17 November 2022

Ms Susan Kelly
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Dear Susan

Response on Draft OCANZ Accreditation Standards and Evidence Guide for Programs of Study in Ocular Therapeutics

Thank you for the opportunity to provide a response to your consultation on the proposed new draft standards and evidence guide.

We acknowledge this iteration of the Standards has been informed by the review and consultation in developing your Entry-Level Standards and follows the new structure which includes and elevates cultural safety.

We have provided some feedback and suggestions for your consideration using the discussion questions (attached).

Please do not hesitate to contact me, or Claire Bekema, Director Standards Development at Claire.Bekema@pharmacycouncil.org.au if you would like to discuss our response further.

Yours sincerely

Bronwyn Clark
Chief Executive Officer

Attachment: APC Response_OCANZ Ocular Therapeutics Accreditation Standards review

Review of OCANZ Postgraduate Ocular Therapeutics Accreditation Standards

Discussion Questions

1. Do you support retention of the basic form of the current OCANZ Standards (i.e., domain headings, and overarching standards statement for each domain, collective non-instrumental criteria and an integrated evidence guide)? If not, what would you change and why?

APC supports the basic form of the OCANZ Standards as they provide alignment with the form of other accreditation standards within the National Registration and Accreditation Scheme. We note that OCANZ has received positive feedback on the usability of an integrated evidence guide from education providers and assessment teams.

We have observed that there is a range of methods across the accreditation councils in providing guidance to providers. These may be either notes or evidence guidance integrated into the standards document, or guidance and other resources provided as supplementary resources.

Our current standards take the latter approach, with high level notes within the standards, and a separate 'Supporting Documents' publication that includes evidence guidance and examples, Performance Outcomes Framework, and Learning Domains. This allows us flexibility to update the supporting documents in relation to feedback, evolving trends in practice or accreditation, or quality improvement processes, without needing to amend the Accreditation Standards and therefore obligation to follow the Ahpra process for review of accreditation standards (including formal approval by our National Board).

2. Do you support the elevation of cultural safety in relation 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 not a feature of the entry-level standards? (This is likely to elevate the emphasis on the particular therapeutic needs of First Nations Peoples).

APC is supportive of the elevation of cultural safety for First Nations Peoples in the Standards.

We again note the evolution of accreditation standards across the regulated professions on how cultural safety is integrated, with some councils elevating cultural safety to its own domain, and others highlighting culturally safe practice within their public safety domain as well as embedding relevant criteria throughout the other domains.

The Australia Medical Council (AMC) recently held a webinar on their Aboriginal and Torres Strait Islander Māori health standards. https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-primary-medical-programs/seminar-on-amc-aboriginal-torres-strait-islander-and-maori-health-standards/

We have learned much from listening to the discussion about how the AMC Aboriginal, Torres Strait Islander, and Māori Committee undertook their process of consultation and development of the standards. They consulted on having one specific domain for cultural safety, or criteria integrated throughout the standard. The response was 'both'.

OCANZ may wish to consider whether the elevation of cultural safety to a separate domain, could also be emphasised further throughout other domains. For example, criteria or evidence example of how the program is embedding the prioritisation of the health and health care of First Nations people.

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

We consider that the OCANZ Standards adequately addresses the need for programs to incorporate emerging practices and therapeutic approaches in addition to the foundational knowledge that should be included in the content of the program. There is reference to competency standards, graduate outcomes, interprofessional learning, to name a few.

Given the rate of review of accreditation standards, it may be worth considering referencing 'the current version of…' these documents as these may be reviewed at different cycles to the standards, rendering resources or links outdated or obsolete.

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

There may be opportunity for the OCANZ Standards to further emphasise the need for graduates to be able to critically analyse research and information to ensure the safe prescribing of new therapeutic agents.

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?

Criterion 4.5 of the Standards refers to 'emerging developments in education, technology and practice are incorporated…'.

It is not clear whether these terms would include changes to the health system (e.g., telehealth, electronic medicines management (with decision support), MyHealthRecord, secure messaging systems and e-Prescriptions.

If it is the intention for the Standards to accommodate health system changes, we suggest that terms be expressly included.

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

There are multiple lists or references to different competency standards, graduate outcomes, and required content throughout the document which creates some confusion.

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

We think it would be helpful if the mandatory evidence is cross-referenced with the evidence in the relevant criterion, and vice versa. This will make it easier for providers to understand the context for submitting the evidence and so they can refer to it in their submission against the specific criterion.

For example, Criterion 4.1 requires a coherent education philosophy. Possible evidence is listed although it may be helpful to list the required evidence here as well:

"Mandatory evidence 1. *Statement of overall educational philosophy/design for the program".*

Additionally, related (and multiple) criterion to each of the mandatory evidence items could be referenced:

1. *Statement of overall educational philosophy/design for the program (Criterion 4.1)*

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

Noting the imminent closure of NPS MedicineWise, reference to the Prescribing Competency Framework will need updating when it is known who the ongoing custodian of the document will be.