Optometry Council of Australia and New Zealand

Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs

Effective 1 January 2028

The Optometry Council of Australia 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

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 Aotearoa New Zealand
- Professional membership bodies in Australia and Aotearoa New Zealand
- Registration Boards in Australia and Aotearoa New Zealand.

The two key roles of OCANZ are:

- to accredit optometry programs of study in Australia and Aotearoa New Zealand, and
- to conduct examinations for overseas qualified (i.e., outside of Australia or Aotearoa New Zealand) optometrists who are seeking to practise in Australia and/or Aotearoa 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 (New Zealand) Te Poari Kaitirotiro Whatu, Kaiwhakarato Mōhiti (ODOB) that all those who are entering the profession are competent to practise to contemporary standards that have been established by the profession.

1.2 Outcomes of Accreditation of a Program of Study

Accreditation is the status granted by OCANZ to higher education programs that meet, and continue to meet, the Accreditation Standards for entry-level optometry programs as outlined in this document. Accreditation of a program signifies that those students who graduate from the program have the knowledge, skills and other professional attributes and competencies that are necessary for the entry-level practice of optometry in Australia and Aotearoa New Zealand.

Graduation from an accredited program of study is a requirement for registration with the Optometry Board of Australia (OptomBA) to practise in Australia. The Optometrist and Dispensing Opticians Board (ODOB) in New Zealand also prescribes qualifications arising from programs accredited by OCANZ as a requirement for registration as an optometrist in Aotearoa New Zealand.

1.3 Standards-Based Accreditation

Accreditation of programs is conducted through an assessment of the programs by OCANZ against the OCANZ Accreditation Standards ('Standards'). OCANZ first published accreditation standards and procedures in 1998, which were subject to a major review in 2004 and further changes in 2006 when the scope of optometric practice was changed to include prescribing of certain controlled drugs and poisons by suitably qualified optometrists. The Standards were further reviewed during 2015-2016 and again in 2021 prior to this recent review in 2026-27. The current Standards arose from the 2026 review of the Standards and take effect on 1 January 2028.

The Standards apply to all entry-level optometry programs that are approved/prescribed for registration as an optometrist in Australia and Aotearoa New Zealand. New programs and established programs are both 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://ocanz.org/accreditation/accreditation-standards/

1.4 Approval of the Standards

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

1.5 Outcome-Focussed Standards

The Standards reflect contemporary best practice in standards development across Australia and Aotearoa New Zealand 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 student learning outcomes, irrespective of the nature and context of the program concerned.

1.6 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.

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 Criteria for each Standard to determine whether the evidence presented by an education provider clearly demonstrates that the Standard is met overall.

Note. For this review of the Standards, Cultural Safety remains a standalone Domain while being more fully embedded within all other Domains. This is an intentional shift with a view over time to transition to full integration and articulation of Cultural Safety across all Domains of the Accreditation Standards.

1.7 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 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 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 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. This guidance may be particularly helpful to providers who are seeking accreditation of a new program.

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

1.8 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 entry-level optometry programs (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/accreditation-standards/ for further details.

1.9 Contact OCANZ

For further information contact:

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2. Accreditation Standards and Evidence Guidance

Domain 1: Public Safety

Standard 1: Public safety is assured.

Criteria:

1.1 Protection of the public; safe person-centred care; culturally safe practice that is free of racism and discrimination and promotes anti-racism; and a commitment to diversity, inclusion and reduction in disparities in healthcare 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 patient care, including those relating to anti-racism and cultural safety and responsiveness, 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, clinical governance, quality and safety and anti-discrimination 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.

1.7 The education provider holds students, staff and placement providers to high levels of ethical and professional conduct.

1.8 Processes for identification and management of student impairment are effective.

1.9 Where required, 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.

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 concerned with contributing to public health, health disparities and inequities and working collaboratively in an interprofessional team
- Policies and procedures on clinical training, placements and supervision
- Policies and procedures on extramural student placement and supervision
- Student registration documentation: in Australia - the completed student data template submitted to the regulator
- Professional indemnity insurance arrangements for students on clinical placement
- Policies and procedures on ethical and professional behaviour and fitness to practise
- Documentation outlining how cultural safety training and racism and discrimination training are addressed and how anti-racism is promoted within the program of study.

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
- Site visits to (selected) extramural facilities
- Samples of records of patient consent
- De-identified patient records
- Policies and procedures on informing the regulator about notifiable student conduct (in Australia)
- Reports of how complaints concerning racism and/or discrimination have been addressed
- Reports of how student impairment has been managed.

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 internal or external placement environments to ensure safe, equitable, quality and reliable outcomes for patients and students.

Student fitness to practice processes
Fitness to practice includes ensuring student's capacity to safely undertake clinical training and practice. Impairment has a specific meaning in Australia (see glossary).

Racism, discrimination and anti-racism
Ahpra clearly states, 'there is no place for racism and discrimination in healthcare. Ahpra and the National Boards will not tolerate this behaviour in any form or setting, including on social media. The National Law and the National Boards' codes of conduct set clear, enforceable standards for registered health practitioners. Breaches of these standards may result in regulatory action.' https://www.ahpra.gov.au/Eliminating-racism-and-discrimination.aspx.

Likewise, the Ministry of Health (Manatū Hauora) acknowledges that racism is a key driver of health inequities in Aotearoa New Zealand. The agency runs a formal anti-racism framework called *Ao Mai te Rā* to actively combat institutional and interpersonal discrimination within the health system. https://www.health.govt.nz/system/files/2023-02/stage-two-literature-review-best-practice-approaches-to-addressing-racism.pdf.

Anti-racism actively opposes and addresses racism in all its forms. Anti-racism accepts the need to redistribute power, privilege, resources and opportunity. It requires people and institutions to examine their power and privilege and acknowledge and address power imbalances. Anti-racism is an essential enabler of wellbeing and equity, particularly for Aboriginal and Torres Strait Islander peoples and Māori, Pacific Peoples and communities of colour. https://www.health.govt.nz/publications/position-statement-and-working-definitions-for-racism-and-anti-racism-in-the-health-system-in ; https://dns.govt.nz/standards-and-guidance/design-and-ux/content-design-guidance/inclusive-language/pacific-peoples-and-their-language.

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

- Clinical placements are well organised and provide services, student experience and teaching to meet the OCANZ Standards overall
- Person-centred care is prioritised, including ensuring that care is not delayed or compromised as a result of clinical training
- The objectives and the assessment of all clinical placements are clearly defined and known to both students and practitioners
- Education providers who arrange student instruction and supervision in extramural clinical settings have an active relationship with the practitioners providing instruction and supervision as well as processes in place to select, train and review practitioners' supervision of students
- Clinical supervisors have the professional, clinical, cultural safety, anti-racism and supervisory skills to supervise students in a clinical setting See Ahpra guidance on embedding good practice in health practitioner education: clinical placements, simulation-based learning and virtual care https://www.ahpra.gov.au/News/2025-04-24-The-independent-Accreditation-Committee-publishes-two-new-guidance-documents
- The educational experience in clinical placements is monitored and evaluated by the education provider's academic staff
- Feedback from patients, students and supervisors is considered in planning and improvement of the program.

Student registration documentation
In Australia, education providers are responsible for ensuring all students are registered with the Optometry Board of Australia, and so should be able to produce evidence that the student data template required to be submitted to the regulator has been completed and submitted. Education providers are also required to provide information on how the reporting to the regulator of any notifiable conduct of students is managed. There is no parallel requirement for student registration and reporting in Aotearoa New Zealand, however providers are encouraged to keep a similar register of students and any notifiable conduct.

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 Ahpra's shared Code of Conduct https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.

In Aotearoa New Zealand, the ODOB has published a separate code of ethics for optometrists practising in Aotearoa New Zealand as required under the *Health Practitioners Competence Assurance Act*. This code is available at https://odob.health.nz/document/6823/Appendix%201%20a%20Optometrists%20standards%20of%20ethical%20conduct%202012.pdf. 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, reflexivity, contributing to the public health of the community, awareness of health disparities and inequities and responsiveness to the needs of those who are marginalised or people with special health needs, promoting ocular health care and working collaboratively in an interprofessional team. 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.

Health care policies/standards
Education providers need to have regard to robust clinical governance frameworks and cognate health care policies.

Education providers should be able to demonstrate having regard to the National Prescribing Competencies Framework (2025) in the aspects of the program concerning prescribing, available at https://www.ahpra.gov.au/About-Ahpra/Our-engagement-activities/National-Prescribing-Competencies-Framework.aspx.

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 ACSQHS also publishes the Australian Charter of Health Care Rights (safetyandquality.gov.au), which applies to all people in all places where health care is provided in Australia. In Aotearoa New Zealand, the New Zealand Health Charter (Te Mauri o Rongo) was created as part of health sector reforms. It sets out shared values, principles, and expectations toward fostering a safe and supportive working culture across all health entities. https://apex.org.nz/campaign/the-new-zealand-health-charter-te-mauri-o-rongo/.

Domain 2: Cultural Safety

Standard 2:

The program ensures that students can provide culturally safe person-centred care for Aboriginal and Torres Strait Islander peoples and Māori.

Criteria:

2.1 Cultural awareness and responsiveness, together with cultural safety are 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 Aboriginal and Torres Strait Islander peoples and Māori.

2.3 The education provider promotes and supports the recruitment, admission, participation, retention and completion of the program by Aboriginal and Torres Strait Islander peoples and Māori.

2.4 Students' clinical experiences incorporate provision of culturally responsive, person-centred care for Aboriginal and Torres Strait Islander peoples and Māori.

2.5 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 Aboriginal and Torres Strait Islander peoples and Māori.

2.6 Staff and students work and learn in a culturally safe environment, free from racism.

2.7 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 Aboriginal and Torres Strait Islander peoples and Māori.

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

- Documentation about how Aboriginal and Torres Strait Islander and Māori students are recruited and supported Documentation showing the learning outcomes to be achieved in relation to Aboriginal and Torres Strait Islander peoples and Māori, including demonstration of a strengths-based approach to their healthcare.
- Policies concerning provision of culturally safe health care
- Reporting of examples of best practice in teaching and assessing concepts of cultural responsiveness, cultural safety and anti-racism.

Items that may be requested at site visits:

- Evidence of meaningful engagement with and co-design by Aboriginal and Torres Strait Islander peoples and Māori for program design/review
- Records of cultural safety and anti-racism training/education for staff, students and placement providers (where the latter are available)
- Systems that identify, report on and monitor culturally safe health care, including a register of complaints.

Guidance - Standard 2:

The program ensures that students can provide culturally safe, person-centred care for Aboriginal and Torres Strait Islander peoples and Māori.

This Standard requires education providers to demonstrate how the objective of anti-racism and culturally aware and responsive practice by students and culturally safe care for Aboriginal and Torres Strait Islander peoples and Māori are being achieved in the program and are inculcated in graduates. A focus on increasing the number of Aboriginal and Torres Strait Islander and Māori optometry graduates is included.

The terminology used in this Standard includes:
Cultural safety is determined by Aboriginal, Torres Strait Islander or Māori individuals, families/whānau and communities.
Cultural awareness and responsiveness are described as the understanding and practice required to achieve cultural safety.
Other relevant terms may include cultural humility, cultural competence, cultural respect and security.

Useful references can be found at https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx; Cultural Safety in Australia - Lowitja Institute; https://odob.health.nz/document/6710/4_Standards%20for%20Cultural%20Competence%20and%20Cultural%20Safety_November%202021%20-%2020221017.pdf. Note: a new strategy is due for release soon, and this reference will be updated at that time. See also
Curtis et al. International Journal for Equity in Health (2019) 18:174
https://doi.org/10.1186/s12939-019-1082-3
- publication from Te Kupenga Hauora Māori, Waipapa Taumata Rau University of Auckland.

OCANZ has published two documents relevant to this Standard: the *Optometry Aboriginal and Torres Strait islander Health Curriculum Framework* (https://ocanz.org/wp-content/uploads/2026/06/Optometry-Aboriginal-and-Torres-Strait-Islander-HCF-FINAL-2024.pdf) and the Optometry Māori Health Curriculum Framework Whaowhia te kete mātauranga (https://ocanz.org/wp-content/uploads/2026/06/Optometry-Maori-Health-Curriculum-Framework-December-2023-v4.pdf) which contain key recommendations on curriculum content, learning outcomes and assessment, as well as requirements for successful implementation, in order to assist optometry education providers to meet the OCANZ Cultural Safety Standard.

> Expectations regarding the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and the Optometry Māori Health Curriculum Framework are addressed in the Implementation Guides for each Framework https://ocanz.org/indigenous-eye-health/aboriginal-and-torres-strait-islander-eye-health/ and in a position statement - Implementation of the OCANZ Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and Optometry Māori Health Curriculum Framework. https://ocanz.org/wp-content/uploads/2026/06/OCANZ-Position-Statement-HCF.pdf.

Education providers are required to show how this Standard is addressed in an articulated philosophy of what cultural safety and anti-racism 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 safe and responsive 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. 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 Aboriginal and Torres Strait Islander peoples and Māori 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.

Domain 3: Academic Governance and Quality Assurance

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 includes 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 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.

3.5 Risks to the academic integrity, quality and sustainability of the program are, and continue to be, identified, managed and mitigated effectively.

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 including how the Program of Study has addressed governance issues related to use of Artificial Intelligence and other technologies.

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 optometry program.

The focus is on the overall educational context in which the optometry 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 practice.

OCANZ 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[1]
- 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 account of 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 and practice. Management of both the opportunities and risks of sector and environmental innovation translate into improvements that keep the program aligned with the needs of the profession and otherwise fit for purpose.

In recognition of the evolving nature of Artificial Intelligence (AI), TEQSA provides ongoing guidance to education providers, and has established a Gen AI knowledge hub, which invites providers to communicate with TEQSA regarding AI developments.

It is expected that the governance and quality assurance system at the Program of Study level addresses risks to the quality and sustainability of the program, leading to effective risk management and mitigation.

[1] 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 or rapidly developing knowledge or technology.

Domain 4: Program of Study

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, teaching and assessment methods of the program.

4.2 Program learning outcomes address all the professional competencies endorsed by OCANZ and any additional common competencies or professional capabilities recognised by the OptomBA and the ODOB.

4.3 The quality, quantity and diversity of clinical training are sufficient to produce a graduate competent to practice person-centred and culturally safe care 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 and practice are incorporated as necessary to keep the program fit for purpose and to prepare students for contemporary and emerging practice.

4.6 Interprofessional 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.

4.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach.

4.8 Learning environments, clinical facilities and equipment are accessible, up to date, well maintained, fit for purpose and support the achievement of required learning outcomes.

4.9 Graduates achieve research literacy appropriate to the academic level and type of program.

4.10 A capacity for responsiveness to cultures beyond a practitioner's own culture in the delivery of culturally safe healthcare, free of all forms of discrimination, is integrated within the program and clearly articulated among required disciplinary learning outcomes.

4.11 The optometry program has the resources, including access to clinical facilities, to sustain the quality of education that is required to facilitate the achievement of the OCANZ-endorsed competency standards.

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

- Program/course/subject approval documentation
- 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
- Reporting on examples of interprofessional learning
- Reporting on student experience of psycho-social and cultural diversity of patient presentations (as an adjunct to the mandatory clinical data)
- Policies and procedures for ethical and appropriate use of technologies.

Items that may be requested at site visits:

- Subject guides detailing how the program of study is structured and enacted at each stage
- 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
- Coverage of how cross-cultural competency, cultural safety and anti-racism are embedded 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 competencies and/or professional capabilities recognised by OCANZ and the OptomBA, including 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 and in New Zealand with the OCANZ endorsed *Standards Of Clinical Competence For Optometrists 2018* https://odob.health.nz/document/6709/Standards%20of%20clinical%20competence%20for%20optometrists%20(v1)%20(STD-0004).pdf.
The Standard includes the program of study and the human, physical, financial and learning resources needed to deliver the program to the Standard.

OCANZ has adopted entry-level threshold learning outcomes which indicate the minimum discipline knowledge, skills and professional capabilities expected of an optometry graduate. Education providers should be able to demonstrate how their programs deliver these threshold learning outcomes.

The entry-level threshold learning outcomes for optometry are currently those contained in the Learning and Teaching Academic Standards Statement for Health, Medicine and Veterinary Science.
http://disciplinestandards.pbworks.com/w/file/fetch/52723773/altc_standards_HMVS_210611.pdf.

Program of study design
OCANZ considers that the two key goals of an optometry program leading to registration are to:

- ensure that graduates are competent to undertake independent practice of optometry, and
- provide the educational foundation for lifelong learning.

To deliver on the educational outcomes and these goals, the education provider should present evidence that the optometry program has a suitable duration. 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 basic, biomedical and behavioural sciences, either through the program or pre-requisite tertiary studies that provide students with a thorough understanding of the optical and vision sciences.
- A strong foundation in the dysfunctions and diseases of the eye.
- A strong foundation in the fundamental skills required for the practice of optometry.
- A significant period, equal to at least one full time equivalent (FTE) academic year, 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, social, cultural and physical factors in the patient.
- Clinical instruction that incorporates student observation, practitioner demonstration and ultimately patients independently examined by students including independent management decisions that are reviewed by a supervisor.

Whether core instruction and/or clinical training is undertaken within the education provider's own optometry clinic, or extramurally, the provider should aim to demonstrate how and where a student encounters an extensive, diverse patient base across a well-patronised range of

optometric services. As OCANZ believes students also benefit from experience in a broader range of health care settings. Education providers are encouraged to enable this and provide evidence of how this is organised.

The organisation of the curriculum is enhanced by explicit statements about the learning outcomes expected of students at each stage of the program. OCANZ expects there to be guides for each subject that clearly set out the learning outcomes of the subject and shows how they lead to the development of the overall program learning outcomes and 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.ahpra.gov.au/About-Ahpra/Our-engagement-activities/National-Prescribing-Competencies-Framework.aspx.

Clinical training

During clinical training, OCANZ expects that students are provided with extensive and diverse clinical experience in a range of settings, including regional and rural opportunities[2], with a diverse range of patients as well as clinical presentations.

OCANZ considers that direct patient encounters provide students with experience across a wide range of presentations and ensure that their procedural skills are highly practised throughout the program to achieve competency. Education providers are expected to describe how the entire spectrum of clinical experiences (on-site and off-site, national and/or international) will ensure graduates are safe to practise.

Programs should demonstrate the extent of opportunities for student developmental experience as an observer, participant and, finally, as an independent patient manager. Evidence to demonstrate how the latter is achieved across a range of patient presentations needs to be presented in a table such as the one below.

Number of patients independently managed per area of clinical care			
	Minimum	Maximum	Average ±SD
Primary Eye Care			
Contact Lenses			
Paediatrics			
Binocular Vision			
Low Vision			
Therapeutics			
Glaucoma			
Medical Retina			
Anterior Eye			
Dispensing			

It is expected that this table only includes those encounters where:
the student acts as an Independent Patient Manager, and
the examination can be considered a Comprehensive Initial Consultation (save for "Dispensing").

Patient encounters that do not meet the above may be provided in an additional table or tables, e.g., patient encounters where a student did not act as an Independent Patient Manager (e.g., two students examining the same patient), or where the encounter was a second or subsequent

[2] In Australian context as defined by Modified Monash Model,https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm?language=en

consultation (e.g., a separate consultation following a Comprehensive Initial Consultation, to perform imaging and perimetry for a patient with glaucoma, or to fit contact lenses).

Further guidance is provided below about the terms – observer, participant and independent patient manager; and comprehensive initial consultation.

- *Observer*
  The patient examination is carried out by another person — typically a supervisor — with the student playing no active role other than observation.
- *Participant*
  During a patient examination, the student plays an active role in part(s) of the examination by, for example, taking the patient's history or performing fundoscopy. Typically, this will be under direct supervision.
- *Independent Patient Manager*
  The student conducts the entirety of the examination and makes a management decision independently, which is then reviewed by a supervisor. Situations where more than one student is involved in examining the patient should not be classified under this heading, even if each student is required to independently devise a management plan for the patient.

Clinical training should address the delivery of culturally safe care to Aboriginal and Torres Strait Islander peoples and Māori.

Clinical training should address the delivery of care to a diverse range of patients, including those with specific healthcare needs. This may include people with physical and/or cognitive disabilities, marginalised members of the community, older people in aged care, children with special needs, those experiencing family or gendered violence, and people vulnerable health disparities for other social and economic reasons. Examples may also include groups with particular ophthalmic issues, patients with multiple co-morbidities and mental health challenges

Preparing students for contemporary and emerging practice
OCANZ encourages education providers to provide students with knowledge, professional frameworks and reflective practices to adapt their practice to innovations in optometry practice, healthcare and the wider environment. This may include teaching related to:

- Understanding and building on scope of practice through life-long learning
- Data sovereignty, privacy and cybersecurity
- Digital health
- Social determinants of health
- Climate resilient and sustainable healthcare
- Ethical use of emerging technologies.

Clinical facilities
OCANZ expects that each education provider has access to a clinical facility, the size of which depends on the number of students and the extent to which the school makes use of the clinical facilities of affiliated or associated entities. The clinic is expected to have sufficient well-equipped consulting rooms to provide adequate experience for students in the direct care of patients. Associated or affiliated entities that are used to provide clinical experience and training are also expected to be well-equipped and have qualified staff.

Learning and teaching approaches
OCANZ encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving, critical thinking, critical reasoning, decision-making and development of communication skills. Problem-based and evidence-based learning, computer assisted learning, ethical and appropriate use of technologies such as artificial intelligence, simulation and other student-centred learning strategies are also encouraged. Education providers should be able to demonstrate how these approaches are incorporated into the curriculum. See also Ahpra's document, Guidance on

embedding good practice in health practitioner education: clinical placements, simulation-based learning and virtual care https://www.ahpra.gov.au/About-Ahpra/Who-We-Are/Ahpra-Board/Accreditation-Committee/Publications.

Interprofessional learning
OCANZ has endorsed the following competencies to support interprofessional education and expects the education provider to demonstrate how these competencies are embedded in the curriculum. The principles of interprofessional learning encompass understanding, valuing and respecting individual discipline roles in health care. The interprofessional learning competencies endorsed by OCANZ require that on completion of their program of study, graduates of any professional entry-level healthcare degree will be able to:

- Explain interprofessional 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
- Recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives
- Critically evaluate protocols and practices in relation to interprofessional practice.
- Give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues.[3]

Cross-cultural competence
Education providers are expected to show how acquisition of competence in providing clinically and culturally safe eye care for people from diverse ethnic and social groups and populations is appropriately integrated within the program of study.

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 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.

[3] 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 https://www.researchgate.net/publication/279298685_Harmonising_higher_education_and_professional_quality_assurance_processes_for_the_assessment_of_learning_outcomes_in_health

Domain 5: The Student Experience

Standard 5:

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

Criteria:

5.1 Students have access to effective grievance and appeal processes.

5.2 The education provider identifies, and provides support to meet, the academic learning needs of students.

5.3 The education provider implements a strategy across the program of study to support student wellbeing and inclusion and to ensure students are physically and psychologically safe including during clinical placements.

5.4 The education provider offers accessible, culturally safe services that address students' financial, social, cultural, spiritual, personal, physical and health needs.

5.5 Students participate in the deliberative and decision-making processes of the program.

5.6 Equity, diversity and anti-racism principles are observed and promoted in the student experience.

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., priority student cohorts
- Copies of policies and procedures relevant to the student experience
- Description of the range of academic and personal support services available to students (including supports for students with health or disability issues including mental health issues) 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 anti-racism, 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, within the Program of Study, including for Aboriginal and Torres Strait Islander and Māori students
- 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.

Student support services and facilities

The optometry educator implements a safe and confidential process for voluntary self-disclosure of personal or health information by students. OCANZ expects that evidence of adequate student support services and physical facilities for student study and recreation is provided. 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. There are clear policies to effectively identify, address and prevent bullying, harassment, racism and discrimination and these are actively implemented in the program of study.

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 support for particular student cohorts

OCANZ recognises that appropriate language and counselling support for international students may be required and evidence of how this cohort is supported should be available if requested. Evidence of support for students with special learning needs and any reasonable adjustments being made for them should also be available if requested. Aboriginal and Torres Strait Islander and Māori students should be provided with culturally safe supports as determined by individual circumstance.

Domain 6: Program Learning Outcomes & Assessment

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 required professional competencies and requirements for registration to practise.

6.2 Program learning outcomes encompass an understanding of entry-level scope of practice and skills for further study and life-long learning to respond to changes in contemporary practice.

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 Assessment methods are designed to reduce the potential for surrogate submissions such as third-party involvement or the inappropriate use of AI.

6.7 Program management mechanisms, including internal and external moderation, achieve consistent and appropriate approaches to assessment and timely feedback to students.

6.8 Suitably qualified and experienced staff, including external experts for final year, assess students.

6.9 All assessors are informed of and engaged with the requirements of the assessments in which they take part.

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 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.

Items that may be requested at site visits:

- Samples of student assessment and feedback provided to students
- Sample of student logbooks/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 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 practice optometry at entry level.

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 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 and they may include:

- Appropriate use of simulated and standardised patients to test specific skills in a structured, integrated oral assessment and 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 and develop a management plan.
- Observation of the student performing a number of complete clinical evaluations, both during clinical training and towards the end of clinical training.

In relation to Criterion 6.5, OCANZ is interested in how assessment or assessment methods are benchmarked externally.

Appendix: Required Documentary Evidence for an Accreditation Application

Required Evidence

The OCANZ Standards explicitly require education providers to provide documentary evidence of how their program learning outcomes map to the relevant OCANZ endorsed professional competency (or 'competence') standards for their country; and the entry-level threshold learning outcomes for optometry, thus demonstrating a program's effectiveness in providing graduates with the knowledge, skills, and attributes needed to practise optometry in Australia and New Zealand.

- In Australia, the OCANZ endorsed professional competency standards are those adopted by Optometry Australia – currently 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, the Ahpra shared Code of Conduct (https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct) and any additional competencies or shared professional capabilities endorsed by the OptomBA.

In New Zealand, the OCANZ endorsed professional competence standards are those adopted by that Board – currently Standards of Clinical Competence for Optometrists (2018), Standards of Cultural Competence (2018) and Standards of Ethical Conduct (2021). https://odob.health.nz/site/resources/standard-and-guidelines

- The entry-level threshold learning outcomes for optometry are currently those contained in the Learning and Teaching Academic Standards Statement for Health, Medicine and Veterinary Science.http://disciplinestandards.pbworks.com/w/file/fetch/52723773/altc_standards_HMVS_210611.pdf

- The cultural competencies outlined in the OCANZ Frameworks must be met:
  - Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework: an adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework, 2018 (Updated 2024) https://ocanz.org/indigenous-eye-health/aboriginal-and-torres-strait-islander-eye-health/ and Optometry Māori Health Curriculum Framework, 2023 https://ocanz.org/indigenous-eye-health/maori-eye-health/

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

1. A statement of the overall educational philosophy/design for the program.

2. Evidence the education provider has registration with TEQSA (Australia) or audit by AQA (NZ).

3. An overview of the formal academic governance arrangements for the program including program quality assurance, review and improvement.

4. A curriculum map, assessment matrix or other consolidated and comprehensive program design documentation that specifies the program learning outcomes and demonstrates alignment of the education provider's assessment approach with the learning outcomes and OCANZ endorsed professional competencies.

5. A Curriculum map that specified learning outcomes and demonstrates alignment of learning outcomes and assessments with OCANZ Aboriginal and Torres Strait Island peoples and Māori Health Curriculum Frameworks.

6. Sample student timetables for each year of the program, indicating allocation of key learning activities.

7. The 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).

8. A statement about the clinical training delivered in the program (to include in Standard 4 the expected number of patients to be observed, partially and independently managed by students under supervision; the variety of settings in which training will occur; the expected diversity of patient presentations including as outlined in the Table on page 17 and the corresponding evidence for same).

9. At least one sample of student clinical logbooks/portfolios (either in hard copy or electronic form).

10. The register of formal (and informal) agreements between the education provider and external supervisors, placement clinics, practices and services for the program.

11. A register of external supervisors' qualifications, registration status and supervision responsibilities.

12. Policies and procedures on clinical and workplace safety, including screening and reporting and control of infectious diseases.

13. A description of the physical and financial resources for teaching and learning or otherwise used in the program.

Note on Other Evidence:

Outside of the list above of required evidence, the determination of what evidence is submitted to the assessment team for consideration is at the discretion of the education provider, although an 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 evidence lists that accompany each Domain of the Standards provide (non-exhaustive) examples of possible additional evidence that may be pertinent to a specific Standard. These examples are intended as guidance only for education providers and assessment team members. The additional explanatory text about evidence that accompanies each Domain/Standard is intended to assist education providers to understand how OCANZ interprets some critical or key aspects of the requirements of the Standards. This guidance may be particularly helpful to education providers who are seeking accreditation of a new program.

OCANZ Glossary

Accreditation of programs of study		The evaluation and monitoring of a program of study undertaken by National Scheme accreditation authorities where a program is assessed against approved accreditation standards for the purpose of accreditation under the Health Practitioner Regulation National Law, as in force in each state and territory.
Accreditation Authority		An entity performing professional accreditation functions under the National Law and may be an external accreditation entity (usually an accreditation council), or an accreditation committee.
Accreditation Committee		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.
Accreditation Report		The final Accreditation Report produced by the OCANZ Board (An executive summary of this report is made public).
Accreditation Standards		A standard(s) used by an accreditation authority 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.
Accreditation Submission		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.
Accredited		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.
Accredited Program of Study		A program of study accredited by OCANZ.
Accreditation Refused		The program of study, and the education provider that provides the program of study, has not met an approved accreditation standard for the profession.
Accreditation Revoked		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.
Accredited with Conditions		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.
Assessment Matrix		A technical component of assessment; it is a document that demonstrates the link between learning outcomes and what is assessed. Note: the terms assessment blueprint or summary and assessment sampling framework are also in use by education providers.
Assessment Team		Also known as professional accreditation assessment team. A team formed by the accreditation authority comprising individuals with the skills, knowledge and experience required to undertake rigorous accreditation assessments. The Assessment team is 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.
Assessment Team Report		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.
Australian Commission for Safety and Quality in Healthcare	ACSQHC	The Australian Commission on Safety and Quality in Health Care (ACSQHC) is the national health care standards agency for all health services, general practices, pathology and medical imaging providers in Australia.
Australian Health Practitioner Regulation Agency	Ahpra	The Australian Health Practitioner Regulation Agency, established by section 23(1) of the National Law.
Benchmarking		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
Climate resilience		Adapting health services by identifying environmental risks to enable the health sector to become more climate resilient and able to respond to the needs of those most effected by climate change
Clinical Placement		Also known as work-integrated learning (WIL), work-based learning, professional experience placement (PEP), professional placement, professional experience work placement, clinical internship, clinical rotation, clinical observation, or experiential learning. The component of a program of study undertaken with supervision, in a clinical or professional practice environment which assists students put theoretical knowledge into practice.
Clinical Supervision		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
Clinical Supervisor		An appropriately qualified and recognised professional who supervises 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.
Competency Standards		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'): • In Australia, the OCANZ endorsed professional competency standards are those adopted by Optometry Australia – currently 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 • In New Zealand, the OCANZ endorsed professional competence standards are those adopted by the Optometrists and Dispensing Opticians Board (New Zealand) – currently the Standards of Clinical Competence for Optometrists 2018 https://www.odob.health.nz/i-am-registered/practice-standards/
Course accreditation		The assessment of a course of study (by the Tertiary Education Quality and Standards Agency (TEQSA), the Australian Skills Authority (ASQA) or by a self-accrediting provider against the course requirements specified in relevant national legislation.
Cultural Safety		Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. 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. To ensure culturally safe and respectful practice, health practitioners must: a. acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health; b. acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism; c. recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; and d. foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander peoples and their colleagues. (The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025). Kawa Whakaruruhau (cultural safety within the Māori context) in health is the practice of delivering care that respects and upholds the cultural identity, values and rights of Māori, ensuring their mana and cultural beliefs are protected. It emphasises equitable patient-centred care that empowers Māori and their whānau to make health decisions that align with their cultural practices, addressing power imbalances in health care. Grounded in Te Tiriti o Waitangi, kawa whakaruruhau protects the rights of Māori to self-determination and equitable healthcare outcomes, ensuring they are not marginalised or discriminated against in the system (Te Tiriti o Waitangi Māori Health Kawa Whakaruruhau Cultural Safety).

Cultural Responsiveness		Cultural responsiveness is the active application of cultural competence, translating knowledge and awareness into action, policies, and behaviours to meet the specific cultural needs of individuals and communities
Delivery Mode		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.
Education Provider		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
Entry Level		The level of the profession that a new graduate typically enters the profession, i.e., the first year after graduation from an optometry program.
Entry Level Threshold Learning Outcomes		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).
Extramural Placement		Student clinical placements that occur outside the education provider's clinic.
Full-Time Equivalent	FTE	Full-time equivalence, as defined on the Department of Education and Training's HEIMS-HELP glossary.
Impairment		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.
Independent patient manager		During a patient examination, the student makes a management decision independently, which is then reviewed by a supervisor.
Interprofessional collaborative practice		Also known as interprofessional collaboration and collaborative practice. Refers to health care practice where multiple health workers from different professional backgrounds work together, with patients, families, carers and communities to deliver the highest quality of care that is free of racism and other forms of discrimination.
Interprofessional education		Also known as interprofessional learning. Refers to educational experiences where students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.
Learning outcomes		The expression of the set of knowledge, skills and the application of the knowledge and skills as a person has acquired and is able to demonstrate as a result of learning.
Material Change		Changes that will or may significantly affect the way the education provider meets the requirements of the Accreditation Standard.
Monitoring		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 under the Health Practitioner Regulation National Law, as in force in each state and territory.
National Board		A National Health Practitioner Board continued or established under the National Law
National Law		The Act adopted in each state and territory, setting out the provisions of the Health Practitioners Regulation National Law. The National Law has been adopted by the parliament of each state and territory through adopting legislation.
National Safety and Quality Health Service Standards	NSQHSS	The National Safety and Quality Health Service (NSQHS) Standards provide a nationally consistent statement about the level of care consumers can expect from health services.
National Scheme	NRAS	The National Registration and Accreditation Scheme for registered health practitioners was established by the Council of Australian Governments to ensure that all regulated health professional are registered against consistent, high quality national professional standards and can practise across state and territory borders.
Not Accredited		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.
Observer		The patient examination is carried out by a supervisor with the student playing no active role other than observation.
Optometry Board of Australia	OptomBA	The National Board which regulates the optometry profession in Australia in accordance with the responsibilities set down in the National Law.

Optometry Council of Australia and New Zealand	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.
Optometrists and Dispensing Opticians Board New Zealand	ODOB	The National Board which regulates the optometry profession in New Zealand in accordance with the responsibilities set down in the Health Practitioners Competence Assurance Act 2003.
Outcomes-based approaches		An accreditation approach that focusses on graduating students with the professional capabilities required for safe practice as registered health practitioners in Australia and New Zealand and encourages flexible and innovative approaches to education in response to changes in community need, health care models and innovations.
Participant		During a patient examination, the student plays an active role either in part or in the whole of the examination.
Patient-centred care		Patient-centred care focuses on providing respectful, responsive care based on individual preferences, primarily within clinical settings, aiming for a functional life.
Person-centred care		Is inclusive of patient-centred care. Person-centred care is respectful of, and responsive to, the preferences, needs and values of the individual consumer/patient/client and their family, carer and community, fostering trust, establishing mutual respect and working together to share decisions and plan care, whilst recognising that consumer/patient/client safety remains paramount. It includes a holistic approach to care, looking at the whole person—including their social, mental, and spiritual needs—and aims for a meaningful life, often extending beyond the clinic to community and family contexts.
Program of Study		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'.
Annual Program Monitoring Report		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.
Education Provider		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.
Standards		See 'Accreditation Standards'.
Statement of Intent		Notification to the accreditation authority that an education provider plans to start a new program of study.
Subject		A component of an optometry program. Note the terms 'unit', 'course', 'module' or 'topic' are used in many programs.
Student Attrition Rates		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.
Student Contact Hours		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.
Student Progress Rates		A measure of educational achievement and the effectiveness of educational delivery. The student progress rate measures successful student subject load.
Tertiary Education Quality and Safety Standards Agency	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.
Therapeutic Practice		The practice of optometry that includes the prescribing and possession of certain controlled drugs and poisons (now included in the current OCANZ endorsed competency standards).
Withdrawals		The number of students not completing the academic year or withdrawing for any reason not covered by the "student attrition rate".
Work-Integrated Learning		See Clinical Placement Work Integrated Learning (WIL) is a pedagogical approach that bridges academic theory with practical, real-world work experience. It may involve

		partnerships between universities and industry/community organisations, providing students with structured, authentic, and assessed experiences, specifically clinical placements or clinical training which enhance their professional identity, employability and professional skills.