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## Progress on Australian Accreditation Systems Review

As a member of the National Scheme in Australia, OCANZ welcomes recent progress on the recommendations of the Accreditation Systems Review accepted by Health Ministers in 2020. (See [http://www.coaghealthcouncil.gov.au/Portals/0/Final\\_Communique\\_ASR\\_Issued%20120220.pdf](http://www.coaghealthcouncil.gov.au/Portals/0/Final_Communique_ASR_Issued%20120220.pdf)).

### Independent Accreditation Committee

An Independent Accreditation Committee (IAC) will be established later this year. Membership and terms of reference will be developed by the Australian Health Practitioner Regulation Agency (AHPRA), in consultation with proposed members.

The IAC will have an independent Chair and membership will be sought from a wide range of stakeholders including:

- a National Board representative
- a government representative

- a private healthcare employer
- a consumer/community representative
- an external accreditation/education expert; and
- Representatives of:
  - the Australian Commission for Safety and Quality in Healthcare
  - the Tertiary Education Quality and Standards Agency
  - Universities Australia
  - the Health Professions Accreditation Collaborative Forum
  - the AHPRA Agency Management Committee.

Others with specific skills may be co-opted as required.

A Ministerial direction released in February 2021 prescribes that organisations that are part of the Scheme will be bound to take the IAC's advice into account when developing accreditation policy.

OCANZ looks forward to the establishment of this new Committee and the expertise that it will bring to developing policy around accreditation in the regulated health professions.

### Oversight of Complaints Handling

The Accreditation Systems Review also recommended legislative changes which will allow the National Health Practitioner Ombudsman (NHPO) to accept complaints about administrative actions taken by accreditation authorities. An amendment to the existing National Law Regulation is being developed to enable this change. In the meantime, the NHPO has initiated a review of the complaints handling policies of accreditation authorities. See <https://www.nhpo.gov.au/> OCANZ will work with the NHPO to ensure the way we handle complaints is accountable, fair and transparent and will continue to satisfy the Ombudsman's best practice requirements.



## Exams Conducted despite COVID-19

Despite the challenges presented by COVID-19, OCANZ was able to conduct its written examinations remotely in both August 2020 and March 2021. Candidates from multiple countries sat their exams simultaneously at their own desks, under examination conditions. In a post exam survey conducted after the August 2020 sitting, 13 of the 14 candidates stated their preference for the remote examination format.

COVID-safe clinical examinations were offered in November 2020 in Melbourne and February 2021 in Auckland, but due to border restrictions could only be attended by overseas trained optometrists already residing in each country. A total of 12 candidates participated. International border restrictions on travel into Australia and New Zealand have forced the cancellation of examinations planned for June 2021.

## Exam Standards Review

OCANZ has completed its latest standard setting exercise, in which 13 content experts reviewed the minimum standard required to achieve a pass in the multiple choice and short answer question section of examinations. As a result, a slight adjustment to the cut-score for a pass in the short answer question paper is being considered.

## Candidates' Success Stories

The Competency in Optometry Examination (COE) assesses candidates who gained their optometry qualification overseas to ensure they meet registration standards for practicing in Australia and New Zealand. Successful candidates are making a significant contribution to optometry practice in both Australia and New Zealand, not least because of the diversity of expertise and perspective they add to the profession in both countries.

### Some COE success stories:



**Dr Alex Hui**

Dr Hui undertook his optometry training in Canada. After completing the COE and graduating from a Graduate Certificate in Ocular Therapeutics he went on to become a Senior Lecturer at the University of NSW (UNSW). He speaks highly of the COE's effectiveness in supporting the profession.

"Having a pathway for optometrists trained abroad to become registered to practice allows existing skills and training to be utilised effectively in serving the Australian and New Zealand populations.

"Being granted General Registration after completing the OCANZ COE and Certificate of Competency in Ocular Therapeutics allows me to practice the profession to its full extent. It also enables me to share my skills and knowledge across the profession, by teaching, training and educating students in my role at UNSW," Alex said.

He went on to say that the COE is a rigorous process which ensures that the entry level competencies for the practice of optometry are met by internationally trained graduates.



**Dr Andrew Huhtanen**

Dr Huhtanen is another successful COE candidate who is now Clinic Director, at the Melbourne Eyecare Clinic at the University of Melbourne.

## Candidates' Success Stories continued

He has a career as a global health professional, including clinical-based optometric practice in Canada and Australia and clinical education and service provision to international outreach programs in the USA, Mexico, India, Tanzania and Myanmar.

“As Clinic Director, Melbourne Eyecare Clinic, I am passionate about clinical optometry education, academic research, and public engagement, and remain a dedicated practitioner within the Australian optometric community,” he said.



### Dr Nellie Deen

Dr Deen achieved her optometry qualification in the United States. She is now Head of Specialist Services and Clinical Care at the Australian College of Optometry.

In addition to successfully completing the COE, she has worked with OCANZ as an assessor and currently as a clinical examination coordinator. She too spoke of the diversity that overseas qualified optometrists bring to the profession in Australia and New Zealand.

“As internationally trained optometrist, I brought with me a unique set of skills and diversity that has helped me a great deal in my professional career. Due to my training, I have been able to bring a unique perspective to the profession.”



## 2021 National Aboriginal and Torres Strait Islander Eye Health Conference The Gap & Beyond

20 - 22 April 2021

The conference is the key annual gathering of Australia's Indigenous eye health sector, and in 2021 it will be held virtually. The conference aims to advance the collective work of the Indigenous eye health sector towards the

shared goal of improving eye health access and outcomes of Aboriginal and Torres Strait Islander Australians. OCANZ will again be a conference presenter/participant. See <https://mispgh.unimelb.edu.au/centres-institutes/>

[centre-for-health-equity/research-group/ieh-roadmap/conference/NATSIEHC21](https://centre-for-health-equity/research-group/ieh-roadmap/conference/NATSIEHC21) for further details.

## Second Work Readiness Survey Commencing

Last year was the first year that optometry graduates answered specific questions about their optometry training as part of the Australian Government's Graduate Outcomes Survey (GOS). The response rate of 54.4% was high with 113 graduates participating. OCANZ is continuing to fund the optometry-specific survey questions to enable year on year comparisons to inform course development and improvement. Graduates are also being asked to provide their supervisor's details so that supervisors can complete the Employer Satisfaction Survey (ESS) and provide their views on how well graduates are being prepared by optometry education programs for practice.

In commenting on the aim of the surveys, the Optometry Council's Chair, Professor Alex Gentle, emphasised the value of employer feedback.

‘It's important to understand that the surveys are about courses and training, not about assessing individual graduates, providers or employers.

‘Only employers can give us the information we need about how effective optometry programs are in equipping graduates for the workforce – their direct, face to face, knowledge of what patients need is unique. This is why it's so important for graduates to ask their employers

to fill out the survey. We need their feedback to assist us to take better advantage of the strengths of our courses and to eliminate any weaknesses,’ he said.

Professor Gentle concluded by advising that high volumes of feedback from graduates and employers, collected over time, also help course developers and government to plan effectively for future training needs.

This year's surveys will be distributed in May 2021. A report on outcomes will appear in a future edition of *Perspective*.

# Cultural Safety Showcase

**Optometry educators from across Australia and New Zealand gathered online in February to share progress towards integrating Indigenous content into the optometry curriculum.**

The presentation by Dr Joanna Black and Ms Melinda Calderwood from Auckland University emphasised issues related to Māori health outcomes, and cultural safety across the College of Nursing and Health Sciences at Flinders University was explored by Professor Nicola Anstice and Associate Professor Jason Booth (AM).

Dr Alex Hui from the University of NSW presented their Aboriginal and Torres Strait Islander Optometry Curriculum Implementation Plan and Dr Holly Chinnery spoke about the University of Melbourne's implementation of the *Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework* into its Doctorate course.

All schools are to be congratulated on the progress being made in incorporating cultural safety into their curricula and applauded for their commitment to improving Indigenous eye health in Australia and New Zealand.

A self-reflection tool developed by OCANZ was launched at the Showcase. This tool assists education providers to analyse their current course curriculum against the *Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework*. It is available at <https://ocanz.org/accreditation/standards/>

An outcome of the showcase, and the next step for OCANZ, will be hosting a workshop to address how best to assess cultural safety and evaluate the effectiveness of learning and teaching in this area.



## Meet our Indigenous Strategy Taskforce Chair – Mitchell Anjou



**Mitchell Anjou – Indigenous Strategy Taskforce Chair**

**Mitchell Anjou has chaired the Indigenous Strategy Taskforce since its inception in 2018.**

Talking about his passion for improving Indigenous eye health, he said that it was clear to him from his earliest involvement with OCANZ that there was an opportunity for the Council to contribute towards improving eye care for First Nations people. He knew that this would be best done by working collaboratively with stakeholders across the profession – the Taskforce was established to make this happen.

'Indigenous representation is a priority and members so far include two Indigenous optometrists and two representatives from First Peoples' community organisations,' Mr Anjou said.

He explained that the Taskforce identified three objectives in its first year of operation:

1. Developing the *Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework* and working with optometry education providers to embed the Framework into their programs
2. Examining the potential for developing an equivalent framework for New Zealand's First Nation people; and
3. Establishing a network of educators called—Leaders in Indigenous Optometry Network (LIOEN) — a forum for collaboration towards strengthening Indigenous eye health education.

Since then, the Taskforce has had success against two further objectives:

1. Improving cultural safety within OCANZ by increasing understanding of culturally safe practices for all staff and committee members; and
2. Strengthening Indigenous governance across the organisation by, for instance, encouraging greater participation and

inclusion at the Board level and on committees and project teams.

Mr Anjou is firmly committed to increasing Indigenous participation in leadership and governance across the profession as he believes this is fundamental to improving Indigenous eye care and access to it.

However, he noted that 'There are only a small number of Indigenous optometry practitioners in Australia and New Zealand. This makes it all the more important for the Taskforce to continue to work with education providers to increase the number of practitioners entering the workforce. We will also continue to mentor and support Indigenous optometry professionals, through strategies such as shadowing, training, and bursaries.

'One of my key goals for the future is to be able to hand over the role of Taskforce Chair to an Indigenous optometry professional. Hopefully the work the Taskforce is doing will help to make that happen,' he said.