

Review of OCANZ Standards for Programs in Ocular Therapeutics

Summary of Feedback December 2022

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1. Introduction

OCANZ circulated proposed revised accreditation standards for programs in ocular therapeutics to stakeholders in September 2022, together with a discussion paper providing background and context for the proposed changes. Six weeks were allowed for stakeholders to respond.

The draft standards and the discussion paper are available at:

<https://www.ocanz.org/accreditation/standards-review-programs-of-study-in-ocular-therapeuticss>

Without limiting the scope or nature of their responses, stakeholders were asked to respond to a number of specific 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?
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, 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).
3. 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)
4. Do the proposed OCANZ Standards give sufficient emphasis to potential innovations in therapeutics practice and corresponding graduate capacities for adaptation and professional development?
5. 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?
6. Does the proposed OCANZ Evidence Guidance contain omissions, irrelevancies, ambiguities, obsolete items, confusing content or misleading items that should be addressed in the review?
7. Are the 15 pieces of core evidence outlined in the Appendix to the Standards still appropriate?
8. Are there any other issues you wish to have considered?

2. Responses

Responses to the proposed changes to the standards were obtained from the following stakeholders (in order of receipt):

- The University of New South Wales
- The Australian Pharmacy Council
- University of Auckland
- The Health and Disability Services Complaints Office (WA)
- Optometry Board of Australia
- Australian College of Optometry
- Australian Commission on Safety and Quality in Health Care.

The submissions are in Appendix 1 and 2 (Optometry Board of Australia)

3. Overview of Feedback

The feedback received was helpful, positive and constructive overall in relation to the proposed changes to the ocular therapeutic standards and the associated evidence guidance.

4. General Feedback

Respondents collectively supported:

- the revised format of the standards to align with the entry-level standards
- the addition of a specific domain concerning culturally safe care for first nations peoples
- recognition that culturally safe care is not confined only to first nations cultures, but includes responsiveness to all cultures beyond a practitioner's own
- the general level of attention given to emerging changes in practice, health care systems and technology and the associated needs for life-long learning and professional development
- the non-prescriptive nature of the standards, which does not constrain providers in their adoption of differing educational approaches to achieve desired outcomes
- the utility of the standards for accreditation purposes, including the integration of evidence guidance within the standards document
- the scope and nature of evidence required for accreditation
- the incorporation of a glossary, which was seen to be helpful and clear.

5. Specific Feedback

While generally supportive of the proposed standards, most respondents made suggestions for detailed improvements in one or more aspects of the standards. These included:

- cultural competence embracing cultures beyond First Nations Peoples' cultures could be given more emphasis
- greater emphasis could be given to electronic prescribing, tele-health and management of an ever- changing range of pharmaceutical agents
- greater emphasis could be given to risk management of infections, antibiotic stewardship, infection prevention and control, medication safety and related matters in clinical decision making

- consideration could be given to whether first nations cultures should be emphasised throughout the standards as well as in a separate domain
- alternatives to the term 'cultural competence', such as 'cultural responsiveness', could be considered
- questioning of whether self-reflection by practitioners may warrant further emphasis
- greater consideration could be given to a 'whole of body' approach to prescribing
- a variety of proposed editorial changes for added clarity and/or to avoid citing outdated reference material.

6. Feedback on Health Outcomes

The Health and Disability Services Complaints Office (WA) collects data throughout the process of resolving complaints, which provides thematic information about service delivery across the health, mental health and disability sectors in WA. The Office provided the following helpful commentary in relation to health outcomes complaints concerning ocular therapy:

A review of our data from 1 July 2020 to 15 November 2022 shows there have been a total of 5,035 health related complaints received, of which 115 (2.3%) include some form of ocular therapy. Of these, none were found to be the result of inadequate tertiary or post-tertiary education, as described in the OCANZ discussion paper and evidence guide.

7. Analytical Methods

As noted above, there was widespread agreement among respondents on many major 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, 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 were considered
- suggestions with widespread support were 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, were adopted
- 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 had to be struck between a small number of potentially mutually conflicting suggestions
- suggestions that appeared to raise regulatory burdens beyond what is deemed to be justified by the potential regulatory benefits were not adopted
- well-established effective elements of the current Standards have been retained
- consideration of the particular scope of ocular therapeutics programs, e.g. programs for experienced practitioners who are undertaking elective professional development specifically in ocular therapeutics

- 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.

8. Errata

OCANZ is conscious of the need to cite up-to-date reference material. To that end, the standards/evidence guidance note that references to materials are to the version as amended from time to time.

However, there is a key document that is currently in transition. For example, there are several references to the NPS MedicineWise guidance documents throughout the draft standards and evidence guidance. The Department of Health and Aged Care has discontinued funding to the NPS, effective 31 December 2022. A range of former NPS functions are being transferred to other custodians, but this process is yet to be completed. To avoid outdated references to this critical material, it is suggested that this process be highlighted and footnoted for the present, with a view to updating the references before the revised standards are finally approved.