

Proposed OCANZ Accreditation Standards & Evidence Guidance

Consultation Draft – September 2021

Contents

Proposed OCANZ Accreditation Standards & Evidence Guidance	1
Consultation Draft – September 2021	1
1. Proposed OCANZ Accreditation Standards & Evidence Guide.....	3
1.1 Introduction	3
1.2 Note on Methods.....	3
1.3 Legend for Revisions.....	4
2. Revised Standards/Evidence Guidance	5
2.1 Preamble about OCANZ	5
2.2 Outcomes of Accreditation of a Program of Study	5
2.3 Standards-Based Accreditation	5
2.4 Approval of the Standards	6
2.5 Outcome-Focussed Standards.....	6
2.6 Structure of the Standards.....	6
2.7 Guidance on the Presentation of Evidence for Accreditation	6
2.8 This Document	7
2.9 Contact OCANZ	7
Domain 1: Public Safety.....	8
Guidance - Standard 1:.....	9
Domain 2: Cultural Safety	11
Guidance - Standard 2:.....	12
Domain 3: Academic Governance and Quality Assurance.....	13
Guidance - Standard 3:.....	14
Domain 4: Program of Study	15
Guidance - Standard 4:.....	16
Domain 5: The Student Experience.....	19
Guidance - Standard 5:.....	20
Domain 6: Program Learning Outcomes & Assessment.....	21
Guidance - Standard 6:.....	22
Appendix: Required Documentary Evidence for an Accreditation Application	23
Required Evidence	23
Note on Other Evidence:.....	24
OCANZ Glossary	25

1. Proposed OCANZ Accreditation Standards & Evidence Guide

1.1 Introduction

This paper contains a proposed revised set of OCANZ Accreditation Standards, which includes the accompanying integrated Evidence Guidance¹. The proposed revisions to the Standards reflect the feedback obtained from stakeholders on the recent OCANZ Discussion Paper (see separate companion document for an analysis of the feedback).

1.2 Note on Methods

As noted in the analysis of the feedback, there was widespread agreement among respondents on many points, such as maintaining the basic form of the current Standards and the introduction of a new Domain on Cultural Safety. Some suggestions were made by only a minority of respondents, or even by a single respondent, but nonetheless were considered to represent significant and worthwhile improvements. As with any analysis of this type, some judgement had to be exercised in achieving what is believed to be a balanced set of improvements that have regard to the collective responses overall.

The proposed revisions result from the application of the following principles:

- all suggestions for improvement have been considered
- suggestions with widespread support have been adopted (e.g., a new Domain on Cultural Safety)
- suggestions that point to significant conceptual and/or practical benefits, even if raised by only a minority of respondents, have been adopted (e.g., elevating the widely supported new domain on Cultural Safety to Domain #2 rather than Domain #6)
- suggestions were considered in the light of a goal of interprofessional consistency across standards, but not to the exclusion of points that are believed to be in the interests of effective and practicable OCANZ accreditations
- a balance has had to be struck between a small number of potentially mutually conflicting suggestions
- suggestions that appear to raise regulatory burdens beyond what is deemed to be justified by the potential regulatory benefits have not been adopted
- well-established effective elements of the current Standards have been retained
- the standards have been harmonised with other national regulatory arrangements where relevant and practicable (e.g., with the requirements of TEQSA in Australia and the AQA in New Zealand)
- in some cases, specific suggestions may not have been adopted as made, but a similar intent has been achieved (e.g., in suggesting the adoption of a criterion from another profession where, if adopted in its original form, it would be inconsistent with the style and form of other related criteria used by OCANZ)
- editorial licence has been exercised in streamlining the proposed standards
- stakeholders will have a chance to comment on the proposed revisions when seen as a complete 'package' (this document).

¹ Not formally part of the Standards but included for the convenience of providers and assessment teams, consistent with current practices.

1.3 Legend for Revisions

- Material that is **essentially or mostly new** in the draft standards is printed in **red text**.
- Material that has been **edited/streamlined or the like but largely retains its original intent** is printed in **violet text**.
- Proposed **deletions** are highlighted in **amber**.
- Proposed **deletions that are transferred to/from another place** in the drafts are highlighted in **green**.
- Original material remains in non-highlighted text.

2. Revised Standards/Evidence Guidance

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

The two key roles of OCANZ are:

- to accredit optometry programs of study in Australia and New Zealand, and
- to conduct examinations for overseas qualified (i.e., outside of Australia or New Zealand) optometrists who are seeking to practise in Australia and/or New Zealand.

Both roles collectively provide a system of quality assurance to assure the Optometry Board of Australia (OBA) and the Optometrists and Dispensing Opticians Board (New Zealand) (ODOB) that all those who are entering the profession are competent to practise to contemporary standards that have been established by the profession.

2.2 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 New Zealand.

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

2.3 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 and 2016. The current Standards arose from a review of the Standards in 2021. They take effect on 1 January, 2023.

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

2.4 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).

2.5 Outcome-Focussed Standards

The Standards reflect contemporary best practice in standards development across Australia 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.

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

2.7 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 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 the 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 1)

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 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 seeking the 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.

2.8 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/standards/> for further details.

2.9 Contact OCANZ

For further information contact:

Accreditation Manager
PO Box 16179
Collins St West 8007
Victoria Australia
enquiries@ocanz.org
www.ocanz.org

Domain 1: Public Safety

Standard 1:

Public safety is assured.

Criteria:

- 1.1 Protection of the public and the care of patients 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 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, quality and safety 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 and staff 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 and working 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

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)*

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 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).

Student clinical placements

OANZ 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 OANZ Standards overall.
- 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 and supervisory skills to supervise students in a clinical setting.
- 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 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 the Code of Conduct for optometrists published by the OBA and available at <http://www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx>.

In New Zealand, the ODOB has published a separate code of ethics for optometrists practising in New Zealand as required under the *Health Practitioners Competence Assurance Act*. This code is available at <https://www.odob.health.nz/i-am-registered/practice-standards/>. OANZ expects education providers to reference and reflect these requirements in their ethical and professional conduct standards for students and staff.

OANZ expects that students will acquire a broad range of professional skills, as set out in the profession's competency standards. These encompass reflective practice, contributing to the public

health of the community, responding to the needs of marginalised groups or other groups with special health needs, promoting ocular health care and working 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 cognate health care policies.

Education providers should be able to demonstrate having regard to the National Prescribing Service (NPS) MedicineWise Prescribing Competencies Framework (2021) in the aspects of the program concerning prescribing, available at [Prescribing Competencies Framework - NPS MedicineWise](#).

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](https://www.safetyandquality.gov.au)), which applies to all people in all places where health care is provided in Australia.

Domain 2: Cultural Safety

Standard 2:

The program ensures that students can provide culturally safe care for First Nations Peoples.

Criteria:

- 2.1 Cultural safety is 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 First Nations Peoples.
- 2.3 The education provider promotes and supports the recruitment, admission, participation, retention and completion of the program by First Nations Peoples.
- 2.4 Students' clinical experiences incorporate provision of culturally safe care for First Nations Peoples.
- 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 First Nations Peoples.
- 2.6 Staff and students work and learn in a culturally safe environment.
- 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 First Nations Peoples.

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

- Documentation about how First Nations students are recruited and supported
- Documentation showing the relevant learning outcomes to be achieved in relation to First Nations Peoples
- Policies concerning provision of culturally safe health care

Items that may be requested at site visits:

- *Evidence of input from First Nations Peoples to program design/review*
- *Records of cultural safety training/experience for staff/students*
- *Systems that identify, report on and monitor culturally safe health care*

Guidance - Standard 2:

The program ensures that students can provide culturally safe care for First Nations Peoples.

This Standard requires education providers to demonstrate how the objective of culturally safe care for First Nations Peoples² is being achieved in the program and is inculcated in graduates. A focus on increasing the number of First Nations optometry graduates is included.

OCANZ has published the [Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework](https://ocanz.org/accreditation/standards/) at <https://ocanz.org/accreditation/standards/>, which contains 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. An OCANZ Optometry Māori Health Curriculum Framework is in development.

Education providers may wish to show how this Standard is addressed in an articulated philosophy of what cultural safety 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 capable 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 First Nations Peoples 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.

² Māori in New Zealand and Aboriginal and Torres Strait Islander Peoples in Australia.

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 include 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 quality and sustainability of the program are, and continue to be, identified and managed 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**

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 needs³
- 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 into account 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 in order 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, and that this awareness translates into improvements that keep the program aligned with the needs of the profession and otherwise fit for purpose.

It will also be expected that the governance and quality assurance system will address risks to the quality and sustainability of the program, leading to effective risk management and mitigation.

³ 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 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 and teaching and assessment methods of the program.**
- 4.2 Program learning outcomes address all the professional competencies endorsed by OCANZ.
- 4.3 The quality, quantity and diversity of clinical training are sufficient to produce a graduate competent to practice 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.**
- 4.6 Principles of inter-professional 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 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.~~
- 4.11 **Cross-cultural competence is integrated within the program and clearly articulated among required disciplinary learning outcomes.**
- 4.12 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

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 is addressed 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 Optometry Australia's *Entry-level Competency Standards for Optometry 2014* – <http://www.ncbi.nlm.nih.gov/pubmed/25545949> and in New Zealand with the OCANZ endorsed *Standards Of Clinical Competence For Optometrists 2018* <https://www.odob.health.nz/i-am-registered/practice-standards/>

The Standard includes the program of study and the human, physical, financial and learning resources needed to deliver the program to the Standard.

OCHANZ 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, also reprinted at Appendix 1 https://www.researchgate.net/publication/279298670_Learning_and_Teaching_Academic_Standards_Project_Health_Medicine_and_Veterinary_Science_Learning_and_Teaching_Academic_Standards_Statement

Program of study design

OCHANZ 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 and biomedical 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 equivalent full time (EFT) 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 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.nps.org.au/prescribing-competencies-framework>

Clinical training

During clinical training, OCANZ expects that students are provided with extensive and diverse clinical experience in a range of settings 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.

Evidence presented 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 the following range of patient presentations needs to be provided in a table such as the one below.

Number of patients independently managed per types of contact			
	Minimum	Maximum	Average
Primary Eye Care			
Contact Lenses			
Paediatrics			
Binocular Vision			
Low Vision			
Therapeutics			
Glaucoma			
Medical Retina			
Anterior Eye			
Dispensing			

Clinical training should address the delivery of care to a diverse range of patients, including those with specific healthcare needs. This may include marginalised members of the community, older people in aged care, those experiencing family or gendered violence, and people with a disability. Examples may also include groups with particular ocular issues, patients with multiple co-morbidities or those with mental health challenges.

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 a 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 and development of communication skills. Problem-based and evidence-based learning, computer assisted learning, 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.

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 colleagues⁴

Cross-cultural competence

Education providers are expected to show how eye care for diverse ethnic and social groups and populations other than First Nations Peoples (see Standard 2) is appropriately integrated within the program.

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 some 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.

⁴ Source: 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 Course information is clear and accessible.
- 5.2 Admission and progression requirements and processes are equitable and transparent.
- 5.3 Students have access to effective grievance and appeals processes.
- 5.4 The education provider identifies and provides support, to meet the academic learning needs of students.
- 5.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel.
- 5.6 Students are represented within the deliberative and decision-making processes of the program.
- 5.7 Equity and diversity 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., disadvantaged students
- Copies of policies and procedures relevant to the student experience
- Description of the range of academic and personal support services available to students 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 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*
- *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 selection

OANZ recognises that programs use different processes and criteria for selecting the most appropriate students who are likely to succeed in the program. Whichever method and criteria are used, OANZ expects to review evidence that the student selection process is in line with the Standard and Criteria 5.2.

Student support services and facilities

OANZ 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. OANZ 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

OANZ 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.**

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 skills for further study and life-long learning.
- 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, including in work-integrated learning settings, and the education provider can demonstrate that its assessment strategies are appropriate, fair, valid and reliable.
- 6.6 Program management mechanisms, including internal and external moderation, achieve consistent and appropriate approaches to assessment and timely feedback to students.
- 6.7 Suitably qualified and experienced staff, including external experts for final year, assess students.
- 6.8 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

Items that may be requested at site visits:

- *Samples of student assessment and feedback provided to students*
- *Sample of student log books/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, 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 Entry-level Competency Standards for Optometry 2014 <http://www.ncbi.nlm.nih.gov/pubmed/25545949>
- 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://www.odob.health.nz/i-am-registered/practice-standards/>
- 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 https://www.researchgate.net/publication/279298670_Learning_and_Teaching_Academic_Standards_Project_Health_Medicine_and_Veterinary_Science_Learning_and_Teaching_Academic_Standards_Statement

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. Sample student timetables for each year of the program, indicating allocation of key learning activities.
6. Student admission and progression policies and procedures for the program.
7. Information provided to prospective and enrolled students about the program.

8. 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).
9. 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).
10. At least one sample of student clinical log books/portfolios (either in hard copy or electronic form).
11. The register of formal (and informal) agreements between the education provider and external supervisors, placement clinics, practices and services for the program.
12. A register of external supervisors' qualifications, registration status and supervision responsibilities.
13. Policies and procedures on clinical and workplace safety, including screening and reporting and control of infectious diseases.
14. 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 Authority		An external accreditation entity, 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 Standard/s		A standard used 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.
Academic Quality Agency New Zealand	AQA(NZ)	Established by the New Zealand Vice-Chancellors' Committee to carry out audits of the processes in universities that underpin academic quality.
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. ⁵

⁵ Source: Medical Deans Australia and NZ (HWA project) Developing a National Assessment Blueprint for Clinical Competencies for the medical graduate Final Report <http://www.medicaldeans.org.au/wp-content/uploads/Medical-Deans-Competencies-Project-Stage-3-Final-Report-FINAL.pdf>

Assessment Team		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.
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.
Clinical Placement		<p>Provide opportunities in a relevant professional setting for the education and training of optometry students for the purposes of:</p> <ul style="list-style-type: none"> • integrating theory into practice • familiarising the student with the practice environment • building the knowledge, skills and attributes essential for professional practice. <p>During clinical placements the provision of safe, high quality patient care is always the primary consideration. It is recognised that a clinical optometric placement may be conducted in a number of locations and settings.</p>
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 guides 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 (or Competence Standards)		<p>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’):</p> <ul style="list-style-type: none"> • In Australia, the OCANZ endorsed professional competency standards are those adopted by Optometry Australia – currently <i>Entry-level Competency Standards for Optometry 2014</i> http://www.ncbi.nlm.nih.gov/pubmed/25545949 • In New Zealand, the OCANZ endorsed professional competence standards are those adopted by the Optometrists and Dispensing Opticians Board (New Zealand) – currently the <i>Standards of Clinical Competence for Optometrists 2018</i> https://www.odob.health.nz/i-am-registered/practice-standards/
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>i.e.</i> , 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 (http://heimshelp.education.gov.au/sites/heimshelp/resources/glossary/pages/glossaryterm?title=Full-Time%20Equivalence%20FTE%20for%20a%20Full%20Year)
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. ⁶
Independent Patient Manager		During a patient examination, the student makes a management decision independently, which is then reviewed by a supervisor
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.
National Law		The national legislative scheme for the regulation of 15 health professions in Australia including optometry.
Not Accredited		The program of study, and the education provider that provides the program of study, does not meet the approved OCANZ Accreditation Standards and is 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	OBA	The National Board which regulates the optometry profession in Australia in accordance with the responsibilities set down in the National Law.

⁶ Source: <https://www.ahpra.gov.au/Notifications/Further-information/Guides-and-fact-sheets/Health-assessments.aspx#:~:text=The%20National%20Law%20defines%20impairment,affect%20their%20capacity%20to%20practise.>

Optometry Council of Australia and New Zealand	O CANZ	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	ODOB	The National Board which regulates the optometry profession in New Zealand in accordance with the responsibilities set down in the <i>Health Practitioners Competence Assurance Act 2003</i> .
Participant		During a patient examination, the student plays an active role either in part or in the whole of the examination.
Program of Study		A program of study provided by an education provider that leads to the issue 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		The student progress rate measures successful student subject load.
Tertiary Education Quality and Standards Agency	TEQSA	An independent statutory authority that 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 O CANZ 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" definition.