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?**

   Yes, the overall basic form of the OCANZ standards for the programs in ocular therapeutics is straightforward and appropriate, given that they follow the similar format as the entry level competencies and other AHPRA professions.
   We also applaud the inclusion of cultural safety as its own domain.

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, as is now a feature of the entry-level standards? (This is likely to elevate the emphasis on the particular therapeutic needs of First Nations Peoples).**

   Yes, this reflects the emphasis on cultural safety in our teaching and will ensure each school incorporates this carefully into the therapeutics program. The criteria highlight that First Nations Peoples must be consulted in the design and management of the course.

   Given the published strategies, definitions, statements of intent and action plans surrounding cultural safety, a formal inclusion of these into a separate domain is reasonable. While beyond the purview of this commentary, the Cultural Safety definition (https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx) appears to be mismatched by only restricting it to be "…determined by Aboriginal and Torres Strait Islander individuals, families and communities.", as culturally safe practice should encompass being able to practice with people from various cultures. This is not to say that particular or specific emphasis should not be made for Aboriginal and Torres Strait Islander individuals, families and communities, and putting this in its own particular domain codifies it as being a requirement of the program, it is just that as written it seems to be more silent on requirements to being able to practice in a culturally safe manner with cultures other than Aboriginal and Torres Strait Islander and Maori peoples, other than Standard Criteria 4.10, which mentions "Cross-cultural competence".

3. **Do the proposed OCANZ Standards give sufficient emphasis to new and emerging practices and therapeutic approaches and the related challenges that students and new graduates may face? (note that the likely horizon for these standards is five years or more)**

   Yes, this appears to be encompassed both in Standard 3, Criteria 3.1 to 3.4, and Standard 4, Criteria 4.5. The manner in which it is written places the onus on the provider to make these determinations and demonstrate this for the purposes of accreditation which is appropriate given the desire for the standards to not be overtly prescriptive.

   Suggest requesting reassurance that:
   - Given the ever-changing list of drugs available to optometrists, both PBS-listed drugs and otherwise, students are equipped with the skills to 'upskill' as new drugs come on the list – including how to find out that new drugs have been added.
   - Given the benefits and wide availability of electronic prescribing, students are educated on the use and regulatory framework relating to electronic prescribing. See https://www.health.gov.au/initiatives-and-programs/electronic-prescribing

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

   Yes, see our response to question 3.

5. **Do the proposed OCANZ Standards accommodate emerging trends in education methods (e.g., on-line learning, simulation) and changes to the health system (telehealth, record systems) sufficiently?**

   This is somewhat explored in Guidance for Standard 4: Learning and Teaching approaches and Criteria 4.5 "Emerging developments in education, technology and practice are incorporated as necessary to keep the program fit for purpose." The use of the word "encourages" under "Learning and teaching approaches" is appropriate to suggest to providers to consider innovative teaching techniques.

   Regarding changes to the health system, the stipulated 'no fewer than 50 hours of supervised clinical practicum' sufficiently addresses current practice trends and patterns; however, we also recommend including a section on telehealth and remote prescribing.

6. **Does the proposed OCANZ Evidence Guidance contain omissions, irrelevancies, ambiguities, obsolete items, confusing content or misleading items that should be addressed in the review?**

   Guideline, Standard 4 and Guideline Standard 6 Point 4 references the ELC 2014, which has now been superseded or will be superseded shortly. To alleviate this, more vague language related to the current ELC in force would ensure that an out of date guideline is not being referenced. There are also several areas which refer to the OBA's Guideline for Use of Scheduled Medicines (2014), which is now currently the 2021 version.

   The paragraph on cultural competency under Standard 4 might be moved into the new domain on cultural safety.

7. **Are the 15 pieces of core evidence outlined in the Appendix to the Standards still appropriate?**

   Yes, although this should be cross referenced with the new numbering system for the proposed domains, as point 9 refers to Standard 3, which I believe should be Standard 4 in the proposed updated standards.

   Given the emphasis placed on cultural safety and interprofessional learning, should there also be a requirement to indicate where in the course these are taught?

8. **Are there any other issues you wish to have considered?**
   Nil