

12 July 2021

Sian Lewis
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Via email: s.lewis@ocanz.org

Dear Sian,

RE: Discussion paper - Review of OCANZ Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs

Thank you for your providing the discussion paper on the Review of OCANZ Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs.

The Board has considered the discussion paper in the context of the discussion questions listed in the paper, and provides the following response:

General comments:

The Board believes that the approach to the review is sound, and the method of comparison with similar professions within Australia is appropriate, as does discussion against comparable jurisdictions of UK and USA.

The Board agrees that the promotion of cultural safety to its own domain is appropriate in contemporary health care, and suggests that the standards could include greater emphasis on other specific patient groups, such as older people, people with disability and people experiencing family or gendered violence. The standards could also reflect non-traditional scopes of practice for optometrists – eg public health and integrated care settings.

1. Do you support retention of the basic form of the current OCANZ standards?

The Board supports the current basic form of the OCANZ standards. The form is consistent with standards employed elsewhere and captures the main pillars for a robust program to deliver graduates that can practice safely in Australia and NZ. The collective non-instrumental criteria give scope for some flexibility in delivery of the program and flexibility in how competency is demonstrated via assessment strategies.

The Board agrees that the domain names could be made consistent across professions with both taxonomic and outcome focussed titles as suggested.

2. Do you support the elevation of cultural safety related to First Nations Peoples and their health care as a separate domain in the revised standards?

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Yes, the Board supports the elevation of cultural safety for Aboriginal and Torres Strait Islander peoples as a separate domain. This reflects the National scheme's vision as defined in the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025, that patient safety for Aboriginal and Torres Strait Islander peoples is the norm. It also supports the Strategy's goal to identify, implement and monitor the National Scheme's Strategy and role in ensuring patient safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system.

The Board believes that patient safety is also important in other potentially marginalised members of the community, including older people in aged care, those experiencing family or gendered violence, and people with a disability. These and other groups could be specifically addressed in a separate section of the revised standards.

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?

Standards need provide for emerging scopes of practice, including both emerging technologies and modes of practice. In addition to instruction in knowledge current at the time of accreditation, the standards need to support the programs to be able to teach students in emerging scopes of eye care provision. The Board believes that it is critical that the standards include increased emphasis on emerging scopes of practice.

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

Standards need to emphasis graduate capability for life-long learning, this includes maintaining currency with potential innovations in practice and ability to adapt and progress. The programs of study should deliver graduates with entry level for registration to practice, i.e. provide the groundwork, but the graduate must have the capability for continuing development as a health professional throughout their practising career and facilitate future scopes of professional practice.

The standards should make specific reference to emerging technology and expanding modes of practice.

5. Do the current Standards accommodate emerging trends in education methods and changes to the health system?

The standards need provision for flexibility for programs to adopt emerging trends in education methods. The Board suggested that Standard 3 could be expanded to encompass this point.

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

The COVID-19 experience has revealed flexibility in the education providers ability to vary the delivery of the program and methods of assessment to demonstrate competency. Future standards should continue to allow the ability to manage within the programs for unprecedented events. The pandemic revealed the vulnerability of access to patients for clinical supervised practice opportunities. Risk management related to student placement and direct experience with face to face clinical care could be considered in the standards.

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

The Board has no further additions to suggest.

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

The evidence guidance seems clear, and suggests that there be a mechanism for education providers to provide feedback on the clarity of the guidance materials, if this is not already available.

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

The core evidence required by OCANZ to demonstrate compliance with the standards may need to be altered to capture areas of additional focus. For example the current requirements may not adequately capture evidence of cultural competence embedded within programs.

OANZ could also consult with the universities to facilitate the provision of suitable evidence that minimises duplication for university staff – for example evidence that can also be used for other accreditation purposes such as TEQSA.

OANZ could consult with other accrediting agencies to facilitate the provision of evidence for multiprofessional education where appropriate, to reduce the burden of compliance.

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

The Board noted the following points for inclusion in the standards:

- a. the Board has considered its notifications data, and has identified clear and respectful patient communication and good record keeping as areas that should be emphasised in approved programs. Specific references to these areas could be included in the standards.
- b. the Board's Registration standard for continuing professional development standard now includes specific reference to reflective practice. While this principle is engrained in higher education principles, the Board believes it could be specifically referenced within the standards.
- c. entry level programs could prepare graduates for practice in non-traditional settings.
- d. more transparency to highlight that optometrists are trained to take an integrated whole of body approach to medicines.
- e. standards need to clearly articulate that graduates are able to demonstrate a good understanding of the limitations on their scope of practice, and when to refer to other health practitioners, including optometrists with specific expertise, medical practitioners and medical specialists.

We look forward to the next stage of the project. Future consultation papers and any other correspondence can be emailed to Lynda Pham at EO.optometry@ahpra.gov.au.

Yours faithfully



Ian Bluntish
Chair, Optometry Board of Australia