Public consultation on the proposed initial glossary of accreditation terms

April 2023

Response template

This response template is the preferred way to provide your response to the public consultation on the draft proposed **initial glossary of accreditation terms.**

Please provide any feedback in this document, including your responses to all or some of the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

Making a submission

Please complete this response template and send it to accreditation.policy@ahpra.gov.au using in the subject line '*Feedback – public consultation on glossary of accreditation terms*. **Submissions are due by COB 23 June 2023.**

Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our website to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.

Do you want your responses to be published?

☒ Yes – Please publish my response with my name

☐ Yes – Please publish my response but don't publish my name

☐ No I do not want my responses to be published

Stakeholder details

Please provide your details in the following table:

Name:	Elmarie Stander (Chief Executive & Registrar)
Organisation Name:	Optometrists and Dispensing Opticians Board

Your responses to the consultation questions

1. Do you have any comments on the terms and/or meanings in Table 1 of the draft proposed initial glossary? *Please add your comments to the following table and add a new row for each term you have a comment for.*	
Term	**Comments or suggested edits**
Clinical placement	It might also be worthwhile to distinguish between a clinical supervisor and an education supervisor. In some instances, there can be a clinical supervisor overseeing the direct supervision of a student in a clinical placement, as well as an education supervisor who will oversee the Education requirements (as a whole) of the student or a group of students.
Consumer/s	A consumer will not always have lived experience before they receive healthcare. Suggest removing "has lived experiences" or amending it to include both. For instance, consumers may seek healthcare but, due to some barriers, never commence with that service. They should also be considered as a "consumer."
Faculty/academic and other staff	Although implied, this definition fails to mention the staff responsible for academic governance and quality assurance. We also suggest a small editorial change: "Refers to education provider staff who teach **in** approved programs of study."
Interprofessional collaborative practice	We suggest also adding another term here to read: "Refers to health care practice where multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care across settings **or models of care**."
Learning outcomes	We suggest the inclusion of the following term to read: "The expression of the set of knowledge, skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning. **Learning outcomes are met at the end of a module or program of study, and all learning outcomes must be met."**
Professional accreditation	Professional accreditation does not only refer to the "evaluation and monitoring of a program undertaken by National Scheme entities." In some instances, a professional or awarding body, or in our instance, a responsible authority (under our Health Practitioners Competence Assurance Act 2003) could also accredit education providers or their programs. It also refers to "evaluation and monitoring" as the quality assurance activities, but the next term refers to the "Professional accreditation assessment team". For consistency, it would be best to refer to one verb that covers accreditation consistently, such as "assessment" which then later could be defined as quality assurance activities such as evaluation and monitoring" too. In quality assurance practices, the term "monitoring" is often used interchangeably with "audits".

Student progress rates	Suggest this is supplemented with a formula, e.g. 80% of students entering the program have successfully completed the program, or something similar. This can be very difficult to quantify or "measure successful student load…" for both providers and accreditation teams. It is still vague.
Education provider	In NZ, the HPCA Act refers to "Education institutions". Could be an alternative listed under "also known as…" Remove the comma: "organisation that provides vocational training…"
Subject (unit/course)	This is also known as "modules"

2. Are there any other terms you believe may be relevant to the areas of the committee's advice and that you would like to see included in a future version of the glossary?
The glossary does not distinguish between program or institutional accreditation, or a mix of both. In most instances, an institution is accredited, and then the programs they deliver. This is not clear in these terms. For instance, "Professional accreditation" refers to the "evaluation and monitoring of a program…" It also fails to recognise "Transnational accreditation". If a program is being delivered through online delivery in another country, that is acceptable if they do not hold accreditation in that country. As soon as it is offered in contact mode or delivery, or hybrid model (contact and online modes of delivery), that programme required accreditation in the country they are offering it in. They must also abide by that country's national qualifications framework (NQF) recognition authorities. In terms of "Program monitoring report(s)" and following on from the previous comment above (see 1 above, Professional accreditation), it could be worthwhile adding a definition for "Program monitoring" (the activity). We note that "Monitoring" (page 13) could be expanded to also include monitoring of the institution and not just the program. This must be linked to the type or accreditation it is offering. A definition for "Exit level outcomes" or "Graduate outcomes" could be added. These will be the graduate outcomes all students will have met, when they graduate from a program. There is only a term for "student contact hours: but not for notional hours, which would also include self-study, assignments, research, etc. In Australia and NZ, a program should consist of 120 credits per year, every credit means 10 notional hours of teaching and learning, and that means every one-year program should be 1200 notional hours[1]. Because of the inclusion of "Patient-centred care", it could be worthwhile to also add "Restorative practices". This is an emerging field. The NZ Health Quality and Safety Commission is doing a lot of work on this[2].

[1] NZQA (2015). How Australian and NZ qualifications compare. Available at: https://www2.nzqa.govt.nz/international/recognition-arrangements/countries/australia-nz/
[2] HQSC (2023). Restorative practice. Available at: https://www.hqsc.govt.nz/our-work/system-safety/restorative-practice/.

3. Do you have any general comments or other feedback about the draft proposed initial glossary?
These terms only have an Australian focus. In light of the Trans-Tasman Mutual Recognition Act 1997 (TTMR Act), we would expect to see more Australian and New Zealand terms. For instance: • The term of "Cultural safety" (Table 2) which only focusses on Aboriginal and Torres Strait Islander individuals, families and communities. We understand this term has been defined in the National law, however, reference could be made in Ahpra's Glossary to the New Zealand context - to Māori and Te Tiriti o Waitangi (The Treaty of Waitangi)[3]. The Medical Council of New Zealand's definition on Cultural safety[4] has been adopted by most health regulators as the preferred definition for Cultural safety in Aotearoa New Zealand (NZ), including ourselves[5]. • The explanation for "Course accreditation" does not mention New Zealand Universities, the New Zealand Qualifications Authority (NZQA), or responsible authorities. We often share the same workforce, particularly in light of the recent immigration settings in both Australia and NZ. More than ever, we need to strengthen our collaboration to protect the public of both countries. • In relation to "Patient-centered care", the NZ Health Quality and Safety Commission has done extensive work on this topic and could add value if mentioned as a resource[6]. • The definition of "Approved program" could also make reference to NZ's HPCA Act. • National Board: It only references the Australian bodies. It could refer to the responsible authorities under the HPCA Act in NZ too. • The definition for the term for "Professional capability/capabilities" only refers to Australia. It could be worthwhile to include NZ too. In relation to Clinical placements, it may be worthwhile to discuss this definition with Te Whatu Ora, the biggest employer in NZ currently employing all health practitioners in the public health system in NZ. They are in the process of doing a lot of work on Clinical placements in NZ[7].

[3] Irihapeti Ramsden developed an approach she called "Cultural Safety" (2009). Available at: http://journals.sfu.ca/fpcfr/index.php/FPCFR/article/viewFile/136/122.
[4] MCNZ (2019) Statement on cultural Safety. Available at: https://www.mcnz.org.nz/our-standards/current-standards/cultural-safety/
[5] ODOB' (2022). Cultural competence and cultural Safety Standards. Available at: https://www.odob.health.nz/document/6710/4_Standards%20for%20Cultural%20Competence%20and%20Cultural%20Safety_November%202021%20-%2020221017.pdf
[6] NZ Health Quality and Safety Commission (2016). From knowledge to action: A framework for building quality and safety capability in the New Zealand health system. Available at: https://www.hqsc.govt.nz/assets/Our-work/Leadership-and-capability/Building-leadership-and-capability/Publications-resources/From-knowledge-to-action-Oct-2016.pdf.
[7] Te Whatu Ora (2023). A new system for student placements. Available at: https://www.tewhatuora.govt.nz/whats-happening/consultations/a-new-system-for-student-placements/.