DENTAL COUNCIL (NZ)
REPORT OF AN EVALUATION OF

University of Otago

Postgraduate Certificate in Health Sciences (endorsed in Adult Restorative Dental Care) programme

April 2023

CONTENTS

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

Review conducted

19 April 2022

Site Evaluation Team

Dr Jennifer Gray (chair)	University of Adelaide, Australia
Ms Barbara Dewson	Dental therapist with adult care, New Zealand
Ms Charlotte Metcalfe	Oral health therapist without adult restorative exclusion, New Zealand
Dr Mark Goodhew	Dentist, New Zealand
Dr Hiria McRae	Laymember

Dental Council staff

Marie MacKay	Chief Executive
Suzanne Bornman	Prevention Manager

Programme Provider

University of Otago, New Zealand

1. EXECUTIVE SUMMARY

Programme provider	University of Otago
Programme/qualification name	Postgraduate Certificate in Health Sciences (endorsed in Adult Restorative Dental Care)
Programme/qualification abbreviation	PGCertHealSc (Adult Restorative Dental Care)
Programme length	1 year part-time (distance-learning)
Registration division	Oral health therapy – accredited course for adult restorative care
	Dental therapy – accredited course for adult care in dental therapy under clinical guidance
New Zealand Qualifications Framework Level	Level 8
Accreditation standards version	New Zealand accreditation standards for oral health practitioner programmes (1 January 2021)
Date of site evaluation	19 April 2023
Date of Dental Council decision	7/08/2023
Type of accreditation	Initial Accreditation
Accreditation start date	7/08/2023
Accreditation end date	31/12/2028

SUMMARY OF FINDINGS

Background

The University of Otago Postgraduate Certificate in Health Sciences (endorsed in Adult Restorative Dental Care) programme ((PGCertHealSc)) is a new programme undergoing its first Dental Council accreditation review. The programme has been approved by various university committees (including Board of Graduate Studies) and preliminary approval by CUAP, subject to Dental Council accreditation.

The programme will prepare dental therapists (DTs) and oral health therapists (OHTs) to provide competent restorative care to patients 18 years and older. In this programme, OHTs and DTs will be provided with the skills and knowledge to manage restorative dental care for adults who may have different oral health and medical conditions to those experienced by children and adolescents (for whom they have traditionally provided restorative dental care), and the skills and knowledge to refer patients appropriately for oral conditions and treatment required outside their scopes of practice.

Equity in oral health outcomes was a key driver for the course development and is a key theme in the course and paper outlines. Aotearoa New Zealand needs an appropriate oral health workforce in order to achieve oral health equity for a significant proportion of the population, in particular low-income adults, Māori, and Pasifika. Upskilling the DT and OHT workforce could contribute towards that goal.

The programme is a one year, part-time, distance-learning postgraduate certificate. Papers include:

- Pre-requisite for PGCertHealSc (endorsed in Adult Restorative Dental Care): DEOH201 (Human Disease and Pharmacology), semester one

- DEOH401(Adult Restorative Dental Care), 60-points, starts semester two (run part-time over two semesters).

The key programme components include:

- To develop the necessary knowledge in medical conditions and pharmacology DTs will be required to first complete paper DEOH201 (Human Disease and Pharmacology) as a prerequisite. A short CPD course will also be available prior to the PGCertHealSc block course to revise aspects of periodontal care within the DT scope of practice, namely periodontal examination and recognition of periodontal conditions requiring referral.

- The PGCertHealSc (endorsed in Adult Restorative Dental Care) will be offered part-time over one year and will be distance-taught, and include a two-week on-campus block course at the commencement of the course.

- The clinical component of the course will be completed under the supervision of a mentor in a dental practice. The mentor must be a nominated registered dentist, or a registered DT or OHT with the necessary adult restorative scope of practice. A workshop for mentors will be held prior to the course commencing to outline expectations.

- Students will complete assignments, keep a logbook, reflective journal, and prepare case studies documenting their patients' care. Mentors will be expected to discuss patient cases with students and complete entries in the students' reflective journals.

The structure has been designed to enable students to continue to work and ensure access to suitable patients throughout the course.

The Faculty reports general support for the programme, demonstrated by commitments from various dentists and specialists from a variety of disciplines to teach into the programme; while the Faculty's academic OHTs and DTs take the opportunity to complete the educational training and gain clinical experience in providing restorative care to adult patients.

The programme **does not** change the practitioner's underlying DT or OHT scope of practice. The clinical activities that the practitioner performs before the programme will not change following the course. The programme allows those same activities to be performed on patients of all ages. The programme does not enable a DT to register or practise as an OHT after completion of the qualification.

Overview of the Evaluation

The site evaluation team (SET) reviewed the material submitted and requested clarification in some areas.

The review was conducted via videoconference on 19 April 2023. Given that the programme is delivered by the University of Otago Faculty of Dentistry with multiple accredited programmes, including the dentistry and oral health programmes, a site visit was not considered necessary for this review.

Interviews were held with the dental school and programme leadership teams, the development team and other staff supporting the programme. The schedule is included as Appendix B.

Key Findings

Overall, the SET was impressed with the quality of the submission and documentation developed for the new course. The information gathered through the interviews supported the programme submission. There was unanimous and strong support for the programme, with a strong focus on equity.

The SET considers that accreditation standard 2 – academic governance has been met, with the balance of the accreditation standards substantially met. The gaps related to two primary areas:

- Offer educational support to mentors to ensure they can conduct appropriate formative assessments and provide constructive feedback to students, and are equipped with the necessary knowledge and skills to offer adequate support to students in a safe learning environment, and protect patient safety.

- Assurance that the mentors, and dentist and dental specialist teaching staff clearly understand the DT and OHT scopes of practice, and their boundaries.

Information gathered confirmed that most of these development areas have already been considered by the programme, but have not yet been documented or formalised.

As this is a new programme, close monitoring of the programme, and ability to react promptly to any concerns or issues will be required. Robust feedback mechanisms must be in place to ensure the programme can adjust as needed. Staff and leadership demonstrated commitment to this, and established feedback and communication mechanisms already exist.

Accreditation Decision

The University of Otago's Postgraduate Certificate in Health Sciences (endorsed in Adult Restorative Dental Care) programme is granted accreditation as an accredited *Adult restorative programme* until 31 December 2028 for the:

- oral health therapy scope of practice, and

- adult care in dental therapy scope of practice under the category of clinical guidance[1]*;*

subject to the following conditions being met before the programme commences:

To meet standard 1 – public safety, standard 3 – programme, standard 4 – student journey, and standard 6 – cultural competence

1. To adequately equip the mentors to support their student's learning and enable appropriate assessment and monitoring of student progress:

---

[1] Clinical guidance means the professional support and assistance provided to a dental therapist by a practising dentist or dental specialist as part of the provision of overall integrated care to the adult patient group. Dental therapists and dentists/specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance, but appropriate access must be available to ensure that the dentist or specialist is able to provide guidance and advice, when required and maintain general oversight of the clinical care outcomes of the adult patient group. (Dental Council of New Zealand). Disease prevention, oral health promotion and maintenance are core activities.

SUMMARY OF FINDINGS

    a)   Develop formalised and structured moderation and calibration of mentors to support their assessment of the student's patient care delivered and giving constructive feedback to students.

    b)   Require mentors to attend/participate in the cultural safety lecturers/seminars (or equivalent), at least for their first time acting as a mentor for a student.

    c)   Ensure that mentors clearly understand the scope of practice and its boundaries for the students they are mentoring.

2.   Ensure that all teaching staff involved in the programme clearly understand the DT and OHT scopes of practice to ensure teaching is at the appropriate level and there is common understanding of their scope boundaries.

2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria		Evidence	Assessment

1. Public safety is assured	1.1	Protection of the public and the care of patients are prominent amongst the guiding principles for the programme, clinical education and learning outcomes.	• Students are registered and practising DTs or OHTs with at least two years of restorative dental clinical experience post-graduation.
			
			• As registered practitioners these students must already adhere to the Council's ethical, professional and practice standards defined in the Standards Framework and other New Zealand legislation relevant to providing oral health care.
			
			• As part of enrolment, other safety checks are in place - such as police and working with children checks.
			
			• A mentor is appointed and offer clinical supervision[2] during the at-home practice component of the programme. The mentor must be a practising dentist, or DT or OHT who can provide adult restorative care.
			
			• Applicants must supply the following supporting documents:
			   o Academic transcripts for previous degrees and diplomas or evidence of initial OHT or DT qualification
			   o Curriculum vitae
			   o Names and email addresses of three referees
				Standard is substantially met

---

[2] The mentor takes responsibility for the patient care provided by the student during the at-home clinical placement component of the training programme. Clinical supervision may shift from direct clinical supervision to clinical oversight over the duration of the programme as the student's capabilities and confidence develops.

Standard Statement	Criteria	Evidence	Assessment
		o Evidence of current registration and annual practising certificate o Certificate of good standing from the Dental Council NZ o Personal 'statement of interest' o Letter of support from nominated mentor.	
	1.2 Student impairment screening and management processes are effective.	• As practising oral health practitioners, PGCertHealSc must meet the fitness to practise requirements to gain an annual practising certificate. • Applicants for the PGCertHealSc programme must declare if they have a mental or physical condition that could adversely affect their ability to study or practise, or any criminal convictions or disciplinary proceedings. These may adversely impact admission.	
	1.3 Students achieve the relevant competencies before providing patient care as part of the programme.	• Applicants will be registered DTs and OHTs. Their scope of practice remains the same. • Students will complete a block course with didactic learning and practical simulation tasks (for adult restorative dental care) prior to starting to treat patients in their dental practice. • Students will be assessed on simulation tasks and given feedback, and will be required to pass summative assessments on relevant knowledge. • The programme builds on the practitioner's competence and experience and expand their knowledge and critical thinking skills before students begin patient care.	

Standard Statement	Criteria	Evidence	Assessment
		• Students are scaffolded into clinical practice with initial high levels of support by the mentors, which is gradually reduced as competence and confidence develops. • Reflective practice is utilised throughout the programme to develop self-evaluation and recognition of the boundaries of competence.	
	1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.	At the University of Otago: • All clinical supervision of students will be provided by suitably-qualified Faculty of Dentistry staff. At-home clinical component: • Students will treat patients in their dental practice under the clinical supervision of a dentist, or DT or OHT with the appropriate qualifications and scope of practice. • Students will be asked to nominate their mentor prior to starting the programme and mentors will sign a form declaring their fitness to practise, that they are suitability qualified to supervise the student, that their dental practice complies with Dental Council practice standards and NZ Health and Safety regulations. • Mentors will be required to attend an information session along with their student, which will explain the expectations for student supervision (clinical guidance), and responsibilities of students and mentors. • Mentors will be invited to attend other relevant lectures/seminars within the programme and given access to lecture/seminar recordings.	

Standard Statement	Criteria	Evidence	Assessment

		• The SET was concerned that the induction process for mentors did not clearly articulate the following aspects:
		
		    ○ Robust moderation and calibration of mentors to support their assessment of the student's patient care delivered and enabling them to give constructive feedback to students.
		
		    ○ Ensuring that the mentors clearly understand the scope of practice and its boundaries, for the students they are mentoring.
		
		• Assurance that these components were in place before the programme starts was considered critical to achieve a safe learning environment for students and to protect patient safety.	

	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.	• The Faculty of Dentistry has 17 accredited programmes. • At-home clinical learning will occur in functioning dental practices where registered practitioners have legal, ethical and professional obligations they need to comply with.	
	1.6 Patients consent to care by students.	• All patients will be required to complete a patient consent form similar to those completed in the Faculty of Dentistry. • All patients will be examined by both the student and their mentor, with a treatment plan agreed upon and signed off by both the student and the mentor. • Treatment will not commence until the patient has consented to treatment.	

Standard Statement	Criteria	Evidence	Assessment
		• Patient anonymity in case material presented by students will be protected – student guidance exists. Students are also practising clinicians - so have greater awareness of the requirements to protect patients' health information and privacy.	
	1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.	• The students are already registered and practising in New Zealand with an obligation to meet the regulatory obligations.	
	1.8 The programme provider holds students and staff to high levels of ethical and professional conduct.	• Students and staff, as registered practitioners, must adhere to ethical, professional and practice standards. • The dental school has a number of policies with clear expectations of ethical behaviour and professional practice for staff and students.	
2. Academic governance and quality assurance processes are effective	2.1 Academic governance arrangements are in place for the programme and include systematic monitoring, review and improvement.	• The programme falls within the postgraduate suite of programmes offered by the dental school of the University of Otago. • In development, the programme was approved by the various university committees (including Board of Graduate Studies) and gained preliminary approval by CUAP, subject to Dental Council accreditation. These processes provide assurance of academic rigour. • The same academic governance processes than other university postgraduate programmes will be followed for ongoing monitoring and review.	*Standard is met*
	2.2 Students, dental consumers (including patients), internal and	• Relevant professional bodies were engaged during the development phase. These included Te Ohu Pūniho Ora o	

Standard Statement	Criteria	Evidence	Assessment
	external academic, and professional peers contribute to the programme's design, management and quality improvement.	Aotearoa - New Zealand Oral Health Association, Te Ao Mārama, New Zealand Dental Association, New Zealand School and Community Oral Health Services Society, The Pasifika Dental Association, Chief Dental Officer, Defence Health Directorate, and Chair of the Māori Oral Health Quality Improvement Group.	
		• Dentists and dental specialists from the Faculty provided input into the design and content areas of the programme, and will teach into the programme – supporting further refinement and input into the content.	
		• External moderation is an ongoing commitment for all postgraduate programmes at the University of Otago and is required as an ongoing annual commitment prior to the finalisation of marks.	
		• A broad range of clinicians support the programme through didactic and pre-clinical teaching, with opportunities to provide feedback informally and formally to the programme. Similar opportunities will be available to clinical mentors.	
		• The programme will have a student-elected class representative, enabling students to raise any concern or provide feedback.	
		• Students complete anonymous course evaluations through the University.	
		• The programme is exploring introducing student satisfaction surveys within the student's own dental practice.	

Standard Statement	Criteria	Evidence	Assessment
	2.3 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.	• Faculty staff and clinical mentors must keep their professional knowledge, skills and competence up-to-date by engaging with the Council's recertification programme. • Staff also attend local and international conferences, and engage with other Australasian and international programmes. • The Faculty's Teaching Excellence Day held annually is aimed at sharing and promoting best practice in dental education. • Their input into the programme will continue to refine 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's design and delivery.	• The programme is delivered within a dental school with an accredited oral health programme. • The programme will equip DTs and OHTs with the knowledge and skills to provide oral health care to meet some of their needs of diverse Aotearoa/NZ communities, and improve health outcomes for Māori, Pasifika, people of lower socioeconomic status, refugee communities, and older people in residential care. • They will be provided with the skills and knowledge to manage restorative dental care for adults who may have different oral health and medical conditions to those experienced by children and adolescents (for whom DTs and OHTs have traditionally provided restorative dental care), along with the skills and knowledge to refer appropriately for oral conditions and treatment required outside their scopes of practice.	*Standard is substantially met*

Standard Statement	Criteria	Evidence	Assessment
		• The one-paper structure of the qualification is of benefit for the sake of fluidity, i.e. students will not start and stop papers throughout the year. • Students will start treating patients early in the course and this will not only maximise the students' clinical experience but also ensure exposure to a variety of oral health needs and conditions. It also expands the diversity of patients from which students can choose to complete case studies, and allows time for formative feedback on cases (given that some patients may have treatment plans that include several appointments and may take some weeks to complete) before submission of patient case studies for summative assessment. • The programme content was driven by the diagnostic and restorative competencies and postgraduate student expectations that must be met. Input was sought from a range of associations, dental academics and clinicians.	
	3.2 Programme learning outcomes address all the required professional competencies.	• The programme has articulated defined outcomes that address the relevant attributes and competencies of a DT and OHT providing restorative care. These were mapped against the related Dental Council competencies for OHTs and DTs. • The programme articulated the underlying knowledge and competency expectations as a registered OHT or DT, and the aspects that the PGCertHealSc learning material will build on. • The programme does not change the practitioner's underlying DT or OHT scope of practice. The clinical activities that the practitioner performs before the course will not change as a result	

Standard Statement	Criteria	Evidence	Assessment
		of the course. The programme allows those same activities to be performed on patients of all ages.	
		• This programme does not enable a DT to register or practise as an OHT after completion of the qualification.	
		• Some students (including registered DTs) will be required to complete DEOH201 (Human Disease and Pharmacology) as a prerequisite.	
		• A short continuing professional development course will also be offered to DTs (prior to the block course commencing and dependent on their experience and learning needs) to revise aspects of periodontal care within the DT scope of practice that are not used frequently by those treating children. This builds on their existing knowledge to recognise when to refer – it does not change their DT scope of practice.	
		• The curriculum and content areas were clearly identified in the material provided. Lecture topics for DEOH401 include:	
		o Human growth, ageing and disease	
		o Comprehensive oral health examination for adults	
		o Medical history and medical emergencies	
		o Medical conditions	
		o Oral medicine (including temporomandibular joint [TMJ] dysfunction), oral pathology and pharmacology (including poly-medicated patients and local anaesthesia)	
		o Occlusion (including tooth wear)	

Standard Statement	Criteria	Evidence	Assessment
		o Treatment planning for adults, including appropriate restorative dental care and informed consent	
		o Adult cariology (including root caries) and diagnostic tests	
		o Recognition of endodontic conditions and referrals	
		o Dental materials for restoration of adult teeth including an overview of impression materials	
		o Tooth preparation, placement of restorations, temporary restorations	
		o Understanding of temporary crowns and bridges, and complete and partial dentures	
		o Understanding the management of post-operative orofacial surgery	
		o Management of unanticipated events such as a fractured restoration/tooth, pulp exposure, trauma or pain, dental emergencies	
		o Review of clinical photographs and study models	
		o Management of the older adult (including those in residential care)	
		o Recognition of oral conditions and referrals	
		o Radiology and radiography	
		Reconfirming foundation knowledge and skills of registered practitioners:	
		o Legislative requirements	

Standard Statement	Criteria	Evidence	Assessment
		○ Dental public health (including working with Māori, Pasifika, lower socioeconomic status groups, rural communities)	
		○ Communication skills, ethics.	
		• Work is still underway to refine the lecture material to the level appropriate for this training programme and within the scopes of practice for DTs and OHTs.	
		• At the moment teaching will primarily be provided by dentists and dental specialists from a variety of disciplines. As a result, students will have opportunities to be informed from various perspectives. This also spread the workload amongst academics and clinicians.	
		• Whilst this is a strength of the programme, it is also important to ensure all lecturers fully understand the DT and OHT scopes of practice to set the training material at an appropriate level, and to bring the training material together to ensure a cohesive programme.	
		• This is a new programme, which will require close monitoring by the programme lead, and prompt adjustments as needed. The programme demonstrated awareness and commitment to this.	
		• The SET specifically explored how the programme will equip the clinician with the ability to offer the patient comprehensive treatment options, including options outside of their scope of practice.	
		• The programme's lectures, seminars and assignments are designed to create an understanding of what care falls within their scope of practice; recognising their own limitations; gaining	

Standard Statement	Criteria	Evidence	Assessment
		knowledge on alternative care options outside of their scope of practice; and the importance of professional relationships to seek guidance or support, referral pathways etc. • This will further be reinforced within their clinical in-practice experiences, such as discussion of their cases with their mentor, learnings from group seminars and case study presentations, and their reflective journals incorporating their mentor's feedback. • The SET was satisfied with the programme's approach, staff awareness of the issue and potential risks, and responses.	

	3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	• Students will participate in self-directed learning seminars, and:
		   o review and present current research on selected topics for discussion.
		   o present patient cases for feedback.
		• Simulation practice will occur during the two-week block course – and tasks will include:
		   o Restoration of anterior teeth
		   o Restoration of teeth which require multi-surface, complex restorations
		   o Restorative cases requiring restoration in opposing dental quadrants
		   o Use of appropriate dental materials
		   o Radiography (interpretation of radiographs).
		• The extent of clinical exposure at the student's dental practice is 450 hours. This equates to 15 hours per week over the 30 weeks,	

Standard Statement	Criteria	Evidence	Assessment

		with a minimum expected 7.5 hours per week practising as operator.
		
		• The allocated time includes discussions with their mentor and writing up reflective journals/logbooks. Learning could also include observation of their mentor treating patients.
		
		• There are no specific requirements for a range or complexity of restorative procedures, given that these procedures are already within the DT or OHT scope of practice and they will already have experience in these procedures.
		
		• In terms of patient mix, the student's mentor will be asked to confirm that they have a suitable range of patients available in their practice. This should include different ethnicities, various age-groups, and patients of varying socio-economic status.
		
		• The SET considered that:
		
		  o mentors be provided with guidance on what "suitable range of patients" could look like,
		
		  o the shift from direct clinical supervision towards clinical oversight required as the programme and student progress, and
		
		  o in addition to the diverse patient demographics identified by the programme, the patient mix must also include medical, dental and behavioural complexities.
		
		     These exposures would further facilitate discussions between the mentor and student on a possible treatment	

Standard Statement	Criteria	Evidence	Assessment
		plan, whether it falls outside of their scopes of practice and experience level, and appropriate referral where needed.	

	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 methods are used by the programme. The activities and anticipated time commitments are:
		  o Classroom lectures (20hrs during 2 week block course)
		  o Online seminars/tutorials/lectures (1hr/week x 30).
		  o Simulation activity (50hrs, 5hrs x 10days during block course)
		  o Clinical activities at home dental practice (450hrs)
		  o 15 hours per week for 30 weeks (approx. 2 days per week x 30 weeks), (includes discussion with mentor, writing up reflective journals/logbooks)
		  o Class preparation for seminars (60hrs, 2 hours per seminar x 30 weeks)
		  o Written assignments (20hrs, 2 assignments x 10 hours)
		  o Preparation of patient case presentation for feedback (10hrs)
		  o Written patient case reports (40hrs, 4 case reports x 10 hrs)
		  o Written reflective essays (15hrs, 2 reflective essays x 7.5 hrs)
		  o Test (25hrs, 2 hrs for test; 23 hrs for study)
		  o Total: 720 hrs.	

Standard Statement	Criteria	Evidence	Assessment
		• Course material will be made available on Blackboard learning management system. • Reflective practice is a major theme of the programme and students will be encouraged to reflect on their clinical practice in reflective journals and essays throughout the programme. • Students are assessed on their clinical skills, theoretical understanding, and professional conduct and attitudes in patient management. • As students' progress through the programme, they are increasingly expected to demonstrate evidence of critical thinking and problem-solving skills when making clinical decisions. They will also be able to justify and discuss clinical reasoning with patients and supervising staff when planning and delivering options and care to patients. • The range of learning and teaching methods align with contemporary education and is appropriate for a postgraduate programme. It further aligns with similar accredited courses.	
	3.5 Graduates are competent in research literacy for the level and type of the programme.	• Students will demonstrate an ability to conduct research by recognising when information is needed, and locating, retrieving, evaluating and using it effectively, and will demonstrate an in-depth understanding of evidence-based clinical practice. • All clinical and didactic teaching will be research-informed and evidence-based. • The block course will include sessions on searching and critically analysing the literature. University of Otago Health Sciences	

Standard Statement	Criteria	Evidence	Assessment
		librarians will be available to students for individual help as required.	
		• Students will be invited to attend the SJWRI Research Day and the Faculty of Dentistry's Clinical Excellence Day. At these events, students will be able to engage with the research environment and scientific evidence that underpins clinical practice.	
	3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.	• The PGCertHealSc programme will include principles of interprofessional practice. • This includes working within a team, awareness of different specialities, different disciplines, different providers and agencies, and referrals to one-another. • Dentists and a range of dental specialists will be involved in the didactic teaching. • Clinical education will be primarily within the student's dental practice, working closely with other members of their dental team.	
	3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.	• Teaching will primarily be provided by dentists and dental specialists from a variety of disciplines within the Faculty. All are suitably-qualified and experienced to deliver the units they teach. • Currently the Faculty's dental hygiene, DT, and OHT staff will have a limited role in teaching in this programme currently, given they either have restorative limitations on their scope (OHTs) or do not have the scope of practice for adult care in dental therapy practice (DTs).	

Standard Statement	Criteria	Evidence	Assessment
		• This is expected to change over time as staff undergo the required education and gain experience within the provision of restorative care on adults. • Academics from other Departments will also contribute their expertise to the programme; this will include staff from the School of Pharmacy, and may also include staff from other Departments such as the Otago Bioethics Centre, the Department of Psychological Medicine, Kōhatu – Centre for Hauora Māori and Va'a o Taitai – Centre for Pacific Health. • An indicative lecture/seminar list with staff allocated was provided. The staff involved is broad-ranged and appear to reflect general support for the programme. This support was confirmed during interviews. • The challenge that such an extensive and diverse teaching pool brings, was expressed earlier in criterion 3.2. • Strong programme management will be essential to leverage off and protect the rich resourcing available, and to ensure it contributes to a cohesive programme. • The SET acknowledged that currently there are limited DTs and OHTs in New Zealand that can offer restorative care to patients of all ages. However, an attempt to involve those DT and OHTs that do practise in this clinical area, in the programme should be explored – even as guest lecturers/supervisors during the block-course.	

Standard Statement	Criteria	Evidence	Assessment
		Sharing their experiences on how this can work within day-to-day practice would be beneficial for students and the staff teaching into the new programme.	
	3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	• The Faculty offers other accredited programmes, assuring fit-for-purpose and safe learning environments. • The at-home practices are functional dental clinics delivering services to the community. All regulatory and legal standards must be met. • Mentors will be asked to sign a document stating that they are willing to supervise the students, that their facilities are appropriate, that they have an appropriate patient group, and that they comply with Dental Council practice standards and other relevant NZ legislation. • Resources are available to students and their mentors via Blackboard.	
	3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates equipped to provide care to diverse groups and populations.	• Cultural competence is an expected competency of registered oral health practitioners. This means that students and their mentors already have expected knowledge, experience and obligations to this aspect of care. • However, it is recognised that the level of capabilities and ongoing application of this competency varies. • To further build on the foundation knowledge, skills and behaviours - cultural competence is articulated in the learning and graduate outcomes for the PGCertHealSc.	

Standard Statement	Criteria	Evidence	Assessment
		Learning Outcomes o Understanding of the implications of Te Tiriti o Waitangi in the delivery of oral health care. o A commitment to improving oral health and reducing oral health inequities. *Graduate Outcome* o Cultural Understanding o Knowledge and appreciation of biculturalism within the framework of Te Tiriti o Waitangi; knowledge and appreciation of multiculturalism; and an ability to apply such knowledge and provide oral health care in a culturally-safe manner; commitment to understanding and achieving equity in oral health outcomes. • The PGCertHealSc programme will include seminars on working with Māori, Pasifika, lower socioeconomic status groups, rural communities, and diverse groups and populations. • Clinical application of cultural competence will be through: o case-study assessment will be designed to reflect students' understanding of their patients' needs. o demonstrated cultural understanding and cultural safety in their reflective journals and reflective essays. • Refer to domain 6 for more detailed feedback on this.	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	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.	• The dental school leadership expressed commitment to the programme, including monitoring of programme resource requirements. • An intake of up to 10 students per year are planned. Given the structure of the course, an increase in student numbers will be possible if there is sufficient demand. • A costing exercise was undertaken as part of the University approval process for the programme. • The programme is well resourced in terms of staffing, with the ability to grow DT and OHT academic staff's participation in the future. • Administrative support is available to the programme. • Programme coordination will initially be taken on by the convenor of the BOH and MOH programmes. • The aim is to appoint a suitably-qualified dentist (0.2 FTE) to teach simulation for the block course, to conduct seminars throughout the year, and undertake student assessment. • Overall, the programme has sufficient resources available, and will be monitored to ensure it remains sustainable.	
	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.	• The programme will use the existing facilities for the two-week block course that will take place at the commencement of the course. The block course will be taught outside of semester time, which will ensure the availability of facilities and equipment.	

Standard Statement	Criteria	Evidence	Assessment
		• For the at-home clinical component, mentors will be asked to sign a document stating that they are willing to supervise the students, that their facilities are appropriate, that they have an appropriate patient group, and that they comply with Dental Council practice standards and other relevant NZ legislation.	
4 Students are provided with equitable and timely access to information and support	4.1 Course information is clear and accessible.	• The programme shared the DEOH 201 Human Disease and Pharmacology course outline and timetable. • The DEOH401 adult Restorative Dental Care course outline included the requirements and learning outcomes for the programme and paper, the course content, assessment methods and determination of grades and competency. • The information was comprehensive and clear. • Resources will be available on Blackboard to students and mentors. • Students have access to a postgraduate administrator, that will escalate or facilitate further support within the Faculty as required.	*Standard is substantially met*
	4.2 Admission and progression requirements and processes are fair and transparent.	• PGCertHealSc applicants will be Dental Council registered DTs and OHTs. • Applicants will be selected on the basis of their graduate experience, their commitment to the specific discipline, evidence that they are committed to ongoing education, and reports from three referees. Candidates must demonstrate a commitment to understanding and achieving equity in oral health outcomes in their personal 'statement of interest' in their application.	

Standard Statement	Criteria	Evidence	Assessment
		• Selection may initially prioritise equity weightings due to the possibility of having more applicants than places – preference may be given to applicants serving Māori and Pasifika communities, and those from low socio-economic and rural communities; ideally within the public sector, Māori oral health providers or not-for-profit practice settings. • Applicants will need to demonstrate 'a commitment to oral health equity' in their personal statements as part of their application.	
	4.3 Students have access to effective grievance and appeals processes.	• The same University of Otago complaints and grievances policies and procedures apply for these students.	
	4.4 The provider identifies and provides support to meet the academic learning needs of students.	• Expected academic support are available to the students via the programme and the university. These are also readily accessible remotely. • A formal progress meeting will be held at the end of the first semester. This meeting will be followed by individual meetings with students whose progress is of concern. • These meetings provide an opportunity to discuss and review students' performance and progress within the course, and provide each student with an opportunity to voice any concerns. The timing allows organisation of any remedial measures that may be required or requested by the student. • Although there was evidence that some of these areas have been discussed internally, the SET considered information to students and mentors should be made available on: o The role of the mentor in the progress meetings.	

Standard Statement	Criteria	Evidence	Assessment
		o More defined timeframes on the frequency of subsequent meetings. o How and when the programme will review the student progress to inform these meetings. o Options for ad-hoc engagement if issues arise. o Awareness of the power imbalance in the student – mentor relationship, and how to foster a healthy and safe learning environment. o Articulate potential support and options for students where the mentor relationship breaks-down during the study, and a new mentor cannot be secured by the student; or remedial or additional clinical exposure are required, and this cannot be achieved within the student's dental practice.	
	4.5 Students are informed of and have access to personal support services provided by qualified personnel.	• Expected personal support are available to the students via the programme and the university. These are also readily accessible remotely. • Students are informed of these services during their induction.	
	4.6 Students are represented within the deliberative and decision making processes for the programme.	• The University of Otago has an established Class Representative System. • Student representatives are members of the Postgraduate Studies Committee that meets on a regular basis. • The SET recommends that a representative of this programme be on the Postgraduate Studies Committee, at least while the programme is fully embedded into the Faculty postgraduate suite.	

Standard Statement	Criteria	Evidence	Assessment
	4.7 Equity and diversity principles are observed and promoted in the student experience.	• The University of Otago, and therefore the Faculty of Dentistry, have policies and procedures regarding equity and diversity, equal educational opportunities and equal employment opportunities. • The programme is acutely aware of the inequities and poor oral health outcomes in some of Aotearoa New Zealand communities. The Faculty and programme leadership demonstrated commitment for this programme to contribute to the oral health workforce and enabling these practitioners to address some of the inequities. • This is demonstrated through the selection criteria communicated, and learning content focus areas.	
5 Assessment is fair, valid and reliable	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• The programme design reflects continuous assessment and collect several forms of assessment data to increase validity and accommodate different student learning preferences. • The assessment procedures have a reflective practice focus, aligned with registered oral health practitioners' recertification requirements. • The assessments focus on application of theoretical content to professional practice contexts and problems. This is achieved through reflective essay, case presentations, patient logbook and reflective journal.	*Standard is substantially met*
	5.2 All required professional competencies are mapped to learning outcomes and are assessed.	• The programme mapped the PGCertHealSc key learning outcomes, teaching and learning methods, and related assessments.	

Standard Statement	Criteria	Evidence	Assessment
		• All the learning outcomes are assessed.	

	5.3 Multiple assessment methods are used including direct observation in the clinical setting.	• A range of formative and summative assessments are used, and include:
		   ○ Simulation exercises
		   ○ Patient logbook
		   ○ Patient case reports
		   ○ Assignment (clinical topic)
		   ○ Reflective journal
		   ○ Reflective essay
		   ○ In-class test.
		• To increase validity and reliability of the assessment process, the same competencies will be assessed in different ways and at different points in the curriculum.
		• The programme could consider the use of online quizzes during the two week block to ensure the students have the underpinning knowledge in readiness for the practical component, and a viva voce at the end of the programme to consolidate the learnings, and to provide the programme with the additional assurance (in addition to the mentor's reflections in the logbook) on the competence of the student at the end of their study.	

	5.4 Mechanisms facilitate a consistent approach to appropriate	• Assessments follow the policies and procedures of the University of Otago.	

Standard Statement	Criteria	Evidence	Assessment
	assessment and timely feedback to students.	• Assessment will be criterion-referenced; students will be provided with details of criteria and marking schedules/rubrics in their course outlines – included in the course outlines provided. • Some assessment tasks may be co-marked by the teaching team to ensure consistency of marking. • An external moderator will be requested to moderate representative samples of student work. • A coordinator will have oversight of the paper to oversee assessment and moderation processes. • The oral health programme has some experience with off-campus clinical supervisors for undergraduate students during block placements. However, given the majority of the clinical education and experience will occur at the student's dental clinic under clinical guidance of the mentor, assurance of mentor moderation and calibration will be essential. • Although these principles were included in the submission, evidence of how this will be achieved and monitored in practice was lacking. Evidence of how this is incorporated into the mentor induction and monitored is required.	
	5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• Academic staff involved in the programme is suitably qualified and experienced. • Consistency of formative assessments by the mentors in the clinical practice component has been addressed in the previous criterion.	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
6 The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.	6.1 The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand. 6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery. 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. 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). 6.5 Clinical experiences provide students with experience of providing culturally competent care for Māori and Pacific peoples, and clinical application of cultural	• The University of Otago demonstrates its commitment to the achievement of tangata whenua/iwi aspirations through its Māori Strategic Framework 2022, aligned with the health and disability sector strategies for improved hauora Māori. • The Faculty of Dentistry strategic plan 2021 – 2023 demonstrates a commitment to Te Tiriti o Waitangi, with defined outcomes for years 1-3. o Equity in oral health outcomes was a key theme for the course proposal, and is a key theme in the course and paper outlines. The submission details some of the oral health inequities, and how the programme can contribute to the oral health workforce in serving some of these communities. • The PGCertHealSc programme has articulated the following graduate outcome: Graduates will have knowledge and appreciation of biculturalism within the framework of Te Tiriti o Waitangi; knowledge and appreciation of multiculturalism; and an ability to apply such knowledge and provide oral health care in a culturally-safe manner as determined by the patient, whanau, hapū and iwi; commitment to understanding and achieving equity in oral health outcomes. • Consultation with Māori and Pasifika groups and individuals was undertaken as part of the University and CUAP design and	*Standard is substantially met*

Standard Statement	Criteria	Evidence	Assessment
	competence is appropriately assessed.	approval processes for the PGCertHealSc; within and outside the university environment.	
	6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.	• Initial discussions with the Director of Kōhatu and the Faculty's Associate Dean for Māori, have led to recommendations that lectures and seminars for the PGCertHealSc should be similar to those already in the BDS undergraduate programme, given that all practitioners are required to meet the same Dental Council cultural safety competencies.	
		• Lectures/seminars will be included on the Māori perspective of health and wellbeing, and Māori beliefs and cultural practices in relation to oral health, to ensure that students work safely with Māori patients and their whānau. This include:	
		○ Hauora Māori - includes Te Tiriti o Waitangi (TToW) Law, why it is important, history of TToW, articles between the two versions, key differences between the two, scenarios, colonisation, Whakamaua, Health NZ, MHA, QIG	
		○ Understanding Māori Health Inequities	
		○ Māori Oral Health Workforce	
		○ Cultural Safety	
		○ Māori models of health	
		○ Whānau ora and oral health	
		○ The Hui process - framework to enhance the patient practitioner relationship.	

Standard Statement	Criteria	Evidence	Assessment

		• Initial consultation with the Centre for Pacific Health, has contributed to the following series of lectures/seminars being included for PGCertHealSc:
		
		   o Pacific Health: Laying the Foundations
		
		   o Pacific Health: Building Connections
		
		   o Pacific Health: Voyaging Alongside Pacific Patients.
		
		• Case-study assessment will be designed to reflect students' understanding of their patients' needs and cultural identity. Students will also be expected to demonstrate cultural understanding and cultural safety in their reflective journals and reflective essays, and patient satisfaction surveys may be another method used to assess cultural safety with patients.
		
		• While PGCertHealSc students and mentors are registered health practitioners already complying with Dental Council cultural competence standards, the programme recognises that students and mentors come from a variety of backgrounds and have a variety of qualifications, which may or may not have covered Hauora Māori and cultural safety in depth.
		
		• Having mentors also attending/participating in the same lecturers/seminars, will ensure a culturally safe learning environment for the student in their dental practice, and facilitate understanding to support mentors' assessment of the cultural safety aspect of the care provided.	

	6.7 The programme provider promotes and supports the recruitment, admission, participation, retention		

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	and completion of the programme by Māori and Pacific peoples.	• The programme demonstrated commitment to prioritised entry for Māori and Pacific peoples, and other applicants from and serving communities with oral health inequities.	
	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.	• The Faculty of Dentistry and the University have both academic and pastoral support available for Māori and Pasifika students. • The stakeholders listed in criterion 6.9 were part of the consultation on the programme design and content, as part of the CUAP approval process.	
	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 Maori Dental Association) in achieving cultural competence to oral health practitioners.	• Staff to deliver the cultural safety lectures/seminars will be from within the Faculty, and from other departments/centres within the university, such as Kōhatu and Va'a o Tautai. In addition, the Māori and Pasifika dental associations and clinicians will be invited as guest speakers.	

3. QUALITY IMPROVEMENT

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

Commendations

The commendations are as follows:

1. The University of Otago Faculty of Dentistry is commended for developing the programme to enable OHTs and DTs practising in Aotearoa New Zealand to expand their restorative care to patients of all ages, with the aim to decrease oral health inequities in high-needs and underserviced communities.

2. The high quality and comprehensive documentation that supported the accreditation of this new programme.

3. Generating overall support within the Faculty for the programme, demonstrated by a well-resourced programme with a generous number and range of Faculty dentists and dental specialists committed to teach into the programme. This will contribute to a rich learning environment for students.

Recommendations

The recommendations are as follows:

1. In addition to the eligibility criteria, clearly articulate the programme selection criteria to reflect the intent to use weighted equity criteria.

2. A student representative from this programme be on the Postgraduate Studies Committee, at least while the programme is fully embedded into the Faculty's postgraduate suite of programmes.

3. The SET acknowledges that currently there are limited DTs and OHTs in New Zealand that can offer restorative care to patients of all ages. Attempt to involve some of the DTs and OHTs that do practise in this clinical area in the programme – even as guest lecturers/supervisors during the block-course.

4. In the information made available to mentors and students, clarify the following areas:

   - What a "suitable range of patients" could look like for these students, including a patient mix with medical, dental and behavioural complexities.

   - The mentor's obligations, that include:

- o clinical supervision and professional responsibility for the patient care provided by the student during the training programme, and

- o what the shift from direct clinical supervision to clinical oversight may look like as the student progresses through the programme.

- The frequency of subsequent progress meetings beyond the first semester, and the role of the mentor in the progress meetings.

- Available options and contact points for ad-hoc engagement if issues arise.

- Awareness of the power imbalance in the student – mentor relationship, and how to foster a healthy and safe learning environment.

- Describe potential support and options for students where:

  - o the mentor relationship ends during the study and a new mentor cannot be secured by the student/mentor

  - o remedial or additional clinical exposure is required, and this cannot be achieved within the student's dental practice.

5. Consider the use of online quizzes during the two week block to ensure the students have the underpinning knowledge in readiness for the practical component, and a viva voce at the end of the programme to consolidate the learnings, and to provide the programme with the additional assurance on the competence of the student at the end of their study.

SUMMARY OF FINDINGS

Appendix A – List of acronyms used in this report

Acronym	Description
DT/DTs	Dental therapist/s
FTE	Full time equivalent
OHT/OHTs	Oral health therapist/s
PGCertHealSc (Adult Restorative Dental Care)	Postgraduate Certificate in Health Sciences (endorsed in Adult Restorative Dental Care)
SET	Site evaluation team

SUMMARY OF FINDINGS

Appendix B – Site visit schedule

Site Evaluation Team (SET) accreditation review University of Otago: PGHealCertSc (Adult Restorative Dental Care)

19 April 2023

Team	**SET members:** Dr Jennifer Gray (chair) Ms Barbara Dewson (dental therapist with adult care) Ms Charlotte Joyner (oral health therapist without adult restorative exclusion) Dr Mark Goodhew (dentist) Dr Hiria McRae (laymember) **DC Staff:** Suzanne Bornman – Standards & Accreditation Manager Marie Warner – Chief Executive

Time	Areas of focus	Participants	Role
14:00 – 14:15 *(AEST: 12 – 12:15)*	Introductions Faculty strategic focus for programme	Faculty leadership team: Prof Paul Cooper Prof Richard Cannon Prof Karl Lyons Prof Andrew Tawse-Smith Ms Kaye Jeffries Ms Anita Sykes	 Dean, Faculty of Dentistry Deputy Dean (Academic) Deputy Dean (Clinical) HOD, Department of Oral Sciences Senior Manager, Client Services Finance Manager

14:15 – 14:30 *(AEST: 12:15 – 12:30)*	Introduction, overview (entry criteria, student numbers etc)	Programme development team: A/Prof Susan Moffat Prof Karl Lyons Mr Samuel Carrington	Convenor, BOH and MOH programmes Deputy Dean (Clinical) Associate Dean Māori
14:30 – 15:00 *(AEST: 12:30 – 13:00)*	Didactic teaching component (curriculum content, learning outcomes)	A/Prof Susan Moffat Prof Karl Lyons A/Prof Lara Friedlander Mr Samuel Carrington Ms Deanna Beckett Ms Hanna Olson Dr Priya Konthasingha	Convenor, BOH and MOH programmes Deputy Dean (Clinical) Associate Dean Undergraduate Studies Associate Dean Māori; DEOH201 Coordinator Lecturer, Department of Oral Sciences Lecturer, Department of Oral Sciences Professional Practice Fellow, Department of Oral Sciences
15:00 – 15:15 *(AEST: 13:00 – 13:15)*	SET break & closed session		
15:15 – 16:00 *(AEST: 13:15 – 14:00)*	Clinical teaching component (requirements, supervisors, supervision, monitoring, remediation, application of cultural safety)	A/Prof Susan Moffat Prof Karl Lyons Mr Samuel Carrington Ms Deanna Beckett Ms Hanna Olson Dr Priya Konthasingha	Convenor, BOH and MOH programmes Deputy Dean (Clinical) Associate Dean Māori Lecturer, Department of Oral Sciences Lecturer, Department of Oral Sciences Professional Practice Fellow, Department of Oral Sciences
16:00 – 16:20 *(AEST: 14:00 – 14:20)*	Student support (off-site support, if things go wrong)	A/Prof Susan Moffat Prof Karl Lyons Mr Samuel Carrington Prof Andrew Tawse-Smith Ms Kaye Jeffries Ms Holly He Ms Julie Lanauze	Convenor, BOH and MOH programmes Deputy Dean (Clinical) Associate Dean Māori Faculty Student Affairs Officer Senior Manager, Client Services Lead Administrator, Client Services Postgraduate Administrator

SUMMARY OF FINDINGS

16:20 – 16:50 *(AEST: 14:20 – 14:50)*	SET closed session – preparing summary		
16:50 – 17:00 *(AEST: 14:50 – 15:00)*	Summary feedback	Prof Paul Cooper	Dean, Faculty of Dentistry
		Prof Richard Cannon	Deputy Dean (Academic)
		Prof Karl Lyons	Deputy Dean (Clinical)
		Prof Andrew Tawse-Smith	HOD, Department of Oral Sciences
		Ms Kaye Jeffries	Senior Manager, Client Services
		A/Prof Susan Moffat	Convenor, BOH and MOH programmes