

DENTAL COUNCIL (NZ)
REPORT OF AN EVALUATION OF
UNIVERSITY OF OTAGO
Postgraduate programmes

October 2023

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

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SITE VISIT AND EVALUATION BY SITE EVALUATION TEAM

Site visit conducted

9 – 12 October 2023

Site evaluation team

Core team

Emeritus Professor Paul Abbott, University of Western Australia, Australia (Co-Chair)

Associate Professor Sharon Liberali, University of Adelaide, Australia (Co-Chair)

Dr Andrew Newsom, New Zealand (NZ Dental specialist representative)

Dr Pauline Koopu, New Zealand (Cultural safety advisor)

Dr Hiria McRae, New Zealand (Laymember)

Discipline representatives

Clinical dental technology

Academic: Prof Jane Evans, Griffith University

Clinician: Mr Neil Carlisle, New Zealand

Endodontics

Academic: Emeritus Professor Paul Abbott, University of Western Australia

Clinician: Dr Mike Gordon, New Zealand

Oral pathology

Academic: Prof Richard Logan, The University of Adelaide

Clinician: Dr Kullasit Chutipongpisit, New Zealand

SITE VISIT AND EVALUATION BY SITE EVALUATION TEAM

Oral surgery

Academic: Dr Stephen Cox, University of Sydney

Clinician: Dr Glenn Kirk, New Zealand

Orthodontics

Academic: Emeritus Professor Craig Dreyer, University of Adelaide

Clinician: Dr Azza Al-Ani, New Zealand

Paediatrics

Academic: Dr Mihiri Silva, University of Melbourne

Clinician: Dr Caitlin Agnew, New Zealand

Periodontics

Academic: Professor Marcelo da Silva Figueredo, Griffith University

Clinician: Dr Helen Barker, New Zealand

Prosthodontics

Academic: A/Prof Jaafar Abduo, University of Melbourne

Clinician: Dr Andrew Newsom, New Zealand

Public health dentistry

Academic: Dr Gloria Mejia, University of Adelaide

Clinician: Dr Kathy Fuge, New Zealand

SITE VISIT AND EVALUATION BY SITE EVALUATION TEAM

Programme provider

Faculty of Dentistry

University of Otago

PO Box 56

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EXECUTIVE SUMMARY

1. EXECUTIVE SUMMARY

Programme provider	University of Otago
Programme/qualification name	Doctor of Clinical Dentistry <ul style="list-style-type: none">• Endodontics• Oral pathology• Oral surgery• Orthodontics• Paediatric dentistry• Periodontology• Prosthodontics Master of Community Dentistry Postgraduate Diploma in Clinical Dental Technology
Programme/qualification abbreviation	DClinDent (specialty) MComDent PGDipCDTech
Programme length	DClinDent (specialty) – three years full-time MComDent – two years full-time (or four years part-time) PGDipCDTech – one year full-time (or two years part-time)
Registration division	DClinDent & MComDent: Dental specialist

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	PGDipCDTech: Clinical dental technician
New Zealand Qualifications Framework Level	DClinDent: Level 10 MComDent: Level 9 PGDipCDTech: Level 8
Accreditation standards version	New Zealand accreditation standards for oral health practitioner programmes (1 January 2021)
Date of site evaluation	9 – 12 October 2023
Date of Dental Council decision	4 December 2023
Type of accreditation	Re-accreditation
Accreditation start date	1/01/2024
Accreditation end date	31/12/2028
Doctor of Clinical Dentistry <ul style="list-style-type: none"> • Endodontics • Oral pathology • Oral surgery • Orthodontics • Paediatric dentistry • Periodontology • Prosthodontics 	Accreditation

EXECUTIVE SUMMARY

Master of Community Dentistry	
Postgraduate Diploma in Clinical Dental Technology	Accreditation with conditions

EXECUTIVE SUMMARY

Background

The University of Otago offers a number of postgraduate programmes accredited for registration as a dental specialist and a clinical dental technician with the Dental Council in New Zealand. These include the Doctor of Clinical Dentistry programmes in various disciplines, a Master of Community Dentistry, and a Postgraduate Diploma in Clinical Dental Technology. The previous accreditation occurred in 2018 - this accreditation process is the five-yearly cyclical review.

The programmes under review were:

- DClinDent programmes (Endodontics, Oral pathology, Oral surgery, Orthodontics, Paediatric dentistry, Periodontology, Prosthodontics,)¹
- Master of Community Dentistry
- Postgraduate Diploma in Clinical Dental Technology.

The DClinDent programmes are three-year full-time degrees awarded on the basis of submission of a thesis and the completion of course work.

The MComDent is a two-year full-time, or four-year part-time programme. The programme consists of two papers and a research thesis.

The PGDipCDTech programme is a one-year full-time, or two-year part-time programme consisting of three papers.

¹ The DClinDent (oral and maxillofacial surgery) programme was not submitted for accreditation, and its accreditation period will be end-dated on 31 December 2023

EXECUTIVE SUMMARY

Overview of the evaluation

The site visit was conducted between 9 – 12 October 2023 at the University of Otago Faculty of Dentistry in Dunedin.

The review process comprised of a joint review of all postgraduate programmes.

The site evaluation team (SET) consisted of a core team that reviewed all the accreditation standards common to all programmes, with discipline specific groups (comprising of an Australian academic and a New Zealand practising dental specialist from each discipline) that focussed on the individual curriculum and assessment aspects of the programmes under review.

The SET interviewed multiple stakeholders that included Faculty and postgraduate programme leadership, staff (academic, clinical, research), recent graduates, postgraduate students, Te Whatu Ora - Southern representatives, and external clinical placement providers. Additional teleconferences before the site visit were conducted for those interviewees who were unavailable during the site visit. The review schedule is available as Appendix B.

Two programmes withdrew from the accreditation review process following the site visit:

- DClintDent (oral medicine)
- DClintDent (special needs dentistry).

No students will be enrolled into these programmes until re-accredited.

EXECUTIVE SUMMARY

Key findings

The findings are reported in two sections. Section 2.1 reports on accreditation standards 1, 2, 4 and 6 – common across all programmes. This section also contains common observations across all programmes related to standards 3 and 5.

Programme-specific comments related to the curriculum and assessments (accreditation standards 3 and 5) are reflected in Section 2.2.

While every effort was made to avoid conflicting statements across the various sections, in case of conflicting commentary between the common and programme-specific sections, the latter takes priority related to a specific programme's standing.

EXECUTIVE SUMMARY

Accreditation decisions

Accreditation standard 1 (public safety) and accreditation standard 2 (academic governance and quality assurance) are met. Accreditation standard 4 (student experience) and accreditation standard 6 (cultural competence) are substantially met.

A. Accreditation was granted until 31 December 2028 to:

- Doctor of Clinical Dentistry (endodontics)
- Doctor of Clinical Dentistry (oral pathology)
- Doctor of Clinical Dentistry (oral surgery)
- Doctor of Clinical Dentistry (orthodontics)
- Doctor of Clinical Dentistry (paediatric dentistry)
- Doctor of Clinical Dentistry (periodontology)
- Doctor of Clinical Dentistry (prosthodontics)
- Master of Community Dentistry.

B. For the Postgraduate Diploma in Clinical Dental Technology programme to grant accreditation until 31 December 2028, subject to meeting the following programme specific conditions:

Immediately:

1. The Faculty of Dentistry and clinical dental technology (CDT) programme investigate and critically reflect on recent occurrences and feedback on potential behaviours within the programme, and take the necessary actions to eliminate the risk of these behaviours, actual or perceived, occurring within the programme.

The Faculty and programme report to the Council the outcome of the investigation and solutions/safeguards put in place. It is the Council's expectation that feedback before the end of this academic year be received – even as interim findings and a draft workplan.

Before the start of the 2024 academic year:

2. Review the patient pre-screening process to ensure efficient use of clinical time (including patient suitability for CDT, patient diversity and case complexity).
3. Complete the integration of digital workflow into CDT for dentures, and provide evidence of its use.

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4. Include formal collaboration between CDT students and dental speciality programmes – in particular with prosthodontics.

Commendations for all postgraduate programmes

The following commendations relate to all postgraduate programmes covered in the accreditation review:

1. The University of Otago's commitment and support to the Faculty of Dentistry. This is clearly demonstrated by the state-of-the-art learning, technical, and clinical facilities.
2. The strong Faculty of Dentistry leadership, and the postgraduate programmes staff commitment to deliver quality teaching and learning and protect patient safety.
3. Kōhatu's commitment to support the Faculty of Dentistry to embed Te Tiriti o Waitangi and cultural safety into all the postgraduate programmes.
4. The development of the new Clinical Governance Framework with focus on quality of clinical care, patient outcomes and experiences – demonstrating a Te Tiriti o Waitangi approach and using data to inform decisions.
5. Engaged students, committed to optimise their learning opportunities.

Conditions related to all accredited postgraduate programmes:

To satisfy accreditation standard 2 – Academic governance and quality assurance and standard 3 - Programme of study:

1. When known, to report the outcome of the university review on the structure of the Division of Health Sciences, and to identify implications for the Faculty of Dentistry – if any.

The Council will consider the information at that time to determine any potential impact on the accreditation standards, and associated steps.

To satisfy accreditation standard 6 – cultural competence:

2. Cultural safety was not demonstrated as being fully and consistently incorporated into the postgraduate programmes. In particular:
 - i. Robust didactic learning across all aspects of the cultural safety competency domain, required to be completed by all postgraduate students and staff.

EXECUTIVE SUMMARY

- ii. Evidence of how this is translated into clinical practice within the various disciplines, and assessment of performance on this aspect of practice.
- iii. As part of the new clinical governance framework, strengthen data collection and monitor patient feedback (where relevant) related to cultural safety, and inform learning opportunities through feedback and findings.²

By 1 July 2024:

- a. Provide an interim report, confirming progress on the above areas. Ideally, 2(i) have been implemented.

By 31 October 2024:

- b. Provide evidence of how these requirements have been embedded and implemented into the postgraduate programmes.

Recommendations across all DClindent programmes

The following recommendations relate to all DClindent programmes covered in the accreditation review:

Orientation programme

1. Ensure that the orientation programme and common core subjects such as research methodology, biostatistics, infection prevention and control etc. are compulsory and completed by all postgraduate students, and appropriately assessed.
2. Provide access to online material and recordings for those who cannot attend these initial sessions and to support additional review/refresher by students at a later stage.
3. Validate that the key principles related to Māori data sovereignty is part of the research introduction during the orientation week.

Progression

² The clinical dental technology programme has introduced patient feedback on care provided that includes cultural safety experiences.

EXECUTIVE SUMMARY

4. In addition to the advice provided to students on the B+ examination result threshold to progress to year 2, clearly articulate upfront (prior to enrolment and acceptance) what options are available to students who score more than 50% but less than the required 75%.
5. Critically reflect on the structure of CLDN 9, to possibly enable summative assessment at the end of second year.

Staff

6. Within the context of worldwide academic shortages, the Faculty of Dentistry continues:
 - a. to advocate for academic pathways for clinical staff without the research requirements
 - b. continue conversations with the Dental Council on a potential academic registration pathway for overseas trained academics
 - c. to advocate for professional development funding to at least return to previous amounts offered to staff to ensure adequate and meaningful professional engagement with other academic and professional peers.

Patient clinics

7. Consider annual audit to validate compliance with key health and safety related aspects, including infection prevention and control and radiography.
8. Continue to explore and implement processes to better utilise Titanium to improve efficiencies on patient and academic management, including referral pathways.
9. Consider a standardised, consistent, digital template for clinical logbooks. This could be linked to procedure codes/treatment categories, which would strengthen closer monitoring of the students' clinical experiences and identify gaps. It would also enable year-on-year comparative analysis to identify trends and ensure increasing clinical complexity as students' progress through the course.
10. In consultation with the postgraduate programmes, have a consistent pool of dental assistants suitably trained to support the relevant postgraduate clinics, to optimise the postgraduate learning experiences and protect patient safety.

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External academic input

11. Strengthen the external academic review process of the postgraduate programmes by establishing a formalised review process and cycle. Ensure external academics, graduates, students and NZ professionals within the discipline have opportunities to provide input into the review.

Interdisciplinary learning

12. Explore more interdisciplinary communication and shared cases through formal, structured, and regular combined treatment planning seminars.

Research supervision

13. Reconsider the need for, and value of, three research supervisors (as opposed to two supervisors), and a standardised rubric for the thesis/research.

Student feedback

14. The Faculty should provide formal opportunities for students to submit feedback regarding the course and circulate clear information on where and how to provide this feedback.

Coursebooks

15. Critically review the course handbooks to ensure they remain up-to-date, and consider a standardised template for all the clinical postgraduate programmes.

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

2.1 SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
1. Public safety is assured.	Combined response	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.	<ul style="list-style-type: none"> The University of Otago is committed to the New Zealand Code of Health and Disability Services Consumers Rights 1996. A new Clinical Governance Framework is being developed and introduced in the University of Otago Dental Hospital and clinics in Dunedin and Auckland. This framework is designed to hold the Faculty accountable for the quality of care delivered to patients and support the academic requirements for students. This initiative is commended. A new experienced clinical leadership is managing the dental hospital and clinics. The Faculty provides emergency dental services. After-hours services are offered in conjunction with Dunedin Hospital. Applicants go through a vetting process prior to acceptance into a programme. Staff providing clinical care hold current New Zealand Resuscitation Council CORE Immediate certification, and CORE Advanced when administering sedation or monitoring these patients. The Faculty has emergency medical equipment accessible and available, including automatic external defibrillators and 	<i>Standard is met</i>

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<p>first aid guidelines – clearly visible. There is a crash trolley in the first-floor theatre.</p> <ul style="list-style-type: none"> • The Faculty follows the Dental Council infection prevention and control (IPC) practice standard. • The new facilities have an impressive, hospital level instrument reprocessing areas. • Radiation sources are licenced, and Faculty employed registered Medical Radiation Technologists (MRTs) to provide radiological services. • All new staff are introduced to the Faculty's health and safety requirements when they start in their new workplace, and students during their programme orientation. • Students are supervised by registered, practising clinicians during provision of patient care. • If there are questions or concerns regarding competency or conduct, these are raised with the programme lead and identified at the mid-year progress meetings. • The Faculty has an incident management process. It reports on incidents and near misses and develops strategies to mitigate similar or other incidents. • Patient complaints are documented, investigated, and reported. • The outcome of the complaint is communicated to the complainant and any subsequent deficiency in systems or 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<p>processes is rectified and communicated to appropriate staff and/or students.</p> <ul style="list-style-type: none"> • A Patient Compliments, Comments and Complaints Information pamphlet is readily available for patients to access. • The new Clinical Governance Framework established a Consumer group and a Tikanga Group which will provide feedback on care. These groups are newly established. • The Faculty follows the Council's Patient records and privacy of health information practice standard. • Students and staff must follow the Patient Records procedure. • This is further supported by a Code of Professional Practice, a Photographing and Recording Patients and Documents Policy and Social Media Policy and Guidelines. • Patient records are now digital and available chairside. • A Faculty working group continues to identify further efficiencies and embedding of processes within the new clinics. • Although clinicians have a legal and professional obligation to ensure compliance with the various practice standards and processes, an independent audit to validate compliance with key health and safety related aspects would be strongly recommended - including IPC, radiography and patient records. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		1.2 Student impairment screening and management processes are effective.	<ul style="list-style-type: none"> Documentation for admission must include Hepatitis B, C and HIV screening, English proficiency tests, curricula vitae, referee reports and a letter of good standing from regulators. Students must declare any health issues that may impair their ability to study or impact on the safety of others. This is considered by the Faculty's Fitness to Practice Committee. This committee has a Council staff representative on it to bring potential regulatory perspectives to it – including potential impact on registration. Various University health and student support services are available to students. 	
		1.3 Students achieve the relevant competencies before providing patient care as part of the programme.	<ul style="list-style-type: none"> An introductory programme at the beginning of year 1 is run that includes examination, treatment planning and photography. Simulation teaching occurs for clinical disciplines which establishes an understanding of the student's ability and ensures foundation skills before patient treatment. Programme clinical coordinators triage and allocate cases to postgraduate students as appropriate to their competency and experience levels. 	
		1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.	<ul style="list-style-type: none"> Detailed staff lists with their qualifications and roles in the programmes were provided. Clinical supervision is provided by New Zealand registered health practitioners with practising certificates. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> No concern about clinical supervisors' capabilities was raised. Non-registered staff may supervise pre-clinical sessions and research projects. The ability to recruit overseas academics rely on the ability for those applicants to gain registration in New Zealand. Limitations with the registration pathway for those with non-prescribed qualifications were raised as a significant barrier for recruitment. The Faculty is encouraged to re-initiate these conversations with the Dental Council. 	
		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 Dental Hospital has robust health and safety policies, protocols, and procedures – supported by the Council's practice standards. Existing external placements for postgraduate programmes are within Te Whatu Ora facilities that must comply with health and safety and other health-related legislation and standards. Students on external placement have to agree and follow the provider's specific requirements – evidence of these requirements were shared by the relevant disciplines. 	
		1.6 Patients consent to care by students.	<ul style="list-style-type: none"> All patients who attend the dental clinics and hospital are required to complete a patient enrolment form. Patients who sign the enrolment form confirm the understanding that they may be seen by a student. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> Informed consent on procedures is managed chairside by the student, and supervisor where appropriate. 	
		1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.	<ul style="list-style-type: none"> Most postgraduate students are registered dentists in New Zealand, who have ethical and professional obligations under the Standards framework for oral health practitioners. They declare compliance when applying for their annual practising certificates. Applicants submit a letter of good standing from their registering body. 	
		1.8 The programme provider holds students and staff to high levels of ethical and professional conduct.	<ul style="list-style-type: none"> The University of Otago's Ethical Behaviour Policy outlines expectations regarding behaviour. This applies to all involved with the University. A University Code of Student Conduct is signed by students during admission. The Faculty's Code of Professional Practice outlines professional behaviour expected from its staff and students. At the beginning of each academic year students must sign an online declaration stating they have reviewed and understood the Faculty of Dentistry Code of Professional Practice and agree to comply with the Code. Breaches must be reported and managed at the appropriate levels, depending on the nature and severity. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> • Serious repeated breaches will necessitate meeting with the Associate Dean Postgraduate, and or referral to the Faculty's Fitness to Practise Committee. • Specific concerns identified during the accreditation review is reported separately. 	
2. Academic governance and quality assurance processes are effective.	Combined response	2.1 Academic governance arrangements are in place for the programme and include systematic monitoring, review and improvement.	<ul style="list-style-type: none"> • The Faculty of Dentistry is part of the Division of Health Sciences along with the Faculty of Medicine, the School of Pharmacy and the School of Physiotherapy. • The Dean is a member of the Executive of the Health Sciences Divisional Board, as well as a member of the Divisional Board. • The Postgraduate Studies Committee of the Faculty of Dentistry report to the Senior Management Team. • Postgraduate matters, particularly relating to new papers or programmes or significant modifications to existing papers are reported to the Divisional Academic Board, prior to matters being considered by the Board of Graduate Studies. • Postgraduate programmes are approved through the University governance structure and the College of University Academic Programmes Committee and recognised by the New Zealand Qualifications Authority Framework. • The Faculty's Postgraduate Studies Committee receives reports from the postgraduate programme leads, who have the initial responsibility for programme. 	<i>Standard is met</i>

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> • This includes the selection process and making recommendations for admission to the Pro-Vice-Chancellor of Health Sciences. • Faculty members serve on several committees. • Organisational charts of the academic governance structure and the Faculty of Dentistry structure was received and reviewed. • There is a current review of the structure of the Division of Health Sciences that may potentially impact on the Faculty of Dentistry and dental hospital structures. • The outcome of the review and the potential implications will be monitored. 	
		<p>2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the programme's design, management and quality improvement.</p>	<ul style="list-style-type: none"> • The University has an established Programme Review Framework that requires students and graduates to participate in programme reviews. • There are student representatives on both the Postgraduate Studies and Sir John Walsh Research Committees. • The results of the University Quality Advancement Unit's graduate surveys with the 2022 results were shared with the review team. • It was pleasing to note that the Faculty of Dentistry had top scores within health sciences in all but one area. • No evidence of Faculty-driven student and graduate surveys was available. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> The overwhelming feedback across graduates and students were that this accreditation process was the first formal approach by the Faculty for feedback on the programmes. This should be improved. Create a culture where formal feedback is welcomed and encouraged to facilitate improvement of the course structure and student experience. The SET recognises the small pool makes anonymity difficult, but students have the choice to participate or not. The Associate Dean of Postgraduate Studies oversees the process for external peer review for all speciality programmes. External examiner reports for 2021 and 2022 were submitted for the programmes. The external examiner review process are mostly used for the assessment process. The Faculty is encouraged to utilise these opportunities from time-to-time for a broader review of the programme. 	
		<p>2.3 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.</p>	<ul style="list-style-type: none"> Academic staff is required to complete an annual/biennial performance review. Many Faculty staff are involved in national and international committees and programmes resulting in access to international and national best-practice. Other internal activities to promote professional development for staff and students include: 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> ○ Grand Rounds ○ Clinical and Research Excellence Symposium ○ Teaching Excellence Days ○ Tutor Training Days ○ SJWRI Research Seminar Series ○ Peer Review. ● There was no evidence of a formalised review cycle across the postgraduate programmes. External review of the programme was evident in some programmes, but not in a structured manner or consistently across programmes. ● Faculty staff are expected to undertake continuing professional development and maintain up-to-date practice. For registered oral health practitioners this is also required for the Council's recertification programme. ● The University has a Research and Study Leave Policy and a Conference Leave Policy, allowing opportunity for staff to develop and maintain contacts with the wider academic, research and professional communities. ● Monetary allowances for staff professional development have recently halved. The available amount will not support professional engagement outside of New Zealand and will limit staff's ability to interact and learn from their international colleagues. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> This appears to conflict with the philosophy of a tertiary educational institution fostering evidence-based learning and promoting high learning and teaching standards. 	
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	General commentary	3.1 A coherent educational philosophy informs the programme's design and delivery.	<ul style="list-style-type: none"> The University of Otago is a research-intensive University with a Teaching and Learning Framework – currently under review. The Division of Health Sciences Teaching and Learning Plan 2021 – 2027 was provided. The postgraduate programmes align with the learning plans, and the Faculty of Dentistry strategic plan 2021 – 2023 vision “To improve oral health through respectful, research informed education and training of health professionals”. 	<i>Assessments are made by individual programmes in section 2.2</i>
		3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> The programme handbooks for the disciplines contain defined learning outcomes relevant to the discipline. These are informed by the Dental Council (NZ)/Dental Board of Australia (DBA) dental specialists' competencies. The faculty was involved in the development of these. Where concerns exist, these are expressed in the discipline assessments. 	
		3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	<ul style="list-style-type: none"> Clinical logbooks are required for patient treatments. Student progress is monitored mid-year across the three years – this includes clinical and research progress. Remediation plans are put in place to address areas of concern. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> • Progress reports were shared by the disciplines. • Logbook examples were provided by the programmes. There is no consistent logbook template – sometimes even within the same programme. • For many programmes, obtaining a dashboard overview of the clinical activities completed by a student appeared to be a manual task completed by students at the end of year (or programme leads in retrospect for graduates). • A consistent, digital template linked to procedure codes/treatment categories (ideally within Titanium) would strengthen closer monitoring of the students' clinical experiences and identifying gaps in a timely manner. It would also enable year-on-year comparative analysis to identify trends or shifts in clinical exposure.³ 	
		3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	<ul style="list-style-type: none"> • Teaching methods within the postgraduate programmes are based on the University's Teaching and Learning Plan. • A variety of learning opportunities are used across the programmes. These include: online learning, clinics, assignments, seminars, workshops, case presentations, case reviews of earlier cases, grand rounds etc. • Not all postgraduate programmes used/prioritised journal clubs. 	

³ The endodontic and paediatric dentistry programmes have introduced digital logbooks

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> • Most programmes use flipped classroom seminars. • Students are encouraged to develop reflective learning practice. • Both clinical and research components have to be passed for the DClinDent degree to be awarded. • For the MComDent and PGDipCDTech all papers must be passed, plus a thesis for the MComDent. • Some areas of enhancement were identified. • Ensure that the orientation programme and common core subjects such as cultural safety, research methodology, biostatistics, infection prevention and control etc. are compulsory and completed by all postgraduate students, and appropriately assessed. • Provide access to the orientation online material and recordings for those who cannot attend these sessions, and to support additional review/refresher by students at a later stage. • Create a Faculty-driven culture where student feedback is welcomed and encouraged through their postgraduate studies to facilitate improvement of the course structure and improve student experience. <p>Clear information on where and how to provide this feedback is needed.</p>	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> • The Faculty of Dentistry research component is very strong. • The programmes produce graduates that are research literate and trained for lifelong learning. • The mandatory postgraduate student orientation programme includes an introduction to research, library services, academic writing and a tour of the research facilities. The tutorials include designing research studies, statistical analysis of results, and scientific writing. • Progress is reviewed mid-year across their study, and guidance offered by the clinical and research supervisors. • Students are encouraged to present their research at the Faculty of Dentistry Research Day and relevant local and international conferences. • Students gain further experience in review and critical evaluation of research and literature through grand rounds, journal clubs, and assignments. These were highlighted in the curriculum competency mappings. • Although research funding is generally challenging, no concerns about out-of-pocket funding or preventing students to complete their research were expressed. • Research supervision was complimented. • Within an environment where academic staff are stretched, the need for and value of three research supervisors could be re-assessed. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<p>It could also possibly slow down access by or feedback to students.</p> <ul style="list-style-type: none"> • Research processes outlined in the course book are clearly articulated. • It would be beneficial if additional information was available regarding the thesis, in particular the word count and the option for presenting the thesis in hybrid form (i.e. publication format). • If not already included as part of the research introduction during the orientation week, cover the key principles related to Māori data sovereignty. 	
		3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.	<ul style="list-style-type: none"> • Learning objectives included interprofessional practice. • Most disciplines encourage their postgraduate students to do at least one session per week of undergraduate teaching. International students can do didactic and pre-clinical teaching. • Reviews confirmed interprofessional learning opportunities through grand rounds, seminars etc. • Further details contained in the discipline reports. 	
		3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.	<ul style="list-style-type: none"> • The commitment to and passion to deliver high quality education and patient care were demonstrated by the Faculty of Dentistry leadership and staff. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> The Faculty has provided a staff list detailing the staff qualifications, their primary roles and indicative time allocated within the postgraduate programmes. Staff recruitment remains a concern for many programmes. Discussions with the Dental Council on potential registration barriers by those from overseas should continue. Concerns about the ability to recruit clinical teaching staff continue in the absence of an available academic pathway for those that cannot meet the university research obligations. The Faculty must continue to explore increased opportunities to support and advocate for its staff to maintain staff morale and loyalty. In particular, where dental academics worldwide are in high demand and in short supply. For example, opportunities to better support ongoing staff development and engagement with international peers. 	
		<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"> The SET congratulates the University of Otago and the Faculty of Dentistry on their state-of-the-art facilities. The teaching and learning spaces, clinics and technologies support student learning and protect patient safety. The facilities are fit-for-purpose, and have up-to-date equipment and technology. The investment in and shift towards increased digital dentistry equipment and technologies are a positive step to ensure graduates meet practice demands once registered. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		<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"> • New Zealand registered dentists entering postgraduate study are experienced dentists and need to be culturally safe for practice. Some foundation knowledge is assumed through their experience. • However, the programme needs to ensure all students meet the expectations and apply cultural safe care in their clinical practice – including international students. • Postgraduate students were invited to participate in cultural safety workshops and hauora Māori training provided by Kōhatu. • Staff was encouraged to participate, and staff attendance was reported as good. • It was unclear if all postgraduate students participated in the learning activities offered. • The recently developed Clinical Governance Framework includes a co-chair who is Māori. • Patient referrals from Te Kaika, a Dunedin based Māori oral health provider, can be made to postgraduate clinics. Reported experiences treating Māori and Pacifica patients were mixed across disciplines. • Some disciplines reported involvement of whānau in decision making and informed consent. • A number of disciplines have had Māori and Pacifica students and/or graduates, with prioritised entry criteria for priority groups – aligned with the university policies. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> The faculty reported ethnic diversity of patients, including Asian communities, refugee groups. Interpreters are available for translation. Increased focus on data collection is underway under the new clinical data governance framework. Concern about the lack of availability of a dedicated Muslim prayer room and private ablution facilities for preparation purposes were raised. An alternative option in the Dunedin hospital was offered, but the vicinity of the new hospital may not be convenient for students and staff as a long term solution. 	
		<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"> Substantial investment by the University has been made in the new Faculty of Dentistry facilities. The Faculty remains committed to its postgraduate programmes. To date, adequate resources have been available to enable the Faculty to fulfil its educational objectives. The level of experienced dental assistants consistently available to all postgraduate students have been raised as a concern across most clinical programmes. Although postgraduate clinics were prioritised, the experience level of those back-filling was not considered adequate due to lack of discipline specific experience (and ongoing retention of experience). This slows down workflow and decreasing learning opportunities. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> The SET acknowledges the reported level of recent dental assistant turnover and impact of illness, but options to ensure consistent support should be explored. 	
		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 Faculty has a signed agreement with Te Whatu Ora Southern for ongoing delivery of oral health services. There remain concerns about the University's dental hospital and clinics not being able to demonstrate how they meet the expected Te Whatu Ora Southern service delivery requirements. <p>The new hospital leadership team and Te Whatu Ora Southern representatives are working through these concerns.</p> <ul style="list-style-type: none"> Any potential changes to the Division of Health Sciences structure, and potential implications on the Dental Hospital, will be monitored. 	
4. Students are provided with equitable and timely access to information and support.	Combined response	4.1 Course information is clear and accessible.	<ul style="list-style-type: none"> The level of information available to prospective and current students is extensive, and covers the expected areas such as: <ul style="list-style-type: none"> Provision of Course and Study Information to Enrolled Students Policy Student Advising Policy Student Academic Grievances Procedures Academic Integrity Policy 	<i>Standard is substantially met</i>

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> ○ Student Academic Misconduct Procedures. • The University has an established a Student Communication Policy. • Various communication channels are used including email, a Vision communication, Blackboard and the University website. • Each student receives an orientation package. • The Faculty of Dentistry programme information is contained in the postgraduate coursebook, and the respective discipline coursebooks. • These documents contain information on the programme entry requirements, learning content and assignments, assessments, and programme staff and relevant contact details. • The pre-requisite for entry into the programme, the application process, and progression requirements are detailed for potential applicants on the website. • All programme handbooks were received. • The SET noted that although there are common areas included in all, there is not a consistent format for the postgraduate handbooks. • A few content differences were identified: 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> ○ One programme expressed the assessment criteria differently. Greater consistency could avoid student confusion. ○ One programme's handbook was not considered up-to-date, clear and transparent. ○ A few contained out-of-date information, or referred to an incorrect discipline. ○ Only one handbook contained updated, specific focus on cultural safety expectations. ● These issues are highlighted in the various discipline reports. ● In general, course information was accessible, clear and transparent. 	
		<p>4.2 Admission and progression requirements and processes are fair and transparent.</p>	<ul style="list-style-type: none"> ● Admission criteria and procedures are clearly defined in the information for prospective students on the Faculty website, and in the coursebooks. ● Applications are made via the electronic portal on the website. ● The Postgraduate Studies Committee administers the selection process and makes recommendations for admission of candidates to the University. ● The University of Otago Academic Progress Policy is provided to students on enrolment. ● The assessment requirements are articulated in the respective discipline handbooks. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> • Students and graduates were generally aware of the year 1 threshold of B+ to progress and were not concerned about this. However, very few were aware of the possible pathways for any students passing with a score over 50% but less than 75%. This information should be available upfront and transparent. • Students and graduates were aware that there were no summative assessments at the end of year 2. While most interviewees did not raise specific concern about this, in reflection many thought there may be benefit to have a summative assessment and a clear grade. • The Faculty is requested to critically reflect on the structure of CLDN 9, driving the nature of summative assessments – and to engage more broadly on this with students and staff. The SET acknowledges changes to the paper would necessitate university approval changes. • For DClinDent students, progress meetings are held at 6, 18 and 30 months with the student, clinical and research supervisors and the head of the department. This is clearly articulated, and evidence of this occurring was confirmed by the SET. • Regular informal feedback is given to students – and generally praised during the review. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> Students and graduates confirmed that they knew how they were tracking during the programme. The small number of postgraduate students support close monitoring of students, and easy access to academics and clinical supervisors. 	
		4.3 Students have access to effective grievance and appeals processes.	<ul style="list-style-type: none"> There is a well-established framework for student grievance procedures, including appeal processes. A link to the Student Academic Grievances Procedures was shared. The University of Otago Student Charter outlines the Rights and Responsibilities of Students. No concern on the fairness of these processes were raised. 	
		4.4 The provider identifies and provides support to meet the academic learning needs of students.	<ul style="list-style-type: none"> The University of Otago, through the Higher Education Development Centre provides workshop opportunities for postgraduate students requiring support or advice around certain aspects of their study. During the orientation week various support services are introduced to students. Guidance on what support services are available to students can be found on the University website. The Faculty Student Support Officer provides support and advocacy to students who require it. This includes access to academic counselling internal or external to the Faculty. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> • The Division of Health Sciences has an International Advisor that provides language and cultural guidance for students for whom English is an additional language. Evidence of students being referred to this service was shared with the SET. • International student advisors can support international students on a confidential basis. • Students have access to a variety of research support services. This includes support offered by the Faculty's Sir John Walsh Research Institute. • A range of learning methods are used by all programmes to offer different learning opportunities for students. • Clinical supervisors and teaching staff play a vital role in identifying students experiencing difficulties or clinical gaps, and formulating remedial plans. • The Associate Dean Postgraduate is also a contact point for postgraduate students. Positive student experiences where this support was helpful, were reported. • Two programme reviews expressed serious concern on lack of student support. These are detailed in the relevant discipline reports. 	
		<p>4.5 Students are informed of and have access to personal support services provided by qualified personnel.</p>	<ul style="list-style-type: none"> • The Faculty Student Support Officer is the initial point of contact for students requiring personal support or assistance. • Students are then referred to the relevant professional service/s – equipped to adequately handle the issues and support the student. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> The University Students Association provides advocacy for all students. A comprehensive range of health and well-being services, and Chaplaincy support are available. 	
		4.6 Students are represented within the deliberative and decision making processes for the programme.	<ul style="list-style-type: none"> The University of Otago has a Class Representative System Policy that promotes communication between students and staff. Students are represented on Faculty of Dentistry committees, including the Postgraduate Studies Committee. This was confirmed during the review. The new shared postgraduate learning and clinical spaces demonstrated improved interaction between students – allowing more opportunities to raise or discuss any potential concerns to be addressed. Social events are organised – enabling networking and informal conversations. 	
		4.7 Equity and diversity principles are observed and promoted in the student experience.	<ul style="list-style-type: none"> The University has an Equal Employment Opportunities Policy, the Equal Educational Opportunities Policy, the Equity and Diversity Strategic Framework, Equity and Diversity Policy, the Māori Language Policy – Ngā Kaupapa mō te reo, Māori Strategic Framework and Pacific Strategic Framework. 	
5. Assessment is fair, valid and reliable.	General commentary	5.1 There is a clear relationship between learning outcomes and assessment strategies.	<ul style="list-style-type: none"> The University of Otago has established Best Practice Guidelines for the Assessment of Student Performance. 	<i>Assessments are made by individual</i>

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> Assessment strategies are based on expectations set out by the handbooks' curriculum modules. Both the clinical and the research components have to be passed to be awarded the DClindent. These are aligned with DClindent expectations. Criterion 4.2 contains further comments related to progression and assessments. 	<i>programmes in section 2.2</i>
		5.2 All required professional competencies are mapped to learning outcomes and are assessed.	<ul style="list-style-type: none"> Mapping of the assessment methodology to the required professional competencies for the discipline was provided. Assessment methodology is outlined in the handbooks. 	
		5.3 Multiple assessment methods are used including direct observation in the clinical setting.	<ul style="list-style-type: none"> Assessment methodology is outlined in the handbooks. Assessment methodologies include clinical assessment, case-based discussions, written papers, assignments, case presentations, oral examinations and clinical logbooks. Clinical assessment tools may include case-based discussion, direct observation of procedural skills and professional attitudes. Feedback during clinical sessions is provided by the supervisors, where relevant. 	
		5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	<ul style="list-style-type: none"> The postgraduate programmes are managed and coordinated by the Associate Dean Postgraduate Studies. The specific discipline papers are overseen by the relevant postgraduate programme leads. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> • The Postgraduate Studies Committee provides governance for the programmes and feedback to the postgraduate programme leads. Feedback may be escalated to the Senior Management Team and/or Board of Studies. • The University has a Student Academic Grievance Procedure, for any assessment appeals. • Assessment of the DClinDent thesis is per the University's protocol for doctoral degrees. The thesis has to be passed for the degree to be awarded. • Students are provided written and verbal feedback on case presentations and research progress. • Feedback on clinical practice and student-led seminars is provided verbally. • Individual student progress is provided in the formal progress meeting which is held mid-way through each academic year. 	
		5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	<ul style="list-style-type: none"> • A list of all staff and their roles in the programme was provided. • The University of Otago requires all postgraduate programmes to complete external assessment every three years. • Research theses are examined by three examiners - one internal and two externals and at least one is an international expert in the field. 	

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
6. The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.	Combined response	6.1 The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand.	<ul style="list-style-type: none"> The University of Otago has a Māori Strategic Framework 2022 and a Pacific Strategic Framework. The Faculty of Dentistry leadership team demonstrates commitment to embed Te Tiriti o Waitangi within its programmes. The Faculty of Dentistry has an Associate Dean for Māori and Associate Dean for Pacific – part of the Faculty leadership team. The new Clinical Governance Framework demonstrates the Faculty's commitment to embed Te Tiriti by: <ul style="list-style-type: none"> Recognising the principles of Te Tiriti. The Clinical Governance Committee co-chaired by Faculty's Hauora Māori lead. The framework includes an Equity group and a Tikanga Māori group to advise, monitor and foster the management of the programme and the oral health outcomes of Māori and Pacific patients. There is an established relationship between the Faculty of Dentistry and Kōhatu Centre for Hauora Māori. There are ongoing efforts to strengthen this relationship, optimise resources, and strengthen the learnings on cultural safety across the dental programmes. Some progress has been made in the undergraduate programmes, but these have not yet been achieved in the postgraduate programmes. Expressed commitment to 	<i>Standard is substantially met</i>
		6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery.		
		6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.		

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<p>introduce the same standard of learning into the postgraduate programmes were made during the review.</p>	
		<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>	<ul style="list-style-type: none"> • Not unique to the Faculty of Dentistry, Māori staff are stretched within their Faculty roles, as well as supporting the broader oral health sector with various cultural safety initiatives. • Kōhatu expressed commitment to support the Faculty with cultural safety teaching, including expanding it to postgraduate programmes. • There are Māori and Pacifica staff teaching into the postgraduate programmes. • Māori and Pacifica postgraduate students also offer indirect learning opportunities through role-modelling and interaction between postgraduate students in the learning and clinical spaces. • The formalised cultural safety learning for postgraduate students included: <ul style="list-style-type: none"> ○ Seminars provided during the orientation week (2021 - 2023). <ul style="list-style-type: none"> ○ Clinical care and research with Māori by Associate Dean - Māori ○ Intercultural communication delivered by Division of Health Sciences staff. • Additional sessions were provided for all staff (academic and PPFs) and postgraduate students: 	
		<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>		

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
			<ul style="list-style-type: none"> ○ 2023: Cultural safety in our dental faculty (Kōhatu staff) - uptake was reported as good. ○ 2022: Commitment to equity and citizenship (Associate Dean - Māori). ○ 2021: Promoting cultural competence (various presenters). ● The SET consider these learnings as mandatory, rather than optional. The Faculty must ensure all staff and students undertake cultural safety learnings. 	
		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).	<ul style="list-style-type: none"> ● Coursebooks include cultural safety/competence as learning outcomes. ● One programme handbook had an expanded section on cultural safety – which is suggested for all handbooks. ● Some postgraduate programmes demonstrated great initiatives, such as: <ul style="list-style-type: none"> ○ Prioritised patient care for Māori and Pacific patients on the waitlist. ○ Rongoā research. ○ Various research projects working with Māori and Pacific communities; projects led by Māori and Pacific researchers with focus on Māori and Pacific health outcomes. ● Exposure to Māori and Pacific patients are gained; albeit a relatively small population in the Southern region. Patients are also referred from Te Kāika (Māori health provider). 	
		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.		

SUMMARY OF COMMON FINDINGS AGAINST ALL STANDARDS

Standard Statement	Discipline	Criteria	Evidence	Assessment
		6.7 The programme provider promotes and supports the recruitment, admission, participation, retention and completion of the programme by Māori and Pacific peoples.	<ul style="list-style-type: none"> The staff and student profile has increased diversity from earlier reviews. Various postgraduate programmes have Māori and Pacific students and graduates. The Faculty and its staff are commended for attracting, retaining, and supporting these students. The Faculty is committed to continue to increase the number of Māori and Pacific postgraduate students. An increasing pool of BDS graduates make this possible. Some programmes have had graduates returning to their countries in the Pacific, such as Fiji and PNG - bringing much needed expertise and services to their communities. 	
		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.	<ul style="list-style-type: none"> The postgraduate students who are Māori are actively engaged with Te Aō Marama (The New Zealand Māori Dental Association), as well as the Māori staff members. Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) is an undergraduate student body. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

2.2 SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

DClinDent endodontics

Accreditation decision

The discipline sub-group considered that accreditation standard 3 (programme of study) and standard 5 (assessments) are met.

The Doctor of Clinical Dentistry (endodontics) programme is **granted accreditation until 31 December 2028**.

Commendations for DClinDent (endodontics)

1. Strong leadership and communication from the discipline head and dedicated programme staff.
2. High performing and engaged students with strong research and case reports, multiple student scholarships, and success in securing competitive research grants.
3. By 2024 the programme will have two Māori graduates and a Pacific student.
4. Efforts to keep the programme handbook contemporary.

Recommendations for DClinDent (endodontics)

1. Ongoing support from the faculty for recruitment of suitable academic and clinical staff.
2. Continue to explore initiatives to involve external practising endodontists in teaching activities.
3. Explore increased exposure and earlier access to surgical cases.
4. Access to radiographic equipment in all postgraduate bays and fixing microscopes to the wall or ceiling.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

5. Explore whether the mid-year student progress report template support detailed and comprehensive recording of progress across academic, clinical and research aspects, and any remediation plans – or whether changes are required.
6. Encourage a viva to consistently occur in second year as a precursor/practice for the final year examination.
7. Explore a possible second external examiner for moderation, possibly a mix of NZ and Australian assessors with the relevant experience and mana within the profession.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Summary of findings for DCLinDent (endodontics)

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.1 A coherent educational philosophy informs the programme's design and delivery.	<ul style="list-style-type: none"> The handbook demonstrates that the programme is evidence-based, and research informed. The programme's educational approach represents what is expected from a dental specialist programme, and is comparable to Australasian and other international endodontic programme designs. The programme carefully considers applicants to balance academic performance with new Zealand workforce needs, suitable fit for the programme and the profession long-term. 	<i>Standard is met</i>
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> The learning outcomes are appropriate and represent contemporary endodontic practice. The competency mapping against the learning outcomes have been shared with the SET. It is also included in the student handbook (not available in other programme handbooks). No gaps have been identified. 	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	<ul style="list-style-type: none"> Students have 2.5 days of clinical sessions each week for guided clinical practice with increasing clinical complexity and independence as students' progress to increased competence. Students have access to a suitable range and mix of procedures required for endodontic practice. All students manage complex cases and participate in multidisciplinary care. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • A streamlined pathway for dental trauma injuries has increased the exposure of endodontic students to the management of patients with acute dental trauma (but not as first line response). • Access to surgical cases remain a challenge and is prioritised for final year students. Experience in earlier years would be beneficial. The oral surgery programme supports this learning aspect. • Based on feedback, there is a suggestion for the programme to consider whether IV sedation and advanced resuscitation training be included in the programme. • The option for student placement or rotation in the Auckland faculty clinic was explored. Adequate clinical supervision, lack of multidisciplinary support and logistical/financial challenges for students within the existing university climate were some of the current barriers. This continues to be explored. • Some observational experiences in private practice occurs, but not consistently. • The endodontic programme has introduced real-time e-logbooks to ensure students have learning opportunities across the scope to support case allocation and performance monitoring. <p>They can potentially offer leadership and experiences to roll this out across all postgraduate programmes.</p>	
	<p>3.4 Learning and teaching methods are intentionally designed and used to enable students to</p>	<ul style="list-style-type: none"> • The clinical education requirements are outlined in the handbook. • Learning and teaching methods reflect what is expected from a clinical postgraduate programme, and is deemed appropriate for the endodontic programme. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>achieve the required learning outcomes.</p>	<ul style="list-style-type: none"> • A new learning module has been introduced, with student-driven seminars, covering core areas multiple times. The supervisor ensures foundation knowledge and expected references/classic literature are adequately covered – and give guidance where needed. Overall, feedback was positive. • Patients are triaged by endodontic staff to fairly allocate cases, ensuring the patient care needed is at an appropriate level for the student’s learning needs and capabilities. • Additional sessions outside of standard clinical time are arranged to supplement experiences where needed. No concern was raised about the ability to secure such sessions. • In general, supervision was described as satisfactory and accessible. • Limited external dental specialists contribute to the programme’s teaching. Ongoing initiatives to secure external practising endodontists in teaching activities is encouraged. 	
	<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> • The quality of the student research shared was appropriate for the DClinDent, and covered a range of topics relevant to endodontics. • Most research projects result in published articles. • The research themes in the programme are education, laboratory, and clinical. • Students have the opportunity to share their research within and outside of the Faculty - this should be encouraged among students as it also allows for external professional interactions and establishing professional relationships. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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"> • Interviews confirmed regular interaction with other dental specialists such as periodontics, prosthodontics, oral surgery, special needs dentistry etc. • Sharing the learning and clinical spaces support informal interaction across disciplines. • The programme introduced online learning opportunities with postgraduate endodontic students from Australian schools to enhance networking, and give exposure to international speakers and different perspectives. • Additional, formalised and structured opportunities for multidisciplinary treatment planning and care would be beneficial to ensure all students participate in such care. 	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> • The programme has highly qualified and experienced endodontic staff. • The programme coordinator's strong organisational capability was evident. • While research supervision can be shared with non-clinical researchers and scientists, at least one clinical research supervisor per student is required. <p>Feedback on programme and research supervisor staff was very complimentary.</p>	
	<p>3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for</p>	<ul style="list-style-type: none"> • The clinical facilities are well equipped for endodontics, except for a reported bottleneck at the shared radiography bay on the clinic floor. • Two of the enclosed, single chair clinics have chairside radiography. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>purpose and support the achievement of learning outcomes.</p>	<ul style="list-style-type: none"> • Chairside radiography and fixing microscopes to the wall or ceiling in the postgraduate clinical bays will increase workflow. • Each endodontic student has a dedicated high specification microscope and ultrasonic unit. 	
	<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"> • By 2024, the programme will have two Māori graduates, and one Pacific student. • The programme is undertaking endodontic research led by Māori, with Māori. • Māori and Pacific patients on the endodontic waiting list are prioritised. • The programme demonstrated commitment to fully embed and apply cultural safety. • The programme has included a new section on cultural safety in its handbook (not yet introduced into most other postgraduate handbooks). 	
	<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"> • In 2023, the programme had six students across the three years, with four students enrolled for 2024 – one more than the usual year 1 intake. • The programme has currently ~ 1.5FTE available for teaching and clinical supervision, with additional research supervisors outside of the programme. Of the teaching capacity, 0.3FTE is on a medium term basis while recruitment is underway. Staff capacity is stretched. • Recruitment for a senior academic member has been challenging. • Ongoing support for the programme’s recruitment efforts will be needed. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Further conversations with the Dental Council to explore registration pathways for university clinical staff with overseas qualifications is encouraged. • The lack of University academic recognition of clinical teachers adds further pressure on recruiting clinical teaching staff. • The patient load appears appropriate for current student levels. 	
	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"> • No concern about ongoing access to endodontic patients have been raised or identified. 	
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"> • Assessments of programme aligned with DCLinDent expectations, and is considered appropriate for the endodontic programme. • The programme was satisfied that they had sufficient support and tools to hold back students who are not performing at the level expected for endodontic practice. 	<i>Standard is met</i>
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	<ul style="list-style-type: none"> • Copies of previous examination papers have been provided. • Assessment mapping to the competencies were clear and appropriate for assessing the competency. • No concerns have been identified. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>5.3 Multiple assessment methods are used including direct observation in the clinical setting.</p>	<ul style="list-style-type: none"> The programme uses a range of assessment modes. The assessment modes are appropriate, and consistent with comparable international programmes. Critical reflection by students on their performance is one of the most valuable assessment tools – these conversations are encouraged. A mock viva during the second year could further support student preparation for their final year assessment – it would be beneficial to ensure this consistently occurs. 	
	<p>5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.</p>	<ul style="list-style-type: none"> A marking rubric was introduced to enhance calibration and moderation in examinations. This was shared with the SET. The use of this was confirmed with interviewees. Templates with key learning points for case presentations were introduced. External examiners are involved in setting and marking of written and oral examinations. Examination committee meetings are held to discuss and agree on student results. Timely and constructive student feedback was confirmed by various groups. There was some concern that the mid-year student progress report template did not support detailed and comprehensive recording of progress across academic, clinical and research aspects. A review of the template is encouraged to ensure it meets its purpose. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.</p>	<ul style="list-style-type: none"> • External examiners contributed to the final written and oral examinations - including marking. They also reviewed the clinical logbooks of final year candidates to evaluate the quality, quantity and range of cases managed. • External examiner reports for 2021 and 2022 were provided. One of the assessors was Australian. • For additional independence of the assessment, and the programme overall - explore the use of a second external examiner, possibly a combination of NZ and Australia assessors with the relevant experience and mana within the profession. • The external examiners described the assessment process as “fair and robust”, and the programme itself was described as “robust and of high standard”. • While student performance levels differed, minimum graduate level standards were considered met. • No concerns were raised in the reports. • There was overall support from interviewees that graduates were prepared for endodontic practice in Aotearoa New Zealand – acknowledging the ongoing learning, building of experience and confidence that occur after graduation. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

DClinDent oral pathology

Accreditation decision

The discipline sub-group considered that accreditation standard 3 (programme of study) and standard 5 (assessments) are met.

The Doctor of Clinical Dentistry (oral pathology) programme **is granted accreditation until 31 December 2028.**

Commendations for DClinDent (oral pathology)

1. Acknowledge the high-calibre dedicated teaching staff and their commitments to the programme.
2. The initiative to establish a Māori Tissue Bank.
3. The recognition of the need for Māori students and engaging with the Māori community.
4. State-of-the-art histopathology laboratory
5. The university for supporting and funding the oral pathology diagnostic services for NZ clinicians nationwide, a crucial service.

Recommendations for DClinDent (oral pathology)

1. To strengthen the relationship with anatomical pathologists and explore teaching opportunities particularly for complex head and neck cases.
2. To explore opportunities to increase the number of students to better manage workload, and to ensure sustainability of the programme and the workforce.
3. The Oral Pathology Centre investigate ways of increasing student exposure to complex surgical cases including neoplastic disease.
4. To develop a standardised assessment rubric.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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>	<ul style="list-style-type: none"> • Programme's educational approach represents what is expected from a dental specialist programme. Both clinical and research components comprehensively prepare a graduate for real world oral pathology practice in New Zealand and beyond. • The programme is comparable to international/Australasian programmes. • Dedicated, appropriately qualified staff. 	<p><i>Standard is met</i></p>
	<p>3.2 Programme learning outcomes address all the required professional competencies.</p>	<ul style="list-style-type: none"> • Learning outcomes are appropriate and represent contemporary practice in New Zealand. • Learning outcomes align with DC(NZ)/DBA competencies for oral pathology. • Student logbooks indicate oral pathology scope of practice competencies are covered. 	
	<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>	<ul style="list-style-type: none"> • There are 2.1 FTE academic staff teaching into the programme. • Students have regular diagnostic histopathology sessions and laboratory cut-up sessions each week for guided clinical practice, with increasing complexity and independence as students' progress to increased competence. • Oral pathology specimens are received from clinicians throughout New Zealand and the laboratory acts as an oral pathology reference centre for anatomical pathologists. There are approximately 1,900 cases reported at the Oral Pathology Centre per year which is considered sufficient clinical case exposure. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • As a referral centre for Oral Pathology in New Zealand, a broad range of specimens are handled and diagnosed. • The Oral Pathology Centre is often used for second opinion referrals. • Sufficient student exposure to oral pathology, but limited exposure to non-oral pathology (including head and neck). • To increase exposure to a range of relevant general/non-oral pathology specimens the programme must establish formal relationships with general anatomical pathologists to engage with the university to provide slides seminar, weekly tutorials, or other arrangements. • Students have the opportunity in the final year to be placed in a general pathology laboratory in Auckland which handles a considerable amount of oral pathology specimens. • Clinical logbooks are required for diagnostic cases – although noted that this had not been updated consistently. • Daily draft reporting enables students to prepare for diagnostic practices. • Concerns were raised with the significant workload for a single student as there is no other student to share reporting/clinical duties; this impacts on time available for research components (e.g., student needing to conduct research afterhours/on the weekends). 	
	<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"> • Learning and teaching methods reflect what is expected from a clinical postgraduate programme. • It is aligned with comparable overseas programmes, and Australian programmes. • Outplacements occur in an Auckland laboratory. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> External dental specialists contribute to the programme. Surgical specimens from hospitals do not flow to the Oral Pathology Centre due to non-funding of biopsies that are taken by dentists. This limits student exposure to surgical cases and exposure to salivary gland neoplastic disease. Formal individual DClinDent progress meetings are held at 6, 18 and 30 months with the student, clinical and research supervisor/s, and the Programme Lead, convened by a Chair. 	
	<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> Research reflected contemporary oral pathology practice and was at the appropriate level for a clinical doctorate. Immunopathology Research Group – relevant and advancing oral pathology research. There is potential for the development of a Māori Tissue Bank, where research questions can be set directly against oral health/pathology outcomes for the population. The programme recognised the need to engage Māori, consult, consent, and follow public hospital protocols for Māori tissue samples, and follow the framework on Māori data sovereignty. Many theses are leading to publications/journal articles. 	
	<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"> Oral medicine work closely with oral pathology for weekly grand round presentations. Some joint case presentations occur that involve Special Needs Dentistry/Oral Medicine/Oral Surgery/Oral Pathology. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> • All staff are suitably qualified for their responsibilities. • Two fulltime experienced oral pathologists and one emeritus professor who attends once/week. • Experienced external dental specialist contributing to learning and clinical practice through an outplacement to Auckland. • Regularly liaise with general pathologists throughout New Zealand and with oral pathologists in Australia and in the UK. • Staff was reported as approachable and supportive. • As a single oral pathology programme in New Zealand, international collaboration, research and professional development are vital for staff. 	
	<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"> • The histopathology laboratory is fully equipped and certified (ISO9002) with a staff of three laboratory scientists. • Histopathology laboratory accreditation in Medical Laboratory Testing (Histology) from International Accreditation New Zealand (IANZ). • Laboratory equipment and facilities are new and state of the art, and also has access to many immunohistochemical antibodies. 	
	<p>3.9 Cultural competence is articulated clearly, integrated in the programme, and assessed, with graduates equipped to provide care</p>	<ul style="list-style-type: none"> • Promotion of the discipline at Te Ao Mārama, for future Māori oral pathologist. • There appeared to be some knowledge gaps on cultural safety – this training should be mandatory to staff and students. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	to diverse groups and populations.		
	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.	<ul style="list-style-type: none"> • Currently the programme has one student. • Staffing is appropriate with a 1:1 staff student ratio. • The refurbished oral pathology laboratory has a new patient management system, single flow specimen management system, and a dedicated reporting centre with digital slide scanner. This makes it on par with any oral pathology centre in the world. • The programme is well equipped and resourced, supplemented by successful high calibre competitive research grants. 	
	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"> • A formal agreement should be established with the Auckland laboratory for outplacement/s. 	
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"> • Assessments of programme aligned with DClinDent expectations however there is no standardised process across DClinDent programmes. • No concerns raised about year 1 threshold of B+ to progress. • No concern raised about no summative assessment at end of year 2, only at end of year 3. 	<i>Standard is met</i>

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Students would appreciate written feedback after final exams. 	
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	<ul style="list-style-type: none"> Copies of previous examination papers have been provided. Assessment mapping to the competencies were clear and appropriate for assessing the competency but did not articulate progression along the way. There were no gaps in assessments identified, particularly with the small student numbers – if this increased more formal structures/rubrics could be considered. 	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	<ul style="list-style-type: none"> The programme uses a range of assessment modes. Copies of examination papers and assignments were shared. The assessment modes are appropriate, and consistent with comparable international programmes. 	
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	<ul style="list-style-type: none"> All examiners must agree on the questions as well as the answer format for the exam. All examiners mark the answer sheet individually and give their own score for the candidate. A mediation process will commence if the score range is too varied and during this time a calibration rubric will be used to re-score the answer sheet. Marking rubrics could not be validated through interviews. Double marking of written examinations for border-line cases. Need for a standardised assessment rubric. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Assessment marks are averaged between three examiners including external examiners. 	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	<ul style="list-style-type: none"> Review of staff profiles was performed by the discipline SET members. External examiner reports have been provided. The external examiner described the assessment process as appropriate and suitable. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

DClinDent oral surgery

Accreditation decision

The discipline sub-group considered that accreditation standard 3 (programme of study) and standard 5 (assessments) are met.

The Doctor of Clinical Dentistry (oral surgery) programme **is granted accreditation until 31 December 2028.**

Commendations for DClinDent (oral surgery)

1. The programme staff are very committed in delivering a high-quality oral surgery programme.
2. The extensive multidisciplinary opportunities for student learning, including the collaboration across the various medical disciplines within the Dunedin Hospital.

Recommendations for DClinDent (oral surgery)

1. Ensure appropriate academic and clinical resources is available to the programme.
2. Ensure selection criteria for entry into the programme is fair and transparent, and there is no unfair disadvantage or bias to medical graduates as this is **not a requirement for oral surgery.**
3. Ensure student participation in the on-call Oral and Maxillofacial Surgery roster at Dunedin Hospital for sufficient experience on acute trauma cases and management of complex cases such as serious infections.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.1 A coherent educational philosophy informs the programme's design and delivery.	<ul style="list-style-type: none"> The oral surgery programme sits within the Oral Diagnostic and Surgical Sciences Department. Programme's educational approach meets expectations from a dental specialist programme. The programme is comparable to international/Australasian programmes. The required information was provided. 	<i>Standard is met</i>
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> Learning outcomes are appropriate and represent contemporary oral surgery practice in New Zealand. The programme entry does not require a medical graduate, but some students that entered the oral surgery programme had medical degrees. <p>The programme confirmed a medical degree is not an entry criteria into the oral surgery programme. However, the programme needs to ensure there is not an unfair disadvantage or bias to medical graduates as this is not a requirement for oral surgery.</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.	<ul style="list-style-type: none"> Five 3-hour sessions per week are assigned for guided clinical practice to provide increasing clinical responsibility commensurate with progression in the development of clinical acumen and procedural competence. The clinical training is delivered through the Faculty of Dentistry and Dunedin Hospital's outpatient and inpatient facilities. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Students gain exposure to acute and elective patient care, including after-hours emergency treatments provided through the Dunedin Hospital's Oral and Maxillofacial Surgery on-call service. • Participation in the on-call roster is essential to ensure exposure to acute trauma and management of more complex cases (such as serious infections). • Students gain clinical experience in outpatient oral surgery under general anaesthesia, intravenous sedation, and minor oral surgery under local anaesthesia. • Evidence of logbooks showing good, appropriate and broad experience, but increased exposure to complex multidisciplinary cases is recommended. • Student progress is monitored at 6, 18 and 30 months into the course. Interviewees agree that remediation occurs when necessary. • Overall feedback indicated how students have valued the consultants in the programme. 	
	<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"> • Learning and teaching methods reflect what is expected from a clinical postgraduate programme - including seminars, workshops, multidisciplinary teaching, clinical practice, and research. • Learning and teaching methods align with those in Australia and the United Kingdom. • Teaching is evidence-based and emphasises the integration of current scientific advances into oral surgery. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Hospital placement and 'on-call' valuable for rounded clinical experience. • No evidence of private practice observations/experiences. • External dental specialists contribute to learning, and recent graduates are participating in the programme. • Progressive independence over the years as students gain increased experience and confidence is provided. However, appropriate supervision with easy and timely access of the clinical supervisor in the clinic/theatre is required to ensure patient safety. 	
	<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> • Research activities within the Faculty are coordinated through the Sir John Walsh Research Institute. • Evidence was provided of relevant research topics to the discipline. • The programme has a focus on Māori and Pasifika needs. • The SET was provided with examples of theses that met the required standard. • Students present the outcome of their findings at the Faculty of Dentistry Research Day and are encouraged to attend and present their research at international conferences. • Excellent support from research supervisors were reported. 	
	<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"> • Students engage in multidisciplinary collaborations through clinical training settings in the Faculty, the Dunedin Hospital - outpatient and inpatient clinics, as well as exposure to after-hours emergency 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<p>treatment through the Oral and Maxillofacial Surgery on-call services.</p> <ul style="list-style-type: none"> • Oral Surgery students collaborate with postgraduate students in Orthodontics, Oral Pathology, Paediatric Dentistry, Prosthodontics, Periodontics, Endodontics, and Special Needs Dentistry to plan and deliver comprehensive, patient-centred care. • These collaborations are formalised as joint interdisciplinary sessions. • In addition, students collaborate with clinicians in ENT, Oncology, Internal Medicine, Geriatrics and other medical specialities to provide holistic patient care. <ul style="list-style-type: none"> • All staff are highly qualified and experienced for their responsibilities - clinical supervision is provided by two experienced Oral and Maxillofacial Surgeons, a Professor and an Associate Professor. • Both are full-time academics who also hold Joint Clinical Consultant positions with Te Whatu Ora Southern to provide Oral & Maxillofacial Surgery services to southern South Island. • Students are further supported by three senior full-time academics in Oral Medicine and Oral Pathology along with five Senior Professional Practice Fellows (part-time) in Oral Surgery, Oral Medicine, and Special Needs Dentistry. • Experienced external dental specialists contribute to learning and clinical practice as well as external examination. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> With the loss of 1 FTE due to retirement, programme resources are stretched. The recruitment and appointment of the hospital Oral and Maxillofacial Surgery position does not guarantee increased resources or increased capacity of existing academic staff for the oral surgery programme. 	
	<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"> Oral surgery facilities in the Dental School are excellent. The new Faculty building offers a state-of-the-art operating theatre suite consisting of an operating theatre, three procedure rooms, two consulting rooms, a nurse station, and two patient recovery areas. The Department has facilities for surgical procedures to be performed under local anaesthesia, oral and intravenous sedation and general anaesthesia for outpatients. Students reported being well supported through the programme. 	
	<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"> The programme is committed to fostering the success of postgraduate students who are Māori and offers an opportunity to reinforce hauora Māori and the importance of tikanga. The programme has also facilitated engagement with Māori and Pacific people in research. The programme has produced one Māori graduate and a Pacific Island graduate, and has a current Pasifika student in the programme. The programme has diversity within the student and staff pool. Didactic cultural learning is through the orientation week education. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<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"> • The programme currently has three students. • There is a shortage of dental assistants (DAs), but Oral Surgery postgraduates generally get preferential DA allocation to support their surgical sessions. • Staffing remains stretched, especially after the retirement of an Associate Professor. • Whilst it is hoped the appointment of a new Oral and Maxillofacial Surgery consultant position at Dunedin Hospital will ease pressure on the Faculty's two full-time academics and also contribute to clinical teaching for oral surgery postgraduate students, there is no guarantee that the appointment will include teaching responsibilities. The Faculty requested some capacity from this appointee for teaching. • Additional support is required from the dental school to ensure staff and/or students are available for the restoration of implants to support the oral surgery implant programme. 	
	<p>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.</p>	<ul style="list-style-type: none"> • The programme will need to be mindful of the impact on the programme of the Dunedin Hospital replacement project to ensure students continue to get sufficient access to complex cases. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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"> Assessments of programme aligned with DClindent expectations. No concerns were raised that student admission to the first year of the DClindent programme is provisional and is only confirmed after assessment achieving at least a B+ (75-79%) grade in each of the first-year papers (CLDN 910 and CLDN 920). No concerns were raised that no summative assessment occurred at end of year 2, only at end of year 3. 	<i>Standard is met</i>
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	<ul style="list-style-type: none"> Assessment mapping to the competencies were clear and appropriate for assessing the competencies. 	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	<ul style="list-style-type: none"> The programme uses a range of assessment modes – including direct observation of clinical practice throughout the study period, case presentations at departmental meetings, and end-of-the-academic year summative assessments through case presentations, clinical long case, and short case examinations. The assessment modes are appropriate, and consistent with comparable international programmes. Copies of examination papers and assignments were shared. Supervisors provide timely, constructive feedback. 	
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	<ul style="list-style-type: none"> Individual student progress is provided in the formal progress meeting, In addition, feedback is provided as follows: 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> - Students receive feedback on case presentations and research progress. - Feedback on clinical practice and student-led seminars is delivered verbally. - Written assignments submitted on chosen topics will receive verbal and written feedback as appropriate. - The clinical supervisor provides a one-on-one debrief on performance at the end of a procedure. • External examiners who are university academics or specialist Oral Surgery clinicians are appointed at the end of each academic year, and they review students' progress at all year levels of the programme. • External examiners contribute to the final written, clinical, and oral examinations for all Year 1 and Year 3 students and where appropriate for Year 2 student. • Written exam marking guide was provided and was appropriate. 	
	<p>5.5. Suitably qualified and experienced staff, including external experts for final year, assess students.</p>	<ul style="list-style-type: none"> • Review of staff profiles was performed by the discipline SET members. All staff are highly qualified and experienced to provide educational responsibilities. • All clinical supervisors hold appropriate specialist registration with Dental Council NZ. • External examiner reports have been provided and the examiners reported the assessment process was at an appropriate level. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none">• External examiners review clinical logbooks of graduating students to evaluate the quality, quantity, range of cases and the level of complexity of the cases managed by students across the scope of specialist practice.• Three examiners will formally examine the thesis: Internal (University of Otago), External (New Zealand) and External (Overseas).	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

DClinDent orthodontics

Accreditation decision

The discipline sub-group considered that accreditation standard 3 (programme of study) and standard 5 (assessments) are met.

The Doctor of Clinical Dentistry (orthodontics) programme **is granted accreditation until 31 December 2028.**

Commendations for DClinDent (orthodontics)

1. Despite challenges with insufficient clinical administrative support, laboratory support and dental assistant support, the orthodontic staff and students are continuing to work to ensure that the standard of care for patients is high.
2. The programme use of external New Zealand and international orthodontists within the programme is commended.
3. Acknowledge the significant commitment, dedication and goodwill provided by the support staff – particularly the Professional Practice Fellows.

Recommendations for DClinDent (orthodontics)

1. It was brought to the attention of the panel that some clinical supervisors are not always remaining in the clinic during clinical sessions – this must be rectified immediately; clinical supervisors must always be present in the clinic during their tutoring session.
2. A need for dental assistants who are specifically trained in orthodontic assisting and are dedicated to regularly working in the orthodontic clinics.
3. The school needs to consider a patient management software system that supports the orthodontic needs of patients e.g. categorisation of orthodontic recalls, documentation and record-keeping (including radiographs, photographs), linked image history of treatment changes with time, lateral cephalogram tracing for treatment planning and diagnosis, digital planning of surgical cases etc. The integration with Titanium may be needed.
4. A dedicated phone line for reception staff to be able to contact dental patients.
5. Consider dedicated experienced administrative staff who can carry out and understand the administrative/reception tasks for orthodontic patients.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

6. To investigate the opportunity for students to get increased clinical craniofacial exposure, possibly through bigger centres like Auckland.
7. If possible, increased experience to:
 - early treatment - this could potentially be addressed by an increased exposure to undergraduate orthodontic teaching by the postgraduate students.
 - sequential aligners.
8. Introduce orthodontic research with particular focus on Māori and Pasifika communities.
9. Source 3D CAD/CAM software to support orthodontic care.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.1 A coherent educational philosophy informs the programme's design and delivery.	<ul style="list-style-type: none"> The orthodontic programme in Otago is based on the Erasmus Guidelines, which govern the orthodontic curriculum globally. The Otago programme mirrors the orthodontic programmes in Australia and Southeast Asia. 	<i>Standard is met</i>
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> The Otago orthodontic handbook equates with the Australasian handbooks and course information. Learning outcomes are appropriate and representing contemporary orthodontic practice in New Zealand. Student logbooks indicate scope of practice competencies are covered. 	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	<ul style="list-style-type: none"> The programme has 4.8 FTE orthodontists in the programme. The level of staffing enables continuity of supervision for students. Throughout all years of the programme students are rostered for 7 clinical 3 hour sessions that operate each week, which is considered sufficient. Good access to a variety of complex cases that enhances student learning. Limited experiences were reported on sequential aligners. The SET recognises that access to suitable patients where this treatment was considered most appropriate within an orthodontic programme may be a challenge. The programme has the opportunity to enhance 3D CAD/CAM student learning to align the programme with contemporary 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<p>practice, however no 3D CAD/CAM orthodontic software is available.</p> <ul style="list-style-type: none"> • Craniofacial clinical exposure is limited as Dunedin only gets 1 or 2 cases a year and currently students do not rotate through the Auckland clinic, but it would be beneficial to investigate that opportunity for student learning. • Due to a closed waitlist there is a slight gap in clinical exposure to early treatments. <p>The SET recognises the challenges associated with securing and scheduling specific patient categories. The issue could potentially be addressed by an increased exposure to undergraduate orthodontic teaching by the postgraduate students.</p> <ul style="list-style-type: none"> • Orthognathic surgery exposure alongside OMFS has improved significantly over the past 18 months. • Supervisors' preference for certain treatment approaches result in changes to the treatment plan from the initial screening treatment discussed. Work around by students (delaying sign off to be by screening supervisor) have occurred which is not optimising learning opportunities and may potentially delay start of treatment. <p>This could potentially be managed by separating the clinics according to specific treatment required. i.e. early treatment, fixed appliance sessions, functional appliance sessions, lingual appliance session, etc. That would enable scheduling of specific tutors to specific sessions, by treatment type. The SET acknowledges that this may be challenging to achieve within current resources.</p>	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<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 methods do reflect what is expected from a clinical postgraduate programme; and are aligned with other Australasian programmes. • There are “Honorary Lecturers” from around New Zealand and overseas who give clinical-based lectures to the orthodontic postgraduate students. • Open teaching sessions occur to address any learning gap every Thursday afternoon. • Inconsistent supervision was reported – at times this required students to leave the clinic to locate supervisor which is unacceptable. 	
	<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> • The Otago orthodontic programme has a strong research component. • Research by students reflected contemporary orthodontic practice and were at the appropriate level for a clinical doctorate. • Heavy clinical load, didactic learning and undergraduate teaching limits dedicated research time. • There is a publication emphasis to the programme. • The research topics are relevant to the discipline – there is a need to meet the new requirements around cultural safety – namely, Māori and Pasifika needs. This area was identified to be requiring improvement. • Students reported good guidance and support with their research projects. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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"> • Prosthodontic joint meetings scheduled at end-of-day are not well attended and consequently stopped. Rescheduled timeslot for this should be considered. • Regular meetings occur with orthognathic surgeons - paedts/pros/endo seminar. • Patient management between prosthodontics and orthodontics was reported as being difficult at times. • Multidisciplinary case presentations not well attended due to timetabling clashes. 	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> • Programme staff are well qualified, and experienced orthodontists. • Supervision of students is mainly by internal university staff. • External orthodontists deliver lectures into the programme over 4/5 sessions a year. • International experts provide Zoom lectures into the programme. • Staff were reported as approachable and supportive. 	
	<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"> • The new orthodontic clinics are first class. • The range and accessibility of other disciplines within the faculty supports student learning. • Additional senior laboratory support would better support learning opportunities, quality of work delivered by the laboratory and decrease wait times. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<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"> • The programme has recently graduated two Māori orthodontists. • Students managed patients from a range of cultural backgrounds, including Māori and Pasifika. 	
	<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"> • Reported challenges with appropriate coding in Titanium result in missed learning opportunities and patients not allocated to the orthodontic waiting list, or allocated to the wrong discipline with insufficient consultation time. • Lack of DA's with orthodontic experience, and the ratio of 3:1 in the orthodontic clinic leads to students doing their own infection prevention control and bonding. • Centralised patient contact point for all health queries is unable to appropriately manage patient queries on orthodontics which results in additional student burden. Triage of a patient by "Ask Otago" staff is incompatible with clinical services. The current system is ineffective, inefficient and has a negative impact on the timely delivery of care for orthodontic patients. • A dedicated patient administration resource that has the orthodontic understanding to triage and allocate cases would better support student learning and improve patient journeys. • Additional senior laboratory support would improve quality of work delivered by the laboratory and more timely delivery of appliances - enhancing patient care. • The staff list is extensive, but the teaching, research and clinical loads are challenging to balance. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	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"> • Patient access is not of concern to the programme. 	
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"> • The assessments are equitable to those taken elsewhere in Australasian programmes. • In essence, the assessments are designed in such a way that the first year is considered a barrier to identify the suitability of the students to continue through the course. 	<i>Standard is met</i>
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	<ul style="list-style-type: none"> • Copies of previous examination papers have been provided. • Assessment mapping to the competencies were clear and appropriate for assessing the competency. 	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	<ul style="list-style-type: none"> • Multiple assessment modes are used, consistent with other orthodontic programmes. 	
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	<ul style="list-style-type: none"> • The University and its administration oversee the assessment of students within the programme. • The assessments have been considered fair and relevant to orthodontic practice. • Calibration between external and internal examiner occurs through cross marking. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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"> • No evidence of calibration of supervisors was identified. • For assessments, there is usually an External Examiner as well as a Clinician. • Sometimes, there is a member of staff from the Faculty who is also involved. • The make-up of the examining body could comprise any or a combination of these personnel. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

DCLinDent paediatric dentistry

Accreditation decision

The discipline sub-group considered that accreditation standard 3 (programme of study) and standard 5 (assessments) are met.

The Doctor of Clinical Dentistry (paediatric dentistry) programme is **granted accreditation until 31 December 2028**.

Commendations for DCLinDent (paediatric dentistry)

The programme is commended for:

1. Highly valued, respected and dedicated DCLinDent (paediatric dentistry) staff.
2. Strong programme with robust didactic learning, research support and collaboration, and increased multidisciplinary focus.
3. Efforts in establishing and maintaining the student placement opportunities with Hutt Valley Hospital to increase clinical learning opportunities.
4. The strong international postgraduate presence supporting development of workforce in Australasia, and in countries/places with low/no paediatric presence (e.g. Fiji, PNG). The programme supported three Pasifika students to succeed, one now returning as academic staff member.
5. The new facilities are modern, well equipped, and conducive for treating children and accommodating their whānau.

Recommendations for DCLinDent (paediatric dentistry)

1. The programme needs the University and Faculty's support to secure formal agreements and ensure the sustainability of the external clinical placement/s within Te Whatu Ora hospitals, as the placement is essential to ensure adequate clinical experiences across the paediatric dentistry scope of practice. Equitable access of placements by students must be ensured, which require continued financial support to students.
2. The Faculty is encouraged to support and maintain the programme's excellent pool of staff by supporting their involvement with international activities (research and professional events).

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

3. In later years of study, increase the case load through more patients per session and/or more clinical sessions to better reflect case load and time management in practice.
4. Revisit the approach to examination questions - consider introducing specific patient and problem scenarios to more robustly test in-depth knowledge and application thereof.
5. Organise a pre-exam Zoom meeting for examiners to discuss the examination process beforehand.
6. Increase the interaction/access to advice/oversight from other dental specialities, by formalised joint clinics or didactic/case presentations.
7. Encourage increased student-led didactic/lecture sessions. This allows postgraduates to research a topic in depth, and learn how to develop a lecture, and develop a topic for educating others.
8. Increase exposure to non-dental colleagues such as speech language therapy, paediatricians and occupational therapists.
9. Introduce deliberate exposure to cover specific issues in paediatric dentistry from the countries the international students are from – especially those known to return back to that country.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.1 A coherent educational philosophy informs the programme's design and delivery.	<ul style="list-style-type: none"> The programme's handbook demonstrates that the programme is evidence-based and research informed. The programme's educational approach represents what is expected from a dental specialist programme and is comparable to Australian programmes. 	<i>Standard is met</i>
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> The learning outcomes were mapped against the New Zealand paediatric dentistry competencies. The learning outcomes are appropriate and represent contemporary paediatric dentistry practice. 	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	<ul style="list-style-type: none"> Since the last accreditation the programme has implemented a number of initiatives to expand clinical experiences: <ul style="list-style-type: none"> A four-week immersive placement in the final year. To date the placement occurred in Lower Hutt hospital under supervision of experienced paediatric dentistry specialists. On-call roster at Dunedin hospital give students exposure to emergency dental care, including trauma. Clear clinical expectations are articulated upfront to students. There was overall support for the outplacement, with the value added being: <ul style="list-style-type: none"> close interaction with paediatric dentists working in different settings and with different people exposure to different patient loads 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> ○ diversity of clinical approaches, clinical structure and settings ○ interdisciplinary interaction, adding to overall education, increasing confidence in interacting with other people and in unfamiliar settings ○ seeing a broad multicultural patient base (increase Pasifika and Māori patient base) ○ experience to different clinical cases (Amelogenesis imperfecta, epidermolysis bullosa, diabetes mellitus, malignant hyperthermia, emergency dentistry) ○ an observational visit to a private practice. ● Students gain experience in behaviour management, medically compromised patients (cancer patients), autistic patients. ● The students provide dental care under general anaesthesia in operating theatres at the dental hospital and Dunedin Hospital Day Surgery Unit and Main Operating Theatres. Staff paediatric dentists have honorary consultant status with Dunedin Hospital. Feedback indicated that more GA experiences would be welcomed – but these were supplemented during placement. ● The case numbers seen by the students remain low. Evidence indicates an average of 7 patients per full-day clinic, with 1 and a half day clinical sessions a week. ● The SET recommends that by at least 3rd year, there would be a higher clinical load in clinic. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<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 learning and teaching methods reflect what is expected from a clinical postgraduate programme and is appropriate for the delivery of paediatric dentistry programmes. • The approach is aligned with Australian programmes. • The programme has strong academic sessions (didactic, case presentations). • Students lead some didactic/lecture sessions. This is encouraged, as it allows postgraduates to research a topic in depth, and learn how to develop a lecture, and develop a topic for educating others. • A simulation clinic is used at the beginning of programme to support postgraduates, and to assess where the students are at before patient treatment commences. • Within the context of Te Whatu Ora changes in teaching placements, the programme will need the University and Faculty of Dentistry support to sustain the clinical placements. The placements are essential for ensuring adequate clinical experiences across the paediatric scope of practice. • Recommendations to add more value to clinical placements: The programme in consultation with placement provider/s explore: <ul style="list-style-type: none"> ○ optimal duration and timing of placements to ensure adequate immersion into service and diverse range of clinical experiences ○ any additional/alternative locations for placements 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> ○ information to be shared between programme and placement provider beforehand on specific student leaning needs/focus areas, any personal support needed, and feedback afterwards from the provider back into the programme on student performances ○ administrative support and streamlining of process. ● The SET acknowledges the constraint financial environment within which the university/faculty/programme operate. Efforts to ensure student equity for accessing clinical experiences should continue. ● The programme is commended for its success with supporting international students, consideration from where they are from and their previous experiences, as well as what jobs and clinical settings they may return to. ● The supervision of international non-registered students is considered appropriate. ● During the on-call roster the students are supervised on-site by the house surgeon and supported by the paediatric dental specialists as required. ● The SET encourages the programme to incorporate, with input from the overseas postgraduate students, specific learning in paediatric dentistry from their countries – in particular for those intending to return to that country. ● Some focus on this was demonstrated – such as awareness of limited/different equipment compared to the new Dunedin facilities. ● Additional activities could include: 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> ○ a report on local issues in paediatric dentistry in that postgraduate's particular country (an example could be a person from NZ studying overseas, but coming back to NZ to work and not being familiar with working up rheumatic heart disease or not having seen many patients) ○ encourage focusing on paediatric dentistry in post-graduate's local country or the region where they may work when they finish (ie if from Malaysia, learning about paediatric dentistry issues, gaps, specific paediatric medical conditions, caries etc in Malaysia) ○ guest lectures/case presentations given by external paediatric dentists, particularly from the countries where postgraduates are from. ● These learning opportunities could be meaningful for both local and overseas students, and teaching staff. 	
	3.5 Graduates are competent in research literacy for the level and type of the programme.	<ul style="list-style-type: none"> ● Examples of research theses were provided. The topics were relevant to paediatric dentistry, and of good quality. ● Students had access to great research facilities and expertise on-site, structure, good research support and ongoing collaboration with supervisors. ● No concerns raised. 	
	3.6 Students work with and learn from and about relevant dental and health professions to foster	<ul style="list-style-type: none"> ● Combined seminars are scheduled with special needs dentistry postgraduate students and academics. ● Students attend scheduled oral medicine/oral pathology clinics. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	interprofessional collaborative practice.	<ul style="list-style-type: none"> • Paediatric dentistry students and staff attend orthodontic patient presentations to discuss options from a paediatric dental perspective. • Staff, within their consultancy roles at Dunedin Hospital, attend cleft clinics. The on-call student can join the staff member if available to do so. • Paediatric dentistry students coordinate multidisciplinary cases with other dental specialists - endodontists, prosthodontists, periodontists, oral medicine, and orthodontists – with the clinical supervisor’s oversight. Students treat minor surgical cases under the oversight of the oral surgeons. • Exposure to endodontics was limited, and previous combined sessions seemed to be no longer available. • Timely access to some disciplines to progress paediatric dentistry treatment were proven to be challenging. A clearly structured method for obtaining this input would improve interprofessional practice. • Increased interaction/access to advice/oversight from other dental specialities should be explored. This could be achieved by formalised joint clinics or didactic/case presentations. • The diverse nature and clinical complexity of patients demands a flexible relationship with other dental disciplines and is conducted on a case-by-case basis. • Students receive a sedation presentation from another hospital based paediatric specialist. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Students recently attended a virtual study meeting sponsored by Specialists Paediatric Dentists New Zealand. Students are student members of Australian Academy of Paediatric Dentists – enabling networking and educational opportunities. Increased exposure to non-dental colleagues such as speech language therapy, paediatricians, occupational therapists, is encouraged. 	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> The programme provided a list of staff involved in the programme, their roles, qualifications and indicative FTE to the programme. The SET reviewed the information provided. Clinical supervision is provided by experienced paediatric dental specialists including, two Associate Professors (0.5 FTE each) and one Senior Lecturer (0.5FTE). Clinical supervision is provided by an experienced oral medicine specialist and senior lecturer for the rostered oral medicine sessions. The SET considers the staff as appropriately qualified, experienced, and highly capable to deliver the programme. Academic staff was described as wonderful, approachable, cohesive, respectful and dedicated. 	
	<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"> The new facilities are modern, well equipped, and conducive for treating children and accommodating their whānau. Shared postgraduate offices encourage interdisciplinary relationships and collaboration. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Single rooms for paediatric postgraduate students, set up for nitrous, x-rays present in room (saves time, allows for more consultation time and interaction with whānau and child). • Students also have access to extra oral and intra oral imaging and Computer Tomography Cone Beam images. • The programme is well supported by experienced dental assistants familiar with paediatric dentistry clinics and patients. 	
	<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 2020 two Pacific Islanders graduated from the programme, with another graduate imminent. • A research project involving a student and a staff was conducted in the Pacific. • The programme has a diverse staff and student profile. • Students get access to diverse patient populations, that includes Māori , Pasifika, Syrian and Asian communities. • Diverse cultural beliefs and approaches to delivery of oral health services provide valuable learning opportunities to students. The external placements further improve exposure. • The students have access to interpreter services for patients and their parents who are not able to understand English to ensure informed consent for appropriate care and follow up. • The programme is working on improving communication through interpreters to ensure accurate information is presented. For example, diverse oral health clinical staff appointed to help with translations. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<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"> • The programme acknowledged that through the accreditation self-assessment process that more focus on this area is needed, and is committed to explore how hauora Māori and cultural safety can be more integrated into the programme. • The programme has four students this year. • The programme is primarily delivered by 1.5FTE academic staff, with additional lecturers and research supervisors supporting the programme. • The programme has succession planning in place for the imminent retirement of the programme lead, with a new staff member joining the team in the new year. • The programme has a great academic team, but there is a risk that if the academic staff are not supported more, that vital academic staff could be lost. For example, the decrease in continuing professional development funding was clearly a frustration, and may limit the ability for academic staff to maintain their knowledge base, relevance and relationship to international discipline academics. • The Faculty must continue to explore increased opportunities to support and advocate for its staff to maintain staff morale and loyalty. In particular, where dental academics worldwide are in high demand and in short supply. • Ongoing funding for student outplacement is at risk within the current university climate. The clinical placement is essential to ensure adequate clinical exposure across the scope. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	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"> • A formal agreement between the University of Otago and Hutt Valley hospital was not available to the SET. • However, comprehensive information from the placement provider to the student was made available. These included aspects related to code of conduct, security screening and protocols, confidentiality agreements etc. • As alluded to earlier – confirmed agreements for Te Whatu Ora placements will be essential to ensure sustainability for ongoing placements. 	
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"> • Assessments of the paediatric dentistry programme aligns with DClinDent expectations. • Copies of 2020 – 2022 final examinations across all years were provided. • The SET proposes that the examination questions could include less general and open questions so that students must apply specific knowledge related to paediatric dentistry. Add more specific patients/problems. <p>For example, instead of ‘describe treatment options for a deep carious lesion in a primary tooth’, include more specific examples ‘describe treatment options for a deep carious lesion in a primary tooth in a 4 year old down syndrome child who has a medical history significant for VSD’.</p>	<i>Standard is met</i>
	5.2 All required professional competencies are mapped to	<ul style="list-style-type: none"> • Assessment mapping to the competencies was clear and appropriate for assessing the competency. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	learning outcomes and are assessed.	<ul style="list-style-type: none"> No gaps were identified. 	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	<ul style="list-style-type: none"> The programme uses a range of assessment modes – considered appropriate for a paediatric dentistry programme, and similar to what is used in Australian programmes. Students are given the opportunity to sit mock examinations in the middle semester break of each year. These formative written examinations help students develop skills in writing under examination conditions and identifies learning needs and areas of required support. 	
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	<ul style="list-style-type: none"> Students are provided written and verbal feedback on case presentations and research progress. Feedback on clinical practice and student-led seminars are provided verbally and these are reviewed as a staff group with students throughout the year and in the formal progress meetings. Example progress reports were provided. Rubrics for assignments and the research proposal were shared, as well as the marking schedule for clinical case presentations. <ul style="list-style-type: none"> These are discussed and finalised before made available to postgraduates. Each presentation/assignment is marked individually. Significant variance in marks are discussed and consensus reached. The students final mark is an average of all marks. Students receive feedback from each marker. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Clearly articulated clinical expectations are shared upfront with the students. • Mock and final examinations <ul style="list-style-type: none"> ○ Questions are formatted and marked by the examiner who formatted them. ○ Final examinations are sent to the external examiners for feedback and moderation. • There was evidence where student shortcomings were identified through the assessment, required remediation put in place to get the student to the required standard, and re-assessment occurred to validate the required standard was met. 	
	<p>5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.</p>	<ul style="list-style-type: none"> • Staff assessing students were appropriately qualified and experienced. • External examiners contribute to the final written and oral examinations for all students (Year 1 to 3) and review clinical logbooks of graduating students to evaluate the quality, quantity and range of cases managed by students across the scope of paediatric dental specialist practice. • The external examiner reports for 2021 and 2022 were shared. Both examiners had affiliation with Australian universities, and are well respected paediatric dental specialists. • The 2021 report considered the “candidates to be of a standard comparable to other postgraduates who are currently under training in Australia.”. The process was described as “All 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<p>components of this examination were conducted fairly with due consideration being given to the candidate.”</p> <ul style="list-style-type: none"><li data-bbox="1032 408 1839 475">• The 2022 report described the assessment process as “fair, and integrity was maintained throughout the process”.<li data-bbox="1032 491 1861 558">• A suggestion was made that “the paediatric dental team has a pre-exam Zoom meeting to discuss the examination process.”	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

DClinDent periodontology

Accreditation decision

The discipline sub-group considered that accreditation standard 3 (programme of study) and standard 5 (assessments) are met.

The Doctor of Clinical Dentistry (periodontology) programme is **granted accreditation until 31 December 2028**.

Commendations for DClinDent (periodontology)

1. We commend the ongoing commitment of the DClinDent (Perio) staff to the delivery of the programme.
2. The assessment processes were considered fair, and staff described as respectful and approachable, with an open-door policy.

Recommendations for DClinDent (periodontology)

1. Sufficient staff numbers and recruitment remains an issue. Balancing student numbers within available staff resourcing should be considered as part of student intake, to ensure adequate delivery of the programme and protecting patient safety during provision of clinical care. Ongoing effort to involve external periodontal specialists in the learning and teaching is encouraged.
2. Although the number of implant cases completed by the end of third year has increased since the last review, there appear to be issues with:
 - a. in a timely manner, find sufficient DClinDent (Prosthodontic) students to restore implants, and prosthodontic staff to sign-off surgical plan and co-supervise the periodontal students
 - b. unfairness in the way implant cases are allocated or 'found' by students
 - c. administration on ordering of implant componentry
 - d. lack of available surgical trays to support chairside implants.

Consider an administration support person to receive and triage all referrals and manage patient bookings to the postgraduate periodontal clinic, and fairly allocate them between students. This could also provide a central hub for ordering of implant componentry to improve efficiency and potentially improve patient care by minimising unnecessary delays.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

3. Explore the option to spread the seminar topics across years 1 and 2, with dedicated seminars for each year of students.
4. Formalise assessor calibration processes as part of any summative assessments conducted.

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.1 A coherent educational philosophy informs the programme's design and delivery.	<ul style="list-style-type: none"> • The programme handbook demonstrates that the programme is evidence-based, and research informed. • The educational approach represents what is expected from a dental specialist programme. • The programme is comparable to other international and Australasian postgraduate periodontal programmes. 	<i>Standard is met</i>
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> • The learning outcomes are appropriate and represent contemporary clinical practice in periodontology. 	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	<ul style="list-style-type: none"> • Students have 15 hours of clinical sessions each week for guided clinical practice, plus implant theatre sessions as required, with increasing clinical complexity as students' progress. • Overall, a balanced clinical load was available to students. COVID-19 had an adverse impact on clinical exposure during the 2020-21 period. Patient uptake is back to normal levels. • Students gain experience in digital planning. • The number of available implant cases for periodontal students have improved since the last review. • However, concerns about equitable allocation of these cases within the programme was raised by current and past students. It 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<p>was reported that some students with strong relationships with other discipline students, or those with extroverted/stronger personalities, get easier/multiple opportunities being involved in complex, multidisciplinary cases compared with fellow students.</p> <ul style="list-style-type: none"> • An administration support person to receive and triage all referrals and manage patient bookings to the postgraduate periodontal clinic, could support the programme lead with fair allocation of patients among students. • The efficiency of ordering of implant componentry was questioned. It was reported that students need to order the implant componentry themselves, and on a case-by-case basis for each patient – rather than having immediate access to a range of standard implant componentry. This may improve patient care by minimising potential delay of appointments due to stock limitations. • Coordinated triage and patient allocation, and centralised ordering of implant componentry should be considered. • Restoration of implants depends on availability of cases across the disciplines, but most students will get exposure. • Timely access to prosthodontic staff and students to support the implants were slowing down periodontal students, as well as a reported limited number of surgical trays to support chairside implants. • Some facilitation with the prosthodontic programme occurs, but access can still improve. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<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 DClinDent (Perio) programme's clinical education requirements are outlined in the course handbook. • Learning and teaching methods reflect what is expected from a clinical postgraduate programme, and appropriate for periodontology. • There are currently no specific seminar sessions with defined topics for second year students (other than 3 x 1hr case presentation and journal club sessions weekly which are common for all year-group students). • Spreading the 1st year seminar topics across 2nd year and having a dedicated seminar for second year students could provide greater opportunity for deeper knowledge and more time to be spent on key topics. The ability to provide this may be a staffing issue. • Simulation hurdles are in place during induction to ensure competence across foundation clinical skills before the student progress to patient care. • The surgical plan is signed off by the supervisor before treatment starts. • Phased clinical autonomy of students as they progress through the programme and aligned with their performance. 	
	<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> • The research topics provided to the SET are relevant to the discipline of periodontology. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> It was pleasing to see that most research outcomes were published in peer-reviewed journals. 	
	<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"> Although multidisciplinary patient management opportunities are not formally scheduled, feedback confirmed that these occur – predominantly with prosthodontics and oral surgery, and some with orthodontics. A more structured approach could ensure multidisciplinary management opportunities for all students, and potentially facilitate easier access to prosthodontic discipline support. 	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> Feedback on the DClinDent (Perio) staff was very complimentary. Students get the opportunity to meet external practising periodontists through the Dunedin study group, sector meetings, private practice visits etc. Unfortunately, at this point no external periodontal specialist (not an academic staff member) will be involved in teaching within the programme from 2024. Involvement of periodontal specialist/s external to the programme should be encouraged wherever possible. 	
	<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"> The teaching and learning spaces, clinics and technologies support student learning and protect patient safety. The investment in and shift towards increased digital dentistry equipment and technologies are a positive step to ensure graduates meet practice demands once registered. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Beyond the limited surgical trays for chairside implants, no further concerns were identified. 	
	<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"> Some research focussed on rongoā Māori (e.g. the use of Manuka). Other research projects include other ethnic diverse groups. These provide opportunities to build relationship with the communities involved. 	
	<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"> Current staff are stretched and the vacant appointments in periodontology have not yet been filled. Concern is expressed that the number of staff may not be sufficient for the number of students enrolled in the programme. Research enabled clinicians was an area of particular concern raised. There are also concerns about the number of dental assistant staff consistently available in the postgraduate clinics, and in some cases the lack of specialist clinic experience when they back-fill in these clinics. 	
	<p>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.</p>	<ul style="list-style-type: none"> No current concerns have been identified to ongoing, suitable periodontal patient access. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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"> No specific concern identified specific to the DClinDent (Perio) assessment strategies. 	<i>Standard is met</i>
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	<ul style="list-style-type: none"> Copies of previous examination papers have been provided. No gaps or concerns have been identified. 	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	<ul style="list-style-type: none"> Feedback during clinical sessions is provided by the supervisors, where relevant. The assessment modes are appropriate, and consistent with comparable international programmes. 	
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	<ul style="list-style-type: none"> There is no specific examiner calibration process between assessors. Overall, assessments were described as fair. 	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	<ul style="list-style-type: none"> Assessors are all experienced periodontal dental specialists. External examiner reports have been provided. No concerns have been identified. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

DClinDent prosthodontics

Accreditation decision

The discipline sub-group considered that accreditation standard 3 (programme of study) and standard 5 (assessments) are met.

The Doctor of Clinical Dentistry (prosthodontics) programme **is granted accreditation until 31 December 2028.**

Commendations for DClinDent (prosthodontics)

1. Students and graduates highly complementary about the programme.
2. The new facility layout promotes multidisciplinary engagement for patient care and student learning.

Recommendations for DClinDent (prosthodontics)

1. To consider how the prosthodontic programme can more effectively support multidisciplinary learning across other dental disciplines such as endodontics, periodontology and orthodontics.
2. To increase the exposure to maxillofacial patient cases that require full arch and complex implants.
3. Extended clinical sessions from 3 to 4 hours for complex cases should be considered.
4. To increase access to both intraoral scanners and quality 3D digital printers to enhance student learning and improve patient care.
5. To improve the management of complex prosthodontic treatments by streamlined administrative processes - including signing of confirmation letter, approving treatment plan, quote from the laboratory.
6. An additional senior laboratory technician to support students and improve learning experience.
7. Dedicated DAs experienced within prosthodontic care.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

8. Explore increased opportunities for staff to maintain their own clinical skills.
9. Follow a consistent case presentation template for the final examination.

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.2 A coherent educational philosophy informs the programme's design and delivery.	<ul style="list-style-type: none"> • The programme handbook demonstrates that the programme is evidence-based and research informed. • The programme's educational approach represents what is expected from a dental specialist programme. • Comparable to international/Australasian programmes. 	<i>Standard is met</i>
	3.3 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> • Learning outcomes are appropriate and represent contemporary prosthodontic practice in New Zealand. • Student logbooks indicate the prosthodontic scope of practice competencies are covered. 	
	3.4 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	<ul style="list-style-type: none"> • Students have clinical sessions each week for guided clinical practice with increasing clinical complexity and independence as students' progress to increased competence. • The programme is fortunate to have the level of FTE prosthodontists in the programme. • Throughout all years of the programme students are rostered for 5 clinical 3-hour sessions, operate each week which is considered sufficient. • Complex cases are allocated at the beginning, to ensure treatment can be delivered across the programme timeframe. However, easier access to these cases is required during the programme. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • The programme noted with three other surgical programmes in the faculty there is tension with periodontics, oral surgery and oral and maxillofacial surgery regarding case allocation and obtaining suitable multiple implant cases. • Complex multidisciplinary cases need to be scheduled formally across the disciplines. • Students usually have the opportunity to present cases externally from the faculty, and these opportunities should be encouraged. • Full arch and complex implant cases needs to be increased. • Exposure to maxillofacial prosthetic treatment is limited. • Complex cases require a 4-hour clinic instead of the current 3 hours allocated. This results in multiple supervisors to a case (as clinics are scheduled for three hours in the morning and afternoon) with different supervisory expectations and possible patient implications. Extended clinical sessions for complex cases should be considered. • Progress on eligible patient care is sometimes delayed through slow administrative processes that includes signing of confirmation letter, approving the treatment plan, and obtaining a quote from the laboratory. • There has been some improvement with the use of a single template - but further efficiency gains can be made to improve patient care and student learning. 	
	3.5 Learning and teaching methods are intentionally designed and	<ul style="list-style-type: none"> • The programme's clinical education requirements are outlined in the handbook. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>used to enable students to achieve the required learning outcomes.</p>	<ul style="list-style-type: none"> Simulation activities ensure competence prior to patient care commencing. Learning and teaching methods reflect what is expected from a clinical postgraduate programme and this aligned with comparable Australian programmes. Australia/NZ Prosthodontic Academy is enabling review sessions where each university across Australia/NZ present cases, debate outcomes, and consider exam results. 	
	<p>3.6 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> Research by students reflected contemporary prosthodontic practice and were at the appropriate level for a clinical doctorate. Example theses were provided to the SET. One thesis demonstrated Māori consultation approval obtained. Students reported good guidance and support with their research projects. 	
	<p>3.7 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"> The programme recognises that they have limited time within the programme to adequately support the co-learning opportunities with orthodontic postgraduate students. The programme acknowledged there was good interdisciplinary collaboration and relationships that also enabled real-time multidisciplinary patient assessment for students. The grand round presentations for DClinDent students occur monthly/bimonthly. Students reported good interaction and exposure with endodontics and periodontics disciplines through informal joint treatment 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<p>planning and seminars. Conversely students reported limited interactions with orthodontics, oral surgery and oral and maxillofacial surgery.</p> <ul style="list-style-type: none"> • Opportunities for multidisciplinary cases should be across a wide range of relevant disciplines. 	
	<p>3.8 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> • Supervisors are suitably qualified for their responsibilities. • It was reported that some supervisors were only willing to supervise certain aspects of prosthodontics but not more complex presentations, such as full arch implant rehabilitation. • Supervision of students is mainly by internal university staff. • With limited external prosthodontic specialists in Dunedin, the programme does not have the ability to easily involve local external prosthodontists, nor has any input been sought from prosthodontists further afield. • Reported variations/differences in treatment planning among the supervising prosthodontists. The SET acknowledges that different clinical approaches may also contribute to student learning. • A lack of dedicated DAs with specific experience in prosthodontic care comprises the students ability to progress efficiently. • Staff are not supported to maintain clinical practice skills and competence, and ongoing professional development. 	
	<p>3.9 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for</p>	<ul style="list-style-type: none"> • The teaching and learning spaces, clinics and technologies support student learning and protect patient safety. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>purpose and support the achievement of learning outcomes.</p>	<ul style="list-style-type: none"> • The investment in and shift towards increased digital dentistry equipment and technologies are a positive step to ensure graduates meet practice demands once registered. • The range of other disciplines within the faculty supports student learning. • Digital scans must be printed by the laboratory, not the student - which results in delays. Students need access to quality 3D printer to print casts and digital wax ups. • Currently only one intraoral scanner available to prosthodontic students, which is shared by all students creating bottlenecks. • Additional senior laboratory support would better support learning opportunities, quality of work delivered by the laboratory, and decrease wait times. • Inability for students to discuss issues with laboratory is a missed learning opportunity. • The challenges described with the laboratory led to some students adopting the digital workflow as an alternative path compromising student exposure to traditional design and manufacturing methods. 	
	<p>3.10 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"> • Students managed patients from a range of cultural backgrounds. • Staff reported they are not well placed to assess cultural safety when they are on a learning journey themselves and their understanding needs to be strengthened. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>3.11 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"> • Currently six students across the years, with appropriate staffing to support student learning. • However, resources are stretched to support the other disciplines with implants causing delays in patient care and decreased co-learning opportunities. • No dedicated DAs with specific experience in prosthodontic care comprises the students' ability to progress efficiently. • A concern about limited access to research funds was expressed. • Staff professional development opportunities compromised by the requirements to have clinical cover, when already struggling to get clinical teachers. 	
	<p>3.12 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.</p>	<ul style="list-style-type: none"> • Patient access is not of concern to the programme. • Access to patients requiring implants have increased since the last accreditation. 	
5. Assessment is fair, valid and reliable.	<p>5.2 There is a clear relationship between learning outcomes and assessment strategies.</p>	<ul style="list-style-type: none"> • Assessments of programme aligned with DCLinDent expectations. 	<i>Standard is met</i>
	<p>5.3 All required professional competencies are mapped to learning outcomes and are assessed.</p>	<ul style="list-style-type: none"> • Copies of previous examination papers have been provided. • Assessment mapping to the competencies were clear and appropriate for assessing the competency. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<p>5.4 Multiple assessment methods are used including direct observation in the clinical setting.</p>	<ul style="list-style-type: none"> • Feedback during clinical sessions is provided by the supervisors, where relevant. • The programme uses a range of assessment modes. • Copies of examination papers and assignments were shared. • The assessment modes are appropriate, and consistent with comparable international programmes. • It is recommended that a consistent case presentation template for the final examination be used. 	
	<p>5.5 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.</p>	<ul style="list-style-type: none"> • Comment on standard setting: <ul style="list-style-type: none"> ○ External examiners set some examination questions. ○ Marking framework and rubrics was available with different levels of understanding. ○ Double marking of written examinations for border-line cases. ○ Examiner calibration processes did not occur across examiners for assessment. 	
	<p>5.6 Suitably qualified and experienced staff, including external experts for final year, assess students.</p>	<ul style="list-style-type: none"> • Review of staff profiles was performed by the discipline SET members and staffing was considered appropriate for assessment. • The external examiners across the assessments for the programme provide students with ample opportunity to develop their prosthodontic knowledge and skills. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Master of Community Dentistry

Accreditation decision

The discipline sub-group considered that accreditation standard 3 (programme of study) and standard 5 (assessments) are met.

The Master of Community Dentistry programme **is granted accreditation until 31 December 2028.**

Commendations for the Master of Community Dentistry programme

1. Support for students is outstanding – providing feedback comprehensively and in a timely manner.
2. Willingness to adapt operationally to meet the needs of the students so they can complete the course.
3. The course content adapts to the changing landscape of the New Zealand health system and in meeting the requirements for cultural safety.
4. The structure in terms of face-to-face block courses works very well for students, providing them the ability to focus on the course material and getting any supports needed during that week. It also allows students to informally interact with students from other disciplines.
5. The programme structure methodically covers all components of dental public health, integrating them into the course content and assessments.
6. Students are very well prepared to work in the public dental health system - an important component of this success is the selection of the right candidates and the support that is provided to them throughout their studies.

Recommendations for the Master of Community Dentistry programme

1. Staff resources should be closely monitored to ensure staff pressures are adequately alleviated through the new appointments.
2. Strengthen formalised interdisciplinary initiatives with other dental specialties across the didactic and research components, and perhaps even informally through desk allocations in the postgraduate area.
3. There should be Tikanga support and training for approaching communities to engage.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	3.1 A coherent educational philosophy informs the programme's design and delivery.	<ul style="list-style-type: none"> The programme handbooks demonstrate that the programmes are evidence-based, and research informed. Programme's educational approach represents what is expected from a dental specialist programme. The Programmes is comparable to Australasian programmes. 	<i>Standard is met</i>
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> The programmes design aligns with Generic Competencies for Public Health in Aotearoa-New Zealand as described by the Public Health Association of New Zealand (2007) for the NZ context. The programme design also aligned with the American Board of Dental Public Health and American Association of Public Health Dentistry (as described by Altman and Mascarenhas in 2016). The programme content and aims are described in the handbook. 	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	<ul style="list-style-type: none"> The COMD801 and COMD802 course books clearly articulate the various topics that will be covered. These topics were considered appropriate for public health dentistry. Interviews confirmed confidence that MComDent graduates are prepared for public health dentistry practice in New Zealand. The content is of high quality. 	
	3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	<ul style="list-style-type: none"> Most MComDent students are part-time students generally employees of Te Whatu Ora. Teaching methods include traditional 'didactic' teaching as well as flipped classrooms (i.e., student-led seminars and discussion), 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<p>workshops, and practical assignments. There are intentionally designed to give the students the skills they will need to lead.</p> <ul style="list-style-type: none"> • Feedback on the research support was complimentary and described as timely and thorough feedback. Students have librarian support for their literature reviews. • Programme is aware of the need to involve Māori and Pasifika supervisors to ensure appropriate community engagement and assessment of work. • The learning and teaching methods are fit-for-purpose for the MComDent programme. 	
	<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> • An extensive list of previous thesis topics is included in the material. • COMD801 includes extensive research seminars. • The SET were presented with examples of research thesis and journal abstracts. • Students are encouraged to present their research at the SJWRI Research Day and enter the Colgate Poster Competition for the ANZ Division RC of the International Association for Dental Research. • Students generally publish the findings of their research in scholarly journals. • The programme encourages Māori and Pasifika research, and requires that equity is woven into any research. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • There is also focus on other priority population groups – e.g., children. • The programme is aware of the necessary consultation processes with Māori & Pasifika, at the beginning, before determining research topics. • Students should be well supported and trained in Tikanga for approaching communities to engage regarding their research. 	
	<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"> • Emphasis of the programme is to ensure that graduates are competent to work with a wide variety of health providers as future leaders in the dental profession. • There is limited joint interdisciplinary learning interactions between the public health programme and other dental specialist programmes in both the didactic and research components. This should be encouraged to enhance student learning. Informal student interaction occurs. • Further, limited exposure in the programme to external dental specialists, across the disciplines - this should be strengthened across the didactic and research components to enhance student learning. 	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> • Senior staff are well respected locally and internationally. Staff bring a range of practice experiences. • The recent appointment will increase capacity and provide with valuable health service clinical management experience. Further concerns on staffing levels detailed in criterion 3.10. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<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"> The teaching and learning spaces, and technologies support MComDent student learning. Opportunities for increased interaction between these part-time students with other postgraduate students would be beneficial. The MComDent students' allocated workspaces within the Faculty building were somewhat removed from the other postgraduate students. 	
	<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"> There is a particular focus on Māori & Pasifika and other vulnerable groups in the learning and research. Programme is aware of the need to involve Māori and Pasifika supervisors to ensure appropriate ongoing assessments. The programme is commended for their efforts regarding 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"> The programme currently has 6 part time students, 3 in COMD802 and 3 in thesis stage. Since the retirement of the previous head of department, the programme is primarily delivered by one staff member who supports a lot of teaching and research across the faculty and externally. There needs to be suitable cover for staff for sabbaticals, illness, leave etc. The programme will have 2 FTE staff next year which will relieve some pressure. Adequate staff resourcing should be closely monitored. The SET is concerned that with all the other teaching and research obligations 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		across the Faculty and externally, that this level may not be sufficient.	
	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"> Access to clinical data and resources to support student projects is arranged as required on a case-by-case basis. 	
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"> Assessments of programme aligned with MComDent expectations. Assessments appropriate for the nature of the programme. 	<i>Standard is met</i>
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	<ul style="list-style-type: none"> Copies of previous examination papers have been provided. Assessment mapping to the competencies were clear and appropriate for assessing the competency 	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	<ul style="list-style-type: none"> The programme uses a range of assessment modes appropriate for the MComDent programme. Copies of examination papers and assignments were shared. The assessment modes are appropriate. 	
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	<ul style="list-style-type: none"> Theses are assessed against the University's master's degree criteria and processes. The thesis assessments are performed by two independent examiners, one being external. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Regular written and verbal feedback on course work and research progress as received. Feedback on student-led seminars are provided verbally on the day. 	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	<ul style="list-style-type: none"> Review of staff profiles was performed by the discipline SET members which confirmed all staff are suitably qualified. All theses have one external examiner. Recently, external examiners for the final exams for the didactic papers were introduced. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Postgraduate Diploma in Clinical Dental Technology

Accreditation decision

The discipline sub-group considered that accreditation standard 3 (programme of study) is substantially met and standard 5 (assessments) is met.

The Postgraduate Diploma in Clinical Dental Technology programme **is granted accreditation until 31 December 2028, subject to meeting the following conditions:**

Immediately:

1. The Faculty of Dentistry and clinical dental technology (CDT) programme investigate and critically reflect on recent occurrences and feedback on potential behaviours within the programme, and take the necessary actions to eliminate the risk of these behaviours, actual or perceived, occurring within the programme.

The Faculty and programme report to the Council the outcome of the investigation and solutions and safeguards put in place. It is the Council's expectation that feedback before the end of this academic year be received – even as interim findings and a draft workplan.

Before the start of the 2024 academic year:

2. Review the patient pre-screening process to ensure efficient use of clinical time (including patient suitability for CDT, patient diversity and case complexity).
3. Complete the integration of digital workflow into CDT for dentures, and provide evidence of its use.
4. Include formal collaboration between CDT students and dental speciality programmes – in particular with prosthodontics.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Commendations for the Postgraduate Diploma in Clinical Dental Technology programme

The programme is commended for:

1. Acknowledge the University investment in facilities for Clinical Dental Technology to prepare graduates for the future workforce.
2. The Programme Leader for their commitment to and the academic quality of the Clinical Dental Technology programme.
3. The programme's focus and effort since the last accreditation on introducing formalised standard setting across the assessments.
4. Great to see patient feedback is integrated into clinical case work and student feedback given.

Recommendations for the Postgraduate Diploma in Clinical Dental Technology programme

1. Create opportunities for Clinical Dental Technology students to formally interact/observe/engage with speciality dental programmes, in particular with prosthodontics.
2. Continue to advocate to the Faculty for the appointment of a senior, experienced, culturally aware clinical dental technician to replace the staff member on retirement.
3. Consider a mock examination to better prepare students for the final examination.
4. Consider increased diversity within the Clinical Dental Technology teaching team.
5. Increase student awareness of broader University student welfare and personal support services available to them, and how to access those.
6. Establish a formalised, regular review process of technology and other laboratory needs to ensure contemporary learning can continue to be supported.

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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>	<ul style="list-style-type: none"> • The programme's handbook demonstrate that the programme is evidence-based, and research informed. • The programme's educational approach represents what is expected from a contemporary clinical dental technology programme, and is comparable to related Australian programmes. • The changes to the part-time programme now require students to be in Dunedin at least two days per week attending lectures, complete technical work in the laboratory and see patients in the clinic – instead of the earlier two-week block courses. Some lectures are attended online. • Part-time students attend the introduction week and are required to achieve all the same 'signoffs' as fulltime students before seeing patients. • This includes simulation activities and a focus on infection prevention and control in the clinics. Independent auditing of IPC practices in the clinics, outside of the clinical programme staff, is strongly encouraged. • Part-time students can complete some technical work at their practice laboratory – if signed-off by the programme lead. • Although there is substantial time and financial commitment by the part-time students, the learning and clinical experiences between the full-time students in Dunedin and the part-time students are now more comparable. • The part-time programme enables technicians to continue work in their laboratory around their studies, completed over two years. 	<p><i>Standard is substantially met</i></p>

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Most students now complete the programme full-time (one year). • The academic quality of the programme is commended. • The programme is a leader within Australasia, and supported other programmes in their establishment or improvement initiatives. 	
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> • Mapping of the learning outcomes and the competencies were provided. • The learning outcomes were comprehensive. • No concerns or gaps were identified. 	
	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	<ul style="list-style-type: none"> • Limited pre-screening occurs prior to the initial consultation with the CDT student. • The SET acknowledges the valid point made that student involvement in pre-screening offers valuable learning opportunities. • However, this should be balanced with the limited time available to students to develop competence across the scope areas. This is of particular relevance to part-time students who have very limited time in the clinics. • The SET considers staff pre-screening of patients prior to confirming the initial appointment with the CDT student necessary to ensure suitability of a patient to the student's skill level, and availability to attend when students are rostered into the clinic, to ensure efficient use of the students' clinic time. • Limited remakes are occurring (one for 2023) – speaking to the quality of the products delivered. The same student will identify the 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<p>issue and solution, and remake the case with no charge to the patient. Remakes are recorded in Titanium, and auditable.</p> <ul style="list-style-type: none"> Exposure to edentulous patients for complete dentures were good, however there was limited experience with a complete denture against natural dentition. Although exposure to partial dentures were confirmed, exposure to a variety of complexity in clinical cases appeared to be inconsistent among students. Explore opportunities to ensure a variety and complexity of clinical cases available to all students. Specifically, increased exposure to removable partial dentures to ensure the case mix matches that of contemporary dental practice. 	
	<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"> Learning and teaching methods largely reflect what is expected from a contemporary clinical dental technology programme. The digital workflow for complete dentures is established in the laboratory, but not yet for partial dentures. The SET acknowledges that this workflow for partial dentures is relatively new application of the technology. The programme has plans underway to establish the workflow for partial dentures for the next academic year. The SET requests confirmation of this, given that this has now become expected for contemporary practice. Good to see patient feedback on completion of treatment is incorporated into the student learning. This is a conversation 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<p>between the programme lead and the patient. Feedback is given to the student afterwards – a good learning opportunity.</p> <ul style="list-style-type: none"> Some observational experience in private dental laboratories occur. 	
	<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> Graduates have good opportunities to critically analyse literature and apply it. Exposure is appropriate for the CDT programme. 	
	<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"> Limited collaboration with dental specialist were reported. This will be even more pronounced for the part-time students. Create opportunities for CDT students to formally interact/observe/engage with speciality dental programmes, in particular prosthodontics. 	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> The programme has experienced clinical dental technicians with longstanding involvement in the CDT programme. This brings valuable institutional knowledge and experience. Increased staff awareness on student diversity, and diversity within the CDT teaching team could benefit the programme and students. Further comments in criterion 3.9. 	
	<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"> The new learning, laboratory and clinical facilities are outstanding. The Faculty is congratulated on the detailed planning that went into these spaces. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	<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"> • Given the fast-moving pace of technology developments, consideration to future proofing must be deliberate. • Good to know digital workflow will be incorporated into the programme in 2024 (follow-up confirmation of inclusion of CAD-CAM into learning/teaching/clinical practice). • The didactic learning on cultural safety is the same as for other dental specialist programmes. • The programme expressed an expectation that “During all interactions with patients and colleagues culturally competent and culturally safe interactions are expected” (submission, p5). • The programme lead interviews the patient on completion of their care, and one of the feedback areas are whether the patient felt culturally safe during their interactions with the student. • This is a leading initiative by the CDT programme – and similar engagement should be encouraged across clinical programmes. • Concerns about potential behaviours within the programme was raised. • The Faculty of Dentistry and CDT programme need to investigate and critically reflect on recent occurrences and feedback on potential behaviours within the programme and take the necessary actions to eliminate the risk of these behaviours, actual or perceived, occurring within the programme. A report on the outcome of the investigation and solutions/safeguards put in place is required. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Implement professional development for the teaching team to deal with a diverse student cohort. This could also be explored more widely within the Faculty. 	
	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.	<ul style="list-style-type: none"> The programme has 8 full-time students, and 3 part-time students. The programme has 1.3FTE to support the clinical learning, and additional FTE from other experts to support didactic teaching. The current staffing levels are adequate to support the programme. Succession planning for one staff member is in place when they retire. This role must be replaced with a senior, experienced, culturally aware CDT to adequately support student learning and programme improvements. Patient pool appears appropriate to support the learning opportunities. 	
	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 programme is not reliant on public health sector patients. No concern around access to suitable patients were raised. 	
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"> The mapping of the learning outcomes, expected competencies and assessments were detailed, and appropriate for the nature of the programme. 	<i>Standard is met</i>

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

Standard Statement	Criteria	Evidence	Assessment
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	<ul style="list-style-type: none"> The mapping of the assessments used for the learning outcomes were appropriate. No concerns identified. 	
	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	<ul style="list-style-type: none"> The programme uses a range of assessment modes. Copies of assessments were provided – and were adequate. Constructive student feedback that support student learning was reported. The last external examiner report suggested that a “mock” exam would better prepare students for the final examination. This suggestion is supported by the SET. 	
	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	<ul style="list-style-type: none"> The programme’s focus since the last accreditation on standard setting across its assessments are commended. Detailed marking rubrics across a range of assessment types were presented. These included assignments, case study presentations, clinical cases, and oral examinations. Interviewees were aware of the marking rubrics. Moderation and calibration were evident from the external examiners reports. 	

SUMMARY OF DISCIPLINE SPECIFIC FINDINGS AGAINST STANDARDS 3 & 5

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"> • The clinical dental technicians staff members are experienced clinicians. • External examiner reports have been provided for the last 2 years. • It is pleasing to see a new external examiner being used for the programme. This is encouraged. • The last external examiner described the assessment process as “fair and well executed”. 	

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Appendix A – List of acronyms used in this report

Acronym	Description
CDT	clinical dental technician
CDT programme	clinical dental technology programme
DA	Dental assistant
DBA	Dental Board of Australia
DClinDent	Doctor of Clinical Dentistry
DCNZ	Dental Council New Zealand
FTE	Full-time equivalent
IANZ	International Accreditation New Zealand
IPC	Infection prevention and control
MComDent	Master of Community Dentistry
MRT	Medical Radiation Technologists
PGDipCDTech	Postgraduate Diploma in Clinical Dental Technology
SET	Site evaluation team

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Appendix B – Site visit schedule

Monday 9 October – CORE GROUP

Time	Activity		
Day 1 team	<p><i>CORE SET members:</i></p> <p>Emeritus Professor Paul Abbott – Co-chair & senior dental academic</p> <p>Associate Professor Sharon Liberali – Co-chair & senior dental academic</p> <p>Pauline Koopu - Cultural safety advisor</p> <p>Dr Hiria McRae - Layperson</p> <p>Andrew Newsom – New Zealand dental specialist clinician</p> <p><i>DC Staff:</i></p> <p>Suzanne Bornman – Prevention Manager</p> <p>Marie MacKay – Chief Executive</p>		
8:30 – 9:30	Mihi whakatau & morning tea		<p>Faculty leadership team</p> <p>Postgraduate programme leads</p> <p>Site evaluation team – Core group</p> <p>Dental Council staff</p> <p>Council cultural advisor – Nate Rowe</p>
9:45 – 10:15	Leadership team	<p>Strategic issues / future directions</p> <p>Governance</p> <p>Resources</p>	<p>Prof Paul Cooper - Dean</p> <p>Prof Richard Cannon - Deputy Dean (Academic)</p> <p>Prof Karl Lyons - Deputy Dean (Clinical)</p> <p>Assoc Prof Sunyoung Ma - A/D Postgraduate Studies</p> <p>Assoc Prof Lara Friedlander - A/D Undergraduate Studies</p> <p>Prof Andrew Tawse-Smith - HOD Oral Sciences</p>

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			<p>Prof Darryl Tong - HOD ODSS</p> <p>Assoc Prof Peter Cathro - HOD Oral Rehabilitation</p> <p>Ms Kaye Jeffries - Senior Manager Client Services</p> <p>Ms Anita Sykes - Finance Manager</p>
10:20 – 11:00	Postgraduate committee	<p>On principle levels across programmes:</p> <p>Selection process, entry criteria</p> <p>Programme development, monitoring and improvement issues</p> <p>Assessments standard setting</p>	<p>Assoc Prof Sunyoung Ma - A/D Postgraduate Studies</p> <p>All PG Programme Leads for programmes under review</p>
11:00 – 11:15	Morning tea break		
11:15 – 12:15	Tour of facilities	<p>Postgraduate common areas (study & support)</p> <p>Postgraduate clinical areas</p>	Assoc Prof Sunyoung Ma - A/D Postgraduate Studies
12:25 – 12:55	Research	Research priorities, support to students, output, assessment	<p>Prof Warwick Duncan - A/D Research & Director SJWRI</p> <p>Assoc Prof Dawn Coates - Deputy A/D Research</p> <p>Dr James Smith - SJWRI Research Manager</p> <p>Assoc Prof Sunyoung Ma - A/D Postgraduate Studies</p>
13:15 – 14:00	Lunch & closed session		
14:00 – 14:45	Cultural safety	<p>Cultural safety in curriculum</p> <p>Cultural safety in practice</p>	<p>Mr Samuel Carrington – A/D Māori</p> <p>Prof Darryl Tong – A/D Pacific</p> <p>Kura Lacey – Te Kaupeka Pūniho Hauora Māori</p> <p>Lynda Wixon</p>
14:45 – 15:15	Te Whatu Ora Southern	Faculty clinical service delivery	<p>Toni McKillop - Te Whatu Ora Southern (<i>Zoom</i>)</p> <p>Tim MacKay - Te Whatu Ora Southern (<i>Zoom</i>)</p>
15:15 – 15:30	Afternoon tea		

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15:30 – 16:00	Faculty Operations	Finance	Prof Paul Cooper – Dean Prof Richard Cannon - Deputy Dean (Academic) Prof Karl Lyons - Deputy Dean (Clinical) Ms Anita Sykes - Finance Manager
16:10 – 16:40	Clinical Services	Clinical services Patient safety Quality assurance	Ms Pip MacDonald - Head of Clinical Services Mr Don Brewer - Manager, Clinical Services Ms Jenine Upritchard – Compliance Manager
16:45 – 17:15	Student support services	Faculty student support University personal and academic support	Assoc Prof Sunyoung Ma - A/D Postgraduate Studies Prof Andrew Tawse-Smith - Student Support Officer/ A/D International Ms Kaye Jeffries - Senior Manager, Client Services Ms Holly He - Lead Administrator (Academic), Client Services Ms Julie Lanauze - Client Services Administrator (Postgraduate Programmes)
17.15 – 17.30	Pro Vice Chancellor Health Sciences	University strategic vision for Faculty & postgraduate programmes	Prof Neil Gemmel - Acting Deputy PVC Health Sciences (Zoom)
17:30 – 18:00	Core group debrief Closure of day 1 with karakia		

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Tuesday 10 October – Discipline specific sessions

Tuesday morning sessions

Time	Activity		
8:20 – 8:55	Whakawhanaungatanga (introductions & cup of tea) For discipline participants on the day		
1 st session	Programme 1: Endodontics <i>SET members:</i> Emeritus Professor Paul Abbott – senior dental academic & co-chair Mike Gordon – NZ clinician Pauline Koopu - Cultural safety advisor Staff: Suzanne Bornman	Programme 2: Prosthodontics <i>SET members:</i> Associate Professor Jaafar Abduo – senior dental academic Andrew Newsom – NZ clinician Associate Professor Sharon Liberali – co-chair Dr Hiria McRae – Layperson Staff: Marie MacKay	Programmes 3 & 4: Preparation for session. Write-up of preliminary notes based on submission information provided. Tour of the facilities for Periodontics & Orthodontics 10.00 – 10.30 - Assoc Prof Sunyoung Ma
	9:00 – 9:30 Discipline Head - Assoc Prof Lara Friedlander	9:00 – 9:40 Recent graduates via Zoom Programme coordinator(s)	
	9:35 – 10:10 Teaching staff (excl coordinator, clinical & didactic teaching staff)	9:40 – 10:10 Discipline Head - Prof Karl Lyons	
10:10 – 10:25	Morning tea break (Closed team session)		
10:30 – 11:15	Students all year levels	Students all year levels	Programmes 3 & 4: Preparation for session.
11:20 – 12:00	Recent graduates via Zoom	<i>Zoom participant</i>	

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		Teaching staff (excl coordinator, clinical & didactic teaching)	Write-up of preliminary notes based on submission information provided.
12:00 – 12:30	Review & write up of notes		
12:30 – 12:55	Lunch (Closed team session)		

Tuesday afternoon sessions

2 nd session	Programme 3: Periodontics <i>SET members:</i> Professor Marcelo da Silva Figueredo – senior dental academic Helen Barker – NZ clinician Emeritus Professor Paul Abbott – co-chair Dr Hiria McRae – Layperson Staff: Suzanne Bornman	Programme 4: Orthodontics <i>SET members:</i> Emeritus Professor Craig Dreyer – senior dental academic Azza Al-Ani – NZ clinician Associate Professor Sharon Liberali – co-chair Pauline Koopu - Cultural safety advisor Staff: Marie MacKay	Programmes 1 & 2: Review of previous session & preparation for next session. Write-up of preliminary notes based on submission information & interviews conducted thus far. Tour of the facilities for Endodontics & Prosthodontics 14.00 – 14.30 - Assoc Prof Sunyoung Ma
13:00 – 13:30	Discipline Head - Prof Warwick Duncan	Discipline Head - Prof Mauro Farella	
13:35 – 14:10	Teaching staff (excl coordinator, clinical & didactic teaching staff)	Teaching staff (excl coordinator, clinical & didactic teaching staff)	
14:10 – 14:15	Break (Closed team session)		
14:20 – 15:05	Students all year levels	Students all year levels	
15:10 – 15:55	Recent graduates via Zoom	Recent graduates via Zoom	
15:55 – 16:10	Afternoon tea break (Closed team session)		
16:10 – 17:00	Review & write up of notes	Review & write up of notes	Programmes 1 & 2: Finalise notes

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17:00 – 17:30	SET closing session Closure of day with karakia
17:30	End of day 2 sessions

Wednesday 11 October

Wednesday morning sessions

Time	Activity		
8:20 – 8:55	Whakawhanaungatanga (introductions & cup of tea) - WAG04 For discipline participants on the day		
1 st session	<p>Programme 5: Public Health Dentistry <i>SET members:</i> Dr Gloria Mejia – senior dental academic Kathy Fuge – NZ clinician Emeritus Professor Paul Abbott – senior dental academic & co-chair Pauline Koopu - Cultural safety advisor Staff: Marie MacKay</p>	<p>Programme 6: Special Needs Dentistry <i>SET members:</i> Associate Professor Sharon Liberali – senior dental academic & co-chair Olivia Murdoch – NZ clinician Dr Hiria McRae – Layperson Staff: Suzanne Bornman</p>	<p>Programmes 7 & 8: Preparation for session. Write-up of preliminary notes based on submission information provided.</p> <p>Tour of the facilities for Oral surgery & Paediatric dentistry 9.00 – 9.30 - Assoc Prof Sunyoung Ma</p>
9:00 – 9:30	Discipline Head - Prof Jonathan Broadbent	Discipline Head - Mr David Antunovic	
9:35 – 10:10	Teaching staff (excl coordinator, clinical & didactic teaching staff)	Teaching staff (excl coordinator, clinical & didactic teaching), including those involved with teaching/supervision of remote students and outplacements	
10:10 – 10:25	Morning tea break (Closed team session)		
10:30 – 11:15	Students all year levels (via zoom)	Students all year levels	Programmes 7 & 8:

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		<i>Jack Lintern via Zoom</i>	Preparation for session.
11:20 – 12:00	Recent graduates via Zoom	Recent graduates via Zoom	Write-up of preliminary notes based on submission information provided. 10:30am: Paediatric dentistry – placement providers session via zoom
12:00 – 12:40	Lunch (Closed team session)		

Wednesday afternoon sessions

2 nd session	Programme 7: Oral Surgery <i>SET members:</i> Dr Stephen Cox – senior dental academic Glenn Kirk – NZ clinician Emeritus Professor Paul Abbott – senior dental academic & co-chair Dr Hiria McRae – Layperson Staff: Marie MacKay	Programme 8: Paediatric Dentistry <i>SET members:</i> Dr Mihiri Silva – senior dental academic Caitlin Agnew – NZ clinician Associate Professor Sharon Liberali – co-chair Pauline Koopu - Cultural safety advisor Staff: Suzanne Bornman	Programmes 5 & 6: Review of previous session & preparation for next session. Write-up of preliminary notes based on submission information & interviews conducted thus far. Tour of the facilities for special needs dentistry and general clinic and postgrad areas for public health dentistry 13.30 – 14.00 - Prof Karl Lyons
12:45 – 13:15	Discipline Head – A/Prof Harsha DeSilva	Discipline Head – A/Prof Alison Meldrum	
13:20 – 13:55	Teaching staff (excl coordinator, clinical & didactic teaching staff)	Teaching staff (excl coordinator, clinical & didactic teaching staff)	
13:55 – 14:05	Break (Closed team session)		
14:10 – 14:55	Students all year levels	Students all year levels	
15:00 – 15:45	Recent graduates via zoom	15:30 – 16:15 Recent graduate (local graduate) – via zoom (Remote graduate: Wed 4 Oct 12.00 – 12.40)	

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15:45 – 15:55	Afternoon tea break (Closed team session)		
16:00 – 16:30	Review & write up of notes	Clinical outplacement provider/s (Rescheduled to Wed, 11 Oct 10:30am)	Review & write up of notes
16:30 – 17:00		Review & write up of notes	
17:00 – 17:30	SET closing session Closure of day with karakia		
17:30	End of day 3 sessions		

Thursday 12 October

Thursday morning sessions

Time	Activity		
8:20 – 8:55	Whakawhanaungatanga (introductions & cup of tea) – WAG03 For discipline participants on the day		
1 st session	<p>Programme 9: Oral Pathology</p> <p><i>SET members:</i></p> <p>Professor Richard Logan – senior dental academic (via zoom)</p> <p>Kullasit Chutipongpisit – NZ clinician</p> <p>Emeritus Professor Paul Abbott – senior dental academic & co-chair</p> <p>Pauline Koopu - Cultural safety advisor</p> <p>Staff: Marie MacKay</p>	<p>Programme 10: Clinical Dental Technology</p> <p><i>SET members:</i></p> <p>Professor Jane Evans – senior dental academic</p> <p>Neil Carlisle – NZ clinician</p> <p>Associate Professor Sharon Liberali – co-chair</p> <p>Dr Hiria McRae – Layperson</p> <p>Staff: Suzanne Bornman</p>	<p>Programme 11:</p> <p>Preparation for session.</p> <p>Write-up of preliminary notes based on submission information provided.</p> <p>Tour of the facilities for oral medicine</p> <p>9.00 – 9.30 – Prof Karl Lyons</p>
9:00 – 9:30	Discipline Head – A/Prof Haizal Hussaini	Discipline Head – Mr John Aarts	

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9:35 – 10:10	Teaching staff (excl coordinator, clinical & didactic teaching staff)	Teaching staff (excl coordinator, clinical & didactic teaching)	
10:10 – 10:25	Morning tea break (Closed team session)		
10:30 – 11:15	Students all year levels	Students all year levels (via zoom)	Programme 11: Preparation for session. Write-up of preliminary notes based on submission information provided.
	14.00 – 14.40 Recent graduates via zoom	11:20 – 12:00 Recent graduates via zoom	
12:00 – 12:40	Lunch (Closed team session)		

Thursday afternoon sessions

2 nd session	<p>Programme 11: Oral Medicine</p> <p><i>SET members:</i></p> <p>Dr Maryam Jessri – senior dental academic (via zoom)</p> <p>Kim Gear – NZ clinician</p> <p>Emeritus Professor Paul Abbott – senior dental academic & co-chair</p> <p>Associate Professor Sharon Liberali – senior dental academic & co-chair</p> <p>Pauline Koopu - Cultural safety advisor</p> <p>Dr Hiria McRae - Layperson</p>	<p>Programmes 9 & 10:</p> <p>Review of previous session & preparation for next session.</p> <p>Write-up of preliminary notes based on submission information & interviews conducted thus far.</p> <p>Tour of the facilities for clinical dental technology & oral pathology</p> <p>13.00 – 13.30 - Assoc Prof Sunyoung Ma</p> <p>2pm: Oral pathology - recent graduate (via Zoom)</p>
12:45 – 13:15	<p>Programme coordinator(s)</p> <p>Discipline Head - Dr Ajith Polonowita</p>	
13:20 – 13:55	Teaching staff (excl coordinator, clinical & didactic teaching staff)	
13:55 – 14:05	Break (Closed team session)	
14:05 – 14:45	Last graduate via zoom	

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14:45 – 15:45	Review & write up of notes	
15:45 – 15:55	Afternoon tea break (Closed team session)	
16:00 – 17:00	Review & write up of notes	Review & write up of notes
17:00 – 17:30	SET closing session	
17:30	Closure of accreditation review with karakia – Faculty leadership to join remaining SET members	