

DENTAL COUNCIL (NZ)
REPORT OF A TARGETED EVALUATION OF
AUCKLAND UNIVERSITY OF TECHNOLOGY
Bachelor of Health Science (oral health) programme
remote learning delivery

May 2023

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

CONTENTS

1. EXECUTIVE SUMMARY.....	4
Background.....	5
Overview of the Evaluation.....	6
Key Findings.....	6
Accreditation Decision.....	7
2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD	9
3. QUALITY IMPROVEMENT	26
Recommendations	26
Commendations.....	27
Appendix A – Site visit schedule	28

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

Site visit conducted

21-23 September 2022

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

1. EXECUTIVE SUMMARY

Programme provider	Auckland University of Technology
Programme/qualification name	Bachelor of Health Science in Oral Health
Programme/qualification abbreviation	BHScOH
Programme length	3 years full-time
Programme delivery	On-campus and remote learning
Registration division	Oral health therapy
New Zealand Qualifications Framework Level	Level 7
Accreditation standards version	New Zealand accreditation standards for oral health practitioner programmes (2021)
Date of site evaluation	15 & 16 May 2023
Date of Dental Council decision	
Type of accreditation	Initial Accreditation of remote learning component
Accreditation start date	3/07/2023
Accreditation end date	31/12/2027

SUMMARY OF FINDINGS

Background

During the Auckland University of Technology Bachelor of Health Science in Oral Health programme's accreditation review in September 2022, the Dental Council (the Council) became aware of the enrolment of six oral health students, based full-time in Northland, with a new remote learning delivery introduced by the programme.

The programme provided the following information as part of its 2023 submission:

The programme continues to be responsive to the needs of the profession and the community and is committed to addressing workforce shortages, significant arrears amongst several Te Whatu Ora providers due to reduced FTE of staff and the ongoing effects due to the Covid-19 pandemic. In addition, there is a need to support the Māori oral health workforce (future clinicians), and support 'Hei oranga niho mo te iwi Māori' – Good oral health for Māori, for life whilst demonstrating our commitment to Te Tiriti o Waitangi. In 2022 a partnership was fostered between Te Whatu Ora Te Tai Tokerau, Northtec, Iwi and the AUT School of clinical sciences to develop an innovative approach to address community needs. Students enrolling into the AUT undergraduate oral health programme with addresses in Northland were enrolled into a separate occurrence of oral health students.

The accredited programme's delivery to date was full-time, on-campus with short block placements (usually 2 weeks) at clinics around the country. At the time of the 2022 review, the evaluation team had insufficient information to make an informed assessment on the new programme delivery. For example, information was lacking on resources, timetabling and clinical supervision arrangements.

The students based in Northland are now in year two, semester one. One additional student was enrolled into year one in 2023.

The Council supported the initiative in principle. In particular, to offer educational opportunities for students in remote, high-needs areas - while they remain part of their whānau, hapū, iwi and wider community. However, the Council needed to ensure itself that the learning environment was appropriate and safe for students, mentors and the patients in the remote locations, and that the programme continued to deliver competent graduates; i.e. that the accreditation standards are met for the new delivery mode of the programme.

This report builds on the 2022 accreditation report of the oral health programme, with specific focus on differences and areas that require addressing for the remote learning delivery.

SUMMARY OF FINDINGS

Overview of the Evaluation

The SET considered the submission provided by the programme.

The review occurred on 15 & 16 May 2023.

The SET conducted a range of interviews. Groups interviewed included: AUT Faculty of Health and Environmental Sciences leadership team, Te Whatu Ora Te Tai Tokerau Leadership, AUT oral health programme staff involved in the remote learning delivery, the six second year students enrolled in the remote occurrence, and the clinical educators involved in the clinical supervision of these students.

The interviews were followed by site visits to some of the clinics where students completed their pre-clinical education, and where the patient care experiences will be obtained later in their programme. These included Alexander Street Oral Health Clinic in Whangārei, Te Kamo Community Oral Health Clinic and the Kaikohe clinic.

The site visit schedule is included as Appendix A.

Key Findings

The Council supports the aim of the programme to help address oral health inequities in Northland by attracting, retaining, and growing their own oral health workforce.

The SET commends the initiative from AUT and Te Whatu Ora Te Tai Tokerau, with support from Ngati Hine, and the passion of those involved to implement this new programme delivery.

The key concern of the SET relates to the implementation of the pre-clinical and clinical learning components. Specific concerns include:

- The delivery of the pre-clinical education in blocks, with no ongoing access to a simulation environment for students to refine or reinforce their pre-clinical skills, or access to on-site clinical educators (as part of the training programme) to receive feedback for ongoing clinical development.
- Substantial gaps between the didactic and pre-clinical learning before moving to patient care, with no clearly articulated hurdle assessments evident before patient care is undertaken to ensure pre-clinical competence has been retained.
- The clinical educators for the next stage of clinical education were not yet appointed at the time of the review, and the patient clinic timetables not yet agreed between AUT and Te Whatu Ora Te Tai Tokerau. This result in uncertainty for students and those coordinating the placements.

SUMMARY OF FINDINGS

Assurance of synchronous entry from didactic and pre-clinical towards patient care without substantial time gaps in-between, and continuous pre-clinical and clinical contact throughout the academic year with appropriate clinical supervision are essential for patient safety and attainment of competence.

A comprehensive in-person induction session with remote clinical educators are required. In addition, structured moderation and calibration of clinical practice of remote clinical educators is needed to ensure validity and consistency in clinical assessment of students between the remote clinical educators, and those based in Auckland.

In the absence of appropriate implementation of the clinical education the SET considers that clinical competence cannot be assured - and the remote students will need to undertake further clinical experiences and assessments on the Auckland campus.

Accreditation decision

The Council agreed to:

Approve the new remote learning delivery mode as part of the Auckland University of Technology Bachelor of Health Science in Oral Health programme, granted accreditation until 31 December 2027, subject to the following conditions being met:

By 18 August 2023:

1. Ensure the availability of adequate access to clinical education and services:
 - a) Confirm the clinical educator appointments and clearly articulate the clinical educators' role.
 - b) Make available the full academic year timetable to students, Te Whatu Ora Te Tai Tokerau placement coordinators, and the remote learning clinical educators. This better inform those involved and enable proactive and timely planning.
 - a) Ongoing access to simulation equipment and material for remote learning students, reasonably accessible in their region, for students to hone their skills in a safe environment, when the student and/or clinical educator identify the need.
 - b) Ensure continuous pre-clinical and clinical contact with appropriate clinical supervision throughout the academic year, rather than the block clinical exposure implemented to date.
2. Ensure consistency in clinical education through implementation of:
 - a) In-person induction session with remote clinical educators that includes:
 - Articulation of the remote clinical educators' roles in clinical education and student assessment

SUMMARY OF FINDINGS

- How to provide constructive student feedback
- The scaffolding of pre-clinical teaching
- Role of hurdle assessment before patient care commences
- How to raise concerns about student progress
- Possible remediation options available.

b) Structured in-person moderation and calibration of clinical practice of remote clinical educators to ensure validity and consistency in clinical assessment of students between the remote clinical educators, and those based in Auckland.

3. Ensure remote students can actively participate and engage with the livestream tutorials.

By 31 October 2023:

4. Ensure synchronous entry from didactic and pre-clinical towards patient care, without substantial time gaps in-between - similar to the Auckland campus-based students.
5. Ensure adequate patient exposure to orthodontic activities and amalgam, as these services may fall outside of the traditional Te Whatu Ora Te Tai Tokerau patient pool.
6. Finalise the agreement between AUT and Te Whatu Ora Te Tai Tokerau to formalise the placements beyond a Letter of Intent, clearly articulating the role, responsibilities, delivery expectations of the parties, and how the arrangement will be monitored.

If conditions 1-5 cannot be met, the SET considers that clinical competence cannot be assured - and the remote students will need to undertake further clinical experiences and assessments on the Auckland campus.

SUMMARY OF FINDINGS

2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
1. Public safety is assured	<p>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.</p> <p>1.3 Students achieve the relevant competencies before providing patient care as part of the programme.</p>	<ul style="list-style-type: none"> The timetables for both Auckland and Northland occurrences were shared with the SET. The didactic teaching schedule for all students are the same. The pre-clinical sessions in Northland occurred later than in Auckland. This was scheduled based on availability of AUT academic staff to travel up to Northland, and the clinical educators in Northland. The year one semester two, pre-clinical sessions by the Northland clinical educators were delivered in a one-week block period during November 2022, and included assessments across all the pre-clinical tasks defined in the clinical logbook. The AUT pre-clinical sessions were delivered across four days in April 2023. These comprised of two topics (LA and radiography), delivered over 1.25 days, directly followed by assessments. Beyond these two clinical blocks, students had no ongoing access to a simulation environment to refine or reinforce their pre-clinical skills, or access to on-site clinical educators (as part of the training programme) to receive feedback for ongoing clinical development. It was unclear what formalised processes are in place for these students to transition knowledge from the academic principles to the practical application or for learners to have remediation if they don't pass first time. 	<p><i>Standard is substantially met</i></p>

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • There was consensus from the clinical educators that the remote students performed very well in the pre-clinical environment. This may be because in this particular student group the majority are experienced dental assistants. However, that may not be the case for future intakes, and the programme needs to offer sufficient opportunities for all students to attain and maintain their clinical skills. • The gap between pre-clinical education before progressing to patient care is considered a patient safety risk, and not a sound learning approach. Further details to follow in standard 3. • Hurdle pre-clinical assessments must be in place before students proceed to patient care. 	
	1.2 Student impairment screening and management processes are effective.	<ul style="list-style-type: none"> • Same screening policies and procedures apply. • Same student support services are available for students remotely. 	
	1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.	<ul style="list-style-type: none"> • The AUT academic staff involved in the remote learning delivery are suitably qualified and registered. • The clinical educators involved to date are registered oral health therapists or dental therapists. With the exception of one who had support from a very experienced clinician, the clinical educators had at least five years practice experience. • The clinical educators were very enthusiastic and supportive of the programme and the opportunity to play a role in the students' clinical education, and ultimately contribute to the oral health 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>workforce in their region. Further commentary on the future role of the clinical educators follow under criterion 3.10.</p> <ul style="list-style-type: none"> Given these clinical educators are from the communities, they are in a unique position to provide great role modelling for the students. 	
	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.	<ul style="list-style-type: none"> The placement clinics form part of Te Whatu Ora Te Tai Tokerau. No concerns were raised by the SET following the clinic visits. 	
	1.6 Patients consent to care by students.	<ul style="list-style-type: none"> Same procedures followed as Auckland placements. 	
	1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.	<ul style="list-style-type: none"> Same student expectations are in place. Clinical supervision performed by registered oral health practitioners, who also have ethical and professional obligations to comply with. 	
	1.8 The programme provider holds students and staff to high levels of ethical and professional conduct.	<ul style="list-style-type: none"> All students and clinical educators interviewed demonstrated the levels of professionalism expected. Unfortunately, students were not doing pre-clinical practice at the time of the review, so could not be observed operating in the clinics itself. No specific concern on this aspect was identified by the SET. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
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.	<ul style="list-style-type: none"> A letter of intent for placements of allied health programmes between Te Whatu Ora Te Tai Tokerau and AUT is in place. Oral health is included in the arrangements. A formal agreement between the parties to secure the arrangements is needed to provide the necessary binding assurances for the programme. This should include how the arrangements will be monitored. 	<i>Standard is substantially met</i>
	2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the programme's design, management and quality improvement.	<ul style="list-style-type: none"> The SET recommends that Te Whatu Ora Te Tai Tokerau staff directly involved in the coordination of the remote clinical placements be involved in the design and planning activities of the programme. Normal student feedback mechanisms will be in place, such as student course experience questionnaires, student exit surveys, access to AUT academic staff via phone, email, blackboard etc. In addition, it is suggested that a remote learning student representative be added to the programme student representation. This will provide an avenue for more direct involvement in programme monitoring and improvement initiatives, and help keep the remote students better connected with activities in Auckland. 	
	2.3 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.	<ul style="list-style-type: none"> Mechanisms in place for oral health programme. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
<p>3 Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies</p>	<p>3.1 A coherent educational philosophy informs the programme's design and delivery.</p> <p>3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.</p> <p>3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.</p>	<ul style="list-style-type: none"> • The programme leadership submits that the programmes are the same between the Auckland and Northland occurrences, with the only difference being the clinical placements. • However, as articulated in accreditation standard 1, the pre-clinical education received to date has been delivered within two blocks over two weeks, delivered by AUT academic staff and Te Whatu Ora Te Tai Tokerau clinical educators. • In-between and subsequent to these blocks, students have not engaged in any hands-on clinical experience. They have not had ongoing access to the simulation environment or clinical educators. They also did not have ongoing formative assessments or feedback from clinical educators on those pre-clinical tasks assessed some time ago. • Beyond the four days in April, the second year students participated in didactic learning activities. • Ongoing clinical exposure throughout the academic year is necessary to refine and maintain skills and build confidence, this includes ongoing access to the simulation environment. • Synchronous entry from didactic learning, pre-clinical to patient care is important. This is achieved in the oral health curriculum design – and the same should be ensured for the remote learning delivery. • Sufficient and ongoing access to clinical work (pre-clinical and patient care) and clinical educators must be ensured. Not only though limited block placements. 	<p><i>Standard is substantially met</i></p>

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • There were no clear remediation options available to students who may experience a loss of technical skills or need additional time. Ongoing access to a simulation environment and clinical educators, with the option to have additional patient sessions (later in their studies) would facilitate remediation opportunities. • Simulation and clinical sessions timetabled should be adhered to. This should be monitored to ensure sufficient clinical experiences by students – in particular with some students having heavy employment workloads. • Observational experiences could further benefit students' clinical exposure. • Clinical exposure should be comparable to Auckland based student times and spread throughout the academic years. • Planning to ensure robust and ongoing clinical experiences must be done in partnership with Te Whatu Ora Te Tai Tokerau clinical leadership – and must occur as a matter of priority. • Updated timetables must be made available to students and clinical educators to provide clarity and assurance on what to expect for the next phase of their studies. <p><i>Specific feedback</i></p> <ul style="list-style-type: none"> • Tutorials play an essential part of learning, in particular interactive engagement of students with each other and the academic staff. The SET was advised that remote learning students do not have the capability to interact with those in Auckland during these sessions, due to technology limitations. This must be corrected as soon as possible. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> The programme should consider making tutorials mandatory for all students. This will ensure ongoing engagement by students with the programme. Access to orthodontic patients, and the use of amalgam (not used in patient care in Te Whatu Ora Te Tai Tokerau) should be ensured to achieve the related learning outcomes, and orthodontic related competencies. In updated scheduling, ensure operator positioning and ergonomics learning are completed and assessed by clinical educator observation before or at the start of pre-clinical education. The SET acknowledges that the remote learning is a new arrangement that will need close monitoring and ongoing adjustments to ensure student learning needs are met. 	
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> 2022 accreditation was satisfied with oral health learning outcomes and professional competencies. Feedback on some learning opportunities to ensure these are attained have been addressed in previous section. 	
	3.5 Graduates are competent in research literacy for the level and type of the programme.	<ul style="list-style-type: none"> Same requirements as Auckland based students. Students have access to online library resources and AUT academic staff. Monitoring should occur of any further support needed specific to Northland based students. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.</p>	<ul style="list-style-type: none"> • In the placement clinics students will be part of the dental team, and work with other oral health practitioners. These clinics have dentists on staff, which provide opportunities for students to interact and potentially observe dentists. • Exposure to dental specialists in the clinics similar to those available in Auckland, such as periodontists, must be ensured. • The same IPE requirements will apply to all students. • Other allied health placements are already in place at Te Whatu Ora Te Tai Tokerau that will support local IPE projects. More health professions are due to start placements in Northland. 	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> • As reported earlier, AUT staff and Northland clinical educators are suitably experienced clinically to provide clinical supervision. • However, the induction process for Northland clinical educators was not considered robust enough. This aspect should be strengthened beyond that usually delivered for the 2-week block placements. These clinical educators take on a substantial educational role within the remote learning delivery. • AUT should consider additional educational development opportunities for these clinical educators. • An in-person induction session with the remote clinical educators is considered essential, with the following components included: <ul style="list-style-type: none"> ○ Articulation of the remote clinical educators' roles in clinical education and student assessment ○ How to provide constructive student feedback 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> ○ The scaffolding of pre-clinical teaching ○ Role of hurdle assessment before patient care commences ○ How to raise concerns about student progress ○ Possible remediation options available. 	
	<p>3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.</p>	<ul style="list-style-type: none"> ● Clinical educators found the procedural videos on Blackboard very helpful to ensure consistency in approach. ● The gap related to ongoing access to a simulation environment and on-site clinical educators was covered earlier. ● Potential options to be discussed with Te Whatu Ora Te Tai Tokerau, students and clinical educators – to ensure it supports the student learning needs. 	
	<p>3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates equipped to provide care to diverse groups and populations.</p>	<ul style="list-style-type: none"> ● In addition to the provisions already in place within the oral health programme, being placed full-time within the community would provide ongoing exposure to a diverse range of patients. ● Once ongoing access has been ensured, experienced clinical educators from these communities will provide further opportunities for feedback to students and role-modelling. ● Students and clinical educators do written reflection as part of the clinical logbook/e-portfolio, which includes cultural safety. 	
	<p>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.</p>	<ul style="list-style-type: none"> ● Clinical educators were unaware of their future role into the programme. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> The appointment of the Northland based clinical educators was not yet finalised at the time of the visit. Interviews have occurred and based on confidential feedback there appeared to be: <ul style="list-style-type: none"> sufficient interest from clinical educators to fulfil these roles, and commitment by Te Whatu Ora Te Tai Tokerau to make the appointments with AUT reimbursement; to meet the supervision requirements of the current group. Securing the clinical educators, clearly articulating their roles and obligations, and equipping them with sufficient information and educational tools to fulfil their roles, are a matter of priority – not only for the upcoming semester when patient care starts, but for ongoing assurance of these placements. Students are impacted by the uncertainty about the next stage of their clinical education. They are unclear on what to expect next and are unable to plan ahead. This must be remediated as soon as practical. 	
	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.	<ul style="list-style-type: none"> The requirement for a formal agreement and ongoing access to clinical experience opportunities were covered earlier. 	
4 Students are provided with	4.1 Course information is clear and accessible.	<ul style="list-style-type: none"> The same learning content is available for the remote students on Blackboard. 	<i>Standard is substantially met</i>

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
equitable and timely access to information and support		<ul style="list-style-type: none"> As with the Auckland based students – AUT staff are available via teams, email or phone. As highlighted earlier, clear and timely information on the timetabling and what to expect next on their clinical educational should be provided as soon as possible. 	
	4.2 Admission and progression requirements and processes are fair and transparent.	<ul style="list-style-type: none"> Same admission and progression criteria apply. Successful applicants with addresses in Northland get the option to study remotely. Students can also indicate upfront whether they want to be part of the remote learning occurrence. The SET's concern on the remote learning students' progression from didactic to pre-clinical and patient care, and the need for ongoing clinical exposure and remediation strategies to be in place, have been articulated in standards 1 and 3. 	
	4.3 Students have access to effective grievance and appeals processes.	<ul style="list-style-type: none"> Same for all oral health students. Considered sufficient as part of 2022 accreditation review. 	
	4.4 The provider identifies and provides support to meet the academic learning needs of students.	<ul style="list-style-type: none"> The same academic resources are available remotely. Academic resources are also available at NorthTec campus in Whangārei. Appointment of remote clinical educators coupled with strengthened induction, and clarity on the clinical timetables will further support the students to meet their learning needs. 	
	4.5 Students are informed of and have access to personal support	<ul style="list-style-type: none"> A range of services are available through student health and wellbeing services and disability support, with support from 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	services provided by qualified personnel.	<p>student advisors - financially, and health, wellbeing, and counselling.</p> <ul style="list-style-type: none"> • These are all available remotely. • The oral health programme coordinator is also available for students/clinical educators, to facilitate personal support for students. 	
	4.6 Students are represented within the deliberative and decision making processes for the programme.	<ul style="list-style-type: none"> • Student representatives participate in the course leaders' meetings. The SET recommends that a remote student also be included as part of the student representatives. • Students are encouraged to belong to the oral health student association. 	
	4.7 Equity and diversity principles are observed and promoted in the student experience.	<ul style="list-style-type: none"> • The Northland initiative is founded on improving equity and diversity. It gives students an opportunity to enrol while being able to stay with their whānau and serve their community while studying, and hopefully remain there to bolster the area's oral health workforce and improve the community's oral health outcomes. • The submission reported half of the remote students identify as Māori – but it is likely more. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
<p>5 Assessment is fair, valid and reliable</p>	<p>5.1 There is a clear relationship between learning outcomes and assessment strategies.</p> <p>5.2 All required professional competencies are mapped to learning outcomes and are assessed.</p> <p>5.3 Multiple assessment methods are used including direct observation in the clinical setting.</p>	<ul style="list-style-type: none"> • The same learning outcomes and assessment strategies apply. • A comprehensive range of assessment methods are being used, including examinations, group work, oral presentations, and assignments. • Practical or clinical assessments include direct observation of student performance, portfolios, structured oral examinations, oral presentations, and tests. • Both formative and summative assessments are used. • Canvas contains information to students about the formative and summative assessments, compulsory elements of the course, and criteria for AAOs. • The e-portfolio facilitates clinical assessments against specific learning outcomes. • The requirement for assessment of pre-clinical skills before students move to patient case has been discussed earlier. 	<p><i>Standard is substantially met</i></p>
	<p>5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.</p>	<ul style="list-style-type: none"> • The programme reported a range of moderation and calibration activities for the oral health programme. • Written assessments are pre- and post-moderated, marking criteria exists, and cross marking occurs. • The e-portfolio contains a marking rubrics, and reflection sections for both student and clinical educator. • The programme has an induction process in place for the community oral health practitioners involved in the clinical supervision of the students during the block placements. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • However, evidence indicated that this was not sufficient for the role the remote learning clinical educators are undertaking. It is acknowledged that most of these clinical educators are experienced mentors of oral health students coming there for block placements, and of new graduates. However, these clinical educators have never had to undertake pre-clinical teaching of students. • Evidence did not support a structured, formalised standard setting process. A few clinical educators organised a calibration session amongst themselves. There is also no assurance that their assessment level is consistent with that of the clinical educators in Auckland. • Structured in-person moderation and calibration of clinical practice for remote clinical educators must be undertaken to ensure validity and consistency in clinical assessment of students between the remote clinical educators, as well as those based in Auckland. 	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	<ul style="list-style-type: none"> • AUT staff will monitor student progress remotely via the e-portfolio. • Robust standard-setting of the remote clinical educators must be ensured. • Ad-hoc on-site observation and formative assessment of students by AUT staff during patient care would be strongly encouraged to avoid late identification of issues with student performance that could prevent them from succeeding in the final assessments. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> External assessment of all students in the final year must be ensured. 	
<p>6. The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.</p>	<p>6.1 The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand.</p> <p>6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery.</p>	<ul style="list-style-type: none"> The school of clinical sciences' Te Tiriti Ora, co-designed with Māori, and the university's commitment to honour Te Tiriti o Waitangi is demonstrated through Ki Uta Ki Tai. The embedding of Te Tiriti Ora, a Te Tiriti o Waitangi honouring curriculum framework, to support the decolonisation and indigenisation of health education curriculum across the school – is monitored for the oral health programme through a 2022 accreditation condition. This remote learning initiative is a partnership between Te Whatu Ora Te Tai Tokerau, Northtec, Iwi and the AUT School of clinical sciences. Conversations over the two days indicated that there was a positive working relationship between Ngati Hine and Te Whatu Ora Te Tai Tokerau. This was demonstrated through sharing of resources, scholarships for some of the remote learning oral health students etc. The SET did not have direct engagement with Ngati Hine representatives. Potential opportunities with Te Hiku were also referenced. AUT school of clinical sciences is encouraged to further build on and foster the relationships with local iwi – with Te Whatu Ora Te Tai Tokerau. 	<p><i>Standard is met</i></p>

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>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.</p> <p>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).</p> <p>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.</p> <p>6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.</p> <p>6.7 The programme provider promotes and supports the recruitment, admission, participation, retention and completion of the programme by Māori and Pacific peoples.</p>	<ul style="list-style-type: none"> • The oral health programme review in 2022 identified some areas of further development, with a condition in place to monitor the implementation. • The Northland remote learning initiative is enabling Māori students to enrol into the programme, while staying with their whānau and hapū, and being able to study and work within their communities. • The clinical educators are from the community. • In time, they will be able to treat their own and contribute towards the oral health of their community. • Hauora Māori underpins the philosophy of care in Te Whatu Ora Te Tai Tokerau clinics. Te Reo is part of practice there. • Te Aō Marama supports the AUT oral health programme closely, with regular engagement. Some of the Ngā Kaiwhakahaere - Te Aō Marama members are practising clinicians in Te Whatu Ora Te Tai Tokerau, and have been some of the clinical educators. • Once established, this placement could contribute positively to the oral health programme to further strengthen Hauora Māori within oral health. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>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.</p> <p>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.</p> <p>6.10 Staff and students work and learn in a culturally appropriate environment.</p>		

SUMMARY OF FINDINGS

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:

1. The initiative from AUT and Te Whatu Ora Te Tai Tokerau with support from Ngati Hine, to help address oral health inequities in Northland by attracting, retaining, and growing a local oral health workforce.
2. The passion of those involved to implement this new programme delivery.
3. The innovative educational philosophy underpinning AUT's development of this remote learning programme.

SUMMARY OF FINDINGS

Recommendations

The recommendations are as follows:

1. Consider making tutorials compulsory to facilitate broader student participation and engagement, to optimise these valuable learning opportunities.
2. Increase representation of the remote learning delivery onto programme committees. These include:
 - a. Te Whatu Ora Te Tai Tokerau placement coordinator in AUT clinical educator meetings.
 - b. Northland placement student on student representative committee.
3. Ensure knowledge and assessment of operator positioning and ergonomics is in place before or at the start of pre-clinical simulation.
4. Continue to build and foster the relationships with the local iwi and Te Whatu Ora Te Tai Tokerau.
5. Consider additional educational development opportunities for the remote learning clinical educators.
6. Consider ad-hoc on-site observation and formative assessment of students by AUT staff during patient care to avoid late identification of issues with student performance that could prevent them from succeeding in the final assessments.

SUMMARY OF FINDINGS

Appendix A – Site visit schedule

Site Evaluation Team (SET) accreditation review of remote learning components for Auckland University of Technology Bachelor of Health Science (oral health)

15 May 2023

Monday, 15 May 2023			
Those on-site, based at Whangārei – Kahikatea Meeting Room, 22b Commerce Street, Whangārei (meet at reception to move to meeting room)			
9:45 – 10:00	Closed session: SET briefing		
Zoom link:			
10:00 – 10:30	Leadership team	Strategic direction for remote component Future plans Governance/monitoring	Head of School of Clinical Sciences – Judith McAra-Couper Head of Māori Advancement – Jacquie Kidd Deputy Head of School/Teaching and Learning Lead – Ellen Nicholson School Manager – Michael Delaney Head of Department – Karen Lansdown
10:30 – 11:15	Integration with programme at AUT campus	Integration – students, staff Timetabling Resourcing Monitoring/Remediation Assessment Student support	Daniel Fernandez Heuiwon (Chris) Han Mina Jawadi Dr Rohini Khareedi (apologies) Donna Kennedy Melody Martin Tanya Cleland Melissa Kowalewicz
11:15 – 11:30	Break		
11:30 – 12:30	Remote teaching staff (all)	Integration – students, staff Timetabling	<i>Supervisors and other staff involved at remote sites with teaching/students</i> Karen Boyce- Bacon / Sharnee Diamond

SUMMARY OF FINDINGS

		Resourcing Monitoring/Remediation Assessment Support	Danni Craghill Ruby Dunn Samaria Prime Ashley The
12:30 – 12:45	Te Whatu Ora Te Tai Tokerau Leadership	Partnership Agreement Governance	Pip Zammit Kirstie Culpan
12:45 – 1:30	Break & SET closed session		
1:30 – 2:15	Remote learning students (all)	Experience Support Resources Supervision & monitoring of progress	Miranda Baas Chevau Johnstone Talia King Hine Tu Kaha Leaf Cheyenne Naera Chantelle Tindall
2:15 – 2:40	SET closed session		
2:40 – 2:50	Leadership team/programme representatives	Closure	Head of School of Clinical Sciences– Judith McAra-Couper Deputy Head of Clinical Sciences- Ellen Nicholson Head of Department – Karen Lansdown
2.50pm	Travel to and visit Whangārei placement clinic Travel from Commerce Street meeting room Alexander Street Oral Health Clinic to– 10 Alexander Street, Whāngarei Travel 15-20 minutes -to Te Kamo Community Oral Health Clinic – 3 Grant Street, Kamo.		SET & Council staff on-site Host: Pip Zammit Karen Boyce-Bacon