

Review of OCANZ Accreditation Standards

Analysis of Feedback on OCANZ Discussion Paper

September 2021

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1. Analysis of Feedback on the OCANZ Accreditation Standards Discussion Paper

1.1. Introduction

OCANZ is conducting a review of its Accreditation Standards/Evidence Guidance ('the Standards' and the 'Evidence Guide'). A discussion paper has been circulated for comment. Feedback was due on 30 July 2021.

This section of the paper summarises the feedback received from stakeholders. The resultant proposed revisions to the Standards/Evidence Guidance are attached as a separate document.

1.2. Submissions Received

Submissions were received from the following (in order of receipt):

1. Australian Commission on Safety and Quality in Health Care (ACSQHC)
2. Australian Dental Council (ADC)
3. Australian Pharmacy Council (APC)
4. Deakin University (Deakin)
5. Ministry of Health New Zealand (MOHNZ)
6. Optometry Board of Australia (OBA)
7. Queensland Office of the Health Ombudsman (OHO)
8. Queensland University of Technology (QUT)
9. University of New South Wales (UNSW)
10. Flinders University (Flinders)
11. The University of Auckland (Auckland)
12. Professor Fiona Stapleton, Scientia Professor, School of Optometry and Vision Science, UNSW (FS).

Copies of the submissions are available at:

<https://www.ocanz.org/accreditation/standards-review/>

1.3. Overview of Feedback

All submissions were helpful to the review for their constructive and considered insights. The general tone of the submissions was supportive of the review and OCANZ's expressed view that the review was likely to be one of refinement and evolution of the Standards and Evidence Guidance, rather than one leading to wholesale changes.

1.4. Responses to Specific Discussion Paper Questions

1. Do you support retention of the basic form of the current OCANZ Standards (i.e., domain headings, an overarching standard statement for each domain, collective non-instrumental criteria and an integrated evidence guide)? If not, what would you change and why?

General Theme(s):

The current form of the Standards (Domain, Standards Statements, Criteria) was universally supported, although several suggestions were made for evolutionary refinements (see below) and/or in the interests of inter-professional consistency.

Nuancing Comments:

- The ACSQHC noted a variety of current and heralded overarching health care standards and related documents that have a bearing on the delivery of health care and suggested that these documents be cross referenced in the revised documentation.
- Several submissions suggested that the current names of the Domains might be updated to better reflect contemporary practice and/or to be more outcome orientated (e.g., change Domain 5 on 'Assessment' to 'Program Outcomes and Assessment').
- The APC commended consideration of greater emphasis on social accountability as has been incorporated in the latest version of the APC Standards.
- Where comment was made, the concept of integrated Evidence Guidance was seen as a helpful and practical adjunct to the Standards that should be retained.

Potential Flow-on Challenges (if any):

- Any changes made to the Standards arising from the review should not interfere fundamentally with the broadly supported current model.
- Any update of the names of domains may lead to consideration of the ordering of the domains overall from a logical standpoint (this is not to suggest a major change in intent, just a consideration of reformatting).

2. Do you support the elevation of cultural safety related to First Nations Peoples (Aboriginal and Torres Strait Islanders and Māori) and their health care as a separate domain in the revised standards (akin to the ADC's 'Cultural Safety' domain)?

General Theme(s):

There was universal support for adoption of a separate domain for 'Cultural Safety', akin to that recently adopted by the ADC. It was also noted that for the purposes of the OCANZ Standards, the new domain would need to cater for First Nations Peoples of both Australia and New Zealand, rather than focus exclusively on Australian Aboriginal and Torres Strait Islander Peoples.

Nuancing Comments:

- In supporting the inclusion of a domain for cultural safety, one provider (Deakin) raised the possibility that the new domain should be reordered from prospectively being domain number six (as in the ADC Standards) to instead be the second domain, reflecting its intent in promoting enhanced health outcomes.
- Stakeholders from New Zealand noted the importance of including sufficient emphasis on Te Tiriti o Waitangi (the Treaty of Waitangi) and its associated obligations in this and other sections of the Standards.
- The MOH NZ advocated for the inclusion of both Maori and Pasifka peoples within the new domain of 'Cultural Safety'.
- The OBA noted the importance of reflection of the Aboriginal and Torres Strait Island Health and Cultural Safety Strategy 2020-2025 in the Standards as they apply to Australia (i.e., that patient safety for these Peoples is the norm).

Potential Flow-on Challenges (if any):

- In adopting the notion of a separate domain for cultural safety, it will be important to ensure that the OCANZ Standards continue to be applicable to both New Zealand and Australia.
- A reordering of the domains may lead to contemplation of an overall reordering of the domains to better develop/preserve internal consistency.

3. Do the current OCANZ Standards give sufficient emphasis to new and emerging practice technology and the related challenges that students and new graduates may face?

General Theme(s):

Respondents generally felt that new and emerging technology are addressed in the current standards, but some felt that there could be more explicit referencing, e.g., to emerging technologies and changing scopes of practice.

Nuancing Comments:

- The ADC chose to answer Questions 3 & 4 collectively (see below)
- QUT & UNSW felt that new and emerging technology is currently addressed adequately.
- Flinders suggested a criterion akin to the ADC's 3.2¹ might be considered to give more emphasis to technological developments.
- Both the ADC and Flinders pointed to the role of the professional competency standards in addressing new and emerging technology as against more detail in the Accreditation Standards
- Auckland advocated addressing this matter via a mechanism focusing on 'fitness of purpose' for the program as illustrated by APC Standards 3.2 & 3.3².

Potential Flow-on Challenges (if any):

- Such changes that may be made in the Standards concerning new and emerging technology will need to be of an evolutionary nature that retains current strengths.
- Potential changes should be contemplated having regard to the role of professional competency standards.
- The approach of the APC should be considered in augmenting the OCANZ Standards.

4. Do the current OCANZ Standards give sufficient emphasis to potential innovations in practice and corresponding graduate capacities for adaptation and professional development?

General Theme(s):

Respondents generally supported the current Standards but some suggested refinements to the Standards in this respect, e.g., to give more emphasis to mechanisms that keep a program up to date and to give more emphasis on equipping graduates to recognise the need for and to undertake professional development.

Nuancing Comments:

- The ADC drew attention to the outcome orientated nature of the current Standards and that a focus on innovations can be readily incorporated by providers. Such augmentation of the Standards as may be needed might, in the ADC's view, be addressed in the Evidence Guidance and accreditation processes rather than the Standards themselves. The ADC also drew attention to the complementary role of the professional competency standards in addressing emerging competencies.
- Deakin drew attention to the value of the APC criteria that focus on programs being informed by contemporary scholarship, research and enquiry (3.9)³.

¹ ADC 3.2 Program learning outcomes address all the required professional competencies.

² ADC 3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.

³ APC 3.9 The unit delivering the program operates in an environment informed by contemporary scholarship, research and enquiry, and promotes the development and utilisation of these skills within its programs to ensure that graduates are able to demonstrate the required performance outcomes.

- Flinders suggested adding a criterion akin to the ADC 1.7⁴ to strengthen the Standards.

Potential Flow-on Challenges (if any):

- On balance, some refinements at the Criteria level appear desirable, drawing on examples from both the APC and the ADC.
5. Do the current OCANZ Standards accommodate emerging trends in education methods (e.g., on-line learning, simulation) and changes to the health system (telehealth, record systems)?

General Theme(s):

Respondents broadly supported the current Standards, particularly as their outcome orientation facilitates different approaches to delivery of programs.

Nuancing Comments:

- Deakin felt that more explicit reference to contemporary developments would be helpful and also be in line with TEQSA's expectations (in Australia).
- The OBA felt that Standard 3 could be expanded to better emphasise flexibility of educational approaches, as did QUT.
- QUT noted that the current Standards give sufficient reference to developments in the health system.
- UNSW supports the current Standards, noting that they facilitate the use and uptake of contemporary developments in teaching.
- Auckland supported the current Standards but suggested some improvement to the wording.
- FS supported explicit mention of telehealth in relation to emerging technology and changes to the health system.

Potential Flow-on Challenges (if any):

- Overall, the responses suggest only minor but important changes to the Standards in this respect, having regard to TEQSA's expectations where relevant and applicable.
6. Has the recent COVID experience revealed aspects of risk management or related matters that might usefully rate a mention in the OCANZ Standards?

General Theme(s):

Respondents (mostly providers) felt overall that increased mention of risk management is warranted in the Standards. Risks to student placements and clinical care and challenges for some forms of assessment were seen as of paramount importance in relation to COVID 19.

Nuancing Comments:

- The OBA noted that flexibility has been the cornerstone of risk management for providers during COVID and sought that the capacity for such flexibility should be retained in the Standards
- QUT suggested that mention could be made of business continuity plans.
- UNSW suggested that a criterion specifically addressing infection prevention should be added to Domain 1, referencing, in particular, Section 6.3 of the new Ahpra Shared Code of Conduct⁵.

⁴ ADC 1.7 Students understand the legal, ethical and professional responsibilities of a registered dental practitioner.

⁵ Principle 6: Practitioners have a responsibility to contribute to the effectiveness and efficiency of the healthcare system."

- Flinders noted that certain groups of patients required particular attention during the pandemic and that this indicated a need to review Criterion 3.3 in relation to simulation/simulated patients.
- Auckland noted that the recent success in managing during the pandemic had been in part due to the flexibility and autonomy provided to programs by the current Standards and wished for that provision (OCANZ 2.2) to be maintained. In supporting further mention of risk management, Auckland also commended APC 2.1⁶ and MRPAC 2.12⁷ as indicative amendments.

Potential Flow-on Challenges (if any):

- Overall, there is support for increased emphasis on risk management, albeit with some reservations and particular suggestions for workable models (see above) that do not threaten the autonomy of the program unit to respond to difficult circumstances.

7. [In reference to Appendix 2, do the differences among criteria suggest to you any worthwhile additions or changes to the current OCANZ Standards?](#)

General Theme(s):

A variety of different suggestions were made in relation to additional criteria and/or editorial changes or substitution of criteria from other professions.

Nuancing Comments:

- The ADC suggested the involvement of health consumers/consumer feedback in program design and development as occurs in other professions (ADC, APC, MRPAC).
- Deakin noted that the wording of some criteria might be reviewed against alternative criteria from other professions and that the requirements of the HESF might also be considered where requirements are similar.

Under this principle, it is stated that:

“6.3 Public Health: Practitioners have a responsibility to promote the health of the community through disease prevention and control, education and, where relevant, screening. Good practice includes that you:

- *Understand the principles of public health, including health education, health promotion, disease prevention and control, and health screening, and use the best available evidence in making practice decisions*
- *Participate in efforts to promote the health of the community, including through effective infection prevention and control and appropriate use of antibiotic medication, and*
- *Be aware of your obligations in disease prevention, including screening and reporting notifiable diseases*

⁶ APC 2.1 The program is delivered by a clearly identifiable operational unit (School of Pharmacy or ITP unit) within the provider organisation (Higher Education Institution/Registered Training Organisation). The unit delivering the program has appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program.

⁷ MRPAC 2.12 The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.

- MOH NZ noted that more emphasis on mitigation of inequities might be considered in selection of students and program design.
- QUT suggested adding a requirement in Standard 1 for familiarisation of oneself with changes in legal, ethical and professional requirements.
- UNSW suggested the addition of a criterion that would enable evaluation of risk management of the COVID pandemic and other similar challenges in future.
- Flinders suggested some eleven specific changes to criteria of an editorial nature and/or recommending adoption of criteria from the ADC, APC and MRPAC standards.

Potential Flow-on Challenges (if any):

- These detailed suggestions need to be considered both separately and collectively, noting that none are intended to change the Standards at the level of Domains or Standards Statements.

8. [Does the OCANZ Evidence Guidance contain omissions, irrelevancies, ambiguities, obsolete items, confusing content or misleading items?](#)

General Theme(s):

Most respondents found the Evidence Guidance clear and relevant, with some respondents making suggestions for refinement of particular details.

Nuancing Comments:

- The ADC suggested separation of the Evidence Guidance from the Standards with a view to facilitation of reference materials that are cited in the Evidence Guidance.
- The OBA suggested the Evidence Guidance might include a provision to encourage providers to offer suggestions for improvement (without presupposing that such mechanisms do not already exist in other ways).
- QUT suggested that some review of the records of patient consent to student care is warranted because in optometry most consent will be given verbally.
- Flinders made several detailed suggestions concerning clarity of definition of fitness to practice, evidence requirements of particular criteria and an evidence base for the current requirements (1 EFTSL) for clinical practice.

Potential Flow-on Challenges (if any):

- The detailed suggestions will need to be considered separately and collectively. The ADC suggestion of separate Evidence Guidance is unlikely to be supported in the light of the otherwise strong support for the integrated model. However, the underlying rationale for this suggestion should be considered with a view to achieving its intent in other ways.

9. [Are the 15 pieces of core evidence outlined in the Standards \(page 4-5\) still appropriate?](#)

General Theme(s):

Respondents generally felt that the core evidence requirements are appropriate, or largely so. It was noted that the Evidence requirements are likely to need revision to accommodate the prospects of a new domain concerned with cultural safety.

Nuancing Comments:

- Deakin suggested that the evidence requirements might be aligned with the relevant domains and also suggested the inclusion of evidence of professional development opportunities and training for external and internal staff.

- The OBA noted that OCANZ might consult with providers and other agencies with a view to streamlining OCANZ evidence requirements with TEQSA requirements and evidence for interprofessional involvement.
- QUT suggested that consideration should be given to the appropriateness of patient presentations (Table on p12).
- Flinders suggested that TEQSA registration details are not necessary as this is in the public domain. Flinders also suggested that items 4&5 be combined as they are intrinsically linked and that 'independently managed' (item 10) requires a clear definition. Flinders also commented that current funding practices in universities such as 'matrix' adoption of resources may make it difficult for optometry schools to supply discrete evidence of their funding.
- Auckland noted a series of references to ODOB Standards that needed updating and noted that references to 'log books' should expressly include electronic log books.

Potential Flow-on Challenges (if any):

- The proposed changes to items of evidence appear to be able to be accommodated readily.

10. [Are there any other issues you wish to have considered?](#)

General Theme(s):

Most respondents had nothing further to add to their previous comments.

Nuancing Comments:

- The OBA suggested six areas that might be given further attention in the Standards by new inclusions and/or variations to existing content.
- Flinders suggested that it might be helpful to incorporate benchmarking of categories of staffing across schools and reiterated the importance of graduates being up to date with new technologies and that the Standards should include support for on-line learning where appropriate.
- Auckland noted the importance of correct referencing of both New Zealand and Australian regulators and health systems where applicable throughout the Standards and Evidence Guidance.

Potential Flow-on Challenges (if any):

- The proposed changes are not in conflict with the overall thrust of the Standards and the other suggestions that have been outlined above.

1.5. Summary of Feedback

In summary, the feedback received from stakeholders points to general support for the following changes to the OCANZ Accreditation Standards/Evidence Guidance:

1. Retain the overall format of the Standards including the integrated Evidence Guidance.
2. Retain the intent of the existing five Standards Statements.
3. Consider renaming the Domains to be more internally consistent and outcome orientated.
4. Include a new domain concerning cultural safety for First Nations Peoples (Australia and New Zealand) and related matters.
5. Incorporate the new domain on Cultural Safety as the second domain (i.e., after the currently named 'Public Safety') and consider and reordering of the other domains that may flow on from Steps 3 & 4 above.
6. Consider and, if thought fit, adopt the suggested series of changes to the detail of the current Criteria and the Evidence Guidance as outlined above.
7. Review the collective changes for editorial and internal consistency.

1.6. Next Steps

OCANZ has responded to the feedback summarised above by way of a proposed revised set of Accreditation Standards for consultation (see separate document).