



## Accreditation Standards and Evidence Guide for Programs of Study in Ocular Therapeutics

**Effective from 1 January 2024**

Approved by the Optometry Council of Australia and New Zealand in January 2023 and the Optometry Board of Australia in June 2023. Updated December 2023.

The Optometry Council of Australian and New Zealand respectfully acknowledges the traditional owners and custodians of country throughout Australia and their continuing connection to land, waters and community. We pay our respects to Elders past and present. We extend this respect to te iwi Māori, Tangata Whenua o Aotearoa New Zealand.

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# 1. Introduction

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## 1.1 About OCANZ

The Optometry Council of Australia and New Zealand (OCANZ) was established in 1996 with the support of and representation from the:

- Heads of the optometry schools in Australia and New Zealand
- Professional membership bodies in Australia and New Zealand
- Registration Boards in Australia and New Zealand.

The two key roles of OCANZ are to:

- accredit optometry programs of study in Australia and New Zealand, and
- conduct examinations for overseas qualified (i.e., outside of Australia or New Zealand) optometrists who are seeking to practise in Australia and/or New Zealand.

Both roles collectively provide a system of quality assurance to assure the Optometry Board of Australia (OptomBA) and the Optometrists and Dispensing Opticians Board of New Zealand (ODOB) that all those who are entering the profession are competent to practise to the contemporary standards that have been established by the profession.

## 1.2 Programs in Ocular Therapeutics

In addition to accreditation of programs for entry to the profession ('entry-level' programs) OCANZ also accredits education programs in ocular therapeutics that are offered as professional development opportunities to optometry graduates whose primary qualification did not initially encompass ocular therapeutics<sup>1</sup>. This document focuses entirely on such ocular therapeutic programs. The current ocular therapeutics standards were reviewed in 2017 and came into effect on 1 January 2018. They are available at: [Ocular-Therapeutics-Accreditation-Standards-and-Evidence-Guide-Final-MARCH-2017.pdf \(ocanz.org\)](#) The standards for entry-level programs that apply to new graduates from current programs are available for comparative purposes at: [OCANZ-Accreditation-Standards.pdf](#) The entry-level standards were revised recently and come into effect on 1 January 2023.

## 1.3 Outcomes of Accreditation of a Program of Study

Accreditation is the status granted by OCANZ to education programs that meet, and continue to meet, the relevant OCANZ Accreditation Standards as outlined in this document. Accreditation of a program signifies that the students who graduate from the program have the knowledge, skills and other professional attributes and competencies that are necessary for the practise of ocular therapeutics in Australia and New Zealand as an integral part of their optometry practice.

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<sup>1</sup> Entry-level programs in optometry now encompass ocular therapeutics. In Australia, from December 2014, therapeutic prescribing became a requirement for an individual's initial registration as a practising optometrist. Australian optometrists have a notation on their registration indicating whether or not they are qualified for a scheduled medicines endorsement. New Zealand optometrists are registered with or without a therapeutics scope of practice. The specific ocular therapeutic programs that are subject to the standards in this document are stand-alone programs that are intended to broaden/expand the capabilities of existing registered practitioners, including overseas trained optometrists, who did not undertake ocular therapeutics training as part of their entry-level program, to include ocular therapeutic practice.

## 1.4 Standards-Based Accreditation of Ocular Therapeutic Programs

Accreditation of programs is conducted through an assessment of the programs by OCANZ against the OCANZ Accreditation Standards for Programs of Study in Ocular Therapeutics ('the standards').

The standards apply to all education programs in ocular therapeutics that are approved or prescribed for registration as an optometrist in Australia and New Zealand. New programs and established programs will both be assessed against the same Standards, although the assessment process may vary according to the status of the education provider and/or the program being accredited.

The procedures OCANZ adopts for assessment of programs of study for accreditation are available in a separate document at

<https://www.ocanz.org/assets/Accreditation/e916361854/OCANZ-Accreditation-Procedures-Guide-2022.pdf>

## 1.5 Approval of the Standards

The OCANZ Standards are initially endorsed by the OCANZ Board of Directors and subsequently approved by the Optometry Board of Australia (OptomBA) under the *Health Practitioner Regulation National Law 2009* (National Law).

## 1.6 Outcome-Focussed Standards

The Standards reflect contemporary best practice in standards development across Australia and internationally, where there has been a strong shift away from a historic focus on specifying program 'inputs' towards patient-centred and learner-centred 'outcomes', which is often known as an 'outcome-based' focus. In focussing on outcomes, the Standards see most educational inputs and processes as enablers of learning outcomes rather than as ends in themselves. As a result of this type of approach, the standards can and do accommodate a range of educational models and variations in curriculum and teaching methods, while nonetheless holding education providers to clear standards in relation to learning outcomes, irrespective of the nature and context of the program concerned.

## 1.7 Structure of the Standards

The standards collectively comprise the following six 'Domains' of requirements for accreditation:

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

Each Domain contains a single overarching Standard Statement (the 'Standard'). These Standard Statements articulate the key requirements of each of the Domains.

The Standard Statement in each Domain is supported by multiple 'Criteria'. The Criteria collectively set out what is expected of an OCANZ accredited program to meet each Standard Statement.

*Note on Criteria:* The Criteria are not sub-standards that are intended to be assessed individually one by one. Rather, when assessing a program OCANZ will take a balanced view against all of the Criteria for each Standard to determine whether the evidence presented by an education provider clearly demonstrates that the Standard is met overall.

## 1.8 Guidance on the Presentation of Evidence for Accreditation

Accreditation of programs of study is an evidence-based process. An OCANZ accreditation process relies on both current documentary evidence submitted by the education provider and experiential evidence obtained by an expert assessment team during the accreditation process, through site visits and discussions including with the provider, students, staff, clinical supervisors and placement providers, graduates and employers. Accredited programs are also subject to periodic monitoring by OCANZ to ensure that the Standards continue to be met in the interim between accreditation and reaccreditation processes.

OCANZ acknowledges and accepts that programs in ocular therapeutics differ from undergraduate programs in that the 'students' are already experienced practitioners, participation is elective as part of a practitioner's professional development and adult learning modes will predominate in a provider's educational approaches. OCANZ will take account of this context in seeking and interpreting evidence.

OCANZ has found that it is helpful to education providers and assessment teams alike if some indication of the evidence that may be used to support an application for accreditation is incorporated into the Standards document, so that the both the requirements of the Standards and guidance on the presentation of supporting evidence can be found easily together in one document.

Guidance on evidence that must or may be presented is provided in the following ways:

1. A specific list of *mandatory* evidence requirements for an accreditation submission (see Appendix).
2. A summary of potential items of evidence that a provider may choose to present in a submission for accreditation and/or an assessment team may decide to evaluate during a site visit (set out in lists accompanying the Standard Statement and Criteria for each Domain of the Standards).
3. Explanatory guidance information accompanying each Domain of the Standards.

The guidance information included in this document is not formally part of the Standards, which consist only of the Standard Statements and their accompanying Criteria. The guidance information following each Standard is intended to assist education providers who are seeking accreditation to appreciate how OCANZ understands some critical or key aspects of the requirements of the Standard.

How OCANZ uses evidence presented by education providers or obtained in other ways is discussed in the OCANZ manual of accreditation procedures.

## 1.9 Currency of Reference Material

The evidence guidance in this document refers to various reference materials. These are taken to be as amended from time to time. If the original references are superseded by other materials or discontinued, the references are to such successor documents as may be adopted. (Where a document is superseded, providers of education programs are typically notified of its replacement(s) by OCANZ and/or the OptomBA)<sup>2</sup>.

### 1.10 This Document

The primary purpose of this document is to set out and provide a brief context for the OCANZ Accreditation Standards for accreditation of programs in ocular therapeutics (i.e., the six Domains of the Standards, the Standard Statements for each of the Domains and their accompanying Criteria).

As noted above, for the convenience of providers and assessment teams, this document includes integrated guidance on the evidence that may play a part in demonstrating that a program meets the Standards, although this guidance is not formally part of the Standards. A glossary of key terms is also provided.

For the purposes of accreditation process and related matters, education providers and assessors will need to refer to the separate manual of processes and procedures used by OCANZ to assess and monitor programs against the Standards. See <https://ocanz.org/accreditation/standards/> for further details.

### 1.11 Contact OCANZ

For further information contact:

Accreditation Manager  
PO Box 16179  
Collins St West 8007  
Victoria Australia  
enquiries@ocanz.org  
www.ocanz.org

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<sup>2</sup> e.g., at the time of writing a change of custodian(s) for the NPS Prescribing Competency Framework was being contemplated. The final approved version of these standards is expected to incorporate updated references to the relevant replacement information. References to the current information is highlighted accordingly throughout this version of the standards.

## 2. The Standards, Criteria and Guidance on Evidence

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### Domain 1: Public Safety

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#### Standard 1:

**Public safety is assured.**

##### Criteria:

- 1.1 Protection of the public and the care of patients are prominent amongst the guiding principles of the educational program, its clinical education components and learning outcomes.
- 1.2 Students achieve the relevant competencies before providing before providing therapeutic management of ocular diseases as part of the program.
- 1.3 Students are supervised by suitably qualified and experienced registered optometrists and/or other health professionals during clinical training.
- 1.4 Health services and optometry practices providing clinical placements have robust health, quality and safety policies and processes for patient care that meet all required regulations and standards.
- 1.5 Patients consent to care by students.
- 1.6 Students understand the legal, ethical and professional responsibilities of a registered optometry practitioner, particularly in relation to ocular therapeutics.
- 1.7 The education provider holds students and staff to high levels of ethical and professional conduct
- 1.8 Processes for identification and management of student impairment are effective.
- 1.9 All students are registered with the relevant regulatory authority/ies.
- 1.10 The program has regard to cognate health care policies and standards that relate to clinical training and practice as a health care practitioner, including professional responsibilities and practices in ocular prescribing.

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#### Possible evidence for this Standard, in addition to any required evidence:

- Documentation showing the relevant learning outcomes to be achieved prior to providing patient care within the program
- Learning outcomes related to improving the public health of the community
- Learning outcomes concerned with working in an interprofessional team
- Policies and procedures on clinical training, placements and supervision
- Policies and procedures related to the safety of therapeutic interventions
- Policies and procedures on ethical and professional behaviour and fitness to practise

#### *Items that may be requested at site visits:*

- *Systems that identify, report on and remedy issues that may affect patient safety and any actions taken*
- *Student registration documentation where required*
- *Samples of records of patient consent*

## Guidance - Standard 1:

### Public safety is assured.

This Standard addresses public safety and the care of patients as the prime considerations. The focus is on clinical training, placements and supervision and the way the education provider manages learning environments to ensure quality and reliable outcomes for patients and students.

#### Student fitness to practice processes

Fitness to practise includes ensuring student's capacity to safely undertake clinical training and practice. *Note:* 'impairment' has a specific meaning in Australia (see Glossary).

#### Student clinical placements

OCANZ recognises that education providers design and carry out clinical training in a variety of ways. Nevertheless, documentary and experiential evidence will need to show how the arrangements meet the Standard including that:

- clinical placements provide services, student experience and teaching to meet the OCANZ Standards overall
- the objectives and the assessment of all clinical placements are clearly defined and known to both students and practitioners
- education providers have an active relationship with the practitioners who provide instruction and supervision as well as processes in place to select, train and review practitioners' supervision of students
- clinical supervisors have the professional and supervisory skills to supervise students in a clinical setting
- the educational experience in clinical placements is monitored and evaluated by the education provider's academic staff.
- feedback from students and supervisors is considered in planning and improvement of the program.

#### Student registration documentation

Education providers are responsible for ensuring that all students enrolled in ocular therapeutics programs are registered<sup>3</sup> with the OptomBA or ODOB. Providers are also required to provide information on how the reporting to the OptomBA or ODOB of any notifiable conduct of students is managed.

#### Ethical and professional conduct

The requirements for the ethical and professional conduct of optometrists to assure public safety in Australia are set out in the Optometry Australia Entry-level Competency Standards for Optometry, and the Code of Conduct for optometrists published by the OptomBA and available at <http://www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx><sup>4</sup>.

In New Zealand, the ODOB has published a separate code of ethics for optometrists practising in New Zealand as required under the *Health Practitioners Competence Assurance Act*. This

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<sup>3</sup> Some students may have limited registration for the purposes of undertaking the program *e.g.*, international students.

<sup>4</sup> Under review at the time of writing.

code is available at <https://www.odob.health.nz/i-am-registered/practice-standards/>. OCANZ expects education providers to reference and reflect these requirements in their ethical and professional conduct standards for students and staff.

OCANZ expects that students will acquire a broad range of professional skills, as set out in the profession's competency standards. These encompass reflective practice, contributing to the public health of the community, responding to the needs of marginalised groups or other groups with special health needs, promoting ocular health care and working in an interprofessional team with a sound understand of the health context in which they practise. In addition, students are expected to have demonstrated capabilities in infection prevention and control, together with adherence to infection prevention control policies and practices.

### **Recognising limitations**

It is also necessary for students to be able to recognise the limitations of their own professional practice and to be able to identify when it is necessary to collaborate, refer or undertake continuing professional development to achieve appropriate patient care. OCANZ is interested in seeing how a provider assures itself that competence in this respect has been achieved.

### **Health care policies/standards**

Education providers need to have regard to cognate health care policies.

Education providers should be able to demonstrate having regard to the National Prescribing Service (NPS) MedicineWise Prescribing Competencies Framework (2021) in the aspects of the program concerning prescribing, available at [Prescribing Competencies Framework - NPS MedicineWise<sup>5</sup> or in its successor document\(s\)](#).

Education providers should also reference in their programs as appropriate the work of the Australian Commission on Safety and Quality in Health Care (ACSQHC), which produces a range of standards aimed at protecting the public from harm and improving the quality of health service provision. The standards relevant to optometry include the Primary and Community Healthcare Standards at <https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare>. The ACSQHC also publishes the Australian Charter of Health Care Rights ([safetyandquality.gov.au](https://www.safetyandquality.gov.au)), which applies to all people in all places where health care is provided in Australia.

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<sup>5</sup> At the time of writing the closure of NPS Medicine Wise was imminent and future arrangements for the Prescribing Competency Framework were yet to be decided.

## Domain 2: Cultural Safety

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### Standard 2:

**The program ensures that students can provide culturally safe care for First Nations Peoples.**

**Criteria:**

- 2.1 Cultural safety for First Nations Peoples is integrated throughout the program and clearly articulated in required learning outcomes.
- 2.2 There is input into the design and management of the program from First Nations Peoples.
- 2.3 Students' clinical experiences encompass provision of culturally safe care for First Nations Peoples.
- 2.4 The education provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about the health of First Nations Peoples.
- 2.5 Staff and students work and learn in a culturally safe environment.
- 2.6 The design and management of the program, particularly its clinical components, continue to have regard to relevant national policies concerning the health and health care of First Nations Peoples.

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### Possible evidence for this Standard, in addition to any required evidence:

- Documentation about how First Nations students are supported in the program
- Wherever possible, documentation showing the relevant learning outcomes to be achieved in relation to First Nations Peoples
- Policies concerning provision of culturally safe health care

### *Items that may be requested at site visits:*

- *Evidence of input from First Nations Peoples to program design/review*
- *Systems that identify, report on and monitor culturally safe health care*

## Guidance - Standard 2:

### **The program ensures that students can provide culturally safe care for First Nations Peoples.**

This Standard requires education providers to demonstrate how the objective of culturally safe care for First Nations Peoples<sup>6</sup> is being achieved in the program and is inculcated in graduates.

OCANZ has published the *Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework* at <https://ocanz.org/accreditation/standards/>, which contains key recommendations on curriculum content, learning outcomes and assessment, as well as requirements for successful implementation, to assist optometry education providers to meet the OCANZ Cultural Safety Standard. An OCANZ Optometry Māori Health Curriculum Framework is in development

Education providers may wish to show how this Standard is addressed in an articulated philosophy of what cultural safety means to the provider, as well as in the learning outcomes, curriculum, clinical experiences and assessment methods (whether formative or summative) of the program.

Guidance to students from culturally capable staff is expected, as are culturally safe support mechanisms, guided by relevant overarching policies and procedures and supported by a culturally safe learning environment.

Programs are expected to take account of prevailing policies concerning culturally safe health care and related matters, including the Te Tiriti o Waitangi (the Treaty of Waitangi) and its associated obligations in New Zealand and the Aboriginal and the Torres Strait Islander Health Plan in Australia. The documents can be accessed at:

[Treaty of Waitangi principles | Ministry of Health NZ](https://www.health.gov.au/health-topics/aboriginal-and-torres-strait-islander-health/how-we-support-health/health-plan)  
<https://www.health.gov.au/health-topics/aboriginal-and-torres-strait-islander-health/how-we-support-health/health-plan>

Education providers will be expected to demonstrate that their approach to culturally safe care is informed by input from partnerships with First Nations Peoples and, possibly, by bodies with particular expertise in this area, such as the Aboriginal Community Controlled Health Organisations in Australia or the Māori Health Authority in New Zealand.

*Note:* Provision of culturally safe care to First Nations Peoples does not obviate a practitioner's obligations to be responsive to other cultures beyond their own culture (see 4.10).

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<sup>6</sup> Māori in New Zealand and Aboriginal and Torres Strait Islander Peoples in Australia.

## Domain 3: Academic Governance and Quality Assurance

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### Standard 3:

**Academic governance and quality assurance processes are effective.**

#### Criteria:

- 3.1 The education provider has robust academic governance for the program of study that include systematic periodic monitoring, review and improvement of the program.
- 3.2 Input is obtained periodically from internal and external stakeholders to the design, review and improvement of the program, including feedback from students, consumers, academics and representatives of the optometry profession to ensure the program remains fit for purpose.
- 3.3 The program responds to contemporary and emerging developments in health professional education and ocular therapeutics practice.
- 3.4 The education provider operates in an environment informed by contemporary scholarship, research and professional enquiry that informs and fosters the development of the program, in relation to ocular therapeutics in particular.
- 3.5 Risks to the quality and sustainability of the program are, and continue to be, identified, managed and mitigated effectively.

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#### Possible evidence for this Standard, in addition to any required evidence:

- Key academic governance policies and procedures
- Terms of reference for program governance committees/reviews
- Evidence of effective consultation and/or formal partnerships with the profession, community and other health professions to deliver the program
- Evidence of how and how frequently the education provider benchmarks the program internally and externally against national or international standards for programs delivering equivalent learning outcomes
- Examples of risk management plans and mitigation strategies

#### *Items that may be requested at site visits:*

- *Role statements for senior positions in the program*
- *Records of governance meetings showing participation, decisions made and implemented*
- *Copies of plans for the program, which include assessing and mitigating program opportunities/risks*
- *Examples of student, employer and/or graduate surveys/reviews and outcomes*
- *Copies of external or internal reviews and the education provider's response*
- *Arrangements that enable students and/or staff to respond to contemporary developments in health professional education, theory and practice*
- *Records of other stakeholder consultation or engagement activities showing stakeholder participation and consequent decisions made and implemented*

## Guidance - Standard 3:

### **Academic governance and quality assurance processes are effective.**

This Standard addresses the organisation and governance of the ocular therapeutics program.

The focus is on the overall educational context in which the program is delivered, specifically the administrative and academic organisational structures that support the program and the degree of control that the academics who manage and deliver the program, and the influence that the optometry profession and other external stakeholders including consumers have over the relevance and quality of the program to produce graduates who are competent to practise in ocular therapeutics.

OCCANZ expects that an education provider exhibiting effective academic governance and quality assurance for the optometry program typically will provide evidence that it:

- has in place a committee or similar entity with the responsibility, authority and capacity to develop, implement and change the program to meet the changing needs of the profession and national health needs
- uses educational expertise in the development and management of the program
- regularly monitors and reviews 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
- clearly states the responsibilities of entities and individuals managing the program
- has sufficient autonomy to direct resources to achieve the program learning outcomes.

The education provider will be expected to be able to demonstrate, through its governance and quality assurance mechanisms, that it is aware of and responding to contemporary and emerging developments in the discipline, health education, technology, policies, standards and practice, and that this awareness translates into improvements that keep the program aligned with the needs of the profession and otherwise fit for purpose<sup>7</sup>.

It will also be expected that the governance and quality assurance system will address risks to the quality and sustainability of the program, leading to effective risk management and mitigation.

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<sup>7</sup> This may include evidence that demonstrates the mechanisms for recognising and initiating responses to emerging issues, especially those that cross disciplinary boundaries. Topics of emerging interest for example are those arising from recent or imminent legislation changing the scope of practice of optometry or changes in methods of practice arising from new knowledge or technology.

## Domain 4: Program of Study

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### Standard 4:

**Program design, delivery and resourcing enable students to achieve the required professional competencies.**

#### Criteria:

- 4.1 A coherent educational philosophy informs the program of study and is reflected in the design, delivery, learning outcomes and teaching and assessment methods of the program.
- 4.2 Program learning outcomes address all the relevant professional competencies endorsed by OCANZ.
- 4.3 The quality, quantity and diversity of clinical training are sufficient to produce a graduate competent to practice ocular therapeutics across a range of settings and patient presentations.
- 4.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.
- 4.5 Emerging developments in education, technology, pharmaceutical agents, practice and public health are incorporated as necessary to keep the program fit for purpose and to foster adaptation to future changes in health care delivery.
- 4.6 Emphasis is given to the concept of 'whole of body prescribing' in considering prescribing and administering medications.
- 4.7 Principles of inter-professional learning and practice are embedded in the curriculum and students work with and learn from other health professions to foster a capacity for interprofessional collaborative practice.
- 4.8 Teaching staff are suitably qualified and experienced to deliver the units that they teach.
- 4.9 Learning environments, clinical facilities and equipment are accessible, up to date, well maintained, fit for purpose and support the achievement of required learning outcomes.
- 4.10 Graduates achieve research literacy appropriate to the academic level and type of program.
- 4.11 A capacity for responsiveness<sup>8</sup> to cultures beyond a practitioner's own culture in the delivery of culturally safe health care is integrated within the program and clearly articulated among required disciplinary learning outcomes.
- 4.12 The optometry program has the resources to sustain the quality of education that is required to facilitate the achievement of the OCANZ-endorsed competency standards.

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#### Possible evidence for this Standard, in addition to any required evidence:

- Program/course/subject approval documentation
- Statement of the overall educational philosophy/design of the program
- Description of the teaching/research nexus, and research programs of the school
- Letter from the education provider's senior management confirming ongoing support for the program
- Evidence of approvals by another education regulator
- Evidence of how students are able to access current information such as research findings and developments in policies and practices

#### *Items that may be requested at site visits:*

- *Subject guides detailing how the program of study is structured and enacted at each stage*

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<sup>8</sup> Sometimes known as 'cultural competence' or 'cross-cultural competence'

- *Examples of learning and teaching materials and approaches using a range of delivery methods*
- *Student and employer feedback on program of study*
- *Sample staff position descriptions*
- *Documentation on recruitment, support, workload and/or professional development of staff teaching in the program*
- *Examples of staff engagement with learning and teaching initiatives to support innovative, contemporary and evidence-based teaching approaches*
- *Descriptions of how cultural responsiveness (or 'cross cultural competency') to enable culturally safe health care is inculcated and achieved in the program*

## Guidance - Standard 4:

**Program design, delivery and resourcing enable students to achieve the required professional competencies.**

This Standard focuses on the way the educational outcomes of the program are achieved and how consistent they are in Australia with Optometry Australia's *Entry-level Competency Standards for Optometry 2022* – [https://www.optometry.org.au/wp-content/uploads/Professional\\_support/Guidelines/Final\\_Entry-level-Competency-Standard-for-Optometry-2022.pdf](https://www.optometry.org.au/wp-content/uploads/Professional_support/Guidelines/Final_Entry-level-Competency-Standard-for-Optometry-2022.pdf) and in New Zealand with the OCANZ endorsed *Standards Of Clinical Competence For Optometrists 2018* <https://www.odob.health.nz/i-am-registered/practice-standards/>

The Standard includes the program of study and the human, physical, financial and learning resources needed to deliver the program to the Standard.

OCANZ expects the program of study to be consistent with the requirements of the NPS Prescribing Competencies Framework <https://www.nps.org.au/prescribing-competencies-framework>

### **Design and content of Program of Study**

OCANZ considers that the primary goals of a program in ocular therapeutics are to enable a registered optometrist to be able (and to be registered accordingly) to carry out ocular therapeutics safely and competently, while being equipped to continue to maintain and develop their competence through life-long learning and professional development.

OCANZ expects that the program will develop graduates' competence in the differential diagnosis, diagnosis and management of ocular conditions encompassing all of the therapeutic agents that are permitted in Australia and New Zealand, irrespective of whether the use of all such agents by optometrists is permitted in the jurisdiction in which the program is delivered. In so doing the scope of the program is expected to include:

- sufficient emphasis on the use of medicines to ensure competent and safe practice in the New Zealand context
- jurisdictional differences within Australia with respect to the prescription of therapeutics agents
- understanding the need to comply with legal limits of practice in each jurisdiction.

To deliver on the educational outcomes and these goals, the provider should present evidence that the ocular therapeutics program has a suitable duration and evidence-based content. The

provider is also encouraged to present evidence in an overview about how the curriculum is structured and integrated in relation to the following:

- A strong foundation in the relevant biomedical sciences including microbiology, biochemistry, pathology, immunology, pharmacology, antimicrobial resistance and antimicrobial stewardship as necessary to support achievement of the learning outcomes of a program of ocular therapeutics
- A strong foundation in the dysfunctions and diseases of the eye that typically involve the use of prescribed medicines in management of the conditions such as disorders of the eyelids and lacrimal system, the cornea and conjunctiva, the sclera and episclera, the iris and uvea, glaucoma, and disorders of the posterior eye including cataract, retinal and choroidal diseases.
- A strong foundation in the fundamental skills required for the practice of ocular therapeutics including quality use of medicines, safe prescribing practices and medication administration practices (including the requirements of government schemes such as the PBS in Australia), knowledge of infection control policy and practice, adverse event identification and reporting, principles of integrative and collaborative patient management, maintaining competence, and emergency management and first aid.
- A strong foundation in the principles of assessment of infection risk, risk prevention and control, aseptic techniques and strategies to mitigate risks in the event of increased risks of infection to patients and/or practitioners
- A strong foundation in the use and management of basic and specialist equipment required for the practice of ocular therapeutics including those used to remove ocular foreign bodies and those used to measure intraocular pressure, central corneal thickness, threshold visual fields, anterior chamber angle, and optic nerve head and retinal nerve fibre layer.
- Significant experience, spent primarily in direct contact with patients to experience and learn about:
  - the diversity of presentations and patient needs.
  - the complex interplay of causative factors, pathogenic processes, and psychological and physical factors in the patient.
- Clinical instruction that incorporates student observation, practitioner demonstration, student participation in examination and independent management decisions that are reviewed by a supervisor.
- Exposure to managing developments in health systems such as electronic prescribing<sup>9</sup>, tele-health and an ever-changing range of therapeutic agents.

The program should take account of and be consistent with cross-profession guidance developed by accreditation authorities. This guidance will be consistent with the requirements of the OptomBA and ODOB and will be advised in writing to education providers by OCANZ. The current cross-profession guidance concerning the use of medicines is as follows:

- Principles of the quality use of medicines are integrated within the program and are clearly articulated as required disciplinary learning outcomes
- Program learning outcomes address the competencies required for prescribing, providing and monitoring the use of medicines for the relevant professional registration
- Collaborative and inter-professional prescribing practices are clearly addressed in the curriculum.

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<sup>9</sup> e.g., [Electronic prescribing | Australian Government Department of Health and Aged Care](#)  
Optometry Council of Australia and New Zealand  
Revised Accreditation Standards and Evidence Guide for Programs of Study in Ocular Therapeutics

OCHANZ expects a program in ocular therapeutics to be of sufficient breadth and depth to achieve its intended outcomes, consistent with contemporary and emerging professional practice. The education provider is expected to demonstrate that the curriculum covers topics consistent with achievement of the relevant learning outcomes and competencies to be assessed (see Guidance to Standard 6). Providers may wish to reference their programs against accepted views on the scope of ocular therapeutic practice<sup>10</sup>.

The organisation of the curriculum is enhanced by explicit statements about the learning outcomes expected of students at critical phases of the program. OCHANZ expects there to be guides that clearly set out the learning outcomes and show how they lead to the development of the overall program learning outcomes (competency standards).

The curriculum should provide students with the competencies to prescribe medicines judiciously, appropriately, safely and effectively, as set out in the national prescribing competencies framework <https://www.nps.org.au/prescribing-competencies-framework>.

### **Clinical training**

During clinical training OCHANZ expects that students are provided with extensive and diverse clinical experience in a range of settings with a diverse range of patients and clinical presentations encompassing mild to severe conditions comprising no fewer than 50 hours of supervised clinical practicum, or equivalent learning experiences.

### **Learning and teaching approaches**

OCHANZ encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills. Problem and evidence-based learning, computer assisted learning, simulation and other student-centred learning strategies are also encouraged. Providers may demonstrate how these approaches are incorporated into the curriculum. OCHANZ expects providers of ocular therapeutics programs to be cognisant of the needs of adult learners who are already registered practitioners at graduate level.

### **Inter-professional learning**

OCHANZ has endorsed the following competencies to support inter-professional education and expects the provider to demonstrate how these competencies are embedded in the curriculum. The principles of inter-professional learning encompass understanding, valuing and respecting individual discipline roles in health care.

The Inter-professional Learning Competency Statements endorsed by OCHANZ state that on completion of their program of study, graduates of any professional entry-level healthcare degree will be able to:

- explain inter-professional practice to patients, clients, families and other professionals
- describe the areas of practice of other health professions
- express professional opinions competently, confidently, and respectfully avoiding discipline specific language
- plan patient/client care goals and priorities with involvement of other health professionals
- identify opportunities to enhance the care of patients/clients through the involvement of other health professionals such as General Practitioners and/or nurses

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<sup>10</sup> Such as Onofrey, B., Skarin, L. & Holdeman, N. Ocular Therapeutics Handbook (3rd edn): A Clinical Manual. Lippincott, Williams & Wilkins 2011

- recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives
- critically evaluate protocols and practices in relation to inter-professional practice
- give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues <sup>11</sup>

OCANZ has the same inter-professional expectations of graduates of ocular therapeutics programs, as are applicable to the context of ocular therapeutics.

### **Qualifications of staff**

OCANZ expects that providers will be able to present evidence of staff qualifications and experience with respect to their teaching, clinical supervision and/or ocular therapeutics capability and if requested to discuss with OCANZ why those qualifications and/or experience make staff suitable to carry out their roles, including delivery of any units of study that they teach.

### **Cultural responsiveness (Cultural competence)**

In demonstrating how responsiveness (or cultural competencies) are appropriately integrated within the program, OCANZ expects the provider will reference how the Optometry Australia Entry-level Competency Standards for Optometry and the ODOB Standards of Cultural Competence for optometrists practising in New Zealand available at [https://www.odob.health.nz/cultural\\_competence](https://www.odob.health.nz/cultural_competence) are met. Providers should note that cultural responsiveness or cross-cultural competence includes, but is not confined to, working with First Nations Peoples. For example, dealing with members of culturally and linguistically diverse (CALD) communities may raise cross-cultural issues.

### **Life-long learning and professional development**

OCANZ expects graduates of ocular therapeutics programs to be able to recognize their limitations, know when and how to engage with other professionals to achieve a desired outcome and to recognize the need for professional development as a basis for life-long learning. OCANZ will be interested to see how these capacities are developed by providers of education programs, including how graduates are equipped to remain abreast of innovations in therapeutic practices and maintain their capabilities to prescribe and/or administer ocular therapies.

### **Research activity**

OCANZ believes that an environment in which research and scholarly enquiry are actively pursued enhances optometric education and a student's capacity for lifelong learning and that optometry students can benefit from some direct contact with active researchers. The education provider is encouraged to provide evidence of how students are given opportunities to observe and/or participate in research activity as part of their curriculum.

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<sup>11</sup> Source: Maree O'Keefe, Amanda Henderson, Brian Jolly, Lindy McAllister, Louisa Remedios, Rebecca Chick, 2014, Harmonising Higher Education and Professional Quality Assurance Processes for the Assessment of Learning Outcomes in Health, Office for Teaching and Learning, Canberra <http://www.olt.gov.au/resource-library?text=harmonising>

## Domain 5: The Student Experience

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### Standard 5:

**Students are provided with equitable and timely access to information and support.**

#### **Criteria:**

- 5.1 Course information is clear and accessible.
- 5.2 Admission and progression requirements and processes are equitable and transparent.
- 5.3 Students have access to effective grievance and appeals processes.
- 5.4 The education provider identifies, and provides support to meet, the academic learning needs of students.
- 5.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel.
- 5.6 Students participate in the deliberative and decision-making processes of the program.
- 5.7 Equity and diversity principles are observed and promoted in the student experience.
- 5.8 Student support mechanisms reflect the adult learning model that characterises ocular therapeutic programs.

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#### Possible evidence for this Standard, in addition to any required evidence:

- Copies of course information handbook (or equivalent) and links to the website
- Copies of admissions policies including policies concerning any identified groups and cohorts e.g., disadvantaged students
- Copies of policies and procedures relevant to the student experience
- Description of the range of academic and personal support services available to students and the qualifications required of the staff providing the services
- Details of student representation within the governance and curriculum management processes of the program
- Policies and procedures on equity and diversity, with details of implementation and monitoring

#### *Items that may be requested at site visits:*

- *Sample of admission and progression decisions*
- *Register of grievances or appeals lodged showing outcome of the process*
- *Examples of the provision of academic and/or personal support services*
- *Examples of use of student satisfaction data or other feedback to improve program*

## Guidance - Standard 5:

### **Students are provided with equitable and timely access to information and support.**

This Standard focuses on how the education provider delivers a student experience that is equitable and respectful of all students' development, learning needs, wellbeing and rights. OCANZ expects a provider to be cognisant of the needs of adult learner practitioners in shaping the experiences of students in a postgraduate program for registered practitioners.

#### **Student selection**

OCANZ expects that students admitted to programs in ocular therapeutics will be registered as an optometrist in Australia and/or New Zealand.

#### **Student information**

OCANZ expects that students will have ready access to all of the information required to participate and progress in the program, including for students who are off campus. This includes giving reasonable notice of changes to the program that may affect students' experiences or capacity to participate, such as material changes to program delivery or technology requirements.

#### **Student support services and facilities**

OCANZ expects evidence of adequate student support services and physical facilities sufficient to meet the needs and format of the program of study. Evidence of support services could include how students access services such as counselling services with trained staff, student health and financial services, student academic advisers as well as more informal and readily accessible advice from individual academic staff. Mechanisms should be in place to maintain contact with students who are not on campus to provide advice, support or resolve difficulties if needed.

OCANZ will also review the processes in place for feedback to students including the strategies to assist underperforming students and the provision of effective remediation opportunities.

#### **Additional student support**

OCANZ recognizes that appropriate additional academic and/or personal support services for students from diverse cultural backgrounds may be required and evidence of how this occurs should be available if applicable to the program and if requested.

## Domain 6: Program Learning Outcomes & Assessment

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### Standard 6:

**Program learning outcomes are specified, consistent with required professional competencies and are validly, reliably and fairly assessed.**

#### Criteria:

- 6.1 Program learning outcomes are specified and mapped to the relevant required professional competencies and requirements for registration to practise.
- 6.2 Program learning outcomes encompass skills for further study and life-long learning, including self-reflection.
- 6.3 On completion of the program, students have demonstrated all specified learning outcomes.
- 6.4 Multiple assessment tools are used, including direct observation in clinical settings.
- 6.5 Methods of assessment are consistent with and appropriate to the outcomes being assessed and the education provider can demonstrate that its assessment strategies are appropriate, fair, valid and reliable.
- 6.6 Program management mechanisms, including internal and external moderation, achieve consistent and appropriate approaches to assessment and timely feedback to students.
- 6.7 Suitably qualified and experienced staff assess students.
- 6.8 All assessors are informed of and engaged with the requirements of the assessments in which they take part.
- 6.9 Graduates are issued with certification that validly attests to their demonstrated competence to practise ocular therapeutics.

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### Possible evidence for this Standard, in addition to any required evidence:

- Assessment matrix/blueprint which details assessment methods and weightings and demonstrates alignment of assessment to learning outcomes and relevant OCANZ endorsed professional competencies
- Rationale, policies and procedures on assessment strategy, assessment and marking, credit for prior learning and progression
- Processes for identifying, using and evaluating input of external experts to assessment
- Examples of assessment moderation/benchmarking including the outcomes
- Qualifications, registration status (if applicable) and responsibilities and development of supervisors and markers of assessments
- Examples of feedback obtained from and given to students
- Evidence of addressing the risks and responsibilities of prescribing, including stewardship of the use of antibiotics

### *Items that may be requested at site visits:*

- *Samples of student assessment and feedback provided to students*
- *Sample of student log books/portfolios or equivalent (whether electronic or otherwise)*
- *Examples of assessment statistical data and how it is reviewed/used to improve program/course/unit outcomes and assessment approaches*
- *Register of qualifications and experience of assessors*
- *Examples of how assessors are engaged with the requirements of the assessments they undertake*

## Guidance - Standard 6:

**Program learning outcomes are specified, consistent with required professional competencies and are validly, reliably and fairly assessed.**

This Standard focuses on articulation of the learning outcomes of the program and how they collectively achieve the competency requirements required of the profession. It is critical that the education provider can demonstrate that the assessment strategies and methods used in the program, the reliability and validity of the methods used and whether or not the assessment methods and assessment data analysed by the provider give assurance that every student who passes the program meets the OCANZ endorsed competency standards and is thus competent to practise ocular therapeutics as part of their practice.

OCANZ expects education providers to use fit for purpose and comprehensive assessment methods and formats to assess the intended learning outcomes, and to ensure a balance of formative and summative assessments occur throughout the program. OCANZ expects that assessors will be suitably qualified and experienced to assess students. A 'team' assessment approach, e.g., involving experienced academics, assessment design experts and clinical practitioners trained in ocular therapeutics, may be helpful in some circumstances.

OCANZ will examine the education provider's assessment matrix (or similar framework methodology/tool) to determine the link between learning outcomes. How student assessment is managed for each phase or year of the program and the suitability of the assessment tools used will be examined. The use of assessment data to demonstrate reliability and validity and for improvement will also be examined.

Clinical assessment strategies will be closely reviewed. These may include:

- appropriate use of simulated and standardised patients to test specific skills in a structured, multiple-station assessment process, such as an 'objective-structured clinical examination' (OSCE)
- long case examinations that allow an assessment of the student's ability to take a complete history, conduct a full clinical examination, interpret the findings, make a differential diagnosis, make a diagnosis and develop a management plan and therapeutic intervention
- observation of the student performing a number of complete clinical evaluations.

In relation to 6.4/6.5, OCANZ is interested in how assessment outcomes and assessment methods are benchmarked externally.

Assessment should take account of cross-profession guidance developed by accreditation authorities from time to time. The current cross-profession guidance in relation to learning outcomes concerning prescribing<sup>12</sup> for entry-level healthcare programs, which is supported by OCANZ, is as follows:

On completion of their program of study, graduates of any ocular therapeutics program be able to:

- Explain the role of medicines in health care to patients/clients, families and carers as well as to other professionals (e.g. consider the place of medicines in treating illness and maintaining health, recognise that there may be better ways to manage health).
- Demonstrate an understanding of the medicines commonly used in their healthcare profession and scope of practice.
- Critically evaluate evidence for effective use of medicines used in their area of practice.
- Communicate clearly, sensitively and effectively about the initiation, monitoring and cessation of medicines with patients/clients, families and carers as well as other health practitioners to enable collaborative decision making and support patient/client care.
- Demonstrate an understanding of the need for coordination of the care as it applies to prescribing and/or management of the patient's/client's needs

OCANZ will expect that the provider's assessment processes have proven validity and that, whether during or on completion of the program, graduates of the program have:

1. The requisite knowledge, skills and professional attributes necessary for independent practice and autonomous prescribing and administration of medications in ocular therapeutics, including:
  - a) a thorough understanding of the microbiological, immunological and pathological processes relevant to eye and eye-related disease
  - b) a sound knowledge of the pharmacology of ophthalmic drugs (both topical and systemic) used in the treatment of eye-related disease, their indications and contraindications, their side effects and the implications of their use for antimicrobial resistance
  - c) competence to diagnose, including making tenable differential diagnoses, and treat conditions of the anterior eye, and be aware of the circumstances in which referral for specialist medical treatment is required
  - d) competence to diagnose, monitor and treat glaucoma, including being aware of circumstances in which referral for specialist medical treatment is required
  - e) an understanding of the emergencies and serious complications that can be associated with eye disease so that these can be identified and properly managed and awareness of the circumstances in which referral for specialist medical treatment is appropriate
  - f) a thorough understanding of the potential side effects of or adverse responses to ocular drugs, the scope of interaction that a chosen ocular drug may have with other systemic and ocular drugs, and how to avoid and manage such complications
  - g) an understanding of the effects medicines taken for non-ocular conditions have on the eye and have on treatments for ocular conditions

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<sup>12</sup> Framework for accreditation requirements for the safe and effective use of medicines, June 2021, Health Professions Accreditation Councils' Forum

- h) the capacity to provide first aid for ocular conditions
  - i) a thorough understanding of their relevant national Registration Board guidelines and legislative provisions related to the use of therapeutic agents used to manage eye disease including allergic, infective, inflammatory, toxic and traumatic conditions of the anterior eye
  - j) the capacity to work in an integrated and collaborative way with other health professionals, organisations and parties in the health care system.
2. The capacity to practise unsupervised in prescribing and administration of ocular therapies, providing safe and high- quality care and independent therapeutic management of patients, including the capacity to design, implement and monitor appropriate management programs and independent prescribing in a variety of contexts e.g. remote communities.
  3. The capacity to assess and maintain their competence and performance through continuing professional education, the maintenance of existing skills and the development of new skills.
  4. Met the competency standards required of entry-level optometrists in relation to ocular therapeutics, particularly (but not exclusively) in relation to the Optometry Australia Entry-Level Competency Standards for Optometry that deal with prescribing pharmacological and other regimens to treat ocular disease and injury and the TPA endorsed requirements set out in the New Zealand Optometrists and Dispensing Opticians Board Standards of Clinical Competence for Optometrists 2010.

## OCANZ Glossary

<b>Accreditation Authority</b>		An external accreditation entity, or an accreditation committee.
<b>Accreditation Committee</b>		Appointed by the Optometry Council of Australia and New Zealand (OCANZ) this committee is responsible for implementing and administering accreditation in accordance with the procedures and Standards adopted by the Optometry Council of Australia and New Zealand.
<b>Accreditation Report</b>		The final Accreditation Report produced by the OCANZ Board (An executive summary of this report is made public).
<b>Accreditation Standard/s</b>		A standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.
<b>Accreditation Submission</b>		Evidence provided to the accreditation authority by the education provider to show how the program of study, and the education provider that provides the program of study, meets the Standards.
<b>Accredited</b>		Is a status applied when the program of study, and the education provider that provides the program of study, meet the approved accreditation standards for the profession.
<b>Accredited Program of Study</b>		A program of study accredited by OCANZ
<b>Accreditation Refused</b>		The program of study, and the education provider that provides the program of study, has not met an approved accreditation standard for the profession.
<b>Accreditation Revoked</b>		The program of study, and the education provider that provides the program of study, no longer meets an approved accreditation standard for the profession and it is no longer accredited.
<b>Accredited with Conditions</b>		Is a status applied when the program of study, and the education provider that provides the program of study, substantially meet an approved accreditation standard for the profession and the imposition of conditions on the accreditation will ensure the program meets the standard within a reasonable time.
<b>Academic Quality Agency New Zealand</b>	AQA(NZ)	Established by the New Zealand Vice-Chancellors' Committee to carry out audits of the processes in universities that underpin academic quality.
<b>Antimicrobial Stewardship</b>	AMS	A systemic approach by a health service organisation to: <ul style="list-style-type: none"> <li>• promote and optimise appropriate antimicrobial use, and improve patient outcomes</li> <li>• reduce and contain antimicrobial resistance</li> <li>• reduce healthcare costs</li> </ul> (Antimicrobial Stewardship in Australian Healthcare. Sydney ACSQHC 2022)
<b>Assessment Matrix</b>		A technical component of assessment; it is a document that demonstrates the link between learning outcomes and what is assessed. <i>Note:</i> the terms assessment blueprint or summary and assessment sampling framework are also in use by education providers. <sup>13</sup>

<sup>13</sup> Source: Medical Deans Australia and NZ (HWA project) Developing a National Assessment Blueprint for Clinical Competencies for the medical graduate Final Report <http://www.medicaldeans.org.au/wp-content/uploads/Medical-Deans-Competencies-Project-Stage-3-Final-Report-FINAL.pdf>

<b>Assessment Team</b>		An expert team appointed by the OCANZ Board, whose primary function is the analysis and evaluation of the optometry program against the OCANZ Accreditation Standards.
<b>Assessment Team Report</b>		Report of the assessment team completed as part of the assessment process. This report is presented to the Accreditation Committee and provides recommendations on the accreditation or reaccreditation of an optometry program.
<b>Benchmarking</b>		A structured, collaborative, learning process for comparing practices, processes or performance outcomes. Its purpose is to identify comparative strengths and weaknesses, as a basis for developing improvements in academic quality. Benchmarking can also be defined as a quality process used to evaluate performance by comparing institutional practices to sector good practice.
<b>Clinical Placement</b>		<p>Provide opportunities in a relevant professional setting for the education and training of optometry students for the purposes of:</p> <ul style="list-style-type: none"> <li>• integrating theory into practice</li> <li>• familiarising the student with the practice environment</li> <li>• building the knowledge, skills and attributes essential for professional practice.</li> </ul> <p>During clinical placements the provision of safe, high quality patient care is always the primary consideration. It is recognised that a clinical optometric placement may be conducted in a number of locations and settings, which may be augmented by simulations.</p>
<b>Clinical Supervision</b>		This involves the oversight – either direct or indirect – by a clinical supervisor(s) of professional procedures and/or processes performed by a learner or group of learners within a clinical placement for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each learner’s experience of providing safe, appropriate and high-quality patient-client care.
<b>Clinical Supervisor</b>		An appropriately qualified and recognised professional who guides learners’ education and training during clinical placements. The clinical supervisor’s role may encompass educational, support and organisational functions. The clinical supervisor is responsible for ensuring safe, appropriate and high-quality patient-client care.
<b>Competency Standards (or Competence Standards)</b>		<p>OCANZ endorsed Competency Standards are the list of skills, knowledge and attributes that a person needs to be able to practise to enter the optometry profession (sometimes known as ‘professional standards’):</p> <ul style="list-style-type: none"> <li>• In Australia, the OCANZ endorsed professional competency standards are those adopted by Optometry Australia – currently <i>Entry-level Competency Standards for Optometry 2014</i> <a href="http://www.ncbi.nlm.nih.gov/pubmed/25545949">http://www.ncbi.nlm.nih.gov/pubmed/25545949</a></li> <li>• In New Zealand, the OCANZ endorsed professional competence standards are those adopted by the Optometrists and Dispensing Opticians Board (New Zealand) – currently the <i>Standards of Clinical Competence for Optometrists 2018</i> <a href="https://www.odob.health.nz/i-am-registered/practice-standards/">https://www.odob.health.nz/i-am-registered/practice-standards/</a></li> </ul>

<b>Cultural Safety</b>		<p>Cultural safety for Aboriginal and Torres Strait Islander peoples in Australia is determined by individuals, families and communities.</p> <p>Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. (Source: <a href="#">Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025</a>)</p> <p>Cultural safety for First Nations Peoples in New Zealand is addressed in <a href="#">Treaty of Waitangi principles   Ministry of Health NZ</a></p>
<b>Cultural Responsiveness</b>		The capacity to deliver culturally safe health care to patients of a culture different from a practitioner’s own culture.
<b>Delivery Mode</b>		The means by which programs are made available to students, for example: on-campus or in mixed-mode, by distance or by e-learning methods.
<b>Education Provider</b>		A university, or a tertiary education institution, or another institution or organisation, that provides vocational training, or a specialist medical college or other health profession college.
<b>Entry Level</b>		The level of the profession that a new graduate typically enters the profession, <i>i.e.</i> , the first year after graduation from an optometry program.
<b>Entry-level Threshold Learning Outcomes</b>		<p>Contained in the Learning and Teaching Academic Standards Statement for Health, Medicine and Veterinary Science. (Typically referred to simply as Learning Outcomes in other contexts).</p> <p><a href="https://www.researchgate.net/publication/279298670_Learning_and_Teaching_Academic_Standards_Project_Health_Medicine_and_Veterinary_Science_Learning_and_Teaching_Academic_Standards_Statement">https://www.researchgate.net/publication/279298670_Learning_and_Teaching_Academic_Standards_Project_Health_Medicine_and_Veterinary_Science_Learning_and_Teaching_Academic_Standards_Statement</a></p>
<b>Extramural Placement</b>		Student clinical placements that occur outside the education provider’s clinic.
<b>Full-Time Equivalent (FTE)</b>		<p>Full-time equivalence, as defined on the Department of Education and Training’s HEIMS-HELP glossary</p> <p><a href="http://heimshelp.education.gov.au/sites/heimshelp/resources/glossary/pages/glossaryterm?title=Full-Time%20Equivalence%20FTE%20for%20a%20Full%20Year">http://heimshelp.education.gov.au/sites/heimshelp/resources/glossary/pages/glossaryterm?title=Full-Time%20Equivalence%20FTE%20for%20a%20Full%20Year</a></p>
<b>Impairment</b>		<p>The term “impairment” has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner’s capacity to practise or a student’s capacity to undertake clinical training. That is, a person’s physical or mental impairment, disability, condition or disorder is only a matter of interest to the Board (includes its delegated decision-maker) if it detrimentally affects or is likely to detrimentally affect a practitioner’s capacity to practise or a student’s capacity to undertake clinical training.<sup>14</sup></p>
<b>Independent Patient Manager</b>		During a patient examination, the student makes a management decision independently, which is then reviewed by a supervisor
<b>Material Change</b>		Changes that will or may significantly affect the way the education provider meets the requirements of the Accreditation Standard

<sup>14</sup> Source: <https://www.ahpra.gov.au/Notifications/Further-information/Guides-and-fact-sheets/Health-assessments.aspx#:~:text=The%20National%20Law%20defines%20impairment,affect%20their%20capacity%20to%20practise.>

<b>Monitoring</b>		Activities by an accreditation authority so it continues to be satisfied a program and its education provider meet the approved accreditation standards for the profession.
<b>National Law</b>		The national legislative scheme for the regulation of 15 health professions in Australia including optometry.
<b>Not Accredited</b>		The program of study and/or the education provider that provides the program of study, does not meet the approved OCANZ Accreditation Standards and are not accredited.
<b>Observer</b>		The patient examination is carried out by a supervisor with the student playing no active role other than observation.
<b>Ocular Therapeutics Practice</b>		Ocular therapeutic practice - is the remedial treatment of eye disease that includes - but is not limited to - the administering, obtaining, possessing, prescribing, supplying or using regulated/controlled agents in the course of differential diagnosis, diagnosis, management and treatment of conditions of the eye.
<b>Optometry Board of Australia</b>	OptomBA	The National Board which regulates the optometry profession in Australia in accordance with the responsibilities set down in the National Law.
<b>Optometry Council of Australia and New Zealand</b>	OCANZ	The accrediting agency for the Australian and New Zealand Optometry Registration Boards, responsible for conducting examinations for overseas qualified optometrists seeking registration in Australia and New Zealand and for developing and administering the accreditation of Australian and New Zealand optometry programs.
<b>Optometrists and Dispensing Opticians Board</b>	ODOB	The National Board which regulates the optometry profession in New Zealand in accordance with the responsibilities set down in the <i>Health Practitioners Competence Assurance Act 2003</i> .
<b>Participant</b>		During a patient examination, the student plays an active role either in part or in the whole of the examination.
<b>Program of Study</b>		A program of study provided by an education provider that leads to the issuance of a qualification, which typically consists of a number of sub-elements ('subjects', 'modules', 'units', 'topics') Note the term 'course (of study)' is used by many education providers instead of 'program'.
<b>(Annual) Program Monitoring Report</b>		Report completed by education providers to the accreditation authorities (often on a yearly basis) to allow authorities to track whether education providers are continuing to meet Accreditation Standards. Also known as Annual Report/Annual Monitoring Report/Progress Report/Monitoring Report/Annual Declaration.
<b>Education Provider</b>		The term used by National Law (Australia) to describe universities; tertiary education institutions or other institutions or organisations that provide vocational training; or specialist medical colleges or health professional colleges.
<b>Standards</b>		See 'Accreditation Standards'
<b>Statement of Intent</b>		Notification to the accreditation authority that an education provider plans to start a new program of study.
<b>Subject</b>		A component of an optometry program. Note the terms 'unit', 'course', 'module' or 'topic' are used in many programs.
<b>Student Attrition Rates</b>		The proportion of students commencing a course in any given year who neither complete nor return in the following year. It does not identify those students who defer their study or transfer to another institution.

<b>Student Contact Hours</b>		Time spent by students in timetabled teaching and learning activities, such as: face-to-face lectures, tutorials, supervised study, field trips, work-integrated learning activities, clinical and other placements.
<b>Student Progress Rates</b>		A measure of educational achievement and the effectiveness of educational delivery. The student progress rate measures successful student subject load.
<b>Tertiary Education Quality and Standards Agency</b>	TEQSA	TEQSA is Australia's independent national quality assurance and regulatory agency for higher education. It regulates and assures the quality of all higher education that is delivered in or from Australia against the Australian Higher Education Standards Framework under the TEQSA Act 2011.
<b>Withdrawals</b>		The number of students not completing the academic year or withdrawing for any reason not covered by the "student attrition rate".

# Appendix: Required Documentary Evidence for an Accreditation Application

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## Alignment with Professional and National Prescribing Competencies

The OCANZ Standards explicitly require program providers to provide documentary evidence of how their program learning outcomes map to the relevant OCANZ endorsed professional competence standards for their country and the Australian national prescribing competencies framework, thus demonstrating a program's effectiveness in providing graduates with the knowledge, skills, and attributes needed to practise ocular therapeutics in Australia and New Zealand.

Aspects of the following documents (as amended or replaced from time to time) encompass competence in ocular therapeutics:

- In Australia, the OCANZ endorsed professional competence standards are those adopted by Optometry Australia – currently Entry-level Competency Standards for Optometry 2014 <http://www.ncbi.nlm.nih.gov/pubmed/25545949>
- In Australia, Guidelines for the Use of Scheduled Medicines 2021 – Optometry Board of Australia <http://www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx>
- NPS Prescribing Competencies Framework <https://www.nps.org.au/prescribing-competencies-framework>
- In New Zealand, the OCANZ endorsed professional competence standards are those adopted by that Board – currently the *Standards of Clinical Competence for Optometrists 2010*, the *Standards of Cultural Competence* and the *Standards of Ethical Conduct* (see [www.odob.health.nz/standards](http://www.odob.health.nz/standards)).
- In New Zealand, various guidelines for TPA Prescribing available at [https://www.odob.health.nz/registered\\_practitioners](https://www.odob.health.nz/registered_practitioners).

## Overview of Expected Graduate Outcomes

OCANZ expects graduates of OCANZ accredited programs of study in ocular therapeutics will:

- be competent in therapeutic practice to diagnose, treat and manage the wider range of ocular disease in the jurisdictions in Australia and New Zealand
- meet all the competency standards relevant to ocular therapeutics practice required by the applicable Registration Board
- successfully complete a period of supervised clinical practicum
- demonstrate safe and appropriate autonomous therapeutic management of patients, including the capacity to design, implement and monitor appropriate management programs
- involve patients in their own care including transparency in relation to impacts of treatment
- be equipped with skills to adapt to changes in the scope of therapeutic optometric practice

- have the capacity to work in a collaborative and an integrated way with other health professionals and other parties in the health care system
- be aware of and act within their personal and professional limits of practice.

### **Mandatory Initial Evidence about a Provider<sup>15</sup>**

OCANZ requires a short statement addressing each Standard plus the following evidence with each application for accreditation/re-accreditation, although the format in which the evidence is provided is at the discretion of the education provider:

1. Statement of overall educational philosophy/design for the program.
2. Evidence the education provider has registration with TEQSA (Australia) or audit by AQA (NZ) if required for registration as a higher education provider.
3. Overview of formal academic governance arrangements for the program including program quality assurance, review and improvement.
4. Curriculum map including program learning outcomes and alignment to the relevant OCANZ endorsed professional competence standards that apply to ocular therapeutics.
5. Assessment matrix or other consolidated and comprehensive assessment design documentation to demonstrate alignment of assessment to professional competencies in ocular therapeutics.
6. Sample student timetable for the program indicating allocation of key learning activities.
7. Student admission and progression policies and procedures for the program.
8. Information provided to prospective and enrolled students about the program.
9. Staffing profile for the program including numbers, professional qualifications, areas of expertise, teaching and supervision responsibilities and, if applicable, registration status (includes part-time and sessional staff), particularly as applies to training and supervision in ocular therapeutics.
10. Summary of clinical training delivered in the program (detailed in relation to Standard 3).
11. Sample of student clinical log books/portfolios.
12. Register of formal (and informal) agreements between the provider and external supervisors, placement clinics, practices, services for the program (if applicable) as relevant to training in ocular therapeutics.
13. Register of external supervisors' qualifications, registration status and supervision responsibilities (if applicable) in relation to ocular therapeutics.

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<sup>15</sup> To be discussed with OCANZ if this information has already been provided, whether in full or in part, for another regulatory purpose such as accreditation of an entry-level optometry program.

14. Policies and procedures on clinical and workplace safety including medication safety, infection prevention and control principles and risk assessment for management and control of infectious disease risks for the community and staff (including infection risks associated with procedures and the management and reporting of occupational exposures).
15. Description of the physical and financial resources for teaching and learning or used in the program.

### **Other Evidence**

Outside of the list above of required evidence, the determination of evidence submitted to the assessment team for consideration is at the discretion of the provider, although the assessment team retains the right to request specific documents or experiential evidence at any stage of the assessment process to help it determine if a particular Standard is met.

The following tables include examples of possible additional evidence pertinent to a specific standard and are intended as *guidance* only to program providers and assessment team members. The guidance on evidence associated with each standard is intended to assist education providers who are seeking accreditation to understand how OCANZ interprets some critical or key aspects of the requirements of the Standard. This guidance may be particularly helpful to providers seeking the accreditation of a new program.