Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs

Part 2 – Standards

Effective 1 January 2017

Contents

1. Preamble

The Optometry Council of Australia and New Zealand (OCANZ) was established in 1996 with the support of and representation from the:

- Heads of the optometry schools in Australia and New Zealand
- Professional membership bodies in Australia and New Zealand
- Registration Boards in Australia and New Zealand.

The two key roles of OCANZ are:

- to conduct examinations for overseas qualified optometrists, and
- to accredit optometry programs in Australia and New Zealand.

Both roles aim to provide a system of quality assurance for the Optometry Board of Australia and the Optometrists and Dispensing Opticians Board (New Zealand) that all those entering the profession are competent to practice to contemporary standards established by the profession.

OCANZ first published accreditation standards and procedures in 1998, which were subject to a major review in 2004 and further changes in 2006 when the scope of optometric practice was changed to include the prescribing of certain controlled drugs and poisons by suitably qualified optometrists.

Accreditation is the status granted by OCANZ to higher education programs that meet, and continue to meet, the accreditation standards for entry-level optometry programs as outlined in this document. Accreditation of a program signifies that graduating students have the knowledge, skills and other professional attributes and competencies that are necessary for the entry-level practice of optometry in Australia or New Zealand.

Graduation from an accredited program of study is a requirement for registration to practice in Australia with the Optometry Board of Australia. The Optometrist and Dispensing Opticians Board (New Zealand) also prescribes the qualifications that it will accept for registration as an optometrist as the programs accredited by OCANZ.

This document contains:

- An outline of the context of the accreditation process and the standards
- The OCANZ Program Accreditation Standards and their associated criteria
- Guidance on the evidence to be presented by providers of entry-level programs seeking accreditation of a program with OCANZ including:
    - a list of the evidence that providers are required to present to OCANZ at the commencement of an accreditation process
    - suggested additional documentary evidence that may be presented or requested as well as evidence that may be requested and viewed during a site visit
    - additional guidance, as necessary, to assist common understandings between accreditation assessment teams and providers as to OCANZ requirements

    o a glossary of key terms used.

Assessment teams and providers of programs should also refer to the separate OCANZ document *Part 1 - Process and Procedures August 2012* for an account of the accreditation processes and procedures used by OCANZ to assess and monitor programs against the standards.

Accreditation is based on Program Accreditation Standards

The OCANZ Accreditation Standards for Entry-level Optometry Programs are endorsed by the OCANZ Board of Directors and approved by the Optometry Board of Australia under the *Health Practitioner Regulation National Law 2009* (National Law). The Standards apply to all optometry programs that are approved/prescribed for registration as an optometrist in Australia and New Zealand.

These Accreditation Standards were developed by OCANZ during 2015 and 2016 and apply to all entry-level programs in Australia and New Zealand from 1 January 2017.

They recognise contemporary best practice in standards development across Australia and internationally, where there is a strong shift away from 'inputs' towards patient and learner centred 'outcomes'. Where education processes are considered, it is more as enablers of learning outcomes than as ends in themselves. Thus the standards accommodate a range of educational models and variations in curriculum and teaching methods, while holding providers to a clear standard in relation to student learning outcomes.

New programs and established programs are assessed against the same accreditation standards, although the assessment process may vary according to the status of the provider and/or the program being accredited.

Structure of the Standards

The Standards comprise five Domains:

1. Public Safety
2. Academic Governance and Quality Assurance
3. Program of Study
4. The Student Experience
5. Assessment

A Standard Statement articulates the key purpose of the domain.

Each Standard Statement is supported by multiple criteria. The criteria are indicators that set out what is expected of an OCANZ accredited program in order to meet each Standard Statement.

The criteria are not sub-standards that will be individually assessed. However, when assessing a program OCANZ will have regard for whether each criterion is met and will take a balanced view of the whole Standard including the criteria to determine whether the evidence presented by a provider clearly demonstrates that a particular Standard is met.

Guidance on the presentation of evidence for accreditation of entry-level programs and its evaluation by OCANZ

OCANZ relies on both current documentary evidence submitted by the provider and experiential evidence obtained by the assessment team during the accreditation process through site visits and discussions with the provider, students, staff, clinical supervisors and placement providers, graduates and employers.

Expert assessment teams will consider, using the principles of fairness, validity, sufficiency and reliability, the evidence the provider presents and come to an overall judgment against the Standards. They will then provide advice to OCANZ about whether the program should be accredited, accredited with conditions or not accredited. The onus is on the provider to present evidence that demonstrates how the standards are met for the Optometry program.

Some core pieces of documentary evidence may be used to demonstrate compliance with more than one standard and criteria. While separate evidence need not always be submitted against each criterion, OCANZ expects the purpose of presenting any document as evidence will be explained in the context of a particular standard and its criteria.

OCANZ may also rely on evidence acquired elsewhere. For example, from the Optometrists and Dispensing Opticians Board (New Zealand); the Optometry Board of Australia; Tertiary Education Quality Standards Agency (Australia); Academic Quality Agency (NZ); and optometry professional bodies as well as from other relevant agencies that field complaints from the public such as those representing consumers of health services. OCANZ will share any external evidence with the education provider for comment and review of factual accuracy.

A separate document *Part 1- Process and Procedures August 2012* provides further details about the process of accreditation assessment.

For further information contact:

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www.ocanz.org

2. Required documentary evidence for an accreditation application

The OCANZ Standards explicitly require program providers to provide documentary evidence of how their program learning outcomes map to the relevant OCANZ endorsed professional competence standards for their country; and the entry level threshold learning outcomes for optometry, thus demonstrating a program's effectiveness in providing graduates with the knowledge, skills, and attributes needed to practice optometry in Australia and New Zealand.

- In Australia, the OCANZ endorsed professional competence standards are those adopted by Optometry Australia – currently Entry-level Competency Standards for Optometry 2014 http://www.ncbi.nlm.nih.gov/pubmed/25545949

- In New Zealand, the OCANZ endorsed professional competence standards are those adopted by that Board – currently the *Standards Of Clinical Competence For Optometrists 2010* https://www.odob.health.nz/cms_show_download.php?id=108, the *Standards of Cultural Competence* https://www.odob.health.nz/cultural_competence, and the *Standards of Ethical Conduct* https://www.odob.health.nz/ethical_conduct

- The entry-level threshold learning outcomes for optometry are currently those contained in the Learning and Teaching Academic Standards Statement for Health, Medicine and Veterinary Science http://www.olt.gov.au/resource-learning-and-teaching-academic-standards-resources-health-medicine-and-veterinary-science-2

OCANZ requires a short statement addressing each Standard plus the following evidence with each application for accreditation/re-accreditation, although the format in which the evidence is provided is at the discretion of the education provider:

1. Statement of overall educational philosophy/design for the program

2. Evidence the education provider has registration with TEQSA (Australia) or audit by AQA (NZ)

3. Overview of formal academic governance arrangements for the program including program quality assurance, review and improvement

4. Curriculum map including program learning outcomes and alignment to the relevant OCANZ endorsed professional competence standards and entry level threshold learning outcomes

5. Assessment matrix or other consolidated and comprehensive assessment design documentation to demonstrate alignment of assessment to threshold learning outcomes and professional competencies

6. Sample student timetable for each year of the program indicating allocation of key learning activities

7. Student admission and progression policies and procedures for the program

8. Information provided to prospective and enrolled students about the program

9. Staffing profile for the program including numbers, professional qualifications, areas of expertise, teaching and supervision responsibilities and, if applicable, registration status (includes part-time and sessional staff)

10. Statement on clinical training delivered in the program (to include in Standard 3 the expected number of patients to be observed, partially and independently managed by students under supervision; the variety of settings in which training will occur; the expected diversity of patient presentations including as outlined in the Table on page 12; and the evidence for same)

11. Sample of student clinical log books/portfolios

12. Register of formal (and informal) agreements between the provider and external supervisors, placement clinics, practices, services for the program

13. Register of external supervisors' qualifications, registration status and supervision responsibilities

14. Policies and procedures on clinical and workplace safety including screening and reporting and control of infectious diseases

15. Description of the physical and financial resources for teaching and learning or used in the program

Outside of the list above of required evidence, the determination of evidence submitted to the assessment team for consideration is at the discretion of the provider, although the assessment team retains the right to request specific documents or experiential evidence at any stage of the assessment process to help it determine if a particular Standard is met.

The following tables include examples of possible additional evidence pertinent to a specific standard and are intended as guidance only to program providers and assessment team members. Further guidance on evidence following each standard is intended to assist education providers seeking accreditation as to how OCANZ understands some critical or key aspects of the requirements of the Standard. This guidance may be particularly helpful to providers seeking the accreditation of a new program.

3. The Standards, criteria and guidance on evidence

Standard 1: Public safety

Standard statement	Criteria	Possible evidence for this Standard in addition to required evidence
Public safety is assured.	1.1 Protection of the public and the care of patients are prominent amongst the guiding principles of the educational program, clinical training and student learning outcomes.	• Documentation showing the relevant learning outcomes to be achieved prior to providing patient care within the program • Policies and procedures on clinical training, placement and supervision • Policies and procedures on extramural student placement and supervision • Student registration documentation; in Australia - the completed student data template submitted to the regulator • Professional indemnity insurance arrangements for students on clinical placement • Policies and procedures on ethical and professional behaviour and fitness to practice *May be requested at site visit* • *Systems that identify, report on and remedy issues that may affect patient safety and any actions taken* • *Site visits to (selected) extramural facilities* • *Samples of record of patient consent De-identified patient records* • *Policies and procedures on informing the regulator about notifiable student conduct (in Australia)*
	1.2 Screening for and management of student fitness to practice are effective.	
	1.3 Students achieve the relevant competencies before providing patient care as part of the program.	
	1.4 Suitably qualified and registered optometrists and/or health professionals supervise students during clinical training.	
	1.5 Health services and optometry practices providing clinical placements have robust quality and safety policies and processes and meet all required regulations and standards.	
	1.6 Patients consent to care by students.	
	1.7 Where required, all students are registered with the relevant regulatory authority/ies.	
	1.8 The education provider holds students and staff to high levels of ethical and professional conduct.	

This Standard addresses public safety and the care of patients as the prime considerations. The focus is on clinical training, placements and supervision and the way the education provider manages effectively internal or external placement environments to ensure quality and reliable outcomes for patients and students.

Student fitness to practice processes
Fitness to practice includes ensuring student's capacity to safely undertake clinical training and practice. Impairment has a specific meaning in Australia (see key terms).

Student clinical placements
OCANZ recognizes that providers design and carry out clinical placements in a variety of ways nevertheless documentary and experiential evidence will need to show how the arrangements meet the Standard including that:

- Clinical placements are well organised and provide services, student experience and teaching to meet the OCANZ Standards overall.
- The objectives and the assessment of all clinical placements are clearly defined and known to both students and practitioners.
- Providers who arrange student instruction and supervision in extramural clinical settings have an active relationship with the practitioners providing instruction and supervision as well as processes in place to select, train and review practitioner's supervision of students.
- Clinical supervisors have the professional and supervisory skills to supervise students in a clinical setting
- The educational experience in clinical placements is monitored and evaluated by the provider's academic staff.
- Feedback from patients, students and supervisors is taken into account.

Student registration documentation
In Australia, education providers are responsible for ensuring all students are registered with the Optometry Board of Australia, and so should be able to produce evidence that the student data template required to be submitted to the regulator has been completed and submitted. Providers are also required to provide information on how the reporting to the regulator of any notifiable conduct of students is managed. There is no parallel requirement for student registration and reporting in New Zealand, however providers are encouraged to keep a similar register of students and any notifiable conduct.

Ethical and professional conduct
The requirements for the ethical and professional conduct of optometrists to assure public safety in Australia are set out in the Optometry Australia Entry-level Competency Standards for Optometry, and the Code of Conduct for optometrists published by the OBA and available at http://www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx. In New Zealand, the ODOB has published a separate code of ethics for optometrists practising in New Zealand as required under the *Health Practitioners Competence Assurance Act*. This code is available at https://www.odob.health.nz/ethical_conduct. OCANZ expects education providers to reference and reflect these requirements in their ethical and professional conduct standards for students and staff.

Standard 2: Academic governance and quality assurance

Standard statement	Criteria	Possible evidence for this Standard in addition to the required evidence
Academic governance and quality assurance processes are effective.	2.1 The provider has robust academic governance for the program of study that includes systematic monitoring, review and improvement. 2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the program. 2.3 There is relevant external input to the design and management of the program, including from representatives of the optometry profession. 2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education and practice.	• Key academic governance policies and procedures • Terms of reference for program governance committees/reviews • Evidence of effective consultation and/or formal partnerships within profession, community and other health professions to deliver program • Evidence of how and how frequently the provider benchmarks the program internally and externally against national or international standards for programs delivering equivalent learning outcomes *May be requested at site visit* • *Role statements for senior positions in the program* • *Records of governance meetings showing participation, decisions made and implemented* • *Copies of forward plans for program which include assessing and mitigating program opportunities/risks* • *Examples of student, employer and/or graduate surveys/reviews and outcomes* • *Copies of external or internal reviews and outcomes* • *Arrangements which enable students and/or staff to respond to contemporary developments in health professional education theory and practice* • *Records of other stakeholder consultation or engagement activities showing participation, decisions made and implemented*

Standard 2: Guidance

This Standard addresses the organisation and governance of the optometry program.

The focus is on the overall context in which the optometry program is delivered, specifically the administrative and academic organisational structure which supports the program and the degree of control that the academics managing and delivering the program, the optometry profession and other external stakeholders have over the relevance and quality of the program to produce graduates who are competent to practice.

OCANZ expects that a provider exhibiting effective academic governance and quality assurance for the optometry program typically will provide evidence that they:

- have in place a committee or similar entity with the responsibility, authority and capacity to develop, implement and change the program to meet the changing needs of the profession and national health needs[1];
- use educational expertise in the development and management of the program;
- regularly monitor and review the program and the effectiveness of its delivery, consulting with and taking into account the views of the profession, students, graduates and employers and other health professionals when relevant;
- clearly state the responsibilities of entities and individuals managing the program; and
- have sufficient autonomy to direct resources in order to achieve the program learning outcomes.

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[1] This may include evidence that demonstrates the mechanisms for recognising and initiating responses to emerging issues, especially those that cross disciplinary boundaries. Topics of emerging interest for example are those arising from recent or imminent legislation changing the scope of practice of optometry or changes in methods of practice arising from new knowledge or technology.

Standard 3: Program of study

Standard statement	Criteria	Possible evidence for this Standard in addition to the required evidence
Program design, delivery and resourcing enable students to achieve the required professional competencies.	3.1 A coherent educational philosophy informs the program of study design and delivery.	• Program/course/subject approval documentation • Description of the teaching/research nexus, and research programs of the school • Letter from the provider senior management confirming ongoing support for the program *May be requested at site visit* • *Subject guides for students detailing how the program of study is structured and enacted at each stage* • *Examples of learning and teaching materials and approaches using a range of delivery methods* • *Student and employer feedback on program of study* • *Sample staff position descriptions* • *Documentation on recruitment, support, workload and/or professional development of staff teaching in the program* • *Examples of staff engagement with learning and teaching initiatives to support (innovative, contemporary and evidence based) teaching approaches* • *Coverage of how cultural competency is addressed in the program*
	3.2 Program learning outcomes address all the professional competencies endorsed by OCANZ.	
	3.3 The quality, quantity and diversity of clinical training are sufficient to produce a graduate competent to practice across a range of settings.	
	3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	
	3.5 Principles of inter-professional learning and practice are embedded in the curriculum.	
	3.6 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	
	3.7 Learning environments support the achievement of the required learning outcomes.	
	3.8 Learning environments support the achievement of research skills appropriate to the academic level of the program.	
	3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	
	3.10 Cultural competence is appropriately integrated within the program and clearly articulated as required disciplinary learning outcomes: including an emphasis on Aboriginal, Torres Strait Islander, Maori and Pasifika cultures.	
	3.11 The optometry program has the resources to sustain the quality of education that is required to facilitate the achievement of the competency standards.	

Standard 3: Guidance

This Standard focuses on the way the educational outcomes of the program are achieved and how consistent they are in Australia with Optometry Australia's *Entry-level Competency Standards for Optometry 2014* – http://www.ncbi.nlm.nih.gov/pubmed/25545949 and in New Zealand with the OCANZ endorsed *Standards Of Clinical Competence For Optometrists 2010* https://www.odob.health.nz/cms_show_download.php?id=108

The Standard includes the program of study and the human, physical, financial and learning resources needed to deliver the program to the Standard.

OCANZ has adopted entry-level threshold learning outcomes which indicate the minimum discipline knowledge, skills and professional capabilities expected of an optometry graduate. Providers should be able to demonstrate how their programs deliver these threshold learning outcomes.

- The entry-level threshold learning outcomes for optometry are currently those contained in the Learning and Teaching Academic Standards Statement for Health, Medicine and Veterinary Science, also reprinted at Appendix 1 http://www.olt.gov.au/resource-learning-and-teaching-academic-standards-resources-health-medicine-and-veterinary-science-2

Program of study design
OCANZ considers that the two key goals of an optometry program leading to registration are:
- To ensure that graduates are competent to undertake independent practice of optometry,
- To provide the educational foundation for lifelong learning.

To deliver on the educational outcomes and these goals, the provider should present evidence that the optometry program has a suitable duration. The provider is also encouraged to present evidence in an overview about how the curriculum is structured and integrated in relation to the following:

- A strong foundation in the basic and biomedical sciences, either through the program or pre-requisite tertiary studies that provide students with a thorough understanding of the optical and vision sciences.
- A strong foundation in the dysfunctions and diseases of the eye
- A strong foundation in the fundamental skills required for the practice of optometry.
- A significant period, equal to at least one equivalent full time (EFT) academic year, spent primarily in direct contact with patients to experience and learn about:
  o the diversity of presentations and patient needs.
  o the complex interplay of causative factors, pathogenic processes, and psychological and physical factors in the patient.
- Clinical instruction that incorporates student observation, practitioner demonstration and ultimately patients independently examined by students including independent management decisions that are reviewed by a supervisor.

Whether core instruction and/or clinical training is undertaken within the education provider's own optometry clinic, or extramurally, the provider should aim to demonstrate

how and where a student encounters an extensive, diverse patient base across a well-patronised range of optometric services. As OCANZ believes students also benefit from experience in a broader range of health care settings providers are encouraged to enable this and provide evidence of how this is organised.

The organisation of curriculum is enhanced by explicit statements about the learning outcomes expected of students at each stage of the program. OCANZ expects there to be guides for each subject that clearly set out the learning outcomes of the subject and shows how they lead to the development of the overall program learning outcomes (competency standards).

The curriculum should provide students with the competencies to prescribe medicines judiciously, appropriately, safely and effectively, as set out in the national prescribing competencies framework
http://www.nps.org.au/_data/assets/pdf_file/0004/149719/Prescribing_Competencies_Framework.pdf

Clinical training
During clinical training OCANZ expects that students are provided with extensive and diverse clinical experience in a range of settings with a diverse range of patients as well as clinical presentations.

OCANZ considers that direct patient encounters provide students with experience across a wide range of presentations and ensure that their procedural skills are highly practiced throughout the program to achieve competency. Providers are expected to describe how the entire spectrum of clinical experiences (on-site and off-site, national and/or international) will ensure graduates are safe to practice.

Evidence presented should demonstrate the extent of opportunities for student developmental experience as an observer, participant and finally as an independent patient manager. Evidence to demonstrate how the latter is achieved across the following range of patient presentations needs to be provided in a table such as the one below.

Number of patients independently managed per types of contact			
	Minimum	Maximum	Average
Primary Eye Care			
Contact Lenses			
Paediatrics			
Binocular Vision			
Low Vision			
Therapeutics			
Glaucoma			
Medical Retina			
Anterior Eye			
Dispensing			

Clinical facilities
OCANZ expects that each education provider has access to a clinical facility, the size of which depends on the number of students and the extent to which the school makes use of the clinical facilities of affiliated or associated entities. The clinic is expected to have a sufficient number of well-equipped consulting rooms to provide adequate experience for students in the direct care of patients. Associated or affiliated entities that are used to provide clinical experience and training are also expected to be well-equipped and have qualified staff.

Learning and teaching approaches
OCANZ encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills. Problem and evidence based learning, computer assisted learning, simulation and other student-centred learning strategies are also encouraged. Providers may demonstrate how these approaches are incorporated into the curriculum.

Interprofessional learning
OCANZ has endorsed a set of competencies to support interprofessional education and expects the provider to demonstrate how these competencies are embedded in the curriculum. The principles of interprofessional learning encompass understanding, valuing and respecting individual discipline roles in health care. The Interprofessional Learning Competency Statements endorsed by OCANZ state that on completion of their program of study, graduates of any professional entry-level healthcare degree will be able to:

- Explain interprofessional practice to patients, clients, families and other professionals
- Describe the areas of practice of other health professions
- Express professional opinions competently, confidently, and respectfully avoiding discipline specific language
- Plan patient/client care goals and priorities with involvement of other health professionals
- Identify opportunities to enhance the care of patients/clients through the involvement of other health professionals
- Recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives
- Critically evaluate protocols and practices in relation to interprofessional practice
- Give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues [2]

Cultural competence
In demonstrating how cultural competencies are appropriately integrated within the program, OCANZ expects the provider will reference how the Optometry Australia Entry-level Competency Standards for Optometry, and the ODOB code of cultural competence for optometrists practising in New Zealand available at https://www.odob.health.nz/cultural_competence are met.

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[2] Source: Maree O'Keefe, Amanda Henderson, Brian Jolly, Lindy McAllister, Louisa Remedios, Rebecca Chick, 2014, *Harmonising Higher Education and Professional Quality Assurance Processes for the Assessment of Learning Outcomes in Health*, Office for Teaching and Learning, Canberra
http://www.olt.gov.au/resource-library?text=harmonising

Research activity

OCANZ believes that an environment in which research is actively pursued enhances optometric education and a student's capacity for lifelong learning and that optometry students can benefit from some direct contact with active researchers. The provider is encouraged to provide evidence of how the school gives students opportunities to observe and participate in ongoing research programs as part of their curriculum.

Standard 4: The student experience

Standard statement	Criteria	Possible evidence for this Standard in addition to the required evidence
Students are provided with equitable and timely access to information and support.	4.1 Course information is clear and accessible.	• Copies of course information handbook and link to website • Copies of policies and procedures relevant to the student experience • Description of the range of academic and personal support services available to students and the qualifications required of the staff providing the services • Details of student representation within the governance and curriculum management processes of the program • Policies and procedures on equity and diversity, with details of implementation and monitoring *May be requested at site visit* • *Sample of admission and progression decisions* • *Register of grievances or appeals lodged showing outcome of the process* • *Examples of the provision of academic and/or personal support services* • *Examples of use of student satisfaction data or other feedback to improve program*
	4.2 Admission and progression requirements and processes are robust, equitable and transparent.	
	4.3 Students have access to effective grievance and appeals processes.	
	4.4 The provider identifies and provides support to meet the academic learning needs of students.	
	4.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel.	
	4.6 Students are represented within the deliberative and decision making processes of the program.	
	4.7 Equity and diversity principles are observed and promoted in the student experience.	

Standard 4: Guidance

This Standard focuses on how the provider delivers a student experience that is equitable and respectful of all students' development, wellbeing and rights.

Student selection
OCANZ recognises that programs use different processes and criteria for selecting the most appropriate students who are likely to succeed in the program. Whichever method and criteria are used, OCANZ expects to review evidence that the student selection process is in line with the Standard and criteria 4.2.

Student support services and facilities
OCANZ expects that evidence of adequate student support services and physical facilities for student study and recreation is provided. Evidence of support services could include how students access services such as counseling services with trained staff, student health and financial services, student academic advisers as well as more informal and readily accessible advice from individual academic staff. OCANZ will also review the processes in place for feedback to students including the strategies to assist underperforming students and the provision of effective remediation opportunities.

International student support
OCANZ recognizes that appropriate language and counseling support for international students may be required and evidence of how this occurs should be available if requested.

Standard 5: Assessment

Standard statement	Criteria	Possible evidence for this Standard in addition to the required evidence
Assessment is fair, valid and reliable	5.1 There is a clear relationship between learning outcomes and assessment strategies.	• Assessment matrix/blueprint which details assessment methods and weightings and demonstrates alignment of assessment to learning outcomes and OCANZ endorsed professional competencies
	5.2 Scope of assessment covers all learning outcomes relevant to the competencies.	• Policies and procedures on assessment strategy, assessment and marking, credit for prior learning and progression
	5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.	• Processes for identifying, using and evaluating input of external experts to assessment
	5.4 Program management and co-ordination, including internal and external moderation, ensure consistent and appropriate assessment and feedback to students.	• Examples of assessment moderation/benchmarking including the outcomes
	5.5 Suitably qualified and experienced staff assess students, including external experts for final year.	• Qualifications, registration status (if applicable) and responsibilities of supervisors and markers of assessment
	5.6 All learning outcomes are mapped to the required competencies, and are assessed.	*May be requested at site visit*
		• *Samples of student assessment and feedback provided to students*
		• *Sample of student log books/portfolios*
		• *Examples of assessment statistical data and how it is reviewed/used to improve program/course/unit outcomes and assessment approaches*

Standard 5: Guidance

This Standard focuses on the assessment strategies and methods used in the program, the reliability and validity of the methods used and whether or not the assessment methods and assessment data analysed by the provider give assurance that every student who passes the program meets the OCANZ endorsed competency standards and is thus competent to practice optometry at entry level.

OCANZ expects education providers to use fit for purpose and comprehensive assessment methods and formats to assess the intended learning outcomes, and to ensure a balance of formative and summative assessments occur throughout the program.

OCANZ will examine the provider's assessment matrix (or similar framework methodology/tool) to determine the link between learning outcomes. How student assessment is managed for each phase or year of the program and suitability of the assessment tools used will be examined. The use of assessment data to demonstrate reliability and validity and for improvement will also be examined.

Clinical assessment strategies will be closely reviewed and they may include:
- Appropriate use of simulated and standardised patients to test specific skills in a structured, multiple-station assessment process, such as an 'objective-structured clinical examination' (OSCE)
- Long case examinations that allow an assessment of the student's ability to take a complete history, conduct a full clinical examination, interpret the findings and develop a management plan.
- Observation of the student performing a number of complete clinical evaluations, both during clinical training and towards the end of clinical training.

In relation to 5.5, OCANZ is interested in how assessment or assessment methods are benchmarked externally.

Glossary

Accreditation Committee	Appointed by the Optometry Council of Australia and New Zealand (OCANZ) this committee is responsible for implementing and administering accreditation in accordance with the procedures and Standards adopted by the Optometry Council of Australia and New Zealand.
Accreditation submission	Detailed information relating to the Standards provided by an education provider to OCANZ prior to the commencement of the accreditation process.
Academic Quality Agency (NZ) - AQA	Established by the New Zealand Vice-Chancellors' Committee to carry out audits of the processes in universities which underpin academic quality
Assessment matrix	Is a technical component of assessment; it is a document that demonstrates the link between learning outcomes and what is assessed. Note: the terms assessment blueprint or summary and assessment sampling framework are also in use by education providers.[3]
Assessment team	An expert team, assembled by OCANZ, whose primary function is the analysis and evaluation of the optometry program against the OCANZ Standards.
Assessment team report	Report of the assessment team completed as part of the assessment process. This report is presented to the Accreditation Committee and provides recommendations on the accreditation or re-accreditation of an optometry program.
Clinical placement	Provide opportunities in a relevant professional setting for the education and training of optometry students for the purposes of: • integrating theory into practice • familiarising the student with the practice environment • building the knowledge, skills and attributes essential for professional practice. During clinical placements the provision of safe, high quality patient care is always the primary consideration. It is recognised that a clinical optometric placement may be conducted in a number of locations and settings.
Clinical supervision	This involves the oversight – either direct or indirect – by a clinical supervisor(s) of professional procedures and/or processes performed by a learner or group of learners within a clinical placement for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high quality patient-client care.
Clinical supervisor	An appropriately qualified and recognised professional who guides learners' education and training during clinical placements. The clinical supervisor's role may encompass educational, support and organisational functions. The clinical supervisor is responsible for ensuring safe, appropriate and high quality patient-client care.

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[3] Source: Medical Deans Australia and NZ (HWA project) Developing a National Assessment Blueprint for Clinical Competencies for the medical graduate Final Report http://www.medicaldeans.org.au/wp-content/uploads/Medical-Deans-Competencies-Project-Stage-3-Final-Report-FINAL.pdf

Competence Standards	OCANZ endorsed Competence Standards are the list of skills, knowledge and attributes that a person needs to be able to practice to enter the optometry profession: • In Australia, the OCANZ endorsed professional competence standards are those adopted by Optometry Australia – currently *Entry-level Competency Standards for Optometry 2014* http://www.ncbi.nlm.nih.gov/pubmed/25545949 • In New Zealand, the OCANZ endorsed professional competence standards are those adopted by the Optometrists and Dispensing Opticians Board (New Zealand) – currently the *Standards Of Clinical Competence For Optometrists 2010* https://www.odob.health.nz/cms_show_download.php?id=108
Entry-level threshold learning outcomes	Contained in the Learning and Teaching Academic Standards Statement for Health, Medicine and Veterinary Science.
Extramural placement	Student clinical placements that occur outside the education provider's clinic.
Impairment	The term "impairment" has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner's capacity to practise or a student's capacity to undertake clinical training. That is, a person's physical or mental impairment, disability, condition or disorder is only a matter of interest to the Board (includes its delegated decision-maker) if it detrimentally affects or is likely to detrimentally affect a practitioner's capacity to practise or a student's capacity to undertake clinical training.[4]
Independent patient manager	During a patient examination, the student makes the management decision which is then reviewed by a supervisor
Observer	The patient examination is carried out by a supervisor with the student playing no active role
Optometry Council of Australia and New Zealand (OCANZ)	The accrediting agency for the Australian and New Zealand Optometry Registration Boards, responsible for conducting examinations for overseas qualified optometrists seeking registration in Australia and New Zealand and for developing and administering the accreditation of Australian and New Zealand optometry programs.
Participant	During a patient examination, the student plays an active role either in part or in whole of the examination
Program	A program of study provided by an education provider. Note the term 'course' is used by many education providers.
Education Provider	The term used by National Law (Australia) to describe, universities; tertiary education institutions or other institutions or organisations that provide vocational training; or specialist medical colleges or health professional colleges.

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[4] Source: Legal Practice Notice - Practitioners And Students With Impairment LPN 12 (10 August 2012) https://www.ahpra.gov.au/Publications/legal-practice-notes.aspx

Standards	Used to assess whether a program of study, and the education provider that provides the program of study provide persons who complete the program with the knowledge, skills and professional attributes necessary to practice.
Subject	A component of an optometry program. Note the term 'unit', 'course' or 'topic' is used in many programs.
Tertiary Education Quality Standards Agency (TEQSA)	An independent statutory authority that regulates and assures the quality of the Australian higher education sector.
Therapeutic practice	The practice of optometry that includes the prescribing and possession of certain controlled drugs and poisons (now included in the current OCANZ endorsed competency standards).