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Optometry Council of Australia and New Zealand
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Dear Sian,

Thank you for the opportunity to comment on the discussion paper relating to the OCANZ Accreditation Standards review. Please find our responses below.

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 College of Nursing and Health Sciences, Flinders University, is happy to support the retention of the basic form of the current OCANZ accreditation standards. However, we would support changing the name of Domain 5 to '*Outcomes and Assessment'* to highlight the outcome-focused nature of the accreditation process.

We also support the retention of the Evidence Guide that accompanies these standards as it provides a useful support for institutions when preparing their evidence portfolio.

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)?***

Yes, we support the adoption of a new domain of *'Cultural Safety',* similar to the ADC Domain 6. As OCANZ accredits programmes in both Aotearoa/NZ and Australia, we would like to see Māori also added to this domain. We support a broader approach to cultural safety, recognising all historically excluded and marginalised groups as well as the specific acknowledgement of the rights of First Nations Peoples.

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When reviewing the current ADC Cultural Safety domain, some thought may need to go into the criteria, for example, Criterion 6.1 which requires Indigenous input into the design and management of the programme. The low numbers of Indigenous eye care professionals may limit the achievement of this, particularly regarding the management of the programme.

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?***

With the evolving scope of practice of optometry and changes due to the COVID pandemic, new emphasis on telehealth and medical record management, as well as emerging diagnostic technologies, should be considered when revising the standards. In particular, the likelihood of oral prescribing (which is already occurring in NZ) and performing intravitreal injections should be considered, although these changes may be reflected in the next iteration of the OA Entry Level Competency Standards for Optometrists. A criterion similar to the APC Criterion 3.2 may be worth considering.

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

We would recommend adding a criterion similar to the ADC criterion 1.7 to the OCANZ Standards to help address this.

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)?***

Please refer to our response to question 3.

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

We acknowledge with thanks the flexibility OCANZ showed regarding the move to online learning and assessment, and changes in clinical placement secondary to

COVID, and appreciated the timely responses we received to the information provided. The move to online examinations has highlighted the issues of ensuring the robustness of the assessment process and general academic integrity.

In 2020, OCANZ requested additional information from all institutions but particularly required additional reporting on the experiences of final year students. We recognize that this was to assure the OBA and AHPRA that graduating students continued to meet the entry-level competencies, however, there are likely to be other critical time points in different programmes. Reporting on these critical times may be useful to consider.

It may also be worth noting that certain groups of patients (for example, those with comorbidities, elderly patients, or low vision patients) were much more difficult to book for appointments during the pandemic. As a result, it would be good to review the current OCANZ Criterion 3.3. with more specific directives on simulation/simulated patients.

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

We would recommend the following additions and amendments to the current OCANZ standards:

Additions:

- Add ADC criterion 1.7
- Adopt APC criterion 3.1
- Adopt ADC criterion 3.5
- Adopt APC criterion 3.2
- Adopt MRPAC criterion 3.4
- Adopt MRPAC criterion 4.3 with the inclusion of wording around the 'well-being of students' noting the importance of both physical and mental health

Amendments:

- Add the term 'stakeholder' to the current OCANZ criterion 2.3
- Replace OCANZ criterion 3.5 with the ADC criterion 3.6
- Combine OCANZ criteria 3.7 & 3.9 and use a description similar to ADC criterion 3.8
- Delete OCANZ criterion 3.10 and replace with domain 6
    - The new Domain 6 should adopt MRPAC criterion 4.2
    - Change the 5.2 to APC criterion 5.1
    - Change wording of OCANZ criterion 5.3 to APC criterion 5.2

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

Currently OCANZ criterion 1.2 uses the term '*fitness to practice*' while the ADC criteria (as well as Physiotherapy) uses the term '*impairment*'. The OCANZ glossary also defines the term '*impairment*' but does not define '*fitness to practice'*. It would be useful to understand the differences between these two terms and have a clear definition of *fitness to practice* in the glossary.

The required evidence to meet Criterion 1.3 needs to be elaborated in the evidence guide. What do education providers need to provide to meet this criterion? Is the evidence submitted in the core pieces of evidence 4 & 5 sufficient?

It would be useful if the evidence guide could be more specific about the evidence required to demonstrate compliance with criterion 2.2.

Currently, OCANZ has a requirement that students spend the equivalent of one year (1.0 EFTSL) in clinical placements. It would be good to see the development of an evidence base around this requirement and/or the introduction of a clinical competency tracking tool, for example, similar to the COMPASS tool used in Speech Pathology.

It would also be useful if OCANZ could publish aggregated patient numbers from across the accredited optometry programs, so individual programs could track their student numbers compared to overall averages.

Due to the changes in the AHPRA mandatory reporting requirements for education providers, it would be useful to review the evidence guide for Standard 1 in light of these changes.

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

We believe that the 15 pieces of core evidence are still appropriate. However, we would recommend the following for review by the committee:

Is the providing of TEQSA registration required as this information is available in the public domain?

We would recommend that 4 & 5 are combined into a single piece of evidence as these are intrinsically linked.

There could be more specific guidance around 10 and a clear definition of what is considered '*independently managed*' by a student.

Due to the centralisation of many administration processes at universities, clearly delineating central versus discipline/department/school level financial resources can be difficult to achieve. This is particularly true, where organisations lean towards a matrix adoption of resources and therefore delineation at the optometry school level would be impossible to supply.

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

It may be useful to consider a benchmarking process of staff levels across the Australasian optometry programmes particularly with regard to numbers of research-focused, teaching-research, and teaching-focused staff levels in current programmes.

We would recommend that the revised standards note the importance of graduates being up to date with emerging technologies and should include support for online modes of learning where appropriate.

Regards,

Nicola Anstice
Professor in Optometry