



Optometry Council of Australia and New Zealand (OCANZ)

Review of OCANZ Postgraduate Ocular Therapeutics Accreditation Standards

Discussion Paper

October 2022

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Executive Summary

What is happening?

OCANZ is required to periodically review the Accreditation Standards (“the standards”) that are used by OCANZ for accreditation of Optometry programs in Australia and New Zealand. This particular review focusses on the Postgraduate Ocular Therapeutics Standards, the current version of which came into effect in 2018, after a review in the previous year. The current review will include consultative processes with education providers and other stakeholders. It also includes a review of the evidence guidance that is incorporated into (but is not technically part of) the current OCANZ standards.

What is the purpose of this paper?

The paper sets out several issues that have a bearing on the review and may influence the outcomes. It includes comparisons with other standards that are used for similar purposes.

What are OCANZ’s Expectations?

OCANZ believes the current standards have served their purpose well in assuring the quality of postgraduate educational programs in ocular therapeutics that are undertaken as part of professional development for graduates whose initial optometry qualifications did not encompass ocular therapeutics. As such, OCANZ does not expect fundamental or sweeping changes to the standards. Rather, it is expected that the nature, form, content and intent of the current standards will largely be retained overall. However, some evolutionary improvements are expected in line with changes in the sector, emerging regulatory requirements, contemporary stakeholder experiences and OCANZ’s recent review of its standards for entry level optometry programs (to come into effect in January 2023), which encompass ocular therapeutics as an integral part of the standards.

What is asked of program providers and other stakeholders?

You are invited to:

- **Consider the issues** raised in this paper, and
- **Respond to a set of discussion questions** arising from the paper (**see p 13**)
- **If you have already provided some feedback in an earlier round of consultation, decide if your issues have been addressed in the proposed draft.**

When?

Feedback is invited by no later than **Friday 18 November 2022**.

What are the next steps?

Stakeholder feedback will be analysed and incorporated as proposed revisions to the current standards. Stakeholders will have an opportunity to comment on the suggested revisions when the analyses and drafting are done. Any changes that are finally adopted will be subject to approval by the OCANZ Board and then by the Optometry Board of Australia. OCANZ will also undertake a review of its procedures and evidence guidance in the light of any revisions of the standards.

Outcomes?

The revised standards are *expected* to come into effect in 2024 (allowing for the approval processes and for a suitable lead time for education providers).

1. Background & Context

1.1 Description of OCANZ and its role and responsibilities in accreditation

The Optometry Council of Australia and New Zealand (OCANZ) was established in 1996 by the optometrist registration boards in Australia and New Zealand, with the support of the Heads of the Optometry Schools/Departments of education providers in Australia and New Zealand, the then Optometrists Association Australia (now Optometry Australia) and the New Zealand Association of Optometrists.

OCANZ is the accreditation authority for optometry education and training programs delivered in Australia and New Zealand, as well as for examination of the skills of overseas trained optometrists who are seeking to migrate to Australia or New Zealand. OCANZ's accreditation functions include accrediting programs of study that are designed to produce graduates who are suitable for registration as Optometrists in Australia and New Zealand. OCANZ's recommendations inform professional registration decisions made under national laws in Australia and New Zealand.

Optometry programs are assessed in a peer-review process using accreditation standards developed by OCANZ and approved by the Optometry Board of Australia. The accreditation standards enable assessment of whether a program of study, and the education provider that delivers the program of study, provide graduates with the knowledge, skills and professional attributes needed to practise safely as Optometrists. The Competency Standards (including therapeutic competencies) of Optometry Australia and the Optometrists and Dispensing Opticians Board of New Zealand provide guidance to OCANZ on the requirements for safe practice, including for ocular therapeutics.

Note: Throughout this document the term 'prescribe(ing)' is used in the context of prescribing medicines, rather than optical devices, unless otherwise indicated.

1.2 Project Overview

The current OCANZ standards: *Accreditation Standards and Evidence Guide for Programs of Study in Ocular Therapeutics* were published in 2017 (taking effect on 1 January 2018).

The current OCANZ Standards and Evidence Guide are at:

[Ocular-Therapeutics-Accreditation-Standards-and-Evidence-Guide-Final-MARCH-2017.pdf \(ocanz.org\)](https://www.ocanz.org/Ocular-Therapeutics-Accreditation-Standards-and-Evidence-Guide-Final-MARCH-2017.pdf)

The overall goal of this project is to review the current Standards and the accompanying Evidence Guide and recommend such revisions as necessary to:

- meet the Australian Health Practitioner Regulation Agency (Ahpra) requirements for review of program accreditation standards and any requirements of the Optometry Board of Australia and the Optometrists and Dispensing Opticians Board of New Zealand, and
- take account of best practice and relevant recent regulatory changes in the education and health sectors, e.g., TEQSA requirements, other health professions' accreditation standards, the National Safety and Quality Health Service Standards (NSQHSS) and the recent review of the OCANZ standards for entry level optometry education programs (which incorporate ocular therapeutics).

The review of the standards will also address the Ahpra requirements at [Australian Health Practitioner Regulation Agency - Procedures \(Ahpra.gov.au\)](https://www.ahpra.gov.au) to achieve greater consistency within the national scheme in Australia and:

- 1.1 take into account the objectives and guiding principles in the National Law¹
- 1.2 draw on available evidence, including relevant international standards and statements relating to education and training in the profession, and the accreditation standards applied in countries with comparable education and practice standards for the profession
- 1.3 describe how the proposed new or revised accreditation standards support or contribute to:
 - improving patient safety, effective care and health outcomes, including for vulnerable members of the community and Aboriginal and Torres Strait Islander and Māori Peoples
 - preparing practitioners who have the knowledge, skills and professional attributes to deliver culturally safe health care, as defined in the [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#)
 - preparing practitioners who understand the health system in Australia and their roles, responsibilities and ethical conduct when working within the system
 - embedding interprofessional education and preparing practitioners who have the knowledge, skills and professional attributes to engage in interprofessional collaborative practice
 - addressing health and workforce priorities such as family and domestic violence, noting that information about new priorities may be published as they emerge
 - avoiding duplication and minimising regulatory burden.

1.3 Project Governance

An expert reference group has been appointed by the OCANZ Board to oversee the review.

The members of the reference group are:

- Emeritus Professor Joyce Kirk, Chair of OCANZ Accreditation Committee
- Associate Professor Peter Hendicott, President World Council of Optometry, Previous Head of School of Optometry and Vision Science, Queensland University of Technology
- Peter Grimmer, New Zealand optometrist, Former Chair Optometrists and Dispensing Opticians Board and Former Chair OCANZ Accreditation Committee
- Susan Kelly, CEO, OCANZ.

Dr Lindsay Heywood, consultant and former Head of the Australian Higher Education Standards Panel Executive, has been engaged to assist the reference group to review the current standards.

¹ See section 3(2) and (3) of the National Law

1.4 Recent Related Developments

A number of relevant developments have occurred since the advent of the current OCANZ Standards. These include:

- widespread adoption of the basic form of the accreditation standards already used by OCANZ across other accreditation authorities and Ahpra accreditation committees
- adoption and application of the national standards for higher education providers (Higher Education Standards Framework [Threshold Standards] 2021) (HESF), which came into effect in 2017 and are used by the Tertiary Education Quality and Standards Agency (TEQSA) for regulation of all higher education providers
- recent reviews of their accreditation standards by other health professions such as Dentistry, Pharmacy and Medical Radiation Practice
- revision of Ahpra's requirements
- cognate requirements, e.g., National Safety and Quality Health Service Standards (NSQHSS)
- increasing emphasis on various policy issues including cultural safety, interprofessional education and health and workforce priorities such as family and domestic violence
- the recent review of the OCANZ standards for entry-level optometry programs.

1.5 Purpose of this Paper

The purpose of this paper is to assist stakeholders in evaluating the existing OCANZ Standards and identifying potential changes that may be required.

The paper concludes with a set of questions arising from the discussion of various aspects of the standards. These questions are intended to assist readers in framing their responses to the review. The questions are not intended to constrain or limit discussion of any other issues that respondents care to raise.

A draft revised set of standards accompanies this paper to assist with the review.

2. Nature and Form of the Standards

The structure of the current OCANZ Standards reflects a design that was originally developed by the Australian Dental Council (ADC) and has since been adopted by most other accrediting authorities and Ahpra/Boards Committees.

Broadly speaking, the current standards consist of five major categories ('domains'), with each domain headed by an overarching 'standard statement'. Each of the domains contains various sub-elements ('criteria') that collectively relate to meeting the requirements of the overarching standard.

In the light of the widespread adoption of the current form of the standards across the sector and Ahpra's expressed desire for consistency across professions, OCANZ does not envisage that a major departure from the existing basic form of the OCANZ Standards is either needed or desirable.

2.1 Outcomes of the Review of the Entry-Level Standards

As indicated above, OCANZ expects the review to result in evolutionary changes in the nature and form of the standards, rather than wholesale transformation. An important factor in this review is the outcome of the recent review of the entry-level standards, the outcomes of which were, in summary:

1. retaining the overall format of the Standards including the integrated Evidence Guidance (as has already been adopted for the current ocular therapeutics standards)
2. retaining the substantive intent of the existing five Standards Statements (and their corresponding Domains)
3. renaming the Domains to be more internally consistent and outcome orientated if practicable
4. including a new domain concerning 'cultural safety' for First Nations Peoples (Australia and New Zealand) and related matters
5. incorporation of a new domain on Cultural Safety as the second domain (i.e., after the currently named 'Public Safety')
6. adopting a suggested series of changes to the detail of the current Criteria and the Evidence Guidance (see <https://www.ocanz.org/accreditation/standards-review/>)
7. review of the collective changes for editorial and internal consistency throughout the revised standards.

The incorporation of a new Domain on Cultural Safety was perhaps the most significant change, backed by other outcome-orientated refinements at the Domain level. The changes to the Domains are summarised in Table 1 below.

Table 1: Revised Domain structure for entry-level standards.

Existing	Revised
1. Public Safety	1. Public Safety
2. Academic Governance and Quality Assurance	2. Cultural Safety
3. Program of Study	3. Academic Governance and Quality Assurance
4. The Student Experience	4. Program of Study
5. Assessment	5. The Student Experience
	6. Learning Outcomes and Assessment

OCANZ sees these changes to the Domains of the entry-level standards as an important precedent for revision of the ocular therapeutic standards. The advantages of such a change were canvassed in the review of the entry-level standards and were backed by widespread support from stakeholders. Unless feedback from stakeholders is to the contrary, OCANZ proposes that this new structure is adopted for the ocular therapeutic standards, both for the intrinsic merit of the changes and in the interests of consistency across professions and programs.

2.2 Expected Outcomes of this Review

In undertaking a review of the standards for programs in ocular therapeutics, OCANZ is seeking to build on the advances in standard setting that have already been achieved through the recent revisions of the entry-level standards for optometry programs. It is hoped to be able to establish a deal of common ground among both sets of standards where the

standards relate to the general features of the programs (e.g. public safety, academic governance and quality assurance), while highlighting those specialized aspects of the standards that are particular to ocular therapeutics (e.g. program and study requirements and graduate outcomes).

OCANZ will also continue to build on and seek to align with the national work that has been undertaken to align prescribing competencies across health professions, recognizing that the safe use of medicines is integral to public safety and that aligned competencies will assist in optimising health outcomes relating to the quality use of medicines within and between professions.

The potential benefits of this approach include:

- promoting and fostering consistency of future professional outcomes and graduate capabilities by bringing ocular therapeutics program accreditation requirements into alignment with the requirements and outcomes for entry-level programs
- further strengthening the ocular therapeutic standards by taking account of recent initiatives and policy implementation in quality use of medicines, prescribing and related matters
- building on the advances in standard setting practice that have been implemented in the entry-level standards, which have been the subject of a comprehensive literature review and extensive consultation with the profession and stakeholders
- reducing potential regulatory burden for providers that offer entry-level programs as well as separate programs in ocular therapeutics, by establishing a commonality of requirements and corresponding opportunities for OCANZ to streamline its regulatory requirements for such providers
- achieving economies and efficiencies in implementing best practice in standards development by building on OCANZ's recent initiatives.

2.7 Evidence Guidance

OCANZ includes an 'Evidence Guidance'² component within its Standards document, a practice also similarly adopted by some other accreditation authorities. OCANZ has taken the view that it is easier for providers (and accreditation teams alike) to have as much relevant information as possible contained in a single document, a practice that has been supported by optometry providers. OCANZ proposes to continue with this approach unless there are expressed preferences to the contrary.

3. Higher Education Standards Framework

The Australian Higher Education Standards Framework (2021) (HESF) is used as the basis of regulation of higher education providers by TEQSA. The HESF is applicable to all higher education providers in Australia. It addresses a provider's operations at both institutional and program-level. In practice, TEQSA employs a sampling strategy at program level. Because of the sampling approach, it is unlikely that an optometry program would be looked at in detail by TEQSA among the myriad of potential programs from which it may sample. As optometry is predominantly offered by self-accrediting institutions (i.e., the provider is able to accredit its own courses, rather than have them accredited by TEQSA), TEQSA will also not normally look at optometry programs for accreditation purposes.

² i.e., a non-exhaustive list of examples of the types of evidence that are likely to be considered by OCANZ in an accreditation process.

Nonetheless, where the provider is within TEQSA's remit³, TEQSA will look at the institutional factors that may impact on a program, such as governance, academic governance and course accreditation processes. In that respect, TEQSA's observations of a provider at institutional level are likely to be of value to OCANZ in its risk analysis of a provider. OCANZ has a memorandum of understanding with TEQSA and mechanisms for sharing relevant information as needed. The value of these mechanisms is dealt with in detail in OCANZ's procedures for accreditation.

Despite the limited potential focus of TEQSA at an optometry program level, the HESF nonetheless places obligations on providers at program level (such as admissions, monitoring, quality assurance, course design etc). An optometry provider that is regulated by TEQSA is obliged to meet the regulatory requirements of the HESF and it is reasonable for OCANZ to expect to be able to see evidence that a program provider is meeting those requirements. In that context, it would be helpful to providers if OCANZ's requirements for information and evidence were as congruent as practicable with those already required by the HESF, thus avoiding potential redundancy and overlap.

The application of the HESF was in its infancy when the current OCANZ standards were developed. It has now been applied widely across the sector. This suggests that the review of the OCANZ Standards would benefit from a review of congruency between the OCANZ requirements and the HESF requirements with a view to streamlining the requirements and aligning their particular emphases where relevant. This is perhaps most likely to happen at the 'criteria' level of the OCANZ Standards. By way of example, the MRPAC Standards refer to TEQSA's requirements in a number of elements e.g., in relation to assessment, the MRPAC explanatory notes to Standard 5 state 'If information at the level of the program has been assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.' After such a review, OCANZ too *may* be willing to rely on various aspects of TEQSA's findings, that it otherwise would have to investigate for itself, particularly at the institutional level. A copy of the index to the HESF is provided at Appendix 3 for comparative purposes.

A final point in relation to the HESF is that TEQSA has developed many 'Guidance Notes' that spell out some of TEQSA's interpretations of various aspects of the HESF. These are not regulatory instruments, but they are nonetheless likely to influence a provider's thinking and may influence the provider's interpretation of the OCANZ Standards. (An outline of the scope of the HESF is given in Appendix 1)

4. International Optometric Comparators

Two recent international approaches to accreditation standards in optometry have been selected for comparative purposes:

- General Optical Council (GOC 2021) (UK) ⁴
- Accreditation Council on Optometric Education (ACOE 2019) (USA) ⁵.

The UK, the USA and Canada are seen as having broadly comparable education and practice standards for the optometry profession and their standards are seen as potentially

³ OCANZ acknowledges that providers of ocular therapeutic educational programs may not be within TEQSA's regulatory remit, but nonetheless supports the intent of the HESF and the potential congruency between OCANZ's and TEQSA's regulatory approaches.

⁴ <https://www.optical.org/en/Education/core-competencies--core-curricula/index.cfm>

⁵ https://www.aoa.org/AOA/Documents/Education/ACOE/OD_Manual_%2008_2019_PDF.pdf

informative for this review. The review will also have regard to recent developments in New Zealand such as competence in ocular laser applications⁶.

4.1 General Optical Council (UK)

The General Optical Council (GOC) in the UK employs a comprehensive framework of standards and competencies in relation to optometry. The framework encompasses, in addition to requirements concerning accreditation of education programs, standards for optometrists, students and optical businesses.

The 'Outcomes for Registration', while referencing the point of initial registration, serve a purpose akin to the professional competencies adopted by the optometry profession in Australia. The 'Quality Assurance and Enhancement Method' appears comparable in purpose to the OCANZ procedures manual. Specific dispensing competencies are also identified.

The accreditation standards for education programs are arranged in the following six categories ('domains'):

1. Public Protection
2. Student Experience
3. Student Assessment
4. Monitoring and Evaluation
5. Facilities and Resources
6. Professional Requirements.

The names of each of the categories appear primarily taxonomic. Each category is supported by criteria that must be met for a qualification to be approved. (Note that each of the criteria must be met. This is in contrast to the current OCANZ Standards and some other Australian standards where criteria form part of a collective global view of the standard, rather than taking an instrumental approach of necessarily assessing each criterion in turn, as appears to be the expectation of the GOC).

While the overall tone of the GOC criteria is prescriptive, and an instrumental approach to assessing them is advocated, the overall form and content of the GOC Standards is generally comparable with the Australian requirements as embodied in the OCANZ standards.

4.2 Accreditation Council on Optometric Education (USA)

The ACOE standards utilised in the USA and Canada for accreditation of optometry programs encompass eight major areas ('domains') as follows:

STANDARD I – MISSION, GOALS, AND OBJECTIVES

STANDARD II – CURRICULUM

STANDARD III - RESEARCH AND SCHOLARLY ACTIVITY

STANDARD IV – GOVERNANCE, REGIONAL ACCREDITATION,
ADMINISTRATION, AND FINANCE

STANDARD V – FACULTY

⁶ <https://www.odob.health.nz/wp-content/uploads/2022/07/Guidelines-for-NZ-Optometrists-Ophthalmic-laser-surgery-v1.0.pdf>

STANDARD VI – STUDENTS

STANDARD VII – FACILITIES, EQUIPMENT AND RESOURCES

STANDARD VIII – CLINIC MANAGEMENT AND PATIENT CARE POLICIES.

In this case the names of the 'domains' appear primarily taxonomic.

Each standard contains a variable number of sub-elements (sometimes at two levels) and contains a list of items which must be submitted to the Accreditation Council on Optometric Education with the program's self-study or as an appendix to the self-study before an evaluation visit is conducted. The following excerpt from Standard 2 illustrates the format of the ACOE Standards:

- 2.8 The quantity, quality and variety of experiences in the supervised care of patients must be sufficient to develop clinical competency to independently practice contemporary optometry.
- 2.8.1 The number of patients seen, as well as diagnoses for each of these patients, must be tracked and documented for each student. These data must distinguish between patient encounters experienced during vision screenings, encounters in which supervised patient care was provided by one student, encounters in which supervised patient care was shared by more than one student, and encounters in which the experience was by observation only.

Examples of Evidence

- *Description of clinical experience for each individual student*
- *Description of processes used to measure quantity, quality and variety of experiences*
- *Patient logs and an analysis of logs*
- *Student portfolio of clinical experience*

As is evident in this example, ACOE's approach is also quite prescriptive (i.e., 'must'). The overall form of the ACOE standards is also strongly focussed on detail and processes. This contrasts with a recent general trend in Australia to move towards less prescriptive standards with a greater focus on outcomes (including 'public safety' for health programs), as illustrated by the outcome-focus of the national HESF and the relatively streamlined outcome-orientated standards adopted by several Australian accreditation authorities such as OCANZ over recent years.

This divergence in approach suggests that the form and underlying approach of the ACOE Standards are, (like the GOC standards) not likely to be informative for a review of overall nature and form of the OCANZ Standards, although the detailed content and focus of the ACOE and GOC standards are helpful for comparative purposes.

5. Review of Evidence Guide and Guidance Notes

This process also includes a review of the Evidence Guide and Guidance notes detailed in the OCANZ Standards.

The Standards document outlines the required documentary evidence for an accreditation application. This includes a list of 15 pieces of core evidence that must be provided to OCANZ at the commencement of an accreditation submission. Feedback on whether this list is still appropriate is sought.

O CANZ has already identified a requirement to update the guidance notes in the following areas:

- O CANZ's [Optometry Aboriginal Torres Strait Islander Health Curriculum Framework – January 2020](#)
- Appropriate content in the [National Safety and Quality Health Service \(NSQHS\) Standards](#)
- Updated Optometrists and Dispensing Opticians Board (ODOB) [Standards of Clinical Competence for Optometrists](#) November 2018, which are the O CANZ endorsed professional competence standards for New Zealand.
- Updated ODOB [Standard of Ethical Conduct](#) November 2020
- Updated OptomBA [Code of conduct](#) June 2022
- Updated OptomBA [Continuing professional development registration standard](#) December 2020
- Updated National Prescribing Service (NPS) MedicineWise [Prescribing Competencies Framework](#) April 2021.

6. Changes in the Draft Standards

Some changes have been made in the draft standards to respond to recent developments and initial feedback. These are:

- Addition of the new Domain on Cultural Safety
- Adoption of Standards/Domains consistent with the recently reviewed and approved Entry-Level Standards
- Editorial and other revisions to the Criteria within the Standards to point specifically to Ocular Therapeutics
- Review and revision of the evidence guidance (although no material change to the evidence required for an accreditation submission)
- Additions to the O CANZ Glossary (terms and definitions for 'Cultural Safety' and Ocular Therapeutic Practice).

7. How to Respond

Responses to the discussion questions below (together with any additional feedback that you wish to provide on the draft Standards) should be in writing and addressed to Susan Kelly – Chief Executive, Optometry Council of Australia and New Zealand at ceo@ocanz.org.

The closing date for comment is **Friday 18 November 2022**.

All submissions will be published on the O CANZ website unless it is requested that part or all of the submission remains confidential.

7. Next Steps

OCHANZ will respond to all submissions and provide a draft document approved by the Reference Group for final comment.

It is anticipated that the new standards will come into effect on 1 January 2024.

8. Discussion Questions

The following questions are intended to assist respondents in framing their responses to the discussion paper and the accompanying draft Standards. This is not intended to constrain or limit the scope or focus of responses.

1. Do you support retention of the basic form of the current OCHANZ 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?
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, as is now a feature of the entry-level standards? (This is likely to elevate the emphasis on the particular therapeutic needs of First Nations Peoples).
3. Do the proposed OCHANZ Standards give sufficient emphasis to new and emerging practices and therapeutic approaches and the related challenges that students and new graduates may face? (note that the likely horizon for these standards is five years or more)
4. Do the proposed OCHANZ Standards give sufficient emphasis to potential innovations in therapeutics practice and corresponding graduate capacities for adaptation and professional development?
5. Do the proposed OCHANZ Standards accommodate emerging trends in education methods (e.g., on-line learning, simulation) and changes to the health system (telehealth, record systems) sufficiently?
6. Does the proposed OCHANZ Evidence Guidance contain omissions, irrelevancies, ambiguities, obsolete items, confusing content or misleading items that should be addressed in the review?
7. Are the 15 pieces of core evidence outlined in the Appendix to the Standards still appropriate?
8. Are there any other issues you wish to have considered?

Appendix 1: Scope of the HESF

The *Higher Education Standards Framework*

PART A: Standards for Higher Education

1 Student Participation and Attainment

- 1.1 Admission
- 1.2 Credit and Recognition of Prior Learning
- 1.3 Orientation and Progression
- 1.4 Learning Outcomes and Assessment
- 1.5 Qualifications and Certification

2 Learning Environment

- 2.1 Facilities and Infrastructure
- 2.2 Diversity and Equity
- 2.3 Wellbeing and Safety
- 2.4 Student Grievances and Complaints

3 Teaching

- 3.1 Course Design
- 3.2 Staffing
- 3.3 Learning Resources and Educational Support

4 Research and Research Training

- 4.1 Research
- 4.2 Research Training

5 Institutional Quality Assurance

- 5.1 Course Approval and Accreditation
- 5.2 Academic and Research Integrity
- 5.3 Monitoring, Review and Improvement
- 5.4 Delivery with Other Parties

6 Governance and Accountability

- 6.1 Corporate Governance
- 6.2 Corporate Monitoring and Accountability
- 6.3 Academic Governance

7 Representation, Information and Information Management

- 7.1 Representation
- 7.2 Information for Prospective and Current Students
- 7.3 Information Management