

30 July 2021

Susan Kelly
Accreditation Manager
Optometry Council of Australia and New Zealand

Via email: s.kelly@ocanz.org

Dear Susan,

Review of OCANZ Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs

I write on behalf of the Australian Dental Council (ADC) in response to the invitation to comment on the review of the Optometry Council of Australia and New Zealand (OCANZ) *Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs*.

The ADC thanks the OCANZ for the opportunity to provide comment.

The ADC's response is structured around the consultation questions as included in the discussion paper.

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 ADC supports the approach to maintain the current format of the Standards, incorporating Domains, Standard statements and Criteria.

Feedback received by the ADC in 2020 during its most recent review the *Accreditation standards for dental practitioner programs* indicates that this structure is clear and easily understood.

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)?

The ADC strongly supports the inclusion of a separate domain regarding cultural safety for Aboriginal and Torres Strait Islander people and Māori.

The ADC received strong support for the inclusion of a dedicated Domain related to Cultural safety during the review of the *Accreditation standards for dental practitioner programs* in 2020. This strong support, which totalled 86% of all respondents to the ADC's consultation process, included the Indigenous Dentists Association of Australia, government health

departments, dental professional associations, education providers and accreditation assessors.

The dedicated domain as worded in the ADC's Standards is consistent with the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*. The purpose of the stand-alone domain is to elevate the importance of addressing the health disparities faced by Aboriginal and Torres Strait Islander people, whilst encouraging the preparation of a culturally safe health workforce.

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?

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

The outcomes focussed nature of the Standards allows for innovation in practice to be incorporated into accredited programs and for education providers to respond to any such challenges these changes may introduce. This includes the introduction of new and emerging trends in health practitioner education, as well as changes to models of health care delivery or new technologies.

Criterion 2.4 as currently worded in the OCANZ Accreditation Standards sets an expectation of education providers to ensure that contemporary developments in practice are incorporated into the curriculum of accredited programs.

There is potential to expand the evidence guide provided within Domain 2 to reinforce the expectation that quality assurance processes will include identification of emerging innovations in practice, with subsequent changes incorporated into program curricula. Such changes should be informed by the needs of the profession, which is expected to include employers, as well as the needs and view of those receiving care.

The ADC suggests that addressing emerging technology and the need for the newly qualified health practitioner to recognise the need for ongoing professional development may be better address in the Competencies endorsed by OCANZ.

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 outcomes focussed nature of the Standards enables contemporary developments in approaches to education to be incorporated and assessed within the current Standards framework. OCANZ criterion '3.4 - Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes' enables providers to take varying approaches to the delivery of content. The Standards as currently worded require a provider to demonstrate that the approach taken enables the student to achieve the required learning outcomes and professional competencies endorsed by OCANZ.

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 ADC has no comment.

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 ADC suggests consideration be given to the involvement of health consumers in program design and management, potentially within Domain 2.

The ADC notes that the Standards referenced in Appendix 2 for dentistry, pharmacy and medical radiation practice programs require providers to incorporate health consumer feedback into program design, implementation and evaluation.

Partnering with health consumers is also consistent with other quality and safety frameworks and standards, including the National Safety and Quality Health Service (NSQHS) Standards and the National Prescribing Service (NPS) MedicineWise Prescribing Competencies Framework (April 2021).

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

The ADC suggests that consideration should be given to separating the evidence guide from the Standards. By separating the evidence guide, OCANZ can make updates to any important reference materials cited with the evidence guide, for example changes to the Australian Qualifications Framework or reference to the National Safety and Quality Primary Health Care Standards once finalised.

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

The ADC has no comment.

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

The ADC has no additional comments, but thanks OCANZ for the opportunity to comment on the review of the Standards.

Yours sincerely,



Mark Ford
Director, Accreditation and Quality Assurance
Australian Dental Council