

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

TRIM: D22-53276

Ms Susan Kelly
Chief Executive officer
Optometry Council of Australia & New Zealand

Via email: ceo@ocanz.org

Dear Ms Kelly

Draft OCANZ Accreditation Standards and Evidence Guide for Programs of Study in Ocular Therapeutics

Thank you for your email of 7 October 2022 seeking feedback on the **Draft OCANZ Accreditation Standards and Evidence Guide for Programs of Study in Ocular Therapeutics**

The document has been reviewed by Commission staff and feedback is provided from Page 2.

For further information please contact:

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Thank you for the opportunity to contribute to this important work

Yours sincerely



Conjoint Professor Anne Duggan
Chief Medical Officer

18 November 2022

Table 1 discussion paper reflective questions

Questions relating to discussion paper	Response
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
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
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)	Consider adding risk assessment and management, infection prevention and control, reprocessing of reusable medical equipment, safe medication administration and antimicrobial stewardship as part of core learning for ocular therapies education (see Table 2)
Do the proposed OCANZ Standards give sufficient emphasis to potential innovations in therapeutics practice and corresponding graduate capacities for adaptation and professional development?	No. As above – consider adding infection prevention and control, safe medication administration and antimicrobial stewardship for new and emerging therapies (see Table 2)
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?	Yes
Does the proposed OCANZ Evidence Guidance contain omissions, irrelevancies, ambiguities, obsolete items, confusing content or misleading items that should be addressed in the review?	Yes. As above – safe medication administration, infection prevention and control and antimicrobial stewardship (see Table 2)
Are the 15 pieces of core evidence outlined in the Appendix to the Standards still appropriate?	Yes
Are there any other issues you wish to have considered?	Yes (As per Table 2)

Table 2: Suggested amendments - Draft standards and evidence guide

Section of Draft standards and evidence guide	Comment	Rationale
Page 7	Replace: “Learning outcomes concerned with working in an interprofessional team. ...” with: <ul style="list-style-type: none"> • Learning outcomes demonstrate a commitment to improving the public health of the community Learning outcomes relate to working in an interprofessional team	Consider splitting points and adding ‘community’ so there is continuity with page 9 and improved clarity
Page 9	Edit text as indicated (highlighted): OCANZ 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 with a sound understand of the health context in which they practise. In addition, students should be assessed for capabilities in infection prevention and control, and adherence to infection prevention and control policies.	Infection prevention and control is an essential patient and practitioner safety strategy
Page 9, page 15, page 16, page 29	Review references to NPS MedicineWise guidance documents.	The Department of Health and Aged Care has discontinued funding to NPS effective 31 December 2022. A range of former NPS functions are currently being transitioned to other organisations, including the Commission.
Page 9	Fix typographical error: ACSQHS should be ...	

Section of Draft standards and evidence guide	Comment	Rationale
Page 13	<p>Edit text as indicated (highlighted):</p> <p>The education provider will be expected to be able to demonstrate, through its governance and quality assurance mechanisms:</p> <ul style="list-style-type: none"> • that it is aware of and is responding to contemporary and emerging developments in the discipline, health education, technology, policy, standards and practice • this awareness translates into improvements that keep the program aligned with the needs of the profession 	Education programs should be updated to align with changes in policies and standards.
Page 14	<p>Edit text as indicated (highlighted):</p> <p>4.5 Emerging developments in education, technology, practice and public health are incorporated as necessary to keep the program fit for purpose.</p>	To align with Domain 1 public safety “contributing to the public health of the community”
Page 15 – “a strong foundation in the relevant biomedical sciences including microbiology, biochemistry, pathology, immunology and pharmacology, as necessary to support achievement of the learning outcomes of a program of ocular therapeutics.”	<p>Consider adding:</p> <p>“a strong foundation in the relevant biomedical sciences including microbiology, biochemistry, pathology, immunology, pharmacology, antimicrobial resistance and antimicrobial stewardship as necessary to support achievement of the learning outcomes of a program of ocular therapeutics.</p>	To incorporate principles for prevention of antimicrobial resistance and antimicrobial stewardship
Page 16	<p>Edit text as indicated (highlighted):</p> <p>“...strong fundamental skills are required for the practice of ocular therapeutics, including quality use of medicines, safe prescribing and medication administration practices, knowledge of infection prevention and control policy and practice adverse event identification and reporting, principles of integrative and collaborative patient</p>	To ensure more comprehensive coverage of patient and practitioner safety issues including infection prevention and control practices, e.g. standard and transmission-based precautions, aseptic technique, hand hygiene, PPE use, and safe

Section of Draft standards and evidence guide	Comment	Rationale
	management, maintaining competence, and emergency management and first aid.	medication administration, as part of core training for ocular therapies
Page 16	Edit text as indicated (highlighted): a strong foundation in the use, management (cleaning, reprocessing, sharps disposal and waste management), safety and procurement considerations (including sustainability) of basic and specialist equipment required for the practice of ocular therapeutics including those used to remove ocular foreign body and those used to measure intraocular pressure, central corneal thickness, threshold visual fields, anterior chamber angle, and optic nerve head and retinal nerve fibre layer.	To ensure consideration of disposal, cleaning, processing and procurement of devices and sustainability as part of the practice of ocular therapeutics
	Add extra points: <ul style="list-style-type: none"> • Clinical instruction that incorporates assessment of infection risk as part of fundamental skills • Strong foundation in principles of infection prevention and control, including hand hygiene, aseptic technique, sharps management, and steps to take in the event of an increased risk of infection (e.g. mitigation strategies for occupational exposures) 	To ensure students incorporate risk assessment and management of infection risk as part of routine clinical decision making To ensure teaching supports and promotes prevention and control of infection
Page 23 a sound knowledge of the pharmacology of ophthalmic drugs (both topical and systemic) used in the treatment of eye-related disease, their indications and contraindications, and their side effects “	Consider adding. “And implications of their use for antimicrobial resistance”	To incorporate principles of antimicrobial stewardship
Page 23	Edit text as indicated (highlighted): The requisite knowledge, skills and professional attributes necessary for independent practice and autonomous prescribing and administration of medications in ocular therapeutics, including:	To highlight that practice competence includes competence in medication safety and infection prevention and control

Section of Draft standards and evidence guide	Comment	Rationale
	<p>Add extra point (after point b): Competency in the administration of ophthalmic drugs (both topical and systemic) used in the treatment of eye-related disorders should include adherence to principles for medication safety and infection prevention and control, in particular hand hygiene, use of personal protective equipment, aseptic technique and safe management of sharps.</p> <p>Education should include clinical communication, including communication of risks, such as infection risks, to other clinicians providing care to the patient, as well as the patient and their carer.</p>	<p>To incorporate infection prevention and control principles into the competency framework for students</p>
Page 23	<p>Edit text as indicated (highlighted): The capacity to practise unsupervised in prescribing and administration of ocular therapies, providing safe and high-quality care and independent therapeutic management of patients, including the capacity to design, implement and monitor appropriate management programs and independent prescribing in a variety of contexts e.g. remote communities.</p>	<p>To incorporate medication administration into the sentence as well as prescribing.</p>
Page 25 and 27	<p>Add extra definitions</p> <p>Antimicrobial stewardship: Antimicrobial stewardship (AMS) is a systematic approach by a health service organisation to:</p> <ul style="list-style-type: none"> • Promote and optimise appropriate antimicrobial use, and improve patient outcomes • Reduce and contain antimicrobial resistance • Reduce healthcare costs. (Reference: Australian Commission on Safety and Quality in Health Care. Antimicrobial Stewardship in Australian Health Care. Sydney: ACSQHC; 2022) 	<p>To provide definitions for terms used throughout the document</p>

Section of Draft standards and evidence guide	Comment	Rationale
	<p>Aseptic technique: Method used to protect patients during an invasive procedure, which uses infection control measures that minimise, as far as practicable, the presence of pathogenic organisms. (Reference: https://www.nhmrc.gov.au/health-advice/publichealth/preventing-infection)</p> <p>Infection prevention and control practices: include essential work practices employed to reduce risk of healthcare associated infections to patients such as standard and transmission-based precautions (Reference: https://www.safetyandquality.gov.au/sites/default/files/2022-09/infection_prevention_and_control_workbook_-_september_2022.pdf)</p> <p>Standard precautions: are work practices that should be adopted by all healthcare workers when caring for all patients, regardless of suspected or confirmed infection status. Standard precautions include:</p> <ul style="list-style-type: none"> • Hand hygiene • The use of appropriate personal protective equipment • The safe use and disposal of sharps • Environmental cleaning • Respiratory hygiene and cough etiquette • Aseptic technique • Reprocessing of reusable medical equipment and instruments • Waste management • Appropriate handling of linen <p>(Reference: https://www.safetyandquality.gov.au/sites/default/files/2022-09/infection_prevention_and_control_workbook_-_september_2022.pdf)</p>	

Section of Draft standards and evidence guide	Comment	Rationale
	<p>Transmission-based precautions: are work practices, that are used in addition to standard precautions, that interrupt the specific means of transmission of a particular infectious agent. Understanding the means of transmission of an infectious agent is important for deciding the most appropriate transmission-based precautions to use.</p> <p>There are three categories of transmission-based precautions:</p> <ul style="list-style-type: none"> • Contact precautions are used when there is a known or suspected risk of transmission of infectious agents by direct or indirect contact • Droplet precautions are used when there is a known or suspected risk of transmission of infectious agents by respiratory droplets • Airborne precautions are used when there is a known or suspected risk of transmission of infectious agents by the airborne route. For some infectious agents, a combination of precautions may be required (for example, seasonal influenza requires both contact and droplet precautions) <p>(Reference: https://www.safetyandquality.gov.au/sites/default/files/2022-09/infection_prevention_and_control_workbook_-_september_2022.pdf)</p>	
Page 26	Consider adding definition of antimicrobial - Chemical substance that inhibits the growth of, or destroys, bacteria, fungi, viruses or parasites. Antimicrobials include antibiotics, antivirals, antifungals and antiparasitic agents.	To incorporate principles of antimicrobial stewardship
Page 30	Edit text as indicated (highlighted): 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	To provide reference to Section 4, which stipulates the required design and content of the program of study

Section of Draft standards and evidence guide	Comment	Rationale
	and OCANZ endorsed professional competencies that apply to ocular therapeutics (detailed in relation to Standard 4).	
Page 30	<p>Edit text as indicated (highlighted):</p> <p>13. Policies and procedures on clinical and workplace safety including medication safety, infection prevention and control principles (e.g. standard and transmission-based precautions) and risk assessment for management and control of infectious diseases risk for the community and staff (including infection risks associated with procedures, screening and the management and reporting of occupational exposures).</p>	<p>To incorporate governance, infection prevention and control and risk management principles in policies developed by education providers</p> <p>Screening is part of risk assessment</p>