# DENTAL COUNCIL (NZ)
# REPORT OF AN EVALUATION OF

# AUCKLAND UNIVERSITY OF TECHNOLOGY
# Bachelor of Health Science (oral health) programme

## September 2018

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

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

## Site visit conducted

20 - 21 September 2018

## Site Evaluation Team

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| Lynette Nicholas | Dental therapist, New Zealand |
| Rachel Smith | Dental hygienist, New Zealand |
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## Site Evaluation Team

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| Suzanne Bornman | Standards and Accreditation Manager |

## Programme Provider

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| Auckland University of Technology | 90 Akoranga Drive, Auckland 1142 |

# 1. EXECUTIVE SUMMARY

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| Programme provider | Auckland University of Technology |
| Programme/qualification name | Bachelor of Health Science in Oral Health |
| Programme/qualification abbreviation | BHScOH |
| Programme length | 3 years full-time |
| Registration division | Oral health therapy |
| New Zealand Qualifications Framework Level | Level 7 |
| Accreditation standards version | Accreditation Standards for Dental Practitioner Programs (1 January 2016) |
| Date of site evaluation | 20 – 21 September 2018 |
| Date of Dental Council decision | 12/11/2018 |
| Type of accreditation | Re-accreditation |
| Accreditation start date | 1/01/2019 |
| Accreditation end date | 31/12/2023 |

# EXECUTIVE SUMMARY

## Background

The three-year full-time Bachelor of Health Science in Oral Health at the Auckland University of Technology (AUT) enables graduates to register as oral health therapists with the Dental Council in New Zealand.

The programme was established in 2002 in response to a workforce shortage of dental therapists throughout New Zealand. The first cohort of 12 dental therapy students graduated in 2004. In 2006, a decision was made to introduce dental hygiene education into its curriculum, which combined the scopes of dental therapy and dental hygiene. The programme gained accreditation for both scopes of practice in 2008. In 2012, to attain the competencies associated with orthodontic procedures performed by dental hygienists, the orthodontic module was introduced into the curriculum.

On 1 November 2017 the Dental Council established the Oral Health Scope of Practice, and the programme is a gazetted prescribed qualification for the scope.

Currently 45 students are enrolled in the first year, 35 in the second year, and 29 in the third year.

## Overview of the Evaluation

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

The site visit was conducted on 20 – 21 September 2018 at the Faculty in Auckland.

Interviews were held with the Faculty and programme leadership teams, staff from all years, most clinical educators, students from all years, recent graduates, Māori and Pasifika specialist advisors, clinic managers, chair of the advisory committee and professional bodies. The schedule is included as Appendix B.

The new AUT University Akoranga Integrated Health Clinic and Buckland Road clinics were visited by the SET. Some members of the team visited the simulation room.

# EXECUTIVE SUMMARY

## Key Findings

The SET considered that all accreditation standards have been met.

The enthusiasm and commitment of the programme staff is commended – particularly during a period of significant staff turnover. The appointment of oral health therapists to teach into the programme is also very positive.

The new AUT University Akoranga Integrated Health Clinic is a great addition to the programme and offers opportunities for the programme to expand their patient pool, and to integrate the historically separated restorative and periodontal clinics.

The programme is working hard to strengthen relationships with the professional bodies and other oral health stakeholders in New Zealand.

The focus on regular calibration of staff and clinical educators in student assessments and feedback is a positive step.

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

The primary areas of focus for the programme are:

- With the increase of student numbers, ensuring appropriate programme resources. These include; adequate patient numbers and student operator experiences, sufficient and functional pre-clinical and clinical equipment and adequate material, clinical and administration staff, and adequate clinical supervision.

- Revisit the overall vision of the type of practitioner that the programme wants to deliver in light of the role that oral health therapists can play in the delivery of New Zealand's oral health care.

- Progress the integration of oral health care delivery within the programme, moving away from the historically separated restorative and periodontal clinics.

- Explore further opportunities for outplacements to broaden the students' clinical and practice experiences.

- Increased academic staff members would allow the Department a greater opportunity to contribute towards oral health care research; a workforce review to rationalise the small fractional appointments would enable holistic and consistent contributions to programme delivery and benefit student learning.

- Explore strategies for oral health students to engage and participate in the School of Clinical Sciences' interprofessional education.

# EXECUTIVE SUMMARY

- Develop and use clearly defined selection criteria and a transparent process for the appointment of clinical educators.

- Standardise the requirement for patients, or their representative, to reconfirm consent for treatment for each appointment and especially when another student continues the treatment at follow-up appointments, and assuring the recording of all informed consent in patient treatment notes.

- Explore ways to generate clinical activity summary sheets, ideally digital, to more effectively monitor students' progress and to identify any gaps in clinical exposure in a timely fashion.

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

## Accreditation Decision

The Dental Council resolved at its meeting on 12 November 2018 that the Auckland University of Technology Bachelor of Health Science in Oral Health programme be granted accreditation until 31 December 2023.

## 2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

| Standard Statement | Criteria | | Evidence | Assessment |
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| 1. Public safety is assured | 1.1 | Protection of the public and the care of patients are prominent amongst the guiding principles of the educational programme, clinical training and student learning outcomes. | • Patient safety and quality of care featured strongly in the submission with extensive policies and procedures presented. These included health and safety, professional behaviour, police checks, health screening of students and staff etc.<br><br>• Students can only start treating patients once competence of all procedures have been established and confirmed through assessment.<br><br>• Students are supervised in the clinics at all times, and each step of a procedure is assessed before they can continue with the procedure or treatment. | *Standard is met* |
| | 1.2 | Student impairment screening and management processes are effective. | • Students undergo Hepatitis B, C and HIV screening.<br><br>• Staff immunisation records are also recorded, and records will in future be held by an Occupational Health Nurse from the 'People and Organisation' department – to protect privacy.<br><br>• The University offers a wide range of support services, available to students and staff.<br><br>• Police checks are completed to comply with the Vulnerable Children's Act. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • The department offers a support system – titled "Additional Support Programme" (ADSUP). The programme information is also available via "Blackboard" to that student.<br><br>• Guidelines to lectures/clinical educators advises how to identify students requiring additional support. | |
| | 1.3 Students achieve the relevant competencies before providing patient care as part of the programme. | • Students attend pre-clinical sessions before treating patients, and cannot proceed to the clinics until all the competencies have been satisfactorily achieved.<br><br>• Each procedure is performed at least six times and formatively assessed. Once the student is ready, a summative assessment on the procedure is performed – with a pass or fail grading.<br><br>• If there is concern about a student's competence in the clinics additional support is provided to the student, and if the issue is of a serious nature then a student can be suspended from clinical practice and sent back to the simulation clinic for remediation. | |
| | 1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education. | • Staff and clinical educators listed are all registered with current practising certificates.<br><br>• All appear appropriately qualified to fulfil the supervisory roles.<br><br>• All staff registered as dental hygienists and dental therapists have signed working relationships with a dentist/dental specialist. The oral health therapists have a consultative professional relationship with a dentist. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • The department recently introduced two calibration sessions per year for clinical supervisors.<br><br>These appear very effective and supportive – in particular with the large number of part-time staff fulfilling these roles.<br><br>• There appears to be no clear selection criteria or consistent process for the appointment of clinical educators.<br><br>• It is recognised that students, whilst on outplacement, will have clinical educators employed by DHBs to fulfil this function. Clearly defined selection criteria and a transparent process to be followed for the appointment of clinical educators would be strongly encouraged. | |
| | 1.5 Health services and dental practices providing clinical placements have robust quality and safety policies and processes and meet all relevant regulations and standards. | • Extensive health, safety and wellbeing policies and procedures are available.<br><br>• Students on placements are expected to uphold the same standards expected of them within the university setting, and they must follow the provider's policies and procedures.<br><br>• Incidences and near misses are reported, managed and necessary steps taken to mitigate similar incidences in the future.<br><br>• Department policies and procedures are reviewed and aligned with any updated Dental Council practice standards. | |
| | 1.6 Patients consent to care by students. | • Patients are aware that they are being treated by students.<br><br>• Permission for this to occur is included in the informed consent that the patient, or their representative, signs. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • There was a lack of clarity around whether patients, or their representatives, provide consent for each treatment appointment and when another student continues the treatment at follow-up appointments; this also applied to the recording of informed consent at each visit in patients' records.<br><br>• Staff provide treatment if patients decline student treatment. | |
| | 1.7 Where required, all students are registered with the relevant regulatory authority/ies. | • Not applicable to New Zealand students. | |
| | 1.8 The education provider holds students and staff to high levels of ethical and professional conduct. | • AUT University has defined expectations for student and staff conduct.<br><br>• Students provide a signed commitment to adhere to the University policies and regulations.<br><br>• The Health and Environmental Sciences' student handbook further articulates fitness to practice policy requirements.<br><br>• Programme material also emphasises expectations of professionalism, personal presentation, etc.<br><br>• Similar expectations exist during outplacements and is defined in the placement guidelines. Positive feedback about the increased professionalism of AUT students was received.<br><br>• Staff adhere to the AUT University Code of Conduct and the Dental Council's Standards Framework for Oral Health | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | Practitioners, which contains ethical principles and professional standards. | |
| 2. Academic governance and quality assurance processes are effective | 2.1 The provider has robust academic governance arrangements in place for the programme of study that includes systematic monitoring, review and improvement. | • The oral health programme fits within the School of Clinical Sciences, in the Faculty of Health and Environmental Sciences.<br><br>• The Faculty (Undergraduate) Board of Studies has academic oversight for systematic monitoring and review of programme quality.<br><br>• The programme reports annually to the Faculty Board, reporting on course development and changes to papers.<br><br>• The Faculty Undergraduate Examination Board monitors student performance in the programme and approves grades and awards. | *Standard is met* |
| | 2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the programme. | • AUT University collects student feedback through an Annual Programme Survey and Graduate Destination survey.<br><br>The programme's survey report for 2017 was made available to the SET.<br><br>• The AUT University Programme Approval and Review Committee conducts reviews of all programmes on a five-year cycle.<br><br>The Bachelor of Oral Health review was completed in May 2018; a copy of the report was provided to the SET.<br><br>• The Department has monthly paper leaders' meetings, in which matters related to the curriculum are discussed and | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | addressed. A student representative attends these meetings. | |
| | | • There are monthly staff meetings, where programme related issues are discussed. A student representative from each year attends these meetings. | |
| | | • The programme considered and implemented the previous accreditation report's recommendations for quality improvements. | |
| | 2.3 There is relevant external input to the design and management of the programme, including from representatives of the dental professions. | • The Department has an advisory committee, comprising of representatives of a range of oral health professions, professional associations, district health boards and other New Zealand oral health stakeholders. | |
| | | The committee meets twice a year, and the meetings are used for the Department to consult with their stakeholders and discuss any changes, achievements or any other issues related to the programme delivery and outcomes. | |
| | | This also allows for engagement opportunities for the programme. | |
| | | • There are regular meetings between the programme co-leads and ARDS. | |
| | | It appears that there is a constructive working relationship between the two organisations. | |
| | | • Central Queensland University staff have provided external moderation to the programme in recent years. | |

| Standard Statement | Criteria | | Evidence | Assessment |
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| | | | • An external examiner is used for the final year examination. The feedback given by the external examiner is considered at the staff meeting for analysis and action. | |
| | 2.4 | Mechanisms exist for responding within the curriculum to contemporary developments in health professional education. | • The programme collaborates with the Australian oral health programmes, and participates in the College of Oral Health Academics (COHA).<br><br>• Opportunities exist for staff to complete higher education qualifications at AUT University.<br><br>• Staff maintain competence within their profession through continuing professional development.<br><br>• Opportunities exist for greater collaboration with similar international programmes to broaden external academic and professional input into the programme. | |
| 3. Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies | 3.1 | A coherent educational philosophy informs the programme of study design and delivery. | • The programme is delivered under the University's vision, values and culture.<br><br>• The programme documentation clearly articulates the graduate profile, competencies, attributes and learning outcomes.<br><br>However, the overall vision for the type of practitioner that the programme is preparing is not as clearly defined and aspirational for the role that oral health therapists can play in the delivery of New Zealand's oral health care.<br><br>• The programme's design and clinical delivery is still significantly separated into periodontal and restorative care, | *Standard is met* |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | rather than a more integrated, holistic oral health therapy care approach.<br><br>The team acknowledges that the new joint oral health therapy scope only came into operation on 1 November 2017; and that there are some practical impediments to enable oral health therapy integrated practice within the existing structures.<br><br>However, the new AUT University Akoranga Integrated Health Clinic provides an ideal opportunity to integrate the delivery of oral health care provided by students.<br><br>The programme is to be encouraged to develop pathways for their own graduates to contribute to the programme over time. | |
| | 3.2 Programme learning outcomes address all the relevant attributes and competencies. | • Each paper contains the learning outcomes and defines the level at which these should be achieved.<br><br>• The updated mapping of the programme's learning outcomes to the Dental Council's competencies for oral health therapists' demonstrated coverage all of the required areas of oral health therapy practice. | |
| | 3.3 The quality and quantity of clinical education is sufficient to produce a graduate competent to practice across a range of settings. | • Year 1 students attain clinical competencies in the simulation clinic, and have one introductory clinical session at Akoranga Integrated Health Clinic.<br><br>• Year 2 and Year 3 students attain clinical experience through simulation sessions and compulsory clinical placements. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • Clinical experience is obtained through rotation in the following environments:<br><br>   o  Periodontal & Restorative: AUT University clinics: Akoranga Integrated Health Clinic (14 chairs) and Buckland Road Community Clinic (4 chairs).<br><br>   o  Restorative: ARDS clinics (3 chairs each): Buckland Road Community Dental Clinic, Henderson Dental Clinic, Browns Road Community Dental Clinic.<br><br>      This also includes a two-week block placement at the end of year 3.<br><br>   o  Greenlane Clinical Centre: one observational session on treatment of children under general anaesthesia.<br><br>   o  Private general and specialist dental practice: All students must attend three observational placements during the University holidays. Students are encouraged to include a specialist practice in their rotation – such as an orthodontic or periodontology practice; or other dental specialty practices.<br><br>   o  Community placements: 10-day practical placement, preferably outside of the Auckland region. AUT University has MOUs in place with the following district health boards to facilitate these placements: Northland, Taranaki, Waitemata, Bay of Plenty, Tairawhiti, Lakes District and Mid Central DHBs.<br><br>• Total clinical sessions over the three years equate to 1332 hours, spread across simulation clinic, observation and | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | operator (over 900hrs). This appears to align with other Australasian institutions. | |
| | | • Based on the timetabling, logbooks reviewed and interviews, the amount and breadth of clinical experiences appear to be adequate to attain the required competencies for oral health therapists, although inconsistent patient numbers in clinic continue to present a challenge. | |
| | | It was recognised that new graduates require a period of mentoring to fully embed the clinical competence into practice, and to build confidence. Stakeholders also appeared to recognise this. | |
| | | • Some aspects require close attention to ensure that the clinical exposure remains appropriate. These include: | |
| | | ○ The increased year 1 student numbers to at least 40 (from the usual average of 36), patient numbers require close monitoring and active management. The SET was concerned about the doubling of student intake numbers and the impact this may have on both preclinical and clinical preparation. | |
| | | Discussions also indicated that two students will share a chair, rotating between operator and assistant. This will reduce the clinical operator experience of each individual student. In the absence of increased preclinical and clinical resources, clinical exposure should be closely monitored to ensure an appropriate level of student operator experience and competency is maintained. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | o There appears to be lower patient numbers at the AUT University Akoranga Integrated Health Clinic, with some fluctuation in oral health patient flow. The new clinical facility provides potential for increased new patient enrolment. The Faculty and programme should continue to explore innovative ways to attract new oral health patients – particularly requiring restorative care.<br><br>o There appears to be lower patient numbers at the AUT University Buckland Road clinic, with the potential for students not to get exposure to all the ARDS clinics – which may limit their restorative clinical experiences.<br><br>- Rotation through all three ARDS clinics across the two years should be explored.<br><br>- There appears to be an opportunity to simplify and streamline the operations at Buckland Road. The SET acknowledges that this is a shared facility with separate service management, but the separation of the two clinics appears to create some confusion for patients, and potential overlap in administrative resources.<br><br>o Rural and community placements should continue to be strengthened, with potential consideration of longer placement periods to broaden the patient mix students are exposed to, and to deepen the understanding of the functioning of public health dental services outside of Auckland. There also appeared to opportunities to offer rural placements for students from among stakeholders. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | o   Continue to encourage diverse and immersive private practice placements, especially during year 3, to facilitate preparation for the post-graduation private practice experience. | |
| | 3.4   Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes. | •   A range of learning and teaching strategies are used in the oral health programme such as: lectures, seminars, group discussions, tutorials, self-directed learning, peer and group collegial learning, poster presentations, formal debates, projects, practical workshops and laboratories, clinical and practicum placements, and computer assisted learning.<br><br>•   The clinical/work-based learning appears to be integrated with evidence-based and research-informed theory.<br><br>•   Basic clinical and technical skills are obtained in the simulation clinic. Students perform each procedure at least six times with formative assessment by the clinical educators. Once the student is ready a summative assessment is performed, and if passed the competency is signed off as achieved.<br><br>All clinical competencies must be completed before the student progress into the clinic.<br><br>•   The application of technical competence to clinical practice is assessed in the clinic. Clinical cases are triaged by the clinical educators to ensure patient needs are at an appropriate level for the student.<br><br>•   It would be beneficial for the complexity of clinical cases to progressively increases through the programme. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • All clinical sessions are supervised by clinical educators. Each step of the procedure is monitored. | |
| | | • Students receive written feedback in their logbook on each patient case, and on their overall performance on the day. | |
| | | • Students self-evaluate and reflect on each clinical session and on individual patient treatments. They are also required to reflect on their professional practice. These comments are recorded in their logbooks. | |
| | | • The level of the clinical educator and student feedback and reflections appear to vary – but seems mostly appropriate. | |
| | | • Regular meetings between the programme co-leaders and the ARDS Outplacement Lead facilitates close management of the ARDS clinical placements, and early identification of any student learning issues. | |
| | | • The Department's ADSUP is used to develop individualised student programmes to support students to remediate deficiencies or issues that impact their learning. | |
| | | • Some comment was made about the long end-of-year breaks, and the loss of some skills and confidence – and the time impact to reinstate skill levels at the beginning of the year. Summer outplacements could be beneficial and should be encouraged for students. | |
| | | • There were suggestions made about moving the human anatomy and physiology papers to the end of year 2, instead of year 1. | |

| Standard Statement | Criteria | | Evidence | Assessment |
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| | 3.5 | Graduates are competent in research literacy for the level and type of the program. | • Two mandatory research papers are included in the programme: Knowledge, Enquiry and Communication, and the Methods of Research and Enquiry.<br><br>• Students are expected to adopt a critical and problem-solving approach. This includes searching, retrieving, critiquing, appraising and incorporating evidence in their practice and assignments. | |
| | 3.6 | Principles of inter-professional learning and practice are embedded in the curriculum. | • Students will participate in interprofessional learning activities during their undergraduate degrees.<br><br>• This includes joint health science papers in year 1, and clinical practice in the Akoranga Integrated Health Clinic.<br><br>• A new initiative within the Faculty includes an interprofessional 'Passport', encouraging interprofessional learning. However, this is at early stages and details were unclear at the time of the visit.<br><br>• There was limited evidence of joint treatment planning or projects with other health disciplines within the Faculty, such as dietitians.<br><br>• The School of Clinical Sciences' interprofessional sessions cannot be attended by oral health students due to clinic scheduling. Further strategies should be explored for oral health students to engage and participate in interprofessional education; the SET encourages the development of interprofessional practice as part of the programme. | |

# SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

| Standard Statement | Criteria | Evidence | Assessment |
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| | 3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach. | • The submission listed 21 staff members (13.2 FTE) involved in the programme; comprising of: 2 senior lecturers, 7 lecturers, 9 clinical educators, and 3 clinical and administrator staff.<br><br>• The breakdown of registered staff by profession is: 3 oral health therapists, 6 dental therapists, 2 dental hygienists and 5 dentists.<br><br>• The programme should be commended for introducing oral health therapists into the teaching, and the level of dentists employed to support with treatment planning and clinical oversight – as required. The dentists also hold the professional and consultative working relationships with the rest of the clinicians on staff.<br><br>• The staff listed are registered with Dental Council and hold current practising certificates.<br><br>• 10 are permanent staff members. The 11 part-time staff are employed under different contract arrangements.<br><br>• Clinical educators support the programme in the clinical teaching and supervision of the students in their preclinical and clinical learning.<br><br>• Concerns about the level of part-time staff were raised, in particular, the number of small fractional appointments. With almost half of all staff being part-time, effective communication and staff cohesion is difficult to achieve. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | This arrangement also makes it very difficult for the programme to ensure pedagogical consistency around curriculum delivery, calibration and continuity. | |
| | | Although the clinical diversity benefits and rounds the students' clinical experience, a more consistent approach to clinical care should be encouraged to lay the foundation for students in their earlier years as they establish new skills. | |
| | | The programme introduced calibration sessions twice a year for staff, which appears to be very beneficial. | |
| | | Other initiatives should be further explored to ensure continuity of teaching. | |
| | | • The staff appear to be appropriately qualified and experienced for the roles they undertake; with the potential of young oral health therapists becoming involved in academia to support succession planning. Pathways to enable this would be of benefit to the programme. | |
| | | • Some staff are also pursuing higher degrees for personal professional development. Research degrees are to be encouraged as it contributes to the development of the discipline and establishes important role models and capacity for the profession. It is important that resourcing for the programme recognises the need for research activity. | |
| | | • All registered clinicians are required by the Dental Council to maintain competence through continuing professional development and peer interaction. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • Some professional training opportunities and mentoring support in management and leadership for the Head of Department would be beneficial for the overall management of the Department. | |
| | 3.8 Learning environments support the achievement of the required learning outcomes. | • Classrooms, on-line learning, simulation and clinical facilities are available to the programme.<br><br>• AUT University offers both academic and personal support services to its students and staff.<br><br>• Students are progressively introduced into the clinics, and closely monitored by the clinical educators and staff.<br><br>• Personalised support and remediation plans are developed for those students that require some assistance.<br><br>• There appears to be frequent communication with students via their web-based learning platform (Blackboard).<br><br>• Staff were described as very supportive, dedicated and accessible.<br><br>• Clinical activity summary sheets, ideally digital, would be very helpful for monitoring of students' progress and to identify any gaps in clinical exposure in a timely fashion.<br><br>• Student Paper Experience Questionnaire (SPEQ) surveys collect feedback on the programme. Students can, in this way, provide feedback and identify areas for improvements. Programmes are required to respond and report to the Faculty on changes made in response to student feedback. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • Staff receive feedback on their performance, as reported in the SPEQs.<br><br>Feedback on clinical educators is not mandatory but can be requested. Consideration should be given to an opt-out system, as many were unaware that they could request feedback on their performance. | |
| | 3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes. | • The programme has access to well-equipped classrooms and smaller spaces for group teaching.<br><br>• The simulation room has 21 stations with articulated Nissin Heads (Manikins).<br><br>There was some concern about the age of some of the equipment and lighting quality at the bench units within the simulation room, and a replacement plan and schedule to upgrade this clinical space should be developed as a priority<br><br>There was also concern about how increases in student numbers to cohorts of 40 could be accommodated in this space. This raises the prospect of double teaching which will be challenging within existing resources.<br><br>• Other facilities available to students include cafeterias, study rooms, changing rooms and lockers, a fully equipped library, and IT services which allow students to access course content, grades and AUT University website online.<br><br>• The clinics have sterilisation rooms and x-ray equipment; and were reported as being compliant with the relevant standards and licensing requirements. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • Clinical equipment appears appropriate, but there were some conflicting positions about the state and reliability of some equipment. It appeared that vacant chairs were maintained in each clinic session at Akaronga to accommodate breakdowns.<br><br>The SET was however assured of a maintenance schedule for equipment, and readily available technical support in the case of any break-downs.<br><br>However, this aspect should be monitored, and general maintenance and replacement schedules adhered to.<br><br>• Various comments about a perceived over-representation of amalgam as restorative material of choice were made, in line with comments also made in the SPEQ.<br><br>The programme should critically reflect on the curriculum sequencing around dental materials sciences and their application to practice, the emphasis on the use of amalgam in clinics, and the availability and exposure to other restorative materials, to ensure that the programme appropriately reflects contemporary practice needs. | |
| | 3.10 Cultural competence is integrated within the programme and clearly articulated as required disciplinary learning outcomes: this includes Aboriginal, Torres Strait Islander and Māori cultures. | • AUT University has specialist Māori and Pasifika Student Advisors and student bodies.<br><br>• All oral health students participate in at least one Māori Health paper although it is listed as an optional offering.<br><br>• Exposure to culturally appropriate care is gained by students particularly within the district health boards' placements. | |

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • The oral health programme and Te Aō Marama, the NZ Māori Dental Association, are both committed to building a stronger professional working relationships with staff and students. Part of this engagement will include initiatives to further embed Māori's particular needs into the oral health programme.<br><br>• Students are encouraged to attend Te Aō Marama's conference in New Zealand, which is held annually.<br><br>• The strengthening of cultural competence theory and practice assessment within the oral health care provided, should be further explored. | |
| | 3.11 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the necessary attributes and competencies. | • The University has a commitment to provide financial support to the oral health programme at a level to enable the delivery of the course outcomes to the standard required to meet the Dental Council's oral health therapist competencies.<br><br>• The Faculty leadership is also aware of the unmet oral health needs of New Zealand, and is committed to contributing to addressing the workforce needs to support the Ministry of Health's oral health care strategy.<br><br>• As with other programmes and institutions within the faculty and university, financial management is firm.<br><br>• The Department reported some difficulty in securing timely appointments of academic staff; as a result, losing the opportunity to appoint the preferred candidate. | |

# SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

| Standard Statement | Criteria | Evidence | Assessment |
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| | | • The Department has a high number of small fractional appointments and rationalisation of these to enable a more continuous workforce, able to contribute holistically to the work of the department would be advantageous, both to student learning outcomes and the efficient and effective delivery of the programme.<br><br>• As noted earlier, the increased student numbers will put pressure on the delivery of the programme and achievement of student clinical competence within current resources. Patient mix and numbers require close monitoring and active management. This may also require additional staff to manage the simulation and clinical learning and for clinical supervision if student numbers increase substantially beyond the current level. This should be closely monitored.<br><br>• Additional administrative support specific to the Department may be beneficial in freeing up academic and clinical staff and utilising their expertise and time effectively. | |
| 4. Students are provided with equitable and timely access to information and support | 4.1 Course information is clear and accessible. | • General enrolment and a programme overview is available on the AUT University website.<br><br>• Information is provided about the course programme each year at orientation and is available in hard and soft formats.<br><br>• Updates and general communication about the programme is posted on the student web-based platform (Blackboard).<br><br>• Information provided was comprehensive and clear. | *Standard is met* |

| Standard Statement | Criteria | | Evidence | Assessment |
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| | 4.2 | Admission and progression requirements and processes are fair and transparent. | • Guidelines about the admission of students in the oral health programme are published on the AUT University website. Details on articulation pathways and credit transfers were provided.<br>• The course material provides details on assessments, and requirements to progress to the next year.<br>• No concerns about this aspect were raised by students or graduates. | |
| | 4.3 | Students have access to effective grievance and appeals processes. | • Students may contact the University regarding a dispute with a grade or process, and apply for special consideration for assessments.<br>• Students may raise concerns with any staff member they deem appropriate and it is the practice in the Faculty to respond to issues at the lowest level possible.<br>• Students may enrol in a paper for a second time if unsuccessful in their first enrolment.<br>• Clear criteria and processes were provided. | |
| | 4.4 | The provider identifies and provides support to meet the academic learning needs of students. | • Where applicable and needed, extra-tutorial sessions or the ADSUP is applied to address deficiencies.<br>• Students with learning disabilities are provided with additional support within the Department and with the help of Student Disability Services. | |

| Standard Statement | Criteria | Evidence | Assessment |
|---|---|---|---|
| | | • AUT University offers different types of support for students who have a disability or other impairment (including vision or hearing), including temporary injuries and ACC.<br><br>• There is no "lecture capture" available to students, and they are not allowed to make their own recordings. Consideration should be given of recording lectures to allow students the opportunity to review presented classes afterwards.<br><br>• The programme needs to remain cognisant of the steep learning curve for those year 1 students without any prior dental experience or previous health science background. | |
| | 4.5 Students are informed of and have access to personal support services provided by qualified personnel. | • Students are informed of all the University and departmental support services during orientation.<br><br>• Also, the Student Hub can provide advice and support.<br><br>• Student support services available include the Māori student support, Pasifika student support, the Chinese centre, spiritual and religious support, international student support, elite athlete support, rainbow students (LGBTTI+) and settling-in support.<br><br>• The University also has a health clinic, labs, medical centres, childcare, library, gyms, and accommodation available to students. | |
| | 4.6 Students are represented within the deliberative and decision making processes for the programme. | • The oral health students have a representative body.<br><br>• Each year has a student representative who attends the monthly staff meetings. This allow for any issues of concern | |

| Standard Statement | Criteria | Evidence | Assessment |
|---|---|---|---|
| | | to students to be raised and provides another channel for information to be disseminated.<br><br>• There is also a student representative on the Course Advisory committee.<br><br>• Consideration should be given to including a recent graduate on the advisory committee to strengthen the students' voice and enable consideration in the programme of graduate transition and work readiness issues. | |
| | 4.7 Equity and diversity principles are observed and promoted in the student experience. | • AUT University has a Diversity Strategy and Action Plan.<br><br>• All departments within the University must be aligned to these principles.<br><br>• The oral health programme has low Māori intake numbers. Some suggestions were made that the central selection process may contribute towards this. | |
| 5. Assessment is fair, valid and reliable | 5.1 There is a clear relationship between learning outcomes and assessment strategies. | • Each paper has learning outcomes that outline what students need to learn and to what level. This provides guidance for students on assessments. | *Standard is met* |
| | 5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies. | • Assessments in each paper are aligned to the content and to the learning outcomes.<br><br>• The updated mapping documentation covered the Dental Council's oral health therapy competencies. | |
| | 5.3 Multiple assessment tools, modes and sampling are used including | • Multiple assessment tools, some formative and some summative are used. | |

| Standard Statement | Criteria | Evidence | Assessment |
|---|---|---|---|
| | direct observation in the clinical setting. | • Summative assessments that include both individual and group work are used in the programme. These include: written examinations, written assignments that are case-based, oral presentations, oral health promotion projects engaging communities, competency-based assessments of technical skills in the laboratory, and continuous summative assessment of theoretical, affective and psychomotor skills in the clinical setting.<br><br>• Direct observation is used to assess both technical and soft skills – such as professionalism and communication. | |
| | 5.4 Programme management and co-ordination, including moderation procedures ensure consistent and appropriate assessment and feedback to students. | • Twice-yearly calibration sessions have been introduced for all teaching staff and clinical educators.<br><br>Grading and feedback is discussed to ensure fairness and consistency in assessments.<br><br>• The Department has also implemented the use of rubrics in clinics to ensure students' clinical performance is assessed in a clear and transparent way.<br><br>• The programme has pre- and post-moderation sessions, including external examiners, to ensure consistency and fairness in grading for both practical and theoretical assessments including: written assignments, written exams, practical assessments/competencies, oral assessments/exams.<br><br>• Feedback from students and teaching staff are sought regularly on papers in the programme. This could identify any concerns with assessments. | |

| Standard Statement | Criteria | | Evidence | Assessment |
|---|---|---|---|---|
| | 5.5 | Suitably qualified and experienced staff, including external experts for final year, assess students. | • Programme staff appears to be suitably qualified to perform assessments.<br><br>• Students on placements are guided and assessed by experienced and registered oral health practitioners. Outplacement guidelines include information on assessments and providing feedback.<br><br>• External examiners are used for final year exit examinations. | |
| | 5.6 | All learning outcomes are mapped to the required attributes and competencies, and assessed. | • Required attributes and competencies are measured via assignments, preclinical, clinical, written and oral presentations, for each learning outcome and are assessed and graded. | |

# 3. QUALITY IMPROVEMENT

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

## Recommendations

The recommendations are as follows:

*Programme management and design*

1.  Revisit the overall vision of the type of practitioner that the programme wants to deliver in light of the role that oral health therapists can play in the delivery of New Zealand's oral health care.

2.  Progress the integration of periodontal and restorative care into the programme's design and clinical delivery to facilitate a more integrated, holistic approach to the provision of oral health therapy care.

    One such initiative could be a review of the logbooks, to encourage a comprehensive examination be performed and recorded, the full treatment plan developed and recorded, and then the treatment performed in the respective clinics – if required. Over time, hopefully treatment could be provided in the same clinic during the same clinical session – particularly in the AUT University Akoranga Integrated Health Clinic. All these activities can be recorded by patient, rather than in the separate sections by clinic type – the current format of the logbook.

3.  Explore opportunities for greater collaboration with similar international oral health programmes to broaden external academic and professional input into the programme.

4.  Although the large number and diverse clinical backgrounds of the clinical educators benefits and rounds the students' clinical experience, a more consistent approach to clinical care should be encouraged to lay the foundation for students in their earlier years.

    The twice-yearly calibration sessions are a very good initiative – and should be continued. Further initiatives should be explored to ensure continuity of teaching.

5.  Explore strategies for oral health students to engage and participate in the School of Clinical Sciences' interprofessional education programmes.

6. Critically reflect on the training material, emphasis on use of amalgam in clinics, and the availability and exposure to other restorative materials, to ensure that the programme appropriately prepares students and reflects contemporary practice.

7. Strengthen the assessment and/or self-reflection of the cultural awareness and competence of the student, during the oral health treatment provided by students.

8. Consider recording of lectures to allow students an opportunity to review presented classes afterwards.

9. Develop and use clearly defined selection criteria and a transparent process for the appointment of clinical educators.

10. Consider an opt-out system for clinical educators to receive their individual feedback from SPEQs, as many clinical educators were unaware that this was available to them.

11. Professional training opportunities and mentoring support for the Head of Department in leadership and management would be beneficial for the overall management of the Department.

12. Support by the Faculty and University with recruitment processes to ensure appointments can be secured in a timely manner.

13. Increased academic staff members would allow the Department a greater opportunity to contribute towards oral health care research; a workforce review to rationalise the small fractional appointments would enable holistic and consistent contributions to programme delivery and benefit student learning.

14. Liaise with the central selection office, to understand how equity principles are applied to facilitate Māori and Pasifika student intake into the oral health programme. Consider strategies to increase recruitment.

15. Ensure the participation of a recent AUT oral health graduate on the advisory committee to strengthen the students' voice and enable consideration in the programme of graduate transition and work readiness issues.

16. Encourage further pathway development for own graduates to contribute to the programme over time.

*Clinical care and exposure*

17. Ensure the requirement for patients, or their representative, to reconfirm consent for treatment for each appointment and especially when another student continues the treatment at follow-up appointments, and the recording of informed consent in patient treatment notes is standardised.

# QUALITY IMPROVEMENT

18. With the increased year 1 student numbers, and the expected ongoing increase in student intake, consider the impact on resources to enable student competence. Closely monitor and actively manage preclinical and clinical resources. These include patient numbers and flow, equipment and materials, clinic support staff, administrative staff, and clinical educators.

    If students are to be paired for clinical experience clinical experience should be closely monitored to ensure an appropriate level of operator experience is maintained.

19. Explore ways to generate clinical activity summary sheets, ideally digital, to more effectively monitor students' progress and to identify any gaps in clinical exposure in a timely fashion.

20. Continue to explore innovative ways to attract new oral health patients to the AUT University Akoranga Integrated Health Clinic, to ensure a more consistent patient flow and mix– in particular patients requiring restorative care.

21. Explore rotation through all three ARDS clinics across years 2 and 3 to ensure all students have similar opportunities for restorative patient exposure.

22. There appears to be an opportunity to simplify the operations at Buckland Road. The separation of the two clinics appears to create some confusion for patients, and potential overlap in resources.

23. Continue to strengthen rural and community placements, with potential consideration of longer placement periods to broaden the exposure students have to a range of patients and clinical treatments, and to deepen the understanding of the functioning of public dental services outside of Auckland.

24. Continue to encourage diverse and immersive private practice placements, especially during year 3, to facilitate preparation for the post-graduation private practice experience.

25. Encourage clinical placements during the end-of-year holiday breaks to retain students' clinical skills and confidence.

26. Prioritise a replacement plan and schedule to upgrade the simulation room and associated equipment, to ensure it remains fit for purpose.

    Also, more broadly equipment maintenance and replacement schedules should be closely monitored and adhered to - to facilitate safe, fit for purpose and reliable clinical equipment.

# QUALITY IMPROVEMENT

## Commendations

The commendations are as follows:

1.  The programme is commended for introducing oral health therapists into the teaching, and the level of dentists employed to support with treatment planning and clinical oversight - as required, and having the professional and consultative working relationships with the rest of the clinicians on staff.

2.  The programme staff for their dedication and commitment towards the delivery of the programme.

# APPENDICES

## Appendix A – List of acronyms used in this report

| Acronym | Description |
|---------|-------------|
| ADC | Australian Dental Council |
| ADSUP | Additional Support Programme |
| ARDS | Auckland Regional Dental Service |
| AUT | Auckland University of Technology |
| DC(NZ) | Dental Council New Zealand |
| FTE | Full-time equivalent |
| SET | Site evaluation team |
| SPEQ | Student Paper Experience Questionnaire |

# APPENDICES

## Appendix B – Site visit schedule

**Site Evaluation Team (SET) visit – Auckland University of Technology Bachelor of Health Science (oral health)**

**Thursday 20 September & Friday 21 September 2018**

| Team | *SET members:* |
|---|---|
| | Chair/Australian Oral Health Academic – Prof Julie Satur |
| | NZ Dental Therapist – Lynette Nicholas |
| | NZ Dental Hygienist – Rachel Smith |
| | NZ Oral Health Therapist – Emilee Walby |
| | Laymember – John Robertson |
| | |
| | *DC Staff:* |
| | Suzanne Bornman – Standards & Accreditation Manager |
| | Marie Warner – Chief Executive |

# APPENDICES

**Day One: Thursday 20 September 2018**

| Time | Activity | |
|---|---|---|
| **Room details** | **Room AG127, AUT** | **Notes** |
| 9:00 – 9:30 | Head of Department | Daniel Fernandez |
| 9:30 – 9:50 | Pro-Vice-Chancellor, Dean Faculty Health & Environmental Sciences | Max Abbott, Peter Larmer |
| 9:50 – 10:30 | Tour of Facilities and Clinical Services (includes walking time) | |
| 10:30 – 10:50 | Programme Leaders | Erekle Sesiashvili (yr 1), Daniel Fernandez (yr 2) <br> Sharon Boutell (yr 3) - *videoconference* |
| 10:50 – 11:10 | Morning tea break (closed team session) | |
| 11:10 – 11:30 | Teaching staff – Year 1 | Erekle Sesiashvili, Tanya Cleland |
| 11:30 – 11:50 | Teaching staff – Year 2 | Manorika Ratnaweera, Rohini Khareedi <br> Nitesh Gangadin - *videoconference* |
| 11:50 – 12:10 | Teaching staff – Year 3 | Erekle Sesiashvili, Tanya Cleland <br> Sharon Boutell - *videoconference* |
| 12:10 – 12:40 | Clinic Manager, Northmed Clinic | Theresa Coleman |
| 12:40 – 13:10 | Faculty Finance Manager, School Manager | Michael Delaney, Gary Boyd |
| 13:10 – 13:30 | Director of Learning and Teaching | Gayle Morris - *videoconference* |
| 13:30 – 13:50 | Lunch (closed team session) | |
| *13:50* | *Travel to Buckland Road Clinic, South Auckland* | |

| | | |
|---|---|---|
| 14:30 - 14:50 | Buckland Road Clinic, South Auckland<br>Tour with Clinic Manager | Anika Siraj |
| 14:50 – 15:20 | ARDS Clinical Educators | Fiona Zuccani, Agnes Smith, Carmen Denyer |
| 15:20 – 15:40 | Auckland Regional Dental Services – Outplacement Lead | Nafiz Hussein |
| 15:40 – 16:00 | Clinical Educators | Heather Nicholls, Dhara Tilvawala |
| *16:00* | *Travel back to hotel* | |

**Day Two: Friday 21 September 2018**

| Time | Activity | |
|---|---|---|
| **Room details** | **Room AG127** | **Notes** |
| 9:00 – 9:30 | Professional bodies:<br><br>• New Zealand Dental and Oral Health Therapists Association (NZDOHTA)<br>• New Zealand Dental Hygienists' Association (NZDHA)<br>• Te Aō Marama – NZ Māori Dental Association | Arish Naresh (NZDOHTA)<br>Anna Holyoake (NZDHA)<br>Leeann Waaka (Te Aō Marama) - *teleconference*<br>Hatea Ruru (Te Aō Marama) - *videoconference* |
| 9:30 – 10:00 | Employer of recent graduates | Roberta Blair-Stilwell (ARDS)<br>Kirstie Culpan (Northland DHB) - *videoconference*<br>Sharon McKoy-Thomas, Linette Wilkie (BOPDHB)<br>Diane Pevreal (Waikato DHB)<br>Thoma Callum (ARDS)<br>Lucija Matkovic (Massey Dental Centre) |
| 10:00 – 10:20 | Advisory Committee Chair | Leslea Eilenberg |

| | | |
|---|---|---|
| 10:20 – 10:40 | Clinical Educators | Donna Kennedy, Ros Syms |
| 10:40 – 11:00 | Clinical Educators | Debbie Im, Eugenie Boussenko - *videoconference* |
| 11:00 – 11:15 | Morning tea break (closed team session) | |
| 11:15 – 11:35 | Associate Dean Māori Advancement, Pacifica Student Support Manager | Denise Wilson - *videoconference* Junior Sony Samuela |
| 11:35 – 12:15 | Current students – years 1,2,3 | To be confirmed with students (3-4 students per year) |
| 12:15 – 13:00 | Recent graduates | Leo Yang Cabrini Anderson - *videoconference* |
| 13:00 – 13:45 | Working Lunch – report writing (closed team session) | |
| 13:45 – 14:00 | Feedback with Head of Department and Programme Leaders | Daniel Fernandez, Erekle Sesiashvili, Sharon Boutell |
| *14:00* | *Site visit close* | |