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Executive Officer  
Optometry Council of Australia and New Zealand

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Dear Ms Lewis,

Thank you for the opportunity to comment on this discussion paper relating to the proposed review of the OCANZ entry-level accreditation standards. As you know, the Deakin University School of Medicine operates an educational pathway accredited under these standards, and the members of our teaching team offer the following responses to the discussion questions:

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?

We agree that the basic form should be retained. We support the suggestion to change domain names to reflect contemporary approaches and to better align with other health professions. For example, 'Assessment' could be replaced with 'Outcomes and Assessment', or possibly 'Outcomes and Evaluation'. 'Public Safety' could be replaced by 'Assurance of Safe Practice' and 'Program' by 'Program Design, Implementation and Resourcing'.

2. Do you support the elevation of cultural safety related to First Nations Peoples (Aboriginal and Torres Strait Islanders and Māori) and their health care as a separate domain in the revised standards (akin to the ADC's 'Cultural Safety' domain)?

We support the inclusion of a separate domain that addresses culturally safe care for Indigenous Australians and New Zealanders. The conversation with Prof Roianne West (included in the Discussion Paper) covers very well the reasons for doing so. The Australian Dental Council's Standard Statement and the Criteria in their Cultural Safety Domain seem comprehensive and applicable to optometry training. Our only concern relates to the proposed new domain being number six, in that it runs the risk of giving the impression that it has been 'tacked on'. We suggest that this new domain might be added as domain number two because of its relationship to (an aspect of) public safety.

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

While the criteria are provided as a separate assurance of quality, they could more clearly state that 'contemporary developments' includes new practice technology and innovation with some recognition that these may also impact on public safety.



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

Some consideration could be given to the APC criteria, which include reference to ‘an environment informed by contemporary scholarship, research and enquiry, and [that] promotes the development and utilisation of these skills within its programs to ensure that graduates are able to demonstrate the required performance outcomes.’ The promotion of graduate professional development would be a beneficial addition to the standards.

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

The standards currently focus more on methods of assessment and on the alignment of programs to learning outcomes. The inclusion of contemporary standards in education practice would more closely align with TEQSA expectations.

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

Yes, some mention of risk management and response should be embedded in the standards.

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

The wording of some alternative criteria could be useful in determining appropriate changes to the current standards. Consideration of HESF requirements in developing changes to the current standards would also be worthwhile.

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

No.

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

Largely, yes. You could consider demonstrating explicit alignment between this list and each domain (and criteria) to demonstrate its relevance. You might also consider adding a requirement for evidence of professional development opportunities and relevant training for internal and external staff. The new, separate cultural safety requires clear criteria, with suggestions regarding the evidence that might demonstrate them.



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

We do note that the ACOE also encompasses Canadian optometric schools, not only those in the USA as suggested in the discussion paper.

Warm regards,

Professor Gary Rogers

**Dean, School of Medicine**

