

1. The international comparison with the GOC accreditation is perhaps less relevant as the pre-reg year in the UK is where the bulk of the clinical training is delivered so the expectations of the degree programme standards would be expected to be different. The clinical training during the prereg year is overseen by the College so the accountabilities are different. I'm part of the college experts on their clinical standards so have some visibility of this.
2. The review process provides a pathway to incorporate changes in practice/technology. I would like to see myopia control and alternative pathways – telehealth etc explicitly described.
3. I agree with the inclusion of the 6th domain of cultural safety but I support retention of the basic form. I don't have a strong feeling about the naming structure – while one can debate taxonomic vs outcome orientated, it really depends on whether the current structure fits the requirements of the standards and is flexible enough to remain fit for purpose given the future needs
4. In terms of the evidence guidance, it is slightly irritating as a provider to have to flick between two documents. Either merge or add the evidence guidance as an appendix to the standards
5. Anything to streamline the process between OCANZ and TEQSA is helpful. The problem is that TEQSA requirements are managed at the University level and not at the School level. I don't have a solution for this but it is not always transparent how the institution manages the TEQSA requirements.
6. I've always liked the idea of a clinical portfolio for students as evidence