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MEDICAL AND HEALTH SCIENCES
SCHOOL OF OPTOMETRY
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2 August 2021

Ms Sian Lewis
Executive Officer
OCANZ

email: officemanager@ocanz.org
copy to: Susan Kelly, Accreditation Manager, OCANZ email: s.kelly@ocanz.org.

Dear Sian

Please accept our apologies for the delay in sending the University of Auckland response. The response is below:

School of Optometry and Vision Science, The University of Auckland

Response to Review of OCANZ Accreditation Standards and Evidence Guide Discussion Paper

The School of Optometry and Vision Science (SOVS) supports the overall recommendations of the discussion paper. In particular the School supports the inclusion of a separate Cultural Safety domain within the revised standard. This is consistent with the University of Auckland's commitment to incorporate the principles of Te Tiriti o Waitangi (The Treaty of Waitangi) and Te Ao Maōri (the Māori world view) as central components of the university's Vision 2030 and Strategic Plan 2025 - Taumata Teitei.

Responses to 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?

   Yes, the School considers the basic form of the OCANZ Standards appropriate. The inclusion of the integrated evidence guide is useful in helping guide and inform the development of the required evidence portfolio for accreditation.

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 (perhaps in some way akin to the ADC's 'Cultural Safety' domain)?

   Yes, the School supports the elevation of cultural safety related to the First Nations Peoples of Australia and Aotearoa New Zealand, their health care, and current and historical health outcome inequities as a separate domain within the standard.

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?

As noted in the discussion document, as the underlying principle of the OCANZ Standards is that they are outcome-based rather than input-based, then an emphasis on new and emerging practice technology and expanding scopes of practice could be included by adopting an additional Standard 3 criteria statement based on the APC criteria statements 3.2 and 3.3. For example, these APC criteria statements state that "emerging developments and scopes of practice relevant to entry-level practice, and new technologies are incorporated into the program (including WIL) in a timely manner to ensure that the program remains fit-for-purpose" and "program planning, design, implementation, evaluation, review and quality improvement processes are carried out in a systematic and inclusive manner…to ensure that the program remains fit-for-purpose".

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

In part, this question is addressed by the answer to question 3 above. Again, the APC criteria provide an example of a criteria statement which would support ensuring graduate capacities for adaptation and development: e.g. "the program operates in an environment informed by contemporary scholarship, research and enquiry, and promotes the development and utilisation of these skills within its programs to ensure that graduates are able to demonstrate the required performance outcomes".

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)?

As the OCANZ Standards are designed to be outcome-based, rather than prescriptive, the current standards do not limit inclusion of emerging trends in education methods. However, criteria statement 3.4 states that "mechanisms exist for responding within the curriculum to contemporary developments in health professional education and practice" which could be revised to "*the program responds to* contemporary developments…" which would be an active statement encouraging inclusion of emerging trends in health education.

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

The current OCANZ Standard 2 does not include a specific criteria statement relating to risk management. Our COVID experience has shown that allowing "program delivery operational units" (APC 2.1) autonomy and flexibility in response produces the best outcomes, rather than top-down solutions imposed by central university authority which may be inappropriate for programs graduating registered health professionals with external obligations to accreditation and registration authorities. Therefore inclusion of a criteria statement similar to APC 2.1 may be of value to providers: e.g."the unit delivering the program has appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program". Additionally, the MRPAC criteria statement 2.12 may be useful to consider for inclusion: e.g. "The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program".

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

   Yes, see comments above.

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

   N/A

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

   In the preamble to the 15 pieces of core evidence, the document refers to the New Zealand Optometrists and Dispensing Opticians Board's current competence standards. The links to the three standards should be updated as follows:

   *Standards Of Clinical Competence For Optometrists (**2018**)*
   https://www.odob.health.nz/wp-content/uploads/2020/02/FINAL-REVISED-STANDARDS-OF-CLINICAL-COMPETENCE-FOR-OPTOMETRISTS-Nov-2018.pdf

   *Standards of Cultural Competence (**2018**)*
   https://www.odob.health.nz/wp-content/uploads/2020/02/FINAL-Standards-of-Cultural-Competence-August-2015.pdf

   *Standards of Ethical Conduct (**2021**)*
   https://www.odob.health.nz/wp-content/uploads/2020/11/ODOB-Revised-Ethical-Standards-Nov-2020.pdf

   Of the 15 pieces of core evidence, "Item 11. Sample of student clinical log books/portfolios" could be expanded to include the qualifier "or equivalent electronic records". This is because students at the School of Optometry and Vision Science do not maintain tradition log books, but their progress and patient examinations/encounters are tracked via the electronic Patient Management System which incorporates assessment and "log book" functions for patients seen within the university's optometry clinic. An electronic "log book" is maintained for practicum placement activities.

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

    As a general comment, the Standards and Guidelines should refer to both the appropriate Australian and New Zealand legislation and regulatory authorities when referencing legal or regulatory requirements.

    For example, although not part of the official Standards or Guidelines, the discussion document in section 1.2, point 1.3, page 6 only refers to "preparing practitioners who understand the health system in Australia".

Yours sincerely

Professor Steven Dakin
Head of School