



30th July 2021

Ms Susan Kelly
Optometry Council of Australia and New Zealand
PO Box 16179
Collins Street West
Victoria 8007 Australia

Dear OCANZ,

The School of Optometry and Vision Science (SOVS), Faculty of Medicine and Health at UNSW Sydney appreciates the opportunity to provide feedback to OCANZ on the 'Discussion paper for the Review of OCANZ Accreditation standards and Evidence Guides for Entry-Level Optometry Programs'. We welcome the efforts to ensure the accreditation standards are relevant and up to date with contemporary developments in the education and health sectors. We acknowledge the significant amount of work undertaken by OCANZ to evaluate Optometry programs and the education providers, ensuring each program meets competency standards and any requirements by the Australian Health Practitioner Health Practitioner Regulation Agency (AHPRA) and Optometry Board of Australia.

The UNSW SOVS is one of the largest Optometry School in Asia and the only school in New South Wales. We are committed to produce graduates of the highest calibre with both superior clinical skills and a thorough understanding of the vision science that underpins clinical practice. Our Bachelor of Vision Science and Master of Clinical Optometry leads directly to registration throughout Australia, New Zealand and many Asian countries, as well as being recognised in many other countries.

This document outlines the questions raised by the paper (*in italics*) and response from the school in a Q&A format.

Kind regards,

Lisa Keay
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Response to Discussion 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?*

The UNSW SOVS supports the retention of the basic form of the current OCANZ Standards. The current OCANZ standards document structure is also consistent with the Dentistry and Pharmacy Standards.

Additionally, separation into these domains allows for programs to specifically address accreditation criteria during reviews or new submissions.

We note that the Australian Pharmacy Council splits domain 5 out into outcomes and assessments; this is preferred as it is taxonomic and outcome focused.

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

The UNSW SOVS believes it is important for Cultural Safety to be a separate domain, with a particular emphasis on First Nations Peoples, in the revised standards. This can ensure that trainees are culturally safe when interacting with all patients, while also highlighting the importance for specific training for Aboriginal, Torres Strait Islander and Maori peoples.

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?*

The UNSW SOVS agrees that the current OCANZ standards give adequate guidance to new and emerging practice technology and related challenges through Standard 2: Academic Governance and Quality Assurance, particularly Criteria 2.4 'Mechanisms exist for responding within the curriculum to contemporary developments in health professional education and practice'. To meet this criteria, evidence of consultation with the profession is required, where it is presumed that education providers will be informed of any relevant changes to practice.

An alternative is to include specific wording in the standards to "train practitioners for current and future practice". However, ascertainment or evaluation of this criteria during reviews may be difficult and such a change is not supported by UNSW SOVS.

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

Yes, Criteria 2.4 "Mechanisms exist for responding within the curriculum to contemporary developments in health professional education and practice" addresses potential innovations in practice, while the guidance in Standard 3, "to provide the educational foundation for lifelong learning" addresses graduate capacities for adaptation and professional development.

The UNSW SOVS supports the addition of a criteria to address this more explicitly.

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)?*

The current standards do not specifically address this topic, but rather, include language which is broadly supportive of emerging trends in education methods and changes to the health system, through the guidance and requested evidence seen in Standards 2 and 3.

Standard 2: “Academic governance and quality assurance processes are effective”

- Guidance: “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”

Standard 3: “Program of study”

- Requested evidence: “Examples of learning and teaching materials and approaches using a range of delivery methods”

The UNSW SOVS supports the current OCANZ Standards which do not stipulate specific teaching methods but rather require evidence of effective systems that can facilitate use and uptake of relevant trends in learning and teaching methods.

6. *Has the recent COVID experience revealed aspects of risk management or related matters that might usefully rate a mention in the OCANZ Standards?*

The UNSW SOVS suggests that a criterion specifically addressing infection prevention and control could be added to Standard 1 Public Safety.

The new APRHA Shared Code of Conduct includes a principle on working within the healthcare system - “*Principle 6: Practitioners have a responsibility to contribute to the effectiveness and efficiency of the healthcare system.*”

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*

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

The addition of a criterion specifically addressing infection prevention and control in Standard 1 would enable evaluation of risk management and related matters in response to the COVID-19 and any future pandemic.

8. *Does the OCANZ Evidence Guidance contain omissions, irrelevancies, ambiguities, obsolete items, confusing content or misleading items?*

The Entry Level Competencies was last published in 2014, with a new working group currently established to update these where required. Reference to how the OCANZ Standards apply to the most recently released Entry Level Competencies document would allow the Standards to remain flexible to any changes in the professional competencies.

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

The UNSW SOVS agrees that the core evidence outlines in the OCANZ Standards are still appropriate.

10. *Are there any other issues you wish to have considered?*

No, thank-you for the opportunity to contribute.

General Comments

From the perspective of the Faculty of Medicine and Health which is involved in educational programs across a range of health sciences, it is pleasing to see a whole of sector approach such that similar standards are used across professions. It is important that efforts are made to streamline and not duplicate regulatory requirements and the regulatory burden for higher education providers (e.g. TEQSA requirements).

The Faculty of Medicine and Health are also committed to cultural safety across all of our programs. We are strongly in favour of the inclusion of cultural safety as a separate standard, as it is an important step to fostering safe and appropriate health care in Australia.