DENTAL COUNCIL (NZ)
REPORT OF AN EVALUATION OF

New Zealand Association of Orthodontists
Orthodontic Auxiliary Training programme

September 2023

SITE VISIT AND EVALUATION BY DC(NZ) SITE EVALUATION TEAM

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SITE VISIT AND EVALUATION BY DC(NZ) SITE EVALUATION TEAM

Final assessment - site visit conducted

1 & 2 September 2023

Site Evaluation Team

Emeritus Professor Craig Dreyer (Chair)   Australian Oral Health Academic, orthodontist

Richard Reyes   Orthodontic auxiliary

Mania Maniapoto-Ngaia   Laymember, Ngāti Paretekawa, Ngāti Unu

Staff

Suzanne Bornman   Prevention Manager

Programme Provider

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1. EXECUTIVE SUMMARY

Programme provider	New Zealand Association of Orthodontists
Programme/qualification name	Orthodontic Auxiliary Training Programme – Certificate of Orthodontic Assisting
Programme/qualification abbreviation	NZAO - OATP
Programme length	Maximum 2 years
Address	PO Box 179 Albany Village Albany, Auckland 0755
Registration division	Orthodontic Auxiliary
New Zealand Qualifications Framework Level	N/A
Accreditation standards version	Accreditation Standards for Dental Practitioner Programmes – January 2021
Date of site evaluation	1-2 September 2023
Date of Dental Council decision	4/12/2023
Type of accreditation	Re-accreditation
Accreditation start date	1/01/2024
Accreditation end date	31/12/2028

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Background

The orthodontic auxiliary training programme is offered by the New Zealand Association of Orthodontists (NZAO OATP). Graduates of this programme will receive the qualification Certificate of Orthodontic Assisting. On completion and subject to meeting the fitness to register criteria, the graduates can register and practice as orthodontic auxiliaries under the direct supervision of an orthodontist or a dentist.

The training comprises of four parts:

1. The New Zealand Dental Assisting Dental Assisting Programme or the Careerforce New Zealand Certificate in Health and Wellbeing (Level 3) Dental Assistance. The Careerforce dental assisting course is a new entry pathway added to the NZAO OATP programme since the 2018 accreditation review.

   The infection prevention and control module of the respective dental assisting course must be completed and assessed before entering the NZAO OATP programme. This component can be completed in parallel with the NZAO OATP but must be completed in order to meet the NZAO OATP requirements.

   Both dental assisting courses include cultural competence components with related assessments.

2. The Academy of Orthodontic Assisting (AOA) Trapezio online course. This provides most of the theory and some of the clinical knowledge, and learning is supported in-house by the supervising orthodontist.

3. The eCALD Module 1 – Cultural & Cultural Competency. This 3-hour online module expands on cultural competency for all cultures and is for working with culturally, linguistically, and religiously diverse groups.

4. The in-house training. This involves the majority of the training, which is led by the orthodontist. It is expected this will occur in conjunction with the AOA online course.

The programme usually takes participants a minimum of 6 months and a maximum of 24 months to complete.

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Overview of the Evaluation

The site evaluation team (SET) reviewed the material submitted.

The site visit on 1 & 2 September aligned with the two-day OATP Final Assessment, held at the University of Otago, Faculty of Dentistry orthodontic clinics in Dunedin.

Interviews were held with representatives from the OATP committee, programme administrator, current students, orthodontist supervisors, previous graduates and examiners of the final assessment. The schedule is included as Appendix B.

Key Findings

The NZAO OATP delivers competent orthodontic auxiliaries ready for contemporary and safe practice in Aotearoa New Zealand.

The OATP committee members are highly committed and motivated to maintain a high standard of education and to make necessary changes to enhance the programme. The programme is well supported by the orthodontic profession.

It is a small programme, heavily reliant on volunteers. This also brings opportunities to be agile to implement positive changes.

Overall, the SET considered this to be a strong programme. The new focus on the cultural components into the programme is commended. The clinical content and final two-day assessment are comprehensive.

The following areas require improvement to ensure the accreditation standards are fully met:

- Strengthen the content of the *Professional standards, legal requirements, practice administration* module to better prepare students for their post registration professional obligations.
- Formalise a review schedule and process for the programme to ensure it remains contemporary and fit-for-purpose and use an academic to support the review from a pedagogy perspective – including the development of an assessment standard setting framework.
- Formalise standard setting procedures for the final assessment, including pre- and post-calibration and moderation to validate examiner judgement.
- Progress the cultural safety component with particular focus on application in the delivery of care to orthodontic patients, and its assessment. To achieve this the orthodontic supervisor's capability and confidence to support the student learning must be assured. The OATP committee will need Māori expertise

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and guidance through this development work to ensure the programme upholds the Articles and Principles of Te Tiriti o Waitangi through its educational philosophy and delivery.

Accreditation decision

The Council resolved to grant the New Zealand Association of Orthodontists Orthodontic Auxiliary Training Programme accreditation until 31 December 2028, subject to the following conditions:

To meet standard 1 – public safety

1. By 30 June 2024: Strengthen the *Professional standards, legal requirements, practice administration* module to also cover:

    * registration and fitness to register requirements

    * annual practising certificate renewal obligations, including ongoing fitness to practice requirements

    * the Standards framework for oral health practitioners, in addition to the practice standards already covered

    * the Council's recertification framework requirements and the principles of ongoing learning and development as a professional.

To meet standard 2 – academic governance and quality assurance

2. By 31 October 2024: Formalise a programme review schedule and process to ensure ongoing quality assurance. This must include educational quality oversight to ensure academic rigour and to maximise student learning opportunities, and input into the development of an assessment standard setting framework.

To meet standard 5 – assessments

3. Before the next final assessment: Formalise standard setting procedures for the final assessment, including pre- and post-calibration and moderation to validate examiner judgement.

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To meet standard 6 – cultural competence

4. By 31 December 2024:

    a. Ensure capacity for Māori to contribute to the programme. Ideally, through membership on the OATP committee or a Māori advisory committee.

    b. Critically reflect and assess the learning material introduced to the programme, to ensure the material upholds the Articles and Principles of Te Tiriti o Waitangi through its educational philosophy and delivery, and is sufficient to cover the shift to Haumarutanga ahurea - cultural safety competency domain.

    c. Develop mechanisms to ensure the gained knowledge is applied into the patient care provided by orthodontic auxiliaries, and appropriately assessed.

    d. Ensure that while clinical supervisors work towards demonstrating their own cultural safety, they are familiar with the content and expectations of the cultural safety learning material and their obligations during the formative assessment of clinical care delivered by their student, to adequately support the student through this learning and assessment.

    By 30 June 2024 provides an interim update progress report on condition 4, and a workplan on next steps.

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2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment

1. Public safety is assured	1.1 Protection of the public and the care of patients are prominent amongst the guiding principles for the programme, clinical education and learning outcomes.	• Safeguards to protect patients are in place.
		• These include:
		  ○ Clinical supervision by a registered orthodontist with legal and ethical obligations to protect patient safety
		  ○ Evaluation processes must be in place between the supervisor and student to ensure that acceptable standards of patient care are maintained.
		  ○ Specific OATP trainer standards that supervisors must declare compliance against, as part of student enrolment process.
		  ○ Patients will be made aware that the participant is in a training programme and consent obtained.
		• These obligations are clear in the OATP manual and enrolment information shared.
			Standard is substantially met

	1.2 Student impairment screening and management processes are effective.	• As part of admission, screening of blood borne infections occur (HIV, Hepatitis B and Hepatitis C serological status). • The OATP committee representatives work with the student and/or supervisor if health or wellbeing concerns are raised – with the objective to support the student. Evidence on the management of such a scenario was detailed during the interview. • If health or other impairments would preclude a student's graduation, then career counselling would be offered.	

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Standard Statement	Criteria	Evidence	Assessment
		• Given that most students are practice employees before enrolling into the OATP programme, potential impairment barriers would likely be identified before entering the programme.	

	1.3 Students achieve the relevant competencies before providing patient care as part of the programme.	• Students must have completed all the practical tasks, passed the appropriate online test, and demonstrated competence to their supervising orthodontist in that task before they can treat patients.
		• For each task there is a progression towards competence from:
		  ○ tutorial or explanation
		  ○ online learning
		  ○ practical instruction on the supplied dental typodonts and mannequins
		  ○ student undertakes tasks while supervised
		  ○ student is competent/has sound understanding.
		• These progressions are articulated in the clinical assessment sheet.	

	1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.	• Students' clinical training is supervised by registered orthodontists. • Where available, experienced orthodontic auxiliaries could support the training – but should not take responsibility of supervision or progression/assessments. • There is a supervisor guide for the online AOA programme. This guide sets out the prerequisites for each practical/clinical session.	

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Standard Statement	Criteria	Evidence	Assessment
		• First-time supervisors will be mentored by members of the OATP committee. • It is recommended the programme develops a rights and responsibilities agreement for students and supervisors to be signed at the start of training. This will clearly articulate each parties' role and expectations.	
	1.5 Health services and dental practices providing clinical placements have robust health and safety, patient safety and quality and care policies and processes and meet all relevant regulations and standards.	• Usual workplace health and safety obligations apply to the orthodontic practice. • Orthodontists must adhere to the Council's standards framework and practice standards and declare compliance to meeting those standards during their annual practising certificate renewal. • These are supplemented by the supervisor declaring compliance to the OATP trainer standards. • The student must complete the following training before starting the OATP programme: ○ NZRC Immediate or equivalent resuscitation training ○ Infection prevention and control module within their dental assisting training (if they do not hold an earlier dental qualification).	
	1.6 Patients consent to care by students.	• Informed consent procedures must be in place to ensure that patients are aware of and consent to treatment being provided by students under supervision. • An example informed consent template was provided. • This step was confirmed during interviews.	

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	1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.	• There is foundation and introductory learning included on ethics and professionalism within the dental assisting courses.
		
		• This is followed by the Professional standards, legal requirements, practice administration module in the OATP programme.
		
		• Students will get exposure through role modelling by their registered supervisor.
		
		• However, through interviews some gaps of knowledge were identified. In particular, related to some fitness to register obligations (English language), and obligations after registration.
		
		• The Professional standards, legal requirements, practice administration module must be strengthened to ensure it covers the legal, ethical and professional obligations of a registered oral health practitioner practising in New Zealand.
		
		• Content must include:
		
		    o Registration process, including fitness to register requirements
		
		    o Annual practising certificate renewal, including ongoing fitness to practice obligations
		
		    o The standards framework for oral health practitioners – in addition to the practice standards already covered
		
		    o The Council's recertification framework – including the concept of lifelong learning.
		
		• The Dental Council offers information to final year undergraduate students in the university programmes. The programme can explore similar digital sharing opportunities with the Council CEO.	

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Standard Statement	Criteria	Evidence	Assessment
		• The newly established New Zealand Orthodontic Auxiliary Society can also support the programme and new graduates on these aspects.	
	1.8 The programme provider holds students and staff to high levels of ethical and professional conduct.	• The OATP committee members overseeing the programme, and supervisors are registered oral health practitioners with legal and professional obligations to meet the Council's ethical and professional standards. • There is no specific code of conduct policy related to the training programme. A conduct policy for students and staff may be beneficial to set clear expectations and provide a framework for dealing with any concerns.	
2. Academic governance and quality assurance processes are effective	2.1 Academic governance arrangements are in place for the programme and include systematic monitoring, review and improvement.	• The OATP committee is responsible for the governance of the programme. • The committee is appointed by the New Zealand Association of Orthodontists. • The committee members demonstrated passion for the programme, critical self-reflection on improvements needed, and were receptive to new ideas. • However, the external quality assurance processes are not formalised. • The AOA Trapezio online course providing most of the didactic content was recently reviewed by the proprietor. • The OATP committee develops any modules required specifically for the New Zealand context, as the need is identified.	*Standard is substantially met*

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Standard Statement	Criteria	Evidence	Assessment
		• Currently, no formal academic review is undertaken. See further comments under criterion 2.3.	
	2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the programme's design, management and quality improvement.	• The OATP committee comprising of orthodontists and an orthodontic auxiliary informs changes to the programme. • Students and supervisors get opportunity to provide feedback to the programme informally, and formally at the end of the programme through a survey. • Recent survey responses were shared, and evidence of changes in response to student or supervisor feedback were demonstrated. • The programme administrator provides feedback to the OATP committee based on her experience as primary liaison with students and supervisors. • No patient or consumer feedback is currently sought. Potential feedback to the practice where the student trains may be received, that could potentially inform the programme – but this is not formalised. • The OATP committee expressed the desire to expand the committee representation to include lay membership, ideally Māori representation to support the development of the programme.	
	2.3 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.	• Formalised educational oversight is needed to ensure academic rigour and to maximise student learning opportunities.	

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Standard Statement	Criteria	Evidence	Assessment
3 Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies	3.1 A coherent educational philosophy informs the programme's design and delivery.	• The programme comprises of didactic learning, introduction to clinical tasks through online instruction and supported by in-house experienced orthodontists, simulation experience on dental typodonts and mannequins, and patient experience. • The structure supports a stepwise progression towards competence. • The programme follows expected educational approaches for a dental related programme and is appropriate for the nature of the programme.	*Standard is met*

	3.2 Programme learning outcomes address all the required professional competencies.	• The learning modules and practical tasks represents contemporary orthodontic auxiliary practice. This includes focus on the shift to digital equipment and design.
		
		• The learning modules are:
		   o Cross Infection
		   o Oral and Dental Anatomy
		   o Orthodontics
		   o Orthodontic Appliances
		   o Arch Wire Selection
		   o Headgear and Elastics
		   o Secondary Appliances
		   o Application of Orthodontic Appliances
		   o Removal and Retention	

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Standard Statement	Criteria	Evidence	Assessment
		○ Diagnostic Records ○ Radiation and X-ray Safety ○ Orthodontic Models ○ Patient Management ○ Cultural Awareness ○ Professional Standards, Legal Requirements and Practice Administration. - The learning outcomes and graduate profile are aligned with the Dental Council competencies for orthodontic practice. - Two areas identified for further content development were: ○ Strengthening of the professionalism module specific to Dental Council registration and ongoing recertification requirements (refer comments in domain 1). ○ Cultural safety – further comments in domain 6.	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	- The range of clinical tasks contained in the clinical assessment sheets are comprehensive and aligned with the learning outcomes. - The students learn within orthodontic practices, so have multiple opportunities to gain experiences. - The interviews demonstrated the focus on quality patient care to be provided by the students, given these are the practice's patients that relies on good customer experiences and feedback. The supervisors' expectations around quality of care were clearly prioritised during the interviews.	

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Standard Statement	Criteria	Evidence	Assessment
		• The format of the current clinical assessment sheet focusses primarily on the key learning progression steps, and the final supervisor sign-off step. It does not give an overview of the number of times the student may have performed the relevant task. • A summary dashboard providing an overview of the number of times the student has performed the relevant task may be a helpful tool for both the student and supervisor to identify areas that may need some additional experience opportunities. A digital solution may be most efficient.	
	3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	• The online material supported by in-house, hands-on clinical training are comprehensive. This learning approach is supported by both students and supervisors. • The timeframe for study is flexible, allowing students to progress at their own pace. This is monitored by the clinical supervisor – a registered orthodontist. • Critical reflection is a key component of clinical practice. Although interviews demonstrated that this occurred between the student and the supervisor, this is not formalised in the clinical assessment sheet. • It is recommended that provision for brief written reflections be added to the clinical assessment sheet. • As expected, there remain differences in some digital technologies available across the orthodontic practices. Students and supervisors arrange experiences in other nearby orthodontic	

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Standard Statement	Criteria	Evidence	Assessment
		practices to offer students those learning opportunities. The ability to do that consistently for all students may be limited. • It was evident that students found the learning opportunities associated with the two-day final assessments of huge value. Not only to experience different equipment and materials, but also to learn from other professionals about different approaches and techniques. • Providing such a learning opportunity earlier in their study within a formative assessment format was strongly supported by various groups. • The SET acknowledges this may further stretch or divert resources away from the final assessment offerings – which would be the programme's primary focus. However, the feasibility of offering additional group learning opportunities should be further explored.	
	3.5 Graduates are competent in research literacy for the level and type of the programme.	• Formal research falls outside of the orthodontic auxiliary scope of practice. • Students are introduced to scientific literature through their didactic learning references. • This is considered appropriate research exposure for the orthodontic auxiliaries' scope of practice.	
	3.6 Students work with and learn from and about relevant dental and health professions to foster	• The students learn within an orthodontic practice, and work with other members of the dental team. These would include orthodontists, dental assistants and in some practice other registered orthodontic auxiliaries.	

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Standard Statement	Criteria	Evidence	Assessment
	interprofessional collaborative practice.	• In those practices with experienced orthodontic auxiliaries, they also support the student's learning and could offer increased roles in formative assessment and feedback. • The programme could further encourage this to occur in practices and could consider using them for the proposed group learning opportunities.	
	3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.	• The orthodontists are well suited to support the student's learning. • Experienced orthodontic auxiliaries further support the learning, in practices where they are available. • Resources, professional support and mentoring are provided to support the supervisors.	
	3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	• Student learning occurs in orthodontic practices, which must meet the relevant Council practice standards, as well as the OATP trainer standards. • The programme has increased the number of rotating dental typodonts and mannequins, as well as changed the process to ensure adequate maintenance of the equipment. • There were still some concerns expressed about the waiting time to access this equipment. The programme is encouraged to invest in more dental typodonts and mannequins to avoid students having to wait for the next available one.	
	3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates	• The programme has focussed on the cultural components since the last review, but acknowledges that there are more work to do.	

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	equipped to provide care to diverse groups and populations.	• In addition to the cultural components included in the dental assisting courses that the student complete, the programme introduced:
		  o the eCALD Module 1 – Culture & Cultural Competency
		  o self-Assessment Cultural Awareness Module.
		• The eCALD module is a 3-hour online module that expands on cultural competency for all cultures and is for working with culturally, linguistically, and religiously diverse groups. The module contains an assessment.
		• The programme should consider introducing content to create awareness around diversity and inclusion specific to the Rainbow community.	

	3.10 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.	• The programme is self-funded by student fees, including allowing for the accreditation review process. • During the 2020 – 2022 period the programme had between 25 to 35 students enrolled. • Staff resources and clinical facilities are offered by the clinical supervisors. • The OATP committee and examiners are volunteering their time. • The programme is well supported by the NZAO and its members. No immediate risk to the viability of the programme has been raised. • One area of potential future risk relates to the licencing of AOA Trapezio, owned by a single proprietor.	

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Standard Statement	Criteria	Evidence	Assessment
		• The OATP committee is aware of this potential risk and have been exploring potential alternatives – should that be required. There is no current reason for concern.	
	3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies.	• Access to clinical facilities is ensured when the orthodontist agrees to the training of a student in their practice. The orthodontist signs a declaration as part of the student enrolment, that the student has the required support and tools to complete the training. • The programme will support the student should there be an employer – student relationship breakdown, and the offer for ongoing training support withdrawn. An example of this was offered during the interviews. • The programme emphasised their primary responsibility lies with the student.	
4 Students are provided with equitable and timely access to information and support	4.1 Course information is clear and accessible.	• The OATP manual is extensive, supplemented by additional information at enrolment. • Queries can be made to the programme administrator, who will escalate questions or issues as required. • Information about and developments in the programme is presented at the NZAO conference and included in the NZAO newsletter. • There are ongoing improvement initiatives to clearly articulate the structure and integration of the various programme components to new students and supervisors.	*Standard is met*

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Standard Statement	Criteria	Evidence	Assessment
		• Some of the questions in the programme exit survey do not fit the target audience, and questions could be streamlined. • A review of the handbook, admission and survey material to ensure it is user friendly, and meets the needs of both students and supervisors, would be encouraged. • The Trapezio handbook is out-of-date with the updated online material. Although there is intend for AOA to update the resource, at the moment the handbook that accompanies the mannequins appears to only confuse students. • The programme should consider removing the handbook from the suggested learning resources, and not include it with the mannequins sent to orthodontic practices. Instead, ensure students have access to and know how to download and print the module content.	
	4.2 Admission and progression requirements and processes are fair and transparent.	• Admission requirements and processes are clearly articulated. • The Clinical Evaluator reviews all applications after the initial administrative screening. Any atypical applications are escalated and considered by the OATP committee. • The programme has introduced a second alternative entry pathway by accepting the Careerforce Level III Certificate in health and wellbeing (Dental assistance). The components of this course are comparable to the NZDA dental assisting course. • This will broaden the potential pool of applicants for the programme.	

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Standard Statement	Criteria	Evidence	Assessment
		• The programme is commended for introducing this entry pathway with the aim to increase student diversity and access and offer auxiliaries more choices and career progression opportunities.	
	4.3 Students have access to effective grievance and appeals processes.	• An appeal and disputes process has been established. An appeal or dispute goes initially to the Clinical Evaluator for review, and if required, it is escalated to the Executive of the New Zealand Association of Orthodontists. • The Clinical Evaluator will work to ensure the continuity of training for the student in the event that workplace relationships break down and the student needs to relocate. • There is reference to these processes in the OATP manual, but no details or a policy has been identified. If this does not exist, a formal policy offering more details on the approach, criteria and process should be established.	
	4.4 The provider identifies and provides support to meet the academic learning needs of students.	• The orthodontist and orthodontic practice provide the primary resources to support the leaning needs of the student. • Usually, the orthodontist will already know the student before enrolment (often as employee in another role) and may know of any specific requirements the student may need for studying. • The programme has a mentoring practice (currently in Rotorua) that students and supervisors can contact with any queries that are beyond the scope of the administrator and for mentoring or support either from the mentoring practice's orthodontist or the orthodontic auxiliaries.	

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Standard Statement	Criteria	Evidence	Assessment
		• There is no specific question at enrolment asking if the student may have some special learning needs. • Gathering this information from students upfront, will offer an opportunity for the programme, supervisor and student to discuss specific support that would help the student to succeed. • The newly formed Orthodontic Auxiliary Society could in the future play a greater role with student support and mentorship.	
	4.5 Students are informed of and have access to personal support services provided by qualified personnel.	• The mentoring practice can offer support to students. • The OATP committee co-chairs and committee members also offer support and advice to students. One of the committee co-chairs is an orthodontic auxiliary. • Examples of where committee members supported students with personal challenges were offered. • If health or other impairments would preclude a student's graduation, then career counselling would be offered.	
	4.6 Students are represented within the deliberative and decision making processes for the programme.	• The OATP committee has an orthodontic auxiliary co-chair. • The OATP committee is committed to increase the orthodontic auxiliary voice on the committee and has invited more participation from orthodontic auxiliaries – but there been no uptake yet. • Student surveys and informal feedback offer opportunities for the student voice to influence change. Some examples of change based on student suggestions have been offered in the submission and during interviews.	

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	4.7 Equity and diversity principles are observed and promoted in the student experience.	• The OATP committee identified the need for increased equity and diversity of students and orthodontic auxiliaries (and orthodontists) to improve workforce access within underserved areas. The representatives were passionate and committed to exploring ways to achieve this.
		• The first initiative was the expanded entry option into the programme.
		• The committee recognises the need for additional expertise and community networks to work with them to achieve this goal.
		• The following could support this work:
		  ○ Laymember representation on the committee, with a particular interest and connections to increase equity and diversity
		  ○ Improved student data collection to identify the current profile, identify the needs and gaps, and set targets to work towards.	

5 Assessment is fair, valid and reliable	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• There is a clear relationship between the learning outcomes and the assessments.
		• The following assessments exist in the programme:
		  ○ Pass the NZDA Dental Assisting Programme or the Careerforce New Zealand Certificate in Health and Wellbeing (Level 3) Dental Assistance – before completion of the NZAO OATP.
		  ○ Pass the AOA Trapezio online course.
			Standard is substantially met

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Standard Statement	Criteria	Evidence	Assessment
		o Complete the OATP Self-Assessment Cultural Awareness Module. o Complete the eCALD Module 1 – Cultural & Cultural Competency. o Demonstrate clinical proficiency and understanding of all required tasks to the supervising orthodontist. o Pass the Two-Day OATP Final Assessment.	
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	• The assessments are comprehensive and focussed on the tasks required by orthodontic auxiliaries in clinical practice – and cover the learning outcomes.	

	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	• A combination of assessments is applied.
		
		• These include:
		
		  o written assessments of the didactic learning
		
		  o direct clinical observation
		
		  o formative assessments while students learn the clinical tasks
		
		  o summative assessments when the supervisor signs-off the student's competence, and
		
		  o the final external and independent assessment of competence across a range of activities.
		
		• The assessments are fit for purpose for the various learning components.	

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Standard Statement	Criteria	Evidence	Assessment
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	• The clinical assessment sheet guides students and supervisors on the progression journey towards student competence. • It covers all of the tasks in which the student must attain competence. • There are no assessment guidelines and marking rubrics to facilitate consistency. • There is also no pre- and post-moderation and calibration for the final assessments. • These aspects are particularly important for the final assessment where clear breaches or failures must be clearly articulated, and consistently applied. • Before the next final assessment, the programme must formalise standard setting procedures for the final assessment, including calibration and moderation to validate examiner judgement. • The introduction of written reflection into the assessment sheet would support constructive feedback and clear understanding of areas for further development.	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• In-house assessments are completed by the supervising orthodontist. • The final assessment is external to the orthodontic practice. • The examiners used are orthodontists or postgraduate orthodontist students. They are competent in the orthodontic auxiliary activities and tasks, and suitable to conduct the assessments.	

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Standard Statement	Criteria	Evidence	Assessment

6. The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.	6.1 The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand.
	
	6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery.
	
	6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.
	
	6.7 The programme provider promotes and supports the recruitment, admission, participation, retention and completion of the programme by Māori and Pacific peoples.
	
	6.9 The programme recognises the important role of Māori Te Reo, Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) and Te Aō Marama (The New Zealand Māori Dental Association) in achieving cultural competence to oral health practitioners.
		• The OATP committee has started its own journey towards building cultural safety.
		
		• The committee representatives demonstrated exposure and insight into oral health inequities and poor health outcomes of Māori, and the role they can play to influence workforce changes to better serve these communities.
		
		• They acknowledge their own knowledge, experience and connection limitations, and is exploring Māori participation on the OATP committee.
		
		• This would support the committee with strategic guidance and advice on next steps to:
		
		  o strengthen the current programme content and student experiences, and
		
		  o strategies for increased Māori and Pasifika student intake and support for them to succeed.
		
		• No formal working relationship exist with Te Aō Marama. The programme is aware of the extensive pressure on Te Aō Marama to support the various professional bodies and others in cultural support and education. However, opportunities for joint initiatives can be explored.
			Standard is not met

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Standard Statement	Criteria	Evidence	Assessment

	6.3 The programme, staff and students understand the Māori perspective of health and wellbeing, their beliefs and cultural practices as it pertains to oral health in particular.
	
	6.4 Cultural understanding of Māori and Pacific peoples are integrated throughout the programme, clearly articulated in required learning outcomes (including competencies that will enable effective and respectful interaction with Māori).
	
	6.8 The programme provider ensures students are provided with access to appropriate resources, and to staff and the community with specialist knowledge, expertise and cultural capabilities, to facilitate learning about Māori health.
		• The didactic material included in the programme is a positive step forward on the programme's journey. This provides students with a great foundation knowledge.
		
		• The programme requirements include:
		  o NZDA Certificate in Dental Assisting Course modules:
		    - Foundation course in cultural competency (Māori)
		    - Māori healthcare and the Treaty of Waitangi; OR
		  o Careerforce New Zealand Certificate in Health and Wellbeing (Level 3) Dental Assistance: Describe Te Tiriti o Waitangi, The Treaty of Waitangi, and a bi-cultural approach in a health or wellbeing setting.
		  o OATP Self-Assessment Cultural Awareness Module
		  o eCALD Module 1 – Culture & Cultural Competency.
		
		• There is currently no evidence on how this knowledge is applied into the provision of care to patients, and how competence within practice is assessed.
		
		• The programme acknowledges that registered oral health practitioners are all on their own learning cultural safety journey, and not all supervisors may be able and confident to assess the cultural safety of their students.
		
		• Focus on ensuring students and supervisors are both culturally safe is required.
		
		This could be achieved through requiring supervisors to complete the same cultural learning as their students, and through	

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Standard Statement	Criteria	Evidence	Assessment
		experienced and confident supervisors acting as mentors for fellow supervisors until confidence is gained.	
	6.5 Clinical experiences provide students with experience of providing culturally competent care for Māori and Pacific peoples, and clinical application of cultural competence is appropriately assessed.	• Clinical experiences are dependant on the patient profile of the orthodontic practice. • Alternative opportunities to gain experience working with Māori and Pacific patients should be explored if the practice patient profile does not support this.	

	6.10 Staff and students work and learn in a culturally appropriate environment.	• Students learn in orthodontic practices, supervised by registered orthodontists who have obligations to comply with the Councils' ethical and professional standards.
		
		• These include:
		    ○ Best practices when providing care to Māori patients and their whānau
		    ○ Cultural competence
		
		• There was no evidence of students being exposed to culturally unsafe environments. There were some ethnic diversity within the student and graduate cohort who participated in the review.
		
		• Increased focus on knowledge and application in clinical practice would further support safe work and learning environments.	

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3. QUALITY IMPROVEMENT

The following commendations and recommendations have been made by the SET following its evaluation of the programme.

Commendations

The commendations are as follows:

- The enthusiasm and dedication of the OATP committee members to support and expand the orthodontic auxiliary training programme; largely fulfilled by volunteers.

- Appointing an orthodontic auxiliary co-chair to the OATP committee.

- The New Zealand Association of Orthodontists for their ongoing support for the orthodontic auxiliary training programme.

- The introduction of an alternative entry pathway via the Careerforce dental assisting course, with the aim to increase student diversity and access, and offer auxiliaries more choices and career progression opportunities.

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Recommendations

The recommendations (suggestions) are as follows:

Data

1. At enrolment, expand the data collected from students to offer the programme a more comprehensive picture of the student cohorts. Additional information collected could include:

   o Any special learning or personal support the student would need to succeed

   o Ethnicity of students and supervisors

   o Any other data identified to support the strategic direction of the programme.

Course material

2. Develop a 'rights and responsibilities' agreement for students and supervisors to be signed at the start of training. This will clearly articulate each parties' role and expectations.

3. Develop a code of conduct policy to clearly set out the programme's expectations and provide a framework for dealing with any concerns.

4. If this does not already exist, develop a formal appeal and dispute policy offering details on the approach, criteria and processes.

5. Remove the out-of-date handbook from suggested learning resources and do not send it with the dental typodonts and mannequins to orthodontic practices. Instead, ensure students have access to, and know how to, download and print the module content.

6. Review the OATP manual, admission and survey material to ensure it is user-friendly and meets the needs.

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Clinical experiences

7. Introduce brief written reflections by the student and the clinical supervisor against the clinical tasks in the clinical assessment sheet.

8. Develop a dashboard tool to offer students and the supervisor oversight on the number of times the student has performed a relevant task to support identifying areas that may need some additional experience opportunities. A digital solution may be most efficient.

Learning opportunities

9. Explore learning opportunities for students to gain experience working with Māori and Pasifika patients when the orthodontic practice's patient profile does not support this.

10. Introduce content to create awareness around diversity and inclusion specific to the Rainbow community.

11. Explore the option to offer additional group learning opportunities for students within a formative assessment format to provide exposure to different approaches to care, techniques, technologies and materials.

12. Support and promote the use of experienced orthodontic auxiliaries in the learning and formative assessment of students in the orthodontic practices and consider using them for the proposed group learning opportunities.

Equipment

13. Invest in more dental typodonts and mannequins to avoid students having to wait for the next available.

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Appendix A – List of acronyms used in this report

Acronym	Description
AOA	Academy of Orthodontic Assisting
NZAO OATP	New Zealand Association of Orthodontists - Orthodontic Auxiliary Training Programme
SET	site evaluation team

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Appendix B – Site visit schedule

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Site Evaluation Team visit

Friday 1 September 2023

Time	Activity		
Team	*SET members:* Chair/Australian orthodontist academic – Emeritus Professor Craig Dreyer NZ orthodontic auxiliary – Richard Reyes Lay member – Mania Maniapoto-Ngaia *Staff:* Suzanne Bornman, Prevention Manager		
8:45 – 9:15	SET pre-meeting		
Room details	**G03**	**Participants**	**Areas to explore**
9:15 – 10:00	Welcome and karakia	SET & NZAO OATP members on-site	
	Whakawhanaungatanga (introductions & cup of tea)		
10:15 – 10:45	Programme governance	Training committee representatives: Tony Lund Emma Clark Andrew Marriott	Strategic overview (strengths, risks, future) Programme governance Programme sustainability Student intake

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			Equity and diversity
10:45 – 11:15	Didactic learning component	Training committee representatives: Tony Lund Emma Clark Andrew Marriott	Content Competence mapping Academic governance Learning support Research literacy
11:15 – 11:40	**Morning tea break (closed team session)**		
11:45 – 12:15	Skills development	Training committee representatives: Tony Lund Emma Clark Andrew Marriott	Safe environment Content Competence mapping Support for students Support for supervisors Supervisor induction
12:30 – 13:00	Assessments	Training committee representatives: Tony Lund Emma Clark Andrew Marriott	Assessment overview Moderation and calibration Additional opportunities & appeals
13:00 – 14:00	**Lunch break (closed team session)**		
14:00 – 14:30	Cultural safety	Training committee representatives: Tony Lund	Content Application into practice

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		Emma Clark Andrew Marriott	Assessment
14:30 – 15:00	**Break & team discussion**		
15:00 – 15:45	Recent & current students (on-site & via zoom)	*Recent graduates*: Belinda Greenfield – Hamilton Gabrielle Barham – Wellington Victoria Fairbrass – Nelson Fabiola Pirates – Nelson Kristy Eyles – Dunedin Kirsty Donaldson – Dunedin Jasmine Guild - Auckland Natalia Tambovceva - Auckland *Current students:* Alyssa Chapman Kristal Davidson Olivia Wong Sonia Perry Abigail Spencer Helen Buckman Grace Vincent Elica Garcia	Student experience Preparedness for practice Content – didactic & skills Assessments

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15:55 – 16:25	Administration	Jean Templeton (via zoom)	Administration Student support Supervisor support Communication
16:30 – 17:15	Clinical supervisors (via zoom)	Simon Oliver – Blenheim Matt Barker – Wellington Matt Williams – Wellington Catherine Carlton – Hamilton Donna Lim – Auckland Susan Carpenter – Orewa Russell Lovatt - Christchurch Ross Anning - Auckland	Role as supervisor Communication Content – didactic & skills Assessments & student feedback Supervisor support
17:15 – 17:30	Short team debrief		
17:30	**Closing remarks day 1** **Karakia** **End of day 1**	SET & NZAO OATP members on-site	

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Saturday 2 September 2023

Time	Activity		
Team	*SET members:* Chair/Australian orthodontist academic – Emeritus Professor Craig Dreyer NZ orthodontic auxiliary – Richard Reyes Lay member – Mania Maniapoto-Ngaia *Staff:* Suzanne Bornman, Prevention Manager		
Room details	**Ortho clinic**	**Participants**	**Areas to explore**
9:00 – 10:15	Opening karakia SET report writing	SET – closed session	
10:15 – 10:45	Examiners	Emily Lan Jennifer Lee Daniel Walker Carrol Jin Michael Skilbeck	Assessments Moderation and calibration Student feedback Preparedness of students
11:00 – 11:30	**Tea break**		
11:30 – 13:30	SET report writing	SET – closed session	
13:30	Closing of review Karakia	SET & NZAO OATP members on-site	

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