Dental Council
Te Kaunihera Tiaki Niho

Accreditation of New Zealand or Australasian prescribed qualifications policy

Effective date	1 January 2021
Date last reviewed	November 2020
Scheduled review	August 2023
Approved by:	Dental Council

Purpose

1.   The purpose of this policy is to describes the accreditation framework and how and the Dental Council (the Council) makes accreditation decisions.

Scope

2.   The policy applies to oral health practitioner programmes seeking accreditation, or is an accredited programme, for the purpose of being a gazetted prescribed qualification.

Background

3.   The Council's primary purpose is to protect the health and safety of the public by providing mechanisms to ensure that oral health practitioners are competent and fit to practise their profession.[1]

4.   One of the key mechanisms is accreditation of oral health practitioner programmes. The Council's accreditation framework covers the following areas:

- Entry – To prescribe and accredit qualifications for a scope of practice set by the Council.[2] Accreditation is granted if a programme meets the *New Zealand accreditation standards for oral health practitioner programmes* (accreditation standards).

- Monitoring – The Council must monitor all accredited prescribed qualifications offered by New Zealand educational institutions.[3] Monitoring is the ongoing quality assurance that accredited programmes continue to meet the accreditation standards.

- Managing compliance – Encouraging and supporting compliance with the accreditation standards and managing non-compliance.

- Exit – Withdrawing or declining accreditation.

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[1] Section 3
[2] Sections 118(a), and 12(1) - (2) of the HPCA Act
[3] Section 12(4)

Accreditation principles

5. Outcome-focussed – The Council requires that oral health practitioner programmes produce graduates who are competent to practise their profession, but does not describe the nature, delivery, content, or level of exposure of these programmes.

6. Competence – The threshold of competence is that of an entry level graduate, not a proficient, experienced oral health practitioner.

7. Flexible – The Council allows the programme to be designed as they see fit to promote innovation and ongoing quality improvement to ensure the programme remains contemporary, inclusive and fit for purpose.

8. Professional obligations – The Council relies on the educational institution offering the programme, academic expertise of those involved, and the professional and ethical obligations of the registered oral health practitioners teaching in the programme, to ensure that the programme:

    *   protects patient, staff, and student safety

    *   delivers students with the fundamental knowledge and clinical experiences to attain the necessary competencies defined for the scope of practice, and students are assessed as competent in the relevant area before graduation.

9. Quality improvement – While accreditation's primary purpose is to demonstrate whether or not accreditation standards are met, the process also fosters quality improvement through feedback during accreditation reviews. The programme can choose to act on the recommendations, or not.

10. Respectful – accreditation processes are conducted in a positive, constructive, and collegial manner.

Accreditation standards

11. The accreditation standards are the threshold educational standards expected from all oral health practitioner programmes accredited in New Zealand

12. The programme must demonstrate that all professional competencies across the scope of practice are attained and assessed.

13. The accreditation standards are normally reviewed on a 5-yearly cycle.

Entry

14. The new accreditation (and cyclical reaccreditation) view process includes:

- The programme's self-assessment against the accreditation standards, and evidence of how it meets the accreditation standards.

- Peer review and validation of the information by a site evaluation team.

- Accreditation report containing the site evaluation team's findings, considered for an accreditation decision.

15. Where possible, accreditation for an educational institution with multiple programmes is done concurrently.

16. If the programme meets all the accreditation standards, then accreditation may be granted for up to 5 years.

Monitoring

17. Ongoing monitoring includes:

- Annual reports – Each year the programme must submit an annual report using the prescribed template. Major changes planned must be reported to the Council before implementation to ensure the programme continues to meet the accreditation standards.

- Reports – The programme must complete a monitoring report when a condition is placed on a programme, or when there are concerns identified by a programme.

- Videoconference/site visit – Monitoring activities that require direct interaction with a programme are conducted via videoconference or a site visit. A site visit will be conducted where the nature of the monitoring or concern requires an on-site assessment rather than a desktop review or use of videoconferencing.

18. Ongoing accreditation is subject to satisfactory ongoing monitoring.

19. Re-accreditation of a programme will occur in the year before the expiry of the accreditation period.

Managing compliance

20. The Council's regulatory principles and a risk-based, right touch approach will be used to encourage and support compliance with accreditation standards and manage non-compliance.

21. The Council supports compliance by:

- Ensuring that programmes are aware of their obligations

- Making accreditation standards easy to understand

- Ensuring that accreditation standards are not overly burdensome.

22. If the programme does not meet all accreditation standards, then the Council may place conditions on the programme's accreditation for a period of time if:

- the programme meets most of the accreditation standards but has a deficiency or weakness in one or more of the accreditation standards, and

- the deficiency or weakness can be corrected within a reasonable period of time.

23. To maintain accreditation the programme must provide evidence of meeting the conditions to the Council within the time stipulated.

24. The Council may accredit a programme for a period of less than 5 years if:

- a condition of a serious nature is placed on the programme, and

- the programme may not be able to address the shortcomings within the defined condition period.

Exit

25. The Council may withdraw accreditation:

- At any time if a programme fails to meet one or more accreditation standards or is identified as having serious deficiencies or weaknesses that the programme cannot correct within a reasonable period of time.

- An accredited programme fails to meet the conditions placed upon it by the Council within the stipulated period of time, and therefore continues to not meet the accreditation standards.

- The educational institution decides to no longer offer the programme.

26. The Council may decline accreditation if a new programme or a programme undergoing reaccreditation has a serious deficiency or weakness in one or more accreditation standards, that cannot be corrected within a reasonable period of time.

27. The Council must advise the programme of the intent to withdraw or decline accreditation, the reasons for its decision, and allow the programme a final opportunity to provide any new evidence that could change the Council's decision.

28. The programme may then, or at an earlier stage in the process, withdraw their application for accreditation.

29. If accreditation is withdrawn or declined, the programme must:

- present to the Council a plan on how students who are currently enrolled will be managed, and

- receive approval of the plan from the Council and ensure that the educational standards are maintained to ensure safe practice and allow students to gain all the required competencies.

30. Students who enrolled into an unaccredited programme (after accreditation has been declined or withdrawn) will not complete a prescribed qualification and will not be eligible for registration in that scope of practice. Ideally, the programme should stop new enrolments until reaccreditation is obtained or advise students at the time of enrolment that they will be unable to register with the Council on completion of the programme.

Site evaluation teams

31. The accreditation committee will consider the proposed composition and potential members for a site evaluation team, and make recommendations to the Council.

32. The Council appoints the site evaluation team and its chair or co-chairs.

33. The site evaluation team must have the following expertise and representation:

    - an international senior dental academic, for each of the scopes under review

    - New Zealand practising clinician, for each of the scopes under review.

    - a lay member representing the interest of the public

    - expertise on cultural competence

    - accreditation experience.

34. The Council aims for its site evaluation team to reflect gender balance, and where possible have at least one member who self-identifies as Māori. The size and composition of the site evaluation team may vary according to the programme/s being assessed.

35. Where multiple programmes are reviewed during a single visit, the site evaluation team must have a core group and discipline representation for each scope of practice under review.

    - The core group must comprise of the chairs or co-chairs, New Zealand clinician representation, cultural competence expert, and the laymember.

    - Each discipline sub-group must include at least one senior dental academic and a New Zealand clinician, teaching and/or practising in that scope of practice.

36. The programme has an opportunity to review the appointed site evaluation team members and raise any concerns regarding conflicts of interest. The Council must give due consideration to these concerns before confirming the appointments.

37. During accreditation of a new programme or reaccreditation a site evaluation team:

    - review the available evidence and determine whether a programme meets the accreditation standards

    - describe their findings in an accreditation report

    - make an overall accreditation recommendation to the accreditation committee

    - recommend potential accreditation conditions to the accreditation committee

    - assist the Council in monitoring of any condition or other monitoring reports, as requested. Depending on the nature of the monitoring, this may involve the full or a subset of the site evaluation team, or only the chair or co-chairs.

Accreditation committee

38.   The Council appoints an accreditation committee to consider and make recommendations to the Council on whether new or accredited programmes meet the accreditation standards, and to advise the Council on other accreditation related matters.

39.   The functions and composition of the accreditation committee are described in its terms of reference.

40.   The accreditation committee must consider recommendations made to them by the site evaluation team or their chair.

41.   The chair of the accreditation committee and/or site evaluation team may be required to present the findings to the Council if:

- consensus was not reached on the overall accreditation recommendation, or

- where the potential outcome could lead to the withdrawal or decline of accreditation.

Decision making

42.   Accreditation decisions are made by the Council.

43.   Accreditation reviews of programme can include the following outcomes:

- Accreditation

- Accreditation with conditions

- Revoke accreditation

- Decline accreditation.

43.   If the educational institution disagrees with the final decision of the Council, the decision can be appealed through the District Court.

44.   The accreditation outcome and final report will be shared with the programme, and then published on the Council website. Practitioners and stakeholders will also be advised of the outcome in a communication update and in the annual report.

Accreditation costs

44.   The costs of accreditation, re-accreditation and monitoring of accreditation condition of an education provider is full cost recovery of both direct and indirect costs.

45.   Withdrawal from the accreditation process before it is completed will result in full cost recovery of the direct and indirect costs incurred up until the time of the request to withdraw from the accreditation process.

Related documents

- New Zealand accreditation standards for oral health practitioner programmes

- New Zealand accreditation guidelines for oral health practitioner programmes.