DENTAL COUNCIL
REPORT OF AN EVALUATION OF

UNIVERSITY OF OTAGO
DClinDent (oral and maxillofacial surgery) programme

December 2020

CONTENTS

CONTENTS

SITE VISIT AND EVALUATION BY OMS SITE EVALUATION TEAM

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Programme Provider

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EXECUTIVE SUMMARY

1. EXECUTIVE SUMMARY

Programme provider	University of Otago
Programme/qualification name	Doctor of Clinical Dentistry (oral and maxillofacial surgery)
Programme/qualification abbreviation	DClinDent (OMS)
Programme/qualification code	N/A
Address	Faculty of Dentistry, 310 Great King Street, Dunedin, New Zealand
Campus(es)	N/A
Programme length	3 years full-time
Registration division	Oral and Maxillofacial Surgery
Registration specialty	N/A
Qualification type	HE
New Zealand Qualifications Framework Level	NZQA level 10
Accreditation standards version	Accreditation Standards for Dental Practitioner Programmes (1 January 2016)
Date of site evaluation	Desktop review
Date of Dental Council decision	7/12/2020
Type of accreditation	Re-accreditation

EXECUTIVE SUMMARY

Background

In the 2018, the Doctor of Clinical Dentistry (oral and maxillofacial surgery) programme was declined accreditation, as the oral and maxillofacial surgery site evaluation team (SET) concluded that the programme did not meet accreditation standards 3 (programme of study) and 5 (assessments).

Of particular concern was insufficient evidence to demonstrate appropriate medical teaching of students in the absence of a medical degree as an entry requirement. Further, the SET concluded that there was inadequate clinical exposure in a number of areas considered necessary to attain competence across the oral and maxillofacial surgery (OMS) scope of practice. There was also a lack of curriculum and assessment details for the new DClinDent (OMS) programme, as most material submitted related to the earlier conjoint OMS programme with medicine.

The University of Otago Faculty of Dentistry resubmitted the DClinDent (OMS) programme in 2019 for accreditation. The SET needs to determine whether these deficiencies have been appropriately remediated for the programme to now meet the accreditation standards.

Overview of the evaluation

The accreditation standards measure whether on graduation a student is competent to practise in the relevant scope of practice. The competencies to be attained is defined in the Dental Council entry level competencies for oral and maxillofacial surgery.

The SET determines this based on the information provided by the programme, and within the programme construct as defined within the submission. This means within the DClinDent structure and associated requirements (example year 1 core subjects, research), and with the resources reported (staff, available clinics, and clinical material available).

Following receipt of the submission material the Standards and Accreditation Manager reviewed the information submitted against the shortcomings identified during the 2018 accreditation review, and identified areas that have not been commented on, or where further evidence or documentation was required to enable the SET to make a decision whether the standards have been met. The programme was approached for supplementary information to fully inform the SET review. Once all of the information was gathered, it was shared with the SET for a desktop review. COVID-19 delayed progress on this review for a few months.

The SET held a videoconference to discuss the information presented and to identify the areas that they wanted to explore further with the programme. A videoconference call with the programme and Faculty Dean was held on 22 October 2020, where specific areas of clinical experiences were explored in more detail. Subsequently the SET met to discuss the further information provided.

The accreditation report was finalised and presented to the programme for any comments on errors of fact. The programme had no concerns with the accuracy of the report, but requested more time to meet the accreditation condition, and was comfortable having to meet the condition before students were accepted into the

EXECUTIVE SUMMARY

programme. Given that there are no enrolled students for 2021, the SET agreed to extend the condition timeframe, and require the condition to be met before accepting students into the programme. The new condition deadline would provide assurance to potential 2022 students.

The report and recommendation were presented to the New Zealand Accreditation Committee and considered by the Council at its 7 December meeting.

Key findings

The 2018 concern on the requirement for a medical degree to be completed before starting the OMS programme has been addressed. The updated course book requires “a medical degree registrable with Medical Council of New Zealand”. This entry requirement will ensure foundation medical knowledge, and some surgical and medical patient management experience before starting the programme.

The SET had no concern about the quality of the education.

The curriculum design reflects international oral and maxillofacial surgery contemporary practice. The assessment designs are appropriate for the learning outcomes, and processes meet expected assessment standards of postgraduate programmes.

The primary concern was whether the appropriate quantity of OMS cases could be guaranteed across the full OMS scope of practice. The SET carefully considered whether the areas expected to be covered in the curriculum and clinical experiences were part of the “core” entry level competencies by OMS new graduates, or advanced areas expected from more experienced OMS clinicians.

The threshold for this review was for graduates to achieve competence against the defined entry-level OMS competencies.

Following a review of the information provided by the programme, and the subsequent videoconference with the Faculty’s Dean and the OMS programme lead, the SET had ongoing concerns with the volume of OMS cases in the following areas:

- oral implantology
- post-trauma and secondary reconstruction, such as osteotomies
- comprehensive management of benign and malignant maxillofacial pathology
- complex orthognathic procedures, such as bimaxillary reconstruction.

There is consensus that in these areas an appropriate volume of cases cannot be guaranteed in Dunedin. Particularly, with the Dunedin hospital also being an accredited training centre for the FRACDS (OMS) programme. Other OMS trainees outside of the DClinDent (OMS) programme, and the intense demand for these more complex cases by other dental and medical specialties, have a dilution effect on available cases for the DClinDent (OMS) students.

EXECUTIVE SUMMARY

In the SET's opinion, the appropriate level of clinical experiences can only be guaranteed by outplacements in other New Zealand major centres. To date the programme has not been able to secure these outplacements, due to a lack of support by the profession in these major centres, also acting as FRACDS (OMS) training centres. The SET considers prioritised discussions with the Minister of Health is required to address this issue.

Within the current arrangements in Dunedin, students would not have adequate clinical exposure to more complex areas of OMS. At least six months of clinical outplacements in one or more of the major centres in New Zealand, under supervision of experienced OMS clinicians, would address this concern. Without these outplacements, the necessary clinical experiences cannot be guaranteed to assure competence across of OMS scope of practice.

On balance the SET considered that with additional clinical experience opportunities in major New Zealand centres, the programme would be able to deliver competent graduates in the core aspects of OMS.

EXECUTIVE SUMMARY

Accreditation decision

At its meeting on 7 December 2020 the Council resolved:

To accredit the Doctor of Clinical Dentistry (oral and maxillofacial surgery) programme until 31 December 2023 subject to the following condition be met:

By 17 September 2021 and before students are accepted into the programme, the programme provides evidence of agreed, formalised outplacements of at least six calendar months, in one of more of the other major New Zealand OMS units, outside of Dunedin. The placement agreements must cover at minimum:

a. learning objectives in the following clinical areas:
   - oral implantology
   - post-trauma and secondary reconstruction, such as osteotomies
   - comprehensive management of benign and malignant maxillofacial pathology
   - complex orthognathic procedures.

b. Appropriate education and supervision by experienced oral and maxillofacial surgeons

c. assessment by the outplacement clinical supervisors across the key clinical areas of exposure during the placement

d. training in, and calibration of, assessments by the outplacement clinical supervisors.

The Council requests the evidence to include at minimum the following details:

- Signed agreement with the placement provider/s.
- Defined learning outcomes to be achieved during the placement, which at minimum includes the clinical areas listed under item a.
- Indicative caseload per placement centre in the clinical areas listed under item a.
- Supervisor arrangements, including:
  - supervisor responsibilities

  - names of oral and maxillofacial surgeons' supervisors per placement, and their experience level
  - other medical supervisors involved from related units (such as ENT, Plastics).
- Assessments during placement:
  - nature of the assessments
  - supervisor induction training on learning, providing feedback, and how to conduct assessments
  - calibration activities that will be performed.
- Academic and personal support for students during placement – including pastoral care, health, research supervision, and approach to placement allocation.
- Role of DClinDent (OMS) staff during student placement.

The accreditation period aligns with the other University of Otago postgraduate programmes.

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

2.1 SUMMARY OF COMMON FINDINGS AGAINST EACH STANDARD

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 of study design and delivery.	• An updated oral and maxillofacial surgery (OMS) October 2019 course book was provided. • The course book outlines the programme study design and delivery. • The 2018 concern on the requirement for the medicine education to be completed before starting the OMS programme has been addressed. The updated course book requires “a medical degree registrable with Medical Council of New Zealand”. • This will ensure foundation medical knowledge, and some surgical and medical patient management experience before starting the programme. It will also ensure a consistent approach to training of all DClinDent (OMS) students, rather than the previously reported “customisable education based on the specific student learning experiences”. • In ensuring that the curriculum design reflects international contemporary practice, the programme indicated that the curriculum is largely designed on the Royal Australasian College of Dental Surgeons (RACDS) Handbook for accreditation education and training in oral and maxillofacial surgery. The SET noted that there may be large overlap in content, but the timeframe and nature of delivery of the programme differ between the two providers. • The submission indicated that the faculty hosts international academics each year, doing lectures, tutorials and seminars. • International, academic review of the programme needs to be formalised for ongoing, independent assurance that the programme remains contemporary, and local input into the design to ensure it remains fit for purpose for the New Zealand oral and maxillofacial surgery context.	Standard is substantially met

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment
		3.2 Programme learning outcomes address all the relevant attributes and competencies.	• The OMS competencies defined in the course book reflects the Council's entry level competencies for oral and maxillofacial surgery. • The SET carefully considered whether the areas expected to be covered in the curriculum and clinical experiences were part of the "core" entry level competencies by OMS new graduates, or advanced areas expected from more experienced OMS clinicians. • The threshold for this review was for graduates to achieve competence against the defined entry-level OMS competencies.	
		3.3 The quality and quantity of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	• The 2018 review identified some areas where clinical exposure was considered insufficient. • Some of these concerns have now been addressed with the new entry requirement for a medical degree. • In the absence of current students, the programme could not provide OMS student logbooks. The programme provided an indicative case mix, based on the 2018/19 OMS case mix from the two OMS and one oral surgeon consultants in the Dunedin OMS unit. • The SET analysed the case mix, as the basis for potential cases for the OMS students. • The volume of cases was considered in the context of the programme's submission stating that "a maximum of two DClinDent oral surgery and one OMS DClinDent student in any given three year period". These student numbers were again confirmed with the programme during the videoconference. • The programme explained that the reason for the student limits are due to the finite number of patients within the Dunedin catchment area, and in the absence of any confirmed outplacement opportunities in the major centres to bolster clinical experience in some areas.	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment

			• The SET also noted that Dunedin Hospital has (currently) one Royal Australasian College of Dental Surgeons' Fellowship in Oral and Maxillofacial Surgery (FRACDS (OMS)) trainee, who will also access the available OMS cases in the Dunedin hospital.
			• The SET had no concern about the quality of the education. The primary concern was whether the appropriate quantity of OMS cases could be guaranteed.
			• Accordingly, the SET identified some areas of concern with the volume of OMS cases provided; and explored these more closely with the programme and faculty Dean during the videoconference. These areas included:
			• *Oral implantology* (such as sinus augmentation, advance bone grating)
			  ○ A multidisciplinary approach is taken for the education of oral implantology, with prosthodontics, periodontics, oral surgery, and oral and maxillofacial surgery. Students are supervised by the OMS consultants with input by prosthodontic dental specialist staff.
			  ○ The implantology component focuses on the design, patient assessment, different techniques, advanced procedures, ACC coverage, and critical reflection on what work and what does not work, etc.
			  ○ The didactic component includes understanding of different treatment plans with various prosthetic requirements, and systems and abutments available. Various companies present on the different systems available. The diverse range of clinical supervision also provides students exposure to different treatment approaches.
			  ○ Implant cases are either allocated by the prosthodontics department, or suitable cases are identified by the OMS consultants during their clinics.
			  ○ The OMS consultants have a good working relationship with the prosthodontics department.
			  ○ It is difficult to recruit suitable implant patients, due to the prolonged and expensive process.	

Standard Statement		Criteria	Evidence	Assessment
			○ As a result, there are very limited implant cases available within the faculty, across undergraduate BDS and relevant postgraduate disciplines—with competition between the various programmes for the available cases. ○ The OMS consultants usually get the more complex cases. ○ The OMS implant cases often become shared educational experiences between OMS and periodontic students. ○ In general, students get exposure to some cases, with a good understanding of placements, angulation etc. An emphasis on treatment planning was discussed and felt to meet the appropriate training standards. ○ An indicative number of ~6 patients per year for the OMS department was reported. In the SET's opinion current case numbers provide insufficient exposure to ensure competence of graduates in this area. • *Reconstructive surgery* (such as post-pathology & post-trauma) ○ Exposure to post-trauma and secondary reconstruction, such as osteotomies, is very low in volume; ~1-2 per year—if that. ○ Post-pathology cases involve ENT at Dunedin hospital; with about 6 cases per year. ○ In New Zealand: ▪ ENT will do most of the head and neck, ablative surgery, performing microvascular reconstructions. ▪ OMS will manage the reconstruction of patients with benign pathology including preparation of the surgical site, and implantation of bone plates and placement of bone allografts and autografts for the reconstruction of the defect. ▪ Malignant or benign defect requiring microvascular reconstruction will be performed by surgeons who can perform these procedures within their scopes of practice.	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment
			○ The key limitation for broader OMS experiences in this area relates to the harvesting of bone or the placement of the graft. ○ OMS trainees would gain experience in the management of benign jaw pathology, including the resection and reconstruction of partial or complete segmental defects, and placement of non-vascularised bone grafts. ○ OMS students would be taught the principles and receive exposure to comprehensive management of benign and malignant maxillofacial pathology; but in the SET's opinion current case numbers provide insufficient exposure to ensure competence of graduates in these areas. ○ In the programme's opinion the students would not have the technical skills to perform these procedures independently on graduation, due to the limited exposure to develop procedural skill (with about ~ 6 cases/year). ○ Waikato DHB is the centre with most head & neck cases—but there is currently no option for placement for DClinDent OMS students to increase exposure to these more complex cases. • *Grafting and malignant disease* ○ Experience in these areas is reliant on a close working relationship with ENT. At the moment this relationship is working well at Dunedin hospital, between the existing consultants. ○ OMS students gain experience during rotations, particularly when ENT registrars are not on-duty, or have other priorities—OMS students then receive greater contact from the ENT consultants. ○ The programme indicated that this arrangement may not be sustainable with more than 2 OMS students/trainees at any time. ○ There was some concern by the SET of guaranteed exposure in these procedures. Particularly, as the association with ENT was not clearly defined and no formal agreement exist to guarantee the appropriate level of exposure and supervision.	

Standard Statement		Criteria	Evidence	Assessment
			○ Based on one clinical session per week in Dunedin hospital, the opportunities for integrated, hands-on clinical experience with the ENT students and registrars rather than observation or joint treatment planning is unclear. ○ On balance, the OMS would be required to be competent in the resection and reconstruction of benign maxillofacial pathology. It is noted that in NZ, the management of malignant tumours is undertaken by ENT, Plastics and OMS. • *Management of dentofacial skeletal deformities* (such as bimaxillary osteotomy) ○ About 20-25 orthognathic cases per year are available for teaching; the programme considers this the largest number of available cases in NZ. ○ The programme believes the teaching on this aspect is good, with a multidisciplinary approach with orthodontics. ○ Exposure includes diagnosis of the dentofacial deformity, treatment planning and model surgery or virtual surgical planning for the fabrication of surgical splints and guides. The OMS student would be allowed to perform half of the surgery, if appropriate. ○ Bimaxillary orthognathic procedures were limited in numbers according to the surgical logs provided by the programme. Exposure to these cases may be further diluted by Dunedin also being a FRACDS(OMS) training centre. In the SET's opinion current case numbers provide insufficient exposure to ensure competence of graduates in this area. • *GA and IV experience* ○ Students have weekly GA and IV sessions on top of the minor procedures performed under LA. Students are also on-call (one-in-three) after hours at Dunedin hospital and in the emergency department. ○ Students get ample opportunity to perform sedation at intended moderate level, in outpatient settings.	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment
			○ Students will be able to adequately sedate the patient to manage pain and/or anxiety; under supervision while studying. • *Orofacial pain and temporomandibular joint disorders* ○ Oro-facial pain is a multi-etiologic condition. Infectious (eg herpetic), neurological (eg trigeminal neuralgia), muscular (eg myofascial pain, fibromyalgia), or TMJ in origin (eg internal derangement) are all common causes. ○ A competent OMS must be able to the identify the cause. A medical education will provide the necessary background to diagnose infectious and neurological conditions. Basic training in myofascial and TMJ causes of facial pain is provided as part of the DClinDent curriculum. ○ The expanded education and training described by the DClinDent OMS, comprising of multi-disciplinary clinics where patients with oro-facial pain are evaluated by different specialists, meets the standard of care for diagnosis and treatment planning of patients with oro-facial pain of non-infectious or neurological origins. ○ The only component lacking in the programme's presentation is an enumeration of surgical treatment procedures for TMJ pain, i.e. closed treatments (arthrocentesis and arthroscopy) and open treatments (arthroplasty and total joint replacements). *Placement opportunities outside of Dunedin* • The 2018 accreditation review suggested that the programme explores outplacement opportunities in other district health boards to strengthen the clinical experiences of students across the full OMS scope of practice. • The programme stated in their submission that due to the major New Zealand hospitals acting as training centres for the FRACDS (OMS) programme, there appears to be no option for outplacement of a University of Otago DClinDent (OMS) student at these centres. For the same reason Australian placements are	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment
			not an option. This position was confirmed as unchanged at the subsequent videoconference with the programme and faculty leadership. • Beyond the logistical difficulties of other overseas placements (such as in the UK), reliance on such a placement to attain core competencies was not considered suitable or sustainable. • The Dean confirmed that the faculty supports the programme, and the new Dunedin hospital will in time provide some further opportunities. Similarly, the new Auckland facility may allow for some postgraduate experience opportunities in the future – but there is no current agreement with Auckland DHB/hospital in place that would immediately benefit the DClinDent (OMS) programme. • The SET concluded that to ensure the appropriate volume of cases across the full range of OMS competencies, outplacement outside of Dunedin will be essential. These cases would be available in other New Zealand major centres. Block placements for at least six months would be considered ideal to facilitate these treatment opportunities. *Dilution of OMS cases* • The SET explored the potential of case dilution with the overlap in cases between the DClinDent oral surgery (OS) students. The SET confirmed the principle areas of overlap between the OMS and OS students are dentoalveolar surgery, sedation, pre-prosthetic and dental implantology, and pre-prosthetic /peri-implant hard and soft tissue grafting. • On balance, the SET considered that there will be adequate dentoalveolar cases across the OS and OMS programmes. • All other areas of surgeries and procedures that are outside of the scope of oral surgery will preferentially involve the OMS student - especially in areas of pathology (benign and malignant), trauma, TMJ and orthognathic surgery as examples. • Further, the SET noted that the FRACDS (OMS) trainee will train side-by-side with the DClinDent (OMS) student, due to the limited OMS cases and the same	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment
			consultants teaching into both programmes. The DClinDent (OMS) programme will be of 3-year duration. • There was some concern on the impact this arrangement may have on the dilution of very limited clinical material in some areas. • And as previously mentioned, some of these cases are also high in demand by other dental and medical specialties. *Overall* • The submission acknowledged that the scope of OMS is wide and continues to evolve and expand. The programme indicated that it is unrealistic to expect a student to be fully competent in all aspects of OMS within 3 years of training. • Students will gain exposure limited to the available case load during their training. Even with additional clinical exposure in other placements, it is in the programme's view, very unlikely that a graduating student would be fully competent to independently manage all types of cases seen in hospital-based OMS practice in NZ - particularly in areas like micro-vascular surgery, and cleft surgery. • The DClinDent (OMS) programme indicated that they would encourage their students to undertake a Fellowship year in a specialised centre overseas to further enhance their operative skills. • The SET acknowledged that on the learning continuum, competence on graduation develops into confidence, proficiency, and for some ultimately excellence. The accreditation standards require the graduates to be competent to practise, independently, in those defined core OMS areas. • The multidisciplinary approach at the faculty is a strength of the programme, particularly within the dental specialist areas. • The case numbers submitted for dentoalveolar, trauma, benign pathology, odontogenic infections, single jaw orthognathic surgery, and TMJ categories appear to be adequate.	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment

			• On balance the SET considered that with additional clinical experience opportunities in major New Zealand centres, the programme would be able to deliver competent graduates in the core aspects of OMS.
			• Within the current arrangements in Dunedin, students would not have adequate exposure to more complex areas of OMS – such as:
			  ○ oral implantology
			  ○ post-trauma and secondary reconstruction, such as osteotomies
			  ○ comprehensive management of benign and malignant maxillofacial pathology
			• Expanded experience in orthognathics would also be beneficial.
			• Additional clinical experiences in the above listed areas must be obtained to ensure the appropriate exposure for competence. At least six months of clinical outplacements in one or more of the major centres in New Zealand, under supervision of experienced OMS clinicians, would address this concern.	

		3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	• The educational requirements are outlined in the OMS course book. • The course book lists a broad range of topics that are covered in the programme. The seminar topics and reading lists were updated. • Indicative OMS timetables were presented for years 1 – 3. The timetables indicate the clinical supervision, and what is a pure OMS list and what is a joint oral surgery/OMS or mixed list. The main variation is the exposure to different consultant specialists in their consult clinics, and different sessions for research and study. • The didactic component comprises of a number of activities. These include students reading widely and seeking out current journal articles in addition to the provided reading list and watching educational videos before classes.	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		• For seminars - flipped classroom style is used where the student prepares before the session, and presents to the group with more in-depth discussions, expansion by the consultants and critical reflection during the class. • Students do regular case presentations (treatment planning), including weekly multidisciplinary departmental postgraduate meetings, and they attend and present at discipline conferences, where possible. • Clinical logbooks will be required for all patient treatments and will be monitored via the clinical supervisors. • Students are supervised and practise under supervision of the three OMS unit consultants. All GA and IV sedation sessions will have a supervising surgical clinician present in theatre. • OMS students will be scheduled for the emergency on-call roster. • As the student progresses through the programme showing progressive improvements in clinical acumen and surgical skills, they will be given more autonomy in clinical decision making. • In the final year, the role of the consultant will be mostly observational rather than assisting in the procedure. Students will work up the case and own the procedure, but there is help—if needed. This is in line with the approach in other postgraduate programmes.	
	3.5 Graduates are competent in research literacy for the level and type of the programme.	• The research and scholarly works components are well described in the course book. • Research assessment aligns with the University's doctorate thesis requirements.	
	3.6 Principles of inter-professional learning and practice are embedded in the curriculum.	• Multiple examples of inter-disciplinary practice have been demonstrated to the SET. • These include joint sessions with ENT; oral medicine and oral pathology; orthodontics; oral surgery; prosthodontics and periodontics; GA sessions with	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		anaesthetists; and in-patient management with other health professionals and nursing staff.	
	3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	• The programme has two New Zealand registered OMS specialists and one oral surgeon; all holding senior appointments. • Staff are highly experienced and respected within the profession.	
	3.8 Learning environments support the achievement of the required learning outcomes.	• As noted under criterion 3-3: ○ Continue the engagement with the Ministry of Health and/or individual DHBs to secure outplacements in one or more of the major centres to strengthen the clinical experiences of students across the full OMS scope of practice. ○ Formalise the agreement with ENT to guarantee the necessary exposure required in grafting and management of malignant disease.	
	3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	• With the completion of the clinical services building, the surgical facilities will serve the programme well for years to come. • A rebuild of Dunedin hospital is underway. • New postgraduate suites, dental and research laboratories will be completed early 2021.	
	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.	• All DClinDent candidates follow the University of Otago's obligations to the Treaty of Waitangi and will receive seminars in cultural awareness in clinical practice as part of the core course curriculum generic to all first year DClinDent students (CLDN910 Core Course) in addition to teaching sessions as part of the initial orientation programme. • Postgraduate candidates are introduced to the cultural determinants of health care at the onset of their clinical training and receive constant reinforcement of cultural competencies throughout the course alignment with university's and DHB's policy on health care.	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment
			• These competencies are assessed formatively throughout the course and form an integral part of the PASAF. • The faculty has an Associate Dean (Māori) with responsibility for faculty's adherence to national policies on healthcare for Māori and Pacific Island ethnicities.	
		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.	• The service agreement remains in place with Southern District Health Board for ongoing access to surgery cases in Dunedin hospital. • As articulated in criterion 3-3; there is general concern about the volume of available cases in Dunedin in some more complex areas. • The SET noted the heavy clinical workload of the OMS unit consultants (3FTE), and their research and administrative commitments—particularly the Head of Department. The same consultants were also responsible for the OS programme, and teach into the BDS programme, with some support from general dentists to help with BDS oral surgery clinics. • The submission indicated if the OMS programme is offered, private oral surgeons could be approached to assist with the clinical teaching into the oral surgery programme, which would free up some time for the three OMS unit consultants. • Each student will have a dedicated dental assistant for each clinical session. • Based on the submission commitment of a maximum of two OS and 1 OMS students during any given three year period, the staffing could be appropriate for teaching and for protecting patient safety. Careful timetabling will be required, and ideally some administrative support. • The need for succession planning was also noted.	
5.	Assessment is fair, valid and reliable	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• The mapping of assessment and learning outcomes appears to cover all core OMS areas.	Standard is met

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment
			• Students will be given the opportunity to discuss their progress collectively with the three supervising consultants at weekly departmental clinical meetings. • The programme coordinator will liaise with medical staff contributing to the training to obtain feedback on students' competencies based on their interactions. • Deficiencies identified will be remedied through additional didactic/tutorial teaching and by identifying appropriate clinical cases to bridge gaps in required knowledge and skills.	
		5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies.	• The course book describes the different assessment modes, and the assessment mapping illustrate the assessment across the learning outcomes. • The programme confirmed that it is their expectation that at the end of the programme the OMS student must meet the Council's entry level competencies for oral and maxillofacial surgery and be able to apply for registration and practice in New Zealand. If not, the students cannot graduate.	
		5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	• The course book describes a broad range of assessment tools to be used. These include examinations, clinical orals, thesis marking and assessment of presentations. • Assessment for the research components is based on submitting a research protocol and a thesis. • Clinical and theoretical assessment is based on assignments, mid-year and end-of-year examinations (written, clinical and orals). The clinical assessment grading is derived from a consensus grade awarded by supervisors to reflect performance over the entire academic year. • Students will have one-on-one direct supervision from the three OMS unit consultants.	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment
		5.4 Programme management and co-ordination, including moderation procedures ensure consistent and appropriate assessment and feedback to students.	• The programme reported that a suitably qualified, professionally recognised examiner, external to the University of Otago will be involved with the examinations held at the end of the first year and in the final year. • This will provide external moderation for independent quality assurance at both the initial barrier for progression and at graduation. • The programme will adopt the Assessment of Operative Procedures (AOPs) template from the RACDS Handbook of OMS (HETOMS) to monitor clinical progress. • Student feedback is given through the Professional Attitudes and Summary of Achievement Form (PASAF). PASAF assessment outlines the professional, technical and communication skills with patients, staff, and other students/colleagues. • These templates were available to the SET. • The assessment is discussed with the postgraduate student with 360 degree feedback and any areas of deficiency (unsatisfactory or borderline assessment) are identified and a course of remedial activity is undertaken. Progress is then reviewed again at 6 weeks.	
		5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• Highly skilled and experienced OMS unit surgeons will assess the students over the three years. • All DClinDent programmes utilise external examiners. The programme listed earlier external examiners used when the programme last had students. • The programme expressed commitment to external examiners but given the sensitivity between this programme and the FRACDS (OMS) programme, it may be difficult to secure external examiners each year. The faculty indicated that it would aim to recruit the external examiner from Australasia or internationally, as appropriate.	

SUMMARY OF FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement		Criteria	Evidence	Assessment
		5.6 All learning outcomes are mapped to the required attributes and competencies and assessed.	• The mapping of assessment and learning outcomes appears to cover all core OMS areas.	

3. COMMENDATIONS AND QUALITY IMPROVEMENTS

In addition to those contained within the programme specific reports:

Commendations

The commendations are as follows:

- The commitment of the Faculty and programme staff to make the necessary changes to the programme to meet the necessary educational requirements to deliver competent OMS graduates.

Recommendations

The recommendations are as follows:

- Ensure the course book learning outcomes clearly articulate the following treatment procedures for TMJ pain: closed treatments (arthrocentesis and arthroscopy) and open treatments (arthroplasty and total joint replacements).
- Formalise further international, academic review of the programme to ensure ongoing, independent assurance that the programme remains contemporary, and local input into the design to ensure it remains fit for purpose for the New Zealand oral and maxillofacial surgery context.
- Formalise the agreement with the Dunedin ENT unit to guarantee the necessary hands-on exposure required in grafting and management of malignant disease.

APPENDIX A – LIST OF ACRONYMS

Acronym	Description
BDS	Bachelor of Dental Surgery
CSB	Clinical services building
DClinDent (OMS)	Doctor of Clinical Dentistry (oral and maxillofacial surgery)
DHB	District health boards
ENT	Ear nose and throat
GA	General anaesthesia
IV	Intravenous
NZQA	New Zealand Qualifications Authority
OMS	Oral and maxillofacial surgery
OS	Oral surgery
SET	Site evaluation team
USA	United States of America

APPENDIX B – Videoconference agenda

Thursday 22 October 2020 at 11:00am – 12:30pm NZT

DClinDent (OMS) programme joins at 11:15amNZT

Zoom:

Meeting ID:
Passcode:

1.0 Welcome

SET only – Recap of key focus areas to be explored with programme

2.0 Discussion areas with programme

1. Confirmation of anticipated student numbers. Submission indicated: “a maximum of two DClinDent oral surgery and one OMS DClinDent student in any given three year period.”
2. Clinical experience opportunities for OMS students in the following clinical areas:
    - Oral implantology
    - Maxillofacial reconstructive surgery
    - Management of dentofacial skeletal deformities
    - Maxillofacial soft and hard tissue grafting
    - Management of maxillofacial malignant disease

Appendix B – Videoconference agenda

3. Clarification/confirmation on extent of opportunities in:
    - Outpatient GA & IV sedation and LA being performed
    - Oral-facial pain management
    - Oral medicine exposure
    - Integrated and hands-on experience during ENT placements
4. More detailed information on breadth of didactic teaching

3.0 SET only discussion

Conclusions and recommendations

Next steps – final draft report & timeframe

4.0 Close of discussion