Optometry Council of Australia and New Zealand (OCANZ)

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

Discussion Paper

June 2021

Contents

Executive Summary

What is happening?

OCANZ is required to review its Accreditation Standards, which are used for accreditation of Optometry programs in Australia and New Zealand. The review includes a consultative process with program providers and many other stakeholders. It also includes a review of the evidence guidance that is incorporated into (but is not technically part of) the current OCANZ standards.

What is the purpose of this paper?

The paper sets out several issues that have a bearing on and may influence the review. It includes comparisons with other standards that are used for similar purposes.

What are OCANZ's Expectations?

The current standards have served their purpose well. Similar standards are used by several other accreditation authorities. As such, OCANZ does not expect fundamental changes to the standards. Rather, it is expected that the nature, form, content and intent of the current standards will largely be retained overall. However, some evolutionary improvements are expected in line with changes in the sector, emerging regulatory requirements and recent stakeholder experiences.

What is asked of program providers and other stakeholders?

You are invited to:

- **Consider the issues** raised in this paper, and
- **Respond to a set of discussion questions** arising from the paper **(see p18).**

When?

Feedback is invited by no later than **30 July 2021.**

What are the next steps?

Stakeholder feedback will be analysed and incorporated. Any revisions will be subject to approval by the OCANZ Board and then by the Optometry Board of Australia. OCANZ will also undertake a review of its procedures in the light of revisions of the standards.

Outcomes?

The revised standards are *expected* to come into effect in 2023 (allowing for the approval processes and for a lead time for providers).

1. Background & Context

1.1 Description of OCANZ and its role and responsibilities in accreditation

The Optometry Council of Australia and New Zealand (OCANZ) was established in 1996 by the Optometrists registration boards in Australia and New Zealand with the support of the Heads of the Optometry Schools/Departments in Australia and New Zealand, the then Optometrists Association Australia (now Optometry Australia) and the New Zealand Association of Optometrists.

OCANZ is the accreditation authority for optometry education and training programs delivered in Australia and New Zealand, as well as for examination of the skills of overseas trained optometrists seeking to migrate to Australia or New Zealand. Its functions include accrediting programs of study designed to produce graduates who are suitable for registration as Optometrists in Australia and New Zealand. OCANZ's recommendations inform registration decisions made under national law in Australia and New Zealand.

Optometry programs are assessed in a peer-review process using accreditation standards developed by OCANZ and approved by the Optometry Board of Australia. The accreditation standards enable assessment of whether a program of study, and the education provider that delivers the program of study, provide graduates with the knowledge, skills and professional attributes needed to practise safely as Optometrists. The Competency Standards (including therapeutic competencies) of Optometry Australia and the Optometrists and Dispensing Opticians Board of New Zealand provide guidance to OCANZ on the requirements for safe practice.

1.2 Project Overview

The current OCANZ entry-level accreditation standards, *Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs in Australia and New Zealand Part 2 – Standards*, was published in April 2016 (taking effect on 1 January 2017).

The current OCANZ Standards and Evidence Guide are at:
PART-2-Accreditation-Standards-and-Evidence-Guide-for-Entry-Level-Optometry-Programs-Effective-1-Jan-2017.pdf (ocanz.org)

The overall goal of this project is to review the Standards and Evidence Guide and recommend such revisions as necessary to:

- meet the requirements for review of program accreditation standards by the Australian Health Practitioner Regulation Agency (Ahpra) and any requirements of the Optometry Board of Australia and the Optometrists and Dispensing Opticians Board of New Zealand, and
- take account of best practice and relevant recent regulatory changes in the education and health sectors, e.g., TEQSA requirements, other health professions' accreditation standards, and the National Safety and Quality Health Service Standards (NSQHSS).

The review of the OCANZ entry-level accreditation standards will address the Ahpra requirements at Australian Health Practitioner Regulation Agency - Procedures (Ahpra.gov.au) to achieve greater consistency within the national scheme in Australia and:

1.1 take into account the objectives and guiding principles in the National Law[1]

1.2 draw on available evidence, including relevant international standards and statements relating to education and training in the profession, and the accreditation standards applied in countries with comparable education and practice standards for the profession

1.3 describe how the proposed new or revised accreditation standards support or contribute to:

- improving patient safety, effective care and health outcomes, including for vulnerable members of the community and Aboriginal and Torres Strait Islander and Māori Peoples
- preparing practitioners who have the knowledge, skills and professional attributes to deliver culturally safe health care, as defined in the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025
- preparing practitioners who understand the health system in Australia and their roles, responsibilities and ethical conduct when working within the system
- embedding interprofessional education and preparing practitioners who have the knowledge, skills and professional attributes to engage in interprofessional collaborative practice
- addressing health and workforce priorities such as family and domestic violence, noting that information about new priorities may be published as they emerge
- avoiding duplication and minimising regulatory burden.

1.3 Project Governance

An expert reference group has been appointed by the OCANZ Board to oversee the review.

The members of the reference group are:

- Emeritus Professor Joyce Kirk, Chair of OCANZ Accreditation Committee
- Emeritus Professor Leo Carney, OCANZ Board and Accreditation Committee member and Previous Head of School of Optometry and Vision Science, Queensland University of Technology
- Ms Jane Duffy OAM, OCANZ Accreditation Committee member and Senior Lecturer Deakin University

Dr Lindsay Heywood, consultant and former Head of the Higher Education Standards Executive, has been engaged to assist the reference group and review the Standards.

[1] See section 3(2) and (3) of the National Law

1.4 Recent Related Developments

A number of relevant developments have occurred since the advent of the current OCANZ Standards. These include:

- widespread adoption of the basic form of the accreditation standards already used by OCANZ across accreditation authorities and Ahpra accreditation committees
- adoption and application of the new national standards for higher education providers (Higher Education Standards Framework [Threshold Standards] 2015) (HESF), which came into effect in 2017 and is used by the Tertiary Education Quality and Standards Agency (TEQSA) for regulation of all higher education providers
- recent reviews of their accreditation standards by other health professions such as Dentistry, Pharmacy and Medical Radiation Practice
- revision of Ahpra's requirements
- cognate requirements, e.g., National Safety and Quality Health Service Standards (NSQHSS)
- increasing emphasis on various policy issues including cultural safety, interprofessional education and health and workforce priorities such as family and domestic violence.

1.5 Purpose of this Paper

The purpose of this paper is to assist stakeholders in evaluating the existing OCANZ Standards and identifying potential changes that may be required. The paper includes a comparison of the current OCANZ Standards with those of two health professions that have revised their standards recently (Dentistry and Pharmacy) and an exemplar of a set of standards administered by an Ahpra Accreditation Committee (Medical Radiation Practice 2019). Optometry standards from the USA and United Kingdom (UK) are also considered by way of reference to international practice in comparable countries.

The paper concludes with a set of questions arising from the discussion of various aspects of the standards. These questions are intended to assist readers in framing their responses to the review. The questions are not intended to constrain or limit discussion of any other issues that respondents care to raise.

2. Nature and Form of the Standards

The structure of the current OCANZ Standards reflects a design that was originally developed by the Australian Dental Council (ADC) and has since been adopted by most other accrediting authorities and Ahpra/Boards Committees.

Broadly speaking, the current standards consist of five major categories ('domains'), with each domain headed by an overarching 'standard statement'. Each of the domains contains various sub-elements ('criteria') that collectively relate to meeting the requirements of the overarching standard.

In the light of the widespread adoption of the current form of the standards across the sector and Ahpra's expressed desire for consistency across professions, OCANZ does not envisage that a major departure from the existing basic form of the OCANZ Standards is needed or desirable.

2.1 National Comparators

The table below (Table 1) summarises the similarities and differences in overall form of the standards chosen for comparative purposes (Optometry, Dentistry, Pharmacy and Medical Radiation Practice).

2.2 Consistency of Form

The use of a 'Domain'/Criteria' format in the OCANZ Standards is generally consistent with the format of the other selected comparators (and with other exemplars in use in the sector that are not analysed in detail for this paper). This largely reflects the original leadership of the ADC in developing the basic format and its subsequent sharing of that format with the sector. One of the aims of the ADC's revisions was to seek a stronger focus on outcomes rather than inputs and processes; an aim adopted and seemingly found workable subsequently by most of the Australian health professions accrediting authorities.

A notable exception to the five-domain format among the comparator group is the recent addition of a sixth domain 'Cultural Safety' by the ADC, to provide greater and more specific emphasis in relation to health care for Aboriginal and Torres Strait Islander Peoples, cultural safety and related matters (the case for this change is discussed in more detail later).

2.3 Nomenclature for Domains

While the overall intent of the domains in the comparator group are generally similar, there are some differences in in the terminology used to name the domains. For example, Domain 1 in the OCANZ Standards is called 'Public Safety', which may be read as both a simple taxonomic heading and/or a broad societal outcome of accreditation/regulation.

The Australian Pharmacy Council (APC) has adopted 'Safe and Socially Accountable Practice' instead of 'Public Safety', a more nuanced approach in style and content. The Medical Radiation Practice Accreditation Committee (MRPAC) Standards use 'Assuring Safe Practice', an implication (if not the intent) of a focus on process and inputs. Similarly, some Standards (OCANZ, ADC, MRPAC) name the fifth Domain 'Assessment' (a process focus), while the APC has adopted a mixed approach of 'Outcomes and Assessment'.

Table1. Comparison of Selected Australian Standards

Agency	**OCANZ**	**ADC[2]**	**APC[3]**	**MRPAC[4]**
Professional field	Optometry	Dentistry	Pharmacy	Med Radiation
Effective date	2017	2021	2020	2019
Domains	5	6	5	5
Domains/Criteria	1/8 2/4 3/11 4/7 5/6	1/9 2/3 3/11 4/7 5/5 6/6	1/8 2/8 3/9 4/7 5/6	1/8 2/15 3/14 4/4 5/5
Total criteria	36	41	38	46
Included supplements	Evidence Guidance & Glossary		Notes and Glossary	Explanatory notes and Glossary
Material comparability of *Domain* focus with respect to OCANZ	Domain 1 Domain 2 Domain 3 Domain 4 Domain 5 **X**	✔ ✔ ✔ ✔ ✔ Domain 6	✔ ✔ ✔ ✔ ✔ **X**	✔ ✔ ✔ ✔ ✔ **X**
Overarching Domain Standard Statements	✔	✔	✔	✔
Reference Professional Competency Standards[5]	✔	✔	✔	✔
Interprofessional skills	✔	✔	✔	✔
Cultural competence/safety skills	✔	✔	✔	✔
Separate Cultural Safety Domain		✔		

[2] ADC_DCNZ_Accreditation_Standards_FINAL.pdf
[3] ACCREDITATION STANDARDS FOR PHARMACY PROGRAMS-2020-web-071119.pdf (windows.net)
[4] Medical Radiation Practice Board of Australia - Accreditation publications and resources
[5] Or equivalent e.g. Professional Capabilities for Medical Radiation Practice

The current OCANZ approach to naming of domains appears to be primarily taxonomic (although Domains 2 & 5 suggest a potential process focus as well):

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

By way of example of potential change, the current Domain 5 could be changed to 'Learning Outcomes', 'Educational Outcomes', 'Program Outcomes' or the like, which could be read, like 'Public Safety', as both taxonomic and outcome focussed.

While it can be argued that the real intent of the domains of the standards are reflected in their subsidiary elements (e.g., the 'standard statement' and the 'criteria'), in revising its Standards, OCANZ might usefully consider at least the following points in relation to the current Domains:

- do domain titles used by other accreditation authorities, or some variations thereof, perhaps better reflect the intent of the related section of the OCANZ standards?
- would it be helpful to seek greater consistency on the nature of domain names within the OCANZ Standards, e.g., to be simply taxonomic, more outcome orientated or, perhaps, process orientated as some examples are currently?
- would greater consistency of domain names across professions be helpful?
- would disruption of the now familiar names add any actual practical benefits in the OCANZ context?

Some illustrative differences in domain names are given in Appendix 1 as thought starters.

2.4 Standard Statements

All four sets of standards employ the same approach of adopting an overarching standard statement for each domain of the standards. Apart from the domain of Cultural Safety, which only exists in the ADC Standards, there is a marked commonality of essential intent across standards statements, most between OCANZ and the ADC, but still to a considerable extent with the MRPAC.

The APC Standards Statements also show much commonality of content with the other comparators, but the common elements tend to be elaborated in the APC Standards, with further intended outcomes, process detail and other descriptors. For example, the OCANZ Standards (Domain 3 – Program of Study)…'require achievement of required professional competencies', whereas the APC Standards extend this to further outcomes: '… enable graduates of the program to demonstrate achievement of the relevant performance outcomes, competent and safe practice, and accountability to the public for their actions' (APC).

On balance, the greatest variation to the wording of the standards is in domain five. The variations largely represent an increasing emphasis on competence to practise and broader societal outcomes, as against the OCANZ approach which, at the level of the standard statement, confines itself to the quality of the provider's assessment processes.

In the light of these observations, it is reasonable to conclude that, *prima facie*, the four sets of standards are materially close to representing the same requirements, differing only in subsidiary aspects of their nomenclature and aspects of their focus. While these differences, nuances and elaborations clearly herald areas of potentially different emphasis across the

different authorities, and possibly reflect some differing underlying philosophies, whether they create material differences in accreditation practices or program outcomes is uncertain.

OCANZ is invited to consider the relevance of such differences across the accrediting authorities in the review of its Standards and to its future accreditation work. Some illustrative examples are tabulated for convenience in Appendix 1 (Table 2). A mapping of the OCANZ Standards with the ADC, APC and MRPAC Standards is included in Appendix 2.

2.5 Separate Domain on Cultural Safety

The ADC has taken the view that culturally safe health care for Indigenous Australians warrants the prominence of a separate domain in the standards and a separate standard statement, rather than having this topic being subsumed within other domains and dealt with at the level of criteria rather than as a separate standard. This approach is discussed further with Professor Roianne West, Dean, First Peoples Health Unit, Griffith University at
Does accreditation play a role in providing culturally safe healthcare? | Australian Dental Council (adc.org.au)

Professor West argues, *inter alia*, that a separate domain and standard obviates the risk of the issue otherwise being 'lost' in the framework of other standards.

In the light of its departure from current practice, the ADC's new domain on cultural safety is reproduced in full here:

> **Domain Six: Cultural Safety**
> **Standard statement:**
> The program ensures students are able to provide culturally safe care for Aboriginal and Torres Strait Islander Peoples.
>
> **Criteria**
>
> 6.1 There is external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples.
>
> 6.2 The program provider promotes and supports the recruitment, admission, participation, retention and completion of the program by Aboriginal and Torres Strait Islander Peoples.
>
> 6.3 Cultural safety is integrated throughout the program and clearly articulated in required learning outcomes.
>
> 6.4 Clinical experiences provide students with experience of providing culturally safe care for Aboriginal and Torres Strait Islander Peoples.
>
> 6.5 The program provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about Aboriginal and Torres Strait Islander health.
>
> 6.6 Staff and students work and learn in a culturally safe environment.

All of the comparator standards, including the current OCANZ Standards, contain reference to First Nations People, sometimes related to access, sometimes to participation and support, sometimes to cultural safety in the curriculum and sometimes to delivery of culturally safe health care.

Cross-cultural safety more generally (i.e., in addition to First Nations People) is addressed in all of the sets of standards as well, although in varying ways.

Readers are invited to consider the possibility that OCANZ might take a similar view and add a new domain to its standards to recognise health care for First Nations Peoples (Australia and New Zealand), cultural safety and related matters.

2.6 Role of Criteria

Some standards note that the criteria are not sub-standards that are to be individually assessed (i.e., in an instrumental way, criterion by criterion). For example, the preamble of the ADC Standards states:

> 'The criteria are not sub-standards that will be individually assessed. When assessing a program, the ADC will have regard for whether each criterion is met, but will take an on-balance view of whether the evidence presented by a program provider clearly demonstrates that a particular Standard is met.'

OCANZ shares this view on the role of criteria. It is not envisaged that this view should change.

In considering possible changes to the criteria as a result of the review, advocates of changes are urged to remain mindful of the holistic and collective intention of the criteria and word them accordingly, such that they are not crafted as 'sub-standards'. It is instructive to compare the criteria for Domain 1: Public Safety as adopted by the ADC and OCANZ as against the criteria used in the comparable domain of the MRPAC Standards, which might be seen as leaning toward instrumental sub-standards (a similar approach appears to be evident in the international comparators discussed below).

2.7 Evidence Guidance

OCANZ includes an 'Evidence Guidance'[6] within its Standards document, a practice also similarly adopted by the APC and the MRPAC. In contrast, the ADC Standards are stand alone, which makes for a simple 'clean' document. However, OCANZ has taken the view that it is easier for providers to have as much relevant information as possible contained in a single document, a practice it envisages continuing unless there are expressed preferences to the contrary.

3. Higher Education Standards Framework

The Australian Higher Education Standards Framework (2015) (HESF) came into effect in 2017. It is used as the basis of regulation of higher education providers by TEQSA. The HESF is applicable to all higher education providers in Australia. It addresses a provider's operations at both institutional and program-level. In practice, TEQSA employs a sampling strategy at program level. Because of the sampling approach, it is unlikely that an optometry program would be looked at in detail by TEQSA among the myriad of potential programs from which it may sample. As optometry is predominantly offered by self-accrediting institutions (i.e., the provider is able to accredit its own courses, rather than have them accredited by TEQSA), TEQSA will also not normally look at optometry programs for accreditation purposes.

Nonetheless, TEQSA will look at the institutional factors that may impact on a program, such as governance, academic governance and course accreditation processes. In that respect, TEQSA's observations of a provider at institutional level are likely to be of value to OCANZ

[6] i.e., a non-exhaustive list of examples of the types of evidence that are likely to be considered by OCANZ in an accreditation process.

in its risk analysis of a provider. OCANZ has a memorandum of understanding with TEQSA and mechanisms for sharing relevant information as needed. The value of these mechanisms is dealt with in detail in OCANZ's procedures for accreditation.

Despite the limited potential focus of TEQSA at an optometry program level, the HESF nonetheless places obligations on providers at program level (such as admissions, monitoring, quality assurance, course design etc). An optometry provider is obliged to meet those requirements and it is reasonable for OCANZ to expect to be able to see evidence that a program provider is meeting the requirements of the HESF. In that context, it would be helpful to providers if OCANZ's requirements for information and evidence were as congruent as practicable with those already required by the HESF, thus avoiding potential redundancy and overlap.

The application of the HESF was in its infancy when the current OCANZ standards were developed. It has now been applied widely across the sector. This suggests that the review of the OCANZ Standards would benefit from a review of congruency between the OCANZ requirements and the HESF requirements with a view to streamlining the requirements and aligning their particular emphases where relevant. This is perhaps most likely to happen at the 'criteria' level of the OCANZ Standards. By way of example, the MRPAC Standards refer to TEQSA's requirements in a number of elements e.g., in relation to assessment, the MRPAC explanatory notes to Standard 5 state 'If information at the level of the program has been assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.' After such a review, OCANZ too *may* be willing to rely on various aspects of TEQSA's findings, that it otherwise would have to investigate for itself, particularly at the institutional level. A copy of the index to the HESF is provided at Appendix 3 for comparative purposes.

A final point in relation to the HESF is that TEQSA has developed many 'Guidance Notes' that spell out some of TEQSA's interpretations of various aspects of the HESF. These are not regulatory instruments, but they are nonetheless likely to influence a provider's thinking and may influence the provider's interpretation of the OCANZ Standards.

4. International Optometric Comparators

Two recent international approaches to accreditation standards in optometry have been selected for comparative purposes:

- General Optical Council (GOC 2021) (UK) [7]
- Accreditation Council on Optometric Education (ACOE 2019) (USA) [8].

The UK and the USA are seen as having broadly comparable education and practice standards for the optometry profession and their standards are seen as potentially informative for this review.

4.1 General Optical Council (UK)

The General Optical Council (GOC) in the UK employs a comprehensive framework of standards in relation to optometry. The framework encompasses, in addition to requirements concerning accreditation of education programs, standards for optometrists, students and optical businesses. The requirements related to accreditation are in three parts:

- **Outcomes for Registration**, describe the expected knowledge, skills and

[7] https://www.optical.org/en/Education/core-competencies--core-curricula/index.cfm
[8] https://www.aoa.org/AOA/Documents/Education/ACOE/OD_Manual_%2008_2019_PDF.pdf

behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC.

- **Standards for Approved Qualifications**, describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.

- **Quality Assurance and Enhancement Method**, describes how the GOC proposes to gather evidence to decide whether a qualification leading to registration as either a dispensing optician or an optometrist meets the Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act.

The 'Outcomes for Registration', while referencing the point of initial registration, serve a purpose akin to the professional competencies adopted by the optometry profession in Australia. The 'Quality Assurance and Enhancement Method' appears comparable in purpose to the OCANZ procedures manual.

The 'Standards for Approved Qualifications' are arranged in the following five categories ('domains'):

1. Public and patient safety
2. Admission of students
3. Assessment of outcomes and curriculum design
4. Management, monitoring and review of approved qualifications
5. Leadership, resources and capacity.

The names of each of the categories appear primarily taxonomic. Each category is supported by criteria which must be met for a qualification to be approved. (Note that each of the criteria must be met. This is in contrast to the current OCANZ Standards and some other Australian standards where criteria form part of a global view of the standard, rather than taking an instrumental approach of necessarily assessing each criterion in turn, as appears to be the expectation of the GOC).

The following example from 'Leadership, resources and capacity' illustrates the form and nature of the GOC criteria:

> S5.1 - There must be robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resource to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose, clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced, and recommendations considered and implemented.
>
> S5.2 - There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. This must include;
> - An appropriately qualified and experienced programme leader, supported to succeed in their role;
> - Sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals;

- Sufficient supervision of students' learning in practice by GOC registrants who are appropriately trained and supported in their role; and
- An appropriate staff to student ratio (SSR), which must be benchmarked to comparable provision.

By way of comparison with the current OCANZ Standards, the GOC domains bring admission of students into prominence at the domain level (much as the ADC has chosen to do in relation to Cultural Safety) and links assessment of outcomes with curriculum design, where assessment is a stand-alone domain in the OCANZ Standards. The HESF in Australia also links assessment, but in that case to learning outcomes rather than program design (Learning Outcomes and Assessment, HESF 1.4). The GOC approach also includes providing examples of educational methods such as Miller's triangle[9] and Harden's spiral curriculum[10].

While the overall tone of the GOC criteria is prescriptive, and an instrumental approach to assessing them is advocated, the overall form and content of the GOC Standards is generally comparable to the Australian requirements as embodied in the OCANZ Standards.

4.2 Accreditation Council on Optometric Education (USA)

The ACOE standards utilised in the USA for accreditation of optometry programs encompass eight major areas ('domains') as follows:

STANDARD I – MISSION, GOALS, AND OBJECTIVES

STANDARD II – CURRICULUM

STANDARD III - RESEARCH AND SCHOLARLY ACTIVITY

STANDARD IV – GOVERNANCE, REGIONAL ACCREDITATION, ADMINISTRATION, AND FINANCE

STANDARD V – FACULTY

STANDARD VI – STUDENTS

STANDARD VII – FACILITIES, EQUIPMENT AND RESOURCES

STANDARD VIII – CLINIC MANAGEMENT AND PATIENT CARE POLICIES.

In this case the names of the 'domains' appear primarily taxonomic.

Each standard contains a variable number of sub-elements (sometimes at two levels) and contains a list of items which must be submitted to the Accreditation Council on Optometric Education with the program's self-study or as an appendix to the self-study before an evaluation visit is conducted. The following excerpt from Standard 2 illustrates the format of the ACOE Standards:

2.8 The quantity, quality and variety of experiences in the supervised care of patients must be sufficient to develop clinical competency to independently practice contemporary optometry.

2.8.1 The number of patients seen, as well as diagnoses for each of these patients, must be tracked and documented for each student. These data must distinguish between patient encounters experienced during

[9] Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 56

[10] Harden, R.N. (1999) What is a spiral curriculum? Medical Teacher, 21:2, 141-143

vision screenings, encounters in which supervised patient care was provided by one student, encounters in which supervised patient care was shared by more than one student, and encounters in which the experience was by observation only.

Examples of Evidence

- *Description of clinical experience for each individual student*
- *Description of processes used to measure quantity, quality and variety of experiences*
- *Patient logs and an analysis of logs*
- *Student portfolio of clinical experience*

As is evident in this example, ACOE's approach is quite prescriptive (i.e., 'must'). The overall form of the ACOE standards is also strongly focussed on detail and processes. This contrasts with a recent general trend in Australia to move towards less prescriptive standards with a greater focus on outcomes (including 'public safety' for health programs), as illustrated by the outcome-focus of the national HESF and the relatively streamlined outcome-orientated standards adopted by several Australian accreditation authorities such as OCANZ over recent years.

This divergence in approach suggests that the form and underlying approach of the ACOE Standards are not likely to be informative for a review of the OCANZ Standards, although the content and focus of the ACOE Standards may well be helpful for comparative purposes.

5. Review of Evidence Guide and Guidance Notes

This process also includes a review of the Evidence Guide and Guidance notes detailed in the OCANZ Standards.

The Standards document outlines the required documentary evidence for an accreditation application. This includes a list of 15 pieces of core evidence that must be provided to OCANZ at the commencement of an accreditation submission. Feedback on whether this list is still appropriate is sought.

OCANZ has already identified a requirement to update the guidance notes in the following areas:

- OCANZ's Optometry Aboriginal Torres Strait Islander Health Curriculum Framework – January 2020
- Appropriate content in the National Safety and Quality Health Service (NSQHS) Standards
- Updated Optometrists and Dispensing Opticians Board (ODOB) Standards of Clinical Competence for Optometrists November 2018, which are the OCANZ endorsed professional competence standards for New Zealand.
- Updated ODOB Standard of Ethical Conduct November 2020
- Updated National Prescribing Service (NPS) MedicineWise Prescribing Competencies Framework April 2021

OCANZ will also review whether the current guidance that the program should include a significant period, equal to at least one equivalent full time (EFT) academic year, spent primarily in direct contact with patients is still appropriate.

6. How to Respond

Responses to the discussion questions below (together with any additional feedback that you wish to provide) should be in writing and addressed to Susan Kelly – Accreditation Manager, Optometry Council of Australia and New Zealand at s.kelly@ocanz.org.

The closing date for comment is Friday **30 July 2021**.

All submissions will be published on the OCANZ website unless it is requested that part or all of the submission remains confidential.

7. Next Steps

OCANZ will respond to all submissions and provide a draft document approved by the Reference Group for final comment.

It is anticipated that the new standards will come into effect on 1 January 2023.

8. Discussion Questions

The following questions are intended to assist respondents in framing their responses. This is not intended to constrain or limit the scope or focus of responses.

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?

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)?

3. Do the current OCANZ Standards give sufficient emphasis to new and emerging practice technology and the related challenges that students and new graduates may face?

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

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)?

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

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

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

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

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

Appendix 1:

Arising from the discussion in Section 2, the table below provides some thought starters about how various authorities have conceived somewhat differently of their domains and standards. The differences my sometimes seem trivial at first sight, but perhaps reveal some differing underlying ideas that may warrant further consideration by OCANZ.

Please note that the examples given are intended to be illustrative only. Inclusion of particular examples should not be taken as advocacy for them or to pre-empt any views OCANZ may form.

Table 2. Illustrative Differences in Standards Terminology

The following table notes differences in terminology and content among the comparators, as against the current OCANZ Standards, categorised by the current OCANZ domain names (Part A) and Standards (Part B).

Part A: Domains		
Domain	OCANZ	Variations
1	Public Safety	Safe and socially accountable practice (APC) Public Safety is assured ((ADC) Assuring safe practice (MRPAC)
2	Academic Governance and Quality Assurance	Governance[11] and quality (APC)
3	Program	Program design, implementation and resourcing (MRPAC)
4	No material differences	
5	Assessment	Outcomes and assessment (APC)
6	N/A	Cultural safety[12] (ADC)
Part B: Standards		
Standard	OCANZ	Variations
1	Public safety is assured (also ADC)	The program is underpinned by the promotion and maintenance of safe and socially accountable practice (APC) Assuring safe practice is paramount in program design, implementation and monitoring (MRPAC)
2	Academic governance and quality assurance processes are effective (also ADC)	Program governance, quality assurance and quality improvement structures and systems are effective in developing and delivering

[11] Academic governance is probably implied but extending the focus to governance more broadly may be significant.
[12] Concept of 'cultural competence' incorporated in OCANZ Domain 3 at Criterion 3.10

		sustainable, high-quality pharmacy programs (APC). Academic governance and quality improvement arrangements are effective in developing and implementing sustainable, high-quality education at a program level (MRPAC).
3	Program design, delivery and resourcing enable students to achieve the required professional competencies	Program design, implementation and resourcing enable graduates of the program to demonstrate achievement of the relevant performance outcomes, competent and safe practice, and accountability to the public for their actions (APC).
4	Students are provided with equitable and timely access to information and support (also MRPAC & ADC)	Students/interns are provided with equitable and timely access to information and support relevant to their program and have appropriate formal and informal opportunities to contribute to program governance, planning, design, implementation, evaluation, review and quality improvement processes. The environment within which students/interns learn promotes and supports equity, diversity, inclusivity, justice, fairness and non-discrimination (APC).
5	Assessment is fair, valid and reliable	Assessment is fair, valid and reliable to ensure graduates are competent to practise (ADC). All graduates of the program have demonstrated achievement of the learning outcomes taught and assessed during the program (MRPAC). Graduates of the program demonstrate achievement of all the required performance outcomes for the level of qualification awarded (degree, initial general registration), and to a standard commensurate with competent, safe and socially accountable professional practice (APC).
6	Not Applicable	The program ensures students are able to provide culturally safe care for Aboriginal and Torres Strait Islander Peoples (APC).

Appendix 2:

The following table (Table 3) summarises where differences in criteria occur, as referenced to the current OCANZ Standards. More detailed content follows in Table 4.

Table 3. Summary of Criteria where there are Differences from the current OCANZ Criteria.

	ADC	APC	MRPAC
Domain 1			
1		**X**	**X**
2			
3			
4		**X**	
5		**X**	
6		**X**	**X**
7	**X** (New)	**X a&b**	**X like APC**
8		**X**	**X**
Domain 2			
1		**X**	**X**
2	**X**	**X**	**X**
3			**X**
4		**X**	
5		**X**	
6		**X**	**X**
7		**X**	
8		**X**	**X (5-15)**
Domain 3			
1		**X**	**X**
2		**X**	
3		**X**	
4		**X**	**X**
5		**X**	**X**
6			

	ADC	APC	MRPAC
7			**X**
8			**X**
9		**X**	**X**
10			**X**
11			**X**
12			14 criteria
Domain 4			
1			
2			**X**
3			
4			**X**
5			
6		**X**	
Domain 5			
1		**X**	
2		**X**	
3		**X**	**X**
4		**X**	
5		**X**	**X**
6		**X**	

In summary, the congruity with the OCANZ Standards is greatest with the ADC Standards. The APC Standards differ largely in content and detail, while the MRPAC Standards contain more criteria overall, encompassing a broader range of topics.

Table 4. Detailed mapping of the current OCANZ Standards with the Australian Dental Council (ADC), Australian Pharmacy Council (APC) and the Medical Radiation Practice Accreditation Committee (MRPAC) Standards.

Standard 1 Public safety			
Criteria			
OCANZ	**ADC**	**APC**	**MRPAC**
1.1 Protection of the public and the care of patients are prominent amongst the guiding principles of the educational program, clinical training and student learning outcomes.	1.1	1.1 The program promotes the development by students/interns of knowledge, skills, behaviours and attitudes congruent with a commitment to public service and safety; cultural safety, respect and responsiveness; equity, diversity and inclusiveness; person-centred care; reduction of disparities in health care; and addressing community aspirations for health	1.1 Safe practice is identified in the learning outcomes of the program, including any work-integrated learning elements.
1.2 Screening for and management of student fitness to practice are effective.	1.2 Student impairment screening and management processes are effective	1.2	1.2
1.3 Students achieve the relevant competencies before providing patient care as part of the program.	1.3	1.3	1.3
1.4 Suitably qualified and registered optometrists and/or health practitioners supervise students during clinical education.	1.4	Covered in 1.7a	1.4
1.5 Health services and optometry practices providing clinical placements have robust quality and safety policies and processes and meet all required regulations and standards.	1.5	(1.7a +b)	1.5
1.6 Patients consent to care by students.	1.6	Not covered	Not covered

1.7 Where required, all students are registered with the relevant regulatory authority/ies.	1.9	Covered within 1.8	Covered within 1.7
1.8 The education provider holds students and staff to high levels of ethical and professional conduct.	1.8	1.4	1.8 The education provider requires students to comply with a code of conduct consistent with the Medical Radiation Practice Board of Australia's (the Board's) expectations of ethical and professional conduct.
Additional criteria	1.7 Students understand the legal, ethical and professional responsibilities of a registered dental practitioner	1.5 Graduates of the program have demonstrated appropriate understanding of their legal, ethical and professional responsibilities, awareness of relevant processes for managing concerns in relation to their practice and/or the practice of others, and recognition of mechanisms for familiarising themselves with changes in requirements. 1.6 The program includes sufficient length and variety of high-quality WIL and practical experience, in a range of practice settings and with exposure to a diverse range of patients, to ensure students/interns are able to demonstrate achievement of the required performance outcomes to the appropriate level. 1.8 Effective processes are in place to ensure that the unit delivering the program maintains compliance with all obligations under the Health Practitioner Regulation National Law Act (Australia) or the HPCA Act	1.6 The education provider requires students in the program to comply with the Medical Radiation Practice Board of Australia's (the Board's) guidelines relevant to safe practice, and provides mechanisms for students to familiarise themselves with any changes to relevant guidelines as they arise 1.7 The education provider complies with its obligations under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) and other laws. (like APC)

		(New Zealand), PharmBA or PCNZ and/ or equivalent national and State frameworks.	

Standard 2 Academic Governance and Quality Assurance			
Criteria			
OCANZ	**ADC**	**APC**	**MRPAC**
2.1 The provider has robust academic governance arrangements in place for the program of study that includes systematic monitoring, review and improvement.	2.1	Partially covered 2.3	2.5 The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or group with the responsibility, authority and capacity to design, implement and improve the program to meet the needs of the medical radiation practice profession and the health workforce
2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the program.	Criteria 2.2 and 2.3 combined: Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the program's design, management and quality improvement	Covered in 3.3	2.6
2.3 There is relevant external input to the design and management of the program, including from representatives of the optometry professions.		Covered in 3.3	2.8 There is external stakeholder input to the design, implementation and quality of the program, including from representatives of the medical radiation practice profession, other health professions, prospective employers, health consumers and graduates of the program.

2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education and practice.	2.3	Covered in 3.2	2.9
Additional Criteria		2.1 The program is delivered by a clearly identifiable operational unit (School of Pharmacy or ITP unit) within the provider organisation (Higher Education Institution/Registered Training Organisation). The unit delivering the program has appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program. 2.2a Australian provider organisations are registered either with TEQSA (HEIs) or ASQA (RTOs). 2.2b The qualifications of New Zealand provider organisations are approved by Universities New Zealand quality assurance body, the Committee on University Academic Programs (CUAP), listed on the New Zealand Qualifications Framework (NZQF), and eligible for funding through the Tertiary Education Commission (TEC) 2.3 Governance structures and processes within the provider organisation direct and support the design, implementation, evaluation and quality improvement at the program level to ensure that graduates are	2.1 The education provider is currently registered with the Tertiary Education Quality Standards Agency (TEQSA). 2.2 The program is accredited by the Tertiary Education Quality Standards Agency (TEQSA) or, for education providers with self-accrediting authority; the program has been approved by the education provider's relevant board or committee responsible for program approval. 2.3 The Tertiary Education Quality Standards Agency (TEQSA), or the relevant education provider board or committee has approved the Australian Qualifications Framework (AQF) level of the program at bachelor (AQF Level 7) or higher. 2.4 Students, lecturers and work-integrated learning supervisors in the program have opportunities to contribute to the information that informs decision-making about program design, implementation and quality. 2.7 Formal mechanisms exist to validate and evaluate improvements in the design,

		able to demonstrate the required performance outcomes. 2.4The maintenance, assurance and improvement of program quality are facilitated by effective relationships and accountability between the unit delivering the program and the provider organisation. 2.5 The unit delivering the program has a designated leader with requisite profession/ pharmacy-specific experience and expertise who is responsible for ensuring the effective provision of professional and academic leadership, engagement and advocacy for the unit and the profession within and beyond the provider organisation. 2.6 There are clearly defined, robust, transparent and effective mechanisms by which the designated leader of the unit delivering the program secures and is accountable for the financial and other resources necessary to ensure the sustainable operation of the unit and its programs 2.7 The unit delivering the program operates under a clearly defined strategic plan which is aligned with that of the provider organisation, congruent with the	implementation and quality of the program. 2.10 Formal mechanisms exist to ensure the ongoing quality assurance of work-integrated learning instruction and supervision in the program, including evaluation of student feedback. 2.11Staff and students work and learn in a physically and culturally safe environment. 2.12 The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program. 2.13 The education provider appoints academic staff at an appropriate level to manage and lead the program. 2.14 Staff managing and leading the program have sufficient autonomy to request the level and range of human resources, facilities and equipment in the program. 2.15 The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health.

		vision, mission and goals of the unit, and systematically reviewed and updated to ensure fitness-for-purpose and currency with contemporary pharmacy practice 2.8 Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.	

Standard 3 Program of Study			
Criteria			
OCANZ	**ADC**	**APC**	**MRPAC**
3.1 A coherent educational philosophy informs the program of study design and delivery.	3.1	3.1 The program is underpinned by a coherent, contemporary and clearly articulated educational philosophy and/or learning and teaching strategy, which is clearly reflected and articulated in the program goals/objectives, curriculum, learning and teaching approaches, and assessment methodology	3.2
3.2 Program learning outcomes address all the professional competencies endorsed by OCANZ.	3.2	Not covered	3.3
3.3 The quality, quantity and diversity of clinical training are sufficient to produce a graduate competent to practice across a range of settings.	3.3	Not covered	3.12
3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	3.4	Not covered	Not covered
3.5 Principles of inter-professional learning and practice are embedded in the curriculum.	3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice	3.8 The program provides sufficient opportunities for all students/interns to engage in interprofessional learning and practice (in real and/or simulated environments) to enable graduates to provide person-centred care as a collaborative member of an interprofessional team.	3.6
3.6 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	3.7	3.7 The unit delivering the program maintains a leadership	3.13The education provider appoints academic staff at an

		and staff complement which is demonstrably sufficient for the needs of the program, appropriately qualified and experienced, sustainably resourced and supported, and provided with regular opportunities for relevant professional review and development.	appropriate level to implement the program.
3.7 Learning environments support the achievement of the required learning outcomes.	3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	3.9 The unit delivering the program operates in an environment informed by contemporary scholarship, research and enquiry, and promotes the development and utilisation of these skills within its programs to ensure that graduates are able to demonstrate the required performance outcomes.	Not covered
3.8 Learning environments support the achievement of research skills appropriate to the academic level of the program	3.5 Graduates are competent in research literacy for the level and type of the program.	Not covered	Not covered
3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	Combined with 3.8	3.6 Resources including physical facilities, infrastructure, technological capacity and information resources available to students/ interns undertaking the program are current, fit-for-purpose, sufficient for the needs of the student/intern cohort, and systematically reviewed and updated on a regular basis	Partially covered in 3.14
3.10 Cultural competence is appropriately integrated within the program and clearly articulated as required	3.9 Cultural safety is articulated clearly, integrated in the program	3.4 Program design, content, delivery and assessment	3.1 Culturally safe practice is integrated in the design and

disciplinary learning outcomes: including an emphasis on Aboriginal, Torres Strait Islander, Māori and Pasifika cultures.	and assessed, with graduates equipped to provide care to diverse groups and populations.	specifically emphasise and promote Aboriginal and Torres Strait Islander cultures, cultural safety and improved health outcomes in the Australian setting, and Māori cultures, cultural safety and improved health outcomes in the New Zealand setting. Aboriginal and Torres Strait Islander people (Australia) and Māori people (New Zealand) should have direct input into curriculum design and content, and where possible should be involved directly in delivery and assessment. 3.5 Program design, content, delivery and assessment promote an understanding and appreciation of cultural diversity by both staff and students/interns, and the development of skills that enable the provision of culturally safe, inclusive and responsive person-centred care	implementation of the program and is articulated in unit/ subject learning outcomes, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.
3.11 The optometry program has the resources to sustain the quality of education that is required to facilitate the achievement of the competency standards.	3.10	Partially covered in 2.6	3.14
Additional Criteria	3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies.	3.2 Program design, content, delivery and assessment reflect contemporary evidence-based practice in pharmacy, health and education, and are designed to facilitate the achievement and	3.4 The curriculum design includes vertical and horizontal integration of theoretical concepts and practical application throughout the program including

		demonstration by students/ interns of the required performance outcomes at an appropriate pace over a sufficient period of time. Emerging developments and scopes of practice relevant to entry-level practice, and new technologies are incorporated into the program (including WIL) in a timely manner to ensure that the program remains fit-for-purpose 3.3 Program planning, design, implementation, evaluation, review and quality improvement processes are carried out in a systematic and inclusive manner, involving input where relevant from staff, students/interns, graduates, supervisors, practitioners, employers, patients and consumers, Aboriginal and Torres Strait Islander or Māori peoples, and other key external stakeholders to ensure that the program remains fit-for-purpose. Outcomes from these processes are clearly communicated in a timely manner to stakeholders.	simulation and work-integrated learning experiences. 3.5 Unit/subject learning outcomes in the program address the principles of the quality use of medicines as they apply to medical radiation practice. 3.7 Unit/subject learning outcomes and assessment in the program specifically reference the relevant National Safety and Quality Health Service (NSQHS) Standards, including in relation to collaborative practice, team-based care and culturally safe healthcare, particularly for Aboriginal and Torres Strait Islander Peoples. 3.8 Unit/subject learning outcomes in the program address social and cultural determinants of health. 3.9 Legislative and regulatory requirements relevant to the medical radiation practice profession are taught and their application to practice is assessed, during periods of work-integrated learning in the program. 3.10 The education provider ensures work-integrated learning experiences provide students in the program with regular opportunities to reflect on their

			observations of practice in the clinical setting. 3.11 The education provider has an active relationship with the practitioners who provide instruction and supervision to students during work-integrated learning, and formal mechanisms exist for training and monitoring those supervisors.

Standard 4 The Student Experience			
Criteria			
OCANZ	**ADC**	**APC**	**MRPAC**
4.1 Course information is clear and accessible.	4.1	4.2	4.1
4.2 Admission and progression requirements and processes are robust, equitable and transparent.	4.2	4.1	Not covered
4.3 Students have access to effective grievance and appeals processes.	4.3	4.5	Not covered
4.4 The provider identifies and provides support to meet the academic learning needs of students.	4.4	4.3 The unit delivering the program ensures that students/interns are able to access relevant resources and support systems in a timely manner to facilitate achievement of the required performance outcomes.	4.3The education provider identifies and provides support services, including cultural support services, to meet the learning needs of students in the program.
4.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel.	4.5	Not covered	Partially covered in 4.3
4.6 Students are represented within the deliberative and decision-making processes of the program.	4.6	4.7	Not covered
4.7 Equity and diversity principles are observed and promoted in the student experience.	4.7	4.4	4.4 There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and Torres Strait Islander Peoples.
Additional criteria		4.6. The unit delivering the program identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly	4.2 The education provider ensures cultural safety for students at all times.

Standard 5 Assessment			
Criteria			
OCANZ	**ADC**	**APC**	**MRPAC**
5.1 There is a clear relationship between learning outcomes and assessment strategies.	5.1		5.1
5.2 Scope of assessment covers all learning outcomes relevant to the competencies.	5.2 and 5.6 combined: All required professional competencies are mapped to learning outcomes and are assessed	5.1The scope of assessment covers all learning and performance outcomes required to ensure graduates are competent to practise safely, legally, professionally and ethically as a member of an interprofessional health care team.	Combined with 5.1
5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	5.3	5.2 A range of relevant, contemporary and evidence-informed assessment tools (including direct observation) are used in academic, practice and WIL environments to ensure that the overall assessment system is valid and reliable, and provides evidence of student/intern competency and safety	5.2
5.4 Program management and co-ordination, including internal and external moderation, ensure consistent and appropriate assessment and feedback to students.	5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	5.3	Not covered
5.5 Suitably qualified and experienced staff assess students, including external experts for final year.	5.5	5.5	5.4 Staff who assess students in the program are suitably experienced, prepared for the role, and hold appropriate qualifications where relevant.

5.6 All learning outcomes are mapped to the required competencies, and are assessed.	Combined with 5.2	5.4 All assessments carried out in academic, practice and WIL environments are fair and undertaken against clear criteria. The standard of performance expected of students/interns in each area to be assessed is explicit and clearly communicated to students/interns and staff involved in the assessment.	Combined with 5.1
Additional criteria			5.3 Formal mechanisms exist, including program management, unit/subject co-ordination and quality assurance processes that ensure assessment of learning outcomes for determining student competence reflects the principles of assessment. 5.5 Formal mechanisms exist to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors.

Appendix 3: Scope of the HESF

The *Higher Education Standards Framework*

PART A:Standards for Higher Education

1 Student Participation and Attainment

1.1 Admission

1.2 Credit and Recognition of Prior Learning

1.3 Orientation and Progression

1.4 Learning Outcomes and Assessment

1.5 Qualifications and Certification

2 Learning Environment

2.1 Facilities and Infrastructure

2.2 Diversity and Equity

2.3 Wellbeing and Safety

2.4 Student Grievances and Complaints

3 Teaching

3.1 Course Design

3.2 Staffing

3.3 Learning Resources and Educational Support

4 Research and Research Training

4.1 Research

4.2 Research Training

5 Institutional Quality Assurance

5.1 Course Approval and Accreditation

5.2 Academic and Research Integrity

5.3 Monitoring, Review and Improvement

5.4 Delivery with Other Parties

6 Governance and Accountability

6.1 Corporate Governance

6.2 Corporate Monitoring and Accountability

6.3 Academic Governance

7 Representation, Information and Information Management

7.1 Representation

7.2 Information for Prospective and Current Students

7.3 Information Management