member will self-identify as Māori, and the committee includes members with accreditation experience.

2.6 Accreditation decisions

The Council makes the decision on accreditation based on the recommendations and information provided by the accreditation committee.

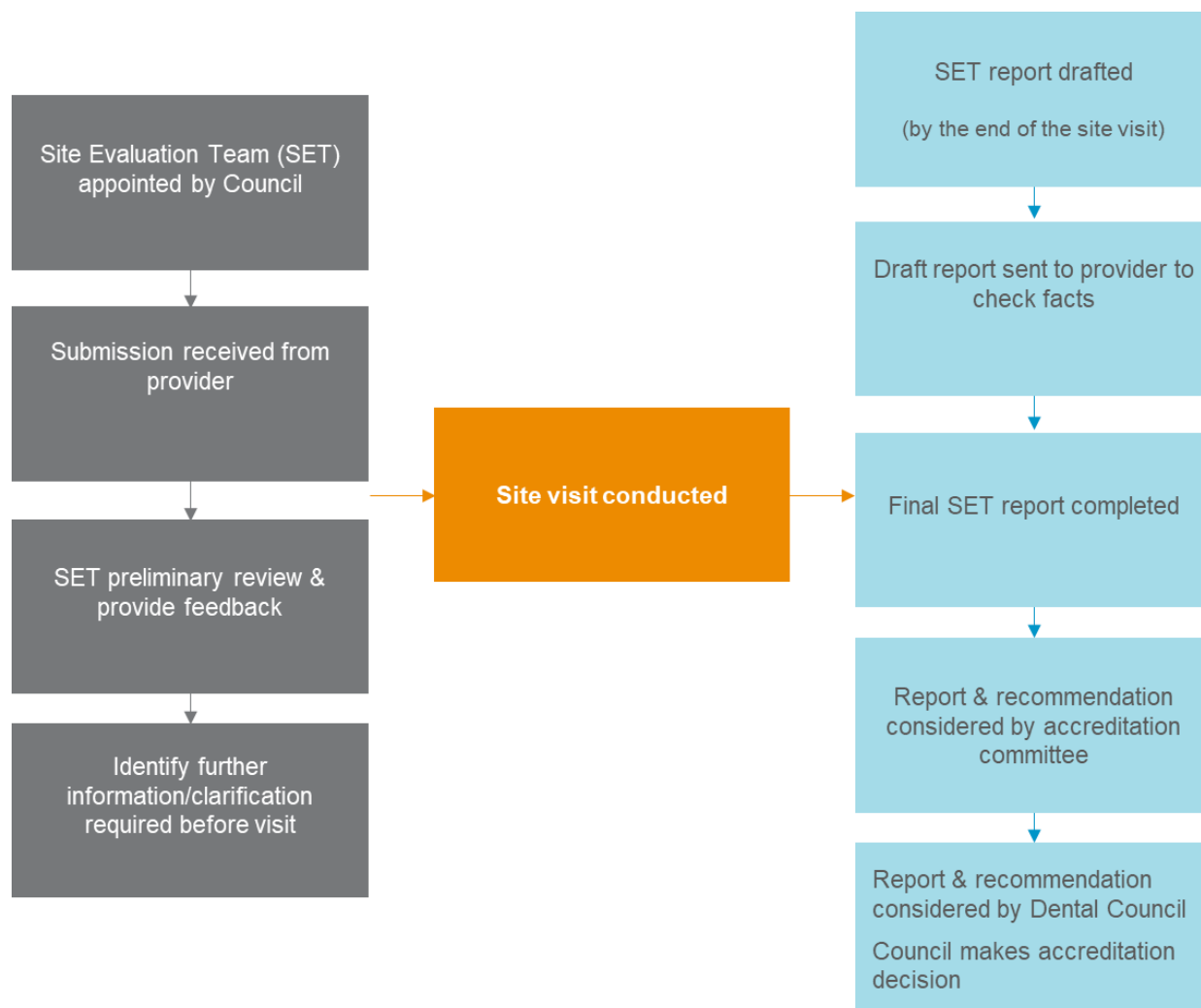
2.7 Related documents

The guidelines must be read in conjunction with the following documents:

- New Zealand accreditation standards for oral health practitioner programmes
- Accreditation of oral health practitioner programmes policy.

3. Accreditation process

The diagram below provides an overview of the key steps in the accreditation process:



3.1 Confirming the accreditation process

The accreditation staff liaises with the programme to confirm the accreditation process - including the nature of the process, the associated timeframes, and key deadlines.

Re-accreditation of a programme will occur in the year before the expiry of the accreditation period.

Where possible, accreditation for a provider with multiple programmes is done concurrently.

3.2 The site evaluation team

The accreditation committee will consider the proposed composition and potential members for a site evaluation team (SET), and make recommendations to the Council. The Council appoints the site evaluation team and its chair or co-chairs.

The SET has the following key functions:

- Review the available evidence and determine whether a programme meets the accreditation standards.
- Provide an overall recommendation to the accreditation committee on whether a programme should be accredited.
- Recommend accreditation conditions to the accreditation committee, where relevant.
- Make quality improvement recommendations and identify areas for commendation for a programme.
- Assists the Council in monitoring of a condition or other monitoring reports, as requested.

This is achieved by:

- reviewing the submission material
- conducting a site visit
- interviewing a range of stakeholder groups.

When the Council appoints a SET, it ensures appropriate experience and representation in clinical practice, dental education and assessment, accreditation processes and cultural competence.

The site evaluation team must have the following expertise and representation:

- an international senior dental academic, for each of the scopes of practice under review
- New Zealand practising clinician, for each of the scopes of practice under review
- a lay member representing the interest of the public
- expertise on cultural competence
- accreditation experience.

The Council aims for its site evaluation team to reflect gender balance, and where possible have at least one member who self-identifies as Māori.

SETs are chaired by experienced and skilled SET members. The chair is appointed by the Council. The chair will be a member with accreditation experience.

The role of the chair is to:

- lead the SET during their interactions
- manage the interview sessions during the site visit
- support with the writing of the report
- take the lead in seeking consensus with the SET on the overall accreditation recommendation, and conditions – where relevant.

Where multiple programmes are reviewed during a single visit, the site evaluation team must have a core group and discipline representation for each scope of practice under review.

- The core group must comprise of the chairs or co-chairs, New Zealand clinician representation, cultural competence expert, and the laymember.
- Each discipline sub-group must include at least one senior dental academic and a New Zealand clinician, teaching and/or practising in that scope of practice.

Conflict of interest

The programme is given an opportunity to comment on the membership of a SET. The programme may query the composition of the SET where it believes a proposed member has a bias or conflict of interest that could impact on their capacity to objectively evaluate the programme.

If a programme has a concern with a member's appointment, sufficient detail should be provided for the Council to consider the nature and extent of the conflict of interest, to determine whether to make a change to the SET appointment.

Conflicts of interest that may arise during the accreditation process will be managed according to the Council's conflict of interest principles described in its governance manual.

3.3 Submission

The Council does not describe the submission evidence or format within which the evidence must be provided. The only evidence specified in the accreditation standards are the mapping of the programme learning outcomes to the professional competencies, and to the assessment of these learning outcomes.

The programme must provide evidence against each of the accreditation criteria in the accreditation standards. Evidence presented for each criterion, must be easily identifiable, whether in the submission document or in a summary table – particularly if the same evidence is used for multiple accreditation criteria.

Submissions usually include narrative against each of the accreditation criteria, with separate attachments as further evidence. Only soft-copy documentation is needed.

Programmes can use any evidence and information they wish to support their submission. This includes documentation used for other university assurance processes, even in the same format.

The site evaluation team will review the submission material provided and make preliminary assessments on whether the accreditation standards have been met. During this process, the SET can identify areas where further evidence is considered necessary, or request clarification on information provided.

Submissions are usually made available to the Council three months before the site review visit date, and supplementary information made available to the SET a month before the site visit.

3.4 Site visit

The site visit to the programme facilities provides an opportunity for the SET to make further assessment on whether the accreditation standards are met.

The site visit includes interview sessions with various stakeholder groups to validate the written information provided. Stakeholders usually interviewed include education provider leadership, programme leadership, teaching and administration staff, clinical supervisors, students, recent graduates, employers of recent graduates, professional bodies, and other relevant stakeholders.

During the site visit, additional evidence or follow-up clarification may be identified. These requests will be made to the programme's primary contact for the accreditation process.

The accreditation visit schedule should provide maximum opportunities for interactive discussions to allow interviewees to present their views and for the SET to verify statements through triangulation.

The SET also visits the teaching areas, pre-clinical and clinical facilities, and other student support facilities.

Where relevant, observation of students in the clinics and review of their clinical logbooks/portfolios also occur.

There is also a need to allow adequate time during the visit for confidential team discussions, review, and reflection.

A draft site visit schedule is prepared by the Council accreditation staff and confirmed with the programme.

The programme must facilitate the availability of the various interviewees and provide their names to the Council staff for the programme.

Students from each year of study will be randomly selected to participate by the Council accreditation staff from the programme student list.

3.5 Draft report

At the end of the site visit a final draft report will be agreed by the SET. The draft report will include the key information presented by the programme, the SET's findings, and any commendations and quality assurance recommendations.

Each standard will be assessed whether it has been met, and an overall accreditation recommendation will be made. Should one or more of the accreditation standards not be met, the report will also contain recommended accreditation conditions.

The aim is for the draft report to be ready to submit to the programme within a month of the site visit.

Opportunity for comment and submission of further evidence

The programme has an opportunity to review and comment on the SET's draft report before it is finalised for consideration by the accreditation committee.

The programme can provide comment on:

- Factual accuracy of the draft report, including bringing to the SET's attention evidence available at the time of the visit, that they consider may have been overlooked.
- Proposed accreditation outcomes. The draft report includes the proposed overall accreditation recommendation. The programme can comment on the proposed wording or timing of the accreditation condition, where relevant. In the case of proposed revoking or declining of accreditation the programme has a final opportunity to provide any new evidence that could change the Council's decision.

Every effort is made during the accreditation process to ensure that all available information to inform decision making is gathered. However, there may be occasions where on receipt of the draft report, the programme considers that specific evidence, not available to or not requested by the SET at the time of visit, would change the judgement against a standard that might otherwise be considered not met or not substantially met. Programmes will be provided with the opportunity to submit such evidence with comments on the draft report.

Any comments or further evidence will be considered by the SET and the report finalised. Any feedback from the programme not accepted by the SET will be highlighted to the accreditation committee and the Council.

The Council will advise the date by which any comments or further evidence must be received, with at least seven working days from receipt of the draft report. This gives the programme an opportunity to comment or provide further evidence, and still facilitate timely decision making.

3.6 Accreditation decision making

The draft report, the SET's accreditation recommendations and any feedback from the programme not included in the report, are considered by the accreditation committee.

The accreditation committee will make a recommendation to the Council, who will make the accreditation decision.

The SET chair may be requested to present the report and recommendations to the accreditation committee and the Council:

- if consensus was not reached on the overall accreditation recommendation, or
- where the potential outcome could lead to the revoking or decline of accreditation.

An accreditation decision can be appealed through the District Court if the educational institution disagrees with the final decision of the Council.

3.7 Publishing accreditation decision and final report

Once the Council has made its accreditation decision, the accreditation outcome and final report will be shared with the programme. The decision and final report will also be published on the [Council website](#), and practitioners and stakeholders advised of the outcome in a communication update and in the Council's annual report.

3.8 Withdrawing and resubmitting a programme

A programme may request that consideration of its accreditation be withdrawn by writing to the Council. A programme can be withdrawn at any stage of the process until a final accreditation decision is made.

After a site visit has taken place, the programme may decide to withdraw from the accreditation review (that might otherwise not be accredited) so that further work can be undertaken to meet the accreditation standards.

The programme can later be resubmitted for reconsideration, with supplementary evidence on how the programme is meeting the standards. Particularly, in those areas where shortcomings were identified through the previous review process.

If resubmission occurs within a year of the previous accreditation review, a desktop review may be appropriate. This will depend on the nature of the earlier deficiencies, and whether a site visit or direct interaction with stakeholders is considered essential to determine whether a standard is met.

3.9 Request for accreditation of a new programme

A new programme seeking accreditation must formally advise the Council of its intent to be accredited and gazetted as a prescribed qualification for a New Zealand oral health practitioner scope of practice, and request for the accreditation process to be initiated.

The request for accreditation should include the following preliminary details:

- name of the education provider
- name of the programme
- the qualification/s to be awarded
- scope of practice for which accreditation is sought
- the proposed date of commencement of the programme
- normal duration of the programme
- brief outline of the programme objectives and structure
- key parties involved in the delivery of the programme (if external/joint partners are involved)
- location/s of delivery, including clinical training facilities and placements
- envisaged student numbers per year of programme
- key programme contact information for accreditation purposes.

Further information may also be requested before the accreditation process is initiated.

Accreditation of new programmes may take up to 18 months to:

- complete the accreditation review
- consider the report and recommendations, and make an accreditation decision
- if accreditation is granted, to consult with the Council's practitioners and stakeholders for 8 weeks on the proposed prescribed qualification for an oral health practitioner scope of practice
- if the consultation proposal is accepted, to gazette the programme as a prescribed qualification.

3.10 Confidentiality

In order to undertake the accreditation role, the Council requires detailed information from the programme. This typically includes sensitive or commercial-in-confidence information such as plans, budgets, appraisals of strengths and weaknesses and other confidential information. For this reason, the accreditation material received is treated confidentially.

Interviewees are encouraged to give free and frank answers to questions from SET members. For this reason, programme staff cannot be interviewed in the same session as their line manager or with another staff member with whom there is a reporting relationship, for example a programme director cannot be interviewed in the same session with a dean of a faculty or head of department. To maintain confidentiality and encourage free and frank responses all interview sessions are held pursuant to 'Chatham House' rules, which is, individuals that are interviewed are not identified in reports and interviewees are not privy to comments made in interview sessions other than their own.

Members of the SET, accreditation committee, the Council and its staff, are obliged by contract to keep all material confidential.

Information collected is used only for the purpose for which it is obtained.

The accreditation outcome remains confidential until the final Council decision has been made.

3.11 Fees

Accreditation is based on full cost recovery from the educational institution.

Costs for an accreditation review could include the participation of the site evaluation team, administration, and secretariat site visit expenses, directly associated with the review of the programme.

Direct costs related to condition monitoring may also be charged to the programme.

3.12 Accreditation staff

All communication with the programme will be made by the Council's staff, and not SET members.

Staff will:

- provide administrative support to the SET
- confirm necessary logistical arrangements with the programme
- advise the SET on the application and interpretation of the accreditation standards
- attend the site visit as observers
- write the accreditation report based on the findings from the SET, and with input from the SET chair
- ensure the review is conducted within the scope of the Council's accreditation function, benchmarked against the accreditation standards, and adhering to the accreditation principles and processes defined in the accreditation policy and these guidelines.

4. Accreditation outcomes

4.1 Assessment of meeting accreditation standards

The SET will make assessments whether each of the accreditation standards have been met.

The criteria are not sub-standards that will be individually assessed. The SET must have regard for whether each criterion is met, but must take an on-balance view of whether the evidence presented by a programme clearly demonstrates that a particular standard is met.

The options for the accreditation standard assessment are:

Standard is met	When the programme meets the minimum requirements of the standard.
Standard is substantially met	<p>If the plans or arrangements in place for the provision of the programme do not fully meet the standard.</p> <p>A finding of substantially met must satisfy the following two criteria:</p> <ul style="list-style-type: none">• The plans or arrangements in place must not adversely affect student welfare, delivery of the programme, or the learning outcomes and professional competencies required, and• There must be a reasonable expectation that the programme will be able to meet the accreditation standard in full within a defined timeframe that does not pose an unacceptable risk.
Standard is not met	<p>When the programme does not meet the minimum requirements of the standard and the arrangements planned or currently in place for the provision of the programme:</p> <ul style="list-style-type: none">• impair or undermine the acquisition of clinical competencies required for competent practice; and/or• call into question the education provider's capacity to resource or administer the programme; and/or• will have, or are having, significant adverse effects on student welfare.

4.2 Overall accreditation outcomes

The following accreditation outcomes can be reached:

Accreditation	The programme meets all the accreditation standards.
Accreditation with conditions	<p>The programme meets most of the accreditation standards but has a deficiency or weakness in one or more of the accreditation standards.</p> <p>The deficiency or weakness is considered to be of such a nature that it can be corrected within a reasonable period of time.</p> <p>Evidence of meeting the conditions within the timeline stipulated must be demonstrated in order to maintain accreditation of the programme.</p>

Revoking of accreditation ⁵	<p>Accreditation can be revoked when:</p> <ul style="list-style-type: none"> • At any time if a programme fails to meet one or more accreditation standards or is identified as having serious deficiencies or weaknesses that the programme cannot correct within a reasonable period of time. • An accredited programme fails to meet the conditions placed upon it by the Council within the stipulated period of time, and therefore continues to not meet the accreditation standards. • The educational institution decides to no longer offer the programme.
Decline of accreditation	<p>Accreditation can be declined if a new programme or a programme undergoing reaccreditation has a serious deficiency or weakness in one or more accreditation standards, that cannot be corrected within a reasonable period of time.</p>

Accreditation can be granted for up to 5 years.

Shorter accreditation periods can be approved if the programme does not meet all the accreditation standards and a condition of a serious nature is placed on the programme, and there is some uncertainty whether the programme would be able to address the shortcomings within the defined condition period.

Ongoing accreditation is subject to satisfactory ongoing monitoring.

4.3 Revoking or declining accreditation

The Council will advise the programme of its intent to revoke or decline accreditation, the reasons for its decision, and allow the programme a final opportunity to provide any new evidence that could change the Council's decision.

If accreditation is withdrawn or declined, the programme must present a plan on how students who are currently enrolled will be managed.

The plan must be approved by the Council and must ensure that the educational standards are maintained to ensure safe practice and allow students to gain all the required competencies. This would enable existing students to complete their studies and be able to register in their scope of practice on successful completion of the programme.

The plan must include:

- Arrangements with another suitable education provider to transfer students into an accredited, comparable programme.
- Written confirmation that the alternative programme can incorporate the extra students to enable them to graduate under the ambit of the alternative provider; or

⁵ Section 12(5) of the HPCA Act

- Allocate appropriate resources to ‘teach out’ of the programme within a short- term accreditation period⁶ agreed by the Council. Resources include academic and clinical teaching and supervision⁷ staff, academic leadership for oversight, sufficient patient flow (volume and range) appropriate for students to attain the necessary competencies.
- Evidence of steps taken and resources to support students during their remaining time of study.

If accreditation is withdrawn or declined, the programme is strongly encouraged to stop new enrolments until accreditation is obtained. Any student who enrolls into an unaccredited programme, will not complete a prescribed qualification and will not be eligible for registration in that scope of practice. If a student enrolls into an unaccredited programme, they must be advised of the inability to register with the Council on completion of the programme.

4.4 Recommendations and commendations

While accreditation’s primary purpose is to demonstrate whether or not accreditation standards are met, the process also fosters quality improvement through feedback during accreditation reviews.

During the accreditation review process, the SET may also identify areas of recommendations and commendations. These will be included in the accreditation report.

A commendation is where an aspect of the programme is assessed as significantly exceeding the minimum requirements for accreditation.

A recommendation is made when the programme meets the standard, but where the SET identifies an opportunity to further improve the quality of the programme and its outcomes. Recommendations are intended to support development of a programme and, unlike conditions, programmes can choose to implement the recommendation or not. However, acting on the recommendations is encouraged as a way of demonstrating a commitment to quality improvement of the programme. Programmes report on whether they have accepted the recommendations, as part of the annual report.

⁶ This option would usually only be appropriate where there are no more than two years remaining for a student cohort to complete the programme.

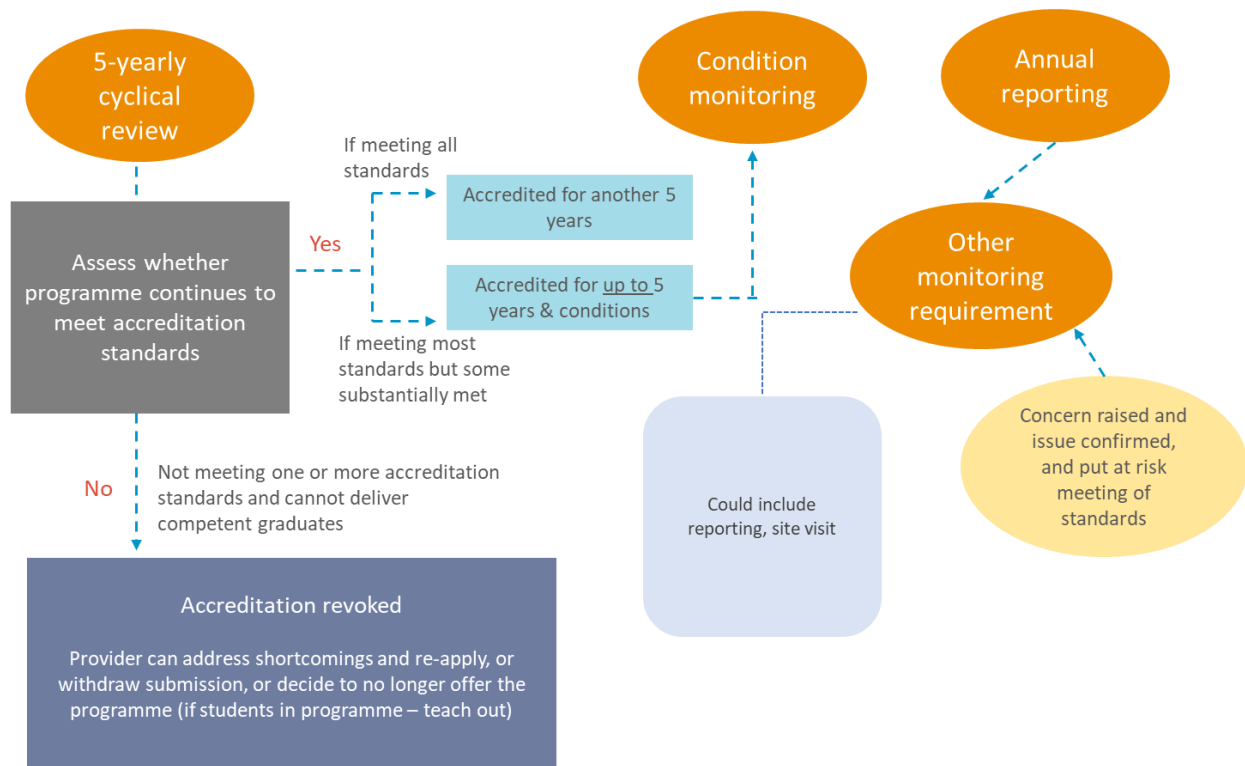
⁷ For the purpose of accreditation, supervision means oversight of the student’s education and clinical activities, appropriate for the level of the student’s knowledge, skills and experience during their education programme. The objectives are to support the achievement of the defined learning outcomes, and to protect patient safety during clinical care delivered. Supervision must be provided by an appropriately qualified and experienced person, and if clinical activities are performed by a registered health practitioner appropriate for the care provided.

5. Ongoing monitoring

5.1 Monitoring activities

The Council uses a range of monitoring activities to ensure accredited programmes continue to meet the accreditation standards.

An overview of the process for ongoing monitoring of Council accredited programmes is shown below:



The monitoring measures used include:

- **Annual report** from each accredited programme, against a defined template. The annual reporting helps the Council to determine if the programme continues to meet the accreditation standards, and to keep informed of changes to the programme between accreditation reviews. Areas of risks can be identified and more closely monitored.
- **Additional reports**, as required. For example, when a programme has conditions on their accreditation, or when a programme has been granted a shortened period of accreditation. Additional reporting may be required when concerns are identified, for example after review of an annual report, after a major programme change, or after a complaint has been substantiated.
- **Monitoring visits/videoconferencing when** direct interaction with the programme is required. For example, in instances where at the point of an accreditation visit a programme meets the accreditation standards, but due to a known future event or activity uncertainty exists over whether one or more standards will continue to be met during the period of accreditation.
- **Reporting of major changes to programmes.** Programmes must inform the Council of major changes to an accredited programme so that the impact of the change on the ongoing compliance of the programme can be evaluated by the Council accreditation committee.

Monitoring activities have defined deadlines within which the programme must meet the requirements, to ensure ongoing accreditation.

5.2 Major changes

The expectation is that the Council would be informed of proposed major changes at least six months before their introduction.

The Council can provide general advice about whether proposed changes are likely to impact on the programme's accreditation status. Programmes are encouraged to contact the Council as soon as possible if there is any doubt about whether a proposed change represents a major change and may impact on the programme's accreditation.

Examples of changes the Council considers as major changes are listed in Appendix A.

The process for assessing the impact of changes to programmes is outlined in Appendix B.

5.3 Concerns about accredited programmes

Concerns which bring into doubt whether a programme continues to meet accreditation standards will be considered by the Council, and further investigated when needed.

The concern must be in writing, and must provide details and evidence, where possible, to substantiate the concern.

If further investigation is considered necessary, then the programme will be informed of the concern and requested to respond to the concerns raised.

In the review of the concern, the accreditation committee and the Council will consider whether the programme continues to meet the accreditation standards.

The outcome of the review about a concern will be a decision about what action, if any, is necessary. This may include additional monitoring requirements such as a report, or a site visit interviewing stakeholders. If the Council is satisfied with the response from the programme, then nothing further is required.

The complainant and the programme will be advised of the outcome.

The Council will not get involved in human resource related complaints or concerns.

The Council regards the following as examples of major changes:

- discontinuation of a course or part-of a course, or a significant change in the length of a course (i.e. months/years).
- marked changes (i.e. other than continuing evolutionary changes) in the design of a programme that may affect learning opportunities and/or achievement of learning outcomes
- a change in the mode/s of delivery or participation (such as a move to distance education)
- a change in delivery partner or arrangements with a delivery partner
- substantial changes in the expected learning outcomes for graduates
- changes to admission requirements that potentially present barriers to the achievement of learning outcomes
- significant changes to student assessment
- significant change to arrangements for monitoring programme quality and graduate outcomes of programmes
- a substantial change in student numbers for the programme relative to available resources, including capital, facilities, and staff
- significant changes in the staffing profile
- a significant change in overall funding of the programme
- any conditions imposed on the programme or provider by an educational regulator.

The assessment of the impact of any changes will be undertaken with reference to the *New Zealand accreditation standards for dental practitioner programmes*.

The process of review of a major change involves the following steps:

- The programme advises the Council of an actual or proposed change. Either in a letter or through the annual report.
- The accreditation committee determines whether:
 - based on the information provided the change can be incorporated within the current status and period of accreditation, or
 - whether a limited review, with or without a site visit, is required, with assessment against specified accreditation standards, or
 - if the change has a potential impact that requires a full re-accreditation review, including a site visit, or
 - if the change is of such a nature that it constitutes a proposal for a new programme and the education provider should therefore seek initial accreditation of the programme.
- In cases of a full or limited review, an evaluation of the major change is undertaken by a SET, and the accreditation committee considers the SET's report on the change.
- A decision by the Council is made following consideration of the accreditation committee's recommendation.
- The programme will be informed of the Council's decision regarding the major change, including any additional requirements of the programme arising from the decision.