

Optometry Council of Australia and New Zealand



Accreditation Standards and Evidence
Guide for Programs of Study in Ocular
Therapeutics

Effective 1 January 2018

Approved by the Optometry Council of Australia and
New Zealand in February 2017 and the Optometry
Board of Australia in March 2017

© Copyright Optometry Council of Australia and New Zealand (OCANZ) 2017
No part may be reproduced by any process except in accordance with the provisions of the Copyright Act 1968.
For advice on how to reproduce any material from this publication contact OCANZ.

Published by the Optometry Council of Australia and New Zealand
PO Box 16179, Collins St West 8007
Victoria Australia
Telephone: +61 3 9670 3173
Facsimile: +61 3 8080 1681

Contents

1. Preamble.....	1
Accreditation is based on Program Accreditation Standards	2
Structure of the Standards	3
Guidance on the presentation of evidence for accreditation of ocular therapeutics programs and its evaluation by OCANZ.....	3
2. Required evidence for an accreditation application.....	4
3. The Standards, criteria and guidance on evidence.....	7
Standard 1: Public safety	7
Standard 2: Academic governance and quality assurance	10
Standard 3: Program of study.....	12
Standard 4: The student experience.....	18
Standard 5: Assessment.....	20
Glossary	23

1. Preamble

The Optometry Council of Australia and New Zealand (OCANZ) was established in 1996 with the support of and representation from the:

- Heads of the optometry schools in Australia and New Zealand
- Professional membership bodies in Australia and New Zealand
- Registration Boards in Australia and New Zealand.

The two key roles of OCANZ are:

- to conduct examinations for overseas qualified optometrists, and
- to accredit optometry programs in Australia and New Zealand (including programs in ocular therapeutics).

Both roles aim to provide a system of quality assurance for the Optometry Board of Australia (OBA) and the Optometrists and Dispensing Opticians Board (New Zealand) (ODOB) to assure the community that all those who are entering the profession or who have undertaken a program in ocular therapeutics are competent to practise to the relevant contemporary standards established by the profession¹.

OCANZ first published accreditation standards and procedures for programs in ocular therapeutics in 2004 (*Guidelines for Accrediting Postgraduate Therapeutics Training 2004*). These were replaced by the *Accreditation Manual for Postgraduate Programs of Study in Ocular Therapeutics 2013*, which is now replaced by the revised standards set out in this document.

Accreditation is the status granted by OCANZ to programs that meet, and continue to meet, the accreditation standards established by OCANZ, including programs in ocular therapeutics as outlined in this document. Accreditation of an ocular therapeutics program signifies that graduating practitioners have the knowledge, skills and other professional attributes and competencies that are necessary for the practice of ocular therapeutics in Australia and New Zealand.

Graduation from an accredited program of study teaching ocular therapeutics is a requirement for registration to practise ocular therapeutics in Australia and New Zealand.

¹ In Australia, from December 2014, therapeutic prescribing became a requirement for an individual's initial registration as a practising optometrist. Australian optometrists have a notation on their registration indicating whether or not they are qualified for a scheduled medicines endorsement. New Zealand optometrists are registered with or without a therapeutics scope of practice. Entry-level programs accredited by OCANZ now encompass ocular therapeutics training. The specific ocular therapeutic programs that are subject to the standards in this document are stand-alone programs that are intended to broaden/expand the capabilities of existing registered practitioners for ocular therapeutic practice, including overseas trained optometrists, who did not undertake ocular therapeutics training as part of their entry-level program.

This document contains:

- An outline of the context of the accreditation process and the standards.
- The OCANZ Program Accreditation Standards for Ocular Therapeutics (2017) and their associated criteria.
- Guidance on the evidence to be presented by educational providers who are seeking accreditation of an ocular therapeutics program with OCANZ including:
 - a list of the evidence that providers are required to present to OCANZ at the commencement of an accreditation process
 - suggested additional documentary evidence that may be presented or requested as well as evidence that may be requested and viewed if a site visit occurs
 - additional guidance that may assist common understandings between accreditation assessment teams and providers about OCANZ requirements
 - a glossary of key terms.

Assessment teams and providers of programs should also refer to the separate OCANZ document *Part 1 - Process and Procedures August 2012* for an account of the accreditation processes and procedures used by OCANZ to assess and monitor programs against the standards.

Accreditation is based on Program Accreditation Standards

The OCANZ Accreditation Standards for Ocular Therapeutics Programs are endorsed by the OCANZ Board of Directors and approved by the Optometry Board of Australia under the *Health Practitioner Regulation National Law 2009* (National Law). The Standards apply to all stand-alone ocular therapeutics programs that are approved/prescribed for registration as an optometrist with approval to practise ocular therapeutics in Australia and New Zealand.

The Accreditation Standards were developed by OCANZ during 2016 in consultation with stakeholders. The Standards will apply to all ocular therapeutics programs in Australia and New Zealand from 1 January 2018.

The Standards recognise contemporary best practice in standards development across Australia and internationally, where there is a strong shift away from 'inputs' towards patient centered and learner centered 'outcomes'. Where education processes are considered in the Standards, it is more as enablers of learning outcomes than as ends in themselves. Thus the Standards are able to accommodate a range of educational models and variations in curriculum and teaching methods, while nonetheless holding providers to a clear standard in relation to student learning outcomes.

New programs and established programs are assessed against the same accreditation standards, although the assessment process may vary according to the status of the provider and/or the program being accredited.

Structure of the Standards

The Standards comprise five Domains:

1. Public Safety
2. Academic Governance and Quality Assurance
3. Program of Study
4. The Student Experience
5. Assessment

A Standard Statement articulates the key purpose of the domain.

Each Standard Statement is supported by multiple criteria. The criteria are indicators that set out what is expected of an OCANZ accredited program in order to meet each Standard Statement.

The criteria are not sub-standards that will be individually assessed. However, when assessing a program OCANZ will have regard for whether each criterion is met and will take a balanced view of the whole Standard, including the criteria, to determine whether the evidence presented by a provider clearly demonstrates that a particular Standard is met.

Guidance on the presentation of evidence for accreditation of ocular therapeutics programs and its evaluation by OCANZ

OCANZ relies on current documentary evidence submitted by the provider and may seek experiential evidence obtained by the assessment team during the accreditation process through discussions with the provider, students, staff, clinical supervisors and placement providers, graduates and employers.

Expert assessment teams will consider, using the principles of fairness, validity, sufficiency and reliability, the evidence the provider presents and come to an overall judgment against the Standards. They will then provide advice to OCANZ about whether the program should be accredited, accredited with conditions or not accredited. The onus is on the provider to present evidence that demonstrates how the standards are met.

Some core pieces of documentary evidence may be used to demonstrate compliance with more than one standard or criterion. While separate evidence need not always be submitted against each criterion, OCANZ expects the purpose of presenting any document as evidence will be explained in the context of a particular standard and its criteria.

Where a provider offers both an entry-level program and a program in ocular therapeutics, OCANZ streamlines the application of the relevant accreditation standards across both programs to minimize regulatory burden on the provider.

OCANZ may also rely on evidence acquired elsewhere. For example, from the Optometrists and Dispensing Opticians Board (New Zealand); the Optometry Board of Australia; the Tertiary Education Quality Standards Agency (Australia); the Academic Quality Agency (NZ); and optometry professional bodies, as well as from other relevant agencies that field complaints from the public such as those representing consumers of health services. OCANZ

will share any external evidence with the education provider for comment and review of factual accuracy.

For further information about the standards contact OCANZ.

2. Required evidence for an accreditation application

2.1 Alignment with Professional and National Prescribing Competencies

The OCANZ Standards explicitly require program providers to provide documentary evidence of how their program learning outcomes map to the relevant OCANZ endorsed professional competence standards for their country and the Australian national prescribing competencies framework, thus demonstrating a program's effectiveness in providing graduates with the knowledge, skills, and attributes needed to practise ocular therapeutics in Australia and New Zealand.

Aspects of the following documents (as amended or replaced from time to time) encompass competence in ocular therapeutics:

- In Australia, the OCANZ endorsed professional competence standards are those adopted by Optometry Australia – currently Entry-level Competency Standards for Optometry 2014 <http://www.ncbi.nlm.nih.gov/pubmed/25545949>
- In Australia, Guidelines for the use of Scheduled Medicines 2014 – Optometry Board of Australia <http://www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx>
- NPS *Prescribing Competencies Framework* <http://www.nps.org.au/health-professionals/cpd/prescribing-competencies-framework>
- In New Zealand, the OCANZ endorsed professional competence standards are those adopted by that Board – currently the *Standards of Clinical Competence for Optometrists 2010*, the *Standards of Cultural Competence* and the *Standards of Ethical Conduct* (see www.odob.health.nz/standards).
- In New Zealand, various guidelines for TPA Prescribing available at https://www.odob.health.nz/registered_practitioners.

2.2 Overview of Expected Graduate Outcomes

OCANZ expects graduates of OCANZ accredited programs of study in ocular therapeutics will:

- be competent in therapeutic practice to diagnose, treat and manage the wider range of ocular disease in the jurisdictions in Australia and New Zealand
- meet all the competency standards relevant to ocular therapeutics practice required by the applicable Registration Board
- successfully complete a period of supervised clinical practicum

- demonstrate safe and appropriate autonomous therapeutic management of patients, including the capacity to design, implement and monitor appropriate management programs
- involve patients in their own care including transparency in relation to impacts of treatment
- be equipped with skills to adapt to changes in the scope of therapeutic optometric practice
- have the capacity to work in a collaborative and an integrated way with other health professionals and other parties in the health care system
- be aware of and act within their personal and professional limits of practice.

2.3 Mandatory Initial Evidence about a Provider²

OCANZ requires a short statement addressing each Standard plus the following evidence with each application for accreditation/re-accreditation, although the format in which the evidence is provided is at the discretion of the education provider:

1. Statement of overall educational philosophy/design for the program.
2. Evidence the education provider has registration with TEQSA (Australia) or audit by AQA (NZ) if required for registration as a higher education provider.
3. Overview of formal academic governance arrangements for the program including program quality assurance, review and improvement.
4. Curriculum map including program learning outcomes and alignment to the relevant OCANZ endorsed professional competence standards that apply to ocular therapeutics.
5. Assessment matrix or other consolidated and comprehensive assessment design documentation to demonstrate alignment of assessment to professional competencies in ocular therapeutics.
6. Sample student timetable for the program indicating allocation of key learning activities.
7. Student admission and progression policies and procedures for the program.
8. Information provided to prospective and enrolled students about the program.
9. Staffing profile for the program including numbers, professional qualifications, areas of expertise, teaching and supervision responsibilities and, if applicable, registration status (includes part-time and sessional staff), particularly as applies to training and supervision in ocular therapeutics.
10. Summary of clinical training delivered in the program (detailed in relation to Standard 3).

² To be discussed with OCANZ if this information has already been provided, whether in full or in part, for another regulatory purpose such as accreditation of an entry-level optometry program.

11. Sample of student clinical log books/portfolios.
12. Register of formal (and informal) agreements between the provider and external supervisors, placement clinics, practices, services for the program (if applicable) as relevant to training in ocular therapeutics.
13. Register of external supervisors' qualifications, registration status and supervision responsibilities (if applicable) in relation to ocular therapeutics.
14. Policies and procedures on clinical and workplace safety including screening and reporting and control of infectious diseases.
15. Description of the physical and financial resources for teaching and learning or used in the program.

Outside of the list above of required evidence, the determination of evidence submitted to the assessment team for consideration is at the discretion of the provider, although the assessment team retains the right to request specific documents or experiential evidence at any stage of the assessment process to help it determine if a particular Standard is met.

The following tables include examples of possible additional evidence pertinent to a specific standard and are intended as *guidance* only to program providers and assessment team members. The guidance on evidence associated with each standard is intended to assist education providers who are seeking accreditation to understand how OCANZ interprets some critical or key aspects of the requirements of the Standard. This guidance may be particularly helpful to providers seeking the accreditation of a new program.

3. The Standards, criteria and guidance on evidence

Standard 1: Public safety

Standard statement	Criteria	Possible evidence for this Standard in addition to required evidence
Public safety is assured.	1.1 Protection of the public and the care of patients are prominent amongst the guiding principles of the educational program, clinical training and student learning outcomes.	<ul style="list-style-type: none"> • Documentation showing the relevant learning outcomes to be achieved prior to providing patient care within the program • Policies and procedures on clinical training, placement and supervision • Policies and procedures in relation to safety of therapeutic interventions • Professional indemnity insurance arrangements for students on clinical placement • Policies and procedures on ethical and professional behaviour and fitness to practise <p><i>May be requested</i></p> <ul style="list-style-type: none"> • Evidence that the provider has confirmed the registration status of students • Systems that identify, report on and remedy issues that may affect patient safety and any actions taken • Site visits to (selected) extramural facilities • Samples of record of patient consent • De-identified patient records • Policies and procedures on informing the regulator about notifiable student conduct (in Australia)
	1.2 Screening for and management of student fitness to practise are effective.	
	1.3 Students achieve the relevant foundation of competencies in ocular therapeutics before providing therapeutic management of ocular diseases as part of the program.	
	1.4 Suitably qualified and registered optometrists and/or health professionals supervise students in ocular therapeutics during clinical training.	
	1.5 Health services and optometry practices providing clinical placements have robust quality and safety policies and processes and meet all required regulations and standards.	
	1.6 Patients consent to care by students.	
	1.7 All students are registered with the relevant regulatory authority/ies.	
	1.8 The education provider holds students and staff to high levels of ethical and professional conduct.	

Standard 1: Guidance

This Standard addresses public safety and the care of patients as the prime considerations. The focus is on clinical training, clinical placements and supervision and the way the education provider manages effectively internal or external placement environments to ensure quality and reliable outcomes for patients and students.

Student registration documentation

Education providers are responsible for ensuring that all students enrolled in ocular therapeutics programs are registered³ with the OBA or ODOB. Providers are also required to provide information on how the reporting to the OBA or ODOB of any notifiable conduct of students is managed.

Student fitness to practise processes

Fitness to practise includes ensuring student's capacity to safely undertake clinical training and practice in ocular therapeutics. Registration with the OBA or ODOB is one component of verifying fitness to practice. It should be supplemented by internal processes that can address fitness to practice issues that may arise during the program of study. Impairment has a specific meaning in Australia (see key terms).

Student clinical placements

OCANZ recognizes that providers design and carry out clinical placements in a variety of ways. Nevertheless documentary and experiential evidence will need to show how the arrangements meet the Standard including that:

- clinical placements are well organised and provide services, facilities, equipment and student experience and teaching to meet the OCANZ Standards overall
- the objectives and the assessment of all clinical placements are clearly defined and known to both students and supervising practitioners
- providers who arrange student instruction and supervision in extramural clinical settings have an active relationship with the practitioners providing instruction and supervision as well as processes in place to select, train and review practitioner's supervision of students
- clinical supervisors have the professional and supervisory skills, qualifications and registration status required to supervise students competently and safely in a clinical setting
- the educational experience of students in clinical placements is monitored and evaluated by the provider's academic staff
- feedback from patients, students and supervisors is taken into account in monitoring clinical training.

Ethical and professional conduct

The requirements for the ethical and professional conduct of optometrists to assure public safety in Australia are set out in the Optometry Australia Entry-level Competency Standards for Optometry, and the Code of Conduct for optometrists published by the OBA and available at <http://www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx>. In New Zealand, the

³ Some students may have limited registration for the purposes of undertaking the program e.g. international students.

ODOB has published Standards of Ethical Conduct and Standards of Cultural Competence for optometrists who practise in New Zealand, as required under the Health Practitioners Competence Assurance Act. These standards are available at https://www.odob.health.nz/ethical_conduct. OCANZ expects education providers to reference and reflect these requirements in their ethical and professional conduct standards for students and staff.

Standard 2: Academic governance and quality assurance

Standard statement	Criteria	Possible evidence for this Standard in addition to the required evidence
Academic governance and quality assurance processes are effective.	2.1 The provider has robust academic governance for the program of study that includes systematic monitoring, review and improvement.	<ul style="list-style-type: none"> • Key academic governance policies and procedures • Terms of reference for program governance committees/reviews • Evidence of effective consultation and/or formal partnerships within profession, community and other health professions to deliver program • Evidence of how and how frequently the provider benchmarks the program internally and externally against national or international standards for programs delivering equivalent learning outcomes <p><i>May be requested</i></p> <ul style="list-style-type: none"> • <i>Role statements for senior positions in the program</i> • <i>Records of governance meetings showing participation, decisions made and implemented</i> • <i>Copies of forward plans for program which include assessing and mitigating program opportunities/risks</i> • <i>Examples of student, employer and/or graduate surveys/reviews and outcomes</i> • <i>Copies of external or internal reviews and outcomes</i> • <i>Arrangements which enable students and/or staff to respond to contemporary developments in health professional education theory and practice</i> • <i>Records of other stakeholder consultation or engagement activities showing participation, decisions made and implemented</i>
	2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the program.	
	2.3 There is relevant external input to the design and management of the program, including from representatives of the optometry profession who have expertise in ocular therapeutics.	
	2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education and practice, including ocular therapeutics in particular.	

Standard 2: Guidance

This Standard addresses the organisation and governance of the ocular therapeutics program.

The focus is on the overall context in which the program is delivered, specifically the administrative and academic organisational structure which supports the program and the degree of control that the academics managing and delivering the program, the optometry profession and other external stakeholders have over the relevance and quality of the program to produce graduates who are competent to practise ocular therapeutics.

OCANZ expects that a provider exhibiting effective academic governance and quality assurance for their program(s) will typically provide evidence that they:

- have in place a committee or similar entity with the responsibility, authority and capacity to develop, implement and change the program to meet the changing needs of the profession and national health needs⁴;
- use educational expertise in the development and management of the program;
- regularly monitor and review the program and the effectiveness of its delivery, consulting with and taking into account the views of the profession, students, graduates and employers and other health professionals when relevant;
- are able to demonstrate that these mechanisms have changed the program as required to meet the changing needs of the profession and national health needs;
- clearly state the responsibilities of entities and individuals for managing the program; and
- have sufficient autonomy to direct resources in order to achieve the program learning outcomes.

⁴ This may include evidence that demonstrates the mechanisms for recognising and initiating responses to emerging issues, especially those that cross disciplinary boundaries. Topics of emerging interest for example are those arising from recent or imminent legislation changing the scope of practice of optometry (including ocular therapeutics) or changes in methods of practice arising from new knowledge or technology.

Standard 3: Program of study

Standard statement	Criteria	Possible evidence for this Standard in addition to the required evidence
<p>Program design, delivery and resourcing enable students to achieve the required professional competencies.</p>	<p>3.1 A coherent educational philosophy informs the design and delivery of the program of study, which is publicly available and encompasses both the conceptual bases of ocular therapeutics and the development of practical skills.</p>	<ul style="list-style-type: none"> • Program/course/subject approval documentation • Letter from the provider senior management confirming ongoing support for the program <p><i>May be requested</i></p> <ul style="list-style-type: none"> • <i>Subject guides for students detailing how the program of study is structured and enacted at each stage</i> • <i>Examples of learning and teaching materials and approaches using a range of delivery methods</i> • <i>Student and employer feedback on program of study</i> • <i>Sample staff position descriptions</i> • <i>Documentation on recruitment, support, workload and/or professional development of staff teaching in the program</i> • <i>Examples of staff engagement with learning and teaching initiatives to support (innovative, contemporary and evidence based) teaching approaches</i> • <i>Coverage of how cultural competency is addressed in the program</i>
	<p>3.2 Program learning outcomes align with and address all of the professional competencies endorsed by OCANZ that are relevant to ocular therapeutics.</p>	
	<p>3.3 The scope of the program encompasses a range of topics sufficient to achieve the expected learning outcomes of the program including those set out in <i>Standard 5</i>.</p>	
	<p>3.4 The quality, quantity and diversity of clinical training are sufficient to produce a graduate competent to practise ocular therapeutics across a range of settings.</p>	
	<p>3.5 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.</p>	
	<p>3.6 Principles of inter-professional learning and practice are embedded in the curriculum.</p>	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach.</p>	

	<p>3.8 Learning environments support the achievement of the required learning outcomes.</p>	
	<p>3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.</p>	
	<p>3.10 Cultural competence is appropriately integrated within the program and clearly articulated as required disciplinary learning outcomes: including an emphasis on Aboriginal, Torres Strait Islander, Māori and Pasifika cultures.</p>	
	<p>3.11 The ocular therapeutics program has the resources to sustain the quality of education that is required to facilitate the achievement of the competency standards.</p>	

Standard 3: Guidance

This Standard focuses on the way the educational outcomes of the program are achieved and how consistent they are in Australia with Optometry Australia's *Entry-level Competency Standards for Optometry 2014* - <http://www.ncbi.nlm.nih.gov/pubmed/25545949> and in New Zealand with the OCANZ endorsed *Standards Of Clinical Competence For Optometrists 2010* <https://www.odob.health.nz/standards> as they relate to ocular therapeutics.

OCANZ expects the program of study to be consistent with the requirements of the NPS Prescribing Competencies Framework (<http://www.nps.org.au/health-professionals/cpd/prescribing-competencies-framework>).

The Standard includes the program of study and the human, physical, financial and learning resources needed to deliver the program to the Standard.

Design and content of Program of study

OCANZ considers that the primary goals of a program in ocular therapeutics are to enable a registered optometrist to be able (and to be registered accordingly) to carry out ocular therapeutics safely and competently, while being equipped to continue to maintain and develop their competence through life-long learning and professional development.

OCANZ expects that the program will develop graduates' competence in the diagnosis, differential diagnosis and management of ocular conditions encompassing all of the therapeutic agents that are permitted in Australia and New Zealand, including oral medicines, irrespective of whether the use of all such agents by optometrists is permitted in the jurisdiction in which the program is delivered. In so doing the scope of the program is expected to include:

- sufficient emphasis on the use of oral medicines to ensure competent and safe practice in the New Zealand context
- jurisdictional differences within Australia with respect to the prescription of therapeutics agents
- understanding the need to comply with legal limits of practice in each jurisdiction.

To deliver on the educational outcomes and these goals, the provider should present evidence that the ocular therapeutics program has a suitable duration and evidence-based content. The provider is also encouraged to present evidence in an overview about how the curriculum is structured and integrated in relation to the following:

- A strong foundation in the relevant biomedical sciences including microbiology, biochemistry, pathology, immunology and pharmacology, as necessary to support achievement of the learning outcomes of a program of ocular therapeutics
- A strong foundation in the dysfunctions and diseases of the eye that typically involve the use of prescribed medicines in management of the conditions such as disorders of the eyelids and lacrimal system, the cornea and conjunctiva, the sclera and episclera, the iris and uvea, glaucoma, and disorders of the posterior eye including cataract, retinal and choroidal diseases.
- A strong foundation in the fundamental skills required for the practice of ocular therapeutics including quality use of medicines, safe prescribing practices, adverse event reporting, principles of integrative and collaborative patient management, maintaining competence, and emergency management and first aid.
- A strong foundation in the use of basic and specialist equipment required for the practice of ocular therapeutics including those used to remove ocular foreign body and

- those used to measure intraocular pressure, central corneal thickness, threshold visual fields, anterior chamber angle, and optic nerve head and retinal nerve fibre layer.
- Significant experience, spent primarily in direct contact with patients to experience and learn about:
 - the diversity of presentations and patient needs.
 - the complex interplay of causative factors, pathogenic processes, and psychological and physical factors in the patient.
 - Clinical instruction that incorporates student observation, practitioner demonstration, student participation in examination and independent management decisions that are reviewed by a supervisor.

The program should take account of and be consistent with cross-profession guidance developed by accreditation authorities. This guidance will be consistent with the requirements of the OBA and ODOB, and will be advised in writing to education providers by OCANZ. The current cross-profession guidance concerning the use of medicines is as follows:

- Principles of the quality use of medicines are integrated within the program and are clearly articulated as required disciplinary learning outcomes
- Program learning outcomes address the competencies required for prescribing, providing and monitoring the use of medicines for the relevant professional registration
- Collaborative and inter-professional prescribing practices are clearly addressed in the curriculum.

OCANZ expects a program in ocular therapeutics to be of sufficient breadth and depth to achieve its intended outcomes, consistent with contemporary and emerging professional practice. The education provider is expected to demonstrate that the curriculum covers topics consistent with achievement of the relevant learning outcomes and competencies to be assessed (see Guidance to Standard 5). Providers may wish to reference their programs against accepted views on the scope of ocular therapeutic practise⁵.

The organisation of the curriculum is enhanced by explicit statements about the learning outcomes expected of students at critical phases of the program. OCANZ expects there to be guides that clearly set out the learning outcomes and show how they lead to the development of the overall program learning outcomes (competency standards).

The curriculum should provide students with the competencies to prescribe medicines judiciously, appropriately, safely and effectively, as set out in the national prescribing competencies framework

http://www.nps.org.au/_data/assets/pdf_file/0004/149719/Prescribing_Competencies_Framework.pdf

Clinical training

During clinical training OCANZ expects that students are provided with extensive and diverse clinical experience in a range of settings with a diverse range of patients and clinical presentations encompassing mild to severe conditions comprising no fewer than 50 hours of supervised clinical practicum, or equivalent learning experience.

Learning and teaching approaches

OCANZ encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of

⁵ Such as Onofrey, B., Skorin, L. & Holdeman, N. Ocular Therapeutics Handbook (3rd edn): A Clinical Manual. Lippincott, Williams & Wilkins 2011

communication skills. Problem and evidence based learning, computer assisted learning, simulation and other student-centred learning strategies are also encouraged. Providers may demonstrate how these approaches are incorporated into the curriculum. OCANZ expects providers of ocular therapeutics programs to be cognisant of the needs of adult learners who are already registered practitioners at graduate level.

Inter-professional learning

OCANZ has endorsed the following competencies to support inter-professional education and expects the provider to demonstrate how these competencies are embedded in the curriculum. The principles of inter-professional learning encompass understanding, valuing and respecting individual discipline roles in health care.

The Inter-professional Learning Competency Statements endorsed by OCANZ state that on completion of their program of study, graduates of any professional entry-level healthcare degree will be able to:

- explain inter-professional practice to patients, clients, families and other professionals
- describe the areas of practice of other health professions
- express professional opinions competently, confidently, and respectfully avoiding discipline specific language
- plan patient/client care goals and priorities with involvement of other health professionals
- identify opportunities to enhance the care of patients/clients through the involvement of other health professionals
- recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives
- critically evaluate protocols and practices in relation to inter-professional practice
- give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues⁶

OCANZ has the same inter-professional expectations of graduates of ocular therapeutics programs, as are applicable to the context of ocular therapeutics.

Qualifications of staff

OCANZ expects that providers will be able to present evidence of staff qualifications and experience with respect to their teaching, clinical supervision and/or ocular therapeutics capability and if requested to discuss with OCANZ why those qualifications and/or experience make staff suitable to carry out their roles including delivery of any units of study that they teach.

Cultural competence

In demonstrating how cultural competencies are appropriately integrated within the program, OCANZ expects the provider will reference how the Optometry Australia Entry-level Competency Standards for Optometry and the ODOB Standards of Cultural Competence for optometrists practising in New Zealand available at https://www.odob.health.nz/cultural_competence are met.

⁶ Source: Maree O'Keefe, Amanda Henderson, Brian Jolly, Lindy McAllister, Louisa Remedios, Rebecca Chick, 2014, Harmonising Higher Education and Professional Quality Assurance Processes for the Assessment of Learning Outcomes in Health, Office for Teaching and Learning, Canberra <http://www.olt.gov.au/resource-library?text=harmonising>

Standard 4: The student experience

Standard statement	Criteria	Possible evidence for this Standard in addition to the required evidence
Students are provided with equitable and timely access to information and support.	4.1 Course information and requirements are clear and accessible.	<ul style="list-style-type: none"> • Copies of course information handbook and link to website • Copies of policies and procedures relevant to the student experience • Description of the range of academic and personal support services available to students and the qualifications required of the staff providing the services • Details of student representation within the governance and curriculum management processes of the program • Policies and procedures on equity and diversity, with details of implementation and monitoring <p><i>May be requested</i></p> <ul style="list-style-type: none"> • <i>Sample of admission and progression decisions</i> • <i>Examples of communications to students regarding course/program changes</i> • <i>Register of grievances or appeals lodged showing outcome of the process</i> • <i>Examples of the provision of academic and/or personal support services</i> • <i>Examples of use of student satisfaction data or other feedback to improve program</i> • <i>Examples of how students are involved and consulted in providing feedback on their program</i>
	4.2 Admission and progression requirements and processes are robust, equitable and transparent.	
	4.3 Students have access to effective grievance and appeals processes.	
	4.4 The provider identifies and provides support to meet the academic learning needs of students, including taking account of the needs of adult learner practitioners.	
	4.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel.	
	4.6 Students are represented within the deliberative and decision making processes of the program.	
	4.7 Equity and diversity principles are observed and promoted in the student experience.	

Standard 4: Guidance

This Standard focuses on how the provider delivers a student experience that is equitable and respectful of all students' development, wellbeing and rights. OCANZ expects a provider to be cognisant of the needs of adult learner practitioners in shaping the experiences of students in a postgraduate program for registered practitioners.

Student Admission

OCANZ expects that students admitted to programs in ocular therapeutics will be registered as an optometrist in Australia and/or New Zealand.

Student information

OCANZ expects that students will have ready access to all of the information required to participate and progress in the program, including for students who are off campus. This includes giving reasonable notice of changes to the program that may affect students' experiences or capacity to participate, such as material changes to program delivery or technology requirements.

Student support services and facilities

OCANZ expects evidence of adequate student support services and physical facilities sufficient to meet the needs and format of the program of study. Evidence of support services could include how students access services such as counseling services with trained staff, student health and financial services, student academic advisers as well as more informal and readily accessible advice from individual academic staff. Mechanisms should be in place to maintain contact with students who are not on campus to provide advice, support or resolve difficulties if needed.

OCANZ will also review the processes in place for feedback to students including the strategies to assist underperforming students and the provision of effective remediation opportunities.

Additional student support

OCANZ recognizes that appropriate additional academic and/or personal support services for students from diverse cultural backgrounds may be required and evidence of how this occurs should be available if applicable to the program and if requested.

Standard 5: Assessment

Standard statement	Criteria	Possible evidence for this Standard in addition to the required evidence
Assessment is fair, valid and reliable	5.1 There is a clear relationship between learning outcomes and assessment strategies.	<ul style="list-style-type: none"> • Assessment matrix/blueprint which details assessment methods and weightings and demonstrates alignment of assessment to learning outcomes and OCANZ endorsed professional competencies relevant to ocular therapeutics • Policies and procedures on assessment strategy, assessment and marking, credit for prior learning and progression • Processes for identifying, using and evaluating input of external experts (if applicable) to assessment • Examples of assessment moderation/benchmarking including the outcomes • Qualifications, registration status (if applicable) and responsibilities of supervisors and markers of assessment • Sample certification for graduates
	5.2 Scope of assessment covers all learning outcomes relevant to the competencies for ocular therapeutics.	
	5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	
	5.4 Program management and co-ordination, including internal and external moderation, ensure consistent and appropriate assessment and feedback to students.	
	5.5 Staff who assess students are suitably qualified and experienced for their assessment roles.	
	5.6 All learning outcomes are mapped to the required competencies, and are assessed.	
	5.7 Graduates are issued with certification that validly attests to their demonstrated competence to practise ocular therapeutics.	
	<p data-bbox="849 1048 1086 1081"><i>May be requested</i></p> <ul style="list-style-type: none"> • <i>Samples of student assessment and feedback provided to students</i> • <i>Sample of student log books/portfolios</i> • <i>Examples of assessment statistical data and how it is reviewed/used to improve program/course/unit outcomes and assessment approaches</i> 	

Standard 5: Guidance

This Standard focuses on the assessment strategies and methods used in the program, the reliability and validity of the methods used and whether or not the assessment methods and assessment data analysed by the provider give assurance that every student who passes the program meets the OCANZ endorsed competency standards relevant to ocular therapy and is thus competent to practise ocular therapeutics.

OCANZ expects education providers to use fit for purpose and comprehensive assessment methods and formats to assess the intended learning outcomes, and to ensure a balance of formative and summative assessments occur throughout the program. OCANZ expects that assessors will be suitably qualified and experienced to assess students. A 'team' assessment approach, e.g. involving experienced academics, assessment design experts and clinical practitioners trained in ocular therapeutics, may be helpful in some circumstances.

OCANZ will examine the provider's assessment matrix (or similar framework methodology/tool) to determine the link with learning outcomes. How student assessment is managed for each phase of the program and the suitability of the assessment tools used, including for different modes of participation (online, at different locations) will be examined. The use of assessment data to demonstrate reliability and validity and for improvement will also be examined.

Clinical assessment strategies will be closely reviewed and they may include:

- appropriate use of simulated and standardised patients to test specific skills in a structured, multiple-station assessment process, such as an 'objective-structured clinical examination' (OSCE)
- long case examinations that allow an assessment of the student's ability to take a complete history, conduct a full clinical examination, interpret the findings, make a diagnosis, make a differential diagnosis and develop a management plan and therapeutic intervention
- observation of the student performing a number of complete clinical evaluations.

In relation to 5.4, OCANZ is interested in how assessment outcomes and assessment methods are benchmarked externally.

Assessment should take account of cross-profession guidance developed by accreditation authorities from time to time. The current cross-profession guidance in relation to learning outcomes concerning prescribing⁷ for entry-level healthcare programs, which is supported by OCANZ, is as follows:

On completion of their program of study, graduates of any professional entry-level healthcare qualification will be able to:

- Explain the role of medicines in health care to patients, clients, families and other professionals (e.g. consider the place of medicines in treating illness and maintaining health, recognise that there may be better ways to manage health)
- Collaborate with patients/clients/caregivers to achieve shared decision making regarding medicine initiation, continuation and cessation
- Communicate prescribed treatment plans to relevant health professionals at transitions of care (managing multiple providers)
- Identify opportunities to enhance the care of patients/clients through coordinating the medicines prescribed by other health professionals

⁷ As developed by the Health Professions Accreditation Councils' Forum, for further consultation in 2017.

- Critically evaluate evidence supporting prescribing decisions and practices

OCANZ will expect that the provider's assessment processes have proven validity and that, whether during or on completion of the program, graduates of the program have:

1. The requisite knowledge, skills and professional attributes necessary for independent practice and autonomous prescribing in ocular therapeutics, including:
 - a) a thorough understanding of the microbiological, immunological and pathological processes relevant to eye and eye-related disease
 - b) a sound knowledge of the pharmacology of ophthalmic drugs (both topical and systemic) used in the treatment of eye-related disease, their indications and contraindications, and their side effects
 - c) competence to diagnose, including making tenable differential diagnoses, and treat conditions of the anterior eye, and be aware of the circumstances in which referral for specialist medical treatment is required
 - d) competence to diagnose, monitor and treat glaucoma, including being aware of circumstances in which referral for specialist medical treatment is required
 - e) an understanding of the emergencies and serious complications that can be associated with eye disease so that these can be identified and properly managed and awareness of the circumstances in which referral for specialist medical treatment is appropriate
 - f) a thorough understanding of the potential side effects of or adverse responses to ocular drugs, the scope of interaction that a chosen ocular drug may have with other systemic and ocular drugs, and how to avoid and manage such complications
 - g) an understanding of the effects medicines taken for non-ocular conditions have on the eye and have on treatments for ocular conditions
 - h) the capacity to provide first aid for ocular conditions
 - i) a thorough understanding of their relevant national Registration Board guidelines and legislative provisions related to the use of therapeutic agents used to manage eye disease including allergic, infective, inflammatory, toxic and traumatic conditions of the anterior eye
 - j) the capacity to work in an integrated and collaborative way with other health professionals, organisations and parties in the health care system.
2. The capacity to practise unsupervised in prescribing ocular therapies, providing safe and high quality care and independent therapeutic management of patients, including the capacity to design, implement and monitor appropriate management programs.
3. The capacity to assess and maintain their competence and performance through continuing professional education, the maintenance of existing skills and the development of new skills.
4. Met the competency standards required of entry-level optometrists in relation to ocular therapeutics, particularly (but not exclusively) in relation to the *Optometry Australia Entry-Level Competency Standards for Optometry 2014, element 4.9* that deals with prescribing pharmacological and other regimens to treat ocular disease and injury and the TPA endorsed requirements set out in the New Zealand Optometrists and Dispensing Opticians Board *Standards of Clinical Competence for Optometrists 2010*.

Glossary

Accreditation Committee	Appointed by the Optometry Council of Australia and New Zealand (OCANZ) this committee is responsible for implementing and administering accreditation in accordance with the procedures and Standards adopted by the Optometry Council of Australia and New Zealand.
Accreditation submission	Detailed information relating to the Standards provided by an education provider to OCANZ prior to the commencement of the accreditation process.
Academic Quality Agency (NZ) - AQA	Established by the New Zealand Vice-Chancellors' Committee to carry out audits of the processes in universities which underpin academic quality
Assessment matrix	Is a technical component of assessment; it is a document that demonstrates the link between learning outcomes and what is assessed. Note: the terms assessment blueprint or summary and assessment sampling framework are also in use by education providers. ⁸
Assessment team	An expert team, assembled by OCANZ, whose primary function is the analysis and evaluation of the optometry program against the OCANZ Standards.
Clinical placement	Provide opportunities in a relevant professional setting for the education and training of optometry students for the purposes of: <ul style="list-style-type: none"> • integrating theory into practice • familiarising the student with the practice environment • building the knowledge, skills and attributes essential for professional practice. During clinical placements the provision of safe, high quality patient care is always the primary consideration. It is recognised that a clinical optometric placement may be conducted in a number of locations and settings.
Clinical supervisor	An appropriately qualified and recognised professional who guides learners' education and training during clinical placements. The clinical supervisor's role may encompass educational, support and organisational functions. The clinical supervisor is responsible for ensuring safe, appropriate and high quality patient-client care.
Competence Standards	OCANZ endorsed Competence Standards are the list of skills, knowledge and attributes that a person needs to be able to practise to enter the optometry profession: <ul style="list-style-type: none"> • In Australia, the OCANZ endorsed professional competence standards are those adopted by Optometry Australia - currently <i>Entry-level Competency Standards for Optometry 2014</i> http://www.ncbi.nlm.nih.gov/pubmed/25545949 • In New Zealand, the OCANZ endorsed professional competence standards are those adopted by the Optometrists and Dispensing Opticians Board (New Zealand) - currently the <i>Standards Of Clinical Competence For Optometrists 2010</i> https://www.odob.health.nz/standards

⁸ Source: Medical Deans Australia and NZ (HWA project) Developing a National Assessment Blueprint for Clinical Competencies for the medical graduate Final Report <http://www.medicaldeans.org.au/wp-content/uploads/Medical-Deans-Competencies-Project-Stage-3-Final-Report-FINAL.pdf>

Extramural placement	Student clinical placements that occur outside the education provider's clinic.
Impairment	The term "impairment" has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner's capacity to practise or a student's capacity to undertake clinical training. That is, a person's physical or mental impairment, disability, condition or disorder is only a matter of interest to the Board (includes its delegated decision-maker) if it detrimentally affects or is likely to detrimentally affect a practitioner's capacity to practise or a student's capacity to undertake clinical training. ⁹
Ocular Therapeutics Practice	The practice of optometry that includes administering, obtaining, possessing, prescribing, supplying or using Schedule 2,3,4 medicines (or their equivalent) in the course of diagnosis, differential diagnosis, management and treatment of conditions of the eye.
Optometry Council of Australia and New Zealand (OCANZ)	The accrediting agency for the Australian and New Zealand Optometry Registration Boards, responsible for conducting examinations for overseas qualified optometrists seeking registration in Australia and New Zealand and for developing and administering the accreditation of Australian and New Zealand optometry programs.
Program	A program of study provided by an education provider. Note the term 'course' is used by many education providers.
Education Provider	The term used by National Law (Australia) to describe, universities; tertiary education institutions or other institutions or organisations that provide vocational training; or specialist medical colleges or health professional colleges.
Standards	Used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise.
Subject	A component of an optometry program. Note the term 'unit', 'course' or 'topic' is used in many programs.
Tertiary Education Quality Standards Agency (TEQSA)	An independent statutory authority that regulates and assures the quality of the Australian higher education sector.

⁹ Source: Legal Practice Notice - Practitioners And Students With Impairment LPN 12 (10 August 2012) <https://www.ahpra.gov.au/Publications/legal-practice-notes.aspx>