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Tēnā Koe Susan

RE: Draft OCANZ Ocular Therapeutics Accreditation Standards

Thank you for the invitation to comment on the Draft OCANZ Ocular Therapeutics Accreditation Standards document. I am replying in my capacity as Head of the School of Optometry and Vision Science, which delivers the currently accredited Bachelor of Optometry programme, and on behalf of the Faculty of Medical and Health Science, the University of Auckland.

Overall, the draft standards appear to be comprehensive and appropriate, based on established best-practice within the accreditation sphere as established by the Australian Health Practitioners Regulatory Authority (Ahpra) and benchmarked against international comparators in the UK and USA. The draft standards are also clearly aligned with the structure of the OCANZ Accreditation Standards for Entry Level Optometry Programs which have recently been revised and come into effect from 1 January 2023. I strongly support the inclusion of the new Domain 2: Cultural Safety which is consistent with the obligations of health education providers in Aotearoa New Zealand under Te Tiriti o Waitangi (The Treaty of Waitangi) and aligned with the University of Auckland strategic plan Taumata teitei.

The draft standards are outcomes-focussed, and the criteria and guidelines are suitably applicable and adaptable to programs which could be delivered in either Aotearoa New Zealand or Australia, with appropriate reference to regulatory authority standards and guidelines published in both countries. In particular, I note that the differences in authority to prescribe oral medications for the treatment of eye conditions between the two countries (authorised in Aotearoa New Zealand, but not currently in Australia) are directly addressed under Domain 4: Program of Study, with the expectation that competency to prescribe oral medications is achieved irrespective of the jurisdiction in which the program is delivered.

Responses to the discussion questions posed in the Discussion Paper accompanying the draft standards follow:

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 current form and structure of the draft standards is consistent with the OCANZ Accreditation Standards for Entry Level Optometry Programs and is based on an assessment of best-practice and international benchmarking.

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 is consistent with the obligations of education and health providers in Aotearoa New Zealand under Te Tiriti o Waitangi (The Treaty of Waitangi), and the relevant competency requirements of optometry registration bodies in both countries.

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)

This issue is satisfactorily addressed under Domain 4: Program of Study, which includes Criteria 4.5 "Emerging developments in education, technology and practice are incorporated as necessary to keep the program fit for purpose". While this is an open-end criterion, as not all future developments in therapeutic practice within the five year horizon are necessarily identified, it would be inappropriate for the standard to be more prescriptive in this matter, The standard itself refers to professional competencies (in both Aotearoa New Zealand and Australia) which are subject to revision as such developments occur.

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

As above, the guidance provided for Domain 4: Program of Study addresses these concepts under the topics of life-long learning, inter-professional learning and professional development. Although there is not a specific criterion addressing future graduate capacity for adaptation and professional development, these concepts are embedded within the existing criteria.

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?

The relatively open nature of the criteria and guidelines allows accommodation of emerging trends in education methods, and also allows for current variation in education approaches between providers, which is appropriate. However, this requirement could be

made more explicit by modifying criterion 4.5 to include a statement regarding preparing students for changes to the provision of health care. For example, "Emerging developments in education, technology and practice are incorporated as necessary to keep the program fit for purpose, and to foster students able adapt to future systems of health care delivery".

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?

The use of the term "cross-cultural competence" in criterion 4.10 under Domain 4: Program of Study is potentially inconsistent with the concepts inherent in Domain 2: Cultural Safety. The concept of cultural competency, although still used in some instances by regulatory authorities (such as in the ODOB Standards of Cultural Competence and Cultural Safety), implies that you can learn to be competent in a culture other than your own. The concept used by Indigenous Allied Health Australia (IAHA) of cultural responsiveness is potentially a more appropriate term for this criterion, where the aim is to understand and adopt strategies (responses) which result in the delivery of culturally safe health care.

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

Yes, as the format of the evidence is provided at the discretion of the education provider. For example, the BOptom programme does not solely utilise a student-managed (electronic) logbook of clinical activities, but also extracts these records as automated reports from our Electronic Health Record system.

In summary, the School of Optometry and Vision Science, and Faculty of Medical and Health Science, the University of Auckland supports the draft OCANZ Ocular Therapeutics Accreditation Standards document, within the limits of the comments noted above.

Ngā mihi



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