

DENTAL COUNCIL (NZ)
REPORT OF AN EVALUATION OF
NEW ZEALAND ASSOCIATION OF ORTHODONTISTS
Orthodontic Auxiliary Training Programme

December 2018

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

CONTENTS

CONTENTS	2
1. EXECUTIVE SUMMARY	4
Background	5
Overview of the Evaluation	5
Key Findings	6
Accreditation Decision	7
2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD	8
3. QUALITY IMPROVEMENT	27
Commendations	27
Appendix A – List of acronyms used in this report	29
Appendix B – Site visit schedule	30

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

Site visit conducted

31 August 2018

Site Evaluation Team

Professor Craig Dreyer (Chair)

University of Adelaide, Australia

Leigh Blackadder

Orthodontic Auxiliary, New Zealand

John Robertson

Laymember

Site Evaluation Team

Suzanne Bornman

Standards and Accreditation Manager

Programme Provider

New Zealand Association of Orthodontists

PO Box 179, Albany Village, Albany, Auckland 0755

EXECUTIVE SUMMARY

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, part-time
Registration division	Orthodontic Auxiliary
New Zealand Qualifications Framework Level	N/A
Accreditation standards version	Accreditation Standards for Dental Practitioner Programs (1 January 2016)
Date of site evaluation	31 August 2018
Date of Dental Council decision	10/12/2018
Type of accreditation	Re-accreditation
Accreditation start date	1/01/2019
Accreditation end date	31/12/2023

EXECUTIVE SUMMARY

Background

The New Zealand Association of Orthodontists - Orthodontic Auxiliary Training Programme (NZAO OATP) leads to the Certificate of Orthodontic Assisting and enables successful trainees to register as orthodontic auxiliaries with the Dental Council in New Zealand.

The programme was developed by the NZAO to address the workforce needs for auxiliary staff to assist orthodontists, and was granted accreditation in 2010.

Training is undertaken in-house in orthodontic practices, and trainees are supervised by approved orthodontists. All students will be employees of registered orthodontists, and who are members of the NZAO.

All trainees will either be enrolled in the New Zealand Dental Assistants Programme and have completed the cross infection control module or have obtained a previous dental qualification; either as a dental assistant, therapist, hygienist, or dentist. The programme consists of the American Orthodontists Association (AOA) Trapezio online course, supported by in-house teaching, and a two-day OATP final assessment (final assessment).

The programme is managed by the NZAO OATP committee, appointed by the NZAO executive, with the day-to-day running of the programme performed by an administrator.

Overview of the Evaluation

The programme provided a comprehensive submission. The site evaluation team (SET) reviewed the material submitted and requested clarification and additional material in some areas.

The site visit was conducted on 31 August 2018 during the final assessment held at the Faculty of Dentistry Department of Orthodontics in Dunedin.

Interviews were held with the programme leadership, administrator, supervisors, clinical evaluator, chief examiner, examiners, and current and recent trainees. The schedule is included as Appendix B.

EXECUTIVE SUMMARY

Key Findings

The SET considered that all accreditation standards have been met.

The enthusiasm and commitment of the programme management, administrator and supervisors is commended.

A number of focus areas have been identified to ensure the programme continues to meet the accreditation standards, along with some suggested improvements. These include:

- Ensure updated online course material that reflects contemporary practice within the New Zealand context.
- Strengthen the cultural competence module and its assessment.
- Introduce written individualised feedback to trainees after the final assessment.
- Explore opportunities to increase the availability of the final assessments to three per year.
- Encourage voluntary short-term outplacements in other NZAO approved training practices, under supervision of that orthodontist, to increase exposure to different clinical approaches, techniques, equipment and broader patient and case mix. Such placements, if occurring, should be under signed agreements with clearly defined educational objectives and appropriate clinical supervision arrangements.
- Update the transmissible major viral infections (TMVI) evidence requirement during the application phase.
- Ongoing focus on improvement of communication with trainees and supervisors, in particular what to expect during the final assessment process.

The comprehensive list of recommendations is included in the quality improvement section of the report.

EXECUTIVE SUMMARY

Accreditation Decision

The Council resolved to grant the New Zealand Association of Orthodontists Orthodontic Auxiliary Training Programme accreditation until **31 December 2023**.

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

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 of the educational programme, clinical training and student learning outcomes.	<ul style="list-style-type: none"> • Patient safety and quality of care featured in the submission. • On entry, trainees will either be enrolled in the New Zealand Dental Assistants Programme and have completed the cross infection control module, or have obtained a previous dental qualification; either as a dental assistant, therapist, hygienist or a dentist. • All trainees must have a current New Zealand Resuscitation Council (NZRC) Core Immediate Resuscitation Certificate, or equivalent. The programme documentation refers to Level 4, and should be updated to reflect the new course title - being NZRC CORE Immediate. • Particular emphasis is placed on handpiece safety, with the "Use of Handpiece" module introduced after the previous accreditation visit. • Trainees are supervised by registered orthodontists. • Multiple assessments across the different clinical aspects and one-on-one supervision ensure that acceptable standards of patient care are maintained. 	<i>Standard is met</i>
	1.2 Student impairment screening and management processes are effective.	<ul style="list-style-type: none"> • Applicants must know their Hepatitis B status and provide evidence of immunity. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • The admission criteria in the training manual does not stipulate a requirement for Hepatitis C testing. However, the application form does require “Hepatitis B and C immune status.” • The training manual requires applicants who consider themselves at risk for Human Immunodeficiency Virus (HIV) infection, to be tested. • The SET considers that the transmissible major viral infections (TMVI) evidence requirement during the application phase should: <ul style="list-style-type: none"> ○ include testing for HIV. ○ require evidence of Hepatitis B immunity, or their Hepatitis B serological status where immunity cannot be confirmed. ○ require Hepatitis C serological status (not immunity as per the application form). • The programme should also develop a policy on the management of positive viral load results. It is recommended that the management strategies align with the Dental Council's TMVI practice standard. • All applicants whose first language is not English and who have not completed a minimum of three-years secondary education schooling in English, are advised that they will be required to satisfy the Dental Council's English language requirements to obtain registration as an orthodontic auxiliary. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> The results of the AOA Trapezio online tests, one-on-one supervision, and formative assessments by the supervising orthodontist will identify impairment early, and additional support could be provided. 	
	1.3 Students achieve the relevant competencies before providing patient care as part of the programme.	<ul style="list-style-type: none"> Practical tasks are first practised on the supplied dental typodonts and mannequins. Trainees must have completed all the practical tasks, passed the appropriate online test and shown competence in that task before they can perform the task on patients. 	
	1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.	<ul style="list-style-type: none"> All programme supervisors are registered orthodontists with current practising certificates. Supervisor training is offered, usually linked to the NZAO conference. New supervisors must attend the training and will be mentored by members of the OATP committee. 	
	1.5 Health services and dental practices providing clinical placements have robust quality and safety policies and processes and meet all relevant regulations and standards.	<ul style="list-style-type: none"> As this is an in-house training programme, all trainees complete their training in orthodontic practices. All practices where trainees are accepted must participate in the NZAO practice accreditation programme. Seven standards have been developed, specific for those members involved with the training programme. The orthodontists must comply with the Dental Council's legal and professional standards, including practice standards. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> It is noted that the material provided refers to the earlier Dental Council's codes of practice, adopted from the New Zealand Dental Association (NZDA). The course material should be updated to reflect the Dental Council's new practice standards. As affiliate members of the NZDA, all members have practice management manuals, that include Occupational Health and Safety Guidelines and a checklist against which the practice must assess compliance. Normal employment health and safety obligations apply. 	
	1.6 Patients consent to care by students.	<ul style="list-style-type: none"> Patients are made aware that the participant is in a training programme and consent for the trainee to assist in the treatment is obtained. 	
	1.7 Where required, all students are registered with the relevant regulatory authority/ies.	<ul style="list-style-type: none"> N/A 	
	1.8 The education provider holds students and staff to high levels of ethical and professional conduct.	<ul style="list-style-type: none"> All supervisors are registered oral health practitioners that must comply with the Dental Council's legal and professional obligations. This includes complying with the Council's Standards Framework for Oral Health Practitioners that sets out the ethical and professional standards expected from practitioners. Embedding the standards framework into the programme is required to ensure prospective registrants are fully aware of their professional obligations following registration. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> The administrator is held to high ethical and professional conduct by their employment contract with the NZAO. 	
2. Academic governance and quality assurance processes are effective.	2.1 The provider has robust academic governance arrangements in place for the programme of study that includes systematic monitoring, review and improvement.	<ul style="list-style-type: none"> The NZAO executive appoints the OATP committee – who governs the programme. The President of the NZAO is an ex-officio member of the OATP committee. The OATP committee reports to the NZAO membership at its annual general meeting. The AOA online Trapezio course is endorsed by the American Association of Orthodontists, and is auto-renewed every three years, with continuous input on the content. The AOA programme is reviewed every two years by the Academy of General Dentistry for continuing education credits. 	<i>Standard is met</i>
	2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the programme.	<ul style="list-style-type: none"> The AOA manages the online Trapezio course. This programme has gone through a certification process by the Public Post-Secondary Education Commission of Georgia, and is recognised by the Academy of General Dentistry as a continuing education credit provider. Trainees and the supervisors are surveyed at the end of the programme, and the feedback considered by the OATP committee. The last survey results reported to the OATP committee was provided to the SET. External examiners, orthodontists who do not have trainees, perform the summative assessments in the final assessment. They have an opportunity for feedback during 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<p>a debrief session following the two days. Examples of changes as a result of this feedback were offered.</p>	
	<p>2.3 There is relevant external input to the design and management of the programme, including from representatives of the dental professions.</p>	<ul style="list-style-type: none"> • The programme is governed and training provided by practising orthodontists, all members of the peak professional body in New Zealand. • Senior staff from the Department of Orthodontics are members of the NZAO, with some of them actively involved in OATP to provide academic oversight. • A Clinical Evaluator position, a practising orthodontist but not involved in training, has recently been introduced to: <ul style="list-style-type: none"> ○ Link the trainees and the supervisors to a contact person who is a clinician. ○ Review all applications for training before consideration by the selection committee. ○ Verify the completed clinical assessment sheet prior to the administrator entering the trainee for the final assessment. <p>This position still requires embedding into the programme, but provides an ideal opportunity to provide feedback on issues experienced by trainees or supervisor.</p>	
	<p>2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.</p>	<ul style="list-style-type: none"> • By nature of the in-house training, trainees will be exposed to contemporary orthodontic practice. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Some of the content in the online training material was considered out of date, and very focused on the American dental practice environment. • The SET was advised that AOA is currently reviewing the online course content, and has informally liaised with the programme's chief examiner. • A New Zealand review of the online training material is encouraged to ensure that the material reflects contemporary practice and is suitable for the New Zealand practising environment. Outdated principles on sterilisation was given as an example by interviewees. • Feedback should be given to the AOA to ensure these areas are considered for the update. In the interim, New Zealand material to address any outdated information should be considered until the AOA update has been completed. • Where considered appropriate, additional material to provide New Zealand specific context of some practice areas should be considered. 	
<p>3. Programme design, delivery and resourcing enable students to achieve the required professional</p>	<p>3.1 A coherent educational philosophy informs the programme of study design and delivery.</p>	<ul style="list-style-type: none"> • The training programme consists of three components: <ul style="list-style-type: none"> ○ The NZDA Dental Assisting Programme. ○ The AOA Trapezio online course with 14 modules - supported by a textbook "Orthodontic Assisting - Technique and Theory". This provides much of the theory and some of the clinical knowledge. The 	<p><i>Standard is met</i></p>

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
attributes and competencies.		<p>orthodontist must facilitate the trainee's undertaking of the AOA online course.</p> <ul style="list-style-type: none"> ○ The in-house training. This covers the majority of the training, which is carried out by the orthodontist. It is expected this will occur in conjunction with the AOA online course and take trainees several months to complete. ● The above components are consolidated with the supervisor signing off all the competencies, followed by the final assessments. ● All components must be passed to gain the Certificate of Orthodontic Assisting. ● A trainee must complete the programme within two years of enrolling. 	
	3.2 Programme learning outcomes address all the relevant attributes and competencies.	<ul style="list-style-type: none"> ● The programme has clearly defined learning objectives and outcomes, and a comprehensive graduate profile that aligns with the Dental Council's orthodontic auxiliary scope of practice and associated competencies. 	
	3.3 The quality and quantity of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	<ul style="list-style-type: none"> ● According to the clinical assessment sheet, the range of in-house clinical training appears to be comprehensive and appropriate to achieve the required orthodontic auxiliary competencies. ● The majority of clinical training will be facilitated by the supervising orthodontist, approved by the NZAO to act as a supervisor. This will assure the quality of clinical training. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Even though some procedures or techniques may not be used in particular practices, these are still required to be completed and competence signed off. These activities could be performed on typodonts and mannequins to attain the necessary skills. • The programme continues to revisit the impact of digital technology developments on the training needs, whilst protecting the principles that trainees should gain the fundamental knowledge and skills to be applied in different practice scenarios. 	
	<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 design of the programme and teaching methods follow a logical progression to give the trainee the required theory and clinical outcomes. • The clinical training follows a logical progression, with one-on-one clinical supervision. • There is a supervisor guide for the online programme, setting out the prerequisites for each practical/clinical session, and tips on simulation exercises. • Balancing service needs with training time could be a challenge in busy practices. Based on interviews conducted, no concerns on this aspect were raised. Some current and recent trainees confirmed that they have dedicated teaching time with their supervisor, and these sessions are respected for training needs. • The potential limitations with in-house training in a private practice with a dedicated supervising orthodontist are: 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> ○ lack of exposure to different clinical methodologies, techniques, technology etc. ○ risk of limited patient and case mix. ● Encouraging voluntary short-term outplacements in other approved training practices, under supervision of that orthodontist, could be considered. Such placements, if occurring, should be under signed agreements with clearly defined educational objectives and appropriate clinical supervision arrangements. 	
	3.5 Graduates are competent in research literacy for the level and type of the programme.	<ul style="list-style-type: none"> ● The programme considers research literacy beyond the scope of practice for orthodontic auxiliaries. Orthodontic auxiliaries are directly supervised by orthodontists and are not involved in diagnostics, treatment planning or ongoing treatment decisions. 	
	3.6 Principles of inter-professional learning and practice are embedded in the curriculum.	<ul style="list-style-type: none"> ● As employees of a dental practice, trainees form part of the dental team. This includes interaction with orthodontists, dentists, other orthodontic auxiliaries, dental assistants, reception and practice management staff. ● The level of exposure is considered appropriate for the orthodontic auxiliary scope of practice. 	
	3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	<ul style="list-style-type: none"> ● All supervisors are New Zealand registered orthodontists. ● Supervisors are required to be familiar with all of the programme objectives and assessments prior to the enrolment of any staff members. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
	<p>3.8 Learning environments support the achievement of the required learning outcomes.</p>	<ul style="list-style-type: none"> • The AOA Trapezio online course is developed and maintained by American orthodontists. <hr/> <ul style="list-style-type: none"> • The dental practices provide access to suitable patients, equipment, materials and facilities to enable trainees to achieve the programme objectives. <p>Potential limitations for clinical exposure across all areas of practice have been identified earlier, but this was not considered to impact on the ability for trainees to be competent to practise as orthodontic auxiliaries.</p> <ul style="list-style-type: none"> • The AOA Trapezio site tracks trainees' progress and saves test scores. Trainees and their supervisors are able to review corrected tests and monitor test scores. • Orthodontists have a variety of journals and textbooks that will be available to the trainee. • Formative assessment tasks aid learning by providing feedback and help to identify any difficulties the trainees may have, and remedial assistance and support can be provided. • Having exposure within the practice environments ensure orthodontic auxiliaries are ready for practice immediately on completion of the programme. • The new clinical evaluator position provides independent support to both trainees and supervisors – if required. • One orthodontic practice in Rotorua acts as a mentoring practice. This practice offers access to trainees and 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<p>supervisors with queries that are beyond the scope of the administrator, and for mentoring of either trainees or supervisors.</p> <p>The mentoring practice has an orthodontist on the OATP committee, an experienced orthodontic auxiliary and an orthodontic auxiliary who has just completed their training. They are all available to support trainees.</p> <ul style="list-style-type: none"> • Communication between the provider and trainees and supervisors has improved in recent years. However, this should be an ongoing focus of the NZAO OATP. In particular in the following areas: <ul style="list-style-type: none"> ○ Final assessment process and details on the areas that will be assessed. ○ The available contact points for trainees and supervisors, and their respective roles – administrator, clinical evaluator, mentoring practice. • The OATP's initiative for a trainee chat group is commended, and increased participation should be further encouraged. 	
	<p>3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.</p>	<ul style="list-style-type: none"> • The registered orthodontists must comply with the Council's practice standards, assuring quality and safe patient care. • The NZAO practice accreditation programme further monitors compliance with these standards. • As employers, dental practices must also comply with other legislation – including health and safety. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> The rotating typodonts and mannequins are useful tools for clinical teaching. 	
	<p>3.10 Cultural competence is integrated within the programme and clearly articulated as required disciplinary learning outcomes: this includes Aboriginal, Torres Strait Islander and Māori cultures.</p>	<ul style="list-style-type: none"> The graduate profile requires an awareness of the relevance of the Treaty of Waitangi to the Health Sector, and of socio-cultural beliefs and their influences on oral health. The principles of Mana Māori and the Treaty of Waitangi is covered in-house under the cultural awareness module. Training material also covers the Council's Statement on Cultural Compliance. The specific focus on Mana Māori and the Treaty of Waitangi in the programme is commended. However, it appears that the Māori culture, values and beliefs on health and how these relate to oral health care have not been fully integrated into the programme. Additional training material to support this aspect of the module should be explored. The SET also considered that with an increasingly diverse New Zealand society, greater cultural awareness should be fostered. 	
	<p>3.11 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the necessary attributes and competencies.</p>	<ul style="list-style-type: none"> In response to one of the previous accreditation recommendations, programme fee changes were made to ensure the programme is self-funding. All committee and supervision positions are voluntary. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> The association and its membership continue to support the need for the programme. There is ongoing interest for enrolling into the programme, with applications supported by willing supervisors. Frustration on the availability of timely final assessments have been expressed. Trainees often experience a few months' time lag after completing the programme and securing a place in the final assessment. The SET acknowledges the logistical and practice difficulties in securing appropriate facilities and examiners to perform these assessments consistently, fairly and safely. However, it would encourage the programme to continue to explore the possibility for a third final assessment per year. 	
4. Students are provided with equitable and timely access to information and support.	4.1 Course information is clear and accessible.	<ul style="list-style-type: none"> The programme material is comprehensive and clear, with trainees and supervisors confirming a clear understanding of the programme requirements. More detailed information on what to expect during the final assessment was requested. In particular, the potential range of clinical tasks that would be assessed. If trainees require more information or support they can contact the programme administrator or the mentoring practice. 	<i>Standard is met</i>
	4.2 Admission and progression requirements and processes are fair and transparent.	<ul style="list-style-type: none"> The admission criteria are transparent and clear. The concern relating to the TMVI test requirements have been discussed earlier in the report. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> The applications for admission are reviewed by the clinical evaluator and then by the OATP committee. The admissions process is evaluated by trainee feedback and performance, feedback from supervising orthodontists, and review by NZAO. The assessment details are clearly defined in the training manual, and in the online course modules. The role of the final assessment is understood. 	
	4.3 Students have access to effective grievance and appeals processes.	<ul style="list-style-type: none"> An appeal by a trainee is first reviewed by the clinical evaluator, then referred to the NZAO executive committee. A similar process is in place for disputes. The clinical evaluator will ensure the continuity of training for the trainee in the event that workplace relationships break down and the trainee needs to relocate. 	
	4.4 The provider identifies and provides support to meet the academic learning needs of students.	<ul style="list-style-type: none"> The approved supervisor monitors progress of the trainee, and should provide remedial opportunities if any deficiencies are identified. The clinical evaluator position links the trainees and the supervisors to an independent orthodontist, and verifies the completed clinical assessment sheet prior to the entry into the final assessment. The mentoring practice provides further support to both trainees and supervisors. Trainees can also approach the chairperson of the OATP committee if they have issues regarding the programme or their supervision. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Trainees have access to an AOA Trapezio online support instructor for encouragement and to answer trainees' questions about the online modules or assessments. • Trainees are encouraged to join the AOA Trapezio community message board and chat room. • The programme has also established a chat room for trainees. 	
	4.5 Students are informed of and have access to personal support services provided by qualified personnel.	<ul style="list-style-type: none"> • Trainees can contact the programme administrator or clinical evaluator with any questions or support required. • Permission for extension of training time or a break from the training programme can be requested. • As employees of dental practices, trainees also have access to practice resources. 	
	4.6 Students are represented within the deliberative and decision making processes for the programme.	<ul style="list-style-type: none"> • The association was unsuccessful in attracting interest for an orthodontic auxiliary to participate in the OATP committee. • The committee is encouraged to continue inviting expressions of interest to fill this position. 	
	4.7 Equity and diversity principles are observed and promoted in the student experience.	<ul style="list-style-type: none"> • Equity and diversity principles are observed and promoted in the programme. • Orthodontic practices are very diverse environments where the trainees get exposed to children, adults, and all different ethnic and cultural diversities. • The programme observes and promotes awareness of different cultures. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
5. Assessment is fair, valid and reliable.	5.1 There is a clear relationship between learning outcomes and assessment strategies.	<ul style="list-style-type: none"> Each module of the AOA Trapezio online course has clearly defined learning outcomes, and assessments aligned to the learning outcomes. The clinical assessment sheets directly relate to the clinical tasks listed in the orthodontic auxiliary scope of practice. 	<i>Standard is met</i>
	5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies.	<ul style="list-style-type: none"> Each module has a number of learning outcomes and these learning outcomes are assessed, initially formatively and then summatively. The clinical assessment sheets align with the required competencies of an orthodontic auxiliary, and each one has to be signed off by the orthodontist supervisor before entry into the final assessment. 	
	5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	<ul style="list-style-type: none"> The online modules primarily use multichoice questions. For the in-house training there is one-on-one assessment by the orthodontist supervisors, primarily through direct observation. The final assessment is a combination of direct observation and questions and answers during the session to determine sound understanding of the task. Self-assessment is encouraged by completing a self-assessment form for each module. 	
	5.4 Programme management and co-ordination, including moderation procedures ensure consistent and	<ul style="list-style-type: none"> The in-house formative assessments are given by the supervising orthodontist, and feedback on progress or areas of improvement given. Initial training provided to supervisors 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
	<p>appropriate assessment and feedback to students.</p>	<p>provides guidance on how to perform assessments and provide feedback.</p> <ul style="list-style-type: none"> • The final assessment process is criterion-referenced to ensure trainees are measured against defined and objective criteria. • The final assessment is managed by a chief examiner, a senior orthodontist academic. • Any borderline cases will be discussed by the chief examiner and other examiners. • Prior to the final assessment there is a briefing to all the examiners to ensure consistency between examiners during the clinical assessment. • The examiners used for the final assessment will not be directly involved in the delivery of the programme, and will not be a mentor or supervisor of any of the trainees enrolled in the final assessment. • At the end of the final examination there is an examiner briefing session to provide feedback on the assessments. • The trainees and orthodontist supervisors are surveyed following the final assessment, where feedback on the assessment process can be provided. • Trainees expected individualised written feedback on their performance during the final assessment, but it appears that all feedback given is verbal. Implementing this process will be beneficial for the trainees and their supervisors, and encourage ongoing self-development. 	

SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	<ul style="list-style-type: none"> All examiners are registered orthodontists with practice experience. 	
	5.6 All learning outcomes are mapped to the required attributes and competencies, and assessed.	<ul style="list-style-type: none"> The learning outcomes cover the competencies expected from an orthodontic auxiliary, and are assessed. 	

3. QUALITY IMPROVEMENT

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

Commendations

1. The ongoing commitment of the Association and all those involved in the OATP is commended for continuing to deliver a quality vocational training programme, and for continuously striving to identify areas for improvement.

Recommendations

The recommendations are as follows:

1. A New Zealand review of the AOA Trapezio online training material is encouraged to ensure that the material reflects contemporary practice and is suitable for the New Zealand practising environment.
 - a. Feedback should be given to the AOA to ensure these areas are considered for the update. In the interim, New Zealand material to address any outdated information should be considered until the AOA update has been completed.
 - b. Where considered appropriate, additional material to provide New Zealand specific context of some practice areas should be developed.
2. Expand the cultural awareness module's training material to focus on Māori culture, values and beliefs on health and how these relate to oral health care, and to fully integrate this into the programme – including assessments.
3. Explore the possibility for a third final assessment opportunity per year to facilitate improved access to the summative assessments on completion of trainees' training.
4. Provide trainees that sat the final assessments individualised written feedback afterwards on their performance.

QUALITY IMPROVEMENT

5. Encourage voluntary short-term outplacements in other NZAO approved training practices, under supervision of that orthodontist, to increase exposure to different clinical approaches, techniques, equipment and broader patient and case mix. Such placements, if occurring, should be under signed agreements with clearly defined educational objectives and appropriate clinical supervision arrangements.
6. Strengthen the programme entry requirements on TMVI:
 - a. To include evidence of HIV serological status.
 - b. To correct the documentation to require evidence of Hepatitis B immunity, or Hepatitis B serological status where immunity cannot be confirmed, and Hepatitis C serological status.
 - c. Develop a policy on the management of positive viral load results. It is recommended that the management strategies align with the Dental Council's TMVI practice standard.
7. Embed the Dental Council's Standards Framework into the programme to ensure prospective registrants are fully aware of their professional obligations on completion of the programme and registration.
8. Update the programme documentation to reflect the Dental Council's new practice standards, instead of the earlier codes of practice.
9. Update the programme documentation to change the title of the *Level 4 resuscitation* to *NZRC CORE Immediate Resuscitation Certificate, or equivalent*.
10. Continue to invite expressions of interest to fill the vacant orthodontic auxiliary position on the OATP committee.

APPENDICES

Appendix A – List of acronyms used in this report

Acronym	Description
AOA	Academy of Orthodontic Assisting
DC(NZ)	Dental Council New Zealand
HIV	Human Immunodeficiency Virus
NZAO	New Zealand Association of Orthodontists
OATP	Orthodontic Auxiliary Training Programme
FTE	Full-time equivalent
NZDA	New Zealand Dental Association
NZRC	New Zealand Resuscitation Council
SET	Site evaluation team
TMVI	Transmissible major viral infections

APPENDICES

Appendix B – Site visit schedule

Site Evaluation Team (SET) visit

Friday 31 August 2018

Time	Activity	
8:45	SET arrival and set-up	
Room details	Room TBC	Participants
9:00 – 10:00	Training committee	Matt Williams, Tony Lund
10:00 – 10:45	Clinical evaluator – Andrew Lush (Zoom meeting)	Andrew Lush
10:45 – 11:15	Administrator – Jean Templeton (Zoom meeting)	Jean Templeton
11:15 – 11:30	Morning tea break (closed team session)	
11:30 – 12:00	Report writing (closed team session)	
12:00 – 12:30	Students	On site
12:30 – 13:00	Examiners	On site
13:00 – 13:30	Supervisors (Zoom meeting)	Matt Barker, Peter Fowler
13:30 – 14:15	Lunch (closed team session)	
14:15 – 14:45	Recent graduates (Zoom meeting)	Marise Hunt (from Matt Barker), Aileen Darang (from Peter Fowler)
14:45 – 16:30	Report writing (closed team session)	