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Mr Colin Waldron
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10th August 2012

Dear Colin

Thank you for your letter dated 18th June 2012 regarding the review of accreditation arrangements under the National Law and for the opportunity to provide a submission in response to this.

The Optometry Council of Australia and New Zealand (OCANZ) has enjoyed working with the Optometry Board of Australia (OBA) since its inception and wishes to continue to undertake accreditation functions under the National Law after the current service agreement ceases on 30th June 2013. In the event that OCANZ continues to provide the functions, OCANZ would prefer to sign a five year service agreement to allow for long term planning and stability for the organisation.

Please do not hesitate to contact me if you require any further information. Both Tamara McKenzie and I are happy to hold a preliminary teleconference if you have any specific questions and are available to attend the meeting of the OBA on 23 August 2012.

Yours sincerely

per
Associate Professor Daryl Guest
Chair, Optometry Council of Australia and New Zealand

SUBMISSION TO THE OPTOMETRY BOARD OF AUSTRALIA

Summary of Accreditation Functions undertaken by the Optometry Council of Australia and New Zealand since the National Registration and Accreditation Scheme commenced

AUGUST 2012

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BACKGROUND

Optometry has been a registered profession in Australia and New Zealand since the early 1900s, with the relevant legislation in each State or Territory of Australia and in New Zealand limiting the practice of optometry to persons holding qualifications in optometry.

In the early 1990s, the Australian Health Ministers Advisory Committee (AHMAC) encouraged the health professions to develop a uniform national approach to registering practitioners to facilitate movement of practitioners between jurisdictions and to promote flexibility in training. The views and policies of AHMAC led the optometry profession to document the standards of competence it expected of practitioners on graduation[1]. These competency standards have been updated a number of times, most recently in 2009.

The adoption of mutual recognition legislation[2] by the different Australian state and territory Governments and subsequently trans-Tasman mutual recognition legislation by the Australian and New Zealand Governments[3] provided a further impetus to change. Under this legislation, registration to practise in any one state or territory conferred an automatic right to registration in any other jurisdiction. This made it imperative for the then Registration Boards in Australia and the Board in New Zealand to adopt uniform standards for registration.

The Council of Optometry Registration Authorities (CORA) was the umbrella body that facilitated meetings of the Chairs and other representatives of the Australian and New Zealand Optometry Registration Boards. At the 1995 annual meeting of CORA, it was agreed that the Optometry Council be established to:

- conduct examinations for overseas qualified optometrists seeking registration in Australia or New Zealand, and
- develop and administer a system of accreditation for Australian and New Zealand optometry programs, so that the Registration Boards could, with greater confidence, continue the practice of accepting those qualifications as sufficient evidence of competence in the practice of optometry.

The Optometry Council (now OCANZ), formed as an incorporated organisation on 16th July 1996, parallels similar bodies in Australia, New Zealand and abroad, in other professions such as medicine, dentistry, veterinary science and pharmacy. OCANZ, as the accrediting agency for the Registration Boards, first published accreditation standards in 1998. These standards then underwent major reviews in 2004 and 2006.

On 1st July 2010 with the introduction of the National Registration and Accreditation Scheme, the responsibility for registration of optometrists in Australia moved from state and territory registration Boards to a single authority - the Optometry Board of Australia (OBA) established under the Health Practitioner Regulation National Law Act as in force in each state and territory (the National Law). OCANZ was assigned the accreditation functions for the OBA for a period of 3 years from this date.

[1] Universal (entry-level) and Therapeutic Competency Standards for Optometry Optometrists Association Australia 2009
[2] Commonwealth of Australia. Mutual Recognition Act 1992
[3] Commonwealth of Australia. Trans-Tasman Mutual Recognition Act 1997

DOMAIN 1: GOVERNANCE

The accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

Attributes

1. The accreditation authority is a legally constituted body and registered as a business entity.
2. The accreditation authority's governance and management structures give priority to its accreditation function relative to other activities (or relative to its importance).
3. The accreditation authority is able to demonstrate business stability, including financial viability.
4. The accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
5. There is a transparent process for selection of the governing body.
6. The accreditation authority's governance arrangements provide for input from stakeholders including input from the community, education providers and the profession/s.
7. The accreditation authority's governance arrangements comply with the National Law and other applicable legislative requirements.

Compliance statement

1. OCANZ is a Company Limited by Guarantee under the Commonwealth *Corporations Act 2001* (Corporations Act) and is registered with the Australian Securities and Investments Commission (ASIC).

2. In July 2011, the Optometry Council of Australia and New Zealand (OCANZ) adopted a new Constitution which clearly defines its governance and management structures and give priority to its accreditation functions.

3. As a Company Limited by Guarantee, OCANZ is registered with ASIC who regulates compliance with the financial reporting and auditing requirements for entities subject to the Corporations Act. Through this process, OCANZ is able to demonstrate business stability and financial viability.

4. As a Company Limited by Guarantee, annual financial reports and a Directors' report with specific disclosures as set out in Section 300B of the Corporations Act need to be provided to ASIC. These must be prepared in Accordance Chapter 2M. OCANZ has annual revenue less than $1 million and is therefore able to have these financial reports either audited or reviewed. However, OCANZ's constitution states that the financial reports must be independently audited by a registered company auditor, which is above and beyond what is required.

   In 2012, OCANZ established a Finance and Risk Committee under Rule 31 of the Constitution. Its purpose is to support the OCANZ Board in ensuring sound financial control and management. It does this by overseeing all aspects of financial reporting, risk management, internal governance and adequacy of reporting practices.

5. The current Board of Directors was appointed by the five Members on 11th November 2011 at the Annual General Meeting (AGM). OCANZ advertised widely within both Australia and New Zealand for nominations to the OCANZ Board of Directors in 2011 and 14 nominations were received. Rule 21 of the Constitution outlines the appointment and removal of Directors, defects in appointment of Directors and rotation of Directors.

6. The Membership of OCANZ, the Board of Directors and the four Committees all provide for input from stakeholders, specifically including input from the community, education providers and the profession.

   The eight Directors elected to the Board on 11th November 2011 are:
   Associate Professor Daryl Guest (Chair) – nominated by the OBA
   Mr John McLennan –nominated by the ODOB
   Mr Mitchell Anjou
   Mr Peter Grimmer
   Associate Professor Peter Hendicott
   Associate Professor Robert Jacobs
   Dr Patricia Kiely
   Ms Helen Robbins

   The community member and education sector positions are currently vacant; however, OCANZ is in the process of seeking suitable nominations and plans on filling these positions in 2012.

   The five admitted Members are:
   Mr Mitchell Anjou (nominated by the Optometry Board of Australia, OBA) [4]
   Mr Joe Chakman (nominated by the Optometrists Association Australia, OAA)
   Associate Professor Peter Hendicott (nominated by the Accredited Schools Sponsor)
   Mr Richard Lobb (nominated by the Optometrist and Dispensing Opticians Board in NZ, ODOB)
   Ms Annette Morgan (nominated by the New Zealand Association of Optometrists, NZAO)

7. OCANZ has complied with all of its statutory obligations under the Corporations Act, legal obligations under ASIC and contractual obligations under the National Law.

Future work planned or underway

Based on feedback from Members and key stakeholders, OCANZ is again reviewing its Constitution and is looking to make minor changes at the 2012 AGM.

Evidence of compliance

Attachment 1 – OCANZ Constitution
Attachment 2 – Finance and Risk Committee: Terms of Reference
Attachment 3 – Special Purpose Financial Report: 30 June 2010
Attachment 4 – Special Purpose Financial Report: 30 June 2011

[4] The Optometry Board of Australia have advised OCANZ that this nomination is under review

DOMAIN 2: INDEPENDENCE

The accreditation authority carries out its accreditation operations independently.

Attributes:

- Decision making processes are independent and there is no evidence that any area of the community, including government, higher education institutions, business, industry and professional associations - has undue influence.
- There are clear procedures for identifying and managing conflicts of interest.

Compliance Statement

1. As outlined in Rule 6 of the Constitution, all meetings, including those of the Members, Board of Directors and Committees are minuted and retained for review of decision making, if necessary.

   Rule 18 of the Constitution outlines the process for voting at General Meetings, Rule 25 outlines the powers and duties of Directors and Rule 30 outlines voting at Directors' meetings.

   The *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures* outlines the decision making processes for accreditation of optometry programs and clearly defines the reporting process. All Assessment Team members involved in accreditation of optometry programs are required to sign a form agreeing to specific conflict of interest and confidentiality clauses.

   OCANZ has four subcommittees that are formed under Rule 31 of the Constitution. The Examination Committee and the Accreditation Committee were established in 1995, the Examination Eligibility Committee was established in 1996 and the Finance and Risk Committee was established in 2012. The Terms of Reference for all Committees were reviewed in 2012 and detail their roles, responsibilities, membership and reporting requirements. Committee members are selected from a list of suitably qualified people maintained and continuingly updated by the OCANZ Board. Committee members are appointed for their expertise and care is taken to ensure that those selected do not have a conflict of interest or predetermined views. At least one OCANZ Directors must be a member of each Committee.

2. OCANZ has a Conflict of Interest Guideline that is provided to all Directors and members of OCANZ Committees. In addition, in 2012, OCANZ developed an 'Interest Register' which contains relevant information from each Director and is updated annually (or as required).

   Rule 17 of the Constitution outlines the disclosure of Member's interests and Rule 34 outlines the Directors' Conflict of Interest.

   OCANZ has not had any situations where it has failed to follow its procedures in managing interests.

Future work planned or underway

OCANZ's Guidelines on Conflict of Interest will be reviewed by OCANZ in 2012.

The newly formed Finance and Risk Committee will ensure that all risks for the Council are documented and that a risk management strategy is developed for presentation to OCANZ in 2013.

Evidence of compliance

Attachment 5 - Conflict of Interest Guideline
Attachment 6 – Conflict of Interest and Confidentiality Form for Assessment Team members
Attachment 7 – Terms of Reference: Examination Committee
Attachment 8 – Terms of reference: Examination Eligibility Committee
Attachment 9 – Terms of reference: Accreditation Committee

DOMAIN 3: OPERATIONAL MANAGEMENT

The accreditation authority effectively manages its resources to support its accreditation function under the National Law.

Attributes:

- The accreditation authority manages the human and financial resources to achieve objectives in relation to its accreditation function.
- There are effective systems for monitoring and improving the authority's accreditation processes, and identification and management of risk.
- The authority can operate efficiently and effectively nationally.
- There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.
- In setting its fee structures, the accreditation authority balances the requirements of the National Law and efficient business processes.

Compliance Statement

1. OCANZ employs an Executive Officer (0.5 FTE) and one of their duties is the management of human and financial resource to achieve OCANZ's objectives. An Accreditation Manager, whose role is to oversee the accreditation functions of OCANZ, has also been employed since January 2011 (0.2 FTE). OCANZ also currently employs administrative staff (0.7 FTE) to support the office and oversee the assessment of internationally qualified optometrists.

   In addition to this core staff, OCANZ relies heavily on the use of consultants and temporary staff to support the accreditation activities.

2. The OCANZ *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures* was reviewed in 2012. The review was widely advertised and feedback from all stakeholders was invited. Submissions were received from ten interested parties, including the Optometry Board of Australia (OBA). The updated document has been approved by the OCANZ Accreditation Committee and is currently being reviewed by the OCANZ Board. This Manual outlines all of the processes and procedures for the education providers, including the complaints, review and appeals processes.

3. Since its inception OCANZ has been operating efficiently and effectively throughout Australia and New Zealand. The OCANZ office is based in Melbourne, however, electronic and telephone communications are the main focus of the operation.

4. OCANZ has a Privacy Policy and a Confidentiality Guideline that are both reviewed every two years (and as required). In addition, OCANZ has a Non-Disclosure Deed that is used when necessary. Accreditation Assessment Team members are required to sign a form outlining its conflict of interest and confidentiality policies which all accreditation Assessment Team members must sign. Assessment Team members involved in Accreditation of Optometry Programs are required to sign a form agreeing to specific conflict of interest and confidentiality clauses.

5. OCANZ operates as a not for profit company and is working towards undertaking its main accreditation functions within a cost-recovery model. In 2012, OCANZ introduced fees to education providers for accreditation activities. In setting its fee structure, OCANZ balanced all of its financial requirements, along with that of the National Law. Effective from January 2012, all programs with OCANZ accreditation (with or without conditions) have an annual fee of AUD $8,000 (plus GST when applicable) payable with the annual report from the previous year. Fees will be increased annually by Australian CPI. This fee covers all accreditation activities that may be required, including reaccreditation and/or assessment of major program changes. All education providers offering optometry programs have been advised of these fees and invoiced appropriately.

   In addition, the OCANZ website lists the current fee schedule for qualifications and skills assessments charged for the various types of assessments and examinations undertaken by OCANZ. This is updated annually.

Future work planned or underway

The work plan for the OCANZ Finance and Risk Committee includes ensuring that all risks for OCANZ are documented and that a risk management strategy is developed for presentation to the OCANZ Board by May 2013.

Evidence of compliance

Attachment 10 – Privacy Policy
Attachment 11 – Confidentiality Guideline
Attachment 12 - Non-Disclosure Deed

DOMAIN 4: ACCREDITATION STANDARDS

The accreditation authority develops robust accreditation standards which have been set in advance for the assessment of programs of study and education providers.

Attributes:

- Standards meet relevant Australian and international benchmarks.
- Standards are based on the available research and evidence base.
- Stakeholders are involved in the development and review of standards and there is wide ranging consultation.
- The accreditation authority reviews the standards regularly.
- In reviewing and developing standards, the accreditation authority takes account of AHPRA's Procedures for development of accreditation standards and the National Law.

Compliance Statement

1. All accreditation standards were originally developed by OCANZ using Australian and international benchmarks and transitioned on 1st July 2010 under the National Law as approved accreditation standards for the purpose of registration. OCANZ continually monitors their effectiveness and relevance.

2. All accreditation standards have been based on available research and are evidence based. In reviewing accreditation standards in the future, available research and evidence will be considered and incorporated.

3. OCANZ is aware that the current *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 2 – Standards* were last reviewed in 2006 and the *Standards for Accrediting Postgraduate Therapeutics Training* have not been reviewed since their initial development in 2004. OCANZ's first priority was to update the *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures*; however, OCANZ is aware that a review of both accreditation standards is the next step. OCANZ understands that in reviewing these Standards, it will need to take into account the National Law and *AHPRA's Procedures for Development of Accreditation Standards,* which includes undertaking wide-ranging consultation about the content of the standard. This will form part of OCANZ's 2012 and 2013 work plan.

4. All accreditation standards will be reviewed regularly.

5. Accreditation Standards will be developed by OCANZ in accordance with the procedures established by AHPRA under section 25 of the National Law.

Future work planned or underway

The key terms and references to the National Law have been updated within the *Accreditation Guidelines for Optometry Programs in Australia and New Zealand – Part 2 – Standards* and a copy of this will soon be published along with the revised *Guidelines for Optometry Programs in Australia and New Zealand - Part 1 – Process and Procedures*.

OCANZ will undertake a review of the *Standards for Accrediting Postgraduate Therapeutics Training* in 2012 and a review of the *Accreditation Guidelines for Optometry Programs in Australia and New Zealand – Part 2 – Standards* in 2013.

Evidence of compliance

Attachment 13: Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures ***(2012 Draft) (not for public consultation as not yet approved by OCANZ Board)***

Attachment 14: Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Standards

DOMAIN 5: PROCESSES FOR ACCREDITATION OF PROGRAMS OF STUDY AND EDUCATION PROVIDERS

The accreditation authority applies approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.

Attributes:

- The accreditation authority ensures documentation on the accreditation standards and the procedure for assessment is publicly available.
- The accreditation authority has policies on the selection, appointment, training and performance review of assessment team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess professional programs of study and their providers against the accreditation standards.
- There are procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working committees.
- The accreditation authority follows documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party.
- Accreditation processes facilitate continuing quality improvement in programs of study by the responsible education provider.
- There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards.
- The accreditation authority has defined the changes to programs and to providers that may affect the accreditation status, how the education provider reports on these changes and how these changes are assessed.
- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

Compliance Statement

1. All accreditation standards and procedures are published on the OCANZ website at www.ocanz.org. OCANZ publishes on its website a list of programs currently accredited (with or without conditions).

2. The OCANZ *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures* outlines the selection and appointment of Assessment Team members. It demonstrates that there are policies which provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess optometry programs and their providers against the accreditation standards. Assessment Team members are selected from a list of suitably qualified people maintained and continuingly updated by the Accreditation Committee.

   All Assessment Team members are provided with a document titled *Accrediting an optometry course - Guide for the Assessment Team.* This resource is intended to assist the Assessment Team in the accreditation of an optometry program and is divided into two sections. The first is the 'Guide for the Assessment Team' and provides a brief overview of the accreditation process and the OCANZ Guidelines as well as strategies for evaluating the accreditation submission from the optometry school, undertaking the site visit and preparing the final report. The second is the 'Assessment Team workbook' which contains a number of practical tools including tools to assist with evaluating the submission and in planning and recording information during the assessment visit. Assessment Team member have the opportunity to provide feedback which will be used to update this resource.

3. The *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures* has been developed to ensure fairness and impartiality in all aspects of the assessment process. Members of the Assessment Team are appointed for their professional and educational expertise and care is taken to ensure that those selected do not have a conflict of interest or a predetermined view about the school or its staff. The education provider may object to any of the appointments to the proposed Assessment Team and if a reasonable objection is made, OCANZ will undertake to appoint another person to the team.

   OCANZ has a Conflict of Interest Guideline that is provided to all Directors and members of OCANZ Committees. In addition, in 2012, OCANZ developed an 'Interest Register' which contains relevant information from each Director and is updated annually (or as required).

4. The *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures,* which complies with the National Law, outlines the decision making process and reporting. All decisions about the accreditation status of optometry programs are made by the OCANZ Board, on the advice of the Accreditation Committee and its Assessment Team, and only after thorough discussion and review of the Accreditation Committee's report. The OCANZ Accreditation report provided to the Optometry Board of Australia will contain sufficient information about the accreditation decision to enable them to make an informed decision as to approval of the program and the period of approval.

5. During the accreditation process, Assessment Team members are encouraged to discuss with education providers the need for quality improvement. The Assessment Team report and the final OCANZ Accreditation report t identify strengths of the Program and also describe continuing challenges. Within the OCANZ Accreditation report, where an accreditation standard is noted as "substantially met", the education provider is required to provide evidence in their annual report to OCANZ that actions have been undertaken in order to meet this standard. Areas for improvement, with no attached condition for accreditation, are also detailed to provide opportunities for continuous improvement.

6. There are three types of accreditation status relevant to optometry programs. OCANZ has a process and procedure for each, covering:
   - Accreditation Status Category One - Reaccreditation, which occurs every eight years if no major changes occur in the meantime
   - Accreditation Status Category Two - Major change, which occurs whenever a major change to a program is identified
   - Accreditation Status Category Three - New Programs, which occurs when a new program seeks accreditation

   All education providers of accredited optometry programs are required to submit an annual report to OCANZ (contained in Appendix 4 of the *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures*). This form must be submitted by 30th November each year and ensures continuing compliance with the standards. OCANZ received and considered annual reports in 2010 and 2011 from all education providers with accreditation, which were all found to continue to meet the accreditation standards.

7. In addition to the annual report (outlined above) which education providers must submit to OCANZ, they are also required to notify OCANZ of any major changes to their optometry program, including:
   - changes to the institutional setting
   - significant change in objectives, or a substantial change in philosophy or emphasis
   - change in the length of the program, especially any reduction of length
   - major change in the format or overall sequence of subjects of the program
   - major change in teaching, especially those involving changes to contact hours, or a major change to assessment methods
   - major reduction in resources or planned changes in student numbers leading to an inability to achieve the objectives of the existing course.

   Education providers that have been accredited with conditions must report annually on progress towards meeting the requirements of the condition/s. In the case of a school conducting a new program, the annual report must provide detailed comments on the final arrangements for the later years of the program.

   The *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures* outlines the procedures following consideration of these annual reports.

8. The *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures* details the internal review and appeals process, which are rigorous, fair and responsive. No education provider has raised concerns about OCANZ's implementation of its procedures for managing interests of accreditation Assessment Teams and subcommittees.

Future work planned or underway

Flinders University – New Program: Bachelor of Medical Science (Vision Science) and Master of Optometry Program. This education provider has applied for accreditation and OCANZ's documented processes are being followed.

Deakin University – New program: Bachelor of Vision Science and Master of Optometry. The initial Deakin University Accreditation submission was received in December 2011. This education provider has applied for accreditation and OCANZ's documented processes are being followed.

Australian College of Optometry (ACO) – New program: Australian Graduate Certificate in Ocular Therapeutics. This education provider has applied for accreditation and OCANZ's documented processes are being followed.

University of Melbourne – Major Change Assessment: Doctor of Optometry. Following OCANZ's documented processes, the Assessment Team report is nearly complete and will be provided to the OCANZ Accreditation Committee at their next meeting in September 2012.

Queensland University of Technology – Major Change Assessment: Bachelor of Vision Science and Master of Optometry degree. Following its documented processes, an Assessment Team is currently undertaking this major change assessment.

Following final approval of the *Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures*, the *Accrediting an optometry course - Guide for the Assessment Team* will be reviewed. Key terminology will be updated and feedback from previous Assessment Team members and universities involved in the accreditation process will be incorporated.

Evidence of compliance

Attachment 15 - Accrediting an optometry course: Guide for the Assessment Team

DOMAIN 6: ASSESSING AUTHORITIES IN OTHER COUNTRIES

This domain is not applicable as OCANZ does not assess authorities in other countries and OCANZ does not have any immediate plans to undertake work in this domain.

DOMAIN 7: ASSESSMENT OF INTERNATIONALLY QUALIFIED PRACTITIONERS

Where this function is exercised by the accreditation authority, the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of internationally qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession.

Attributes:

- The assessment standards define the required knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.
- The key assessment criteria, including assessment objectives and standards, are documented.
- The accreditation authority uses a recognised standard setting process and monitors the overall performance of the assessment.
- The procedures for applying for assessment are defined and published.
- The accreditation authority publishes information that describes the structure of the examination and components of the assessments.
- The accreditation authority has policies on the selection, appointment, and training and performance review of assessors. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess internationally qualified practitioners.
- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

Compliance Statement

1. The competencies listed in Optometrists Association Australia Universal (Entry-level) and Therapeutic Competency Standards for Optometry 2008 are the standards currently used by OCANZ in assessing internationally qualified optometrists. These Competency Standards cover the skills, knowledge and attributes of an entry-level optometrist in Australia and New Zealand, as well as the therapeutic competencies that are required for ocular therapeutic endorsement. Only those competencies listed as entry-level are currently assessed in the OCANZ Competency in Optometry Examination. These competency standards are publicly available within the OCANZ *Candidate Guide.*

2. OCANZ undertakes assessments of internationally qualified optometrists wishing to obtain registration and ocular therapeutic endorsement in Australia or New Zealand. In addition, OCANZ undertakes assessments for Australiana and New Zealand optometry graduates seeking skilled migration to Australia. Key information regarding these assessment processes are outlined in the *Explanatory Notes.*

   The key assessment criteria, including assessment objectives and standards are documented in the *Candidate Guide*, which is publicly available on the OCANZ website.

   The OCANZ Examination Eligibility Committee undertakes a qualification assessment for all applicants who don't hold a qualification in optometry that allows automatic admission to the Competency in Optometry Examination. The *Application for Qualification Assessment Response* outlines the criteria that are considered by the Committee.

3. OCANZ continually reviews its assessment processes, this is one of the main responsibilities of the OCANZ Examination Committee and the OCANZ Examination Eligibility Committee. The Competency in Optometry Examination uses a variety of approaches to assess candidates as it consists of four components – multiple choice examination, short answer examination, skills station assessment and patient examinations.

   In 2012 OCANZ implemented a common scale for the written component of its Competency in Optometry Examination for internationally qualified optometrists. This common scale ensures that all results are standardised for each examination.

   A recent review of the clinical examination process has resulted in a re-organisation of the timetable. As of June 2012, candidates undertake the clinical examination over a total period of one week, instead of two, which will be beneficial for candidates.

4. All procedures for applying for assessment are documented in the *Explanatory Notes* which is publicly available on the OCANZ website.

5. Information that describes the structure of the examination and components of the assessments is documented in the *Candidate Guide* which is publicly available on the OCANZ website.

6. All of OCANZ's written examination papers are assessed by senior academic staff within an education provider that has an OCANZ accredited optometry program in Australia or New Zealand.

   The clinical examination component of the Competency in Optometry Examination is currently undertaken at the Australian College of Optometry (ACO). The two year Service Agreement with the ACO expired in December 2011. In March 2012, following an Expression of Interest process, the ACO was selected by the OCANZ Board to continue to be the dedicated venue for the clinical examination for three years from 2012 to 2014. The 3-year Service Agreement signed with the ACO outlines the selection, appointment, training and review of assessors.

7. If a candidate is unsuccessful in ay qualifications or skills assessment undertaken by OCANZ they are provided with a document which outlines the review and appeals process. Since the introducing of the NRAS on 1 July 2010, seven requests for remarking have been received from candidates undertaking the written examination. In all of the cases, the results were upheld. No formal appeals have been received.

<u>Future work planned or underway</u>

OCANZ continues to review its assessment processes and documents.

Assessment of Ocular Therapeutics – No one has undertaken this process to date, however, two people have been deemed eligible and one of these candidates has recently submitted their application to undertake the assessment.

<u>Evidence of compliance</u>

Attachment 16 – Candidate Guide
Attachment 17 – Explanatory Notes
Attachment 18 - Application for Qualification Assessment Response

DOMAIN 8: STAKEHOLDER COLLABORATION

The accreditation authority works to build stakeholder support, and collaborates with other national and international accreditation authorities including other health profession accreditation authorities.

Attributes:

- There are processes for engaging with stakeholders, including governments, education institutions, health professional organisations, health providers, national boards and consumers/community.
- There is a communications strategy, including a website providing information about the accreditation authority's roles, functions and procedures.
- The accreditation authority collaborates with other national and international accreditation organisations.
- The accreditation authority collaborates with accreditation authorities for the other registered health professions appointed under the National Law.
- The accreditation authority works within overarching national and international structures of quality assurance/accreditation.

Compliance Statement

1. OCANZ is committed to engaging stakeholders in all aspects of its accreditation functions. This is evinced in the recent engagement with stakeholders during the rewriting of the constitution in 2011, and during the consultation process regarding the "Accreditation Manual for Optometry Programs in Australia and New Zealand – Part 1 – Process and Procedures".

2. The OCANZ website (www.ocanz.org) contains all of its publicly available documents and includes information on its roles, functions and procedures. It underwent a review in 2010 and the content is continually reviewed to ensure it is accurate and relevant.

3. OCANZ is a member of the World Council of Optometry (WCO) and a representative of OCANZ attends the WCO International conferences.

4. OCANZ is a member of the Forum of Australian Health Professions Councils (www.healthprofessionscouncils.org.au). This forum meets at least five times each year and the Executive Officer and Chair of the OCANZ Board attend these meetings. In addition, four representatives of OCANZ attended the Forums' first Accreditation Workshop which was held in Melbourne in May 2012.

   OCANZ meets face-to-face with the Optometry Board of Australia and the Optometrists and Opticians Board New Zealand as required and also provides them both with regular reports.

   OCANZ will be involved in a presentation as part of the Accreditation Workshop within the AHPRA National Registration and Accreditation Scheme 2012 Combined Meeting in September 2012.

5. OCANZ works with overarching national and international structures of quality assurance/accreditation. For example, the *Procedures for the Development of Accreditation Standards* developed by the Agency Management Committee of AHPRA will be adhered to when OCANZ reviews or develops its accreditation standards.

Future work planned or underway

OCANZ is committed to ongoing engagement with key stakeholders. In 2012 and 2013 OCANZ will undertake wide-ranging consultation about the Standards for Accrediting Postgraduate Therapeutics Training and the Accreditation standards for optometry programs in Australia and New Zealand.

OCANZ is in the process of developing a Memorandum of Understanding with the Optometrists and Dispending Opticians Board in New Zealand.

OCANZ will develop a communications strategy.

Evidence of compliance

OCANZ website – www.ocanz.org.

LIST OF ATTACHMENTS

Attachment 1 – OCANZ Constitution

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Lewis Holdway

LAWYERS

Constitution

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

Company Limited by Guarantee

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CONSTITUTION

OF

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

Corporations Act 2001
A Company Limited By Guarantee

Date: of Adoption _____

PRELIMINARY

1. Definitions & Interpretation

1.1 In this Constitution, unless the context requires another meaning:

'**Accredited School**' means a school, department or academic unit offering a degree in optometry in Australia or New Zealand having accreditation granted by the Company.

'**Accredited Schools Sponsor**' means the heads of all Accredited Schools acting collectively.

'**Alternate Director**' means a person appointed as an alternate director in accordance with the Corporations Act.

'**Annual General Meeting**' means the annual general meeting of Members.

'**Auditor**' means the auditor for the time being of the Company.

'**Board**' means the board of Directors for the time being of the Company comprised as required by Rule 21.2.

'**Chair'** means the chairperson of the Board.

'**Company**' means Optometry Council of Australia and New Zealand ACN 074 875 111, whatever its name may be at the relevant time.

'**Company Secretary**' means the secretary of the Company appointed in accordance with the Corporations Act (or any of them if more than one).

'**Constitution**' means this constitution as amended from time to time and a reference to a particular Rule of this Constitution has a corresponding meaning.

'**Corporations Act**' means the *Corporations Act 2001* (Cth) or any statutory amendment modification or re-enactment for the time being in force.

'**Deputy Chair'** means the Director (if any) elected as deputy chairperson of the Board.

'**Director**' means a person holding office as a director of the Company in accordance with the Corporations Act, and where appropriate includes an Alternate Director.

'**Directors**' means some or all of the Directors acting as a board.

'**Eligible Director**' means a person who is eligible for appointment as a Director and who must have expertise and experience in one or more of the following areas:

- Accreditation of educational courses, programs, methods of teaching or training that is relevant to the Objects.
- Regulation and governance (or either of them) relevant to the Objects.
- Assessment of skills and knowledge of health professionals relevant to the Objects.

'**Executive Officer**' means the executive officer appointed by the Board whose title shall be determined by the Board from time to time.

'**Financial Year**' means the year commencing on 1 July in a given year or commencing on such other date determined by resolution of the Members in General Meeting.

'**General Meeting**' means a meeting of Members to consider any motion brought before, or any business of, the Company.

'**Governmental Agency**' means any government or any governmental, semi-governmental, administrative, fiscal or judicial body, department, commission, authority, tribunal, agency or entity.

'**Meeting of Members**' means an Annual General Meeting or any other general meeting of Members held in accordance with the Corporations Act or this Constitution.

'**Meeting of Directors**' means a meeting of the Board held in accordance with the Corporations Act or this Constitution.

'**Member**' means a person whose name is entered in the Register as a member of the Company.

'**NZAO**' means the New Zealand Association of Optometrists (or its successor body).

'**OAA**' means the Optometrists Association Australia (or its successor body).

'**OBA**' means the Optometry Board of Australia (or its successor body)

'**Objects**' means the objects of the Company which are set out in Rule 3 of this Constitution.

'**ODOB**' means the Optometrists and Dispensing Opticians Board in New Zealand (or its successor body).

'**Register**' means the register of members of the Company as required under the Corporations Act.

'**Seal**' means the common seal of the Company (if any).

'**Special Resolution**' means a resolution passed in General Meeting by 75% of the Members who, being entitled to vote, vote in person or by proxy or in any other manner authorised by the Constitution or the Corporations Act.

'**Sponsor**' means any one or more of the Accredited Schools Sponsor, OAA, OBA, ODOB and NZAO.

1.2 Corporations Act definitions and sections

1.2.1 Words and expressions not defined in Rule 1.1 mean what they mean in a similar context in the Corporations Act.

1.2.2 A reference to a particular Chapter, Part, Division or section, without more, is a reference to that Chapter, Part, Division or section of the Corporations Act.

1.3 General Interpretation

1.3.1 A reference at a particular time to a particular statute or subordinate legislation, or to particular provisions of a statute or subordinate legislation (a written law):

1.3.1.1 Is to the written law as in force at the time.

1.3.1.2 If the written law has been replaced by another written law - is to the written law which replaces it.

1.3.1.3 Is also a reference to subordinate legislation, and the provisions of subordinate legislation, made or issued under or for the purposes of the written law.

1.3.2 A reference at a particular time to a particular deed, document or arrangement, or to any of its provisions:

1.3.2.1 Is a reference to it as in operation at that time.

1.3.2.2 If the contract, document or arrangement has been re-made or novated - is also a reference to it as re-made or novated.

1.3.3 The singular includes the plural and vice versa.

1.3.4 A reference to a person is also a reference to any kind of legally recognised body or entity whether incorporated or not, and vice versa.

1.3.5 A reference to a person also includes a reference to the person's legal personal representative.

1.3.6 A reference to one gender is also a reference to the other genders.

1.3.7 A reference to a particular Rule or Appendix (if any) is to that Rule of, or Appendix to, this Constitution.

1.3.8 Other parts of speech or grammatical forms of an expression defined in or for the purposes of this Constitution have corresponding meanings.

1.3.9 A power to do something includes a power, exercisable in the like circumstances, to revoke or undo it.

1.3.10 A reference to power is also a reference to authority and discretion.

1.3.11 A reference to currency (including words such as 'dollars' or '$') is to Australian currency.

1.3.12 The general meaning of words is not limited by specific examples following expressions like "including" or "for example" or other similar expressions.

1.3.13 A reference to bankruptcy or winding up is also to:

1.3.13.1 Bankruptcy, winding up, liquidation, dissolution, becoming an insolvent under administration, the appointment of an administrator and anything else that has a substantially similar effect to any of these under the law of a relevant jurisdiction.

1.3.13.2 The procedures, circumstances and events that constitute elate to bankruptcy or winding up as so defined.

1.4 Appendices

The contents of any Appendices to this Constitution are included as provisions of this Constitution.

1.5 Headings

Headings and notes in this Constitution are not part of this Constitution. They are for convenience only and do not affect interpretation.

2. Exclusion of Replaceable Rules

The replaceable rules contained in the Corporations Act do not apply to the Company.

3. Objects

The objects of the Company are all and any one or more of the following:

3.1 To grant accreditation to Australian and New Zealand optometry schools, departments and academic units and the courses/programs conducted by them leading to eligibility for registration as an optometrist in Australia and New Zealand.

3.2 At the Company's discretion, to vary, withdraw or suspend any accreditation previously granted by the Company in the event that the Company resolves that such accreditation should be varied, withdrawn or suspended.

3.3 To assess for admission to practice in Australia and New Zealand overseas trained optometrists.

3.4 To advise and make recommendations to OBA and ODOB and to assist on matters concerning the registration of optometrists.

3.5 To provide information to any Governmental Agency relating to law and policy concerning the registration of optometrists in Australia and New Zealand.

3.6 To provide information and advice to any Governmental Agency relating to law and policy concerning the adequacy or otherwise of a person's skills in the field of optometry for the purposes of migration to Australia or New Zealand.

3.7 To assess Australian and New Zealand postgraduate courses of study in the field of optometry (including but not limited to ocular therapeutic drugs) for the purpose of granting, varying, withdrawing or suspending accreditation.

3.8 To assess the therapeutic competence of optometrists registered in Australia or New Zealand who have completed a non-accredited course of study in ocular therapeutic drugs.

4. Application of Income and Property

4.1 Subject to 4.2, the profit, income and property of the Company shall be applied solely towards the promotion of the Objects and no portion of that profit, income and property shall be paid or transferred directly or indirectly by way of dividend, bonus or otherwise by way of profit to the Members (past or present) or to any person claiming through any of them or by way of Directors' fees to Board members.

4.2 Nothing contained in Rule 4.1 shall prevent:

4.2.1 The payment in good faith of remuneration to any officers, servants or employees of the Company or to any Member, Board member, or other person in return for any services actually rendered to the Company that are approved by the Board or reimbursement of out-of-pocket expenses.

4.2.2 The repayment of money advanced by any Member to or for the purposes of the Company.

4.2.3 The payment of interest at a rate not exceeding the rate for the time being charged on overdraft accounts exceeding $100,000.00 by bankers in Melbourne on money lent to the Company by any Member for the purposes of the Company.

4.2.4 The payment of reasonable and proper rent for premises leased or otherwise made available to the Company by any Member.

4.3 No Member will be appointed to any salaried office of the Company or any office of the Company paid by salary.

5. Liability of Members

The liability of the members is limited.

6. Contribution of Members on Winding Up

Every person who is or has been a Member undertakes to contribute to the assets of the Company in the event of the Company being wound up while he or she is a Member, or within one year of ceasing

to be a Member, such amount as may be required not exceeding ten dollars ($10.00), for the payment of the debts and liabilities of the Company contracted whilst the Member or past Member as the case may be was a Member, and the costs charges and expenses of winding up and for the adjustment of the rights of the contributors amongst themselves.

7. Distribution of Property on Winding Up

Where on the winding up of the Company or dissolution of the Company there is a surplus of assets after satisfying all the Company's liabilities and expenses, the surplus will not be paid or distributed to the Members but will be given or transferred to another institution or company having similar objects to those described in Rule 3, and which is an institution or body that prohibits the distribution of income, profit or assets to its members. Such institution or company will be determined by the Members on or before the time of such winding up or dissolution, or failing such determination by application to the Supreme Court in the State of incorporation of the Company.

MEMBERSHIP

8. Eligibility, Application and Admission

8.1 Any natural person committed to the objects of the Company and who has been nominated by a Sponsor may be a Member provided that all of the following apply:

8.1.1 Any application for membership is made in the manner prescribed by the Board from time to time and accompanied by the consent of the applicant and a nomination in writing signed by (or on behalf of) a Sponsor.

8.1.2 The person agrees in writing to provide a guarantee to defray such liabilities and expenses of the Company upon its winding up or dissolution to comply with Rule 6.

8.1.3 The Member agrees to be bound by this Constitution and remain a Member unless removed by notice from the nominating Sponsor or otherwise in accordance with the Constitution.

8.1.4 The nominating Sponsor has not already nominated one Member (or such other number as the nominating Sponsor is entitled to nominate as a result of any determination under Rule 8.4) who is not intended to be replaced by the applicant.

8.2 The Board may not decline any application for membership that meets the requirements of Rule 8.1 but must decline any application for membership if the nominating Sponsor has already nominated the full number of Members they are entitled to nominate and it is not intended that the nominee will take the place of an existing Member nominated by that Sponsor.

8.3 If the application for membership is accepted by the Board, the name of the Member must be entered in the Register.

8.4 The number of Members will be five (5) or such other number as the Company determines in General Meeting.

8.5 No admission fee or annual subscription fee will be charged or levied upon Members or nominees for Membership.

9. Register of Members

9.1 The Company Secretary must maintain a Register at the registered office.

9.2 When an applicant has been accepted for membership the Company Secretary must cause the Member's name to be entered in the Register and must send to the Member written notice of the acceptance.

9.3 The address of a Member in the Register will be the address of the Member for the purpose of service of any notices to Members.

9.4 The Register shall set out the status of each Member and shall contain such further particulars as the Board may at any time prescribe.

9.5 The rights of any Member will not be transferable.

10. Cessation of Membership

10.1 A person's membership of the Company will cease upon:

10.1.1 The Company Secretary receiving from a Member a letter of resignation together with the application of a new Member that complies with the requirements of Rule 8.1.

10.1.2 The Company Secretary receiving from the nominating Sponsor of a Member, a letter giving notice of the removal of the relevant Member and an application for a new Member that complies with the requirements of Rule 8.1 to become a Member in place of the removed Member.

10.1.3 The death of the Member.

10.1.4 The Member becoming of unsound mind or is liable to be dealt with in any way under the law relating to mental health and the Board considers, in its discretion, that the Member should forfeit their membership of the Company.

10.1.5 The Member being absent without the consent of the Chair from three successive General Meetings or meetings of any committee of the Board of which that Member is a member and the Board considers, in its discretion, that the Member should forfeit their membership of the Company.

10.1.6 The unanimous consent of all Sponsors to the removal of the Member's name from the Register.

10.2 Any Member who wishes to resign shall give the Board and the relevant Sponsor one month's notice in writing of the Member's intention to resign and the resignation will take effect at the end of such period.

10.3 The Company Secretary must only remove the name of the Member whose membership ceases pursuant to Rule 10.1 from the Register after the relevant Sponsor has nominated a new Member whose application for membership has been accepted. The name of the new Member must be entered in the Register at the same time as the other Member's name is removed.

10.4 A Member whose membership of the Company ceases pursuant to Rule 10.1 will be liable for all moneys due by that Member to the Company in addition to any sum not exceeding ten dollars ($10.00) for which the Member is liable under this Constitution.

10.5 A Member whose membership ceases pursuant to Rule 10.1 must not make any claim, monetary or otherwise, on the Company, its funds or property, except if they are a genuine creditor of the Company.

10.6 Any person who for any reason ceases to be a Member must no longer represent themself in any manner as being a Member (except to the extent that they may remain on the Register of Members of the Company until replaced by a new Member).

10.7 Any person who for any reason ceases to be a Member immediately loses all voting and other rights and entitlements enjoyed by Members generally even though they may remain on the Register of Members of the Company until replaced by a new Member.

MEETINGS OF MEMBERS

11. Annual General Meeting

11.1 Subject to the Corporations Act, a General Meeting must be held at least once in every calendar year and within the period of five (5) months after the end of the financial year at such time and place as may be determined by the Directors. This General Meeting will be called the 'Annual General Meeting' and all other meetings of the Company will be called General Meetings.

11.2 The business of the Annual General Meeting may include any of the following, even if not referred to on the notice of meeting:

11.2.1 The consideration of the Annual Financial Report, Directors' Report and Auditors' Report or any other statement of income and expenditure and the balance sheet of the Company and report of the Board for the past year.

11.2.2 The election of Directors.

11.2.3 The appointment of the auditor.

11.2.4 The fixing of the auditor's remuneration.

11.3 The business of the Annual General Meeting may also include the consideration of any other business the Board or any Member using the procedure set out in Rule 11.4 brings before the Annual General Meeting and any other business which may be lawfully transacted at the Annual General Meeting.

11.4 Any Member intending to bring any motion or business before an Annual General Meeting which does not relate to the ordinary business of the Company must give written notice of that Member's intention to the Board not less than 28 days before the day of the meeting.

11.5 No motion or business other than the motion or business brought before the Annual General Meeting by the Board will come before the Annual General Meeting unless the proper notice of the motion or business by the Member pursuant to Rule 11.4 has been given.

12. Convening General Meetings

12.1 A quorum of Directors whenever they think fit may convene a General Meeting.

12.2 The Directors must convene a General Meeting on the request of Members with at least 5% of the votes that may be cast at a General Meeting, in accordance with section 249D of the Corporations Act and if such General Meeting is not convened within 21 days, then the Members with at least half of the votes of those making the request can convene such General Meeting in accordance with section 249E of the Corporations Act.

12.3 Any General Meeting convened by Members, must be held in the capital city of the State or Territory in which the Company's registered office is then located.

13. Notice of General Meetings

13.1 A notice of meeting of the Company's Members must specify all of the following:

13.1.1 The place, the day and the time of the meeting (and, if the meeting is to be held in two or more places, the technology that will be used to facilitate this).

13.1.2 The general nature of the business to be transacted at the meeting.

13.1.3 Such other information as is required by section 249L of the Corporations Act.

13.2 The Company may hold a meeting of its Members at two or more venues using any technology that gives the Members as a whole a reasonable opportunity to participate.

13.3 Subject to the provisions of the Corporations Act relating to agreements for shorter notice, at least 21 days notice must be given of a meeting of the Company's Members.

13.4 Subject to Rule 10.7, notice of every meeting of the Company's Members must be given in the manner authorised by Rule 43 to all of the following:

13.4.1 Every Member and every Director.

13.4.2 The auditor for the time being of the Company.

13.5 No person other than those specified in Rule 13.4 is entitled to receive notices of meetings of the Company's members.

14. Chairperson of General Meetings

14.1 Subject to Rules 14.2 and 14.3 the Chair must preside as chairperson at every General Meeting.

14.2 If there is no Chair or the Chair is not present within fifteen (15) minutes after the time appointed for the holding of the meeting or is unwilling to act for all or part of the meeting, the Deputy Chair must be the chairperson of the General Meeting.

14.3 If the Deputy Chair is not present or is present but is unwilling to act for all or part of the meeting, the Members present must elect one of their number to be chairperson of the meeting (or part of it).

15. Quorum for General Meetings

15.1 No business must be transacted at any meeting of the Company's Members unless a quorum of Members is present at the time when the meeting proceeds to business.

15.2 A quorum of Members for a General Meeting is four (4) Members.

15.3 For the purpose of determining whether a quorum is present, a person attending as a proxy, or representing a body corporate that is a Member, will be deemed to be a Member.

16. Adjournment of General Meetings

16.1 If a quorum is not present within one hour from the time appointed for the General Meeting:

16.1.1 Where the General Meeting was convened upon the request of Members - the General Meeting will be dissolved.

16.1.2 In any other case:

16.1.2.1 The General Meeting will stand adjourned to such day, and at such time and place, as the Directors determine or, if no determination is made by the Directors, to the same day in the next week at the same time and place.

16.1.2.2 If at the adjourned General Meeting a quorum is not present within one hour from the time appointed for the adjourned General Meeting, then the General Meeting will be dissolved.

16.2 If at a General Meeting the whole of the business before the General Meeting is not completed the chairperson of the General Meeting may with the consent of the General Meeting adjourn it to any other time and place.

16.3 The chairperson must adjourn a General Meeting from time to time and from place to place if the Members present with a majority of votes that may be cast at that meeting agree or direct the chairperson to do so. No business must be transacted at any adjourned meeting other than the business left unfinished at the General Meeting from which the adjournment took place.

16.4 When a General Meeting is adjourned for thirty (30) days or more, notice of the adjourned General Meeting must be given as in the case of an original General Meeting.

16.5 Except as provided by Rule 16.4, it is not necessary to give any notice of an adjournment or of the business to be transacted at an adjourned meeting.

17. Disclosure of Member's Interests

A Member who has a material personal interest in a matter that relates to the affairs of the Company being considered at a General Meeting, must give the other Members notice of the interest unless one or more of the following apply:

17.1 The interest arises because the Member is a member of the Company and the interest is held in common with the other Members.

17.2 The interest arises merely because the Member is a guarantor or has given an indemnity or security for all or part of a loan (or proposed loan) to the Company or has a right of subrogation under such guarantee or indemnity.

17.3 The Members are aware of the nature and extent of the interest and its relationship to the affairs of the Company.

17.4 The Member has already given notice of the nature and extent of the interest and its relationship to the affairs of the Company and the composition of the Members and the nature or extent of the interest have not changed since such notice was given.

18. Voting at General Meetings

18.1 At any General Meeting, a resolution put to the vote of the meeting will be decided on a show of hands unless, before a vote is taken or before or immediately after the declaration of the result of the show of hands, a poll is demanded by the chairperson of the General Meeting or at least two of the Members present in person or by proxy.

18.2 Unless a poll is so demanded, a declaration by the chairperson that a resolution has on a show of hands been carried, or carried unanimously, or by a particular majority, or lost, and an entry to that effect in the book containing the minutes of the proceedings of the Company, is conclusive evidence of the fact without further proof of the number or proportion of the votes recorded in favour of or against the resolution.

18.3 The demand for a poll may be withdrawn.

18.4 If a poll is duly demanded, it must be taken in such a manner (including by way of postal vote) as the chairperson directs and, unless the meeting is adjourned, the result of the poll will be deemed to be the resolution of the meeting at which the poll was demanded.

18.5 A poll demanded on the election of a chairperson or on a question of adjournment must be taken immediately.

18.6 The demand for a poll shall not prevent the continuance of a General Meeting for the transaction of any business other than the question on which a poll has been demanded.

18.7 In the case of an equality of votes, whether on a show of hands or on a poll, the chairperson of General Meeting at which the show of hands takes place or at which the poll is demanded will have a casting vote in addition to any vote the chairperson may have in his or her capacity as a Member.

18.8 Subject to any rights or restrictions for the time being attached to any Member:

18.8.1 At meetings of the Company's Members or classes of Members, each Member who is entitled to vote may vote in person or by proxy or attorney or representative.

18.8.2 On a show of hands every person present who is a Member or a proxy or representative of a Member has one vote, and on a poll every person who is a Member present in person or by proxy or attorney or representative has one vote.

18.9 If a membership is held jointly and more than one such joint Member votes, only the vote of the Member whose name appears first in the Register counts.

18.10 If a Member is of unsound mind, or his or her person or estate is liable to be dealt with in any way under the law relating to mental health, his or her guardian or administrator or trustee or such other person as properly has the management of his or her estate may not exercise any rights of the Member in relation to a meetings of the Company's Members or classes of Members, as if that other person were the Member.

18.11 A Member is not entitled to vote at a General Meeting unless all sums payable at that time by him or her in respect of the Company have been paid.

18.12 Objections

18.12.1 An objection may be raised to the qualification of a voter only at the meeting or adjourned meeting at which the vote objected is given or tendered.

18.12.2 Any such objection must be referred to the chairperson, whose decision is final.

18.12.3 A vote not disallowed pursuant to such an objection is valid for all purposes.

19. Proxies

19.1 A Member who is entitled to attend and cast a vote at a meeting of the Company's Members may appoint a person (whether or not a Member) as the Member's proxy to attend and vote for the Member at the meeting.

19.2 Instruments appointing proxies

19.2.1 An instrument appointing a proxy must be in writing under the hand of the appointer or of his attorney duly authorised in writing or, if the appointer is a corporation, either under seal or executed in accordance with the Corporations Act or under the hand of an officer or attorney duly authorised.

19.2.2 An instrument appointing a proxy may specify the manner in which the proxy is to vote in respect of a particular resolution and, where an instrument of proxy so provides, the proxy is not entitled to vote in the resolution except as specified in the instrument.

19.2.3 An instrument appointing a proxy will be deemed to confer authority to demand or join in demanding a poll.

19.3 An instrument appointment a proxy must be in the following form or in a form that is as similar to the following form as the circumstances allow:

Optometry Council of Australia and New Zealand ACN 074 875 111

I/We ..... being a Member/Members of the abovenamed Company appoint ..... of ..... or, in his/her absence, ... of ..... as my/our proxy to vote for me/us on my/our behalf at the meeting of the Company's members of the Company to be held on the ..... day of ....., 20.. and at any adjournment of that meeting.

This form is to be used * in favour of / * against the resolution

SIGNED this ..... day of ....., 20..

* Strike out whichever is not desired # To be inserted if desired

19.4 An instrument appointing a proxy must not be treated as valid unless the instrument, and the power of attorney or other authority (if any) under which the instrument is signed or a certified copy of that power or authority, is or are deposited not less than forty-eight (48) hours before the time for holding the meeting or adjourned meeting at which the person named in the instrument proposes to vote, or, in the case of a poll, not less than twenty-four (24) hours before the time appointed for the taking of the poll, at the registered office of the Company or at such other place in Australia as is specified for that purpose in the notice convening the meeting.

19.5 A vote given in accordance with the terms of an instrument of proxy or of a power of attorney is valid notwithstanding the previous death or unsoundness of mind of the principal, or the revocation of the instrument (or of the authority under which the instrument was executed) or of the power, if no intimation in writing of the death, unsoundness or mind or revocation has been received by the Company at its registered office before the commencement of the meeting or adjourned meeting at which the instrument is used or the power is exercised.

20. Resolution in Writing for General Meetings

20.1 A resolution in writing signed by all Members shall be as valid and effectual as if it had been passed at a General Meeting of the Company duly convened and held. Any such resolution may consist of several documents (including facsimile or electronic copies) in like form, each signed by one or more Members.

20.2 Rule 20.1 does not apply to a resolution to remove from office a Director or an Auditor.

DIRECTORS

21. Appointment and Removal of Directors

21.1 The number of the Directors must be not less than eight (8) or more than ten (10).

21.2 The Board of Directors will consist of:

21.2.1 One Eligible Director nominated by OBA who must be a registered optometrist in either Australia or New Zealand.

21.2.2 One Eligible Director nominated by ODOB who must be a registered optometrist in either Australia or New Zealand.

21.2.3 At least four Eligible Directors but not more than six Eligible Directors of whom at least two must be registered optometrists in either Australia or New Zealand, appointed by the Members in General Meeting.

21.2.4 One Eligible Director who is a community member nominated by the Board who is not currently a registered optometrist in either Australia or New Zealand.

21.2.5 One Eligible Director nominated by the Board who has a high level of knowledge, skill and experience in the education sector.

21.3 The Company may from time to time by resolution passed at a General Meeting fix the number of Directors or increase or reduce the number of Directors (but so that the number shall be not less than three (3) and may also determine in what rotation (if any) the increased or reduced number is to go out of office.

21.4 The election of Directors will take place in the following manner:

21.4.1 Any nomination of a proposed Director, which must be in writing (including the consent of the proposed Director to act) and signed by the proposed Director and his or her nominator, must be lodged with the Company before his or her appointment.

21.4.2 The Company may, subject to Rule 21.2 appoint a person to be a Director, by resolution passed at a General Meeting or otherwise subject to Rule 21.2 and confirmation by the Members at the next General Meeting, by a resolution of the Board (if the Members do not confirm the appointment, then that Director ceases to hold office).

21.4.3 Each Member present at a General Meeting will be entitled to vote for any number of the candidates standing for election as Director, not exceeding the number of vacancies.

21.4.4 In the event that there is not a sufficient number of candidates nominated, the Board of Directors may fill the remaining vacancy or vacancies subject to any eligibility requirements.

21.5 A Director must have the suitable qualifications, skills and experience to discharge the function of a Director to meet the requirements of the Constitution as determined by the Board from time to time.

21.6 If the office of a Director becomes vacant, the continuing Directors may continue to act unless the number falls below the minimum number. In that case, the continuing Directors may act only in one or more of the following circumstances:

21.6.1 To appoint Directors up to the minimum number.

21.6.2 To call a General Meeting.

21.6.3 In emergencies.

21.7 The Company may from time to time by resolution passed at a General Meeting remove any Director.

21.8 In addition to the circumstances in which the office of a Director becomes vacant by virtue of the Corporations Act, the office of a Director becomes vacant in any one or more of the following circumstances where the Director:

21.8.1 Becomes of unsound mind or becomes a person whose person or estate is liable to be dealt with in any way under the law relating to mental health.

21.8.2 Resigns his or her office by notice in writing to the Company.

21.8.3 Is absent without the consent of the Chair from three (3) consecutive meetings of the Board.

21.8.4 Without the consent of the Company in General Meeting holds any other office of profit under the Company

21.8.5 Is directly or indirectly interested in any contract or proposed contract with the Company and fails to declare the nature of his interest as required by Rule .

21.8.6 And the Company Secretary are both given notice in writing by the Director's nominator that the nomination is withdrawn and a new nomination has been made.

22. Defects in Appointment of Directors

All acts done by any meeting of the Directors or of a committee of Directors or by any person acting as a Director, notwithstanding that it is afterwards discovered that there was some defect in the appointment of a person to be a Director or to be a member of the committee, or to act as a Director, or that a person so appointed was disqualified, are as valid as if the person had been duly appointed and was qualified to be a Director or to be a member of the committee.

23. Rotation of Directors

The following provisions will apply to all the Directors:

23.1 At every Annual General Meeting those Directors who have been in office for three years or until the third Annual General Meeting following such Directors' appointment (whichever is the longer) without re-election must retire.

23.2 At every Annual General Meeting at least three Directors must retire and if otherwise qualified are eligible for re-appointment.

23.3 The Directors or Director to retire pursuant to Rule 23.2 will be the Directors or Director longest in office since last being elected, but as between Directors who were elected on the same day the Director or Directors to retire will (in default of agreement between them) be determined by lot. Any Director who ceases to hold office by virtue of Rule 21.4.2 will not be taken into account in determining the number of Directors to retire by rotation or in determining which Directors will retire by rotation.

23.4 Notwithstanding Rules 23.1 and 23.2, if at any General Meeting at which an election of Directors ought to take place, the places of the retiring Directors are not filled up, the retiring Directors, or such of them as have not had their places filled up, will (if willing to act) continue in office until the next General Meeting, and the same will apply until their places are filled up, unless and except insofar as it is determined at such General Meeting to reduce the number of Directors.

23.5 Subject to the provisions of the Corporations Act the Company in General Meeting may at any time by ordinary resolution remove any appointed or elected Director before the expiration of such Director's period of office and, if so desired, elect another qualified person in such Director's stead. The person so elected must hold office during such time only as the Director in whose place such Director is elected would have held office if such Director had not been removed.

23.6 No person (not being a retiring Director) will be eligible for election to the office of Director at any General Meeting unless such Director or Sponsor intending to propose such Director has at least twenty-eight (28) clear days before the meeting left at the registered office of the Company a notice in writing duly signed by the nominee giving such Director's consent to the nomination and signifying such Director's candidature or the intention of such Sponsor to propose him or her, or unless such Director has been recommended by the Board for election and notice in writing of such recommendation has been left at the registered office of the Company at least twenty-eight (28) clear days before the meeting. Notice of every candidate for the position of Director must be served on Members at least twenty-one (21) days before the meeting at which the election is to take place.

23.7 Any Director elected pursuant to the provisions of this Rule must retire from office pursuant to Rule 23.1 or Rule 23.2.

23.8 A Director retiring pursuant to this Rule 23 will retain office until the dissolution or adjournment of the meeting at which such Director's successor is elected and will be eligible for re-election on two occasions only (*i.e.* a Director can hold office for no more than three (3) consecutive terms unless Rule 23.4 applies).

24. Remuneration of Directors

The Directors must not be paid by way of remuneration for their services, provided that:

24.1 Reimbursement of out-of-pocket expenses incurred in carrying out the duties of a Director will be paid where the payment does not exceed the amount approved by the Board.

24.2 Payment for any service rendered to the Company in a professional or technical capacity will be made where the provision of that service has the approval of the Board and the amount payable is approved by a resolution of the Board and is on reasonable commercial terms.

24.3 Payment as an employee of the Company will be made where the terms of employment have been approved by resolution of the Board.

25. Powers and Duties of Directors

25.1 Subject to the Corporations Act and to any other provision of this Constitution, the business of the Company will be managed by the Directors, who may pay all expenses incurred.

25.2 Without limiting the generality of Rule 25.1, the Board may exercise all such powers and do all such acts and things as the Board is by this Constitution, the Act or otherwise authorised to exercise and do and are not by this Constitution or by the Act directed or required to be exercised or done by the Company in General Meeting.

25.3 In addition, the Board shall have all the powers and authorities expressly conferred on the Board by this Constitution and by any resolution of the Company in General Meeting.

25.4 The Directors may, by power of attorney, appoint any person or persons (either by name or by reference to position or office held) to be the attorney or attorneys of the Company for such purposes, with such powers, authorities and discretions (being powers, authorities and discretions vested in or exercisable by the Directors), for such period and subject to such conditions as they think fit.

25.5 Any such power of attorney may contain such provisions for the protection and convenience of persons dealing with the attorney as the Directors think fit, and may also authorise the attorney to delegate all or any of the powers, authorities and discretions vested in him or her.

25.6 All cheques, promissory notes, bankers drafts, bills of exchange and other negotiable instruments, and all receipts for money paid to the Company, must be signed, drawn, accepted, endorsed or executed, as the case may be, in such manner as the Directors determine.

DIRECTORS' MEETINGS

26. Purpose and Place of Directors' Meetings

The Board of Directors may meet together for the dispatch of business and adjourn and otherwise regulate its meetings as it thinks fit. The Board may meet for the transaction of business at such times or places as it from time to time determines.

27. Convening Directors' Meetings

The Board may at any time, and a Company Secretary must on the requisition of a Director, convene a meeting of the Directors.

28. Quorum for Directors' Meetings

At a meeting of the Directors, the number of Directors whose presence is necessary to constitute a quorum is one half of the number of Directors holding office (rounded up to the next whole number) plus one, provided that, subject to Rule 34.4, each such person is a Director entitled under the law to vote on a motion that may be moved at that meeting.

29. Chair and the Deputy Chair

The Directors shall elect by (secret) ballot a Chair and a Deputy Chair, each of whom shall be a registered optometrist in Australia or New Zealand. The Chair and Deputy Chair shall hold office for a three year term. Any Chair or Deputy Chair may be reappointed to that office for a second consecutive term (but not a third consecutive term).

30. Voting at Directors' Meetings

30.1 Subject to this Constitution, questions arising at a meeting of Directors will be decided by a majority of votes of Directors present and voting and any such decision will for all purposes be deemed a decision of the Directors.

30.2 In a case of an equality of votes, the Chair will have a casting vote in addition to any deliberative vote the Chair may have in the capacity as a Director.

31. Committees and Delegation of Powers

31.1 The Board may delegate any of their powers (except this power of delegation) to a committee or committees consisting of such number of Directors and non-Directors as they think fit provided that at least one Director is a member of any committee formed.

31.2 The committees may include an Accreditation Committee, an Examination Committee, an Examination Eligibility Committee and any other committee considered appropriate for the good governance of the Company. The terms of reference of each committee will be determined by the Board.

31.3 A committee to which any powers have been so delegated must exercise the powers delegated in accordance with any directions of and within any limits set by the Board, and a power so exercised will be deemed to have been exercised by the Directors.

31.4 The members of such a committee may elect one of their number as chairperson of their meetings.

31.5 Where such a meeting is held and a chairperson has not been elected or the person so elected is not present within ten (10) minutes after the time appointed for the holding of the meeting or is unwilling to act for all or part of the meeting, the members present must elect one of their number to be Chairperson of the meeting or part of it.

31.6 A committee may meet and adjourn as it thinks proper.

31.7 Questions arising at a meeting of a committee must be determined by a majority of votes of the members present and voting.

31.8 In the case of an equality of votes, the chairperson will not have a casting vote in addition to any deliberative vote the chairperson may have in his or her capacity as a committee member.

32. Electronic Meetings of Directors

32.1 Without limiting the generality of Rule 26, a meeting of Directors may be called or held using any technology consented to by all the Directors. A consent of a Director for the purposes of this Rule may be a standing one. A Director may only withdraw his consent within a reasonable time before the meeting of Directors.

32.2 For the purposes of this Constitution, the contemporaneous linking together by an instantaneous communication device of a number of Directors not less than the quorum will be deemed to constitute a meeting of the Directors, and all the provisions of this Constitution as to meetings of the Directors will apply to any such meeting held by an instantaneous communication device so long as the following conditions are met:

32.2.1 All the Directors for the time being entitled to receive notice of the meeting of Directors (including any alternate for any Director) will be entitled to notice of a meeting held by an instantaneous communication device and to be linked by an instantaneous communication device for the purpose of such meeting. Notice of any such meeting must be given on the instantaneous communication device or in any other manner permitted by this Constitution, and

32.2.2 Each of the Directors taking part in the meeting by an instantaneous communication device must be able to hear each of the other Directors taking part at the commencement of the meeting.

32.3 A Director may not leave a meeting held by an instantaneous communication device by disconnecting his instantaneous communication device unless he or she has previously expressly notified the chairperson of the meeting of his or her intention to leave the meeting, and a Director will be conclusively presumed to have been present and to have formed part of the quorum at all times during such a meeting until such notified time of his or her leaving the meeting.

32.4 A minute of the proceedings at meetings held by an instantaneous communication device will be sufficient evidence of such proceedings and of the observance of all necessary formalities if certified as a correct minute by the chairperson of the meeting.

32.5 For the purpose of this Rule 'instantaneous communication device' includes telephone, television or any other audio or visual device that permits instantaneous communication.

33. Circulating Resolutions

33.1 If all the Directors entitled to vote on a resolution have signed a document containing a statement that they favour of a resolution of the Directors in terms set out in the document, a resolution in those terms will be deemed to have been passed at a meeting of the Directors held on the day on which the document was signed and at the time at which the document was last signed by a Director or, if the Directors have signed the document on different days, on the day on which, and at the time at which, the document was last signed by a Director.

33.2 For the purposes of Rule 33.1, two or more separate documents (including facsimile or electronic copies) containing statements in identical terms, each of which is signed by one or more Directors, will together be deemed to constitute one document containing a statement in those terms signed by those Directors on the respective days on which they signed the separate documents.

34. Directors' Conflict of Interest

Subject to this Constitution (including in particular Rule 24) and the Corporations Act:

34.1 A Director will not be disqualified by that person's office from contracting with the Company or from being employed or acting in any capacity professionally or otherwise by or on behalf of the Company.

34.2 No contract made by a Director with the Company and no contract or arrangement entered into by or on behalf of the Company with any company or partnership of or in which any Director is any way interested and no contract or arrangement entered into by or on behalf of the Company in which any Director is in any way interested will be liable to be impeached affected or avoided solely by reason of the Director holding office as such or solely by reason of the fiduciary relationship with the Company or by reason of the Director being a party to such contract or arrangement or otherwise interested in it.

34.3 No Director so contracting or being so interested will be liable to account to the Company for any profit realized by any such contract or arrangement by reason only of such person holding his office or of the fiduciary relationship created or by reason of his interest but such Director is bound to declare the nature of this interest in any such contract or arrangement at any meeting at which the contract or arrangement is decided on if the interest then exists or, in any such case, at the first such meeting after the acquisition of the interest. The Executive Officer must record such declaration in the minutes of the meeting at which the declaration is made but failure to record the declaration will not in any way affect the validity of such contract or arrangement.

34.4 A Director may be counted in the quorum at any meeting at which any matter in which such Director is so interested but may not vote in respect of any contract or arrangement in which such interest exists.

34.5 A Director who is interested in any contract or arrangement as stated in this Rule notwithstanding such interest may attest the affixing of the Seal of the Company to any document evidencing or otherwise connected with such contract or arrangement.

35. Executive Officer

35.1 The Board shall appoint a person to act as the Executive Officer who shall act as the Company Secretary as required by the Act and shall be an employee of the Company subject to the terms and conditions of employment determined by the Board for such period as the Board thinks fit.

35.2 Subject to the terms of any agreement entered with the Executive Officer, the Board may revoke such appointment.

35.3 The Executive Officer will perform the duties designated from time to time by the Board upon such terms as the Board thinks fit.

35.4 The Executive Officer shall arrange an audit at least annually, at any additional times directed by the Board, of all books, documents and financial statements of the Company and shall ensure that all books and financial records show a true and correct record of financial transactions of the Company.

35.5 Powers of the Executive Officer

35.5.1 The Board shall confer upon the Executive Officer the powers required for the Executive Officer to manage the affairs of the Company (including signing cheques and transacting internet banking) with such restrictions as the Board shall think fit.

35.5.2 Any powers conferred upon the Executive Officer may be concurrent with or be to the exclusion of the powers of the Board.

35.5.3 The Board may at any time withdraw or vary any of the powers so conferred on the Executive Officer.

35.5.4 The powers and duties from time to time conferred upon the Executive Officer must be recorded in writing and a copy of the written record of the powers of the Executive Officer from time to time in force must be provided to each Member.

ADMINISTRATION

36. Minutes

36.1 The Directors will cause minutes of all of the following:

36.1.1 All proceedings and resolutions of meetings of the Members.

36.1.2 All proceedings and resolutions of meetings of the Directors, including meetings of a committee of Directors.

36.1.3 Resolutions passed by Members without a meeting.

36.1.4 Resolutions passed by Directors without a meeting.

36.2 The Directors will cause all such minutes to be duly entered into the books kept for that purpose in accordance with the Corporations Act.

36.3 A minute recorded and signed in accordance with the Corporations Act is evidence of the proceeding, resolution or declaration to which it relates, unless the contrary is proved.

36.4 Books containing the minutes of the Members and resolutions passed by Members without a meeting will be open for inspection by any Member free of charge.

37. Accounts

37.1 The Directors must cause to be kept proper books of accounts in which will be kept true and complete accounts of the affairs and transactions of the Company. Proper books will not be deemed to be kept unless the books give a true and fair view of the state of the Company's affairs and explain its transactions.

37.2 The accounts must be held at the registered office or any other place as the Directors think fit.

37.3 The accounts must always be open to inspection by the Directors.

37.4 The Directors must arrange for the Income/Expenditure Statement and Balance Sheet (including every attachment) accompanied by a copy of the Auditor's Report, as required by the Corporations Act to be made out and laid before the Annual General Meeting.

38. Audit

38.1 A registered company auditor must be appointed.

38.2 The remuneration of the auditor must be fixed and the auditor's duties regulated in accordance with the Corporations Act.

39. Inspection of Records

Subject to the Corporations Act, the Directors must determine whether and to what extent, and at what time and places and under what conditions, the accounting records and other documents of the Company or any of them will be open to the inspection of members other than Directors, and a member other than a Director does not have the right to inspect any document of the Company except

as provided by law or authorised by the Directors or by the Company in meeting of the Company's members.

40. Funds

40.1 All monies received on account of the Company shall be promptly paid into the bank account or accounts of the Company opened by the Board.

40.2 Subject to any resolution to the contrary of a General Meeting that does not contravene any other limitations contained in this Constitution, the funds of the Company will be utilised in pursuance and furtherance of the Objects set out in this Constitution in such manner as the Board determines.

40.3 All electronic banking, cheques, bills of exchange, promissory notes and other negotiable instruments may be transacted, signed, accepted, drawn, made or indorsed on behalf of the Company in such manner and by such persons (whether Directors or officers of the Company or not) as the Directors determine but not otherwise.

41. Execution of Documents

41.1 The Company may have a Seal, known as the common seal, on which its name, its Australian Company Number and the words 'Common Seal' are engraved.

41.2 If the Company has a seal the Directors must provide for the safe custody of the Seal.

41.3 The Seal must be used only by the authority of the Directors, or of a committee of the Directors authorised by the Directors to authorise the use of the Seal.

41.4 The Company may execute a document by affixing the Seal to the document where the fixing of the Seal is witnessed by any of the following:

41.4.1 Two Directors.

41.4.2 One Director and one Company Secretary.

41.4.3 One Director and another person appointed by the Directors for that purpose.

41.5 The Company may execute a document without using the Seal if the document is signed by any of the following:

41.5.1 An individual, including the Executive Officer or any other officer, acting with the Company's express or implied authority and on behalf of the Company under the power given by Section 126 of the Corporations Act.

41.5.2 Two Directors.

41.5.3 One Director and one Company Secretary.

41.5.4 One Director and another person appointed by the Directors for that purpose.

41.6 A facsimile signature may not be affixed to a document unless the auditors, internal auditors or bankers of the Company have reported to the Board in writing that the document may be sealed in that manner.

42. By Laws

The Board has power to make by-laws concerning matters which the Board believes suitable for including in such by-laws.

43. Alteration of Constitution

The Company may only alter this Constitution by special resolution passed at a general meeting of the members.

44. Notices

44.1 A notice may be given by the Company to any Member in any of the following ways:

44.1.1 By serving it on the Member personally.

44.1.2 By sending it by post to the Member at the Member's address, including an email address, as shown in the register of Members or the address supplied by the Member to the Company for the giving of notices to the Member.

44.1.3 By sending it by facsimile transmission to a facsimile number supplied by the Member to the Company for the giving of notices to the Member.

44.2 Where a notice is sent by post, service of the notice will be deemed to be effective by properly addressing, prepaying and posting a letter containing the notice, and to have been effected, in the case of a notice of a Member, on the day after the date of its posting, and, in any other case, at the time at which the letter would be delivered in the ordinary course of post.

44.3 Where a notice is sent by facsimile, service of the notice will be deemed to be effected on receipt by the Company of a transmission report confirming successful transmission.

44.4 Where a notice is sent by email, service of the notice will be deemed to be effected twenty-four (24) hours after the transmission of the email unless the person transmitting the email is notified at any time that the email was undelivered or undeliverable.

44.5 A notice may be given by the Company to joint Members by giving notice to the joint Member first named in the register of Members.

45. Officers' Indemnities and Insurance

45.1 To the extent permitted by the Corporations Act:

45.1.1 The Company indemnifies every person who is or has been an Officer of the Company or of a wholly-owned subsidiary of the Company against any liability for costs and expenses incurred by that person as an Officer of the Company or a wholly-owned subsidiary of the Company in defending any proceedings in which judgment is given in that person's favour, or in which the person is acquitted, or in connection with an application in relation to any proceedings in which the Court grants relief to the person under the law.

45.1.2 The Company indemnifies every person who is or has been an Officer of the Company or of a wholly-owned subsidiary of the Company against any liability incurred by that person as an Officer of the Company or of a wholly-owned subsidiary of the Company, to another person (other than the Company or a related body corporate of the Company) unless the liability arises out of conduct involving a lack of good faith.

45.2 The Company may pay, or agree to pay, a premium in respect of a contract insuring a person who is or has been an Officer of the Company or of a subsidiary of the Company against a liability:

45.2.1 Incurred by the person in his or her capacity as an Officer of the Company or a subsidiary of the Company or in the course of acting in connection with the affairs of the Company or a subsidiary of the Company or otherwise arising out of the Officer's holding such office provided that the liability does not arise out of conduct involving a wilful breach of duty in relation to the Company or a subsidiary

of the Company or a contravention of Sections 182 and 183 of the Corporations Act.

45.2.2 For costs and expenses incurred by that person in defending proceedings, whatever their outcome.

45.3 In this Rules 45:

45.3.1 The term 'proceedings' means any proceedings, whether civil or criminal, being proceedings in which it is alleged that the person has done or omitted to do some act, matter or thing in his or her capacity as Officer, or in the course of acting in connection with the affairs of the Company or a wholly-owned subsidiary for the purposes of Rule 45.1 or subsidiary of the Company for the purposes of Rule 45.2, or otherwise arising out of the Officer's holding such officer

45.3.2 (including proceedings alleging that he or she was guilty of negligence, default, breach of trust or breach of duty in relation to the Company or a wholly-owned subsidiary (in Rule 45.1) or subsidiary (in Rule 45.2) of the Company, and

45.3.3 The term 'Officer' has the meaning given to that term in Section 9 of the Corporations Act.

46. Winding Up

46.1 Subject to Rule 7, the Company may be dissolved by a special resolution of Members at a meeting of the Company Members.

46.2 Every Member undertakes to contribute to the assets of the Company in the event of the Company being wound up while he or she is a member, or within one year of ceasing to be a member, such amount as may be required not exceeding ten dollars ($10.00), for the payment of the debts and liabilities of the Company contracted whilst the member or past member (as the case may be) was a Member, and for the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributors amongst themselves.

TRANSITIONAL PROVISIONS

47. Adoption of this Constitution

Notwithstanding the adoption by the Company of this Constitution:

47.1 Nothing contained in this Constitution shall invalidate the appointment of the Directors and Members of the Company existing immediately before its adoption until the end of the transition period on 30 September 2011.

47.2 The Directors in office immediately before the date of adoption of this Constitution shall remain in office subject to Rule 47.3 until the Board has been validly constituted in accordance with Rule 21.2.

47.3 Upon the appointment of each new Director for the purposes of Rule 21.2, one of the Directors in office immediately before the date of adoption of this Constitution shall cease to hold office as necessary. As between the Directors who held office before the date of adoption of this Constitution, the Director who ceases to hold office on the appointment of a new Director will (in default of agreement between them) be determined by lot.

47.4 The Members of the Company immediately before the date of adoption of this Constitution will remain as Members until and only until five Members have been appointed in accordance with Rule 8.1 of this Constitution. Until that time, for the purposes of Rule 8.4, the number of Members is increased to allow for the current Members at the adoption of this Constitution to remain as Members at their discretion until their membership ceases.

47.5 No actions of the Board shall be invalid on the basis that the Board is not properly constituted in accordance with Rule 21.2 during the transition period which will end on 30 September 2011.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND ACN 074 875 111

RESOLUTION PURSUANT TO RULE 18.5 OF THE CONSTITUTION

WE, THE UNDERSIGNED, BEING ALL THE MEMBERS OF OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND ACN 074 875 111 ("COMPANY") STATE THAT WE ARE IN FAVOUR OF THE RESOLUTION IN THE TERMS SET OUT IN THIS DOCUMENT.

---

1. Adopt New Constitution

   That the existing constitution of the Company be repealed and a new constitution adopted by the Company in the form attached to this document.

Signed: .....

Name: ..... Dated: .....

FINANCE AND RISK COMMITTEE
Terms of Reference

1. Establishment of the Committee

Under Article 31.2 of the Constitution adopted in November 2011 the Optometry Council of Australia and New Zealand (OCANZ) has established a Finance and Risk Committee.

2. Role and Responsibilities

2.1 The purpose of the Finance and Risk Committee (FARC) is to support the OCANZ Board in ensuring sound financial control and management. It aims to assist the Board in its financial responsibilities by overseeing all aspects of financial reporting, risk management, internal governance and adequacy of reporting practices.

2.2 The responsibilities of the Committee are to:

- review the scope of work and performance of the external accountant;
- review internal financial systems and accountabilities;
- review the accuracy and timeliness of the financial and non-financial reporting to the Board;
- liaise with staff to ensure that audit processes are appropriately carried out;
- review annual audit findings and the annual financial statements before presentation to the Board for adoption;
- oversee implementation of recommendations highlighted in the annual audit report;
- monitor corporate risk assessment, particularly financial risk, and the internal controls instituted in response to such risks;
- oversee compliance with statutory responsibilities relating to financial and other disclosure;
- examine any other matters referred to it by the Board.

2.3 The FARC will provide a quarterly report to the OCANZ Board.

2.4 The FARC will meet (face-to-face, teleconference or electronically) quarterly, or more frequently, if required.

3. Membership

3.1 The FARC is appointed by the Board and will comprise three members. The composition of the Committee will reflect its responsibilities and include:

- two Directors, who are not the Chair of the Board
- one other person with relevant qualifications and skills to assist the Committee in its work

3.2 Members will be nominated for approval by the OCANZ Board. Appointments to the Committee will be made for a period of two years and members will be eligible for re-appointment. The Chair of the Committee (who may or may not be a Director) will be appointed for a similar term. Terms of office will begin from the first meeting of the Committee; however initial appointments will be randomly staggered with one member being appointed for one year. A casual vacancy will be filled by the Board.

Approved by Board:	**17 April 2012**
Review date:	**April 2014**

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

A.C.N. 074 875 111
(A COMPANY LIMITED BY GUARANTEE)

Special Purpose Financial Report

Year ended 30 June 2010

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"I certify that this is a true copy of all accounts and consolidated accounts required to be laid before the company at the Annual General Meeting together with a copy of every other document required by section 316 to be laid before the annual general meeting."

Signed.....

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

DIRECTOR'S REPORT

Your Directors are pleased to present their report on the Special Purpose Financial Report for the financial year ended 30 June 2010.

Directors:

The names of each person who has been a director during the year and to the date of this report are:

Mr Daryl Guest
Ms Helen Robbins
Dr Peter Hendicott

Company Secretary:

The following person held the position of entity secretary at the end of the financial year:

Tamara McKenzie - BOptom, MPH, PGradDipAdvClinOpt.

Tamara McKenzie was appointed Company Secretary on 1st January 2010. Tamara McKenzie has worked for Optometry Council of Australia and New Zealand for the past 2 years, performing the following roles:

- Correspondence with OCANZ Council Members
- Preparation of agenda for meetings/AGM
- Writing and circulating minutes and notes from meetings/AGM
- Liaising with the Optometry Board of Australia
- Answering all enquiries from council members and overseas optometrists
- Communicating with Universities in regard to accreditation and coordinating accreditation of all relevant courses
- Developing and producing examinations for overseas optometrists

Principle Activities:

The principal activity of Optometry Council of Australia and New Zealand (the Council) during the year was assessment of overseas trained optometrists for registration purposes and matters related to the accreditation of optometry training in Australia and New Zealand.

The Council has two main functions – the conduct of a national examination for overseas-trained optometrists, and the accreditation of the optometry courses in Australia and New Zealand. Both functions have the goal of providing a system of quality assurance for the registration boards that all those entering the profession are competent to practise to contemporary standards.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

Short and Long Term Objectives of OCANZ:

- accreditation of optometry courses in Australia and New Zealand that are designed to lead to registration as an optometrist
- accreditation of postgraduate optometry courses in Australia and New Zealand that are designed to lead to therapeutic endorsement of optometric registration
- determination of eligibility of overseas trained optometrist to sit the OCANZ examination
- examination of overseas trained optometrists who wish to register as optometrists in Australia or New Zealand

It is anticipated that these objectives will essentially remain the same over time.

OCANZ's strategy for achieving those objectives:

OCANZ has three subcommittees that oversee the activities of OCANZ:

- an accreditation committee that oversees the accreditation of the courses
- an examination eligibility committee that determines candidate eligibility to sit the examination and
- an examination committee that oversees the examination process.

OCANZ has three staff members who communicate with these committees.
They also communicate with the Optometry Board of Australia with respect to registration matters and the Australian Government Department of Employment, Education and Workplace Relations as OCANZ with respect to migration matters.
Optometrists and academics from Australia and New Zealand are involved in the assessment and accreditation activities of OCANZ.

Description of how OCANZ's principal activities during the year assisted in achieving the entity's objectives:

The principal activity of Optometry Council of Australia and New Zealand (the Council) during the year was assessment of overseas trained optometrists for registration purposes and matters related to the accreditation of optometry training in Australia and New Zealand.

The Council has two main functions – the conduct of a national examination for overseas-trained optometrists, and the accreditation of the optometry courses in Australia and New Zealand. Both functions have the goal of providing a system of quality assurance for the registration boards that all those entering the profession are competent to practice to contemporary standards.

Description of how OCANZ measures its performance, including any key performance indicators used:

OCANZ has timelines in place for the processing of candidate application materials and the provision of results to candidates.

Examination results are scrutinised externally to ensure transparency and accuracy.
Candidates are invited to provide feedback on the examination process.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

Information on Directors:

Mr Daryl Guest	—	Chair, Director
Qualifications	—	MScOptom
Experience	—	Past Deputy Director of the Victorian College of Optometry Clinic, optometrist in private practice, Past President Optometrists Association Australia (Tasmanian Division), Past Chairman Optometrists Registration Board in Tasmania, first non GP chair of a Division of General Practice in Australia, Chair of OCANZ for past 3 years
Special Responsibilities	—	Chair of OCANZ board
Ms Helen Robbins	—	Director
Qualifications	—	BAHons, BScOptom, MHA, PGCertOcTher, FACO, LOSc
Experience	—	former Councilor and President Optometrists Association Australia and Optometrists Association Australia (Victorian Division), optometrist in private practice, Board member Victorian College of Optometry
Special Responsibilities	—	Chair OCANZ Accreditation Committee
Dr Peter Hendicott	—	Director
Qualifications	—	DipAppSc(Optom) *QIT*, MAppSc PhD Grad Cert (Ocul Ther) *QUT*
Experience	—	Associate Professor and Head of School of Optometry, Queensland University of Technology; member Optometrists Registration Board, Qld 2007-10; registered optometrist
Special Responsibilities	—	member of OCANZ Examination Eligibility Committee.

Meetings of Directors:

During the financial year, 2 meetings of directors (including committee meetings) were held. Attendances by each director were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Mr Daryl Guest	2	2
Ms Helen Robbins	2	2
Dr Peter Hendicott	2	2

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

Proceedings on Behalf of the Entity

No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

The entity was not a party to any such proceedings during the year.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2010 has been received and can be found on the last page of the report.

Signed in accordance with a resolution of the Board of Directors.

Director _____

Mr Daryl Guest

Dated this _____ day of _____ 2010

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

STATEMENT OF COMPREHENSIVE INCOME
AS AT 30 JUNE 2010

	2010	2009
OPERATING REVENUES		
Examination Fees	306,748	218,742
Interest Income	8,580	10,059
CORA Contribution	244,357	173,038
Government Grant	24,469	32,225
Other Income	17,789	2,824
	601,943	**436,887**
OPERATING EXPENSES		
Accreditation Costs	34,751	18,046
ASIC	40	40
Bank Service Charges	1,814	2,593
Computer Costs	694	1,743
Depreciation Expense	1,391	2,496
Dues and Subscriptions	-	861
Examination Costs	196,747	110,996
Insurance	2,631	2,116
Internet Charges	-	361
MCQ Project	-	56,733
Meeting Costs (AGM and CORA)	22,251	9,224
Meeting Costs (Other)	11,875	10,222
Miscellaneous	2,620	1,971
Postage and Printing	1,042	3,587
Professional Fees	13,928	5,840
Provision for Leave Pay	9,285	11,755
Salaries and Superannuation	118,051	90,159
Supplies	2,158	202
Telephone	1,880	2,258
Website	10,550	790
	431,706	**331,991**
TOTAL COMPREHENSIVE INCOME	**170,236**	**104,895**

The accompanying notes form part of these financial statements.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ACN 074 875 111

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2010

	NOTE	2010	2009
CURRENT ASSETS			
Cash	2	512,615	445,531
Trade and Other Receivables		3,161	-
TOTAL CURRENT ASSETS		515,776	445,531
NON CURRENT ASSETS			
Fixed Assets	3	11,059	2,449
TOTAL NON CURRENT ASSETS		11,059	2,449
TOTAL ASSETS		526,835	447,981
CURRENT LIABILITIES			
Creditors and Accruals	4	3,000	82,795
Provisions	5	18,379	29,965
TOTAL CURRENT LIABILITIES		21,379	112,761
TOTAL LIABILITIES		21,379	112,761
NET ASSETS		505,456	335,220
EQUITY			
Accumulated surplus		505,456	335,220
TOTAL EQUITY		505,456	335,220

The accompanying notes form part of these financial statements.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

STATEMENT OF CHANGES IN EQUITY
YEAR ENDED 30 JUNE 2010

	Retained Earnings	Total
	$	$
Balance at 1 July 2008	230,325	230,325
Net Profit for the year	104,895	104,895
Balance at 30 June 2009	335,220	335,220
Net Profit for the year	170,236	170,236
Balance at 30 June 2010	505,456	505,456

The accompanying notes form part of these financial statements.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ACN 074 875 111

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	2010	2009
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts of CORA Contribution		237,000	160,182
Receipts from Examination Candidates		308,718	221,566
Federal Government Grant		24,469	32,225
Interest Received		8,580	10,059
		578,767	424,032
Payments to suppliers and employees		(501,683)	314,355
Net Cash Provided By Operating Activities	6	77,084	109,676
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property Plant and Equipment		(10,000)	(4,811)
Net Cash Provided By Investing Activities		(10,000)	(4,811)
CASH FLOWS FROM FINANCING ACTIVITIES			
Purchase of Term Deposits and New Bank account		(285,712)	-
Net Cash Provided By Financing Activities		(285,712)	-
Net Increase (Decrease) In Cash Held		(218,628)	104,865
Cash at beginning of the Financial Year		445,531	340,667
Cash at End of the Financial Year	2	226,903	445,531

The accompanying notes form part of these financial statements.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2010

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial reports. This financial report is therefore a special purpose financial report that has been prepared in order to meet the requirements of the *Corporations Act 2001*.

The financial report has been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Corporations Act 2001* and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with the previous period unless stated otherwise.

The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. The accounting policies that have been adopted in the preparation of this report are as follows:

Accounting Policies

a. Revenue

Grant revenue is recognised in the income statement when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the balance sheet as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair values as indicated, less, where applicable, accumulated depreciation and impairment losses.

Plant and Equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2010

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Plant and equipment that have been contributed at no cost, or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Plant and equipment	40%- 50%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

c. Employee Benefits

Provision is made for the entity's liability for employee benefits arising from services rendered by employees to Balance Sheet date. Employee benefits expected to be settled within one year together with benefits arising from wages, salaries and annual leave which may be settled after one year, have been measured at the amounts expected to be paid when the liability is settled. Other employee benefits payable later than one year have been measured at the net present value.

Contributions are made by the entity to an employee superannuation fund and are charged as expenses when incurred.

d. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

e. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense.

Cash flows are presented in the Cash Flow Statement on a net basis.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2010

f. Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

g. Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at reporting date.

h. Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

i. Adoption of New and Revised Accounting Standards

During the current year the company had adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory.

The adoption of these standards has impacted the recognition, measurement and disclosure of certain transactions. The following is an explanation of the impact the adoption of these standards and interpretations has had on the financial statements of Optometry Council Of Australia and Nex Zealand Not For Profit (Non-reporting) Limited.

AASB 101: Presentation of Financial Statements

In September 2007 the Australian Accounting Standards Board revised AASB 101 and as a result, there have been changes to the presentation and disclosure of certain information within the financial statements. Below is an overview of the key changes and the impact on the company's financial statements.

Disclosure impact

Terminology changes — The revised version of AASB 101 contains a number of terminology changes, including the amendment of the names of the primary financial statements.

Reporting changes in equity — The revised AASB 101 requires all changes in equity arising from transactions with owners, in their capacity as owners, to be presented separately from non-owner changes in equity. Owner changes in equity are to be presented in the statement of changes in equity, with non-owner changes in equity presented in the statement of comprehensive income. The previous version of AASB 101 required that owner changes in equity and other comprehensive income be presented in the statement of changes in equity.

Statement of comprehensive income — The revised AASB 101 requires all income and expenses to be presented in either one statement, the statement of comprehensive income, or two statements, a separate income statement and a statement of comprehensive income. The previous version of AASB 101 required only the presentation of a single income statement.

The company's financial statements now contain a statement of comprehensive income.

Other comprehensive income — The revised version of AASB 101 introduces the concept of 'other comprehensive income' which comprises income and expenses that are not recognised in profit or loss as required by other Australian Accounting Standards. Items of other comprehensive income are to be disclosed in the statement of comprehensive income. Entities are required to disclose the income tax relating to each component of other comprehensive income. The previous version of AASB 101 did not

contain an equivalent concept.

j. New Accounting Standards for Application in Future Periods

The AASB has issued new and amended accounting standards and interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these standards. A discussion of those future requirements and their impact on the company follows:

- AASB 9: Financial Instruments and AASB 2009–11: Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 & 1038 and Interpretations 10 & 12] (applicable for annual reporting periods commencing on or after 1 January 2013)

  These standards are applicable retrospectively and amend the classification and measurement of financial assets. The company has not yet determined any potential impact on the financial statements.

  The changes made to accounting requirements include:

  — simplifying the classifications of financial assets into those carried at amortised cost and those carried at fair value;

  — simplifying the requirements for embedded derivatives;

  — removing the tainting rules associated with held-to-maturity assets;

  — removing the requirements to separate and fair value embedded derivatives for financial assets carried at amortised cost;

  — allowing an irrevocable election on initial recognition to present gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. Dividends in respect of these investments that are a return on investment can be recognised in profit or loss and there is no impairment or recycling on disposal of the instrument;

  — requiring financial assets to be reclassified where there is a change in an entity's business model as they are initially classified based on (a) the objective of the entity's business model for managing the financial assets; and (b) the characteristics of the contractual cash flows.

- AASB 124: Related Party Disclosures (applicable for annual reporting periods commencing on or after 1 January 2011).

  This standard removes the requirement for government related entities to disclose details of all transactions with the government and other government-related entities and clarifies the definition of a related party to remove inconsistencies and simplify the structure of the standard. No changes are expected to materially affect the company.

- AASB 2009–4: Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 2 and AASB 138 and AASB Interpretations 9 & 16] (applicable for annual reporting periods commencing from 1 July 2009) and AASB 2009–5: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 5, 8, 101, 107, 117, 118, 136 & 139] (applicable for annual reporting periods commencing from 1 January 2010).

  These standards detail numerous non-urgent but necessary changes to accounting standards arising from the IASB's annual improvements project. No changes are expected to materially affect the company.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2010

The company does not anticipate early adoption of any of the above Australian Accounting Standards.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2010

	2010	2009
NOTE 2: CASH & CASH EQUIVALENTS		
Cash at bank	226,903	265,926
Cash on Term Deposit at Bank	285,712	179,605
	512,615	445,531
NOTE 3: PLANT AND EQUIPMENT		
Computer Equipment at cost	24,572	14,572
Less: accumulated depreciation	(13,513)	(12,122)
	11,059	2,449
NOTE 4: CREDITORS AND ACCRUALS		
Accruals - Audit and Accounting	3,000	3,000
Accruals - Examination Costs	-	56,892
Creditors- CORA Contribution	-	18,112
Tax Liabilities	-	4,791
	3,000	82,795
NOTE 5: PROVISIONS		
Provision for annual & long-service leave	18,379	29,965
	18,379	29,965
NOTE 6 : CASH FLOW INFORMATION		
Operating Profit	170,236	104,895
Non-cash flows in Operating Result		
Depreciation	1,391	2,496
Changes in Assets and Liabilities		
(Increase) Decrease in Receivables	(3,161)	-
Increase (Decrease) in Creditors and Accruals	(79,795)	438
Increase (Decrease) in Provisions	(11,585)	2
Net Cash from Operations	77,084	107,830

NOTE 7 : REMUNERATION OF AUDITORS

Amounts received, or due and receivable by the auditor of the council

Audit the Council Accounts	3,500	3,300
Other Services	1,070	300
	4,570	3,600

NOTE 8 : ENTITY DETAILS

The principal place of business is
204 Drummond St
CARLTON VIC 3053
AUSTRALIA

NOTE 9 : MEMBERS' GUARANTEE

The entity is incorporated under the *Corporations Act 2001* and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstandings and obligations of the entity. At 30 June 2010 the number of members was 9. The total members' guarantee amounted to $90.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

ACN 074 875 111

DIRECTOR'S DECLARATION

The directors have determined that the Council is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The Directors of the Council declare that:

A. The financial statements and notes are in accordance with the Corporations Act 2001:

i. comply with Accounting Standards and the Corporations Regulations 2001; and

ii. give a true and fair view of the financial position as at 30 June 2010 and of the performance for the year ended on that date of the Council.

B. In the directors' opinion there are reasonable grounds to believe that the Council will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

_____

Mr Daryl Guest (Director)

Dated this _____ day of _____ 2010

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of The Optometry Council of Australia and New Zealand, which comprises Statement of Comprehensive Income, Statement of Financial Position for the year ended 30 June 2010, Statement of Changes in Equity and Statement of Cash Flow for the year then ended 30 June 2010, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the Corporations Act 2001 and are appropriate to meet the needs of the members. The directors' responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

RENSHAW
DAWSON
LANG

Chartered
Accountants

60-64 Railway Rd, Blackburn
Telephone: (03) 9878 1477
Facsimile: (03) 9894 1798
P.O. Box 189, Blackburn, 3130.
Renshaw Dawson Lang
Pty Ltd ACN 006 634 028
ABN 84 164 947 290

Incorporating the practice of
Kimberly Smith
Partners

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting under the Corporations Act 2001. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other that that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, provided to the directors The Optometry Council of Australia and New Zealand, would be in the same terms if provided to the directors as at the date of this auditor's report.

Auditor's Opinion

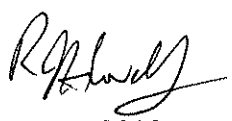
In our opinion the financial report of The Optometry Council of Australia and New Zealand is in accordance with the Corporations Act 2001, including:

a. giving a true and fair view of the company's financial position as at 30 June 2010 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1; and

b. complying with Australian Accounting Standards to the extent described in Note 1 and complying with the Corporations Regulations 2001.

Renshaw Dawson Lang
Chartered Accountants

Robert J Hurrell, FCA
Blackburn, Victoria



26 August 2010

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
(A Company Limited by Guarantee)
ABN 38 074 875 111

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Directors Report
Statement by Directors'
Statement of Financial Position
Statement of Changes in Equity
Statement of Comprehensive Income
Statement of Cash Flows
Notes to the Financial Statements
Auditor's Independence Declaration
Independent Audit Report

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
(A Company Limited by Guarantee)
ABN 38 074 875 111
DIRECTORS' REPORT

Your Directors are pleased present their report on the Special Purpose Financial Report for the financial year ended 30th June 2011.

Directors:

The names of each person who has been a director during the year and to the date of this report are:

Mr Daryl Guest
Ms Helen Robbins
Assoc. Prof. Peter Hendicott
Mr Ian Kent appointed 17/08/2011
Dr Gavin Boneham appointed 17/08/2011
Mr A.William Robertson appointed 17/08/2011
Prof. Fiona Stapleton appointed 17/08/2011
Mr John McLennan appointed 17/08/2011

Principal Activities:

The principal activities of Optometry Council of Australia and New Zealand (the Council) during the financial year was assessment of overseas trained optometrists for registration purposes and matters related to the accreditation of optometry training in Australia and New Zealand.

The Council has two main functions – the conduct of a national examination for overseas trained optometrists, and the accreditation of the optometry courses in Australia and New Zealand. Both functions have the goal of providing a system of quality assurance for the registration boards that all those entering the profession are competent to practise to contemporary standards.

Short and Long Term Objectives of OCANZ:

- Accreditation of optometry course in Australian and New Zealand that are designed to lead to registration as an optometrist
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It is anticipated that these objectives will essentially remain the same over time.

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OCANZ has three subcommittees that oversee the activities of OCANZ:

- An accreditation committee that oversees the accreditation of the courses
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- An examination committee that oversees the examination process.

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The principal activity of Optometry Council of Australia and New Zealand (the Council) during the year was assessment of overseas trained optometrists for registration purposes and matters related to the accreditation of optometry training in Australia and New Zealand.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
(A Company Limited by Guarantee)
ABN 38 074 875 111
DIRECTORS' REPORT

The Council has two main functions – the conduct of a national examination for overseas trained optometrists, and the accreditation of the optometry courses in Australia and New Zealand. Both functions have the goal of providing a system of quality assurance for the registration boards that all those entering the profession are competent to practise to contemporary standards.

Description of how OCANZ measures its performance, including any key performance indicators used:

OCANZ has timelines in place for the processing of candidate application materials and the provision of results to candidates. Examination results are scrutinised externally to ensure transparency and accuracy. Candidates are invited to provide feedback on the examination process.

Information on Directors:

Mr Daryl Guest	-	Chair, Director
Qualifications	-	MScOptom
Experience	-	Past Deputy Director of the Victorian College of Optometry Clinic; optometrist in private practice; Past President Optometrists Association Australia (Tasmanian Division); Past Chairman Optometrists Registration Board in Tasmania; first non GP chair of a Division of General Practice in Australia; Chair of OCANZ for past 4 years.
Special Responsibilities	-	Chair of OCANZ Board
Ms Helen Robbins	-	Director
Qualifications	-	BAHons, BScOptom, MHA, PGCertOcTher, FACO, LOSc
Experience	-	Former Councilor and President Optometrists Association Australia and Optometrists Association Australia (Victorian Division); optometrist in private practice, former Board member Victorian College of Optometry.
Special Responsibilities	-	Chair of OCANZ Accreditation Committee
Assoc.Prof Peter Hendicott	-	Director
Qualifications	-	DipAppSc(Optom) QIT, MAppSc PhD Grad Cert (Ocul Ther) QUT
Experience	-	Associate Professor and Head of School of Optometry, Queensland University of Technology; member Optometrists Registration Board, Qld 2007-2011; registered optometrist; member of the OBA's CPD Advisory Committee
Special Responsibilities	-	Member of OCANZ Examination Eligibility Committee
Mr Ian Kent	-	Director
Qualifications	-	Diploma in Applied Science Optometry; Grad Cert in Ocular Therapeutics
Experience	-	Private practice since 1974; former councillor and treasurer Optometrists Association of Australia (Qld); former Chairman Optometrists Board of Qld; Member QUT Faculty of Health Advisory Committee 1996 to present; Trustee International Centre for Eyecare Education (Qld division) 2003 to present.
Special Responsibilities	-	Member of OCANZ Examination Committee
Dr Gavin Boneham	-	Director
Qualifications	-	Bachelor Optometry; Bachelor of Science; PhD,
Experience	-	Academic UNSW School of Optometry (1997-2009), Private practice since 1998 specialising in contact lens fitting of difficult cases, Visiting Fellow School of Optometry UNSW (2010 – present).
Special Responsibilities	-	Member of OCANZ Accreditation Committee

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
(A Company Limited by Guarantee)
ABN 38 074 875 111
DIRECTORS' REPORT

Mr A. William Robertson	-	Director
Qualifications	-	Dip App Sci Opt. QIT; Grad.Dip.Bus. UNE; Grad Cert Therapeutics QUT
Experience	-	4 years private practice Perth WA; 5 years private practice London, Cambridgeshire UK; 21 years private practice Alice Springs NT
Special Responsibilities	-	Member of OCANZ Examination Eligibility Committee
Prof. Fiona Stapleton	-	Director
Qualifications	-	BSc MSc PhD MCOptom DCLP FAAO FBCLA GradCertOcTher
Experience	-	Professor and Head of School of Optometry, UNSW; Member of Scheduled Medicine Advisory Committee, Optometry Board of Australia; Therapeutic Accreditation, Optometrists Registration Board NSW, Member of the Board of Directors Centre for Eye Health, Sydney NSW; Member of Board, Optometric Vision Research Foundation; Member and Councillor, Optometrists Association Australia.
Special Responsibilities	-	Chair of OCANZ Examination Committee
Mr John McLennan	-	Director
Qualifications	-	Diploma in Optometry, University of Auckland, New Zealand; CertOcPharm and PGDipSci papers to obtain therapeutic endorsement, University of Auckland, New Zealand;
Experience:	-	Member NZAO council 1993 – 2000 including 2 years as president; Member NZ Optometrists and Dispensing Opticians Board (2005–2011); optometrist in private practice
Special Responsibilities	-	Member of OCANZ Examination Committee

Meetings of Directors:

During the financial year, 1 meeting of directors (including committee meetings) were held. Attendances by each director were as follows:

	Directors' Meetings	
	Number eligible to attend	Number Attended
Mr Daryl Guest	1	1
Ms Helen Robbins	1	1
Assoc Prof Peter Hendicott	1	1

Members' guarantee

The entity is incorporated under the *Corporations Act 2001* and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstandings and obligations of the entity. At 30 June 2011 the number of members was 9. The total members' guarantee amounted to $90 (2010:@ $90).

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2011 has been received and can be found on the last page of the report.

Signed in accordance with a resolution of the Board of Directors.

Director ..... Helen J Robbins .....
Helen Robbins

Dated this ..... 12th ..... day of ..... October 2011

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ABN 38 074 875 111
DIRECTORS' DECLARATION

The directors have determined that the Council is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The directors of the Council declare that:

1. The financial statements and notes are in accordance with the Corporations Act 2001 and:

(i) comply with Accounting Standards; and

(ii) give a true and fair view of the financial position as at 30 June 2011 and of the performance for the year ended on that date in accordance with the accounting policies described in Note 1 of the financial statements.

2. In the directors' opinion, there are reasonable grounds to believe that the Council will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Helen J Robbins

.....

Helen Robbins (Director)

Dated this 12th day of October 2011

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ABN 38 074 875 111
STATEMENT OF FINANCIAL POSITION
AS AT 30TH JUNE 2011

	NOTE	2011 ($)	2010 ($)
ASSETS			
CURRENT ASSETS			
Cash & Cash Equivalents	3	404,321	226,903
Other Financial Assets	4	302,840	285,712
Trade & Other Receivables	5	19,418	3,161
Other Assets	6	4,602	-
TOTAL CURRENT ASSETS		731,181	515,776
NON CURRENT ASSETS			
Property, Plant & Equipment	7	18,763	11,059
TOTAL NON CURRENT ASSETS		18,763	11,059
TOTAL ASSETS		749,944	526,835
LIABILITIES			
CURRENT LIABILITIES			
Trade & Other Payables	8	86,877	3,000
Provisions	9	13,957	18,379
TOTAL CURRENT LIABILITIES		100,834	21,379
NON CURRENT LIABILITIES			
Provisions	9	2,319	-
TOTAL NON CURRENT LIABILITIES		2,319	-
TOTAL LIABILITIES		103,153	21,379
NET ASSETS		646,791	505,456
EQUITY			
Accumulated surplus		646,791	505,456
TOTAL EQUITY		646,791	505,456

The accompanying notes form part of these financial statements.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ABN 38 074 875 111
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30TH JUNE 2011

	Retained Earnings $	Total $
Balance at 1 July 2009	335,220	335,220
Net Profit for the year	170,236	170,236
Balance at 30 June 2010	505,456	505,456
Net Profit for the year	141,335	141,335
Balance at 30 June 2011	646,791	646,791

The accompanying notes form part of these financial statements.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ABN 38 074 875 111
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30TH JUNE 2011

	NOTE	2011 ($)	2010 ($)
Operating Revenue			
AHPRA Contribution		265,500	-
Examination Fees		219,373	306,748
Interest Income		38,623	8,580
CORA Contribution		-	244,357
Government Grant		-	24,469
New Zealand Board		31,500	-
Other Income		750	17,789
		555,746	601,943
Expenses			
Accreditation Costs		28,443	34,751
ASIC		319	40
Bank Service Charges		2,020	1,814
Computer Costs		6,301	694
Depreciation Expense		8,188	1,391
Dues and Subscriptions		1,126	-
Examination Costs		157,782	196,746
Insurance		3,171	2,631
Meeting Costs (AGM)		13,078	22,251
Meeting Costs (Other)		16,032	11,875
Miscellaneous		3,966	2,620
Postage and Printing		3,409	1,042
Rent Expense		11,417	-
Professional Fees		26,869	13,928
Provision for Leave Pay		(2,103)	9,285
Salaries and Superannuation		129,943	118,051
Supplies		-	2,158
Telephone		1,888	1,880
Website		2,562	10,550
		414,411	431,707
Net income		141,335	170,236
Other comprehensive income		-	-
Total comprehensive income for the year		141,335	170,236

The accompanying notes form part of these financial statements

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ABN 38 074 875 111
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30TH JUNE 2011

	NOTE	2011 ($)	2010 ($)
Cash flows from Operating Activities			
Receipts of AHPRA Contribution		285,725	-
Receipts of CORA Contribution		3,161	237,000
Receipts from New Zealand Board		31,500	-
Receipts from Examination Candidates		247,082	308,718
Federal Government Grant		-	24,469
Interest Received		26,831	8,580
Sundries		7,989	-
		602,288	578,767
Payments to Suppliers & Employees		(391,850)	(501,683)
Net Cash Provided from Operating Activities	10	210,438	77,084
Cash flows from Investing Activities			
Purchase of Property Plant and Equipment		(15,892)	(10,000)
Net Cash Provided by Investing Activities		(15,892)	(10,000)
CASH FLOWS FROM FINANCING ACTIVITIES			
Purchase of Term Deposits and New Bank account		(17,128)	(285,712)
Net Cash Provided by Financial Activities		(17,128)	(285,712)
Net increase (Decrease) in Cash Held		177,418	(218,628)
Cash at the beginning of the financial year		226,903	445,531
Cash at the end of the financial year	3	404,321	226,903

The accompanying notes form part of these financial statements.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ABN 38 074 875 111
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2011

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependant on its general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the *Corporations Act 2001.*

The financial report has been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Corporations Act 2001* and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with the previous period unless stated otherwise.

The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. The accounting policies that have been adopted in the preparation of this report are as follows:

The financial statements were authorised for issue on 30 September 2011 by the directors of the company.

Accounting Policies

(a) **Revenue**

Grant revenue is recognised in the income statement when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue us received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised as it accrues using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

(b) **Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value, less, where applicable, accumulated depreciation and impairment losses.

Plant & Equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

(b) Property, Plant and Equipment (cont'd)

employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining their recoverable amounts.

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable asset are:

Class of Fixed Asset	**Depreciation Rate**
Computer equipment	50%
Office furniture & equipment	20%
Staff amenities	50%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

(c) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Company, are classified as finance leases. Finance leases are capitalised, recording an asset and liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Leased assets are depreciated on a straight line basis over their estimated useful lives where it is likely that the Company will obtain ownership of the asset or over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(d) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability us settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not be satisfy vesting requirements. Those cash

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

(d) Employee Benefits (cont'd)

outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

Contributions are made by the entity to an employee superannuation fund and are charges as expenses when incurred.

(e) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(f) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables and or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(g) Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

(h) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to wither purchase or sell the asset (ie trade date accounting is adopted). Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method, or cost. *Fair value* represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

(h) Financial Instruments (cont'd)

(i) *Financial assets at fair value through profit or loss*

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, or where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an

accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investing strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period. (All other loans and receivables are classified as non-current assets.)

(iii) *Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed or determinable payments, and it is the company's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

Held-to-maturity investments are included in non-current assets, except for those which are expected to mature within 12 months after the end of the reporting period. (All other investments are classified as current assets.)

If during the period the company sold or reclassified more than an insignificant amount of the held-to-maturity investments before maturity, the entire held-to-maturity investments category would be tainted and reclassified as available-for-sale.

(iv) *Available-for-sale financial assets*

Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

Available-for-sale financial assets are included in non-current assets, except for those which are expected to be disposed of within 12 months after the end of the reporting period. (All other financial assets are classified as current assets.)

(v) *Financial liabilities*

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

(h) Financial Instruments (cont'd)

Impairment

At the end of each reporting period, the entity assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in profit or loss.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are discharge, cancelled or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(i) Impairment of Assets

At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is recognised immediately in profit or loss.

Where the future economic benefits of the asset are not primarily dependant upon on the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of a class of asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued asset is identified, this is debited against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that same class of asset.

(j) Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the nest estimate of the amounts required to settle the obligation at the end of the reporting period.

(k) Comparative Figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

When an entity applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

(l) Trade and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amount being normally paid within 30 days of recognition of the liability.

(m) Critical Accounting Estimates and Judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates

(a) *Impairment*

The company assesses impairment at the end o each reporting period by evaluating conditions and events specific to the company that may be indicative of impairment triggers.

(n) Adoption of New and Revised Accounting Standards

During the current year, the company adopted the following revised Australian Accounting Standards to the extent they affect the mandatory Australian Accounting Standards applicable to entities reporting under the *Corporations Act 2001.*

AASB 2009-5: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project (applicable for annual reporting periods commencing from 1 January 2010).

This Standard made amendments to various AASB standards including AASB 101: Presentation of Financial Statements and AASB 107: Statement of Cash Flows.

Some of the amendments arising from AASB 2009-5 resulted in accounting changes for presentation, recognition or measurement purposes, whereas others only related to terminology and editorial changes. The following principal amendments are considered to be applicable to the company, although these changes are not expected to materially affect the company's financial statements.

AASB 101 Current/non-current classification of convertible instruments:

Under this amendment, in classifying a liability as current because the entity does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting period, if there are terms that could result in its settlement by issuing equity instruments (at the option of the counterparty), those terms do not affect the liability's classification.

AASB 107 Classification of expenditures on unrecognised assets:

Under this amendment, in classifying cash flows arising from investing activities, only those expenditures that result in a recognised asset in the statement of financial position are eligible for classification as investing activities.

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

(o) New Accounting Standards for Application in Future Periods

The Australian Accounting Standards Board has issues new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods and which the company has decided not to early adopt. A discussion of those future requirements and their impact on the company is as follows:

- AASB 2009-12: Amendments to Australian Accounting Standards [AASBs 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023, & 1031 and Interpretations 2, 4, 16, 1039, & 1052] (applicable for annual reporting periods commencing on or after 1 January 2011.

  This standard makes a number of editorial amendments to a range of Australian Accounting Standards and Interpretations, including AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors AASB 1031: Materiality. However, these editorial amendments have no major impact on the requirements of the respective amended pronouncements.

- AASB 2010-4: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASBs 1, 7, 101 & 134 and Interpretation 13] (applicable for annual reporting periods commencing on or after 1 January 2011).

  This Standard details numerous non-urgent but necessary changes to various Accounting Standards, including AASB 101 and AASB 108, arising from the IASB's annual improvements project. These changes are not expected to have a major impact on the presentation of the company's financial report. Key changes include:

  - Clarifying the application of AASB 108 prior to an entity's first Australian-Accounting-Standards financial statements; and

  - Amending AASB 101 to the effect that disaggregation of changes in each component of equity arising from transactions recognised in other comprehensive income is required to be presented, but is permitted to be resented in the statement of changes in equity or in the notes.

- AASB 2010-5: Amendments to Australian Accounting Standards (October 2010) [AASBs 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 & 1038 and Interpretations 112, 115, 127, 132 & 1042] (applicable for annual reporting periods beginning on or after 1 January 2011).

  This Standard makes numerous editorial amendments to a range of Australian Accounting Standards and Interpretations, including AASB 101 and AASB 107. However, these editorial amendments have no major impact on the requirements of the respective amended pronouncements.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ABN 38 074 875 111
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2011

		2011 ($)	2010 ($)
NOTE 2:	**PROFIT BEFORE INCOME TAX**		
a.	Expenses		
	Depreciation		
	- Computer equipment	7,128	1,391
	- Office equipment	195	-
	- Office furniture	661	-
	- Staff amenities	204	-
		8,188	1,391
	Employee benefits	(2,103)	(11,586)
	Remuneration of auditor:		
	- Audit review	4,204	3,500
	- Other services	635	1,070
		4,839	4,570
	Rent		
	- Office premises	11,417	-
	- Office equipment	1,821	-
b.	Significant Revenue		
	The following significant revenue items are related in explaining the financial performance.		
	Grants		
	- AHPRA	265,500	-
	- CORA	2,873	244,357
	- New Zealand Board	31,500	-
	- Government Grant	-	24,469
	Examination Fees	219,373	306,748
NOTE 3:	**CASH AND CASH EQUIVALENTS**		
	Cash at Bank	404,321	226,903
NOTE 4:	**OTHER FINANCIAL ASSETS**		
	Held-to-maturity financial assets	302,840	285,712
	a. Held-to-maturity financial assets comprise:		
	- Term Deposits at bank	302,840	285,712
	Total held-to-maturity financial assets	302,840	285,712
NOTE 5:	**TRADE AND OTHER RECEIVABLES**		
	CURRENT		
	AHPRA Contribution	6,325	-
	Interest Receivable	13,093	-
	Grant Receivable	-	3,161
		19,418	3,161

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ABN 38 074 875 111
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2011

		2011 ($)	2010 ($)
NOTE 6:	**OTHER ASSETS**		
	CURRENT		
	Rental Bond	4,602	-
NOTE 7:	**PROPERTY, PLANT & EQUIPMENT**		
	Computer Equipment (at cost)	28,556	24,572
	Less Accumulated Depreciation	(16,351)	(13,513)
		12,205	11,059
	Office Equipment (at cost)	2,884	-
	Less Accumulated Depreciation	(195)	-
		2,689	-
	Office Furniture (at cost)	4,048	-
	Less Accumulated Depreciation	(661)	-
		3,387	-
	Staff Amenities (at cost)	686	-
	Less Amortisation	(204)	-
		482	-
	Total Property, Plant and Equipment	18,763	11,059
NOTE 8:	**TRADE AND OTHER PAYABLES**		
	Current		
	Audit fees	4,500	3,000
	Accrued expenses	53,280	-
	Exam fees in advance	16,600	-
	Tax liabilities	12,497	-
		86,877	3,000
NOTE 9:	**PROVISIONS**		
	CURRENT		
	Annual leave	13,957	18,379
	NON CURRENT		
	Long service leave	2,319	-
	Total Provision for employee entitlements	16,276	18,379

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ABN 38 074 875 111
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2011

		2011 ($)	2010 ($)
NOTE 10:	**CASH FLOW INFORMATION**		
	Profit after income tax	141,335	170,236
	Non Cash Flows in profit		
	- Depreciation	8,188	1,391
	Changes in Assets and Liabilities:		
	- (Increase)/Decrease in Trade and Other Receivables	(16,257)	(3,161)
	- (Increase)/Decrease in Other Assets	(4,602)	-
	- Increase/(Decrease) in Trade and Other Payables	83,877	(79,797)
	- Increase/(Decrease) in provisions	(2,103)	(11,585)
	Cash flows (used in)/ provided by Operating activities	210,438	77,084

NOTE 11: LEASING COMMITMENTS

Operating Lease Commitment
Non-cancellable Operating Lease on equipment and premises contracted for but not capitalised in the financial statements:

Payable:		
- Not longer than one year	20,584	-
- Longer than one year but not longer than five years	7,956	-
	28,540	-

NOTE 12: ENTITY DETAILS

The principal place of business is:

Suite 5, Level 1
171 Victoria Parade
FITZROY VIC 3065

rdl.accountants

AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2011 there have been:

i. no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

ii. no contraventions of any applicable code of professional conduct in relation to the audit.

Robert J Hurrell, FCA
rdl.accountants

14 October 2011
Blackburn, Victoria

60-64 Railway Road, Blackburn 3130
PO Box 189, Blackburn 3130
t: (03) 9878 1477 f: (03) 9894 1798
contact@rdlaccountants.com.au
rdlaccountants.com.au

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Optometry Council of Australia and New Zealand (the company), which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Corporations Act* 2001 and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

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PO Box 189, Blackburn 3130
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contact@rdlaccountants.com.au
rdlaccountants.com.au

Auditor's Opinion

In our opinion the financial report of Optometry Council of Australia and New Zealand is in accordance with the *Corporations Act 2001*, including:

a. giving a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the year ended on that date; and

b. complying with Australian Accounting Standards to the extent described in Note 1 and complying with the *Corporations Regulations 2001*.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities and the *Corporations Act 2001*. As a result the financial report may not be suitable for another purpose.

Robert J Hurrell, FCA
rdl.accountants

14 October 2011
Blackburn, Victoria

GUIDELINES ON CONFLICT OF INTEREST

The Optometry Council of Australia and New Zealand (OCANZ) recognises the importance of fair and transparent conduct by its Directors.

In this document "Director" means a Director of OCANZ or a member of an OCANZ committee.

OCANZ also acknowledges that its Directors bring with them experience and expertise gained as a result of their roles as practitioners, academics, members of professional associations and other organisations. OCANZ benefits from such expertise and is grateful for the service of such well-qualified individuals.

What is a conflict of interest?

Generally speaking, a conflict of interest arises when a Director has a direct or indirect pecuniary or other personal interest for themselves or a family member in a matter that is before OCANZ or one of its committees.

Conflict of interest may arise for various reasons and, as private individuals; Directors may have interests that from time to time conflict with their duties as Directors of OCANZ or an OCANZ committee. It is not possible to foresee all potential areas of conflict of interest, but some areas where a conflict may arise for Directors would include:

- serving at a university that is seeking accreditation from OCANZ; and
- having a personal financial interest in, or being employed by, an entity tendering for, or providing, a service to OCANZ

In some circumstances, the mere appearance of a conflict could also jeopardise the public credibility of OCANZ. OCANZ wishes, in this policy, to address both real and perceived conflicts of interest.

When a real or perceived conflict of interest exists

The OCANZ Director must, as soon as practicable after the relevant facts have come to his or her knowledge, declare the fact and the nature, character and extent of that interest at a meeting of OCANZ or a meeting of any of its committees.

In order to facilitate this, OCANZ will have a standing item on the agenda of all meetings to ask whether any Director is aware of having a conflict of interest arising from any item scheduled for discussion at that meeting.

A Director who has a pecuniary or any other interest in any matter in which OCANZ is concerned must—

(a) if the Director is present at a meeting at which the matter is to be considered, disclose the nature of the interest before the consideration of that matter; or

(b) if the Director is aware that the matter is to be considered at a meeting at which the Director does not intend to be present, disclose the nature of the interest to the Chair or Deputy Chair of OCANZ before the meeting is held.

The Director—

(a) may take part in the discussion in the meeting with the permission of those present at the meeting; and

(b) must leave the meeting while the decision or vote is taken on a question relating to the matter.

The Chair of the meeting must ensure that a declaration of a conflict of interest under this policy is recorded in the minutes of the meeting.

Avoiding perceived conflicts of interest

To avoid any perception of conflict of interest, Directors should endeavour to keep their roles with OCANZ as separate as possible from their other roles.

Does a conflict of interest exist?

If a Director is in doubt as to whether he or she has an actual or perceived conflict of interest, the Director must raise the matter with the Chair or Deputy Chair of OCANZ as soon as is practicable after the relevant facts have come to the Director's knowledge.

Decision will not be void

A decision of OCANZ or any of its committees is not void by reason only that a Director has failed to disclose an interest or comply with any requirements of this policy.

(End of document)

Confidentiality and Conflict of Interest Form for Assessment Team Members

Conflict of interest

The accreditation procedures of OCANZ have been developed to ensure fairness and impartiality in all aspects of the assessment process. Members of the Assessment Team are appointed for their professional and educational expertise and care will be taken to ensure that those selected do not have a conflict of interest or a pre-determined view about the school or its staff.

Members of the Assessment Team should give careful consideration to whether or not there is any reason why they might be perceived as having a conflict of interest or a pre-determined view about the school. If so, the matter should be raised with the Executive Officer of OCANZ. If necessary, the Chair of the Accreditation Committee, the Chair of the Assessment Team and the Head of School will be consulted. The OCANZ Board is empowered to make the final determination to resolve any questions regarding real or perceived conflicts.

Where a circumstance indicates a perceived conflict of interest or bias, the appointee may not need to withdraw from the Assessment Team. A declaration of the circumstance may be sufficient to allay concern.

Grounds for a conflict of interest or bias, include (but is not limited to) circumstances where the Assessment Team member:

- is or has been involved with the school as a lecturer, clinician, consultant or administrator of the school or a body closely associated with the school in the last 10 years
- has a family member employed by or affiliated with the university, or who is a student in the school
- has publicly been critical of the school or its staff or there is animosity between the team member and the Head of School
- has a close friendship with the Head of School or staff member.

Confidentiality

In order to complete its accreditation process to a high standard, OCANZ requires a considerable amount of information from optometry schools, in written submissions, as well as during assessment site visits. This may include information of a sensitive nature including; staffing plans, budgets and strength, weaknesses, opportunities and threats analysis. All information gathered during the assessment process must be treated confidentially. Although assessment team members may discuss general findings and recommendations with the Head of School during the exit interview, team members must not express either personal or team opinions regarding the accreditation status of the program being assessed at any time. Decisions about the accreditation status of optometry schools are made by OCANZ, on the advice of the Assessment Team and its Accreditation Committee, and only after thorough discussion and review of the Assessment Team's report. Following OCANZ's approval of the formal report, Assessment Team members must destroy their copy of the pre-assessment materials and other documents relating to the visit.

1. **Conflict of Interest**

I declare that (tick all that apply):

No conflict of interest exists which would restrict my ability to conduct a fair and independent assessment;

I will not undertake any activities in the course of the assessment process which would give rise to a conflict of interest;

I will notify OCANZ immediately in writing and make full disclosure of all relevant information relating to the conflict of interest if any arises during the course of the assessment process and will take such steps as reasonably required by OCANZ to resolve or otherwise deal with any such conflict of interest;

I know of the following conflicts of interest in my being an assessment team member (please outline below)_____
_____
_____
_____
_____

Name:

Signature:

Date:

2. **Confidentiality**

I confirm that I will operate by this confidentiality agreement.

Name:

Signature:

Date:

Please return to OCANZ by Fax on +61 3 98080 168 or email to s.kelly@ocanz.org or post to Accreditation Manager, PO Box 1327 Collingwood, VIC. Australia, 3066.

EXAMINATION COMMITTEE
Terms of Reference

1. Role of the Committee

The Examination Committee is a committee of the Optometry Council of Australia and New Zealand (OCANZ). Its role is to oversee the conduct of, and make recommendations on, matters concerning the OCANZ Competency in Optometry Examination and the Assessment of Competence in Ocular therapeutics (ACOT) examination of Overseas Trained Optometrists (OTOs).

2. Responsibilities

The Committee is responsible for the oversight of examinations, which can be taken after eligibility has been determined following an assessment of a candidate's application. The examination process is a comprehensive assessment of the principles that underpin successful optometric practice.

2.1 The business of the committee includes:

- developing, maintaining and validating a bank of examination questions;
- setting examinations for simultaneous conduct within Australia and overseas;
- ensuring appropriate security levels are in place;
- considering and recommending changes to the examination process;
- reporting decisions and recommendations to the OCANZ Board;
- to regularly review and evaluate the examination processes to ensure fairness, transparency and conformity with best practice; and
- to advise OCANZ on any other relevant matters pertaining to OTOs.

3. Membership

3.1 The Committee is appointed by the Board and will comprise six members. The composition of the committee will reflect its responsibilities and include:

- one member who is a Director;
- a Head of School from an accredited program;
- two members with significant involvement at a senior level in the delivery of accredited optometry programs;
- two members in active optometry practice.

The Chair may or may not be a Director of the Board.

3.2 Members will be nominated for approval by the OCANZ Board. Appointments to the Committee will be made for a period of two years. Members will be eligible for re-appointment on two occasions only (maximum of six years in total). The Chair of the Committee will be also be appointed for two years and is eligible for re-appointment on two occasions only (maximum of six years in total). Terms of office will begin from the first meeting of the Committee once this document is effective, however initial appointments will be randomly staggered with two members being appointed for one year. Any vacancies will be filled by the Board.

4. Reporting

The Committee will report quarterly to the OCANZ Board, or more frequently if required.

Approved by Board:	**16th March 2012**
To be reviewed:	**16th March 2015**

EXAMINATION ELIGIBLITY COMMITTEE
Terms of Reference

1. Role of the Committee

The role of the Examination Eligibility Committee (EEC) is to determine the eligibility of overseas trained optometrists (OTOs) applying for the Optometry Council of Australia and New Zealand (OCANZ) Competency in Optometry Examination and the Assessment of Competence in Ocular therapeutics (ACOT) examinations. The EEC also makes recommendations to OCANZ on matters concerning eligibility to undertake an examination.

2. Responsibilities

2.1 The EEC is responsible for assessing the documents submitted in support of candidate's application for eligibility to the examinations. The eligibility assessment process is a comprehensive evaluation of the evidence provided against a specifically designed set of eligibility criteria. The eligibility assessment process serves to assure OCANZ that candidates deemed eligible to enter the examination process have been provided, through their tertiary education, with the fundamental knowledge, skills and basic clinical experience that underpins the competencies to practice optometry in Australia and New Zealand. The EEC realises that the knowledge base that underpins optometry in New Zealand and Australia cannot be examined extensively in the competency examinations. The eligibility assessment provides assurance to OCANZ that a candidate deemed eligible has, prior to entering the OCANZ Examination process, completed pre-requisites that are not examined further. It serves to identify candidates with the potential to successfully complete the examinations and be eligible for registration in Australia or New Zealand.

2.2 The business of the Committee includes:

- to advise OCANZ on matters relating to the assessment of OTOs
- to conduct assessments of the education of OTOs to establish whether they are likely to have the knowledge base that underpins the practice of optometry in New Zealand and Australia;
- to assess the qualifications of OTOs for the suitability of the applicant to begin the formal process of assessment that may, if successfully completed, lead to an endorsement under the relevant legislation of Australia and of New Zealand as being qualified to prescribe or supply scheduled (Aus) or prescription (NZ) medicines
- to report to OCANZ on matters referred to it from the OCANZ Board
- to regularly review and evaluate the eligibility for examination criteria to ensure fairness, transparency and conformity with best practice
- to advise OCANZ on any other relevant matters pertaining to OTOs.

3. Membership

3.1 The Committee will be comprised of three members. One member must be a Director of OCANZ. The Chair may or may not be a Director of the Board. The composition of the committee will reflect its responsibilities and include:

- members with significant involvement at a senior level in the delivery of accredited optometry courses that include therapeutics, and
- members in active optometry practice

3.2 Members will be nominated for approval by the OCANZ Board. Appointments to the committee will be made for a period of two years. Members will be eligible for re-appointment on two occasions only (maximum of six years in total). The Chair of the Committee will be also be appointed for two years and is eligible for re-appointment on two occasions only (maximum of six years in total). Terms of office will begin from the first meeting of the Committee once this document is effective, however initial appointments will be randomly staggered with two members being appointed for one year. Any vacancies will be filled by the Board.

4. Reporting

The Committee will report quarterly to the OCANZ Board, or more frequently if required.

Approved by Board:	**16th March 2012**
To be reviewed:	**16th March 2015**

ACCREDITATION COMMITTEE
Terms of Reference

1. Role of the Committee

The Accreditation Committee is a committee of the Optometry Council of Australia and New Zealand (OCANZ). Its role is to make recommendations to OCANZ on matters concerning the accreditation of undergraduate and postgraduate optometric training in Australia and New Zealand.

2. Responsibilities

2.1 The Committee is responsible for implementing and administering accreditation in accordance with the procedures and standards adopted by OCANZ.

2.2 The business of the committee includes:

- to develop and maintain accreditation Standards;
- to oversee accreditation assessments for programs within its jurisdictions;
- to review and approve the annual reports and evaluation reports from accredited programs;
- to report decisions and recommendations to the OCANZ Board;
- to regularly review and evaluate the accreditation process to ensure fairness, transparency and conformity with best practice; and
- to advise OCANZ on any other relevant matters pertaining to accreditation.

3. Membership

3.1 The Accreditation Committee is appointed by the Board and will comprise 6 members. The composition of the committee will reflect its responsibilities and include:

- one member who is an OCANZ Director
- one member who is a Head of School or nominee of a Head of School from an accredited program;
- one member nominated by the OBA
- one member nominated by the ODOB
- one or two members who are registered optometrists in Australia and/or New Zealand, preferably with experience in accreditation

The Chair may or may not be a Director of the Board.

3.1 Members will be nominated for approval by the OCANZ Board. Appointments to the Committee will be made for a period of two years. Members will be eligible for re-appointment on two occasions only (maximum of six years in total). The Chair of the Committee will be also be appointed for two years and is eligible for re-appointment on two occasions only (maximum of six years in total). Terms of office will begin from the first meeting of the Committee once this document is effective, however initial appointments will be randomly staggered with one member being appointed for one year. Any vacancies will be filled by the Board.

4. Reporting

The Committee will report quarterly to the OCANZ Board, or more frequently if required.

Approved by Board:	**16th March 2012**
To be reviewed:	**16th March 2015**

Privacy policy

In collecting, storing and using information, the Optometry Council of Australia and New Zealand (OCANZ) is bound by the provisions of the Privacy Act 1998 (the Act). The Act sets out a series of privacy principles that must be observed in the management of personal information. Our policies in relation to these principles are set out below.

Upon request to OCANZ you may find out the personal information OCANZ holds about you, for what purposes it holds this information and how it collects, holds, uses and discloses that information.

Collection of personal information

OCANZ will only collect personal information with your prior knowledge and consent. The information provided by you will be used by OCANZ for the purposes it was collected.

Use and disclosure of personal information

OCANZ collects information from applicants and candidates for the Competency in Optometry Examination to assess eligibility for, and in the administration of, the Examination. For these purposes, personal information may be provided to administrators, assessors and examiners employed or engaged by OCANZ.

OCANZ will not, except as described in the paragraph above, disclose personal information to a third party unless required to do by law and other regulation.

Specific issues relating to the use and disclosure of information

Data quality and security

OCANZ endeavours to ensure that the personal information it holds is accurate, complete and up to date. To assist OCANZ with this please inform the office of any changes to your details.

The storage, use and transfer of personal information is undertaken in a manner that ensures security and privacy. OCANZ has implemented rules and measures to protect personal information that it has under its control from unauthorised access, improper use, alteration, unlawful or accidental destruction and accidental loss. OCANZ will remove personal information from its system when it is no longer required

Openness

OCANZ will inform you what personal information is collected, why it is collected, what is done with it, whether it is released and how you may access it.

Access to and correction of personal information

You are entitled to request access to the personal information OCANZ holds and to seek to correct inaccurate information.

Sensitive information

OCANZ does not normally collect sensitive information, such as information about health status. If it is necessary to collect such information, it will be done in accordance with the National Privacy Principles and with your knowledge and permission. This information will not be disclosed without your consent.

Please contact us if:

- You believe someone has gained access to your personal information by mistake
- You would like to discuss our privacy policy
- You wish to know what personal information OCANZ is holding about you, or you would like to gain access to or amend that information

The Privacy Officer can be contacted by writing to:
Optometry Council of Australia and New Zealand
PO Box 1327
Collingwood
Victoria 3066

Or by email: enquiries@ocanz.org

(To be reviewed October 2012)

CONFIDENTIALITY GUIDELINE

(Adapted from the Directors' Code of Conduct and Guidance Notes, published by the (Victorian) State Services Authority, 2006. Approved by OCANZ, October 2008)

Employees of OCANZ, OCANZ Directors and its Members (including members of OCANZ's committees) have a duty to ensure that information gained in that capacity is used appropriately. Such information must:

- be kept confidential
- be used only for the purposes intended by OCANZ
- not be communicated without permission from OCANZ's Board of Directors. This includes providing information to members' sponsors

If there is any doubt as to whether information may be released to a third party, it should be discussed with OCANZ's Board of Directors.

(To be reviewed October 2012)

Non-Disclosure Deed

BETWEEN

THE OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
ACN 074 875 111
Suites 5 and 6
Harley Chambers
169 - 171 Victoria Parade
FITZOY VIC 3065
("Discloser")

AND

THE PERSON/COMPANY DESCRIBED IN ITEM 2 OF THE SCHEDULE TO THIS DEED
("Recipient")

RECITALS:

A. The Discloser will disclose to the Recipient information relating to the Discloser.

B. The Recipient agrees that any Confidential Information disclosed is disclosed on a confidential basis in accordance with the terms of this Deed.

NOW IT IS AGREED THAT:

1. Definitions and Interpretation
   (a) Words importing the singular include the plural and vice-versa and words importing any gender include all genders.
   (b) Headings do not affect the construction of this Deed.
   (c) A reference to two or more parties, or if a party comprises two or more persons is to them jointly and severally.
   (d) Any reference to a statute, ordinance, code or other law, includes all regulations and other instruments and all consolidations, amendments, re-enactments or replacements.
   (e) All Schedules are included as part of this Deed.
   (f) Any reference to "dollars" or "$" is a reference to Australian currency.
   (g) The expression "person" shall include any corporation, firm, partnership, association, government and non-government department and any other entity or body of persons whether incorporated or not regardless of whether it constitutes a separate legal entity or not.
   (h) The following words shall have the meaning given to them:

   "**Business Day**" means a day that banks are open for general banking business in Melbourne.

"**Confidential Information**" means all information of a party and each of its subsidiaries and related entities (within the meaning of the *Corporations Act 2001* (Cth)) in any form including, without limitation, trade secrets, know-how, processes, techniques, source and object codes, passwords, encryption keys, software, computer records, business and marketing plans and projections, details of agreements and arrangements with third parties, student, customer and member information, examination questions developed for assessment of overseas optometrists and others, lists, designs, plans, drawings and models and any other information which a party informs the other party is confidential and includes information provided and discussed between the parties as it relates to the Project and the information disclosed under the Project but does not include information which:

- Is generally available in the public domain except where that is a result of disclosure by the Recipient or Permitted Persons in breach of this Deed.
- Was known by the Recipient prior to the disclosure by the Company.

"**Discloser"** means Optometry Council of Australia and New Zealand ACN 074 875 111 of Suites 5 and 6, Harley Chambers, 169 - 171 Victoria Parade, Fitzroy, Victoria 3065 and each or any of its subsidiaries and related entities within the meaning of the *Corporations Act* 2001 (Cth) and "**Providing Party**" shall bear a corresponding meaning.

"**Permitted Persons**" (of a party to this Deed) means each of that party's directors, officers, employees, agents, contractors and representatives.

"**Permitted Purposes**" means each of the following:

- The review by the Recipient of Confidential Information in relation to and solely for the purposes of the Project.
- The conduct of discussions in relation to the Project under circumstances of strictest confidence between the parties.

"**Privacy Laws**" means the *Privacy Act* 1988 (Commonwealth) and the *Information Privacy Act* 2000 (Victoria).

"**Project**" means the project described in Item 1 of the Schedule to this Deed.

"**Recipient**" means the person or company described in Item 2 of the Schedule 2 to this Deed and its related entities within the meaning of the *Corporations Act* 2001 and each of them jointly and severally.

"**Third Person**" means a person that is not a party to this Deed.

2. Confidential Information

(a) The Recipient ACKNOWLEDGES that all information (including Confidential Information) provided or made available to it by the Discloser remains the property of the Discloser or its subsidiaries or related entities and UNDERTAKES to keep secret and protect and preserve the confidential nature and secrecy of the Discloser's Confidential Information. In particular, the Recipient must ensure that Third Persons do not gain access to the Discloser's Confidential Information other than as permitted under this Deed.

(b) The Recipient shall not, without the Discloser's prior written consent:

(i) Use or permit any person to use the Discloser's Confidential Information for any purpose other than a Permitted Purpose.

(ii) Disclose or in any way communicate to any Third Person the Discloser's Confidential Information except as authorised by the Discloser under this Deed.

(iii) Permit unauthorised persons to have access to places where the Discloser's Confidential Information is displayed, stored or reproduced.

(iv) Make or assist any person to make any unauthorised use of the Discloser's Confidential Information.

(c) The Recipient may only disclose the Discloser's Confidential Information, to the extent reasonably necessary:

(i) To its legal advisors to enable its legal advisors to advise the Recipient in relation to its rights and obligations under this Deed.

(ii) To comply with any applicable law or the requirement of any regulatory body (including any relevant stock exchange) provided that the Recipient has first notified the Discloser that the Recipient is required to disclose the Confidential Information and the Recipient has used its reasonable endeavours to assist the Discloser, should the Discloser wish to do so, to take whatever opportunities are available to the Discloser to protect the confidentiality of the Confidential Information.

(iii) To its Permitted Persons on condition that the Confidential Information is only disclosed to its Permitted Persons after its Permitted Persons have undertaken equivalent obligations of confidence in relation to the Confidential Information as agreed to by the Recipient under this Deed.

(d) The Recipient must:

(i) Take all necessary steps to enforce the confidentiality obligations imposed by this Deed.

(ii) Co-operate, and provide the Discloser with all reasonable assistance, in any action which the Discloser may take to protect the confidentiality of the Discloser's Confidential Information.

(iii) If the Recipient or any of its Permitted Persons breaches this clause 2 it shall immediately notify the Discloser in writing of this and indemnify the Discloser for all loss and damage caused by such breach.

(e) The Recipient ACKNOWLEDGES that:

(i) A breach of this clause 2 may cause the Discloser irreparable damage for which monetary damages may not be an adequate remedy and that, in addition to other remedies that may be available, the Discloser may seek and obtain injunctive relief against such a breach or threatened breach.

(ii) If the Confidential Information is disclosed to any Third Person (not authorised under this Deed) or any Third Person (not authorised under this Deed) becomes aware of the Confidential Information or any part of it, the Recipient shall be deemed to be in breach of this Deed unless it can demonstrate to the absolute satisfaction of the Discloser that the Recipient complied with the terms of this Deed in all respects and was not the source of any unauthorised disclosure.

(f) The Recipient's obligations with respect to the Discloser's Confidential Information bind the Recipient until the relevant Confidential Information has become part of the public domain other than as a result of a breach of this Deed.

3. Use and Return of Confidential Information

(a) The Recipient undertakes to deal with the Discloser's Confidential Information in compliance with the Privacy Laws.

(b) The Recipient UNDERTAKES that it will, on the request by the Discloser at any time, return all documents and other materials (whether in whole or in part) in the possession of that Recipient or any of its Permitted Persons, relating to or containing the Discloser's Confidential Information (whether or not such documents or materials were created by the Discloser) and the Recipient UNDERTAKES not to retain any copies or replicas of any such documents or materials or any working papers or similar records that incorporate (whether in whole or in part) the Discloser's Confidential Information.

4. No Representations and Warranties

The Discloser does not warrant or represent that its Confidential Information is accurate, complete or up to date or appropriate for the use of a Recipient or any of its Permitted Persons for any purpose.

5. Non-Circumvention or Solicitation

The Recipient must not without obtaining the prior written consent of the Discloser:

(a) Circumvent the Discloser's ideas, concepts and/or Confidential Information.

(b) Utilise, manipulate, develop or in any way deal with the Discloser's Confidential Information except as necessary solely for Permitted Purposes.

(c) Contact, enter into negotiations with, and/or provide services to any person identified as a result of the Discloser's Confidential Information where the negotiations or provision of those services prejudice, or may prejudice, the Discloser's business relationship with that person, unless such person approaches the Recipient on a completely independent basis without being enticed, procured or approached by the Recipient, its Permitted Persons or any of their officers, employees or agents.

(d) Exploit in association with any other person the Discloser's Confidential Information.

(e) Solicit, interfere with or endeavour to entice away from service with or for the Discloser any employee, consultant, service provider or contractor or counsel, procure or assist any other person to do so.

6. Confidentiality

The parties must maintain and protect absolute confidentiality concerning the negotiations, parties, subject matter and terms of this Deed unless the prior written approval of the other parties is given, or unless the information comes into the public domain through no breach of this clause. A party may make such disclosures as it may in its absolute discretion think necessary:

(a) To its legal advisors.

(b) To its financial advisors and financiers upon those persons agreeing to maintain and protect absolute confidentiality of any information disclosed to them.

(c) To comply with any applicable law or the requirement of any regulatory body (including any relevant stock exchange).

7. Counterparts

(a) This Deed may be executed in any number of counterparts. Each counterpart is an original but the counterparts together are one and the same agreement.

(b) This Deed is binding on the parties on the exchange of counterparts. A copy of a counterpart sent by facsimile machine must be treated as an original counterpart.

8. Assignment

(a) The Recipient may not assign any of its rights or powers under this Deed without the prior written consent of the Discloser.

(b) The Discloser may assign any benefit under this Deed in its sole discretion.

9. Entire Agreement

This Deed constitutes the entire agreement between the parties with respect to the matters dealt with in this Deed and supersedes any previous agreement between the parties in relation to such matters.

10. Variations

No variation, modification, waiver or amendment of any provision of this Deed, nor consent to any departure by any party to this Deed, is effective unless it is confirmed in writing and signed by the parties, and then it is effective only to the extent specified.

11. Waiver

(a) No failure to exercise and no delay in exercising on the part of the Discloser any right, power or privilege under this Deed shall operate as a waiver nor shall any single or partial exercise of any right, power or privilege preclude any other or further exercise or the exercise of any other right, power or privilege.

(b) The rights and remedies provided in this Deed are cumulative and not exclusive of any rights or remedies otherwise provided by law.

12. Costs

Each party agrees to bear its own costs in relation to the preparation and execution of this Deed.

13. Notices

(a) Any notice, demand or other communication given or made under this Deed shall be in writing and shall be deemed duly given or made if delivered or sent by post, or facsimile transmission to the address of the parties set out in this Deed. Any party may change its address or facsimile transmission numbers for the purposes of this Deed by giving notice in writing of such change to the other party.

(b)

Party:	**Facsimile number:**
Discloser: The Optometry Council of Australia and New Zealand	(03) 9663-7478
Recipient:	As set out in Item 3 of the Schedule to this Agreement.

(c) Any notice, demand or other communication shall be deemed, in the absence of proof to the contrary, to have been received by the party to whom it was sent:

(i) In the case of hand delivery, upon the date of such delivery.

(ii) In the case of prepaid post, on the second day next following the date of dispatch.

(iii) In the case of facsimile transmissions, at the time of transmission, provided that, following the transmission, the sender receives the transmission confirmation report.

(iv) Unless in any such case it would be deemed to have been received on a day which is not a Business Day in the place where addressed, or after 5.00 p.m. on a Business Day, in which event it shall be deemed to have been received on the next Business Day.

14. Enurement

The provisions of this Deed shall enure for the benefit of and be binding upon the parties and upon their respective successors.

15. No Representation of Agreement

The parties ACKNOWLEDGE that:

(a) This Deed does not constitute a representation by either party that it will enter into an agreement or offer any particular terms or conditions.

(b) No rights other than the rights set out in this Deed are implied or granted by this Deed.

16. Severability

If any provisions of this Deed prove to be illegal or unenforceable pursuant to any statute or rule of law or for any other reason, those provisions are deemed omitted without affecting the legality of the remaining provisions, and the remaining provisions of this Deed shall continue to be effective.

17. Governing Law

This Deed and the rights and obligations of the parties shall be construed and take effect in accordance with and be governed by the laws of the State of Victoria and each party expressly submits to the non-exclusive jurisdiction of the courts of that State and of all courts competent to hear appeals from those courts.

If there is any key person- they should be bound as well or guarantee the obligations of the recipient.

EXECUTED AS A DEED

EXECUTED by **OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALEND** in accordance with Section 127 of the *Corporations Act* 2001:)

_____	_____
Name:	Name:
Director	Director/Secretary

EXECUTED by # in accordance with Section 127 of the *Corporations Act* 2001:)
)
)

_____
Name:
Director

_____
Name:
Director/Company Secretary

EXECUTED by # in accordance with Section 127 of the *Corporations Act* 2001:)
)
)

_____
Name:
Sole Director and sole Company Secretary

SIGNED SEALED AND DELIVERED by # in the presence of:)
)
)

_____

_____
Witness

SCHEDULE

Item	Clause	Subject	Comment
1.	**1.8**	**"Project"**	"Project" means the installation of software by the Recipient at the Discloser's premises. **[OR the provision of services as an employee of the provider]**
2.	**1.8 and Citations**	**"Recipient"**	Recipient means **[Recipient Company Name]** ACN **[#]** and ABN **[ ]** of **[Address]**, **[Suburb]**, **[State]** **[postcode]** AND **Recipient Key Person Name]** of **[Address]**, **[Suburb]**, **[State]** **[postcode]**
3.	**13.2**	**Recipient's Fax Number**	**[#]**

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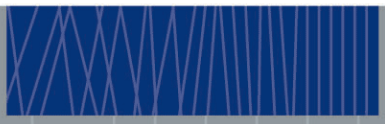

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Non-Disclosure Deed

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Optometry Council of
Australia and New Zealand

Accreditation Manual for Optometry Programs in Australia and New Zealand

Part 1 – Process and Procedures

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Key Terms

Accreditation Committee	Appointed by the Optometry Council of Australia and New Zealand, 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 Committee Report	Report of the Accreditation Committee which considers the final Assessment Team report and the comments made by the Head of the School. This report is presented to the OCANZ Board and provides recommendations on the accreditation/re-accreditation of an optometry program. This is an internal document and is marked 'not for circulation.'
Accreditation submission	Detailed information relating to the Standards provided by a school to the Optometry Council of Australia and New Zealand prior to the commencement of the accreditation process.
Accredited Optometry Program	Status given by the Optometry Council of Australia and New Zealand to optometry programs that meet the Standards.
Approved Optometry Program	Status given to an optometry program by the Optometrist Board of Australia or Optometrists and Dispensing Opticians Board New Zealand leading to registration.
Assessment Team	A team whose primary function is the analysis and evaluation of the optometry program against the Optometry Council of Australia and New Zealand Standards
Assessment Team report	Report of the Assessment Team completed at the conclusion of the assessment process. This report is presented to the Accreditation Committee and provides recommendations on the accreditation/ re-accreditation of an optometry program. This is an internal document and is marked 'not for circulation.'
Competency Standards	A list of the skills, knowledge and attributes that a person needs to be able to practice optometry.
EFTS / EFTSU	Equivalent Full Time Student (Unit) – a means of quantifying student numbers for funding purposes.
Executive Officer	The Executive Officer appointed by the Board of the Optometry Council of Australia and New Zealand. Within this document the term Executive Officer also refers to his or her delegate.

National Law	The Health Practitioner Regulation National Law Act 2009
OBA	Optometry Board of Australia
ODOB	Optometrists and Dispensing Opticians Board New Zealand
Optometry Council of Australia and New Zealand (OCANZ)	The accrediting agency for the Australian and New Zealand Registration Boards, responsible for conducting examinations for overseas qualified optometrists seeking registration in Australia and New Zealand and for developing and administrating the accreditation system for Australian and New Zealand optometry programs.
OCANZ Accreditation Report	The final Accreditation Report produced by the OCANZ Board. This report is made public.
OCANZ Board	Refers to the Board of Directors whose composition conforms to the requirements of Rule 21 of the OCANZ Constitution.
Program	A program of study provided by a school. Note: The term "course" is used in many universities.
School	Specialist area within a university that delivers the optometry program. Note: The term 'school' has been used throughout this document however the word 'department' or 'discipline' is used in some universities. The term 'education provider' is used by National Law to describe universities or other institutions.
Standards	Used to assess whether a program of study, and the university that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise optometry.
Subject	A component of an optometry program. Note: The term 'unit', 'course' or 'topic' is used in many university programs.
Therapeutic practice	The practice of optometry that includes the prescribing and possession of certain controlled drugs and poisons.

Overview

These accreditation standards and procedures comprise two parts, namely:

- Part 1 – Process and Procedures
- Part 2 – Standards

This document is Part 1 of two guides. It provides information on the accreditation process and procedures of OCANZ, including procedures for the Assessment Team.

The Assessment Team and optometry schools should also refer to Part 2 for detailed information on the Standards and advice when preparing for the accreditation of a program.

OCANZ acknowledges that this document can not detail all situations and some situations will need to be assessed on a case by case basis.

Background

Optometry has been a registered profession in Australia and New Zealand since the early 1900s, and the relevant legislation in each State or Territory of Australia and in New Zealand limited the practice of optometry in those areas to persons holding qualifications in optometry.

In the early 1990s, the Australian Health Ministers Advisory Committee (AHMAC) encouraged the health professions to develop a uniform national approach to registering practitioners to facilitate movement of practitioners between jurisdictions and to promote flexibility in training. There was also a desire to see more equitable means of recognising overseas qualifications of health professionals wishing to practise in Australia. The views and policies of AHMAC led the optometry profession to document the standards of competence it expected of practitioners on graduation. These competency standards have been updated a number of times, most recently in 2009.

The adoption of mutual recognition legislation[2] by the different Australian state and territory Governments and subsequently trans-Tasman mutual recognition legislation by the Australian and New Zealand Governments[3] provided a further impetus to change. Under this legislation, registration to practise in any one state or territory conferred an automatic right to registration in any other jurisdiction. This made it imperative for the then Registration Boards in Australia and the Board in New Zealand to adopt uniform standards for registration.

The Council of Optometry Registration Authorities (CORA) was the umbrella body that facilitated meetings of the Chairs and other representatives of the Australian and New Zealand Optometry Registration Boards. At the 1995 annual meeting of CORA, it was agreed that the Optometry Council be established to:

- conduct examinations for overseas qualified optometrists seeking registration in Australia or New Zealand
- develop and administer a system of accreditation for Australian and New Zealand optometry programs, so that the Registration Boards could, with greater confidence, continue the practice of accepting those qualifications as sufficient evidence of competence in the practice of optometry.

The Optometry Council (now OCANZ), formed as an incorporated organisation on 16 July 1996, parallels similar bodies in Australia, New Zealand and abroad, and in other professions such as medicine, dentistry, veterinary science and pharmacy. OCANZ, as the accrediting agency for the Registration Boards, first published accreditation standards in 1998 drawing on the procedures developed by the Australian Medical Council (AMC)[4] and the Council on Optometrical Education, which accredits schools of optometry in North America. These standards then underwent major reviews in 2004 and 2006.

On 1 July 2010, the responsibility for registration of optometrists in Australia moved from state and territory registration Boards to a single authority - the Optometry Board of Australia (OBA) established under the Health Practitioner Regulation National Law Act 2009 (the National Law) as in force in each state and territory. OCANZ was assigned the accreditation function for the OBA for a period of 3 years from 1 July 2010.

1 Universal (entry-level) and Therapeutic Competency Standards for Optometry Optometrists Association Australia 2009
2 Commonwealth of Australia. Mutual Recognition Act 1992
3 Commonwealth of Australia. Trans-Tasman Mutual Recognition Act 1997
4 Guidelines for the Assessment and Accreditation of Medical Schools, Australian Medical Council

1. Introduction

1.1 Role of OCANZ

OCANZ was established in 1996 and has the support of and representation from the:

- Optometry Registration Boards in Australia and New Zealand
- Heads of the optometry schools
- Optometrists Association Australia
- New Zealand Association of Optometrists

The two key roles of OCANZ are:

- to conduct examinations for overseas qualified optometrists
- to accredit optometry programs in Australia and New Zealand leading to registration and endorsement

Both roles aim to provide a system of quality assurance for the Registration Boards.

1.2 Accreditation of programs

Quality assurance of optometric education in Australia and New Zealand is achieved through the accreditation of optometry programs in Australia and New Zealand. The accreditation process is based on a regular review of each program by an independent external agency – OCANZ.

Accreditation performs a number of important functions, including:

- assuring the Registration Boards that graduates are effectively prepared for entry to the profession (including therapeutic practice), and
- providing schools with regular feedback on the contemporary needs of the profession.

The aim of the accreditation process is to assess an optometry program against OCANZ's Standards. A summary of the Standards is at 1.3.2; refer to Part 2 of this manual for detailed information.

1.3 Optometric education

1.3.1 Defining the optometric curriculum

OCANZ does not prescribe the curriculum for optometry programs. Instead, it provides a set of Standards for the development of optometry programs, allowing each optometry school the flexibility to develop its own curriculum within the quality assurance mechanisms of the particular university.

As curriculum design and implementation is the responsibility of the schools, it is important that schools have processes and procedures that monitor the effectiveness of the curriculum in achieving outcomes that are consistent with the OCANZ Standards. Schools should have formal mechanisms for program review and for implementing changes to the curriculum and methods of teaching where required.

1.3.2 Summary of the Standards

The following is a summary of the ten OCANZ Standards.

1. Organisation, governance and funding

The optometry school should have sufficient funds and administrative and academic organisational structures that allow control over the objectives and direction of the optometry program, and the resources available for its implementation.

2. Educational goals and objectives

The goals and objectives of the program should be clearly stated and broadly consistent with those described by OCANZ as necessary to provide the knowledge, skills and attitudes for the effective and professional practice of optometry.

3. Program development and management

Schools are responsible for developing, implementing and monitoring a curriculum that achieves their stated educational goals and objectives. Optometry schools will have mechanisms for developing, monitoring and evaluating the program content and assessment requirements to achieve the goals and objectives of the program.

4. Program curriculum

Each optometry school should establish a curriculum capable of achieving its stated educational goals and objectives. This curriculum must provide:

- strong foundations in the basic and biomedical sciences and a thorough understanding of the optical and vision sciences.
- a strong didactic program in the dysfunctions and diseases of the eye and the fundamental skills required for the practice of optometry.

5. Teaching and learning methods

Teaching and learning methods used in the optometry program should be consistent with the optometry school's educational goals and objectives and the nature of preclinical and clinical subjects. A range of learning strategies, especially those that promote active, student-centred inquiry, problem-based learning and the fostering of lifelong learning skills, should be used.

6. Clinical training and settings

During the optometry program, students must be provided with extensive and varied clinical experience. It is also essential that students are taught in clinical environments where large numbers of patients of varying ages and social backgrounds are seen and where there is a wide diversity of presentations of ocular dysfunction and disease. Clinical training must include the use of pharmacological agents and graduates need to be effectively prepared for therapeutic practice.

7. Student assessment

Student achievement of the educational goals and objectives for both the preclinical and clinical components of the program should be assessed using methods that are valid, sufficient, authentic and current. Assessment methods should be explicitly stated to students at the outset of the program and each program component/subject.

8. Teaching and support staff

An optometry school should be adequately staffed by academic, administrative and technical staff who have the appropriate qualifications and expertise to provide and support the educational goals and objectives of the optometry program.

Staff should be provided with professional development opportunities and be involved in performance review processes under the leadership of the Head of School.

9. Students

The optometry program should have clearly documented entry requirements and student selection methods for entry into the program, regardless of whether the selection is administered centrally by the university or by the school. Transparent mechanisms for exiting to alternative programs should also be provided to students.

Support services and facilities that provide assistance with both the academic and personal development of students should be accessible and promoted to students including specialised services for international students.

10. Physical resources

Appropriate facilities must be provided to meet the educational objectives of the optometry program. This includes facilities suitable for:

- teaching
- clinical training and experience, and
- researching and referencing current materials relating to the program.

2. Accreditation Process and Procedures

2.1 Overview of the accreditation process

2.1.1 Accreditation Committee

The oversight of the accreditation process is the responsibility of the Accreditation Committee (the Committee), as appointed by the OCANZ Board.

The Committee's responsibility is to ensure that the accreditation process is implemented and administered in accordance with the procedures and Standards adopted by the Council. The Committee may advise the OCANZ Board on any matters relating to accreditation.

2.1.2 Assessment Team

The Assessment Team (the Team) undertakes the review and assessment of individual optometry programs on behalf of the Accreditation Committee. The Accreditation Committee is responsible for recommending, the membership of an Assessment Team to the OCANZ Board.

The Chair of the Team is appointed by the OCANZ Board from among the members of the Assessment Team. The Chair is usually a senior academic.

OCANZ's Executive Officer and OCANZ staff provide secretarial support to the Assessment Team.

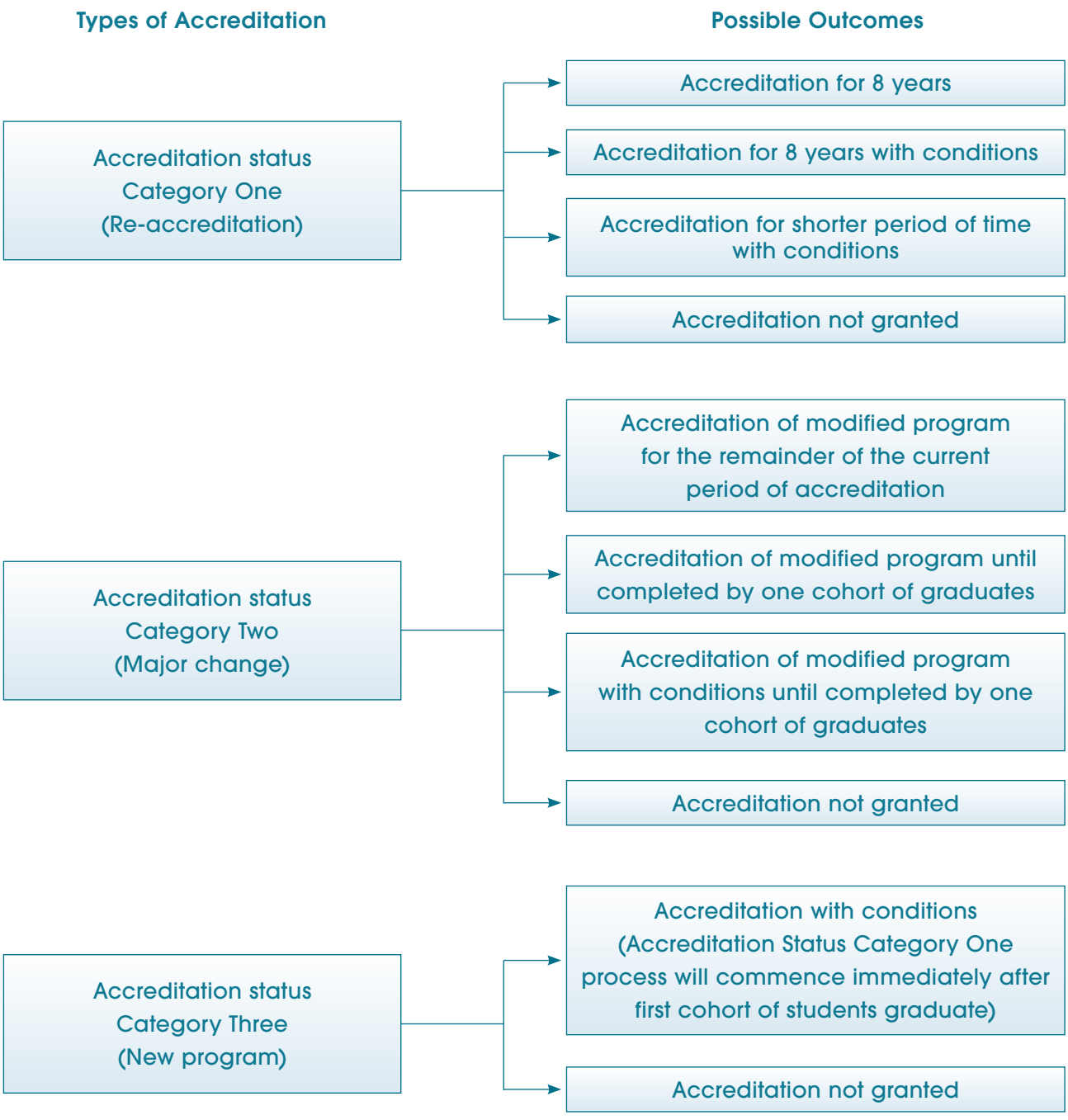
2.1.3 Types of accreditation

There are three types of accreditation status relevant to optometry programs. OCANZ has a process and procedures for each, covering:

1. Accreditation Status Category One - Re-accreditation - the review and re-accreditation of existing programs every eight years if no major changes occur – section 2.2
2. Accreditation Status Category Two - Major Changes – major changes to an accredited optometry program – section 2.3
3. Accreditation Status Category Three - New Programs – section 2.4

Within each process, OCANZ has options for the granting of accreditation. These options cover the period of accreditation and may specify conditions. Any conditions will make reference to the relevant Accreditation Standards and applicable time lines. These conditions will be monitored by OCANZ on a regular basis.

Figure 1: Types of Accreditation



2.2 Accreditation Status Category One: Re-accreditation

2.2.1 Procedure for re-accrediting

The procedure for re-accreditation is set out in Table 1. This accreditation process usually takes at least twelve months. Time frames will be negotiated with the school undergoing assessment of its program.

Table 1: Procedures and schedule for re-accreditation

Stage One: Initiation of accreditation process	
Determine program to be accredited and Assessment Team membership	Accreditation Committee: • determines the program to be accredited in consultation with the Head of School and notifies the school and university • decides time frame for the process in consultation with the school/university. • recommends an Assessment Team and Chair of the team to the OCANZ Board.
OCANZ Board approval	OCANZ Board: • endorses or requests changes to the recommendations of the Accreditation Committee.
Formal notification to university and school	Executive Officer: • formally notifies the Vice-Chancellor of the university and the Head of School regarding: - the need to undertake an assessment of the program. - proposed membership of the Assessment Team with copies of CVs provided. - the accreditation process (providing a copy of the Accreditation Standards). School: • begins preparing the accreditation submission. • contacts recent graduates (last 3 years) to seek permission for school to pass on names and email addresses to OCANZ. All future communication between OCANZ and the school, both written and otherwise, is between the Head of School and OCANZ's Executive Officer or his/her delegate.
Stage Two: Confirmation of process and Assessment Team Membership	
Responses from the university and the school	School: • notifies OCANZ of any objections to any members of the Assessment Team and the reasons for objection. • advises preferred times during a teaching week for the assessment visit
Response of OCANZ Board to any objection	OCANZ Board: • decides whether to accept the objection to the assessment team member. • the response of the OCANZ Board to any objection – this may be: - changes to membership of the Assessment Team - no change, if fairness or validity of assessment process is not affected.
Briefing of the Assessment Team	Executive Officer: • organises an orientation session for the Assessment Team (by telephone or face-to-face).

Table 1: Procedures and schedule for re-accreditation (cont'd)

Stage Three – Preparation of submissions	
Submissions invited from the profession	OCANZ • invites by advertisement, written submissions from the national/ state professional association, learned professional societies, recent graduates and employers of recent graduates on issues relating to the program. School: • seeks permission from recent graduates (from the last three years) to provide their name and email address to OCANZ. Closing date for these submissions is the same due date as the accreditation submission from the school.
Accreditation submission supplied by the school	School: • supplies an accreditation submission that addresses the Standards. Assessment Team receives: • a copy of the accreditation submission. • copies of all written submissions. Head of School receives: • de-identified copies of any written submissions. If confidentiality is difficult to maintain, a general overview may be prepared by the Executive Officer.
Stage Four – Review of submissions	
Review of the accreditation submission and other submissions from the profession	Assessment Team: • reviews the accreditation submission and decides if further information is required. • requests further information if documentation is incomplete or not clear. • reviews submissions from the profession and decides which professional bodies / members of the profession to meet (in person or by electronic means) during the assessment visit – this may include persons who have not made a written submission.
Stage Five: Preparation for the site evaluation	
Planning the assessment visit	Assessment Team and School: • discusses and agrees on the draft visit plan that has been prepared by the Assessment Team Chair and the Executive Officer.
Head is notified of need for further information	Executive Officer: • writes to the Head of School requesting the supplementary information, if required.
Further information is provided	School: • provides the further information requested, which is circulated to the Assessment Team.
Preliminary meeting (usually occurs 2 weeks prior to the site visit)	Executive Officer and Assessment Team Chair meet with Head of School (by phone or face-to-face) to: • discuss the process and purpose of accreditation. • finalise the program of the assessment visit. • discuss any issues that have arisen in the review of the accreditation submission that will need to be resolved during the visit.

Table 1: Procedures and schedule for re-accreditation (cont'd)

Stage Six - Site evaluation	
Assessment visit (usually 3-4 days). See Appendix 1 for a model schedule	Assessment Team: • meets with the Head of School. • tours the physical facilities. • meets with students, recent graduates, employers, academic staff of the school, subject coordinators of other university departments that teach optometry students, senior officers of the faculty and the university – additional meetings arranged as needed. • discusses its findings at the end of each day and records main comments. • concludes visit by meeting with the Head of School – the Chair presents the principal comments and recommendations of the team and seeks the Head's comment.
Stage Seven – Assessment team report and final determination and recommendations	
Draft report written	The Assessment Team: • prepares the first full draft of its report and recommendations using the template (see Appendix 2).
Draft report submitted	Chair of the Assessment Team: • submits a draft report to the Executive Officer. Executive Officer: • sends an in-confidence draft of the Assessment Team's report to the Head of School for comment on the factual accuracy of the report.
Head of School comments sent to Assessment Team	Head of School: • provides written comments on the factual accuracy of the report (optional). Executive Officer: • sends a copy of the Head of School's comments to the Assessment Team. • arranges a teleconference for the Assessment Team to discuss the comments made by the Head of School (optional).
Stage Eight – Final report and notification to the university	
Final Report	Assessment Team: • prepares their final Assessment Team report. The section containing confidential information (section F) can be provided as an Appendix or as a separate document. This is an internal document and will be marked 'not for circulation'. • recommends one of the four options of accreditation.
Accreditattion Team report	Accreditation Committee: • reviews the final Assessment Team report and the comments made by the Head of School. • may refer matter back to Assessment Team for further advice • Prepares their report. The section containing confidential information or information that might be considered comercial in confidence can be provided as an Appendix or as a seperate document. This is an internal document and will be marked 'not for circulation'.

Table 1: Procedures and schedule for re-accreditation (cont'd)

Stage Eight – Final report and notification to the university (cont'd)	
OCANZ Accreditation Report and adoption of the recommendations by OCANZ Board	OCANZ Board • receives the report of the Accreditation Committee. • may adopt the recommendation on accreditation of the Assessment Committee. • may refer the matter back to the Accreditation Committee for further advice • Prepares the final OCANZ Accreditation Report.
Notification of the outcome	OCANZ: • notifies its decision on accreditation to: - the OBA and ODOB - the Vice-Chancellor of the school's university - the Head of School • provides each group (listed above) with a copy of the OCANZ Accreditation Report. The report will be de-identified and will not contain any information that could be considered confidential (this includes details that could identify individuals). • It should be noted that even when accreditation is granted by OCANZ, the OBA and ODOB must approve the decision before the program becomes an approved program of study for purpose of registration in Australia and New Zealand • The OCANZ Accreditation report is marked 'not for public release' until after the time has passed for seeking an internal review, or if internal review is sought, until it is completed. After this the report will be made available on the OCANZ website.

2.2.2 Options for Accreditation Status Category One

a. Accreditation for eight years

Accreditation for eight years is granted when the optometry program meets the Standards. This applies if there are no major changes to the program during the period of accreditation granted and no significant reduction of resources available to the school. A school is obliged to notify OCANZ if it plans any major change to its optometry program or if resources have been significantly curtailed. Refer to section 2.3.1 for a definition of major change.

Schools conducting accredited programs are required to submit an annual report (see section 2.7) to OCANZ summarising the changes made to the program in the preceding year and describing any significant changes to the resources allocated to the school in that year or a change in student numbers.

b. Accreditation for eight years with conditions

Accreditation with conditions will be granted when one or more Standards are not fully met, provided the school is capable of rectifying any shortcomings within a specified period.

The school is required to notify OCANZ when these shortcomings have been rectified and the school must submit annual progress reports if the period of time granted to meet a Standard exceeds one year.

OCANZ reserves the right to revisit a school granted accreditation subject to conditions. In the event of the required progress not being achieved, accreditation may be limited to a shorter period of time or revoked.

c. Accreditation for shorter periods of time with conditions

If significant deficiencies are identified, OCANZ may grant accreditation with conditions for a period of less than eight years. At the conclusion of this period, or sooner if the school considers that it has addressed its deficiencies, OCANZ will conduct a review. This may be:

- a full assessment of the program, with a view to granting accreditation for a further eight years
- a more limited review, concentrating on the areas where deficiencies were identified, with a view to extending the current accreditation to eight years.

d. Accreditation not granted

Accreditation will be refused when there are significant deficiencies and OCANZ judges, on the advice of its Accreditation Committee, that the school does not have the capacity to remedy them or does not accept the need to do so.

In accordance with the Health Practitioner Regulation National Law Act 2009, if OCANZ decides to refuse to accredit a program it must give written notice of the decision to the Head of School and Vice Chancellor that provides the program. The notice will state the reasons for the decision and that, within 30 days after receiving the notice, the school may apply to OCANZ for an internal review of the decision. See Section 2.7 for further information.

2.3 Accreditation Status Category Two: Accreditation of major changes to an optometry program

2.3.1 Definition of a major change

A major change to an accredited program may affect its accreditation status.

The gradual evolution of a program in response to initiatives to meet the expansion of optometry practice and ongoing review is not necessarily considered a major change.

A major change in an optometry program could be a:

- change to the institutional setting
- significant change in objectives, or a substantial change in philosophy or emphasis
- change in the length of the program, especially any reduction of length
- significant change in the format or overall sequence of subjects of the program
- significant change in teaching strategies or assessment methods
- significant reduction in resources and/or a change of student numbers leading to an inability to achieve the objectives of the accredited program.

If a school is in doubt about whether proposed changes fall into the category of a major change, it should confer with OCANZ. The Accreditation Committee is available to give general advice as to whether the proposed changes are likely to comply with OCANZ's Standards and whether they are in fact major changes.

Schools contemplating such changes are required to consult OCANZ at least 12 months prior to any changes being introduced. OCANZ must also be kept informed of significant steps in the change process. A broad outline of the proposed changes may be requested.

In the event OCANZ is not advised of proposed program changes 12 months prior to their introduction, there may be insufficient time for OCANZ to assess the program changes and this may result in a change of accredited status.

2.3.2 Assessment of proposed major changes

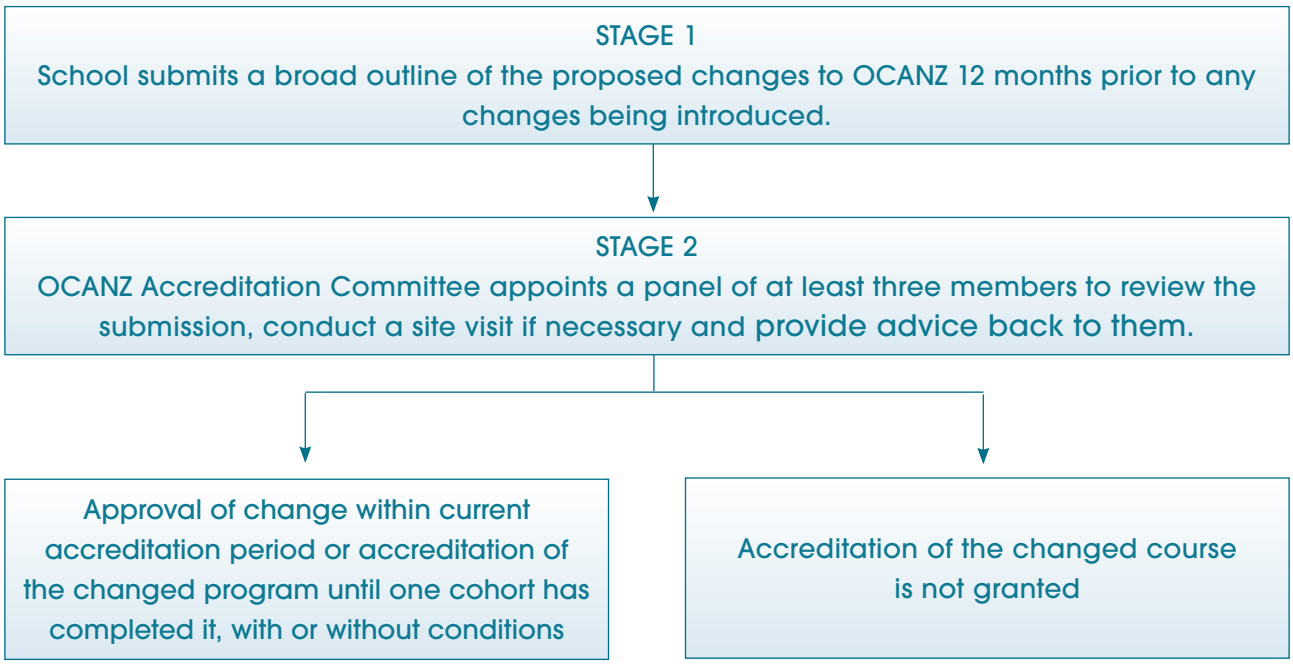
Assessment of major change to a program usually involves a process as depicted in Figure 2.

In stage 1, the school submits a broad outline of the proposed program changes to OCANZ 12 months prior to any changes being introduced. The submission should specify the proposed changes and the impact that these have on each Standard. The submission should also address the capacity of the school to manage the change process, including any impact on students completing the currently accredited program.

In stage 2, the Accreditation Committee appoints a panel (of at least three members) to review the submission, conduct a site visit if necessary and to provide advice, either that the changes:

- comply with the Standards and the school has demonstrated capacity to manage the change process. In this case, the panel is likely to recommend that the major change be approved within the program's current period of accreditation or grant accreditation with or without conditions until the first cohort has completed the changed program (see 2.3.3)
- do not meet the Standards and/or the school has not demonstrated a capacity to manage the change process. Options that may be recommended by the panel in this instance include c. and d. in 2.3.3 below

Figure 2: Process for assessment of proposed major change to a program. This process (both Stage 1 and Stage 2) must be completed before the first cohort of students graduates from the changed program.



2.3.3 Options for Accreditation Status Category Two

a Accreditation of modified program for the remainder of the current period of accreditation – Accreditation will follow the Category One process

b Accreditation of the modified program until completed by one cohort of graduates. Before expiry of this initial period of accreditation, a date for re-accreditation of the whole program will be negotiated. Accreditation will follow the Category One process.

c Accreditation of modified program, with conditions until completed by one cohort of graduates

d Accreditation not granted

Accreditation will be refused when there are significant deficiencies and OCANZ judges, on the advice of its Accreditation Committee, that the school does not have the capacity to remedy them or does not accept the need to do so.

In accordance with the Health Practitioner Regulation National Law Act 2009, if OCANZ decides to refuse to accredit a program it must give written notice of the decision to the Head of School and Vice Chancellor of the University that provides the program. The notice will state the reasons for the decision and that, within 30 days after receiving the notice, the school may apply to OCANZ for an internal review of the decision. See Section 2.7 for further information.

2.3.4 Notification of outcome

The final Accreditation report and notification to the University will follow a similar process to that outlined in Table 1, Stage 8. The OCANZ Board will notify its decision on accreditation to the OBA, ODOB, the Vice-Chancellor of the school's university and the Head of School. The OCANZ Accreditation report is marked 'not for public release' until after the time has passed for seeking an internal review, or if internal review is sought, until it is completed. After this, the report will be made available on the OCANZ website.

2.4 Accreditation Status Category Three: Accreditation of a new optometry program

When a new optometry program is being planned OCANZ will not:

- comment on the desirability or otherwise of a new optometry program except to the extent that it has a legitimate concern for the overall standards of optometric education.
- evaluate the workforce implications of any proposal for a new program or school.

Universities contemplating the establishment of an optometry school need to conduct independent negotiations with the appropriate authorities concerning student places and clinical facilities. If a decision is made by the relevant authorities to support the establishment of a new program, OCANZ is the appropriate body to undertake accreditation.

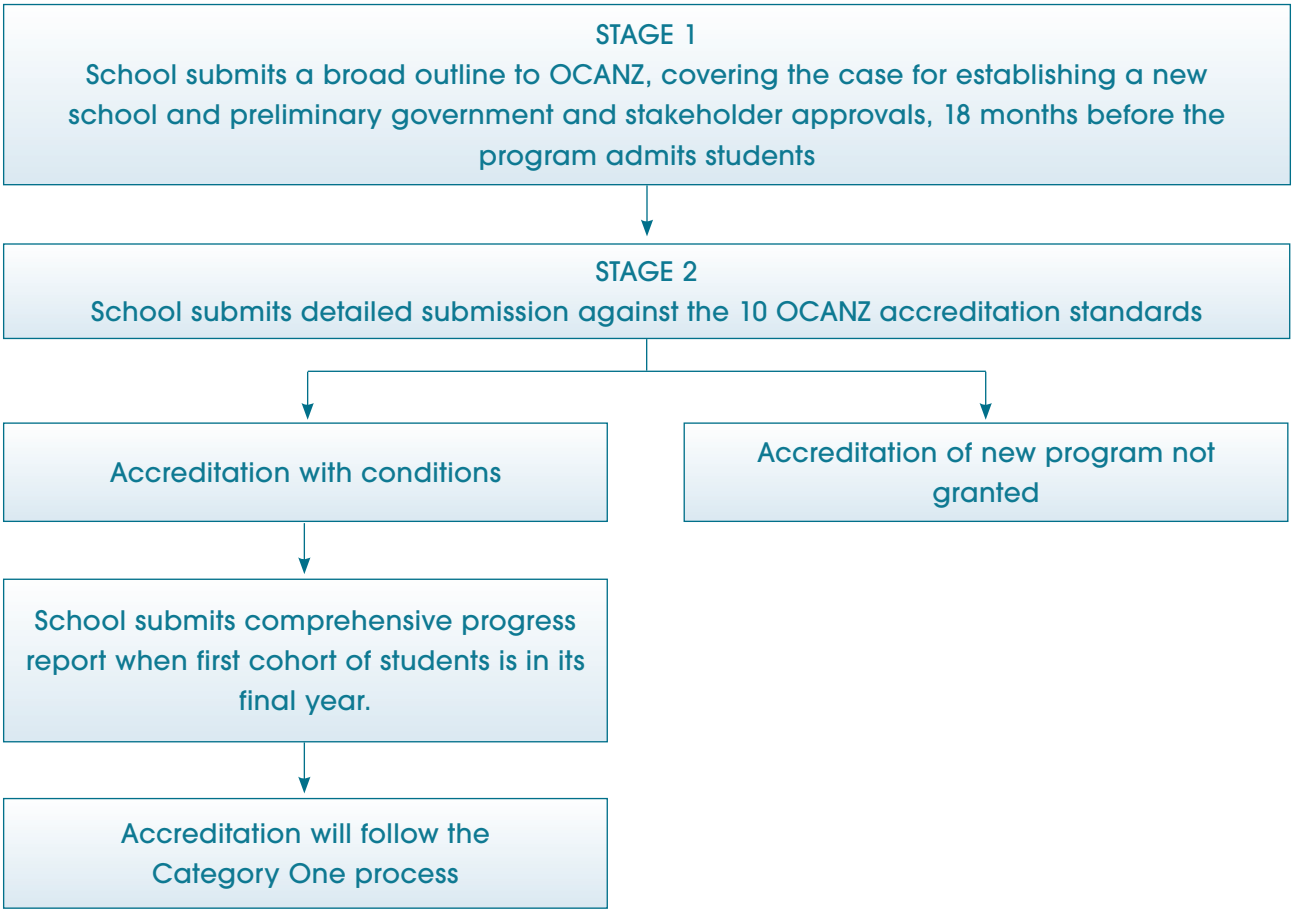
Institutions issuing media releases or publishing material regarding proposed new schools should seek approval from OCANZ for any statements regarding OCANZ and the accreditation process.

2.4.1 Assessment of new program

New programs are assessed against the same standards as established programs. The accreditation of a new program follows a two stage process (refer to Figure 3). Stage 1 involves a preliminary submission outlining the case for the establishment of the school and providing all the necessary preliminary

government and stakeholder approvals. Stage 2 involves full assessment of the curriculum plans. OCANZ would not proceed to Stage 2 without written assurances that the course is supported and can and will be implemented.

Figure 3: Process for assessment of new optometry program



2.4.2 Stage 1

Stage 1 must occur approximately 18 months before the program admits students. If this does not occur, the accreditation process will be delayed and may affect accreditation status. The Accreditation Committee will be available to comment on reports from the school on its planning and give general advice on whether or not the proposed development is likely to comply with the Accreditation Standards.

In Stage 1, the OCANZ Accreditation Committee assesses the readiness of the institution and program. The Committee considers if the planned curriculum is likely to comply with the OCANZ Accreditation Standards and if the institution has demonstrated that it is able to implement the program.

Information regarding what should be included in the Stage 1 submission can be found in Appendix 3 of this manual.

The Accreditation Committee reviews the submission and provides advice and a recommendation to OCANZ Board. The Committee may recommend one of the following:

(i) that the institution be invited to proceed to Stage 2;

(ii) that further development is required and the institution be invited to submit additional information for further consideration;

(iii) that the assessment not proceed since the institution has not demonstrated the capacity to implement the proposed program and/or the proposal is not likely to satisfy OCANZ Accreditation Standards.

Should the OCANZ Board invite the institution to proceed to Stage 2, OCANZ's Executive Officer will advise the applicant of an appropriate submission date and begin the process of appointing an Assessment Team.

2.4.3 Stage 2

Stage 2 should occur approximately 6 months before students are admitted to the program. If this does not occur, the accreditation process will be delayed and may affect accreditation status. In Stage 2, the school lodges a detailed accreditation submission against the ten OCANZ Accreditation Standards, which will be assessed by an Assessment Team. Information regarding what should be included in the Stage 2 submission can be found in Part 2 of this manual. OCANZ is aware that, with a new development, it is assessing a program in planning. It would however want to be assured:

- that the school's curriculum framework and design of all years of the program are sufficiently developed to allow the institution to implement plans for staffing, physical facilities and educational resources;
- that there are detailed plans for curriculum content and assessment for the early years;
- that there is an overall management plan to guide the process of development through to establishment of the new school and implementation of the entire program;
- that there is a structure to facilitate implementation of the management plan;
- that staff expected to implement the program understand the plans;
- that where plans are still unfolding, there are processes to ensure that they will be finalised and implemented in an appropriate time frame;
- that existing human, physical and financial resources will be sufficient to allow the institution's goals to be achieved, and that where there are deficiencies, the institution has plans to address them.

The Assessment Team requests a site visit. The Assessment Team prepares the Assessment Team report. The Head of School has an opportunity to comment on the factual accuracy of the report to OCANZ. The Accreditation Committee receives a detailed report and recommendations from the team and then makes a recommendation on the accreditation. Once the OCANZ Board makes its decision on accreditation, it provides its accreditation report to the OBA and ODOB. The Boards may approve or choose not to approve the program of study for the purposes of registration of the graduates.

The school must also advise OCANZ of changes that may affect the viability of the plans, including failure to make key staff appointments; changes to financial circumstances; changes to agreements relating to access to curriculum material or educational resources; and changes to access to clinical training placements.

Annual reports must provide detailed comments on the final arrangements for the later years of the program including the success of the presentation of the first year of the program and the details of the preparation for the final years of the program.

2.4.4 Options for Accreditation Status Category Three

(a) Accreditation with conditions is granted

Accreditation with conditions is granted after a satisfactory Stage 2 submission. The primary condition is in place until the first cohort of students completes the program. Other conditions may also apply on the direction of OCANZ. Accreditation with conditions will be subject to satisfactory annual written reports relating to the operation and evaluation of the changes. OCANZ will monitor the implementation of the program to ensure the provider continues to meet the accreditation with conditions standards. When the first cohort of students is in its final year, the school will be required to submit a comprehensive progress report. Subject to a satisfactory report, OCANZ will begin the accreditation process to assess the course for Category One Accreditation Status.

Unsatisfactory progress procedures

In the event that OCANZ finds that the required progress on the conditions is not being achieved or is unlikely to be achieved, OCANZ may:

(i) place further conditions on the accreditation. OCANZ could specify actions to be taken or issues to be addressed by the school; or

(ii) revoke accreditation from the school, if it considers that the school is unable to deliver the course at a standard or in a manner compatible with the Accreditation Standards.

(b) Accreditation is not granted

Accreditation of the new program may be refused where the school has not satisfied OCANZ that the complete program can be implemented and delivered at a level consistent with accreditation Standards. OCANZ will advise the school on the deficiencies to be addressed before it will reconsider accreditation. In accordance with the Health Practitioner Regulation National Law Act 2009, if OCANZ decides to refuse to accredit a program it must give written notice of the decision to the school that provides the program. The notice will state the reasons for the decision and that, within 30 days after receiving the notice, the school may apply to OCANZ for an internal review of the decision. See section 2.7 for further information.

2.4.5 Notification of outcome

The final report and notification to the University will follow a similar process to that outlined in Table 1, Stage 8. The OCANZ Board will notify its decision on accreditation to the OBA, ODOB, the Vice-Chancellor of the school's university and the Head of School. The OCANZ Accreditation report is marked 'not for public release' until after the time has passed for seeking an internal review, or if internal review is sought, until it is completed. After this, the report will be made available on the OCANZ website.

2.5 Annual reporting requirements

2.5.1 Annual reports

All schools, whether accredited with or without conditions, must submit an annual report to OCANZ.

In particular, all changes made to their programs, student load or resources during the year, including those that will have effect in future years must be detailed clearly. A proforma annual report (refer Appendix 4) will be sent to the Heads of School each year by the Executive Officer.

Schools that have been accredited with conditions must report annually on progress towards meeting the requirements of the condition(s).

In the case of a school conducting a new program, the annual report must provide detailed comments on the final arrangements for the later years of the program including:

- the success of the presentation of the first year of the program and;
- the details of the preparation for the final years of the program.

2.5.2 Procedures following consideration of annual reports

The annual reports are considered by the Accreditation Committee, which reports to the OCANZ Board. If the Board considers any reported changes in a program or any reduction in the resources available to the school are likely to have a significant effect on the standards, or if it considers that a school's progress in meeting any conditions of its accreditation to be unsatisfactory, it will inform the school of its concerns and the grounds on which they are based, and request a site visit.

The review visit will normally be conducted by a panel comprising the Chair of the Accreditation Committee, one member of the original Assessment Team and the Executive Officer of OCANZ. Additional members with specific expertise may also be appointed.

The panel reports directly to OCANZ either:

- that the program or resource changes will not significantly affect standards of teaching and/or that the conditions set on the accreditation are being met or are likely to be met in the near future.
- that the school and its program no longer meet the requirements for accreditation and/or the conditions set on accreditation are not being met and are unlikely to be met in the near future.

If the report is favourable, OCANZ may affirm the accreditation of the program for a specified period subject to satisfactory annual reports.

If the report is unfavourable, OCANZ may:

- place conditions on the accreditation status granted; OCANZ may specify actions to be taken or issues to be addressed by the school and/or restrict the period of accreditation.
- revoke accreditation for the program, if it considers that the school is unable to deliver the program at a standard or in a manner compatible with the Standards.

2.6 Fees

Effective from 2012, programs with OCANZ accreditation (with or without conditions) have an annual fee payable with the annual report. This fee would cover any Category Two assessments that are required.

New programs have an upfront fee (payable with the Stage 1 submission) to cover both the Stage 1 and 2 process (outlined). If Stage 1 is unsuccessful; only an administrative fee will be charged.

Fees will be increased annually by Australian CPI. Current fee amounts are listed in Appendix 5.

2.7 Internal review process

In accordance with the Health Practitioner Regulation National Law Act 2009, if OCANZ decides to refuse to accredit a program, it must give written notice of the decision to the school that provides the program. The notice will state the reasons for the decision and that, within 30 days after receiving the notice, the school may apply to OCANZ for an internal review of the decision. The notice must also state how the school may apply for the review. A review committee will be nominated by OCANZ and will comprise persons who have not been involved in the accreditation process to this stage.

OCANZ will then consider the review committee's report, the original Assessment Team's report and the school's formal response in making its final decision on whether to uphold the original decision or change the accreditation status to be granted.

This process also applies to the review process undertaken after the evaluation of an annual report. A fee will apply on a cost recovery basis.

3. Assessment

3.1 Assessment Team

3.1.1 Composition

The composition of an assessment team is a crucial aspect of the process. OCANZ aims to create a team with the right mix of skills and experience. The team should not be chosen from other schools or professional bodies that may create a possible conflict of interest. The composition of a team will depend on the nature of the visit being undertaken.

The Executive Officer of OCANZ arranges administrative support to the Assessment Team.

The Assessment Team usually comprises:

- three senior academics from optometry schools other than the school undergoing assessment, one normally from overseas; current Heads of the Australian and New Zealand schools are not usually appointed.
- three distinguished and experienced practising optometrists, at least one residing in the state (or country if there are no states) of the school undergoing accreditation.

The Chair is appointed by the OCANZ Board from among the members of the Assessment Team. The Chair is usually a senior academic with previous assessment team experience and who is fully conversant with the Accreditation Standards and the assessment process.

3.1.2 Orientation of the Assessment Team

The primary function of an Assessment Team is the analysis and evaluation of the optometry program against the OCANZ Standards. Individual team members should be aware of their roles and responsibilities and the Council's expectations relating to professional conduct and conflict of interest.

Professional conduct

Team members are expected to participate actively and courteously throughout the duration of the assessment. Punctuality to all scheduled meetings and activities, both formal and informal, is required to ensure that the assessment is conducted efficiently and effectively.

As part of the assessment visit schedule, team members are expected to accept official and formal invitations from the university or school. However, individual team members must not accept personal social invitations from the school or university staff.

Confidentiality

All information gathered during the assessment must be treated confidentially. Although team members may discuss general findings and recommendations with the Head of School during the exit interview at site visits, team members must not express either personal or team opinions regarding the accreditation status of the program being assessed at any time. Decisions about the accreditation status of optometry schools are made by OCANZ Board, on the advice of the Accreditation Committee and the Assessment Team, and only after thorough discussion and review of the report.

Following publication of the final OCANZ Accreditation Report, Assessment Team members must destroy their copy of the pre-assessment materials and other documents.

Conflict of interest

The accreditation procedures of OCANZ have been developed to ensure fairness and impartiality in all aspects of the assessment process. Members of the Assessment Team are appointed for their professional and educational expertise and care will be taken to ensure that those selected do not have a conflict of interest or a predetermined view about the school or its staff.

The school may object to any of the appointments to the proposed Assessment Team and if a reasonable objection is made, OCANZ will undertake to appoint another person to the team.

Members of the Assessment Team should give careful consideration to whether or not there is any reason why they might be perceived as having a conflict of interest or a predetermined view about the school. If so, the matter should be raised with the Executive Officer of OCANZ. If necessary, the Chair of the Accreditation Committee, the Chair of the Assessment Team and the Head of School will be consulted. The OCANZ Board is empowered to make the final determination to resolve any questions regarding real or perceived conflicts.

Where a circumstance indicates a perceived conflict of interest or bias, the appointee may not need to withdraw from the Assessment Team. A declaration of the circumstance may be sufficient to allay concern.

Grounds for a conflict of interest or bias, include (but are not limited to) circumstances where the Assessment Team member:

- is or has been involved with the school as a lecturer, clinician, consultant or administrator of the school or a body closely associated with the school in the last 10 years.
- has a family member employed by or affiliated with the university, or who is a student in the school.
- has publicly been critical of the school or its staff or there is animosity between the team member and the Head of School, or staff member of the school.
- has a close friendship with the Head of School or staff member of the school.

3.1.3 Focus of the assessment

The optometry program is assessed against the OCANZ Standards (refer Part 2). The Assessment Team is provided with a copy of the accreditation submission from the school. Prior to the assessment visit, the team will evaluate the school's submission and decide on matters to be addressed during the assessment visit.

In arriving at a decision to recommend accreditation of a program, the Assessment Team must be satisfied that the program satisfies the accreditation standards and its graduates have acquired or will acquire the knowledge, skills and attributes needed to meet contemporary standards of practice, including therapeutic practice, and that they have the capacity to maintain competence.

The Standards form the foundation of both the school's accreditation submission and the Assessment Team's report.

3.2 Roles and responsibilities during assessment

Assessment Teams

The Chair (or their delegate)

- exercises a leadership role and is responsible for the conduct of the assessment.
- briefs the Assessment Team on its responsibilities and the procedures to be followed.
- assigns particular duties to individual team members in relation to the visit and preparation of the report.
- guides the discussions of the Assessment Team and seeks to find consensus among its members on all issues that arise during the assessment.
- presents the Assessment Team's main findings to the Head of School at the end of the assessment visit.
- presents the Assessment Team's report to the Accreditation Committee.

Team members

- study the Standards and accreditation process and thoroughly familiarise themselves with the philosophies and procedures set out in these Standards.
- study the optometry school's documentation carefully and analytically to ensure that it provides all the necessary information.
- attend for the whole of the assessment visit to validate the school's documentation by interviewing staff and students of the school and other groups interested in the quality of the graduates of the school.
- form their own evaluations of the program against the Standards.
- contribute to the preparation of a report on the findings of the visit.

Executive Officer of OCANZ (or their delegate)

Preliminary duties

- ensures that the optometry school and the university are informed about the assessment process and the information OCANZ requires from the school.
- negotiates the timing of the assessment visit with the optometry school.
- contacts proposed team members and provides them with information on the process.
- circulates the optometry school's accreditation submission and submissions from the profession to the team.
- oversees administrative arrangements for the assessment.
- drafts those parts of the report that can be prepared ahead of the assessment visit and sets up the framework for the report.

During the visit

- provides advice to the team on OCANZ policy and procedures.
- keeps notes of team meetings.
- organises any additional meetings and documentation through the Head of the School.
- advises the OCANZ Board about any problems that arise during the assessment process.

After the visit

- finalises the report in consultation with the team Chair.
- arranges for the team's report to be submitted to the Accreditation Committee.
- arranges for the Accredation Committee's report to be submitted to the OCANZ Board
- informs the Accreditation Committee of suggestions for changes to the process after completion of an assessment.
- arranges the release of OCANZ's final decision as to the accreditation status granted to the school and the final Accreditation report.

Optometry school

- cooperates with the team before and during the assessment visit by providing information and additional background materials, if appropriate, when requested.
- provides the team with a secure conference room for team meetings and individual assignments – the team should be able to lock the room as it may contain confidential materials.
- respects the confidentiality of the assessment process by not initiating any dialogue connected with the process, with Assessment Team members, outside of meetings specifically scheduled.
- seeks permission from recent graduates (from the last 3 years) to provide names and email addresses to OCANZ.

Accreditation Committee

- considers the Assessment Team's report, including comments by Head of School
- forwards their report to the OCANZ Board with its recommendations on accreditation.

OCANZ Board

- may return the Accreditation Committee's report with comments to the Committee for further advice.
- can adopt the recommendation of either the Assessment Team or the Accreditation Committee (if the two differ)
- produces the final OCANZ Accreditation Report (which includes the accreditation decision, any conditions and detailed in summary of commendations, affirmations and reccomentations) based on the OCANZ standards. Notifies its decision to the OBA, ODOB, Vice-Chancellor of the school's university and the Head of School.

3.3 The assessment visit

A model schedule for an assessment visit is included as Appendix 1. Once finalised, the assessment site visit schedule should be followed closely and any departures from it should be with the knowledge and consent of the Head of School.

3.3.1 Preparation

The Assessment Team members will receive a copy of the Accreditation Standards with a letter confirming their appointment to the team. They are expected to read the Standards carefully to thoroughly familiarise themselves with the approach and the procedures for accreditation assessment. They should do this prior to receiving the school's accreditation submission.

The Assessment Team members are sent a copy of the school's accreditation submission and all

written submissions received from members of the profession and the professional associations. They are expected to read the school's accreditation submission carefully to:

- establish whether information specified in the Standards has been provided.
- assess whether the information is internally consistent and provides a proper account of the philosophies and educational strategies of the school, program curriculum and resources available to the school.
- make a preliminary evaluation of the strengths and weakness of the school.

The Assessment Team meets, either face to face or by teleconference, shortly after the circulation of the school's accreditation submission. The purpose of the meeting is to identify any shortcomings or omissions in the documentation supplied, exchange views on the apparent strengths and weaknesses of the program and develop an outline of the program for the assessment visit. The meeting will decide:

- additional information to be requested from the school; additional information can only be requested if information required by the Standards has not been provided or if the information provided in accordance with those Standards is incomplete or unclear.
- particular issues that should be explored during the assessment visit.
- any special arrangements that should be made during the assessment visit to pursue those issues.

3.3.2 Scheduling a visit

A model schedule for the assessment visit is included as Appendix 1. The actual schedule will be decided by the Chair of the Assessment Team in consultation with the Head of School and the Executive Officer. It will depend on practical matters such as the availability of persons for interview and on the issues already identified by the Assessment Team from the school's accreditation submission and submissions made by the profession.

The schedule should provide maximum opportunities for:

- interactive discussion with staff.
- members of the profession to present their views to the team.

While the Assessment Team has flexibility in organising the schedule, OCANZ considers the following to be essential elements of the site visit.

- A meeting of the team should be held immediately prior to the first meeting with the school to discuss the visit schedule, review the protocols for the visit, discuss any further information required and review issues that have emerged as requiring particular investigation.
- A meeting with the Head of School and others designated by the Head of School should occur at the beginning of the first day of the visit to discuss:
  - the school's perceptions of the strengths, weaknesses and areas of concern in the program
  - the team's perceptions of areas that will require exploration and clarification during the site visit
  - other issues selected by the Head of School and the Assessment Team Chair
- The team should tour the physical facilities of the school.
- The team should meet with:
  - heads of sections/disciplines within the school

- the curriculum committee of the school
- representative staff members (with an appropriate balance of full-time and part-time staff, and academic and clinical teaching staff)
- interest groups or committees in optometric education and research
- recent graduates and their employers
- students
- senior administrative and academic officers of the university.

- A team meeting should occur near the end of the visit to allow the team to formulate its impressions and prepare a presentation of its findings to the Head of School.
- An exit meeting with the Head of School and designated staff to present the main findings of the team and to provide the Head of School with the opportunity to respond or comment.

3.3.3 During the visit

Positive feedback should be given on those aspects of the school's operation which, from the submission provided, have already satisfied the Assessment Team. It is strongly recommended that Assessment Team members carefully document information during the assessment visit as recommendations and suggestions for change or improvements need to be substantiated. Information can be recorded using paper-based or electronic formats. OCANZ provides a template for the Assessment Team's report (refer Appendix 2) that can be used for this purpose.

3.3.4 Post-visit consultation

In order to ensure continuous improvement of the accreditation process, the Accreditation Committee seeks comments on the assessment process and visit from the Head of School and each member of the Assessment Team. These comments are presented to the Accreditation Committee and taken into consideration when planning future visits.

3.4 Assessment team report and determination

3.4.1 Report format

Reports generally follow a standard format and a template has been devised to assist the team to prepare its report. This is set out in Appendix 2.

Reporting shortcomings in the program or its delivery

The report of the Assessment Team provides OCANZ with a documented and factual basis for its accreditation decisions.

The report must include a description of any significant failure of the program to meet the Standards. Evidence and reasons for concluding that there is a shortcoming must be provided. This outcome will normally lead to a recommendation for conditional accreditation or refusal of accreditation. The report should provide guidance as to how the school might address the problem.

The team may be satisfied that the school should be accredited without conditions but it may observe some weaknesses in the program or its delivery which, while not of sufficient importance

or sufficiently numerous to preclude unconditional accreditation, should be considered by the school. These can be described in the text of the report and suggestions can be made about remediation of the weakness.

However, in identifying such shortcomings, the team should be sensitive to the complex issues institutions of higher education must take into account when devising and resourcing their educational programs. It should also recognise the autonomy of schools and universities to structure and teach their programs in different ways, depending on their educational philosophy and approach to the allocation of limited resources.

The team should not give specific solutions for any identified shortcoming. It should describe the shortcoming, the relevant issues and suggest possible approaches for rectifying these in general, non-prescriptive terms.

Minority views

Members of the team have the option of a minority opinion in the case of significant disagreement. A minority opinion can be expressed in the main report if a majority of team members agree. If there is not majority support for this, then the minority opinion and the reasons for it can be set out in a separate report provided to the Accreditation Committee.

3.4.2 Timetable for completion of the report

The assessment report is usually presented to OCANZ within two months of the conclusion of the visit. The schedule for development of the assessment report is included in Table 2.

Table 2: Schedule for the development of the Assessment Team report

Week	Activity
1	Background sections of the report completed by OCANZ prior to the visit. Drafts of important sections prepared by Assessment Team during the visit. Visit concludes.
2	All report segments submitted to the Executive Officer by individual team members.
3	The Executive Officer assembles the drafts into the main report structure and sends Draft 1 to the Chair. Chair consults with other Assessment Team members if necessary.
4	Draft amended in consultation with team Chair.
5	Executive Officer sends Draft 2 to Head of School for comment and review of the factual accuracy of the report.
6	Head of School's comments received.
7	Executive Officer sends a copy of the Head of School's comments to each Assessment Team member and if necessary, arranges a teleconference of the Assessment Team to discuss these comments. The final report is signed and submitted to the Executive Officer by the team Chair.

3.5 Other information

The Executive Officer of OCANZ is responsible for administering the accreditation function, which includes acting as secretary to the Accreditation Committee and the Assessment Teams.

APPENDIX 1
Model schedule for an Assessment Team site visit

The Chair arranges a meeting of the team at the start of the visit so that they can meet each other and review protocols for the visit.

The Assessment Team will usually continue to meet after the formal visit for the day has ended or in the evening to discuss the progress of the visit, to plan the next day and to discuss and draft recommendations.

The school will provide a room suitable for interviews and meetings, which should be available at all times for use by the Assessment Team. This should be within the school to avoid travelling to another venue.

The school will provide the Assessment Team with lunches and morning and afternoon tea. Ideally, there should be a second room provided as a work room for team members within which lunch and morning and afternoon tea can be served and where the personal effects of the team members can be securely stored.

The school will provide a computer in the team's work room or, if the team brings its own computer, the school should provide a printer or a link to a printer. The school will assign a senior administrator to assist team members with:

- personal arrangements such as telephone, fax or email messages.
- re-booking accommodation or air travel.
- making new appointments for meetings during the visit.

The team may accept invitations to lunch or dine with senior officers of the university or the school as a formal part of the assessment visit but should not accept any offer of personal hospitality.

The following model schedule is for guidance. The Assessment Team can ask for a different sequence of meetings or ask for other meetings, either by arrangement with the Head of School before the visit or in the course of the visit.

Model schedule for an assessment visit

DAY 1

Time	Activity	Purpose
11.00-1.00pm	Team meeting and Lunch	Initial meeting/introductions and review protocols for the visit
1.00pm	Meeting with the Head of School (others designated by the Head may also be present) Chaired by Chair of the Assessment Team	The Assessment Team will seek clarification of: • information requiring further explanation in the school's accreditation submission • any matter that has arisen from the school's accreditation submission • any matter that has arisen from submissions made by members of the profession which requires special attention from the team. The Head gives an overview of the school, talks about its strengths and weaknesses and areas of concern in the program, and comments on any specific issues that are relevant to the review. Arrangements for the visit are finalised.
3.00pm	Tour of the physical facilities (including those off-site)	This will include all teaching spaces, the clinical facility and research laboratories. The Head will ensure that the Assessment Team meet key staff during the tour.
5.00 – 6.30pm	Meetings with members of the profession and the professional bodies - These may include individual meetings with recent graduates or employers of recent graduates (OCANZ to arrange).	

DAY 2

Time	Activity	Purpose
9.00 am	Meetings with students from all year levels	
10.30am	Meetings with subject coordinators regarding the early years of the program	
11.30am	Tea break	
12.00pm	Meetings with subject coordinators regarding the later years of the program	
1 – 2.15pm	Lunch with the Dean and senior university officers	
2.30pm	Meeting with curriculum committee or planning group	To discuss curriculum philosophy and planning, recent changes and possible or planned future changes.
3.00pm	Meeting with coordinator of clinical teaching	This meeting should occur in the clinic so that the team can re-visit the clinic facility.
4pm	Tea Break	
4.15pm	Meetings with other committees or groups	As needed
5-6pm	Meetings with members of the profession and the professional bodies - These may include individual meetings with recent graduates or employers of recent graduates (OCANZ to arrange).	

DAY 3

Time	Activity	Purpose
8.30am	Meetings with the Heads and subject coordinators in other Departments teaching in the optometry program	Assessment Team will break into two or three groups for these meetings.
10.30am	Tea break	
10.45am	General clinic instructors	The exact arrangements for meetings with clinic instructors will depend on how clinic instruction is organised and the degree of overlap of instructors in the various specialities.
11.30am	Contact lens clinical instructors	
12pm	Paediatric clinical instructors	
12.30pm	Other instructors (Ocular Disease Review Clinics, Low Vision Clinic etc.)	
1.30	Lunch	
2.30	Team decides its recommendation on accreditation and on those concerns or reservations that are of sufficient substance to be commented on in the body of its report. Sections of the report are drafted and the drafts discussed. The Team is advised to draft as much of the report as possible while all team members are together and can discuss the wording. Arrangements for finalising the report and the timetable for doing so are made.	

DAY 4

Time	Activity	Purpose
9.00am	Meeting with the Head	The Chair advises the Head of the team's recommendation on accredited status to be granted and the matters of concern that the team will mention in the report. The Chair seeks the Head's response.
10.30am	Team considers the Head's response	
12.00pm	Further meeting with the Head to discuss Team's response (if necessary)	
1.00pm	Site Visit concludes	

APPENDIX 2

Assessment Team Report Template

A. Introduction

This section is written by the Executive Officer prior to the assessment. It:

- outlines the role of OCANZ and its brief to accredit optometry programs in Australia and New Zealand on behalf of the Registration Boards.
- provides an overview of the accreditation process and procedures and the Standards documented in OCANZ's accreditation standards.
- identifies the program under assessment and describes its context within the university.

B. The assessment visit

This section is also written in part by the Executive Officer prior to the assessment visit. It includes:

- the names of the members of the Assessment Team.
- a record of the dates of the visit and program of activities.
- the names of the organisations and people who provided written submissions and/or were interviewed (as an appendix).

It refers to the accreditation submission provided by the school and may comment on the adequacy or otherwise of the information provided. It may comment on the support provided by the university and the school. Acknowledgments and expressions of appreciation may be made in this section.

C. Key findings and observations of the Assessment Team

The Assessment Team should decide whether:

- the program meets the requirements of each Standard,
- graduates are competent to undertake therapeutic practice,
- there is agreement on any concerns or reservations raised.

If the Assessment Team concludes that there are or may be deficiencies the report must give a careful and detailed account of the factual evidence and the reasoning leading to this conclusion for the relevant Standard.

The report must not include any critical comment that the Assessment Team has received in written submissions or in interview. Where there is supporting evidence for the criticism, or a strong consensus of opinion from many sources, and the Assessment Team has investigated the matter and made its own independent assessment, the view of the Assessment Team regarding the criticism must be included.

If there are shortcomings serious enough to lead the team to find that a Standard has not been met, the team should make a recommendation as to how the school could achieve compliance with that standard.

Where the team reaches the view that a Standard has not been met, it will also need to decide whether this deficiency is of sufficient seriousness to cause the team to recommend accreditation with conditions or refusal of accreditation.

A clear distinction must be made in the report between shortcomings serious enough to lead the team to find that a Standard has not been met, and those that are lesser reservations or seen by the team as providing the school with an opportunity for improvement. Where reservations of this lesser nature are sufficient to warrant inclusion in the report, they should be stated in the body of the report, not itemised in a separate section.

D. Standards

The findings and observations of the Assessment Team are to be reported for each Standard.

1. Organisation, governance and funding

This section of the report addresses the extent that the organisation, governance and funding of the optometry school within the university supports the delivery of the optometry program. More specifically, it requires evidence and comment on:

- the administrative and academic organisational structure of the university and the degree of control that the optometry school has over its curriculum and allocation of resources.
- the adequacy and source of funding for the school.
- the support given by relevant health authorities to clinical training in optometry, including:
    - financial support
    - access to clinical settings within the health system for optometric teaching
    - the networks and affiliations that enrich the clinical learning experience, including networks with private optometric practitioners, medical practitioners, ophthalmologists and other health workers.

2. Educational goals and objectives

This section of the report evaluates the formally stated educational goals and objectives of the program, and whether or not they are consistent with those that OCANZ expects. It may comment on:

- the commitment and effectiveness of the school in pursuing those goals.
- whether the goals are generally known and understood among staff and students.
- the degree to which all staff actively pursue the stated goals and objectives in their teaching.

The report should state whether the program addresses and develops in students the specific objectives relating to knowledge and understanding, skills and appropriate attitudes for practice in the profession (refer Appendix 1).

3. Curriculum development and management

This section of the report addresses the extent to which the school has demonstrated it has processes in place that allow the overall content and balance of the curriculum and its assessment to be defined in relation to the explicit goals and objectives of the program. This includes an evaluation of the organisational processes for review of the curriculum and its capacity to change the content of the program and its structure to meet changed needs and emerging issues.

4. Program curriculum

This section of the report evaluates the curriculum of the optometry program and, in particular, the adequacy of the curriculum in integrating the teaching of basic science and biomedical science with clinical training, to provide:

- strong foundations in the basic and biomedical sciences and a thorough understanding of the optical and visual sciences.
- a strong program in the dysfunctions and diseases of the eye and the fundamental skills required for the practice of optometry.
- students with direct contact with patients over a significant period of time – usually the equivalent of at least one year.

The school's commitment to and involvement in research activities and the way these activities impact on the teaching environment should also be considered. The report should comment on the extent to which the research of the school informs the curriculum, promotes intellectual curiosity and a respect for evidence based health care in the undergraduate students, and the extent to which it helps provide graduates with the basic skills for scientific evaluation.

5. Teaching and learning methods

This section of the report assesses the teaching methods used in the optometry program. Particular attention may be given to clinical teaching methods. The assessors may also evaluate the extent to which the school has adopted innovative methods of teaching.

6. Clinical training and settings

This section of the report assesses the adequacy or otherwise of the clinical experience, especially where clinical exposure is limited or where extramural placements are used. Schools must demonstrate that students are provided with extensive and varied clinical experience. This includes:

- opportunities to have direct contact with patients over a significant period of time.
- teaching in clinical environments where large numbers of patients of varying ages and social backgrounds are seen and where there is a wide diversity of presentations of ocular dysfunction and disease.

7. Student assessment

This section of the report addresses the reliability and validity of the methods of assessment used in the program and whether or not these methods give assurance that every student who passes the program is competent to practise optometry safely to the minimum standards expected by the profession.

Comment should be made as to whether the assessment methods are explicit and known to students at the outset of the program and at the outset of each program component.

8. Teaching and support staff

This section of the report addresses teaching and support staff numbers and expertise. It should include:

- the number of academic and support staff.
- the ratio between full-time staff and casual staff.
- the qualifications and expertise of the academic staff and the extent to which the staff:

- cover the separate discipline areas of optometry
- are properly supported by administrative and technical staff.

The report should also comment on the adequacy of the processes in place for staff performance review and development.

9. Students

This section of the report assesses the:

- prerequisite requirements and student selection methods for entry into the program.
- student support services and facilities, including those for international students.
- mechanisms for exiting to alternative programs.

10. Physical resources

This section of the report addresses the adequacy of the physical resources available to the school for teaching, including auditoriums, laboratories, tutorial rooms, audiovisual equipment, laboratory equipment and computers. It also considers the adequacy of the clinics used for clinical teaching in terms of space, equipment and patient base.

Comment should also be made on student and staff access to libraries and the holdings of those libraries in vision science, optics and optometry.

E. Recommendations

The Assessment Team can recommend:

- accreditation for eight years
- accreditation for eight years subject to conditions being fulfilled in a specified time
- accreditation for less than eight years with conditions to be fulfilled at the end of the accreditation period
- accreditation refused.

Any conditions must be clearly and unambiguously stated.

F. Confidential Information

Outlines any information which the Assessment Team feels should remain confidential and not be published in the final OCANZ Accreditation Report produced. This would include information the Assessment Team considers commercial-in-confidence. Lists of organisations, people making submissions and people interviewed should be included. This section can be included as an Appendix or as a separate document.

APPENDIX 3

Details to be Included in Stage 1 Submission

Institutions proposing new optometry programs should provide the following information in their initial accreditation submission to OCANZ. The submission should include an Executive Summary, and appendices containing supporting documentation, as detailed below, where appropriate. It is recommended that institutions consider presenting this documentation using the structure and major headings outlined in the Accreditation Manual Part 2, as this is preparatory material for a subsequent Stage 2 submission.

Schools should provide notice of its intentions to establish a program to OCANZ 18 months before the new program is to be introduced.

1. Evidence of support by appropriate State and Commonwealth authorities concerning student places and training facilities.

   Include Memoranda of Understanding and other signed agreements, eg regarding student placements, clinical teaching resources gained from outside the School, construction of buildings, financial support, relationships with professional practice organisations and relevant health authorities

2. An overview of the course plans and major course components
3. An overview of the resources (financial, physical, staff, clinical) available to support all years of the course. This should include information on a time line and budget for staffing and other resources.
4. Candid details on any complicating factors, difficult relationships with other institutions or authorities, and any perceived weaknesses, as well as details on strategies which will be used to address these. The OCANZ accreditation process respects the commercial-in-confidence nature of new school proposals, and ensures that where there is a conflict of interest amongst its members, that these are declared.
5. A statement on the new school's plans to operate with the existing optometry schools in the region, if there is likely to be overlap in teaching and training.
6. The submission should be no longer than 50 pages.

APPENDIX 4

OCANZ ANNUAL REPORT FORM

YEAR OF THIS REPORT

NAME OF THE SCHOOL/DEPT

NAME OF UNIVERSITY

YEAR ACCREDITED OR RE-ACCREDITED — this will be completed by OCANZ

YEAR ACCREDITATION EXPIRES — this will be completed by OCANZ

1. Organisation, governance and funding

Have there been any changes or is there any proposal to change the faculty within which the school/dept. operates, merge the school with another department, or to change the lines of reporting of the school or its delegated authorities? ☐ YES ☐ NO

Have there been any major changes to the funding of the optometry program? ☐ YES ☐ NO

Are there planned changes in student numbers? ☐ YES ☐ NO

2. Educational goals and objectives

Have there been any major changes to the educational goals and objectives for the program? ☐ YES ☐ NO

3. Curriculum development and management

Have there been any changes to organisational processes for the review of the curriculum? ☐ YES ☐ NO

4. The curriculum

Have any subjects been deleted or new ones added or have the contact hours of any subject been increased or decreased significantly? ☐ YES ☐ NO

5. Teaching and learning methods

Have there been or are there any proposals to make significant changes to teaching methods in substantial parts of the program? ☐ YES ☐ NO

If there are plans to make significant changes to teaching methods, will these significantly increase or decrease contact hours or student work load? ☐ YES ☐ NO

6. Clinical training and settings

Has the nature or organisation of clinical training changed in any way that may reduce student clinical experience eg. reduced number of patients, loss of a clinical setting, reduction in the ratio of clinical instructors to students? ☐ YES ☐ NO

7. Student assessment

Have there been or are there any proposals to significantly change methods of assessment in any major subject or subjects of the program? ☐ YES ☐ NO

8. Teaching and support staff

Have there been or are there any proposals to significantly change the number of academic or support staff available for the program? ☐ YES ☐ NO

9. Students (Prerequisites for entry into the program)

Have the prerequisites for entry into the optometry program changed? ☐ YES ☐ NO

10. Physical resources

Has there been or is there any planned change in the accommodation provided to the School that in any significant way decreases the adequacy of the physical facilities allocated to the School? ☐ YES ☐ NO

Major changes

Is a major change to the program planned? (see attached page for definition of a major change) ☐ YES ☐ NO

Please attach a detailed description and explanation of any changes for which a YES answer has been given in the table above. ☐ YES ☐ NO

Accreditation Report

If your previous Accreditation Report expressed any areas of weakness, please briefly outline the initiatives you have undertaken to address these.

OCANZ wishes to be provided with full details and explanations of any changes that may decrease the quality or effectiveness of teaching. While there is no obligation to report changes that are advantageous, reports of changes and initiatives that will improve educational outcomes are welcomed by OCANZ.

Internet address for the program/ curriculum details .....

Teaching load versus teaching resources data for the optometry school at ..... for the year .....

Number of effective full time students Note 1			Number of full time and fractional full time teaching and research staff Note 2		
Year of Program	No. EFTS (optometry program)	No EFTS (other U/G program)		No of full time positions	No. of fractional full time staff
1			Professors		
2			Assoc Professors		
3			Senior Lecturers		
4			Lecturers		
5			Senior tutors		
6			Tutors		
7			Staff Optometrists		
Total u/g			Clinical Instructors		
PG Dip			Vacant FT Positions – number – position titles		
Masters			Casual/Sessional Staff (clinical teaching)		
PhD			Number of sessions		
Total HD			Total positions		
TOTAL			Total Teaching Hours		

Note 1 Equivalent full time students taught in the school excludes that fraction of students taught in other Departments of the University at the cost of those other Departments.

Note 2 Do not include research positions funded from external sources. Include only vacant positions that are being filled or which will shortly be advertised.

Appendix 4: OCANZ Annual Report Form

NAME OF HEAD OF SCHOOL/ DEPT. ……

……..... / /

Signature Date

Please return this report no later than November 30th.

Please provide a copy of the school/department annual report if one is produced.

Definition of a major change

A major change in a optometry program could be a:

- change to the institutional setting
- significant change in objectives, or a substantial change in philosophy or emphasis
- change in the length of the program, especially any reduction of length
- major change in the format or overall sequence of subjects of the program
- major change in teaching, especially those involving changes to contact hours, or a major change to assessment methods
- major reduction in resources or planned changes in student numbers leading to an inability to achieve the objectives of the existing course.

The gradual evolution of an optometry program in response to local initiatives and ongoing review would not be considered a major change.

If an optometry school is in doubt about whether proposed changes fall into the category of a major change, it should confer with OCANZ. While plans for major change are evolving, the Accreditation Committee is available to give general advice as to whether the proposed changes are likely to comply with the OCANZ Standards. Optometry schools contemplating such changes are advised to consult OCANZ as early as possible.

OFFICE USE ONLY

REPORT RECEIVED / /20

CONSIDERED BY ACCREDITATION COMMITTEE AT ITS MEETING ON / /20

RECOMMENDATION OF ACCREDITATION COMMITTEE ……

……

REPORTED TO OCANZ AT ITS MEETING ON / /20

RECOMMENDATION OF OCANZ BOARD ON / /20 ……

……

APPENDIX 5

FEES

2012 Fees

Programs with OCANZ accreditation (with or without conditions) – annual fee of AUD $8,000 (plus GST, if applicable).

New programs – upfront fee of AUD $60,000 (plus GST, if applicable).

Optometry Council of
Australia and New Zealand

Accreditation Manual for Optometry Programs in Australia and New Zealand

Part 2 – Standards

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Key Terms

Accreditation Committee	Appointed by the Optometry Council of Australia and New Zealand, this committee is responsible for implementing and administeringaccreditation 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 schools to the Optometry Council of Australia and New Zealand prior to the commencement of the accreditation process.
Assessment Team	Undertakes the review and assessment of optometry programs for accreditation purposes. The Accreditation Committee is responsible for recommending the membership of an Assessment Team to the Optometry Council of Australia and New Zealand.
Assessment Team report	Report of the Assessment Team completed at the conclusion of the assessment process. This report is presented to the Accreditation Committee and provides recommendations on the accreditation/re-accreditation of an optometry program.
Compotency Standards	A list of skills, knowledge and attributes that a person needs to be able to perform to practice optometry.
Program	A program of study provider by a school. Note: The term course" is used in many universities.
EFTS/EFTSU	Equivalent Full Time Student (Unit) – a means of quantifying student numbers for funding purposes.
Extramural placements	Student clinical placements that occur outside the optometry school.
Optometry Council of Australia and New Zealand (OCANZ)	The accrediting agency for the Australian and New Zealand Registration Boards, responsible for conducting examinations for overseas qualified optometrists seeking registration in Australia and New Zealand and for developing and administrating the accreditation system for Australian and New Zealand optometry programs.
School of Optometry	Specialist area within a university that delivers optometry program. Note: The term 'school' has been used throughout these Standards however the term 'department' is used in someuniversities. The term "education providers" is used by National Law to describe universities or other institutions.

Standards	Used to assess whether a program of study, and the university that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise optometry.
Subject	A component of an optometry program. Note: the term 'unit', 'course' or 'topic' is used in many university programs.
Therapeutic practice	The practice of optometry that includes the prescribing of certain controlled drugs and poisons.

1. Introduction

OCANZ was established in 1996 with the support of and representation from the:

- Registration Boards in Australia and New Zealand
- Heads of the optometry schools
- Optometrists Association Australia
- New Zealand Association of Optometrists

The two key roles of OCANZ are:

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

Both roles aim to provide a system of quality assurance for the Registration Boards that all those entering the profession are competent to practise to contemporary standards.

OCANZ published accreditation standards and procedures in 1998. These standards and procedures were subject to a major review in 2004 with the aim of streamlining the accreditation process for optometry schools in Australia and New Zealand and for Assessment Teams assessing optometry programs.

Changes to legislation in several jurisdictions formally extended the scope of optometric practice to include the prescribing of certain controlled drugs and poisons by suitably qualified optometrists (therapeutic practice). As a result it was also necessary to establish criteria relevant to a graduate's ability to undertake therapeutic practice.

It is a requirement of accreditation that all graduates be trained for therapeutic practice in the jurisdictions in Australia and New Zealand where optometrists are able to manage the widest range of ocular disease.

The revised accreditation standards and procedures, published in 2006, comprise two parts, namely:

- Part 1 – Process and Procedures.
- Part 2 – Standards.

The OCANZ accreditation process requires optometry schools to provide evidence that demonstrates that the programs they offer meet the standards contained within the following Standards and produce graduates who are competent for therapeutic practice. These ten Standards are grouped into three general categories, namely:

Organisation and Management

1. Organisation, governance and funding

The Optometry Program

2. Educational goals and objectives
3. Program development and management
4. Program curriculum
5. Teaching and learning methods
6. Clinical training and settings
7. Student assessment

Resources

8. Teaching and support staff
9. Students
10. Physical resources

This document contains a description and interpretation of the Standards as well as suggested evidence to demonstrate achievement of the Standards.

The school is asked to prepare an accreditation submission in the form of a portfolio or information manual for the Assessment Team. The submission is to address each of the ten Standards as well as the requirement that all graduates be trained for therapeutic practice in the jurisdictions in Australia and New Zealand where optometrists are able to manage the widest range of ocular disease.

In assessing a program for accreditation, the Assessment Team must be satisfied that graduates have acquired the knowledge, skills and attributes needed to meet contemporary standards of practice and that they have the capacity to maintain competence. In addition to the Standards, the Competency Standards (including the Therapeutic Competencies) provides guidance to the Assessment Team as to the standards expected in Australia and New Zealand (refer Appendix 2).

Note June 2012: The Accreditation Manual for Optometry Programs in Australia and New Zealand Part 1 - Process and Procedures was reviewed and updated in 2012. Only the key terms and reference to National Law (Health Practitioner Regulation National Law Act 2009) has been updated in the manual.

2. Organisation and Management

This section provides contextual information regarding the institution and school delivering the optometry program. It covers the following Standard:

1. Organisation, governance and funding

Standard 1 — Organisation, governance and funding

The optometry school should have sufficient funds and administrative and academic organisational structures that allow control over the objectives and direction of the optometry program, and the resources available for its implementation.

Interpretation

This standard addresses the organisation, governance and funding of the optometry school within the university. Its focus is on the context in which the optometry program is delivered, specifically:

- the administrative and academic organisational structure of the university and the degree of control that the school has over the curriculum and allocation of resources
- the adequacy of and the source of funding for the school
- the networks and affiliations that enrich the clinical learning experience.

a) Administration and organisational structure

OCANZ expects each optometry school to be part of a large multi-disciplinary university, as are the present schools in Australia and New Zealand, and acknowledges that universities:

- have different academic structures for organising disciplines
- have different administrative and funding structures for managing resources.

b) Strategic planning

The strategic plans developed within the school/faculty indicate future activity, developments and priorities. Strategic planning gives the school an opportunity to review the strengths and weaknesses of the optometry program and issues relating to its implementation.

c) Funding

The optometry school must be able to demonstrate sufficient resources to enable it to adequately deliver and maintain the basic optometry program to the standards expected by OCANZ.

d) Relationships with other organisations

Health authorities

Optometry schools are encouraged to build constructive relationships with relevant health authorities, as publicly funded health service institutions play an important role in clinical teaching.

Affiliated institutions

OCANZ expects optometry schools to have well established and beneficial relationships with health service agencies and research institutions affiliated with the university. These might include:

- access to affiliated health care service institutions by academic staff who teach clinical subjects to enable them to maintain and develop clinical skills.
- clinical teaching of undergraduate optometry students within affiliated health care service institutions.

- joint academic and clinical appointments in the school and affiliated health care service institutions.
- formal mechanisms for high level consultation between the school and the affiliated institutions to ensure appropriate communication and liaison on matters of mutual interest, particularly those relating to teaching and clinical service.

Formalised arrangements to protect these relationships should be developed to ensure that an appropriate environment for teaching is in place.

The profession and the broader health community

There should be effective mechanisms enabling the school to communicate with and receive feedback from:

- optometric practitioners,
- professional associations,
- the medical profession and other health professions.

Evidence

Suggested evidence requirements for submission

a) Administration and organisational structure

Overview of the university

- Brief summary/overview of the university, including information on its establishment, governance and management structures and the disciplines covered.
- Statistical overview of its size, including student and staff numbers.
- Information that shows the national and international standing of the university as a teaching and research university, including a list of senior university officers and researchers.
- List of website addresses displaying relevant information.

School and faculty structure in the university

- Organisational chart depicting the school's relationship with its faculty and university including the positions of senior officers.
- List of website addresses displaying relevant information.

School structure and administration

- Organisational chart depicting the structure and management of the school.
- List of other university departments that provide teaching in the basic optometry program – including the names of the subjects taught by each.
- List of website addresses displaying relevant information.

School committees

- Description of the school committee structure.
- Description of membership, functions, terms of reference and frequency of meetings of school committees, such as curriculum or planning committees.
- List of website addresses displaying relevant information.

Suggested evidence that might be requested during the site visit

- Position descriptions / curriculum vitae for the Head of School and senior officers.
- University or school policy documents or other publications that provide information about the school's governance, structure and administration.
- Copies of the Terms of Reference for major school or faculty committees.
- Any other documents that will assist the Assessment Team to understand the relationship of the school to its university and the standing of the university.

Note: For new programs, this section of the submission will need to be more detailed than for existing programs.

b) Strategic planning

Suggested evidence requirements for submission

- Statement from the Head of School evaluating the strengths and weaknesses of the school, as they relate to the goals and objectives of the program – this should include a summary of the areas of concern identified in previous Optometry Council Accreditation Reports and the school's response to these.
- Statement outlining future priorities, new developments and possible program changes.

Suggested evidence that might be requested during the site visit

- Copy of the school's strategic plan and/or financial budget.
- Copy of any faculty review or planning documentation.

c) Funding

Suggested evidence requirements for submission

Funding policies

- Statement about the policies and formulae that determine the funding provided to the school by the university.

d) Relationships with other organisations

Suggested evidence requirements for submission

Relationships with relevant health authorities

- Statement listing the relevant health authorities the school has a relationship with and the nature of the relationship.

Suggested evidence that might be requested during the site visit

- Copies of any formalised arrangements, relating to the optometry program, between the school and other organisations.
- Documentary evidence of:

  - strategies used to communicate with the profession / health community

  - feedback received from the profession / health community.

3. The Optometry Program

This section focuses on the optometry program curriculum and covers the following Standards:

2. *Educational goals and objectives*
3. *Program development and management*
4. *Program curriculum*
5. *Teaching and learning methods*
6. *Clinical training and settings*
7. *Student assessment.*

Standard 2— Educational goals and objectives

The goals and objectives of the program should be clearly stated and broadly consistent with those described by OCANZ as necessary to provide the knowledge, skills and attitudes for the effective and professional practice of optometry.

Interpretation

This standard focuses on the formally stated educational goals and objectives of the optometry program and their consistency with those of OCANZ. It considers whether the goals are generally known and understood by both staff and students and whether the program addresses and develops in students the required knowledge, optometric skills and appropriate attitudes for professional practice.

Schools are expected to define and document the educational goals and objectives of the optometry program. These should be broadly consistent with those specified by OCANZ (refer Appendix 1).

OCANZ considers that an optometry program leading to registration has two key goals:

- to ensure that graduates are competent to undertake independent practice of optometry, including therapeutic practice.
- to provide the educational foundation for career-long learning.

Objectives relating to knowledge and skills should be firmly based on scientific principles and graduates should develop appropriate professional attitudes.

The scope of knowledge relating to optometry and its foundation in biomedical science is growing fast, and many aspects of practice are changing rapidly. Emphasis in basic optometric education should be placed on the principles underlying ophthalmic science and practice although, as graduates must be capable of independent practice immediately on graduation, a firm grasp of current knowledge and highly proficient clinical skills must also be achieved.

The organisation of the curriculum will be enhanced by explicit statements about the knowledge, skills and attitudes expected of the students at each stage of the program. Goals and objectives should be made known to students at the outset and be referred to frequently throughout the program. OCANZ encourages schools to provide guides for each subject that clearly set out the objectives of the subject and what each student is expected to achieve.

Evidence

This section should provide evidence of the formally stated goals and objectives of the program. The Assessment Team will consider this evidence and whether the goals are consistent with those of OCANZ. Refer to Standard 2 for further information.

Suggested evidence requirements for submission

- Published statement of the goals and objectives of the program relating to knowledge, skills and attitudes.
- Statement explaining how students are made aware of the goals and objectives of the program.
- Copies of official school/faculty publications, student guides, subject guides and lists of websites where the goals and objectives of the program and/or components of the program are published.
- List of website addresses displaying relevant information.

Standard 3 — Program development and management

Schools are responsible for developing, implementing and monitoring a curriculum that achieves their stated educational goals and objectives. Optometry schools will have mechanisms for developing, monitoring and evaluating the program content and assessment requirements to achieve the goals and objectives of the program.

Interpretation

This standard focuses on the organisational processes for the development and review of the program content. It considers the school's capacity to change the structure and content of the program to meet changing needs.

a) Curriculum design and implementation

Schools need to demonstrate that they are able to develop, implement and change the curriculum according to stated educational goals and objectives and the changing needs of the profession.

OCANZ expects schools to have a committee in place to develop and implement curriculum and assessment, policy and content. Membership of this committee should include individuals with expertise and interest in optometric education from both the pre-clinical and clinical sciences. The responsibilities of individuals should transcend specific discipline interests. It is also expected that mechanisms will exist for the ongoing monitoring and review of the curriculum.

b) Emergent topics requiring special emphasis

The school should demonstrate that it has mechanisms that recognise and initiate responses to emerging issues, especially those that cross disciplinary boundaries. Topics of emerging interest may include 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.

c) Monitoring and evaluating the curriculum and teaching effectiveness

Each school must demonstrate that it has mechanisms for monitoring and evaluating its curriculum, quality of teaching and quality of graduates against stated educational goals and objectives. These mechanisms may include periodic reviews leading to major restructuring and change as well as more gradual changes to the curriculum and its components.

The major mechanism for monitoring the program will be a program committee. The monitoring of programs should also aim to incorporate:

- student feedback
- success rates
- tracking and monitoring graduates

Student feedback

Questionnaires/surveys

OCANZ recommends that student questionnaire responses be obtained and evaluated regularly for each component of the program, especially where the program has changed. Carefully designed and evaluated student questionnaires can provide valuable information where a suitably high rate of return of completed questionnaires is received.

Mechanisms for providing such feedback to those responsible for designing and teaching individual programs or program components must exist as part of a continuous improvement process. Negative feedback should also be identified and analysed and consideration given to possible program changes.

Student representation on committees

In addition to student questionnaires, other pathways for student feedback should exist including student representation on curriculum committees or input into formal consultative process. Students should also have ready access to conveners of components of the program and to administrative staff.

Success rates

Analysis of pass rates in individual components can provide an indication of issues relating to:

- program content
- the teaching of the subject/component
- examinations and assessment

The curriculum committee should oversee the pass rates in individual components and investigate situations where these are inappropriately low.

Tracking and monitoring graduates

Examining the quality and success of graduates is useful in evaluating the appropriateness and effectiveness of the program. Although tracking graduates can be difficult, schools should attempt to implement mechanisms for obtaining feedback from both employers and graduates. Schools in Australia can obtain some information from graduates who complete the Program Experience Questionnaire and/or the Graduate Destinations Survey conducted by the Graduate Careers Council of Australia four months post graduation.

Evidence

This section should provide evidence of the mechanisms in place for the development and management of the program. Refer to Standard 3 for further information.

Suggested evidence requirements for submission

a) Program design and implementation

- Statement describing the policies and procedures used by the school to develop and implement the curriculum content and assessment strategies.
- Overview of the organisational structure of the program/curriculum committee and a description of its key responsibilities, membership and schedule of recent activity.
- Short summary of the significant changes that have been made to the program in the last five years, including significant changes to the rating and extent of clinical experience.

b) Emergent topics requiring special emphasis

- Description of the mechanisms used to recognise and initiate responses to emerging issues, including those relating to changing health and educational priorities and those crossing disciplinary boundaries.

c) Monitoring and evaluating the curriculum and teaching effectiveness

- List of the strategies used to monitor the quality and effectiveness of the program, its component subjects and teaching, both within the optometry school and in other departments.
- Statement describing the policies and procedures used by the school to evaluate the curriculum and the effectiveness of teaching, and to instigate change. This should cover:

- staff feedback

- student and staff surveys

- analysis of student results and success rates

- tracking and monitoring of graduates

- Summary of examples of recent changes to the curriculum and methods of teaching made in response to student/graduate surveys and staff views.

Suggested evidence that might be requested during the site visit

- Copies of any recent reviews of the program or component subjects that have been conducted by the university or the school.

Site visit / focus of Assessment Team

The Accreditation Committee may nominate some emerging issues that it wishes to have considered during the assessment. Issues may include those arising from recent or imminent legislation changing the scope of practice of optometry or changes in methods of practice arising from changes in knowledge or technology.

Standard 4 — Program curriculum

Each optometry school should establish a curriculum capable of achieving its stated educational goals and objectives. This curriculum must provide:

- strong foundations in the basic and biomedical sciences and a thorough understanding of the optical and vision sciences.
- a strong didactic program in the dysfunctions and diseases of the eye and the fundamental skills required for the practice of optometry.

Interpretation

This standard focuses on the adequacy of the optometry curriculum to achieve its stated educational goals and objectives.

OCANZ does not specify core curriculum or individual subjects and supports the belief that diversity between schools in the approach to the optometry program is desirable.

a) Entry requirements

Students selected for optometry programs need the necessary knowledge and skills to ensure success in the program. Certain standards of literacy, numeracy and scientific knowledge are required for successful completion of an optometry program. It is desirable that students entering an optometry program have knowledge of chemistry, physics and mathematics to year 12 or tertiary level. This is especially important for programs that embark on clinically related studies early. Students should also have a competent command of the English language. This may be demonstrated through results in English studies or by means of an assessment tool used in student selection.

b) Curriculum design and structure

The three essential components of an optometry program include:

- a 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 program covering the dysfunctions and diseases of the eye and the fundamental skills required for the practice of optometry.
- a significant period, the equivalent of at least one year, spent primarily in direct contact with patients to experience and learn about:
  - the diversity of presentations and patient needs.
  - the complex interplay of causative factors, pathogenic processes, and psychological and physical factors in the patient.

The optometry program should be of a suitable duration and structured to meet these essential components.

Integration of pre-clinical and clinical sciences

While there is merit in having pre-clinical science programs designed specifically for optometry students to focus on optometry related issues, there are also distinct advantages to optometry students learning their basic sciences with science students and sharing classes in biomedical sciences with students of other health professions.

In order to demonstrate the relevance of the pre-clinical subjects to optometry students, every effort should be made to ensure that the provider university department teaches in a way that demonstrates the clinical relevance of the material. Where possible, optometric educators should take some special lectures, tutorials or practical classes so that bridges can be constructed between the science and its clinical application.

c) Research

Optometric education is enhanced by a school environment in which research is actively pursued. An active research environment within a school provides students with opportunities to observe and participate in ongoing programs either as mandatory or elective components of their curriculum. All optometry students can benefit from some direct contact with active researchers.

Evidence

This section should provide details of the program curriculum. Refer to Standard 4 for further information.

Suggested evidence requirements for submission

a) Entry requirements

- Statement of admission requirements for entry to the program.
- List of publications and website addresses where this information is officially stated.
- Admission statistics if available.

b) Curriculum design, integration and organisation

- Table outlining the structure and duration of the program. This should include the number of teaching weeks in each year of the program and how teaching, study and examination periods are organised for each semester.
- Descriptive and explanatory statement of how the program:
  - balances and integrates the goals of providing rigorous education in:
  - the basic, biomedical and paramedical sciences as a foundation for understanding ocular function and dysfunction
  - the vision and optical sciences
  - ensures professional competence on graduation.
- Website addresses of relevant information.
- Documentation delineating responsibilities and standards required in shared programs/ programs.
- Table depicting the organisation and integration of subjects in the program that:
  - provides the contact hours for lectures, tutorials/seminars and practical/clinical classes for each subject, in each semester
  - provides total contact hours for each semester, year and the program as a whole
  - indicates the teaching department responsible for each subject and the name of the coordinator.

Concurrent degrees and double degree programs

- Description of any options for students to undertake the study of non-optometry subjects or a concurrent program.

Rural and remote area teaching

- Details about rural and remote area experience that are part of the program or available as an option.

Teaching of understanding of social and cultural diversity

- Details about the extent to which the program deals with the provision of health care to the indigenous community, the disadvantaged, the disabled and to community groups with differing cultural and social mores.

c) Research

Suggested evidence requirements for submission

Research program

- Brief description of the research programs of the school, funding sources, research fields and current projects for each academic staff member active in research.

Site visit / focus of Assessment Team

The Assessment Team will assess how the school ensures the appropriate level of teaching, and the effectiveness and comprehensiveness of the program for optometry students where other departments are involved in delivering the program.

The Assessment Team will also enquire into the research activities of the optometry school to establish that they are of sufficient substance to bring appropriate benefit to the teaching program. Specific attention will be given to the opportunities for all students to encounter research activities at some stage of their program and for some students to pursue particular research interests in depth. The accreditation process does not evaluate the specific research activities of the school.

Standard 5 — Teaching and learning methods

Teaching and learning methods used in the optometry program should be consistent with the optometry school's educational goals and objectives and the nature of pre-clinical and clinical subjects. A range of learning strategies, especially those that promote active, student-centred inquiry, problem-based learning and the fostering of life long learning skills, should be used.

Interpretation

This standard focuses on the teaching methods used in the program, including the clinical teaching methods and the adequacy of the clinical experience provided.

a) Requirement for varied and innovative teaching methods

OCANZ encourages innovative methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills. Problem-based learning, computer assisted learning and other student-centred learning strategies are encouraged. Some of these strategies include:

- essays / extended responses
- problem sheets / case studies / computer aided activities
- independent and group research assignments
- activities that promote additional reading

Evidence

This section should provide details of the teaching and learning methods used in the delivery of the program. Refer to Standard 5 for further information.

Suggested evidence requirements for submission

- statement about the teaching strategies for each program component/subject
- description of student-centred learning methods used for non-contact hours for each subject. (Note: this can include both academic subjects and clinical subjects or clinical subjects can be addressed separately in the next section.)

Suggested evidence that might be requested during the site visit

- Samples of student research / assignment / practical task instructions.

Standard 6 — Clinical training and settings

During the optometry program, students must be provided with extensive and varied clinical experience. This includes opportunities to have direct contact with patients over a significant period of time. It is also essential that students are taught in clinical environments where large numbers of patients of varying ages and social backgrounds are seen and where there is a wide diversity of presentations of ocular dysfunction and disease.

Interpretation

This standard focuses on the need for an extensive and varied clinical experience. Guidance is provided where clinical exposure is limited and for programs utilising extramural placements.

a) Requirement for an extensive and varied clinical experience

Students should be exposed to a range of settings in which health care and health promotion services are delivered to broaden their perspective of health care delivery and to increase the diversity of patients they see.

While core instruction may be provided within a university optometry clinic, students should also be provided with experience in other settings. The school should ensure that its university clinic has a large, diverse patient base and that it provides a well-patronised range of specialist optometric services. These patient encounters should provide students with experience across a wide range of presentations and should ensure that their procedural skills are highly practised. They should have extensive experience in the delivery of glasses, contact lenses, low vision aids, visual training and the primary treatment of a diverse range of ocular disease.

Experience in the provision of care must be supplemented by case demonstrations, case discussions and by observation of experienced practitioners in a variety of clinical settings.

b) Requirements when clinical exposure is limited

Where the school is unable to provide a sufficient number of student/patient contacts, it must be able to demonstrate that effective clinical teaching is provided during those encounters and that the clinical experience is extensively supplemented by:

- demonstrations of patients with common or important visual and ocular conditions
- case discussions
- computer aided case exercises
- observation in a diversity of clinical settings

The school must also be able to show that students have a high level of proficiency in core clinical techniques, despite limited experience in direct patient care.

c) Requirements for extramural placements

Mechanisms must be in place to ensure that all extramural clinical placements are well organised and provide services and teaching of a high standard. The objectives and the assessment of all clinical placements should be clearly defined and known to both students and practitioners. Practitioners who provide student instruction in extramural clinical settings should have an active relationship with the school, at least through regular meetings, and by visits to the extramural settings by academic staff. Special effort should be made to monitor the educational experiences in these clinical placements.

Evidence

This section should provide details of the clinical training arrangements for the program. Refer to Standard 6 for further information.

Suggested evidence requirements for submission

a) Instruction in clinical methods

- Statement describing how students are taught clinical procedures and clinical methods prior to entering clinics to see patients under supervision. Clearly indicate how students are encouraged to develop their skills with clinical procedures and the opportunities they have to practise these techniques outside formal class times.

b) Clinical experience and clinical teaching

- Statement describing the clinics within which students obtain their clinical instruction and experience, indicating for each clinic:

- name of operator
- scope of practice, size and diversity of patients
- methods of clinical instruction used
- ratio of clinical instructors to students at various stages of clinical years.

Clinical experience

Table 1: Number of patients managed by final year students under supervision in the preceding year

Patients by clinic / type of contact	Lowest number	Median number
General Clinics		
First visits		
Subsequent visits		
Contact Lens Clinics		
Number of patients fitted with soft contact lenses		
Number of patients fitted with hard/ RGP contact lenses		
Total patients fitted with contact lenses		
Aftercare visits provided		
Children & Binocular Vision (BV) Clinic		
First visits		
Subsequent visits		
Low vision clinic		
First visits		
Subsequent visits		
Other clinics (give details)		
Total number of patients managed		
Number of patients observed by students under supervision in the preceding year		
Vision screening		
Number of days spent vision screening		
Number of patients screened		
Number of patients aged <8 years screened		
Delivery of glasses		
Number of patients to whom glasses delivered		
Number of patients observed by students		
General Clinics		
Contact Lens Clinics		
Children's & BV Clinics		
Low Vision Clinics		
Demonstration Clinics		
Grand Rounds		
Total patients observed		

Patients by clinic / type of contact	Lowest number	Median number
Overall total of patient contacts		
Number of days in extramural placements in the preceding year		
Number of days spent in the following:		
Hospitals (Australia or NZ)		
Hospitals (international)		
Other clinical settings		
Private practice		
Community health centres		
Externships		
Total number of days extramural		
Number of optical appliances prescribed by students in the preceding year		
Optical appliances dispensed and fitted to patients		
Number of single vision spectacles		
Number of bifocal/trifocal spectacles		
Number of progressive lens spectacles		
Number of low vision aids		
Other		
Total optical appliances prescribed		

Experience in dispensing

Statement describing the extent to which students have experience in:

- lens and frame manufacture
- fabrication of glasses
- repairs of glasses
- checking of glasses
- checking of contact lenses

c) Teaching in special clinical areas

- Descriptive and explanatory statement on the strategies used to teach in each of the following special clinical areas, and goals for the future:
  - paediatric optometry, orthoptics and visual training
  - contact lens prescribing and management
  - assessment and rehabilitation of the partially sighted
  - treatment of ocular disease, including treatment using pharmacological agents
  - ethics and professional responsibilities

Suggested evidence that might be requested during the site visit

- Student publications regarding clinical placements.
- Sample student log books showing patient load (de-identified to protect confidentiality).
- Sample student evaluation forms (de-identified to protect confidentiality).
- Copies of clinical manuals provided to students.

Site visit / focus of Assessment Team

The Assessment Team will:

- tour the school clinic and/or affiliated clinics/facilities
- focus on whether the clinical teaching components of the program contribute to students achieving competence in the practice of optometry
- assess whether components of different subjects in various years of the program contribute in a planned way to competency in each area
- review the different methods of teaching used (lectures, practical classes, clinical experience, assignments, computer aided instruction etc).

Standard 7 — Student assessment

Student achievement of the educational goals and objectives for both the pre-clinical and clinical components of the program should be assessed using the most appropriate methods to ensure that the assessment is valid, sufficient, authentic and current. Assessment methods should be explicitly stated to students at the outset of the program and each program component/subject.

Interpretation

This standard focuses on the assessment methods used in the program, the reliability and validity of the methods used and whether or not the methods give assurance that every student who passes the program is competent to practise optometry safely to the minimum standards expected by the profession. The Competency Standards (including the Therapeutic Competencies) provide clear guidance as to the standards expected in Australia and New Zealand (refer Appendix 2).

a) Assessment methods

Schools are expected to use both summative and formative assessment methods. Formative assessment should be regarded as integral to the education of optometry students. Methods of assessment should be varied and are likely to include assessment of:

- essays / extended responses
- case studies / commentaries
- project reports
- oral assessments / interviews / presentations
- documentation of the completion of required tasks (such as clinical log books)
- clinical case examinations

b) Clinical assessments/examinations

OCANZ considers it important that clinical examinations, whether with real or simulated patients, should form a significant component of the overall process of assessment of the clinical disciplines. Clinical examinations assess clinical competence and communication skills, and provide an incentive to students to practise and improve these skills.

A number of strategies may be used, including:

- use of simulated and standardised patients to test specific skills in a structured, multiple-station assessment process (sometimes known as the 'objective-structured clinical examination').
- 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.

c) Assessment instruments

OCANZ encourages optometry schools to develop valid and reliable instruments to assess all of their specific educational objectives, including attitudinal objectives such as independent learning, communication with patients, working as part of a health team and problem solving skills.

d) Progression and remediation

Students should be provided with information on:

- the rules of progression and progression rates
- options for students to transfer to another program
- the systems of feedback to students
- support systems for students

Evidence

This section should provide details of student assessment in the program. Refer to Standard 7 for further information.

Suggested evidence requirements for submission

a) Assessment methods

- Brief statement of the philosophy that underpins the choice of assessment methods used by the school.

Pre-clinical assessment and examinations

- List each pre-clinical subject and state the assessment methods for each including:

  - format of the assessments

  - an indication of the weighting given to each component of assessment

Clinical assessment and examinations

- List each clinical subject and state the assessment methods for each, including:
  - a description of how clinical knowledge and clinical proficiency are assessed
- the weighting given to each component of assessment
- Describe the requirements for student proficiency in core clinical techniques, both prior to undertaking examinations of patients under supervision and prior to completion of the program.

b) Progression and remediation

Description of the requirements for program progression, including:

- satisfactory completion enabling the student to progress in the program
- exceptional circumstances, such as when a student may:
  - be admitted to supplementary examinations
  - progress in the program without a clear pass in every subject
- Statement describing the rules under which a student may be suspended from the program.
- Statistical information on:
  - success/failure rates in each subject
  - progression rates from one year to the next and the proportion of students who complete the program in minimum time
- the number of students suspended from the program in the last five years

Statement describing:

- the options open to students to transfer to another program, with or without credit
- the systems of feedback to students who fail components of assessment
- support systems for students who experience difficulty with the program

Suggested evidence that might be requested during the site visit

- Sample examinations or assessment instruments, e.g. student instructions for research/ assignments, essay topics, practical tasks.
- Copy of examination/assessment schedule and standards issued to students.
- Published set of clinical outcomes for students.
- Copies of any reports to the faculty or university on success/failure rates.
- Copies of external examiners' reports for the last three years (if used).

4. Resources

This section focuses on resources to support the delivery of the optometry program and covers the following Standards:

8. Teaching and support staff

9. Students

10. Physical resources.

Standard 8 — Teaching and support staff

An optometry school should be adequately staffed by academic, administrative and technical staff who have the appropriate qualifications and expertise to provide and support the educational goals and objectives of the optometry program.

Staff should be provided with professional development opportunities and be involved in performance review processes under the leadership of the Head of School.

Interpretation

OCANZ believes that the following staffing requirements are necessary to deliver a basic optometry program:

- sufficient academic staff with the qualifications and expertise to provide effective teaching and academic leadership in each of the main divisions/specialties of optometry.
- affiliate and associate appointments of clinicians in addition to academic staff requirements.
- administrative and technical staff to support the academic staff.

a) Teaching staff

Optics and vision science

The optometry school will have qualified staff members responsible for teaching the different aspects of visual performance and visual physiology.

Clinical optometry

Adequate numbers of full-time staff, responsible for the teaching of clinical optometry, are required to cover:

- functional disorders of vision
- diseases of the eye
- paediatric optometry and binocular vision
- contact lens practice
- geriatric optometry
- rehabilitation of the partially sighted

Full-time academic staff members in each of these areas is not required as some academic staff will have more than one field of expertise.

b) Visiting staff

An optometry program needs to draw on the experience and insights of clinicians who are engaged in full-time clinical practice.

c) Support staff

The academic staff must be adequately supported by administrative and technical staff. The number of support staff will depend on the extent to which support is provided through faculty or central university services and the extent to which responsibilities are devolved to the school.

d) Staff development and review

OCANZ encourages professional development and performance review opportunities for staff involved in the delivery of optometry programs leading to registration.

Evidence

This section should provide details of teaching and support staffing for the program. Refer to Standard 8 for further information.

Suggested evidence requirements for submission

a) Qualifications and expertise of staff

Academic staff

- List of all full-time academic staff in order of seniority, giving their academic rank, qualifications, particular expertise and present teaching duties. Include any position that is currently vacant but which is expected to be filled in the next year.
- Organisational chart for the school and, if relevant, the university faculty.
- Description of the qualifications and expertise of academic staff from the school or faculty handbook.

Visiting academic staff

- List of all visiting staff who work in the school for an average of a half day a week or more during the academic year or who give more than five lectures. List final year clinical instructors and provide for each their position/title, qualifications, primary occupation outside the school and the nature and extent of teaching duties.

Support staff

- List the number of support staff (0.5–1.0 EFT) by position title (e.g. research assistant, receptionist, administrative officer).

b) Staff development and review

- Statement describing the staff development and performance review policies.

Standard 9 — Students

The optometry program should have clearly documented entry requirements and student selection methods for entry into the program, regardless of whether the selection is administered centrally by the university or by the schools. Transparent mechanisms for exiting to alternative programs should also be provided to students.

Support services and facilities that provide assistance with both the academic and personal development of students should be accessible and promoted to students, including specialised services for international students.

Interpretation

This standard focuses on:

- student selection methods for entry into the program.
- student support services and facilities, including those for international students.

a) Methods of student selection

OCANZ recognises that universities use different processes for selecting the most appropriate students into professional programs. Whichever method is used, the process should be clearly defined and documented and applied consistently. A description of the selection process should be published and made available to potential students.

Where student interview is used, steps should be taken to develop and trial the interview process to make it as objective and fair as possible.

Follow-up of the outcome and feedback on the selection process is encouraged so that the process can be improved as necessary.

b) Support services and facilities

Adequate student support services and physical facilities for student study and recreation should be provided. Support services should include access to counselling services with trained staff, student health and financial services, student academic advisers and more informal and readily accessible advice from individual academic staff.

Physical facilities should include adequate lounge, locker and food service areas.

c) Personal development of students

The curriculum should encourage personal development of breadth and perspective in the student, rather than being focused narrowly on vocational training. Electives, self-directed learning, advanced study units in optional areas and research or work experience locally or abroad can help to develop this breadth.

d) International students

Appropriate language and counselling support for international students should be provided if required.

Evidence

This section should provide evidence relating to students undertaking the program and of arrangements to support them. Refer to Standard 9 for further information.

Suggested evidence requirements for submission

a) Student numbers

- Table listing student intake figures for the current or previous year to the assessment visit. The figures should clearly indicate both quota and actual numbers for national residents and international students.

b) Student selection

Modes of entry

- Description of the different modes of entry into the program, such as:

  - from year 12 of secondary school into first year

- admission with advanced standing for those with completed tertiary studies
- special admission scheme for disadvantaged students
- admission for international students

Prerequisites for entry

- Statement describing the qualifications/requirements for:
  - admission (e.g. completion of year 12 school examinations, university entrance examination, part or all of a degree program) and, where relevant, subjects that applicants are required to have studied and passed.
  - admission with advanced standing into a later year of the program (e.g. completion of a degree, completion of particular tertiary subjects).
  - Admission statistics and if available, profile of successful applicants for the past five years – include information on gender, academic ranking and international/local student ratio.

Selection methods for standard entry into the program

- Statement describing the methods used for selection for standard (first year) and advanced standing entry.
- Copy of the school's statement of policy and procedures for student selection.

Academic performance standard required for entry

- Data on the intellectual quality of students selected over the past four years. This can be in the form of:
  - percentile of academic ability (e.g. as shown by year 12 or university entrance examinations)
  - cut off score of any scale used to rank the academic ability of students – provide an explanation of the calculation and interpretation of any local scale used.

Special admissions

- Details on the selection methods used for the school's special admission programs. Include any publications or addresses of websites available to applicants for special admission.

International students

- Details on the methods used for selecting international students and information made available to applicants.

c) Student support services

- Statement outlining any school or university student support services including orientation of new students, mentor programs, student counselling service, student health service, student financial support schemes and remedial programs for students making unsatisfactory progress. Include any publications or addresses of websites available to students regarding support services.

d) Student/staff ratios

- Statement about staff/student ratios for the school.

Suggested evidence to be available during the site visit

- Copies of any publications available to applicants for special admission.
- Copies of any publications that explain the selection process to potential students.
- Sample recruitment materials e.g. entries included in program selection/careers handbooks.
- Copies of publications relating to international student selection.
- Copies of publications relating to student support services.
- Examples of orientation programs for new students.

Standard — 10 Physical resources

Appropriate facilities must be provided to meet the educational objectives of the optometry program. This includes facilities suitable for:

- teaching
- clinical training and experience
- researching and referencing current materials relating to the program.

Interpretation

This standard focuses on the physical resources required to meet the educational goals and objectives of the optometry program.

a) Teaching facilities

Suitable teaching facilities must be available for lectures, tutorials and practical classes. This includes:

- auditoriums / lecture rooms
- tutorial rooms / classrooms
- practical laboratories / pre-clinical laboratories

The following equipment, used to support teaching activities, should also be provided:

- audiovisual and multimedia equipment
- laboratory equipment for optics and vision science practical classes.

b) Clinical facilities

It is expected that the school will have its own clinical facility, the size of which will depend on the number of students and the extent to which the school makes use of the clinical facilities of affiliated or associated institutions.

School clinic

If the school clinic is the primary venue for clinical teaching, it must:

- have a sufficient number of well-equipped consulting rooms to provide adequate experience for students in the direct care of patients.
- be well provided with specialist ophthalmic equipment.
- include rooms for patient demonstrations and case discussions.

The clinic should not simply be a clinic for teaching optometry students but should meet real needs for optometric care in the community.

Associated or affiliated clinics

If the clinics of associated or affiliated institutions are used extensively to provide clinical experience and training, the Assessment Team will need to evaluate their adequacy by a site visit. Clinical facilities must be available for initial clinical training to prepare students for entry into the clinic.

c) Library

Libraries containing current books and journals in the biomedical, vision and optical sciences, and in optometry, must be provided and reasonably accessible for use by students and staff. Library staff and access to computer-based reference systems and the Internet should also be available to help students and staff.

Evidence

This section should provide details of the physical resources required to deliver the program. Refer to Standard 10 for further information.

Suggested evidence requirements for submission

a) Facilities

Teaching facilities

- List or map depicting the principal pre-clinical teaching spaces, indicating the area of each space.

Clinical facilities

- List or map depicting:
  - the consulting rooms available for student use during the academic year.
  - other clinical spaces used for teaching (e.g. patient demonstration rooms or theatres, special clinics, rooms for specialised equipment, rooms for spectacle frame display and selection, dispensary, rooms for clinical discussions during clinical supervision etc).

Teaching facilities provided in hospitals and other health centres

- Description of teaching facilities located in hospitals or other health care institutions that are regularly used for student teaching. Include a comment on the adequacy of these facilities.

Facilities for students

- Description of the facilities available to students for private study, relaxation and storage of personal belongings. Include a comment on the adequacy of these facilities.

Optometry library and other information systems

- Description of:
  - library facilities available for optometry students and staff.
  - computer facilities, including Internet and email access.
  - any computer-based reference systems and learning packages.
- Copy of school/university policies relating to Internet and email access.
- Statement on the proportion of students who have Internet and email access through the school or the university.

b) Resources

Clinical equipment

- List or register containing details of:
  - standard equipment in each student consulting room.
  - specialised equipment (including the number of items available for teaching and student use).
- List of the clinical equipment students are required or expected to possess.

References

- Copy of a reference list provided to students for each major subject including books, journals and websites.

Site visit / focus Assessment Team

The Assessment Team may request a tour of teaching facilities, the library and/or clinical facilities.

APPENDIX 1

OBJECTIVES OF BASIC OPTOMETRIC EDUCATION

Objectives relating to knowledge and understanding

Graduates completing an optometry program must have knowledge and understanding of:

i. the physical, mathematical, optical, biological, biomedical and behavioural sciences at a level adequate to provide a rational basis for both present optometric practice and the assimilation of the advances in knowledge that will occur over their working life

ii. the principles and methodology of scientific investigation and inference to provide the basis for evaluating the effectiveness of current practice and the value of propositions for changes and innovations

iii. the normal structure, function and development of the human eye and visual system at all stages of life

iv. ocular and visual dysfunctions and diseases across the lifespan; a more detailed knowledge is required of those conditions that present commonly and require urgent assessment and treatment

v. common diagnostic and therapeutic procedures, their uses and limitations

vi. management of ocular and visual dysfunctions and diseases, including optical therapies, visual training, workplace environmental factors and pharmacological therapies

vii. the principles of public health, including health service delivery, health education, prevention of disease and morbidity, and rehabilitation

viii. factors affecting human relationships, the psychological wellbeing of patients and their families, and the interactions between humans and their social and physical environment

ix. the principles of ethics related to health care and the legal responsibilities of optometrists.

Objectives relating to skills

Graduates completing an optometry program should have developed the following skills to an appropriate level for their stage of training:

i. the ability to take a tactful, accurate, organised and problem-focused history

ii. the ability to choose from the repertoire of clinical skills, those which it is appropriate and practical to apply in a given situation

iii. the ability to select the most appropriate and cost-effective diagnostic and therapeutic procedures

iv. the ability to apply the common optometric clinical skills proficiently

v. the ability to interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis or differential diagnosis

vi. the ability to formulate a management plan, and to plan management in concert with the patient

vii. the ability to communicate clearly, considerately and sensitively with patients, relatives, medical practitioners, other health professionals and the general public

viii. the ability to counsel sensitively and effectively, and to provide information in a manner that ensures patients and families can be truly informed

ix. the ability to identify and treat those ocular and visual dysfunctions and diseases that can be treated within the scope of optometric therapeutic practice and to recognise ocular disease and ocular signs of systemic disease that require ophthalmological opinion or treatment

x. the ability to perform common emergency and life-saving procedures such as caring for the unconscious patient and cardiopulmonary resuscitation

xi. the ability to interpret biomedical evidence in a critical and scientific manner, and to use libraries and other information resources to pursue independent inquiry relating to optometric problems.

Objectives relating to attitudes affecting professional behaviour

During basic optometric education, students should acquire the following professional attitudes, which are regarded as fundamental to optometric practice:

i. respect for every human being, with an appreciation of the diversity of human background and cultural values

ii. full understanding of the ethical issues relating to the delivery of health care

iii. a desire to improve the human condition and to ease discomfort and suffering

iv. an awareness of the need to communicate with patients and to involve them fully in decisions on management

v. a desire to achieve optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources

vi. recognition that the health and wellbeing of the patient and the community are paramount

vii. a willingness to work effectively in a team with other health care professionals

viii. an appreciation of the responsibility to maintain standards of optometric practice at the highest possible level throughout a professional career

ix. an appreciation of the need to recognise when a clinical problem exceeds their capacity to deal with it safely and appropriately and of the need to refer the patient for help from others when this occurs.

CLINICAL AND EXPERIMENTAL
OPTOMETRY

COMPETENCIES

Optometrists Association Australia Universal (entry-level) and Therapeutic Competency Standards for Optometry 2008

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Background: Competency standards for entry-level to the profession of optometry in Australia were first developed in 1993, revised in 1997 and expanded in 2000 to include therapeutic competency standards. The entry-level standards cover the competencies required by a person entering the profession without therapeutic endorsement of their registration. The therapeutic competency standards address the additional competencies required for therapeutic endorsement of registration. This paper presents a revised version of the universal (entry-level) and therapeutic competency standards for the profession of optometry in Australia in 2008.
Methods: Expert members of the profession and representatives from schools of optometry, registration boards in Australia, state divisions of Optometrists Association Australia and the New Zealand Association of Optometrists were consulted in the process of updating the standards.
Results: Three new elements of competency have been added to the standards. Twenty-three new performance criteria with associated indicators have been added. Some performance criteria from the earlier document have been combined. Substantial alterations were made to the presentation of indicators throughout the document. The updated entry-level (universal) and therapeutic competency standards were adopted on behalf of the profession by the National Council of Optometrists Association Australia in November 2008.
Discussion: Competency standards are used by Australian and New Zealand registration authorities for the purposes of registration and therapeutic endorsement of registration via the Optometry Council of Australia and New Zealand accreditation and assessment processes. They have also been used as the basis of the World Council of Optometry Global Competency-Based Model.

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at a more specialised level.[1] In the 1990s, optometry was among a number of professions that developed entry-level competency standards (for example, nurses,[3] dietitians,[4] speech therapists[5]).

The competency standards were to list the skills, knowledge and attributes that a person needed to be able to perform the activities associated with a particular trade or occupation to a standard appropriate for the workplace.[1] The term 'attributes' is used to indicate the personal qualities that underpin performance and, hence, competence. Attributes include capacities, skills, abilities and traits. Inevitably, to some extent such listings are open-ended as identifying and describing human attributes is not an exact science.

A 'competent' professional has the capacity to perform the range of professional roles and activities at the required standard of practice. The term 'competence' is a blanket term used to describe overall professional ability and links (or integrates) three key ideas: a practitioner's 'capacity', 'performance' and the 'standard' of the performance. These three notions are represented centrally in professional competency standards, where the term 'standards' is a convenient name for the overall structure that taken together comprises a detailed description of professional practice: units, elements, performance criteria and indicators.

1. Units are groupings of major professional practice tasks/activities used to describe practice. Units are the categories under which competency standards are listed.[6]
2. Elements are sub-divisions of units and are significant actions that are important contributions to performance within a unit. They are the lowest identifiable logical and discrete subgrouping of actions and knowledge contributing to a unit of practice. Elements taken singly are sometimes referred to as 'competencies'.
3. Performance criteria, which accompany elements, are evaluative statements specifying the required level or standard of performance.[6] Performance criteria can be used by an assessor to determine whether a person performs to the level required for the profession.
4. Indicators assist in the interpretation of the performance criteria by pointing to the range of capacities, knowledge, skills, abilities et cetera that the practitioner needs to be competent. Indicators include measurable and/or observable features that are useful for determining whether aspects of competence have been achieved.[6] Because competent performance is often significantly context-sensitive, the indicators can never be exhaustive or complete and assessors are expected to supplement them as needed. Assessors will always need to exercise informed professional judgement in choosing the indicators that suit the particular context.

Optometrists in Australia are the major providers of primary eye care and also provide eye care secondary to referrals from vision screening programs, other optometrists, general medical practitioners and other health and educational providers. In Australia, optometrists' clinical skills include case history taking, determination of refractive error, assessment of binocular vision and accommodation, assessment of the health of the ocular structures through the use of techniques such as ophthalmoscopy, slitlamp biomicroscopy and tonometry; visual field assessment; colour vision assessment; assessment of the basic neurology of the eyes and visual pathways, prescription and supply of spectacles, contact lenses and low vision aids; use of ophthalmic drugs to facilitate diagnostic procedures (anaesthetics in performing tonometry, mydriatics for internal examinations and cycloplegics for refractive and physiological investigations). Optometrists' skills include problem solving and case management; they advise patients with ocular conditions, recommend suitability for work activities and may refer patients for general medical, specialist optometric, specialist educational, ophthalmologic or other professional care. In recent years, legislation has been passed in all but one of the states and territories of Australia, allowing optometrists to use and prescribe topical ophthalmic medications to treat a range of eye diseases.

In optometry, entry-level is the point at which a person is able to be registered to practise optometry. Entry-level competency standards describing the skills and knowledge a person needed to be regarded as sufficiently qualified to be registered to practise optometry in Australia were first developed in 1993[7] and revised in 1997 to reflect the growing scope of the profession and to incorporate modifications prompted by experience in the application of the competencies.[8]

Specialised competencies were not developed until 2000,[9] when it was recognised that with the prospect of legislation to allow therapeutic endorsement to optometric registration, there needed to be a mechanism in place to specify the skills and knowledge required for an optometrist to be able to prescribe therapeutic medications. Therapeutic competencies could not be regarded as entry-level competencies in Australia but would be regarded as skills possessed by optometrists who had undertaken additional study or gained the necessary knowledge and experience outside their undergraduate training sufficient to gain therapeutic licensing. It is expected that the therapeutic competencies will become entry-level competencies as optometric training in all states now includes training in the use of therapeutic drugs.

The entry-level (or universal) and therapeutic competency standards for optometry in Australia have been used by the Optometry Council of Australia and New Zealand in its processes to accredit the undergraduate optometry[10] and postgraduate therapeutic courses in optometry in Australia and New Zealand and in the assessment of overseas trained optometrists seeking to practise optometry in Australia.[11] The standards have also been used as the basis of the World Council of Optometry Global Competency-Based Model for the Scope of Practice in Optometry.[12]

To commence the process to review the competency standards, a literature survey was conducted to see which standards similar to competency standards were in

place for optometry elsewhere in the world and for other health professions in Australia and to determine whether there were any areas addressed in these standards that were not contained in the 2000 Australian entry-level and therapeutic competencies.

The 2000 document was circulated to over 80 optometrists in the different states of Australia and members of optometrists registration boards for suggestions about how the standards needed to be altered to reflect current expectations for entry-level to the profession of optometry and the requirements for therapeutic endorsement. Responses were received from optometrists in academia, the state divisions, the registration boards, the New Zealand Association of Optometrists, members of the National Council of Optometrists Association Australia and individual optometrists. The resulting comments were incorporated into a master document that was then analysed and refined at a workshop comprising 12 optometrists and facilitated by Dr Paul Hager from the University of Technology Sydney.

Recommendations from the workshop were incorporated into a second master document and returned to workshop participants for further comment. Following this refinement, the standards were sent to state divisions of Optometrists Association Australia for further comment and refinement prior to presentation to the National Council of Optometrists Association Australia for adoption as association policy. It is estimated that the total number of optometrists who were given the opportunity to comment on the draft competencies exceeded 100, although the precise number is unknown.

A major issue that had been raised during the initial circulation of the standards for comment was the format in which the indicators had been presented in the 2000 competencies. In some instances indicators comprised structured sentences; in other places they comprised lists of equipment and techniques. One respondent suggested that '*brevity is the way to go with these competencies, particularly the indicators, as any attempt to make them comprehensive will tend to highlight omissions and be more confusing to candidates if they start to treat these as a very specific syllabus*'.

To address this issue a different format was adopted in the indicators where a phrase was used commencing with a noun, for example, 'knowledge of . . .' or 'ability to . . .' or 'understanding of . . .' or 'recognition of . . .'

There were also comments on recategorising some therapeutic indicators to entry-level and reduction of the detail in the therapeutic standards so that there was consistency across the document in the degree of detail.

These modifications to the format of the indicators and other refinements detailed below were incorporated in the final document that is shown in Appendix 1. To differentiate Universal (entry-level) competencies from those specific to therapeutic competency standards, the Universal competencies are shown in black and the performance criteria and indicators specific to Therapeutic competencies are presented in blue.

In the revised standards, there are no new units of competency but three new elements of competency have been added. The first of the new elements addresses prognosis of disease (4.2). The contents of the element regarding treatment of ocular disease and injury (5.8) were distributed to other sections and replaced by a new element on the provision of legal certification. The third new element was on requirements for retention and destruction of patient records and other practice documentation (6.3).

Twenty-three new performance criteria with associated indicators have been added. In some instances performance criteria from the earlier document were combined, for example, 1.7.2 and 1.7.3 were combined into the new 1.7.2. Performance criteria 3.3.5 and 3.3.6 from the earlier version have been deleted and distributed to other competencies. The subsections of 5.5.1 in the previous version of the standards have been deleted and modified to act as indicators in 5.5.1. The modifications to the entry-level and therapeutic competency standards were not contentious.

The Universal (entry-level) and Therapeutic standards for optometry analyse professional practice into units, which are subdivided into elements for purposes of assessment, teaching et cetera. The order in which Units, Elements, Performance Criteria and Indicators are presented does not imply any degree of priority. The standards must be read holistically. This means several things.

1. Instances of actual practice often involve two or more elements simultaneously, for example, taking a case history, communicating with the patient, acting ethically et cetera. In practice, the individual elements are not discrete and independent. For assessment purposes this means that performance on several elements can be assessed simultaneously.
2. In the case of new, unusual or changing contexts, the standards may need to be interpreted or adapted to the situation. Such contextually-sensitive situational understanding requires informed professional judgement to comply with the spirit of the competency standards.
3. They are also holistic in the sense that competence is not directly observable. Rather, what is observable is performance on a series of relatively complex and demanding professional tasks. Competence is a global construct that is inferred from observed performance on a sufficiently representative range of tasks and activities.

At present, therapeutic competencies are still considered a second-tier competency as not all graduates from Australian schools of optometry have these competencies and therefore, they are not eligible for therapeutic licensing. By 2013, all optometry courses in Australia will produce graduates who will be entitled to automatic therapeutic licensing. Therapeutic competencies would then be regarded as entry-level requirements of the profession rather than a second-tier expertise.

The updated version of the entry-level and therapeutic competency standards was adopted in November 2008 by the National Council of Optometrists Association Australia for the profession as it exists

in 2008. It is expected that both sets of standards will continue to be modified as the profession develops.

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UNIT 1. PROFESSIONAL RESPONSIBILITIES

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
1.1 Maintains and develops optometric knowledge, clinical expertise and skills.	1.1.1 Optometric knowledge, equipment and clinical skills are maintained and developed.	Ability to continue to develop skills and knowledge. Ability to access material such as recent publications, journal articles, library materials (including textbooks and electronic media, seminar and conference proceedings, internet and computer materials, online databases). Understanding of continuing professional development requirements of Optometrists Association Australia and boards of optometric registration. Understanding of the need to have access to appropriate equipment. Understanding of current developments in optometry.
	1.1.2 Developments in clinical theory, optometric techniques and technology are critically appraised and evaluated for their efficacy and relevance to clinical practice.	Understanding of statistical methods and scientific requirements necessary for sound research. Ability to incorporate relevant research findings into practice.
	1.1.3 Newly developed and existing clinical procedures and techniques are applied and adapted to improve patient care.	Understanding of the advantages, disadvantages and limitations of clinical procedures and techniques.
	1.1.4 Clinical experiences and discussions with professional colleagues are used to improve patient care.	Ability to discuss and appraise clinical experiences.
1.2 Practises independently.	1.2.1 Professional independence in optometric decision-making and conduct is maintained.	Recognition of the need for products and services provided to the patient to be appropriate and in the best interests of the patient. Recognition of limitations in clinical skills and ability to care for and manage a patient. Recognition of the need to maintain appropriate independence when working with other health professionals.
	1.2.2 Possible consequences of actions and advice are recognised and responsibility for actions accepted.	Ability to arrange timely referral of a patient. Understanding that patient complaints should be dealt with in a professional and co-operative manner. Recognition of the need to accept responsibility for decisions. Awareness of the need to inform the professional indemnity insurer of cases that are potentially litigious.
	1.2.3 Advice is sought from other optometrists, health and other professionals when it is deemed that a further opinion is required.	Recognition of patients for whom referral to another practitioner is necessary. Understanding of the scope of practice and services offered by other health professionals and when there is a need to seek information from them. Ability to access contact details of other health professionals. Recognition of situations where there is a need for liaison with other health professionals.

1.3 Acts in accordance with the standards of ethical behaviour of the profession.	1.3.1 Optometric services are provided as necessary for the management of the patient.	Understanding of the role of the optometrist in society. Ability to identify ocular and visual conditions that require additional assessment by the optometrist. Ability to assess patient requests.
	1.3.2 Patient eye care interests and comfort are held paramount.	Understanding of the obligation to recommend only clinically necessary follow-up visits and to recommend or administer only appropriate optical and other appliances, medications, procedures and treatments. Ability to put patient interests ahead of self-interest. Understanding that practitioners to whom patients are referred should be selected on the basis of the most suitable practitioner for the needs of the patient.
	1.3.3 Advantage (in a physical, emotional or other way) is not taken of the relationship with the patient.	Recognition of the obligation of optometrists to respect the dignity and rights of the patient.
	1.3.4 The services of optometric assistants are used appropriately.	Ability to determine whether it is suitable to delegate specific tasks to optometric assistants. Recognition of the need to provide training and supervision for optometric assistants to whom tasks are delegated.
	1.3.5 The ethical standards of the profession are maintained.	Recognition of the need to conform to standards of practice of the Optometrists Association of Australia and standards of other relevant organisations.
1.4 Communicates appropriate advice and information to patients and others.	1.4.1 Information is clearly communicated to patients, patient carers, staff, colleagues and other professionals.	Provision of sufficient information in a suitable form to assist patients to give informed consent regarding their management. Understanding that information should be provided to the patient in a manner suitable to the abilities of the patient, e.g. written/oral instructions/information; CDs or electronic records of ocular photographs. Recognition of the need for patients to be provided with an opportunity to ask questions regarding their care. Understanding of when the services of interpreters should be utilised. Ability to obtain information about accessing the services of an interpreter. Ability to use the services of an interpreter. Understanding of the different formats in which information is provided to patients in optometric practice, e.g. itemised accounts, letters, optical or therapeutic prescriptions, information regarding referral and recalls, reports and shared-care arrangements. Understanding of patient privacy issues. Understanding of the need to verify accuracy/success of communication.
	1.4.2 Liaison with other professionals is maintained.	Ability to access details of suitable health professionals, eye care professionals or teachers for referral and reporting. Understanding of what information should be included in referral/report letters.
	1.4.3 Significant or unusual clinical presentations can be recognised and findings communicated to other practitioners involved in the patient's care or to government bodies.	Understanding of the need to investigate and report findings to the necessary authority where ramifications may extend beyond the patient to the community (following patient consent if applicable). Examples of findings that may need to be reported include side-effects of drugs that are reported to the Adverse Drug Reactions Advisory Committee (ADRAC); communicable diseases; abuse of children, the elderly or the disabled; and driving suitability.
1.5 Uses resources from optometric and other organisations to enhance patient care.	1.5.1 The various functions of, and resources available from, optometric and other organisations are understood and used.	Understanding of the role of organisations and government bodies such as State and Territory registration boards, educational/research institutions in optometry, state and federal divisions of Optometrists Association Australia, the Australasian College of Behavioural Optometrists, the Contact Lens Society of Australia, societies for the blind and vision impaired (e.g. Macular Degeneration Foundation, Glaucoma Australia, Diabetes Australia). Ability to access information from the different organisations described above.

	1.5.2 Community and other resources are recommended to patients.	Ability to identify patients who could benefit from services from societies and support agencies. Understanding of the optometrist's role in advising patients of the services that different organisations provide and how these organisations can be contacted. An example is referral to specialist low vision support organisations.
1.6 Understands the general principles of the development and maintenance of an optometric practice.	1.6.1 The roles of practice staff and the need for staff training are understood.	Understanding of the need for staff to be trained for their role in the practice and to recognise patients requiring immediate attention. Knowledge that staff should be asked to perform only duties that are within their competence. Understanding of the need to monitor performance of staff and assistants.
	1.6.2 Equipment is maintained in a safe, accurate, working state.	Knowledge of the frequency with which items such as tonometers should be calibrated and the need to record when calibration is performed. Understanding of the need for a staff member to be assigned to arrange or perform regular cleaning and maintenance of equipment (including calibration in accordance with the manufacturer's recommendations) and to organise repairs promptly. Understanding of the need for a staff member to be assigned to ensure that spare parts such as new globes and batteries are available.
	1.6.3 Personal and general safety, comfort, tidiness and hygiene are maintained in the practice.	Ability to describe the measures to be applied to ensure safety, comfort, cleanliness and tidiness of the reception area, consulting rooms, waiting area (including toys and reading materials), frame displays, toilets etc. Knowledge of the infection control measures to be implemented in optometric practice, e.g.: • cleaning of the consulting room; disinfection of equipment and materials between patients (e.g. tonometers, contact lenses, refractor heads, slitlamp and keratometer chin and head rests etc) • provision and use of handwashing facilities, use of gloves and masks when necessary; attention to nail length and hair • sterility of pharmaceuticals and other solutions, refrigeration of pharmaceuticals where recommended by the manufacturer, monitoring of refrigerator temperatures, regular cleaning and defrosting of refrigerator; disposal of solutions at the recommended time after opening or if contaminated or past their expiry date • management of practice waste and absence of unpleasant odours. Understanding of which furnishings, ventilation, lighting and noise levels are suitable for optometric practice. Recognition of the need to provide safe access to the practice for children, the elderly and disabled.
	1.6.4 Patient appointments are scheduled according to the time required for procedures.	Recognition of the need to allocate adequate appointment times for patients, with attention to changes to scheduling when pupil dilation is to be performed. Recognition of when follow-up appointments need to be organised. Recognition of the need to accommodate emergency appointments in the appointment schedule.
	1.6.5 Financial obligations associated with optometric practice are recognised.	Understanding of the need for the practice to organise timely payments to staff and creditors. Understanding of a practice's obligations for taxation and superannuation payments for staff. Understanding that timely accounts and receipts must be provided to patients. Recognition of the need for a practice procedure for banking and for the issuing of invoices, statements and receipts. Recognition of the need for the practice to have a business plan. Recognition of the need for a staff member or members or accountant to assist with finances in the practice.
1.7 Understands the legal obligations involved in optometric practice.	1.7.1 Optometric fee structures are interpreted and applied.	Ability to access and interpret information about provisions and requirements for optometrists under Medicare, private health insurance schemes, Department of Veterans' Affairs, low cost spectacle schemes, Pharmaceutical Benefits Scheme etc. Ability to interpret and apply information about fee schedules.

	1.7.2 Relevant legislation, common law obligations relevant to practice and Australian Standards are understood and implemented.	**Universal:** Recognition of the optometrist's obligation to register as an optometrist in any jurisdiction where he/she will practise. Recognition of the optometrist's obligation to adhere to requirements under State, Territory or Federal Acts such as the Health Insurance Act, Privacy Acts, Health Records Acts, Poisons Acts and Regulations, Child Protection Acts. Recognition of the optometrist's obligation to ensure that products provided conform to any relevant Australian Standard. Recognition of the optometrist's obligation to act in accordance with requirements concerning businesses, e.g. occupational health responsibilities to provide a safe practice environment, financial reporting in accordance with Australian Taxation Office requirements (e.g. BAS, PAYG). Recognition of the optometrist's obligations in the issuing of certificates for sick leave, the provision of prescriptions and the reporting of patient fitness to drive and to undertake other activities. Recognition of the optometrist's obligations regarding the Pharmaceutical Benefits Schedule; Veterans' Affairs Entitlement Scheme. Understanding of the 'duty of care' of an optometrist in dealings with patients and staff and that decisions should be made in the best interests of the patient. Recognition of the situations in which it is necessary to obtain informed consent from patients. Recognition of matters that may constitute negligence. Recognition of the need for optometrists to have indemnity insurance. Understanding of the need to follow recommendations for the 'Quality use of medicines'. Recognition of when the best interests of the patient necessitate the arrangement of patient referral. Understanding of the optometrist's responsibilities in comanagement arrangements. Recognition of situations where there may be a conflict of interest. **Therapeutic level** Recognition of the optometrist's obligation to have therapeutic endorsement of their registration in any jurisdiction where they will prescribe or supply controlled therapeutic medications.
1.8 Provides for the care of patients with special needs.	1.8.1 Subsidised eye care schemes are understood and explained, recommended or made available to patients who are entitled to them.	Knowledge of available subsidised eye-care schemes. Ability to access information on eligibility of patients and benefits and requirements under arrangements with Department of Veterans' Affairs, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), state subsidised eye-care programs etc. Ability to identify people who qualify for subsidised eye-care schemes and to advise them of their eligibility. Ability to advise eligible patients if the optometrist does not participate in the subsidised eye-care scheme and offer the option of referral to a practitioner who does.
	1.8.2 Domiciliary optometric care can be provided.	Ability to describe/select the equipment that is necessary for a domiciliary visit. Recognition of the need to provide patients unable to attend the practice for their consultation with a domiciliary visit or to direct them to a practice that provides domiciliary visits.
	1.8.3 Culturally inclusive optometric services are delivered.	Ability to deliver optometric care that considers cultural, language and socio-economic diversity, e.g. Aboriginal and Torres Strait Islander communities, socio-economically disadvantaged or otherwise marginalised people (e.g. homeless); people with intellectual disabilities; residents in aged care facilities or supported accommodation, ethnic minority groups.
1.9 Provides or directs patients to emergency care.	1.9.1 Situations requiring emergency optometric care and general first aid are identified.	Ability to identify patient presentations that require immediate attention. Understanding of the need to train staff to recognise patient presentations that require immediate attention by the optometrist.

	1.9.2 Emergency ocular treatment and general first aid can be provided.	Understanding of what form of emergency ocular treatment/management should be provided to patients with urgent clinical presentations. Ability to provide general first-aid and cardiopulmonary resuscitation or evidence of the ability through first aid and cardiopulmonary resuscitation qualifications. Understanding the need for at least one staff member to have an up-to-date first aid and cardiopulmonary resuscitation qualification.
	1.9.3 Emergency care is organised for times when the optometrist is unavailable.	Understanding of the need to direct patients to where they can access emergency care after hours through an after-hours telephone number, an answering machine or redirection of the practice telephone number to the optometrist.
1.10 Promotes issues of eye and vision care to the community.	1.10.1 Information on matters of visual health and welfare (including the need for regular eye examinations) and product and treatment developments is provided.	Ability to access and interpret information on eye and vision care. Ability to integrate information on eye and vision care into advice provided to patients. Understanding of the different methods by which information on issues of eye and vision care can be provided, e.g. verbally or in writing through practitioner newsletters, practice information sheet, brochures and notices at reception or in the waiting room.
	1.10.2 Advice is provided on eye protection for occupational and home-based activities and for recreational pursuits.	Knowledge of the types of eye protection that meet the requirements in Australian and New Zealand Standards, e.g. safety lenses, radiation protection, sunglasses. Ability to provide advice on tints, occupational lens designs, contact lenses, lighting, ergonomic design and visual hygiene for a range of activities such as home renovations, gardening, woodwork etc.
1.11 Understands factors affecting the community's need for eye care services.	1.11.1 The demography, social determinants of health and epidemiology of the community and the patient population are understood.	General knowledge of epidemiology (prevalence, incidence and causes) of ocular and visual disorders and other relevant issues and of the demographics of the patient population. Ability to research information about demography and epidemiology through suitable methods such as database analysis, questionnaires and other means. Understanding of how social determinants of health affect presentations to optometrists.
	1.11.2 Current trends and topical issues regarding eyes, vision and health care are evaluated.	Ability to provide a balanced viewpoint of current trends and topical issues to patients.

Universal competencies are shown in black.
Therapeutic competencies are shown in blue.

UNIT 2. PATIENT HISTORY

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
2.1 Communicates with the patient.	2.1.1 Modes and methods of communication are employed which take into account the physical, emotional, intellectual and cultural background of the patient.	Proficiency in spoken and written English. Understanding of how communication can be facilitated through the use of interpreters, Auslan interpreters, questionnaires, written means etc. Understanding of the need to use appropriate language, vocabulary and terminology when communicating with the patient/carer/guardian. Understanding of the need to phrase/rephrase questions to enhance understanding. Recognition of the need to verify understanding (optometrist/patient/carer/guardian).

	2.1.2 A structured, efficient, rational and comfortable exchange of information between the optometrist and the patient occurs.	Recognition of the need for optometrists to greet the patient, to introduce themselves and to establish the patient's identity. Understanding of the need for the optometrist to direct the discussion during the consultation. Recognition of the need to develop a rapport with the patient through attending to their statements, making tactful comments/questions, being empathetic.
	2.1.3 Privacy of patient communications and consultations is ensured.	Understanding of how auditory and visual privacy can be maintained throughout the consultation and other communications in the practice and when using the telephone/email/fax. Understanding of the need to obtain patient permission for the presence of a third party during the consultation. Understanding of privacy legislation.
2.2 Makes general observations of patient.	2.2.1 Physical and behavioural characteristics of the patient are noted and taken into account.	Ability to recognise significant aspects regarding patient appearance, gait and general movements, balance, posture, behaviour, speech and verbal responses, as part of the patient assessment. Ability to investigate issues relating to patient well-being, health and comfort.
2.3 Obtains the case history.	2.3.1 The reasons for the patient's visit are elicited in a structured way.	Understanding of the different strategies that can be applied to investigate the reason for the patient's visit and elicit other relevant information, e.g. active listening to the patient, noting body language and anxieties, clarifying understanding and ambiguities, noting and understanding referral letters/notes. Understanding of the need to determine patient and/or parent (guardian) expectations.
	2.3.2 Information required for diagnosis and management is elicited from the patient and/or others.	Understanding of the need to investigate the patient history throughout the examination and to explore and record information in relevant areas such as: • symptom/s and complaint/s • personal and family medical and ocular history • ocular and systemic medications • visual needs and current/recent visual devices and care regimens • allergies • previous assessments and treatment by other professionals • risk factors for certain eye and/or systemic conditions • type and time of injury • assessment of likely future/past compliance with treatment.
2.4 Obtains and interprets patient information from sources other than the patient.	2.4.1 Subject to the patient's permission, pertinent information from previous assessments by other professionals or information from other people is sought and interpreted for relevance to the patient's management.	Understanding of the need to gather information about the patient through reading previous record cards and associated paperwork. Ability to recognise situations when further information needs to be obtained from other health professionals whom the patient has consulted. Recognition of when patient/parent/guardian permission needs to be obtained in order to seek information from other health professionals. Ability to interpret outcomes/implications of clinical tests performed by other optometrists or other health professionals. Ability to interpret and integrate information from different sources to assist in determining the management of the patient.

UNIT 3. PATIENT EXAMINATION

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
3.1 Formulates an examination plan.	3.1.1 An examination plan based on the patient history is designed to obtain the information necessary for diagnosis and management.	Ability to consider the patient history to determine which tests are suitable/unsuitable for the examination and for the abilities of the patient, e.g. consideration of the patient's age, cognitive ability, developmental status, attention span, condition, physical comfort.
	3.1.2 Tests and procedures appropriate to the patient's condition and abilities are selected.	Ability to select and justify inclusion or exclusion of tests for the examination after consideration of the age, cognitive and physical ability, and health of the patient. Ability to select tests that will investigate the problems described by the patient. Ability to consider tests targeting conditions that are associated with a patient's known conditions.
	3.1.3 Relevant investigations not necessarily associated with the patient's history are considered.	Ability to select tests to investigate other conditions relevant to the patient's age that are not necessarily indicated through the patient history, e.g. tonometry, pupil reactions etc.
3.2 Implements examination plan.	3.2.1 Tests and procedures which efficiently provide the information required for diagnosis are performed.	Ability to be proficient, safe and accurate with equipment and in the performance of techniques. Ability to provide clear explanations about the purpose of different tests, what is involved in the tests and the effects of any diagnostic drugs used. Ability to recognise that the patient has fully understood explanations. Understanding of when and how patient informed consent is to be obtained. Ability to recognise what tests should be included or excluded for different patient presentations and the order in which tests should be performed.
	3.2.2 The examination plan and procedures are progressively modified on the basis of findings.	Ability to recognise situations in which it is necessary to perform additional tests or to organise additional or alternative tests through referral to another practitioner.
3.3 Assesses the ocular adnexae and the eye.	3.3.1 The components of the ocular adnexae are assessed for their structure, health and functional ability.	**Universal:** Ability to assess and evaluate the conjunctiva, lids, lashes, puncta, meibomian glands, lacrimal glands, skin lesions near the eye etc for the purposes of screening for health/diseases and vision. Ability to use tests/equipment such as: • macro-observation, slitlamp biomicroscopy, loupe • palpation of (non-open) lesions • measurement of interpupillary distance and the palpebral aperture • lid eversion • photography • use of diagnostic pharmaceuticals • assessment of tear formation, tear break-up time and tear dynamics. Ability to describe and follow infection control measures relevant to optometric practice, e.g. instrument disinfection, use of disposable gloves, management of waste etc. Ability to perform punctal dilation and lacrimal lavage using appropriate equipment.

3.3.1 continued	**Therapeutic level** Ability to collect and store samples appropriately, select and order microbiological tests or refer the patient to their general medical practitioner to arrange microbiological tests. Ability to recognise the significance of the following in the management of the patient: • indications for microbiological investigations • cost-effectiveness of additional testing and treatments • urgency and diagnostic needs • drug sensitivity testing • collection, storage and delivery of samples • collection and disposal of sharps and biohazards Ability to complete necessary paperwork to initiate microbiological investigations.
3.3.2 The components of the anterior segment are assessed for their structure, health and functional ability.	Ability to assess and evaluate the cornea, conjunctiva, anterior chamber and aqueous humour, anterior chamber angle, anterior chamber depth, episclera, sclera, iris, pupil and ciliary body for the purposes of screening for health/disease and for visual function. Ability to use, and interpret results/images from, tests/equipment such as: • vital dyes and diagnostic pharmaceuticals • slitlamp biomicroscopy • keratometry; keratoscopy, corneal topography • gonioscopy • pachymetry • tonometry • photography • pupil reactions and pharmacological evaluation of pupil abnormalities • exophthalmometry Ability to interpret results/images from tests/equipment such as: • anterior segment imaging (e.g. optical coherence tomography [OCT]) • ultrasonography • confocal microscopy
3.3.3 The components of the ocular media are assessed for their structure, health and functional ability.	Ability to assess and evaluate the ocular lens, lens implants, the lens capsule and vitreous for the purpose of screening for health/disease and for visual function. Ability to use, and interpret results/images from, tests/equipment such as: • direct and indirect ophthalmoscopy • retinoscopy • photography • diagnostic pharmaceuticals • slitlamp biomicroscopy • ultrasound

	3.3.4 The components of the posterior segment are assessed for their structure, health and functional ability.	Ability to assess and evaluate the retina, choroid, vitreous, blood vessels, optic disc and neuro-retinal rim, macula and fovea for the purpose of screening for health/disease and for visual function. Ability to use, and interpret results/images from, tests/equipment such as: • direct and indirect ophthalmoscopy • slitlamp biomicroscopy and slitlamp funduscopy • retinoscopy • photography • diagnostic pharmaceuticals • visual acuity and colour vision tests • Amsler test • visual field assessment • photostress test • pupil reactions Ability to interpret results/images from, tests/equipment such as: • diagnostic imaging (e.g. OCT, HRT) • ultrasound Ability to use auxiliary lenses for fundus viewing and optic nerve head (ONH) assessment. Ability to interpret/use optical coherence tomography and techniques for nerve fibre layer analysis.
3.4 Assesses central and peripheral sensory visual function and the integrity of the visual pathways.	3.4.1 Vision and visual acuity are measured.	Ability to investigate vision and visual acuity using tests/equipment/assessment such as: • measurement of the contrast sensitivity function • neutral density filter test • photo-stress test • glare testing • optokinetic nystagmus • pinhole • line and single letter tests and preferential looking tests • logMAR charts • letter/number/shape charts • monocular/binocular measurements • corrected/uncorrected (vision) measurements • Interferometry. Ability to select appropriate lighting and distances for the performance of tests. Ability to interpret the results of vision and visual acuity tests.

	3.4.2 Visual fields are measured.	Ability to select appropriate tests to investigate visual fields using tests/equipment/assessment such as: • Amsler grid • confrontation • kinetic and static screening and threshold • tests for functional visual loss, visual conversion disorder, malingering • monocular/binocular measurements • short wavelength automated perimetry (SWAP) and frequency doubling technology (FDT) • assessment of appropriate fields for driving/occupation Ability to interpret the results of visual field testing.
	3.4.3 Colour vision is assessed.	Ability to select the appropriate tests to assess colour vision using tests and testing conditions such as: • pseudo-isochromatic tests • hue ordering tests • monocular/binocular measurements • flicker • colour matching. Ability to interpret the results of colour vision testing and discriminate between the different types of acquired and congenital colour vision defects.
	3.4.4 Pupil function is assessed.	Ability to assess pupils and pupil reactions for symmetry, response rate and cycle times using tests and testing conditions such as: • varied lighting conditions • swinging flashlight tests • pharmacological testing Ability to interpret the results of a pupil assessment.
3.5 Assesses refractive status.	3.5.1 The spherical, astigmatic and presbyopic components of the correction are measured.	Demonstration of a working knowledge of refractive testing methodologies. Ability to select and apply appropriate tests to determine the spherical, astigmatic and presbyopic components of the refractive status for a range of presentations. Understanding of when cycloplegia is indicated. Ability to use cycloplegia.
3.6 Assesses oculomotor and binocular function.	3.6.1 Eye alignment and the state of fixation are assessed.	Ability to assess ocular alignment and binocular function in terms of: • manifest deviation (strabismus detection, direction, magnitude, laterality, constancy, comitancy) • latent deviation (heterophoria direction and magnitude) • fixation (quality and eccentricity) Ability to assess nystagmus (particularly to determine if nystagmus is an ocular emergency) Ability to use tests/equipment which enable assessment of binocular status, such as: • prisms • cover test (near/distance) in primary and other direction(s) of gaze • head tilt test

	3.6.2 The quality and range of the patient's eye movements are determined.	Ability to assess versions, vergences and near point of convergence. Ability to make gross assessments of ocular pursuit movements, saccades and ocular motility, giving consideration to the nine positions of gaze and any limitations of gaze. Ability to detect adaptive head postures.
	3.6.3 The status of binocularity is determined.	Ability to evaluate the state of binocularity through assessment of parameters such as: • sensory and motor fusion • suppression • diplopia • stereopsis • amblyopia • normal and anomalous correspondence.
	3.6.4 The adaptability of the vergence system is determined.	Ability to analyse the adaptability of the vergence system through assessment of parameters such as: • fusional vergence ranges • vergence facility • near point of convergence • accommodative convergence to accommodation (AC/A ratio) • fixation disparity (including curve analysis)
	3.6.5 Placement and adaptability of accommodation are assessed.	Ability to analyse the placement and adaptability of accommodation through assessment of parameters such as: • posture of accommodation • relative accommodation • accommodative facility • monocular and binocular amplitudes of accommodation • AC/A ratio
3.7 Assesses visual information processing.	3.7.1 Visual information processing abilities are investigated and compared to normal values for age.	Understanding of methods used to investigate visual information processing abilities and an ability to interpret the results of these tests. Recognition of the need to consider normal developmental milestones and any history of learning problems in a child or his/her family. Recognition of the need to consider any history of suspected or known brain injury or neurological disease in a patient. Ability to determine when it is necessary to analyse or refer for analysis of areas such as: • visual spatial skills (laterality, directionality) • visual analysis skills • visual motor integration
3.8 Assesses the significance of signs and symptoms found during the ocular examination in relation to the patient's eye and/or general health.	3.8.1 Pertinent ocular signs and/or visual symptoms found during the ocular examination are identified and their relevance determined.	Ability to identify ocular signs and/or visual symptoms and recognise their significance in terms of: • the general welfare of the patient: e.g. social and emotional factors, whether there has been assault/abuse of the patient etc. • the medical condition of the patient: e.g. possibility or presence of acquired neurological disorders; implications of disorders of spatial confusion, communication and articulation and of short-term memory loss and reduced cognition, etc. • the management of the patient: e.g. pharmacological interventions that are required or that have contributed to the condition; the need for referral, etc.

3.8.2 Significant ocular signs and/or visual symptoms are investigated or referred for further investigation.	Ability to identify ocular signs and/or visual symptoms that require further investigation and recognise when and to whom to refer for assessment such as: • carotid auscultation • blood sugar level measurement • sphygmomanometry • thyroid function tests
3.8.3 Pertinent non-ocular signs and symptoms found incidentally during the ocular examination are identified and considered.	Ability to identify non-ocular signs and symptoms and recognise their significance in terms of: • the general welfare of the patient: e.g. social and emotional factors; whether there has been assault/abuse of the patient, etc. • the medical condition of the patient: e.g. the possibility or presence of acquired neurological disorders; the implications of disorders of spatial confusion, communication and articulation and of short-term memory loss and reduced cognition • the management of the patient: e.g. pharmacological interventions that are required or that have contributed to the condition; the need for referral etc.
3.8.4 Ensures that significant non-ocular signs and symptoms are investigated.	Ability to recognise when it is necessary to initiate further investigation through referral of significant non-ocular signs and symptoms such as those that require: • carotid auscultation • blood sugar level measurement • sphygmomanometry • thyroid function tests • erythrocyte sedimentation rate (ESR) • magnetic resonance imaging (MRI) • computed axial tomography (CAT or CT Scan) • complete blood count (CBC)

Universal competencies are shown in black.

Therapeutic competencies are shown in blue.

UNIT 4. DIAGNOSIS

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
4.1 Establishes a diagnosis or diagnoses.	4.1.1 Accuracy and validity of test results and information from the case history and other sources are critically appraised.	**Universal** Ability to interpret test data appropriately. Ability to analyse data and equipment for consistency and reliability. Ability to use reference material to assist in diagnosis. Ability to differentiate between refractive, inflammatory, infective, immunologic, metaplastic, neoplastic, dystrophic, degenerative, congenital, neurological, iatrogenic, irritative and traumatic conditions. **Therapeutic level** Ability to interpret results of laboratory tests. Ability to assess how the patient's condition has responded to previous interventions.

	4.1.2 Test results and other information are analysed, interpreted and integrated to determine the nature and aetiology of conditions or diseases and to establish the diagnosis or differential diagnoses.	Ability to integrate information from test results, the patient history and reference material. Ability to differentiate congenital, developmental, hereditary, and active and resolved pathological changes. Ability to differentiate chronic and acute conditions. Ability to establish a differential diagnosis. Ability to determine when there is a need for additional testing.
4.2 Evaluates the expected prognosis of the condition or disease.	4.2.1 Information from a number of sources is integrated to determine the expected prognosis of the disease or condition.	Ability to refer to optometric and other literature to determine the natural progression of diseases and conditions with and without interventions. Ability to determine how the patient's condition has altered over time. Ability to assess how the patient's condition has responded to previous interventions.

Universal competencies are shown in black.
Therapeutic competencies are shown in blue.

UNIT 5. PATIENT MANAGEMENT

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
5.1 Designs a management plan for each patient and implements the plan agreed to with the patient/carer.	5.1.1 The diagnosis and prognosis are presented and explained to the patient in a manner that the patient can understand.	Use of language understood by patients to advise them of the nature of their condition and its implications and of strategies to assess understanding of key points. Ability to assess patient understanding of their condition and its management and to provide responses regarding diagnosis and prognosis. Ability to provide written information about the patient's condition/disease.
	5.1.2 The relative importance or urgency of the presenting problems and examination findings is determined and addressed in the management plan.	Understanding of the urgency with which treatment/management of the patent's condition should be introduced and how this should be discussed with the patient. Understanding of the urgency associated with referral or review of the patient's condition and how this should be discussed with the patient. Ability to assess the likelihood of systemic sequelae of the patient's condition.
	5.1.3 Management options to address the patient's needs are discussed.	Ability to investigate different management options available and suitable for the patient's condition. Ability to discuss the aims and objectives of management and the patient's expectations of the different management options. Ability to discuss the impact of the patient's condition and its management on the patient's lifestyle and activities, including possible side effects, consequences, complications and outcomes. Understanding of the review schedule associated with different management plans and how this should be discussed with the patient.
	5.1.4 A course of management is agreed to with the patient, following counselling and explanation of the likely course of the condition, case management and prognosis.	Ability to consider and select from a range of management options such as optical correction (spectacles, contact lenses, low vision aids), vision therapy, pharmacological therapy, task modification, environmental adaptations, referral etc. Understanding of the need to make clear recommendations to the patient about management options, to discuss the likely prognosis of the disease with and without treatment/management, and the consequences of non-adherence. Ability to provide advice about ongoing care, review, referral, discharge. Understanding of the need to discuss repercussions of management options (e.g. the patient's ability to drive or to operate machinery).

	5.1.5 The informed consent of the patient/carer is sought and obtained for the initiation and continuation of management.	Understanding of the need to provide sufficient information to allow patients to make informed decisions about their management, addressing matters such as presenting complaints, alternative management options, diagnoses, expected duration of treatment, costs, outcomes and limitations of treatment and possible complications and risks. Understanding of the need to answer patient queries and clarify ambiguities and misinterpretations. Ability to recognise situations in which specific informed consent must be obtained from patients and the manner in which this should be documented.
	5.1.6 Patients requiring ongoing care and review are recalled as their clinical condition indicates and management is modified as indicated.	Ability to organise and schedule review visits. Ability to modify the management plan based on results obtained. Understanding of how and when recalls are conveyed. Ability to recognise situations in which it is necessary to make contact with the patient to assess progress. Understanding of the need to provide patients with information regarding emergency after-hours numbers or where emergency after-hours care can be accessed.
	5.1.7 Patients with life- or sight-threatening conditions who do not attend a scheduled review or referral are followed up promptly.	Understanding of the need for the optometrist to check whether patients with life- or sight-threatening conditions have attended a scheduled review or referral and of Optometrists Association Australia guidelines for processes to be followed in this follow-up. Understanding of the need for the optometrist to contact patients with life- or sight-threatening conditions who have not attended a scheduled review or referral to reinforce the need for review/referral.
5.2 Prescribes spectacles	5.2.1 The suitability of spectacles as a form of correction for the patient is assessed.	Understanding of the need to consider the physical characteristics (e.g. bridge of nose, ear height) and the visual, recreational and occupational requirements of the patient when determining the suitability of spectacles.
	5.2.2 The patient's refraction, visual requirements and other findings are applied to determine the spectacle prescription and lens form.	Ability to determine the final spectacle prescription through consideration of factors such as: • refraction, near addition and interpupillary distance • working distances, use, vocational needs • magnification requirements • prism requirements • dispensing requirements and limitations (vertex distances) • anisometropia • aniseikonia and incidental optical effects • vergence accommodation status • safety spectacle/lens hardening • special lenses and treatments • sports requirements • lens design (single vision, bifocal, multifocal) • lens materials, tints and coatings • lens form and specifications • care regime • need for Fresnel lenses Ability to describe the modifications necessary to the spectacle prescription as a result of the status of oculomotor and binocular function, perceptual testing and disease status.

	5.2.3 A spectacle prescription is written in a manner that can be interpreted for correct fabrication of the appliance.	Ability to write a spectacle prescription using appropriate terminology with all the information necessary for correct dispensing (e.g. sphere, cylindrical correction, axes, additions, prism, lens type, interpupillary distance, test vertex distance and special requirements such as lens material and treatments, frame requirements, utilisation). Knowledge that written spectacle prescriptions should, in addition to containing the information necessary for correct dispensing, include the date, the optometrist's name, signature and practice address, the patient's name and the prescription expiry date.
5.3 Prescribes contact lenses	5.3.1 The suitability of contact lenses as a form of correction for the patient is assessed and discussed.	Ability to determine patient suitability for contact lenses based on consideration of factors such as lifestyle, vocational needs, risk factors, vision, comfort, duration of wear, contra-indications, ocular integrity, physiology and environment, slitlamp and topography/keratometry observations and results of vital staining. Ability to discuss with the patient issues relating to their suitability or unsuitability for contact lens wear.
	5.3.2 The patient's refraction, visual requirements and other findings are applied to determine the contact lens prescription.	Understanding of the need to consider factors such as refractive error, working distances, anisometropia, aniseikonia, vergence and accommodation status, corneal topography, special lenses and treatments, sports requirements, incidental optical effects, lens design, materials and tints in determining the contact lens prescription. Ability to use appropriate trial lenses, fitting techniques and equipment and dyes to assist in determining the contact lens prescription. Recognition of the need to consider the ability of the patient to handle contact lenses in determining the type of lens to be prescribed. Ability to recognise contraindications to contact lens wear and to assess their significance in determining the type of lens to be prescribed. Understanding of which contact lenses are most appropriate for use as a therapeutic or cosmetic device for aniridia, trauma management, occlusion, recurrent erosion syndrome, basement membrane dystrophy etc. Ability to describe the modifications necessary to the contact lens prescription as a result of the status of oculomotor and binocular function, perceptual testing and disease status.
	5.3.3 Contact lenses are correctly ordered and checked before being supplied to the patient.	Understanding of what information is necessary for inclusion on contact lens orders. Ability to check that lenses supplied comply with the lenses prescribed.
	5.3.4 Contact lenses with new fitting parameters are assessed on the eye prior to supply to the patient.	Ability to assess visual acuity with lenses, the lens fit, the over-correction, lens centration, lens movement and lid interactions.
	5.3.5 The patient is instructed in matters relating to ocular health, vision, contact lens care and maintenance and after-care visits.	Knowledge of the information and instructions to be provided to patients about factors such as lens wearing time, after-care visits, replacement schedules, insertion and removal techniques, care and maintenance regimens, indications for lens removal, indications for seeking urgent care and risks of non-compliance, including when plano contact lenses are prescribed.
	5.3.6 Contact lens performance, ocular health and patient adherence to wearing and maintenance regimens are monitored.	Ability to recognise and manage contact lens-related conditions. Knowledge of the intervals for after-care visits/recalls/reviews. Ability to record information to facilitate monitoring of eye health and lens status during contact lens wear.
	5.3.7 A contact lens prescription is written in a manner that can be interpreted for correct fabrication of the appliance.	Ability to write a contact lens prescription with all information necessary for dispensing, e.g. lens design, powers, diameter, material, curvatures, wearing schedules, care and maintenance regimens. Knowledge that the contact lens prescription should include the date, the optometrist name and practice address, optometrist's signature, patient's name and expiry date on the contact lens prescription.

5.4 Prescribes low vision devices.	5.4.1 A range of low vision devices suitable to the patient's needs is selected and demonstrated, where indicated.	Consideration of factors such as working distances, magnification requirements, physical ability of the patient to manage different devices, pathology associated with low vision, incidental optical effects, low vision aid design, special materials, tints, lighting requirements when determining what types of low vision devices may be suitable for the patient. Ability to assess the suitability of aids such as closed circuit television, computer software for low vision, mobility aids, independent living aids, telescopes. Ability to demonstrate and explain the use of low vision devices to the patient.
	5.4.2 Low vision devices suited to the patient's visual requirements and functional needs are prescribed.	Ability to prescribe a low vision device to meet the needs of the patient. Understanding of the benefit of providing low vision devices for a trial period.
	5.4.3 The patient is instructed in the use of prescribed low vision devices.	Ability to instruct the patient in the use of prescribed low vision devices in terms of working distance, lighting requirements, whether the device is to be used in conjunction with spectacles etc.
	5.4.4 The success of the low vision device is evaluated and monitored and additional or alternative devices or management strategies are prescribed or recommended.	Understanding of the need for review visits for reassessment of visual performance. Understanding of the need to recommend ongoing primary eye care.
	5.4.5 The patient is informed of and, if necessary, referred to other rehabilitative services.	Knowledge of organisations offering rehabilitative and other services to patients with low vision. Recognition of the need to inform the patient of rehabilitative services from which they might benefit, e.g. low vision clinics, other health-care practitioners, comanagement and support organisations.
5.5 Prescribes pharmacological, non-pharmacological and therapeutic regimens to treat ocular dysfunction, disease and injury. (At the time of writing the 2008 Standards, not all States had granted optometrists the right to prescribe therapeutic drugs).	5.5.1 Appropriate pharmacological agents are selected and recommended for treatment of the patient's condition.	**Universal** Consideration of drug actions and interactions, adverse side-effects or allergies in determining non-prescription pharmacologic agents to meet the patient's needs. Adherence to state and federal legal requirements (e.g. Poisons' Act, Optometrists' Registration Acts), when providing advice to the patient on pharmacologic agents. **Therapeutic level** Ability to interpret and apply current clinical trial findings. Determination of the need for ocular and/or systemic therapy. Ability, when choosing the most appropriate therapeutic agent(s) for the patient, to consider aspects such as: • microbiological factors (e.g. infections, inflammations) • pharmacological factors (e.g. frequency, dose etc.) • systemic factors (e.g. allergies, interactions with systemic medications etc.) • ocular factors (e.g. ocular side effects and effects on the contralateral eye). • contraindications and side-effects • issues of antibiotic resistance and quality use of medicines • diagnosis and prognosis • available delivery systems (e.g. ointments, drops etc.) • drug substitution factors (e.g. brand versus generic) • patient related factors (e.g. dexterity, cognitive state, adherence history) • understanding of the obligations under the National Health Scheme, the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme in the prescription of ocular therapeutic medications.

5.5.2	Ocular therapeutic medications are recommended and a prescription written in a manner that allows accurate supply of the agent.	**Universal** Understanding of the details to be provided to patients regarding non-prescription ocular medications (e.g. name of medication, how it is to be used). Use of suitable pharmaceutical reference resources. **Therapeutic level** Ability to issue a prescription for ocular therapeutic medication in accordance with federal and state legislation (e.g. name of drug, dosage, how it is to be used and for how long, patient's name, optometrist's name, signature and practice address). Understanding of legislative requirements regarding general and PBS prescriptions, including comanagement requirements (e.g. glaucoma). Understanding of legal requirements for record keeping, labelling and dispensing pertaining to therapeutic medications and for storage of any ocular therapeutic medications held by the optometrist. Ability to use up-to-date pharmaceutical reference material. Understanding of how to clarify any issues relating to the prescription with the pharmacist. Understanding of how to store prescription stationery securely.
5.5.3	The effect of ocular therapeutic treatment is monitored and appropriate changes in management recommended.	**Universal** Knowledge of the intervals at which the patient's condition should be reviewed. Knowledge of the tests to be administered at the patient's review visit. Knowledge of adverse signs and symptoms and side-effects. Ability to determine when and how treatment should be modified. Understanding of when the patient should be referred. **Therapeutic level** Ability to alter drug type and dose when necessary, including consideration of comanagement requirements. Ability to determine the need for additional or alternative medicines. Ability to determine criteria for the completion of treatment.
5.5.4	Patients are instructed on the correct use, administration, storage and disposal of pharmaceutical agents.	Understanding of the information to be conveyed to patients to describe and demonstrate the correct use of drugs in terms of dose, frequency, timing, method of instillation, hygiene, shaking of bottle etc. Understanding of the information to be provided to patients regarding shelf-life, storage and disposal of medications. Understanding of the information to be provided to patients about possible interactions with drugs and other substances. Understanding of the information to be provided to patients regarding actions to take if adverse reactions occur.
5.5.5	Patients are instructed about precautionary procedures and non-pharmacological and palliative management.	**Universal** Understanding of the information required to counsel patients on non-therapeutic management such as use of sunglasses, lid hygiene procedures, lid scrubs, warm and cold compresses and artificial tears; discontinuation of contact lens wear and/or use of eye make-up. Understanding of the information required to advise patients of where to obtain alternative care in the optometrist's absence. **Therapeutic level** Understanding of the information required to counsel patients regarding the use of eye patches and analgesia.
5.5.6	Patients are instructed in the avoidance of cross-infection.	Understanding of the information required to counsel patients on how to avoid cross-infection and contamination of medication.

	5.5.7 Non-pharmacological treatment or intervention procedures, therapeutic device fitting and emergency ocular first aid are performed to manage eye conditions and injuries.	**Universal** Ability to perform non-pharmacologic procedures such as epilation, lid scrubs, lacrimal lavage, irrigation, superficial foreign body removal. Ability to provide emergency management of trauma to the eye and adnexae. **Therapeutic level** Ability to perform procedures such as punctal occlusion, expression of meibomian glands, insertion of punctal plugs, corneal debridement, embedded foreign body removal etc. Ability to use bandage contact lenses when necessary to manage eye conditions.
5.6 Dispenses spectacle prescriptions accurately.	5.6.1 The spectacle prescription is interpreted and responsibility for dispensing accepted.	Ability to resolve ambiguities in optical prescriptions. Understanding of the requirements for dispensing of spectacle prescriptions described in the Australia Standard: AS 2228.1-1992: Spectacles—Spectacle lenses.
	5.6.2 The patients are assisted in selecting appliances that are suitable for their needs.	Ability to assist the patient to select a suitable spectacle frame. Understanding of the advice to be provided to patients on the appropriate lenses and lens treatment for their needs.
	5.6.3 Relevant measurements pertaining to the spectacle frame are made, lenses are ordered and finished spectacles are verified according to Australian Standards.	Ability to take measurements for bifocal, multifocal and varifocal spectacles. Understanding of the process to edge lenses and mount them in the frame appropriately. Ability to check frames and uncut or mounted lenses for damage and for compliance with the prescription. Understanding of standards that apply to spectacle frames and lenses.
	5.6.4 The appliance is verified against the prescription prior to delivery.	Ability to verify the accuracy and quality of the final spectacles in accordance with the Australian Standard AS 2228.1-1992: Spectacles—Spectacle lenses, e.g. optical centres, powers, parameters of near addition(s), treatments.
	5.6.5 The appliance is adjusted and delivered and the patient is instructed in the proper use and maintenance of the appliance and of any adaptation effects which may be expected.	Ability to fit spectacles to the patient to optimise comfort and performance. Understanding of the information to be provided to patients regarding the correct use of spectacles, spectacle maintenance and possible adaptation effects.
5.7 Manages patients requiring vision therapy.	5.7.1 Patients with accommodative, vergence, strabismic and amblyopic conditions are treated or referred for treatment.	If vision therapy is provided, understanding of: • the sequence of vision therapy • the time frame for treatment • discharge criteria • the need to supply/lend material for vision therapy programs If unable to provide vision therapy, understanding of the need to refer the patient to a suitable practitioner for vision therapy.
	5.7.2 The patient is instructed in the use and maintenance of vision training equipment.	If vision therapy is provided, understanding of the need to: • ensure that the patient understands the process • provide written instructions • supply/lend material for vision therapy programs
	5.7.3 Goals of the vision therapy program and criteria for discharge are set.	If vision therapy is provided, understanding of the time frame, expected results, discharge criteria and costs.

	5.7.4 Progress of the vision therapy program is monitored.	If vision therapy is provided, understanding of the time when review visits should be provided and the tests to be performed.
5.8 Provides legal certification.	5.8.1 A certificate for sick leave is provided.	Understanding of the situations in which a certificate for sick leave can be provided by an optometrist and what information must be recorded on the certificate.
	5.8.2 Statutory declarations are witnessed.	Understanding of the situations in which a statutory declaration can be witnessed by an optometrist and what information must be recorded on the declaration.
5.9 Refers the patient.	5.9.1 The need for referral to other professionals for assessment and/or treatment is recognised, discussed with the patient and a suitable professional is recommended.	Understanding of situations in which the patient requires the services of another optometrist, another health care practitioner or another professional. Understanding of personal limitations when determining the need for referral. Understanding of the need to consider the scope and limitations of services provided by health and other professionals (e.g. welfare, education) when determining to whom the patient should be referred. Ability to determine the type of practitioner to whom the patient should be referred. Ability to access contact details of other health professionals. Understanding of the need to consider the experience and location of the practitioner to whom the patient is to be referred.
	5.9.2 Timely referral, with supporting documentation, is made to other professionals.	Recognition of the need to consider the urgency of the patient's condition when arranging a referral. Ability to convey appropriate information to the practitioner to whom the patient is referred through a suitable means, e.g. telephone, referral letter.
	5.9.3 Patients can be jointly managed with other health care practitioners.	Understanding of the requirements for participation in the comanagement of patients with other health professionals. Understanding of the roles and responsibilities of different practitioners in comanagement arrangements.
5.10 Co-operates with ophthalmologist/s in the provision of pre- and post-operative management of patients.	5.10.1 Pre-operative assessment and advice is provided.	Understanding of the need to consider the patient's condition and expectations of surgery and to discuss risks, benefits, costs, complications and options. Understanding of how effective communication can be instigated with the ophthalmologist(s). Understanding of local waiting list length and costs. Understanding of indications and contraindications for surgery. Understanding of current laser refractive error correction, cataract extraction and other surgical/non-surgical procedures.
	5.10.2 Post-surgical follow-up assessment and monitoring of signs according to the surgeon's requirements and the procedure are undertaken.	Understanding of standard post-operative monitoring protocols and pharmacological regimens. Understanding of the normal course of recovery and the need for urgent/non-urgent referral back to the surgeon.
	5.10.3 Emergency management for observed post-surgical complications is provided.	Ability to recognise the situations in which emergency management is necessary for a post-surgical complication. Understanding of how to institute appropriate emergency management.
	5.10.4 Appropriate referral for further post-operative treatment or assessment of complications is arranged.	Ability to recognise when there is a need for further post-operative treatment or further assessment of complications. Understanding of the need to differentiate between urgent and non-urgent post-operative referral to the surgeon.

5.11 Provides advice on vision, eye health and safety in the workplace and recreational settings.	5.11.1 Vision screenings for occupational or other purposes are provided.	Understanding of the optometric testing procedures necessary for a vision screening. Understanding of the billing procedures relevant to vision screening in relation to Medicare. Determination of screening protocols based on the group targeted in the vision screening.
	5.11.2 Advice is provided on eye protection, visual standards and visual ergonomics in the workplace and recreational settings.	Ability to perform industrial and environmental analysis to determine the need for radiation protection, safety lenses, tinted safety lenses etc. Understanding of the advice on eye protection to be provided in industry and for recreational pursuits. Understanding of the advice to be provided on lighting and ergonomic design in the workplace and for recreational pursuits. Understanding of lighting and vision standards for their application in industry and for recreational pursuits.
	5.11.3 Individuals are counselled on the suitability of their vision for certain occupations.	Understanding of industry and other occupational requirements for colour vision, visual acuity, spectacle powers, etc. Ability to communicate with employee and employer organisations.
	5.11.4 Certification of an individual's visual suitability for designated occupations or tasks is provided.	Understanding of the visual and ocular requirements specified in any standards relating to a particular activity (e.g. driving) and how these standards can be applied to determine the suitability of a person for a particular activity. Understanding of the requirement when certifying suitability of a person for a specific occupation/task through the preparation of a report that includes relevant information. Ability to access vision standards for different occupations.
	5.11.5 The patient or parent/ guardian is advised of the presence of conditions that have implications for other family members.	Understanding of patient conditions that have ramifications for other family members in terms of the need for them to have a medical or optometric assessment.

Universal competencies are shown in black.
Therapeutic competencies are shown in blue.

UNIT 6. RECORDING OF CLINICAL DATA

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
6.1 Records patient information and data in a legible, secure, accessible, permanent and unambiguous manner.	6.1.1 All relevant information pertaining to the patient is recorded promptly in a format which is understandable and useable by any optometrist and his/ her colleagues.	**Universal** Understanding of the need to create a separate, distinct record for each patient either in paper form or electronically. Ability to create records that are legible and can be interpreted by another optometrist. Knowledge of the information to be included on/with the patient record, e.g. the patient's name and address, the name of the examining practitioner, the patient history, procedures performed, clinical observations and results of all tests performed, diagnoses, management strategies, summary of advice given to the patient, photographic and video information for all consultations, dates and information relating to all patient contacts, timing of review. Understanding of the need to include copies of referral letters and reports with the patient record. Knowledge of accepted abbreviations and grading scales to be used in optometric records. **Therapeutic level** Understanding of the need to include details of medications prescribed, microbiological tests and results and modifications to management on the patient record.

	6.1.2 Patient records are kept in a readily retrievable format and are physically secure.	Recognition of the need for storage systems for patient records that ensure security but allow easy access by the optometrist or authorised practice staff. Recognition of the need to ensure that records are filed correctly and that staff understand the filing system. Recognition of the need to use appropriate firewall, virus protection and back-up systems to safeguard computer records.
	6.1.3 Corrections to records are made in accordance with legislation.	Recognition of the need to initial and date corrections to patient records for paper records. Recognition of the need to provide an electronic method to show corrections and modifications to electronic records.
6.2 Maintains confidentiality of patient records.	6.2.1 Access to records is limited to authorised personnel.	Understanding that non-authorised persons must not access patient records. Understanding that confidentiality of patient information is to be safeguarded.
	6.2.2 Information from patient records and/or obtained from patients is released only with the consent of the patient.	Recognition of the need to maintain records in accordance with clinical standards and the law. Understanding of the legal requirements related to confidentiality and privacy and health records. Recognition of the need to obtain patient consent for the release of their personal information or the transfer of the patient record or a copy of a patient record.
	6.2.3 The rights of a patient to access his or her patient record are understood and observed.	Recognition of the right of the patient to access his or her patient record. Recognition of the right of the patient to have a summary or a copy of their patient record.
	6.2.4 Patient privacy is addressed when patient information is transferred.	Understanding of privacy and security requirements when patient information is communicated to others through electronic transfer, facsimile transmission or via telephone communication.
6.3 Meets legislative requirements regarding retention and destruction of patient records and other practice documentation.	6.3.1 The requirements regarding the retention of records for adults and children under the age of 18 years are understood and observed.	Knowledge of the minimum periods by law for which patient records must be kept in the case of children and adults.
	6.3.2 The requirements regarding archiving or destruction of records to ensure patient privacy are understood and observed.	Understanding that processes to archive or destroy patient records must ensure privacy of patient information.
	6.3.3 The requirement for the retention of practice documentation other than patient records is understood and observed.	Knowledge of the minimum period by law for which practice documentation such as appointment books and therapeutic prescriptions must be kept.

Accrediting an optometry course

Guide for the Assessment Team

Optometry Council of Australia & New Zealand

March 2007

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Guide for the Assessment Team

Introduction

The Optometry Council of Australian and New Zealand (OCANZ) finalised the revision of the accreditation guidelines for optometry courses in 2006. The revised guidelines will be implemented for courses undergoing reaccreditation from 2007. An Assessment Team undertakes the review and assessment of optometry courses on behalf of the OCANZ Accreditation Committee.

This resource is intended to assist the Assessment Team in the assessment of an optometry school's course. It is divided into two sections:

1. **Guide for the Assessment Team** – provides a brief overview of the accreditation process and the OCANZ Guidelines as well as strategies for evaluating the accreditation submission from the optometry school, undertaking the site visit and preparing the final report. It also contains hints and tips for the Assessment Team.

2. **Assessment Team workbook** – contains a number of practical tools including tools to assist with evaluating the submission and in planning and recording information during the assessment visit.

Assessment Team members will have the opportunity to provide feedback which will be used to update this resource.

Members of the Assessment Team should read carefully all sections of the OCANZ Accreditation Manual (Parts 1 and 2). This resource is intended to support the Assessment Team and does not replace the information provided in the Accreditation Manual.

Focus of the assessment

The focus of the OCANZ accreditation is the optometry course which is assessed against the OCANZ Guidelines (refer to Part 2 of the Accreditation Manual).

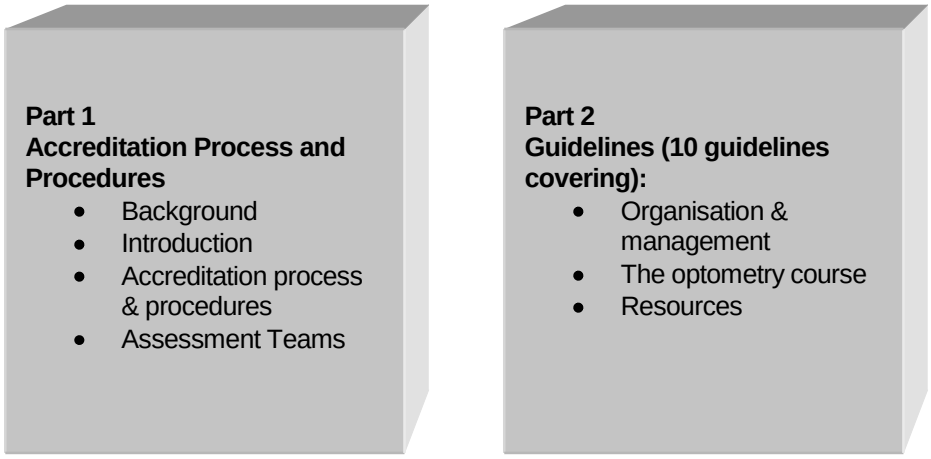
In arriving at a decision to grant accreditation to a course, the Assessment Team must be satisfied that graduates have acquired the knowledge, skills and attributes needed to meet contemporary standards of practice, including therapeutic practice, and that they have the capacity to maintain competence.

The Guidelines form the foundation of both the school's accreditation submission and the Assessment Team's report. The Assessment Team is provided with a copy of the accreditation submission from the school. Prior to the assessment visit, the team will evaluate the school's submission and decide on matters to be addressed during the assessment visit.

Accreditation manual

In 2006 OCANZ published a revised accreditation manual covering the accreditation process and procedures for optometry courses in Australia and New Zealand. This revised manual comprises two parts, namely:

- Part 1 – Accreditation Process and Procedures
- Part 2 – Guidelines



Part 1 – Accreditation Process and Procedures

The Assessment Team members need to ensure that they are familiar with all of the information provided in the Accreditation Manual. A clear understanding of the assessment process, types of accreditation, the role of the Assessment Team and options for accrediting the course are essential reading.

Part 2 - Guidelines

The following is a summary of the ten OCANZ Guidelines. Refer to Part 2 of the Accreditation Manual for detailed information on these Guidelines.

1. Organisation, governance and funding
2. Educational goals and objectives
3. Course development and management
4. Course curriculum
5. Teaching and learning methods
6. Clinical training and settings

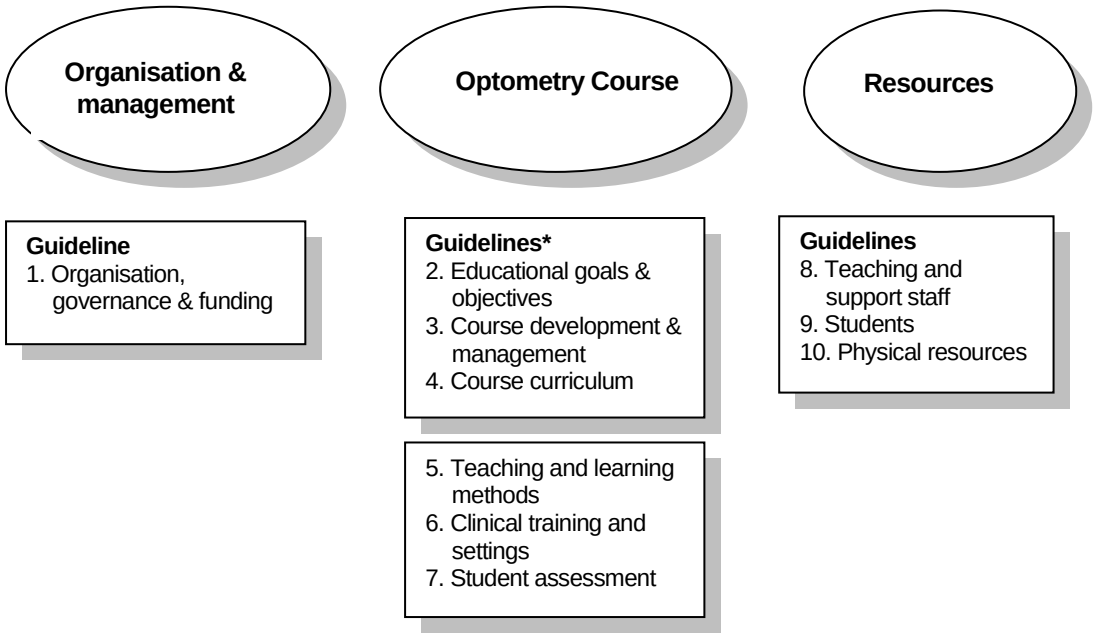
7. Student assessment

8. Teaching and support staff

9. Students

10. Physical resources

The guidelines are organised into three general groupings. It is recommended that the Assessment Team members focus on a group of guidelines when reviewing the accreditation submission from the optometry school, conducting the site visit and writing the report. The following grouping is suggested.



*These Guidelines have been split into 2 groups for ease of administration

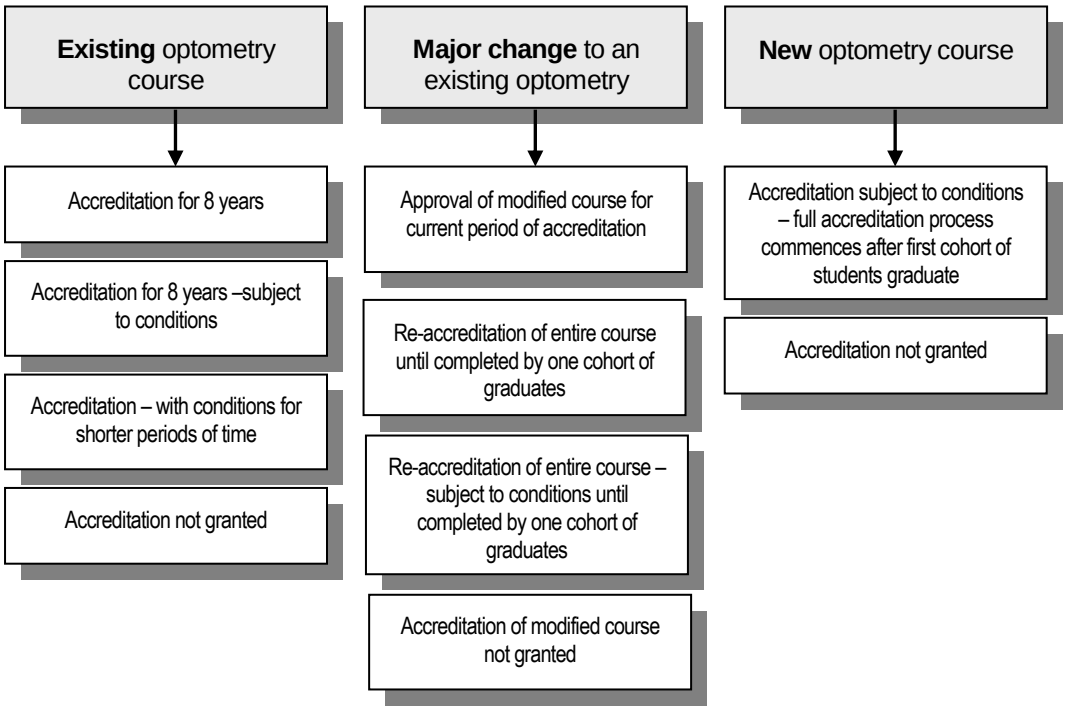
Accreditation process

Accreditation types and options

There are three types of accreditation relevant to optometry courses. Within each process, OCANZ has options for the granting of accreditation. These options cover the period of accreditation and may specify conditions.

The procedures and options for granting accreditation are summarised in the diagram below and are detailed in the Part 1 of the Accreditation Manual. The three types of accreditation are:

- re-accreditation of an **existing** course – section 2.2 (p 16)
- accreditation of **major change** to an existing course – section 2.3 (p 21)
- accreditation of a **new** course – section 2.4 (p 23).



Summary of accreditation types and relevant options

In the majority of cases the Assessment Team will be involved with the re-accreditation of an existing course. The stages in the accreditation process outlined on the following page relate to the re-accreditation of a course.

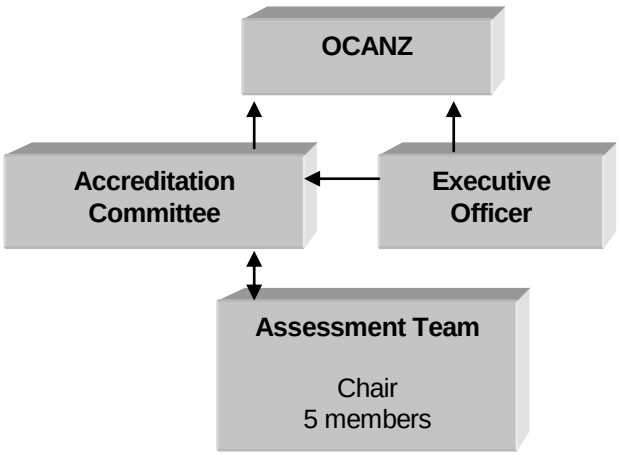
Stages in accreditation process

The Assessment Team is mainly involved with stages 4-7 of the accreditation process. Team members should insert relevant dates for an up to date timeline.

Stage	**Date** (proposed start)	**Date** (proposed finish)
1. Initiation of the accreditation process (2 months)		
2. Confirmation of process and Assessment Team membership (2 months)		
3. Preparation of submissions from optometry school and the profession (4 months)		
4. Review of submissions (1 month) ▪ Allocation of duties and roles by Chair ▪ Distribution of school submission and other submissions to Assessment Team members ▪ Review of all submissions ▪ Feedback on school's submission provided ▪ Assessment Team meeting/teleconference to discuss organisational arrangements and any emerging issues.	*<insert relevant dates>*	
5. Preparation for and conduct of site evaluation (3 months) ▪ Meeting to plan the assessment visit ▪ Further information regarding the submission and/or specific requests regarding the visit sent to Head of School ▪ Training/briefing session for assessment team members prior to site visit		
6. Assessment Team report, determination and recommendation (2 months) ▪ Draft report written and submitted to Executive Officer ▪ Draft report sent to Head of School ▪ Head of School feedback circulated to team and teleconference scheduled		
7. Final report and notification to university and school (4 months) ▪ Preparation of final report to be sent to Accreditation Committee		

Assessment Team

The Assessment Team undertakes the review and assessment of optometry courses on behalf of the OCANZ Accreditation Committee. OCANZ's Executive Officer or delegate provides administrative support to the Assessment Team.



It is recommended that members of the Assessment Team take responsibility for different aspects of the assessment process so as to evenly distribute the workload. It is suggested that each team member focuses on a group of guidelines when analysing the submission, preparing for and conducting the site visit and writing the relevant sections of the report. The Chair of the Assessment Team should negotiate the distribution of guidelines to members of the team taking into consideration the particular skills and expertise of team members.

The analysis of the submission should focus on:

- the strengths of the optometry course and the submission
- any section of the submission that needs clarification
- any aspect of the Guidelines that are not addressed or gaps in the submission.

An evaluation tool to assist in the analysis of the school's submission is included in the workbook (see attachment). Assessment Team members should document any areas relevant to the Guideline(s) they have responsibility for that need further clarification or information for follow up during the assessment site visit. It is the team member's responsibility to further investigate and ask questions during the site visit on any areas that are unclear or guidelines that have not been addressed adequately. Each team member will also be responsible for documenting the outcomes of the assessment for their allocated guidelines and for reviewing the relevant sections of the draft report.

The following is a suggested allocation of tasks and Guidelines to team members for analysing the submission.

Team member	Chair Academic	1 Academic	2 Optometrist	3 Academic	4 Optometrist	5 Optometrist
Review of submissions from profession	✓ (according to relevance)					
Analysis of guidelines						
1. Organisation & management	✓					
2. Educational goals & objectives 3. Course development & management 4. Course curriculum		✓	✓			
5. Teaching and learning methods 6. Clinical training and settings 7. Student assessment				✓	✓	
8. Teaching and support staff 9. Students 10. Physical resources.	✓					✓

It is recommended that the Chair be fully aware of the organisation and management arrangements for the school and university especially in preparation for the site visit and should be responsible for evaluating evidence in the school's submission relating to Guideline 1.

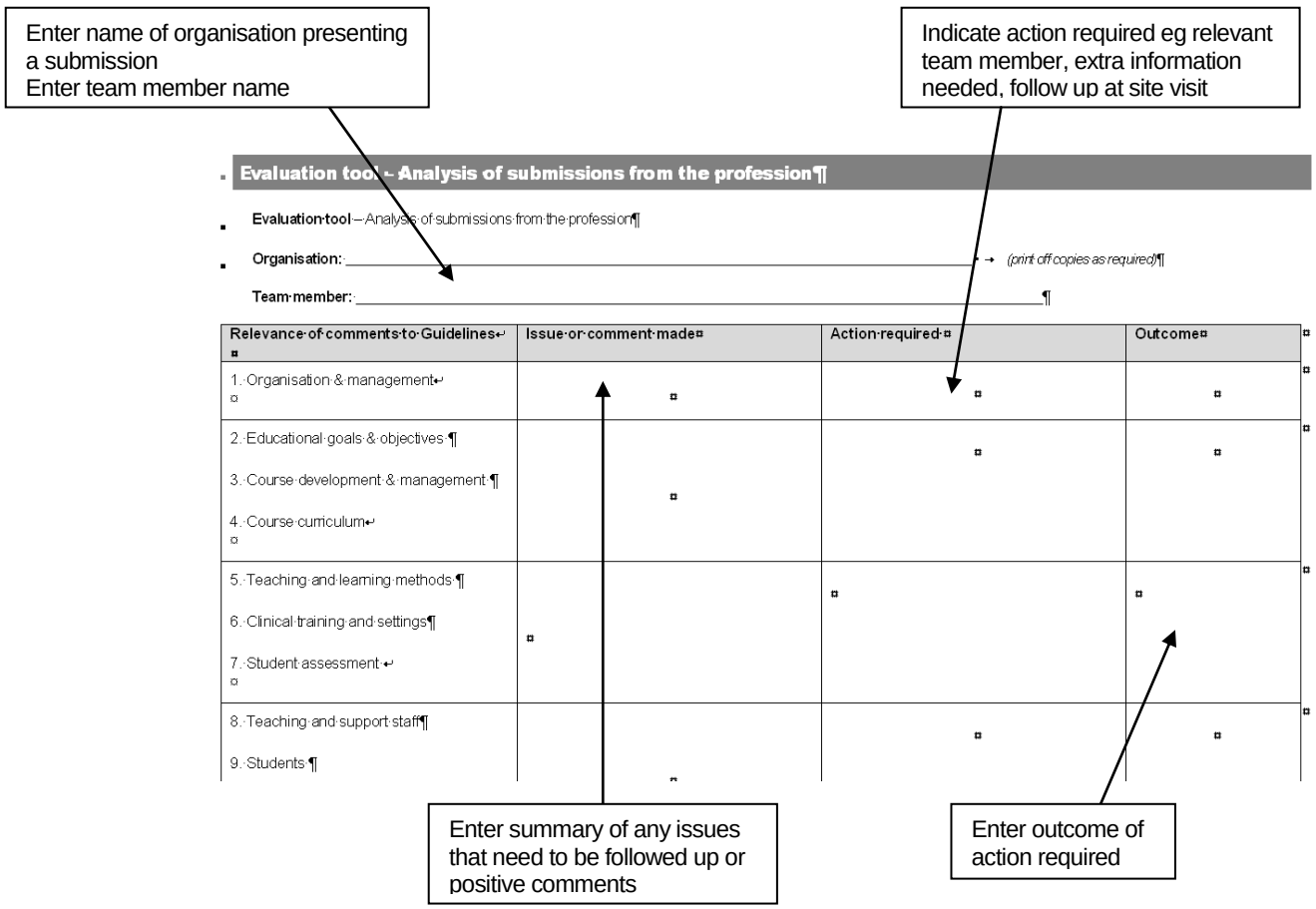
It is also suggested that two team members, (an academic and a practising optometrist) work together to evaluate Guidelines 2-4 and 5-7. These are critical guidelines in assessing the optometry course. If possible, two members should work together to assess Guidelines 8-10. If this is not possible, due to limits on the number and configuration of the team membership, the Chair could assist the team member responsible for these Guidelines as there will be synergy between Guideline 1 and Guidelines 8-10.

Analysing submissions from the profession

When analysing submissions from the profession the focus should be on the relevance of the information supplied to each of the Guidelines. A brief recording tool has been included to assist the relevant team member to evaluate the submissions.

Using the workbook tool

This tool can be used to record notes and comments made when analysing submissions from the profession. It will help to relate information provided to the relevant OCANZ Guideline. Information below is difficult to read.



Analysing the school's accreditation submission

The OCANZ accreditation process requires an optometry school to provide evidence that demonstrates that the course offered meets the standards contained within the Guidelines and produces graduates who are competent for therapeutic practice.

OCANZ Guidelines

The accreditation submission from the school must address each Guideline. These ten Guidelines are grouped into three general categories, namely:

Organisation and management

1. Organisation, governance and funding

The optometry course

2. Educational goals and objectives
3. Course development and management
4. Course curriculum
5. Teaching and learning methods
6. Clinical training and settings
7. Student assessment

Resources

8. Teaching and support staff
9. Students
10. Physical resources.

Part 2 of the Accreditation Manual contains a description and interpretation of the Guidelines. A list of possible evidence that could be used to demonstrate achievement of the Guidelines is also provided. An evaluation tool is provided in the Assessment Team workbook (see attachment).

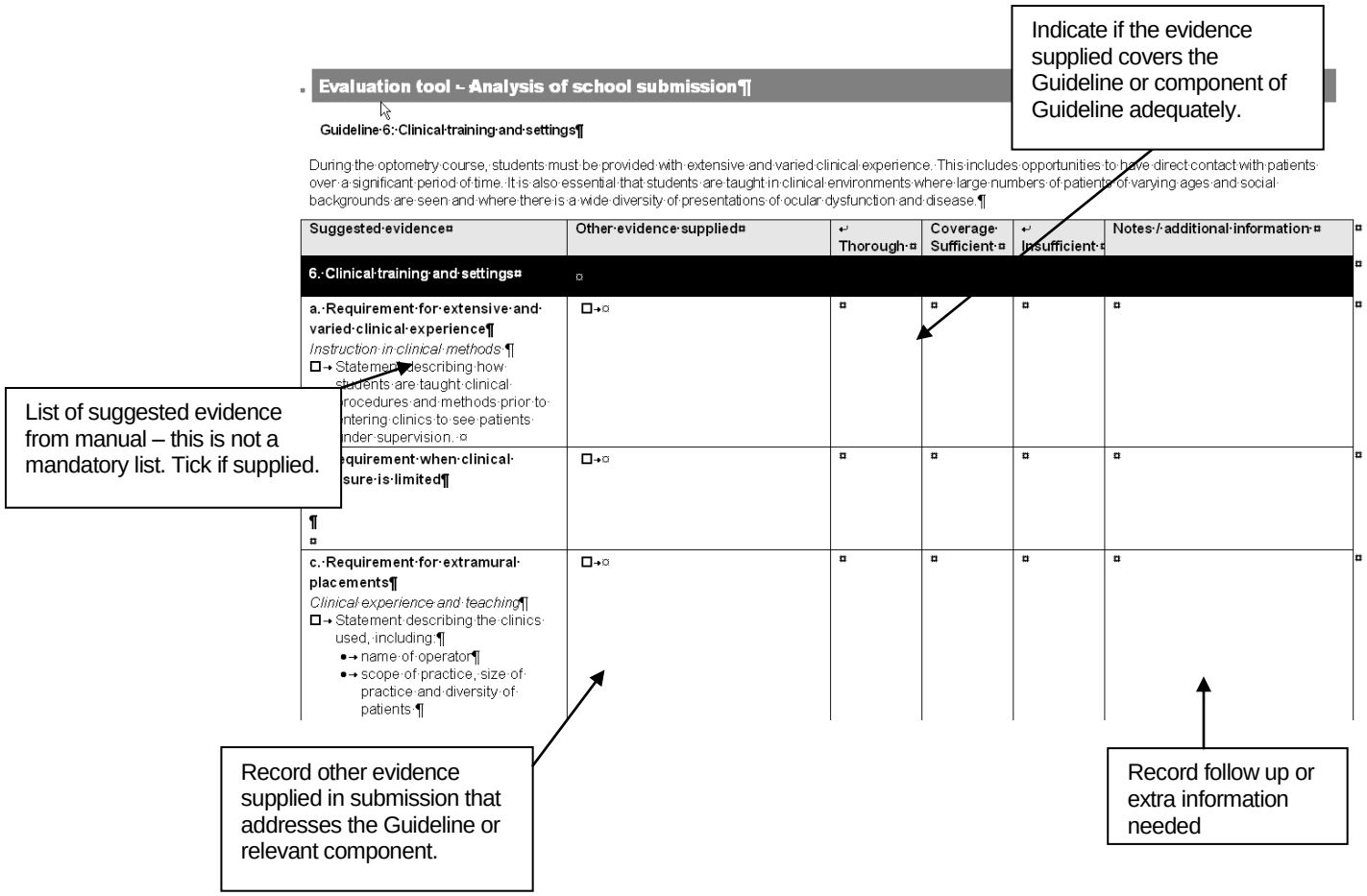
Hints and tips

- Read the whole Accreditation Manual to gain a clear overview of the accreditation process and the Guidelines. Referral back to these Guidelines is critical during the analysis of the school's submission.
- Examine allocated Guidelines to fully understand OCANZ requirements.
- Examine and analyse the evidence provided in the school's written submission against the Guidelines.

- Use the tool in the workbook to record evidence and to make notes and comments regarding further information required and/or follow up action needed.
- Make a judgement as to whether:
  - sufficient information specified in the Guidelines has been provided
  - the information is internally consistent
- Make a preliminary evaluation of and note the strengths and weakness of the school's course.

Using the workbook tool

This tool can be used when analysing the submission from the school. It provides a brief overview of the requirements and the specific components of the guideline. Note that the suggested evidence requirements are not mandatory and the school may provide different or additional evidence. Columns 1 and 2 of the table should be used to provide an overview of the type of evidence provided in the submission. The ticked 'coverage' columns will assist team members to make an overall judgment as to whether sufficient information has been provided to determine if the optometry course meets the requirements of the Guideline. A column is also provided for making notes and comments.



Site visit

Purpose of visit

The site visit is required to both confirm evidence supplied in the school's accreditation submission and to clarify and explore issues and concerns raised in the analysis of the submissions.

After analysing the school's accreditation submission and other submissions the Assessment Team will meet, either face to face or by teleconference, to identify any shortcomings or omissions in the documentation supplied, exchange views on the apparent strengths and weaknesses of the course and develop an outline of the program for the assessment visit. The meeting will decide:

- additional information to be requested from the school; additional information can only be requested if information specified in the Guidelines has not been provided or is incomplete or unclear
- particular issues that should be explored during the assessment visit
- any special arrangements that should be made during the assessment visit to pursue those issues.

Schedule

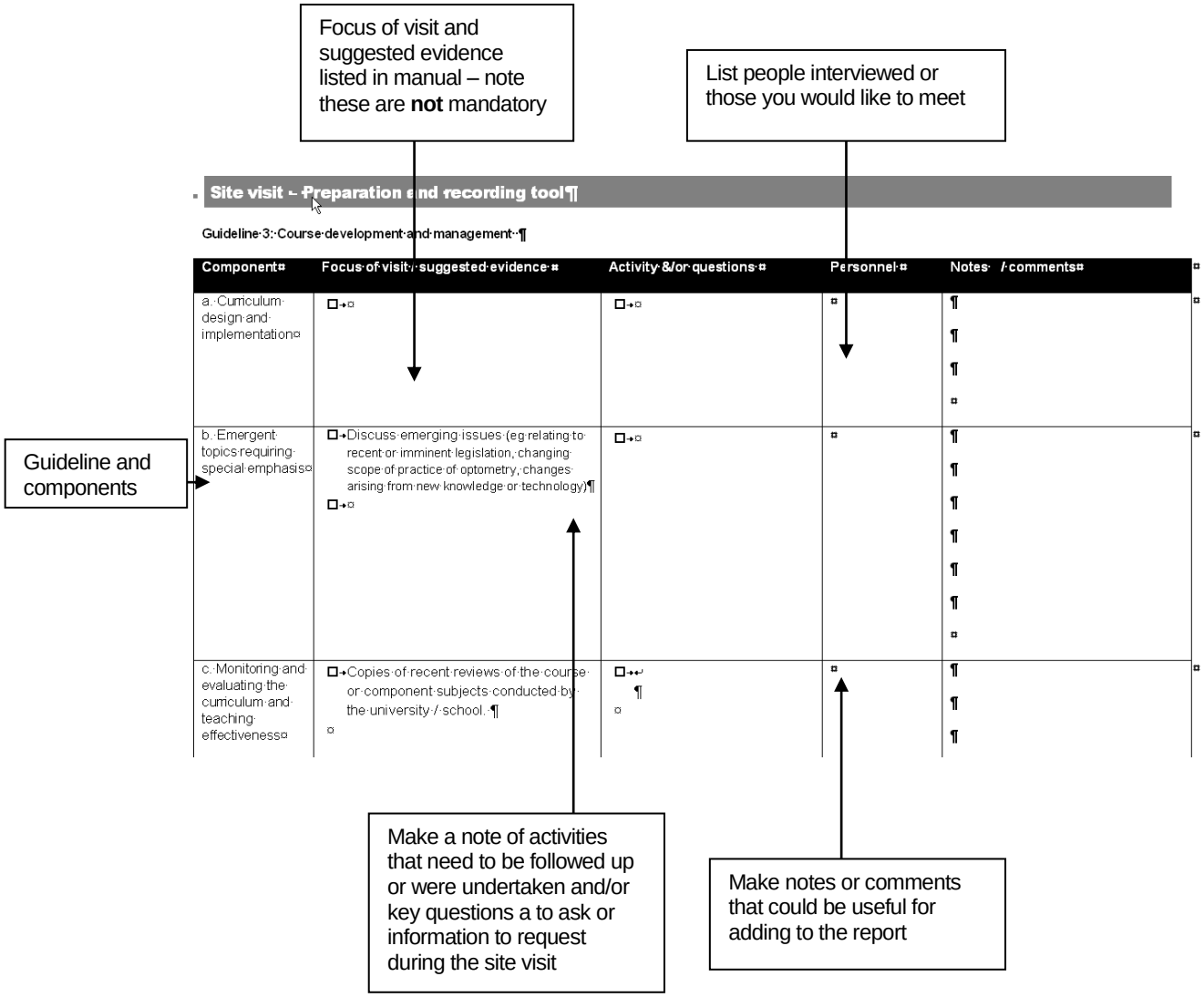
The schedule should provide maximum opportunities for:

- interactive discussion with staff
- members of the profession to present their views to the team.

A detailed model schedule for the visit is provided on pages 41- 43 of Part 1 of the Accreditation Manual.

Using the workbook tool

This tool can be used as both a planning and recording tool to guide the information needed or recorded during the site visit.



Hints and tips

Recording information

- Carefully document information during the assessment visit as recommendations and suggestions for change or improvements need to be substantiated.
- Record the names and position of all people interviewed or met

Protocols

- Demonstrate sensitivity to the complex issues the school/university must take into account when devising and resourcing the course.
- Acknowledge the autonomy of schools/universities to structure and teach courses in different ways according to their educational philosophy and approach to the allocation of limited resources.
- Provide positive feedback to the school regarding the Guidelines that have been met.
- Do not provide specific solutions for any identified shortcoming - describe the shortcoming, the relevant issues and suggest possible general, non-prescriptive approaches for rectifying these.

Professional conduct

- Be punctual to all scheduled meetings and activities, both formal and informal to ensure that the visit is conducted efficiently and effectively.
- Participate actively and courteously throughout the duration of the visit.
- Accept official and formal invitations from the university or school - do not accept personal social invitations from the school or university staff while a member of the Assessment Team.

Confidentiality

- Treat all information gathered during the assessment visit as confidential.
- Discuss general findings and recommendations with the Head of School – do not express either personal or team opinions regarding the accreditation status of the course. Note: decisions about the accreditation status of optometry schools are made by OCANZ.
- Express minority opinion/s in the report if there is consensus agreement to do so from the team members. A separate report addressing a minority opinion and the reasons for it can be provided if the team prefers.
- Destroy copies of the pre-assessment materials and other documents relating to the site visit once OCANZ approves the formal report.

Writing the report

The Executive Officer in collaboration with the Chair of the Assessment Team is responsible for coordinating the Assessment Report.

It is advisable to complete as much as possible of the written segments of the report after analysing the school's submission and prior to the assessment site visit. Additional information may be added to the report after the visit.

Each member of the team should contribute a detailed evaluation of the relevant Guidelines for which he or she has been responsible and forward to the Chair of the Assessment Team after the site visit. It is expected that:

- one A4 page of information should be provided on each Guideline
- all sections of the report are completed electronically and emailed or delivered on a CD or USB stick.

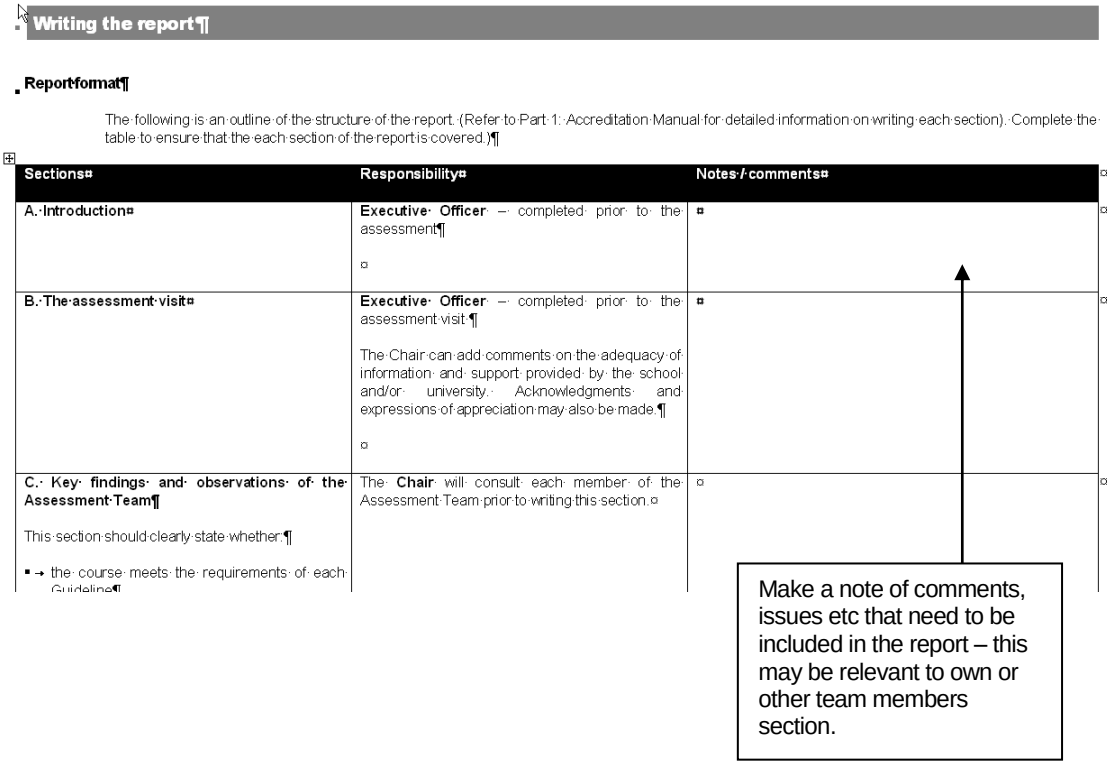
The Chair will compile the report and the Executive Officer will forward the first draft to the Assessment Team members for comment. Where possible it is requested that each member comments on the report electronically using the 'tracked changes' function of MS Word.

Report format

Information regarding the report structure and content is provided in Part 1 of the Accreditation Manual. As with the analysis of the submission each member of the Assessment Team will be responsible for aspects of the report.

A report writing tool is included in the workbook to assist with recording notes and comments relevant to the report (see sample on following page).

Using the workbook tool



Writing the report¶

Report format¶

The following is an outline of the structure of the report. (Refer to Part 1: Accreditation Manual for detailed information on writing each section). Complete the table to ensure that the each section of the report is covered.)¶

Sections¤	Responsibility¤	Notes / comments¤
A. Introduction¤	**Executive Officer** – completed prior to the assessment¶ ¤	¤
B. The assessment visit¤	**Executive Officer** – completed prior to the assessment visit.¶ The Chair can add comments on the adequacy of information and support provided by the school and/or university. Acknowledgments and expressions of appreciation may also be made.¶ ¤	¤
C. Key findings and observations of the Assessment Team¶ This section should clearly state whether:¶ ▪ → the course meets the requirements of each Guideline¶	The **Chair** will consult each member of the Assessment Team prior to writing this section.¤	¤

Make a note of comments, issues etc that need to be included in the report – this may be relevant to own or other team members section.

Hints and tips

Focus on the course

- Analyse the school submission and assess the optometry course against the OCANZ Guidelines.
- Support all comments and decisions based on evidence provided in the submission and that obtained during the site visit or through formal requests to the school.

Addressing deficiencies

- Do not quote or refer to critical comments received in written submissions or in interviews. Where the Assessment Team has investigated and independently assessed any consistent criticism and there is supporting evidence for the criticism, it must be addressed in the report.
- Provide a detailed account of factual evidence and the reasoning leading to the conclusion that there is a deficiency or shortcoming for the relevant Guideline.
  - In the case of a *serious shortcoming* that leads the team to find that a Guideline has not been met, provide a constructive recommendation as to how the school could achieve compliance with that guideline. Address these shortcomings in Section E – Recommendations.

- In the case of *less serious shortcomings* - provide general suggestions for improvement and if appropriate include in the report, in the section dealing with the relevant Guideline. Do not list the shortcoming in the Recommendations – Section E.

Language, format and editing

- Use clear, straightforward language that addresses the requirements of the Guideline.

- Use bullet points, numbering and subheadings where possible to assist with readability of the report.

Feedback to Assessment Team Chair on draft report

- Provide clear and constructive comments, alternative wording and specific additional information that may be required

- Avoid vague statements or comments.

- Avoid the use of question and exclamation marks as these are difficult to interpret and are generally not helpful when providing feedback.

- Raise general concerns that cannot be addressed through the editing process with the Chair of the Assessment Team or the Executive Officer in a letter, email or telephone conversation to ensure that the issue can be addressed in an appropriate way.

Accrediting an optometry course

Assessment Team workbook

OCANZ
March 2007

Contact details for Assessment Team

Assessment Team member *<insert names>*	Position / organisation	Contact details	
		Telephone	Email
Chair			
Guideline 1 & submissions from profession			
1.			
Guidelines 2-4			
2.			
Guidelines 2-4			
3.			
Guidelines 5-7			
4.			
Guidelines 5-7			
5.			
Guidelines 8-10			

Evaluation tool – Analysis of submissions from the profession

Evaluation tool – Analysis of submissions from the profession

Organisation: _____ *(print off copies as required)*

Team member: _____

Relevance of comments to Guidelines	Issue or comment made	Action required	Outcome
1. Organisation & management			
2. Educational goals & objectives 3. Course development & management 4. Course curriculum			
5. Teaching and learning methods 6. Clinical training and settings 7. Student assessment			
8. Teaching and support staff 9. Students 10. Physical resources.			

Evaluation tool – Analysis of school submission

Guideline 1: Organisation, governance & funding

The school should have sufficient funds and administrative and organisational structures that allow control over the objectives and direction of the optometry course, and the resources available for its implementation. This Guideline contains covers four aspects:

a. Administration and organisational structure

b. Strategic planning

c. Funding

d. Relationships with other organisations.

Suggested evidence *(Please tick if supplied. Note - website URLs are sufficient)*	**Other evidence supplied**	**Coverage**			**Notes / additional information**
		Thorough	**Sufficient**	**Insufficient**	
1. Organisation, governance and funding					
a. Administration and organisational structure *Overview of university* ☐ establishment, governance and management structures ☐ disciplines covered ☐ student and staff numbers. ☐ list of senior university officers & researchers.	☐ ☐				
School & faculty structure ☐ organisational chart depicting the school's relationship within faculty and university including the positions of senior officers.	☐ ☐				
School structure & administration ☐ organisational chart depicting the structure and management of school. ☐ list of university departments that provide teaching in the basic optometry course – including names of subjects taught by each. ☐ description of school committee structure. ☐ description of membership, functions, terms of reference and frequency of meetings of school committees, eg curriculum / planning etc.	☐ ☐ ☐ ☐				

Evaluation tool – Analysis of school submission

Suggested evidence *(Please tick if supplied. Note - website URLs are sufficient)*	Other evidence supplied	Coverage			Notes / additional information
		Thorough	Sufficient	Insufficient	
1. Organisation, governance and funding					
b. Strategic planning ☐ statement evaluating the strengths and weaknesses of the school – this should address areas of concern identified in previous OCANZ Accreditation Reports. ☐ statement outlining future priorities, new developments and possible course changes.	☐				
c. Funding ☐ Statement about the policies and formulae that determine university funding to the school	☐				
d. Relationships with other organisations ☐ statement listing the relevant health authorities the school has a relationship with and the nature of the relationship.	☐				

Other comments

Evaluation tool – Analysis of school submission

Guideline 2: Educational goals and objectives

The goals and objectives of the course should be clearly stated and broadly consistent with those described by OCANZ as necessary to provide the knowledge, skills and attitudes for the effective and professional practice of optometry

Suggested evidence	Other evidence supplied	Coverage Thorough	Coverage Sufficient	Coverage Insufficient	Notes / additional information
2. Educational goals and objectives					
☐ Published statement of the goals and objectives of the course relating to knowledge, skills and attitudes. ☐ Statement explaining how students are made aware of the goals and objectives of the course. ☐ Copies of official school/faculty publications, student guides, subject guides and lists of websites where the goals and objectives of the course and/or components of the course are published.	☐ ☐				

Other comments

Evaluation tool – Analysis of school submission

Guideline 3: Course development and management

Schools must demonstrate the development and implementation of and mechanisms for the monitoring and evaluation of a curriculum that achieves the stated educational goals and objectives of the school. This guideline contains covers three aspects:

a. Curriculum design and implementation
b. Emergent topics requiring special emphasis
c. Monitoring and evaluating the curriculum and teaching effectiveness.

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
3. Course development & management					
a. Curriculum design and implementation ☐ Statement describing policies and procedures used to develop and implement curriculum content and assessment strategies. ☐ Overview of organisational structure of the course / curriculum committee including description of key responsibilities, membership and schedule of recent activity. ☐ Short summary of significant changes, especially relating to clinical experience implemented in the last 5 years.	☐ ☐				
b. Emergent topics requiring special emphasis ☐ Description of mechanisms used to recognise & initiate responses to emerging issues, including changing health and educational priorities and those crossing disciplinary boundaries.	☐				
c. Monitoring and evaluating the curriculum and teaching effectiveness ☐ List of the strategies used to monitor quality and effectiveness of the course, subjects and teaching, within school and other departments. ☐ Statement describing policies and procedures used by the school to evaluate the curriculum and effectiveness of teaching, and to instigate change eg staff feedback, student and staff surveys, analysis of student results and success rates, tracking and monitoring of graduates	☐				

Evaluation tool – Analysis of school submission

Suggested evidence	Other evidence supplied	Coverage Thorough	Coverage Sufficient	Coverage Insufficient	Notes / additional information
3. Course development & management					
☐ Summary of examples of recent changes to the curriculum and methods of teaching made in response to student/graduate surveys and staff views.					

Other comments

Evaluation tool – Analysis of school submission

Guideline 4: Course curriculum

The school should demonstrate that the curriculum can achieve its stated educational goals and objectives. This includes:

- a strong foundation in the basic and biomedical sciences and a thorough understanding of the optical and vision sciences
- a strong didactic program in the dysfunctions and diseases of the eye and the fundamental skills required for the practice of optometry.

This guideline contains three aspects:

a. Entry requirements

b. Curriculum design and structure

c. Research.

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
4. Course curriculum					
a. Entry requirements ☐ Statement of admission requirements for entry to the course. ☐ Samples of publications and list of website addresses where this information is stated. ☐ Admission statistics if available.	☐ ☐				
b. Curriculum design and structure ☐ Table outlining the structure and duration of the course - including number of teaching weeks in each year with details of how teaching, study and examination periods are organised for each semester. ☐ Descriptive explanation of how the course balances and integrates: • basic biomedical and paramedical sciences as a foundation for understanding ocular function and dysfunction • the vision and optical sciences • ensures professional competence on graduation.	☐				

Evaluation tool – Analysis of school submission

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
4. Course curriculum					
☐ Documentation delineating responsibilities and standards in shared programs / courses. ☐ Table depicting the organisation and integration of subjects in the course including • contact hours for lectures, tutorials/ seminars and practical/clinical classes for each subject, in each semester • total contact hours for each semester, year and the course as a whole • name of teaching department and coordinator responsible for each subject. **Concurrent degrees and double degree courses** ☐ Description of any options for students to undertake the study of non-optometry subjects or a concurrent course. **Rural and remote area teaching** ☐ Details about rural and remote area experience as part of the course or available as an option. **Teaching of understanding of social and cultural diversity** ☐ Details about the extent to which the course deals with the provision of health care to the indigenous community, the disadvantaged, the disabled and to community groups with differing cultural and social mores.					
c. Research ☐ Brief description of the research programs of the school, funding sources, research fields and current projects for each academic staff member active in research.	☐				

Evaluation tool – Analysis of school submission

Guideline 5: Teaching and learning methods

Teaching and learning methods used in the optometry course should be consistent with the optometry school's educational goals and objectives and the nature of pre-clinical and clinical subjects. A range of learning strategies, especially those that promote active, student-centred inquiry, problem-based learning and the fostering of life long learning skills, should be used.

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
5. Teaching and learning methods					
a. Requirement for varied and innovative teaching methods ☐ statement about the teaching strategies for each course component/subject ☐ description of student-centred learning methods used for non-contact hours for each subject. *(Note: clinical subjects may be addressed in Guidelines 5 &6)*	☐				

Other comments

Evaluation tool – Analysis of school submission

Guideline 6: Clinical training and settings

During the optometry course, students must be provided with extensive and varied clinical experience. This includes opportunities to have direct contact with patients over a significant period of time. It is also essential that students are taught in clinical environments where large numbers of patients of varying ages and social backgrounds are seen and where there is a wide diversity of presentations of ocular dysfunction and disease.

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
6. Clinical training and settings					
a. Requirement for extensive and varied clinical experience *Instruction in clinical methods* ☐ Statement describing how students are taught clinical procedures and methods prior to entering clinics to see patients under supervision.	☐				
b. Requirement when clinical exposure is limited	☐				
c. Requirement for extramural placements *Clinical experience and teaching* ☐ Statement describing the clinics used, including: • name of operator • scope of practice, size of practice and diversity of patients • methods of clinical instruction • ratio of clinical instructors to students at various stages of clinical years	☐				

Evaluation tool – Analysis of school submission

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
6. Clinical training and settings					
☐ Statement describing student experience in dispensing: • lens & frame manufacture • fabrication of glasses • repairs of glasses • checking of glasses • checking of contact lenses.	☐				
Teaching in special clinical areas ☐ Statement on strategies used to teach in special clinical areas, including: • paediatric optometry, orthoptics and visual training • contact lens prescribing and management • assessment and rehabilitation of the partially sighted • treatment of ocular disease, including treatment using pharmacological agents • ethics and professional responsibilities.	☐ ☐				

Other comments

Evaluation tool – Analysis of school submission

Guideline 7: Student assessment

Student achievement of the educational goals and objectives for both the pre-clinical and clinical components of the course should be assessed using the most appropriate methods to ensure that the assessment is valid, sufficient, authentic and current. Assessment methods should be explicitly stated to students at the outset of the course and each course component/subject.

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
7. Student assessment					
a. Assessment methods ☐ Brief statement of the philosophy that underpins the assessment methods used ☐ List of each pre-clinical subject and assessment methods used including: • format of the assessments • weighting of components	☐				
b. Clinical assessment and examinations ☐ List of each clinical subject and assessment methods used, including: • description of assessment of clinical knowledge and proficiency • weighting of components ☐ Description of requirements for student proficiency in core clinical techniques, both prior to undertaking examinations of patients under supervision and prior to completion of course.	☐				

Evaluation tool – Analysis of school submission

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
7. Student assessment					
c. Assessment instruments ☐ Samples of pre-clinical assessment instruments and examinations ☐ Samples of clinical assessment instruments	☐				
d. Progression and remediation ☐ Description of requirements for course progression, including: • satisfactory completion • exceptional circumstances eg supplementary exams. ☐ Statement describing the rules for suspension from the course. ☐ Statistical information on: • success/failure rates • yearly progression rates • proportion of students completing course in minimum time • number of students suspended over past 5 yrs. ☐ Statement describing: • options for transfers to other courses (with or without credit) • feedback mechanism for unsuccessful students • support for students experiencing difficulties.	☐				

Evaluation tool – Analysis of school submission

Guideline 8: Teaching and support staff

An optometry school should be adequately staffed by academic, administrative and technical staff who have the appropriate qualifications and expertise to provide and support the educational goals and objectives of the optometry course. Staff should be provided with professional development opportunities and be involved in performance review processes under the leadership of the Head of School.

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
8. Teaching and support staff					
a. Staff qualifications & expertise *Academic staff* ☐ List of full-time academic staff in order of seniority, including academic rank, qualifications, expertise and teaching duties. ☐ Organisational chart for the school and faculty (if relevant) ☐ Description of the qualifications and expertise of academic staff from school/faculty handbook. *Visiting academic staff* ☐ List of visiting staff (av ½ day a week or 5 plus lectures pa). ☐ List of final year clinical instructors including full details. *Support staff* ☐ List of the number of support staff (0.5–1.0 EFT) by position title (eg research assistant, receptionist, admin officer).	☐ ☐				
b. Staff development and review ☐ Statement describing the staff development and performance review policies.	☐				

Evaluation tool – Analysis of school submission

Guideline 9: Students

The optometry course should have clearly documented entry requirements and student selection methods for entry into the course, regardless of whether the selection is administered centrally by the university or by the schools. Transparent mechanisms for exiting to alternative courses should also be provided to students.

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
9. Students					
a. Methods of student selection ☐ Table listing current or previous year student intake figures, include quota and actual nos for national residents and international students.	☐				
Modes of entry ☐ Description of different entry modes into the course, eg: • year 12 into first year • admission with advanced standing for those with completed tertiary studies • special admission scheme for disadvantaged students • international student s	☐				
Prerequisites for entry ☐ Statement describing the qualifications/requirements for: • admission including relevant, subjects if required • admission with advanced standing into a later year. ☐ Admission statistics and applicant profile for past 5 years – include gender, academic ranking and international/local student ratio.					

Evaluation tool – Analysis of school submission

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
9. Students					
Selection methods for standard entry into the course ☐ Statement describing the selection methods for standard (1st yr) and adv standing entry. ☐ Copy of the school's statement of policy and procedures *Academic performance standard required for entry* ☐ Data on the intellectual quality of students over the past 4 yrs eg • percentile of academic ability (eg as shown by yr 12 or university entrance exam) • cut off score of ranking scale *Special admissions* ☐ Details of selection methods. *International students* ☐ Details of selection methods used for international students.					
b. Student support services ☐ Statement outlining support services eg orientation and mentor programs, student counselling and health services, financial support schemes and programs for students making unsatisfactory progress.	☐				

Evaluation tool – Analysis of school submission

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
9. Students					
c. Personal development of students ☐ Statement of options and choices offered to students to challenge and/or develop and pursue interests ☐ Statement about staff/student ratios for the school.	☐				
d. International students ☐ Statement outlining support services or strategies in place to assist international students.	☐				

Other comments

Evaluation tool – Analysis of school submission

Guideline 10: Physical resources

Appropriate facilities must be provided to meet the educational objectives of the optometry course. This includes facilities suitable for teaching, clinical training and experience, and researching and referencing current materials relating to the course.

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
10. Physical resources					
a. Facilities *Teaching facilities* ☐ List or map depicting the pre-clinical teaching spaces. *Clinical facilities* ☐ List or map depicting: • the consulting rooms • other clinical spaces used for teaching *Teaching facilities provided in hospitals and other health centres* ☐ Description of teaching facilities located in hospitals or other health care institutions *Facilities for students* ☐ Description of student facilities eg private study, relaxation areas and storage/lockers etc. *Optometry library and other information systems* ☐ Description of: • library facilities for optometry students / staff • computer facilities, including Internet and email • computer-based reference and learning systems.	☐				

Evaluation tool – Analysis of school submission

Suggested evidence	Other evidence supplied	Thorough	Coverage Sufficient	Insufficient	Notes / additional information
10. Physical resources					
☐ Copy of school/university policies relating to Internet and email access. ☐ Statement on the proportion of students who have Internet and email access through the school or university.					
b. Resources *Clinical equipment* ☐ List or register of: • standard equipment in each student consulting room • specialised equipment ☐ List of the clinical equipment required by students. *References* ☐ Copy of a student reference list for each major subject including books, journals and websites.	☐				

Other comments

Site visit – Preparation and recording tool

Guideline 1: Organisation, governance & funding

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
a. Administration & organisational structure	☐ Position descriptions / CVs for the Head of School and senior officers. ☐ Additional documents / publications regarding the school's governance, structure and administration. ☐ Copies of the Terms of Reference for major school or faculty committees.	☐ ☐		
b. Strategic planning	☐ Copy of the school's strategic plan and/or financial budget. ☐ Copy of any faculty review or planning documentation.	☐ ☐		
c. Funding	☐ Copy of university funding arrangements	☐ ☐		
d. Relationships with other organisations	☐ Copies of any formalised arrangements, relating to the optometry course, between the school and other organisations. ☐ Documentary evidence of strategies used &/or feedback received from the profession / health community	☐ ☐ ☐		

Site visit – Preparation and recording tool

Guideline 2: Educational goals and objectives

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
Educational goals and objectives of the optometry course. Refer to OCANZ Objectives (Appendix 1: Part 1 Acc manual).	☐ Course goals should be known and understood by both staff and students. ☐ Evaluate whether the course addresses and develops in students the required knowledge, optometric skills and appropriate attitudes for professional practice.	☐		

Site visit – Preparation and recording tool

Guideline 3: Course development and management

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
a. Curriculum design and implementation	☐	☐		
b. Emergent topics requiring special emphasis	☐ Discuss emerging issues (eg relating to recent or imminent legislation, changing scope of practice of optometry, changes arising from new knowledge or technology) ☐	☐		
c. Monitoring and evaluating the curriculum and teaching effectiveness	☐ Copies of recent reviews of the course or component subjects conducted by the university / school.	☐		

Site visit – Preparation and recording tool

Guideline 4: Course curriculum

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
a. Entry requirements	☐	☐		
b. Curriculum design and structure *Integration of pre-clinical and clinical sciences*	☐ Focus on whether the school effectively and comprehensively integrates pre-clinical and clinical sciences, particularly involving of other departments in delivering the course.	☐ ☐		
c. Research	☐ Enquire into research activities to establish if they benefit the teaching program. Determine if there are opportunities for students to encounter research activities and to pursue particular research interests in depth. Note: The accreditation process does not evaluate the specific research activities of the school.	☐		

Site visit – Preparation and recording tool

Guideline 5: Teaching and learning methods

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
Requirement for varied and innovative teaching methods	☐ Review samples of student research / assignment / practical task instructions	☐		

Site visit – Preparation and recording tool

Guideline 6: Clinical training and settings

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
a. Instruction in clinical methods	☐ Focus of whether extensive and varied clinical experience is provided for students ☐ Review different methods of teaching provided to students eg lectures, prac classes, clinical experience, assignments, computer aided instruction etc. ☐ Review samples of: • Student publications about clinical placements. • Sample student log books* showing patient load • Sample student evaluation forms*. • Copies of clinical manuals *Note: de-identified to protect confidentiality	☐ .		
b. Clinical experience and teaching	☐ Tour the school clinic and/or affiliated clinics/facilities ☐ Focus on whether the clinical teaching components contribute to students achieving competence in the practice of optometry			
c. Teaching in special clinical areas	☐ Assess whether components of different subjects in various years contribute in a planned way to competency in each area			

Site visit – Preparation and recording tool

Guideline 7: Student assessment

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
Assessment methods *Clinical assessments / examinations* *Assessment instruments*	☐ Sample examinations or assessment instruments, eg student instructions for research/assignments, essay topics, practical tasks. ☐ Copy of examination/assessment schedule and student guidelines. ☐ Published set of clinical outcomes for students. ☐ Copies of external examiners' reports for the last three years (if used).	☐		
Progression and remediation	☐ Copies of any reports to the faculty or university on success/failure rates.	☐		

Site visit – Preparation and recording tool

Guideline 8: Teaching and support staff

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
Staff qualifications and expertise *Teaching staff* *Visiting staff* *Support staff*	☐ Meet with a range of staff	☐		
Staff development and review	☐	☐		

Site visit – Preparation and recording tool

Guideline 9: Students

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
Methods of student selection	☐ Copies of any publications about special admission. ☐ Copies of any publications explaining selection process to potential students. ☐ Sample recruitment materials eg entries included in course selection/careers handbooks. ☐ Copies of publications relating to international student selection. ☐ Copies of publications relating to student support services. ☐ Examples of orientation programs for new students.	☐		
Personal development of students	☐	☐		
International students	☐	☐		
Support services and facilities	☐ View physical facilities eg student lounge, locker and food service areas	☐		

Site visit – Preparation and recording tool

Guideline 10: Physical resources

Component	Focus of visit / suggested evidence	Activity &/or questions	Personnel	Notes / comments
Teaching facilities	☐ Tour of teaching facilities, view: ▪ Auditoriums / lecture rooms ▪ Tutorial rooms / classrooms ▪ Practical laboratories / pre-clinical laboratories	☐		
Clinical facilities	☐ Tour of clinical facilities, view: ▪ Consulting rooms ▪ Ophthalmic equipment ☐ Tour affiliated clinics – if possible	☐		
Library	☐ Tour of library facilities	☐		

Writing the report

Report format

The following is an outline of the structure of the report. (Refer to Part 1: Accreditation Manual for detailed information on writing each section). Complete the table to ensure that the each section of the report is covered.)

Sections	Responsibility	Notes / comments
A. Introduction	**Executive Officer** – completed prior to the assessment	
B. The assessment visit	**Executive Officer** – completed prior to the assessment visit The Chair can add comments on the adequacy of information and support provided by the school and/or university. Acknowledgments and expressions of appreciation may also be made.	
C. Key findings and observations of the Assessment Team This section should clearly state whether: ▪ the course meets the requirements of each Guideline ▪ graduates are competent to undertake therapeutic practice ▪ there are any significant concerns or reservations about the course.	The **Chair** will consult each member of the Assessment Team prior to writing this section.	

D. Guidelines	<insert **team members** names in relevant section>	
1. Organisation, governance and funding		
2. Educational goals and objectives		
3. Curriculum development & management		
4. Course curriculum		
5. Teaching and learning methods		
6. Clinical training and settings		
7. Student assessment		
8. Teaching and support staff		
9. Students		
10. Physical resources		

E. Recommendations The Assessment Team should make one of the following recommendations: ▪ accreditation for 8 years ▪ accreditation for 8 years subject to conditions being fulfilled in a specified time ▪ accreditation for less than 8 years with conditions* to be fulfilled at the end of the accreditation period ▪ accreditation refused. **Note: any conditions must be stated clearly and unambiguously.*	The **Chair** will consult each member of the Assessment Team prior to writing this section.	
F. Appendices ▪ List of organisations or people making submissions on behalf of the profession ▪ List of names and positions of people interviewed. ▪ Other relevant attachments.	Each **team member** should supply relevant details for the Appendices to the Executive Officer to compile.	

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Candidate Guide
for Competency-based Assessment for entry to the profession of Optometry in Australia and New Zealand

The following document provides information for candidates for the OCANZ Competency in Optometry Examination. For information regarding the eligibility criteria for the examination and application procedures, see the publication Assessing Optometrists with Overseas Qualifications – Explanatory Notes.

The components of the Competency in Optometry Examinations assess the competence of the candidate in the entry-level competencies listed in Optometrists Association Australia Universal (Entry-level) and Therapeutic Competency Standards for Optometry 2008, a copy of which is at Appendix A. This document covers the skills, knowledge and attributes of an entry-level optometrist in Australia and New Zealand as well as the therapeutic competencies that are required for ocular therapeutic endorsement. **Only those competencies listed as entry-level are assessed in the OCANZ Competency in Optometry Examination, therefore, the therapeutic competencies printed in blue are not assessed.**

The Competency in Optometry examination is divided into two sections (both of which must be passed):

Written examination (2 parts)
- Clinical Science examination (one 3-hour multiple-choice question paper)
- Diagnosis and Management examination (one 3-hour paper requiring written answers)

Clinical Examination (2 parts)
- Skills Station examination
- Patient examination

Examination process - Important Notes:

(1) Candidates must pass both parts of the written examination (Clinical Science examination and the Diagnosis and Management examination) before being able to proceed to the clinical examination. The two written papers are administered on consecutive days, twice each year. There is no limit on the number of times a candidate can sit the written examination papers. At their first attempt candidates must sit both the Clinical Science examination and the Diagnosis and Management examination at the one sitting. If one of these two papers is failed at this initial sitting, the candidate will have one (1) further opportunity to repeat only the failed paper at a later sitting. If at the second sitting they fail the paper again, they will need to resit both papers at their next and any subsequent attempts. If both of the papers are failed at any sitting, the candidate must repeat them both.

(2) A pass in the Skills Station examination is required before a candidate may proceed to the Patient examinations.

(3) The Patient examination must be passed within three (3) years of successfully completing the written examinations (Clinical Science and Diagnosis and Management examinations).

1. WRITTEN EXAMINATION

(a) CLINICAL SCIENCE EXAMINATION (1 paper)

The Clinical Science Examination consists of one 3-hour paper, containing 132 multiple choice questions (MCQs). The examination assess the background knowledge of the candidate in basic biomedical, vision, optical and clinical science and the ability of the candidate to apply this knowledge in the clinical situation.

Of the 132 multiple choice questions, 120 are scored for the purposes of determining the overall result. The remaining 12 non-scored questions will be used to calibrate new questions, which may be used in future examinations, but will not be counted towards the overall score of the candidate. Candidates will not be advised which are the non-scored questions.

Candidates will need to bring black lead (2B) pencils, an eraser, a pencil sharpener and a calculator (see Examination Conduct on page 7 for restrictions on calculators that may be used). Candidates will enter answers on a separate marking sheet.

In each MCQ, there are four options, labeled a, b, c and d. The candidate is required to determine which **ONE** response is the **BEST** correct answer. Marks will only be awarded for correct answers. Marks will not be deducted for incorrect answers.

The following lists the competencies that will be assessed in this examination and the approximate number of questions for each of these competencies. These are suggested numbers only and may not be strictly adhered to. The other numbers (eg. 1.6.1, 1.6.2, 6.2 etc) refer to the particular competencies from the document Optometrists Association Australia Universal (Entry-level) and Therapeutic Competency Standards for Optometry 2008 (see Appendix A).

Principles of planning, establishment, development and maintenance of an optometric practice:
Roles of staff, effective organisation of patient contacts and other tasks, scheduling of appointments and follow-up visits, staff training and supervision, equipment maintenance (1.6.1, 1.6.2, 1.6.4, 1.6.5) (approximately 3 questions)

Factors affecting the community's need for optometric services: Epidemiology of ocular disorders, provision of health and other services, demographics of patient population (1.11.1, 1.11.2) (approximately 2 questions)

Legal obligations and financial principles involved in optometric practice: Medicare, health insurance, negligence, safe practice environment, understanding of statutory and common law obligations, fee schedule, insurance, employment agreements, relevant Acts including Health Insurance Act, Registration Acts, Poisons Acts, informed consent, patient referral, issuing of sick leave certificates (1.7) Storage and security of patient records (6.2) (approximately 6 questions)

Resources and organisations in optometry: Functions of and resources available from optometric and allied organisations: Registration boards, educational and research institutions in optometry, state and federal bodies of Optometrists Association Australia and New Zealand Association of Optometrists; Macular Degeneration Foundation etc (1.5) (approximately 1 questions)

Information: Provides advice and information to patients and others, (1.4), interpretation of patient information eg. from other professionals and from previous histories (2.4) (approximately 7 questions)

Implements examination plan and procedures: Alternative and/or extra test procedures to maximise confidence in findings (3.2) (approximately 6 questions)

Assessment of the ocular adnexae and the eye: Anatomy of the ocular adnexae, the eye, the visual and pupillary pathways; anatomy and actions of the extraocular and intraocular muscles; equipment and pharmaceuticals used in the examination of the eye: macro-observation, eversion, slit-lamp biomicroscopy, direct and indirect ophthalmoscopy, use of diagnostic pharmaceuticals including for pupil dilation, retinoscopy, keratometry, gonioscopy, tonometry, tear dynamics, pupil reactions, nystagmus, eye movements, amblyopia; ocular pathology, pharmacology and microbiology; effects of pathological and physiological changes on visual function (visual acuity, fields, colour vision etc.), interpretation of information from optical coherence tomography etc (3.3) (approximately 17 questions)

Assessment of visual processing: normal developmental milestones, brain injury or neurological disease, recognition of when it is necessary to assess visual information processing skills (3.7) (approximately 2 questions)

Assessment of significance of signs and symptoms found during ocular examination: ocular, visual and non-ocular signs and symptoms: social, emotional, neurological etc (3.8) (approximately 3 questions)

Spectacles: Determination of the patient's prescription based on: case history, refraction findings, magnification requirements, dispensing requirements and limitations, vertex distances, aniseikonia, vergence accommodation status; sports, vocational and

occupational visual and safety requirements; lens design and materials (prism, tints, base curves, thickness, special lenses and treatments, interpupillary distance, coatings, additions); care regime, standards, the written prescription (5.2) (approximately 13 questions)

Contact lenses: Suitability of lenses for the patient's needs, lifestyle, vocation, risk factors, vision, comfort and duration of wear, contra-indications, ocular integrity, physiology and environment, slit lamp, topography/ keratometry observations, staining, working distances, anisometropia, aniseikonia, vergence accommodation status, special lenses and treatments, sports requirements, incidental optical effects, lens design, materials, tints, trial lens fitting techniques, care and maintenance regimen, determination of the prescription, performance of the contact lens, monitoring of contact lens wear, recognition and management of contact-lens related conditions, frequency and content of after-care visits, monitoring of patient adherence to the wearing and maintenance regimen, the written prescription (5.3.1, 5.3.2, 5.3.6, 5.3.7) (approximately 13 questions)

Low vision aids: Types of low vision aids available, prescription, evaluation, monitoring, working distances, magnification requirements, incidental optical effects, low vision aid design, special materials, tints, selection and prescription of most appropriate low vision aid, clear instructions, description of the use of the device (5.4) (approximately 3 questions)

Prescribing pharmacological agents, treatment of adnexal and anterior eye disorders, provision of adequate eyecare and progressive review and modification of treatment or management: Appropriate drugs are selected and prescribed; outcomes of treatment regimen monitored; patient instructions including use, administration, storage, disposal of medications, precautionary procedures and how to avoid cross infection, appropriate medications; instructions to the patient; the use, administration, storage and disposal of pharmaceutical agents, shelf-life of the medication, side effects, review, monitoring; decisions based on the results obtained, appropriate timing of reviews, modification of the management plan depending on the results obtained, timing of recall (5.5) (approximately 18 questions)

Provision of pre-and post-operative co-management: Pre-operative assessment and advice, post-operative assessment and monitoring, treatment/referral alternatives, provision of emergency care (5.10.1, 5.10.2, 5.10.3) (approximately 3 questions)

Dispensing of optical prescriptions: Interpretation of prescription, Australian and New Zealand Standards, resolution of ambiguity in specification and usage, frame selection, parameters of the prescription to be measured, processes and limitations involved in the fabrication of optical appliances understood, patient instructions, fitting of spectacles to patient, inspection of lenses and spectacles (5.6.1, 5.6.3, 5.6.4, 5.6.5) (approximately 6 questions)

Visual therapy program: Diagnoses and treats or refers patients diagnosed with accommodative vergence, strabismus and amblyopic condition (5.7) (approximately 2 questions)

Legal Certification: sick leave certification, witnessing of statutory declarations (5.8) (approximately 1 question)

Referral: Need for referral recognised, urgency, documentation, scope and limitations of services provided by optometrists and other health and allied health professionals; choice of practitioner for referral; recognition of the need for co-management with another optometrist or a member of another profession, post-operative referral (5.9, 5.10.4) (approximately 10 questions)

Advice on vision in the workplace: Safety lenses, radiation protection, eye protection, visual standards, sunglasses, tints, industrial and environmental analysis, Australian and New Zealand standards, lighting, ergonomic design, industry and other occupational requirements for colour vision, visual acuity, spectacle powers, certification of fitness for designated occupations or tasks, counselling on occupational needs and suitability; implications for family members (5.11.2, 5.11.3, 5.11.4, 5.11.5) (approximately 3 questions)

Legislative requirement regarding record retention/destruction: children's versus adult's records, methods of destruction (6.3) (approximately 1 questions)

Sample multiple choice questions are available at: www.ocanz.org.

DIAGNOSIS AND MANAGEMENT EXAMINATION (1 paper)

The Diagnosis and Management paper is a 3-hour paper comprising 18 questions (most of which have multiple parts) addressing up to 20 photographs of clinical conditions and test findings that are accompanied by case histories where appropriate. Candidates will observe and identify in the photographs pathological and other conditions (including normal variations) of the eye and adnexae, binocular vision anomalies, results of Hess screen assessment, vergence accommodation disorders, visual perceptual findings, refraction findings, contact lens fittings, colour vision assessment results, visual field results etc.

Candidates can be required to:

- describe in point form the abnormal or normal features
- discuss observations in anatomical, biochemical, microbiological and/or pathological terms
- offer a diagnosis or diagnoses to account for observations
- suggest appropriate treatment or management including criteria for referral or monitoring
- list systemic, ocular and visual signs and symptoms associated with the condition
- list extra tests needed for a differential diagnosis
- discuss the likely prognosis of the condition

Selected past examinations papers are available at www.ocanz.org.

Candidates are to bring to the examination necessary writing materials and a calculator (for restrictions on the type of calculator that may be used see the section on Examination Conduct on page 7).

The following lists the competencies which may be assessed in this examination. The numbers refer to the competencies from the document Optometrists Association Australia Universal (Entry-level) and Therapeutic Competency Standards for Optometry 2008 (see Appendix A). The number in brackets is a guide to the number of questions on a particular area; however, the suggested numbers of questions may not be strictly adhered to.

Formulation and implementation of examination plan, assessment of the ocular adnexae and the eye, diagnosis: Tests and procedures needed for information to obtain a diagnosis; interpretation of results of optometric techniques, assessment of the state of health of the ocular adnexae and eye; differential diagnosis, differentiation of congenital, developmental, hereditary and active and resolved pathological changes; selection of tests suitable to the condition being investigated and the abilities of the patient, further tests, referral for indicated assessment, alternate test procedures, possible progressive modification of examination plan and procedures, patient informed consent (3.1,3.2, 3.3, 4.1) (approximately 4 questions)

Assessment of pupil function, establishment of diagnoses, interpretation and analysis of findings to establish a diagnosis, including formulation and implementation of examination plan: assessment of pupils and pupil reactions for symmetry, response rate and cycle times: varied lighting conditions, swinging flashlight tests, pharmacological testing, differential diagnosis, differentiation of congenital, developmental, hereditary, active and resolved pathological changes; further tests (3.4.4, 4.1, 3.1, 3.2) (approximately 1 question)

Treatment/management program: Presentation of diagnosis, management options, costs and relative merits of each option, need for ongoing care, review, referral or discharge, reassurance, advice on driving or operation of machinery, repercussions of management options, optical correction: spectacles, contact lenses, low vision aids, vision therapy, pharmacological therapy, task modification, environmental adaptations, other interventions, prioritisation of patient problems and management, likely course of condition and prognosis; degree of threat to ocular function, health, performance, development of a management plan, urgency of action recommended, sequence of procedures, treatment duration, criteria for discharge, awareness of validity and reliability of treatment options, referral, co-management, follow-up of referral, informed consent (5.1) (approximately 2 question)

Prescription of contact lenses, including formulation and implementation of an examination plan: Keratometry/topography, fluorescein and slit-lamp findings, assessment of suitability of lenses based on photographic documentation of fluorescein patterns for rigid lenses and photographs of the fit of soft contact lenses, after-care presentations, selection of tests suitable to the condition being investigated and necessary to obtain a diagnosis, further tests, referral, alternate test procedures to maximise confidence in findings, possible progressive modification of examination plan and procedures; aniridia; cosmetic management; occlusion; management of recurrent erosion syndrome, basement membrane dystrophy (3.1.1, 3.2, 5.3.1, 5.3.2, 5.3.4) (approximately 1½ question)

Assessment of visual fields and colour vision including examination plan and interpretation and analysis of findings to

establish a diagnosis: Interpretation of results from eg. Amsler grid, colour vision and discrimination, confrontation, kinetic, static threshold, automated threshold fields, possible diagnoses for the patient's condition, specification of most likely diagnosis, differential diagnosis, differentiation of congenital, developmental, hereditary, teratogenic and active and resolved pathological changes; formulation of examination plan to include the tests necessary to obtain a diagnosis and any other tests which need to be done for a particular patient (3.1.1, 3.4.2, 3.4.3, 4.1) (approximately 2 questions)

Assessment of oculomotor and binocular function including examination plan, including interpretation and analysis of findings to establish a diagnosis: Deviation of visual axis (manifest and latent), associated and dissociated phoria/tropia, laterality, amount of deviation, cover test, comitancy, nine positions of gaze, Hirschberg test, limitations of gaze, qualitative assessment of pursuit movements and saccades, fusional vergence ranges, vergence facility, fixation disparity (curve analysis), near point of convergence, accommodation, possible diagnoses, most likely diagnosis, differential diagnosis, differentiation of congenital, developmental, hereditary, teratogenic and active and resolved pathological changes, formulation of examination plan to include the tests necessary to obtain a diagnosis and any other tests which need to be done for a particular patient (3.1.1, 3.6.1, 3.6.2, 3.6.4, 3.6.5, 4.1) (approximately 1½ questions)

Significance of incidental findings/investigation of ocular signs and symptoms: Non-ocular , ocular and visual signs and symptoms; medical, acquired neurological disorders, pharmacological factors, signs of impending stroke (transient ischaemic attacks); developmental testing, tests of higher cortical function etc; need for specific tests eg. sphygmomanometry, carotid auscultation, extended history, blood sugar levels, (3.8) (approximately 1½ questions)

Contact lens aftercare including examination plan: Appropriate lens replacement recommended, contact-lens related conditions recognised and management recommended, appropriate tests at after-care visits, frequency of after-care visits, formulation of examination plan to include tests necessary to obtain a diagnosis and tests needed for a particular patient (3.1.1, 5.3.6) (approximately 1 question)

Referral of the patient/choice of practitioner for referral: Recognition of when referral is necessary, written referral including all appropriate information, urgency, timing of referral, specified tests and procedures arranged, relevant signs and symptoms and reasons for referral, clarity, understanding of role and scope of services provided by other professionals including health, welfare and education services: general and specialist medicines, ophthalmology subspecialties, psychology, occupational therapy, audiology, speech pathology, community nursing, education, dietetics, social work, physiotherapy, chiropractic, low vision services, rehabilitation services etc. (5.9.1, 5.9.2, 5.10.4) (approximately 1½ questions)

Treatment of adnexal and anterior eye disorders: Ocular pharmacology, treatment procedures, actions, interactions, contra-indications and side effects of drugs, dosage, ocular lubricants, pharmaceutical diagnostic agents, review to monitor treatment (5.5.1, 5.5.2, 5.5.3, 5.5.4, 5.5.5, 5.5.6) (approximately 1 question)

Provision of pre- and post-operative management: Understanding of indications and contraindications for surgery, recovery, intervention, referral, use of pharmacological agents (5.10.1, 5.10.2, 5.10.3) (approximately ½ question)

Advice on vision, eye health and safety in the workplace/recreational settings: Industry and other occupational requirements are known for colour vision, visual acuity, spectacle powers, occupational counselling, certification of fitness for occupations and tasks; conditions that have implications for other family members (5.11.3, 5.11.4, 5.11.5) (approximately ½ question)

(b) EXAMINATION CONDUCT

Late comers will not be permitted to enter the examination room after the first 30 minutes of the examination. A candidate who arrives late, but before the 30 minute mark, will be allowed to sit the examination but will not receive additional time.

1 Candidates will not be permitted to bring into the examination any unauthorised materials or equipment. A calculator may be used so long as it meets the following criteria:
a. Hand-held and noiseless.
b. Is not in a wallet-like container.
c. Battery-operated and does not accept plug-in memory modules or magnetic cards.
d. Is not capable of displaying any alphabetic characters other than calendar and time functions.

2 There should be no talking once the candidates have entered the examination room and candidates who communicate with each other during the examination may be ejected.

3 The examination papers remain the property of the Optometry Council of Australia and New Zealand. Candidates will not be permitted to take away any material from the examination when they leave. The examinations are protected by copyright laws. Any reproduction or distribution of examination questions is unlawful and may be subject to legal action.

4 A candidate who needs to leave the examination room temporarily must be accompanied by a supervisor. A candidate should raise their hand if they require the attention of a supervisor.

5 A candidate who completes the examination early will not be permitted to leave the examination room until their examination script has been collected and they have been instructed to do so.

6 Cheating or collusion or other disruptive or unacceptable behaviour is prohibited. A candidate found cheating will receive a zero score for the examination in which the cheating occurred, and the candidate may be prohibited from taking further examinations administered by the Optometry Council.

2. CLINICAL EXAMINATION

(a) SKILLS STATIONS

Candidates will be required to demonstrate the ability to perform optometric techniques at a number of stations. **They must provide themselves with a retinoscope, p.d. rule, occluder, pen torch and pens. No other equipment is allowed to be brought into the examination. The equipment available at each station is listed below.**

- The skills to be assessed at each station are shown in the table on the following page.
- Candidates will not be permitted to commence a station unless their personal presentation and preparation of instruments conform to necessary hygiene standards. A candidate will be instructed to stop a test if the examiner considers that his/her technique is unsafe or inappropriate. In this event the candidate will be considered to have failed that particular technique.
- To pass a station each individual skill must be passed. Candidates who fail up to two of the skills in this section of the examination may be given the opportunity to re-sit the failed skills on another day. Failure of three or more skills at the first attempt or failure of the skills at the second attempt means failure of the entire skills station examination. If a candidate fails a technique within a skill, the whole of the relevant skill (e.g. Binocular vision analysis parts (i), (ii) and (iii)) will be retested, not just the technique that was not demonstrated successfully at the first attempt.
- A number of skills testing stations will be used with rotation of candidates from one station to the next. At each station two different skills are required to be demonstrated. Some skills may include more than one technique e.g. (i), (ii), (iii). Each of the seven stations must be completed within 30 minutes.
- If a candidate is given the opportunity to re-sit one of two failed skills, each of these skills must be completed within 20 minutes.
- Candidates will be assessed on preparation, personal hygiene, execution and conclusion of each task and communication with the subject/patient. Candidates will wash their hands before each new patient and prior to the insertion of contact lenses. Candidates will disinfect or clean equipment as necessary. The candidate will explain the purpose of each test to the patient and advise the patient of what they are expected to do for the test.

Station	Skills	Equipment Available
1	A. Binocular vision analysis: (i) Cover test (ii) Heterophoria measurement (iii) Vergence testing B. Vision therapy	Prism bars, loose prisms, trial frame and lenses, refractor head, Maddox rod, Prentice phoria card, fixation target, occluder, vision therapy devices (Brock string, loose prisms, anaglyphs, red-green glasses, Maddox wing, raf rule, life-saver card)
2	C. Distance retinoscopy D. Keratometry	Refractor head, trial frames, trial set lenses and prisms, internally-illuminated visual acuity charts or projected visual acuity charts, keratometer, disinfectants
3	E. Ophthalmic materials evaluation F. Contact applanation tonometry	Vertometer, lens thickness gauge, Geneva lens measure, Australian Standards, selection of frames. Multifocal centration chart, sodium fluorescein dye, anaesthetic, disinfectants, applanation tonometers eg. Perkins, Goldmann Slit lamp biomicroscope (900 Haag-Streit Bern, Topcon DC-3 or Nikon S-1)
4	G. Visual field assessment (i) Amsler grid testing (ii) Automated visual field testing (iii) Confrontation H. Colour vision assessment (i) Pseudo-isochromatic plates (ii) Farnsworth D15 test	Amsler Grids, occluder, automated perimeters (Humphrey and Medmont), Pseudoisochromatic plates (e.g. Ishihara), Farnsworth D15 test, confrontation target
5	I. Slit-lamp biomicroscopy J. Gonioscopy	Sodium fluorescein dye, slit-lamp with observation system (900 Haag-Streit Bern, Topcon DC-3 or Nikon S-1), anaesthetic, disinfectants, stains, ocular lubricants, Zeiss four-mirror goniolens (goniolens with a flange is not available), Goldmann three-mirror goniolens, posner (4 mirror) goniopsrim
6	K. Binocular indirect ophthalmoscopy L. Fundus lens evaluation	BIO with observation system, condensing lenses, Slit lamp Biomicroscope with observation system, Goldmann lens, 20D lens, 90D lens and Volk Super Field lens.
7	M. Soft contact lens insertion and assessment N. Hard contact lens insertion and assessment	Keratometer, radiuscope, RGP trial sets, Soft CL trial sets, Burton Lamp, Stains, Slit lamp Biomicroscope, suction cap, lens cases, mirror, bowl, towels, lens cleaning, disinfection & storage solutions

A copy of the Skills stations assessment sheets is at Appendix B. Appendix C contains a copy of the sheets that will be available for candidates to record their findings.

Binocular Vision Analysis: The candidate will analyse the binocular vision status of the patient using tests of ocular motility, the cover test, assessment of heterophoria and vergence testing. Candidates will use appropriate light levels, occluder and fixation targets. The candidate will perform distance and near cover tests and objectively measure any deviation. Horizontal and vertical heterophorias will be measured for distance and near using a suitable method. The patient's distance and near prescription, p.d. and visual acuity will be given. Vergence testing will be performed at near. All results will be recorded clearly using the appropriate notation.

Vision therapy: The candidate will select, demonstrate and teach the use of two different vision therapy devices for the remediation of positive vergence deficiency, and discuss the frequency of therapy and the need to monitor treatment.

Distance Retinoscopy: The candidate will perform distance retinoscopy on both eyes of a patient and record results. The candidate will not be provided with any previous information about the patient.

Ophthalmic materials evaluation: The candidate will measure the parameters of a number of pairs of spectacles and will measure the pupillary distance of a patient, assess the suitability of a spectacle frame having been provided with the patient's prescription, and determine the required location of optical centres within a frame and the position of a segment height and/or the details necessary for the correct positioning of progressive lenses. All measurements are to be clearly recorded using the appropriate notation. A pair of spectacles will be compared to a prescription and assessed to determine whether it meets the Australian and New Zealand standard.

Slit-lamp biomicroscopy: The candidate will use slit-lamp biomicroscopy to examine the lids (including eversion of the upper lid), lid margins, lashes, bulbar and palpebral conjunctiva, cornea, iris and lens, assess the tear film, screen the anterior chamber and assess the anterior chamber angle by means of the van Herick test. The candidate will maintain an image of what is being observed for the examiner to view through an observation system and will record all observations.

Visual field analysis: The candidate will measure the central visual fields of one eye of the patient using automated perimetry and record a description and interpretation of the results of the tests on the record card. The candidate will instruct the patient in the performance of an Amsler grid test, perform the test and record results. The candidate will also measure fields to confrontation, and record and interpret results.

Keratometry: The candidate will perform keratometry on both eyes of the subject who is to be seated comfortably at the instrument and provided with an appropriate fixation target. Keratometry measurements are to be made in the two principal meridians and results recorded appropriately including radius and axis.

Colour Vision Assessment: The candidate will perform a colour vision analysis on a subject using pseudo-isochromatic plates, and the Farnsworth D15 test and will interpret results and record all necessary information.

Contact Applanation Tonometry: The candidate will be required to perform contact applanation tonometry on one eye of the patient (using topical anaesthesia). Measurements are to be within +/- 2mm Hg. The candidate will record results using the appropriate terminology. Candidates will be expected to assess the cornea for staining before and after tonometry.

Gonioscopy: The candidate will perform gonioscopy on one eye of the patient. The candidate will obtain a view of the 4 quadrants which can be observed by the examiner via an observation system. The candidate will describe what is observed during the procedure and record all findings.

Binocular Indirect Ophthalmoscopy: The candidate will perform binocular indirect ophthalmoscopy on one eye of the patient. The patient's pupils will have been dilated prior to the test. During the examination of the structures the candidate will maintain the image for the examiner to observe through the observation system. Observations are to be recorded clearly and accurately.

Fundus lens evaluation: The candidate will perform a fundus evaluation of one eye of the patient using a fundus lens. The pupils of the subject will be dilated prior to the test. The candidate will sustain an image for observation by the examiner through an observation system. Observations are to be recorded clearly and accurately.

Soft Contact Lens Insertion and assessment: The candidate will be provided with keratometry readings of the subject and will select, prepare and insert a soft contact lens to one eye (with the presumption that the lens has previously been disinfected) and evaluate the fit of the lens by use of a slit-lamp. On completion the candidate will remove, clean and store the lens and describe appropriate alternatives for lens disinfection. The candidate will record observations about the suitability of the fit of the lens. All necessary contact lens solutions will be provided.

Rigid contact lens insertion and assessment: The candidate will select, prepare and insert a rigid gas permeable lens to one eye of the subject (with the presumption that the lens has previously been disinfected) having been provided with the keratometry readings of the subject. Comments on the lens fits are to be recorded clearly and concisely. On completion the candidate will remove, clean and store the lens and describe appropriate alternatives for lens disinfection. The candidate will then assess the fit of the contact lens and remove the lens without the aid of a suction cap or any other device. The candidate will then appropriately prepare the lens for storage.

COMPETENCIES TO BE ASSESSED

1.4 Conveying of information to others: Manner in which advice is given: confident approach; clear communication of information, communication skills, clear instructions to patients

1.6.2 Equipment: safety, accuracy, calibration and cleaning

1.6.3 Appropriate standard of personal and general hygiene: disinfection of tonometers, disinfecting of trial set lenses, cleanliness of equipment including chin and forehead rests, hand washing, maintenance of sterility of drops if used for a number of patients.

3.3 Assessment of the ocular adnexae and the eye: techniques such as binocular indirect ophthalmoscopy, fundus lens evaluation, gonioscopy, interpretation of findings

3.4.2, 3.4.3 Assessment of visual fields and colour vision: Automated visual field assessment, confrontation, Amsler chart, pseudo-isochromatic plates, D15 test etc

3.5 Assessment of refractive status: retinoscopy

3.6 Assessment of oculomotor and binocular function: cover test, measurement of stereopsis, phorias and fusional reserves, accommodation etc.

5.3.1, 5.3.2, 5.3.4 Suitability, prescription and assessment of fit and performance of contact lenses: keratometry, slit lamp biomicroscopy, lens fitting for soft and/or rigid lenses

5.6.1, 5.6.2, 5.6.3, 5.6.4 Dispensing of optical prescriptions and verification of optical appliances: interpretation of prescription, selection of appliances, adjustment of optical appliances, frame measurements, measurement of spectacle lens parameters, Australian and New Zealand standards

5.7.1, 5.7.2, 5.7.3 Patient instruction in the use and maintenance of visual training equipment: instructions, choice of vision therapy, goals of therapy

6.1.1 Recording of information: results, use of standard terminology

(b) PATIENT EXAMINATION

a) The candidate will pass a minimum of 3 out of 4 patients for whom a full examination including all necessary tests and completion of all paperwork is to be performed **within 70 minutes**. At the completion of the examination, there will be an additional ten minutes available for discussion of the case with the assessor.

b) The candidate will be assessed on personal presentation and the preparation of the consulting room and equipment. **Candidates must provide their own p.d. rule, pens, direct ophthalmoscope, retinoscope and occluder. In addition, candidates are encouraged to bring their own binocular indirect ophthalmoscope (BIO), fundus lenses, goniolens and/or trial frame (and lenses) to the patient examinations.** The candidate will have access to the equipment listed as available for the skills stations and ocular diagnostic pharmaceuticals, record cards and near point cards.

c) The candidate will be assessed on his/her ability to communicate clearly to the patient including the ability to explain the purpose of each test and what is expected of the patient in the course of each test, the ability to perform each individual test, the co-ordination of the examination, the ability to make an accurate diagnosis and to determine appropriate management or treatment.

d) Candidates will be given the name and the date of birth of the patient, but no other information. The examination should be conducted as if it is a first visit. The candidate will record all significant information on the record card in a format easily understood by any optometrist reading the card. In the patient examinations, information from previous record cards will not be available but reference material concerning side effects of medications may be consulted.

e) Candidates will not have access to the patient's previous prescription either for the purposes of the measurement of acuity or for the measurement of the previous prescription. In effect, it will be as if the patient's presenting problem is “lost glasses”. No communication will be permitted with other candidates or optometrists other than the assessor.

f) The candidate will perform those tests (which could reasonably be expected to be performed at an initial consultation, **including a dilated ocular fundus examination unless contraindicated**), necessary to obtain a diagnosis and tests which are routine screening procedures for a patient the age of the presenting patient. The candidate should be able to justify the inclusion of any test. The candidate will demonstrate proficiency in all tests performed, explain to the patient what is expected of them for each procedure and obtain and record accurate results. Where further tests are indicated, the candidate must advise the assessor and the patient of this need and if appropriate make an appointment for the patient to have these tests performed if they are not performed at the initial appointment.

g) At the completion of the examination the candidate will make a diagnosis/diagnoses to account for the presenting signs and symptoms and record what the advice to the patient would be. Where necessary, a prescription is to be written with all information necessary for the accurate fabrication of a pair of spectacles. If referral is necessary, the candidate will note this on the record card. The assessor will write the letter.

h) Candidates are expected to behave in a professional manner at all times towards patients and assessors. Highly unprofessional behaviour can be used as a reason for failure of a patient examination.

A copy of the patient examination assessment sheet is at Appendix D. Appendix E is a copy of the clinic record card.

COMPETENCIES TO BE ASSESSED

1.2.2 Consequences of actions etc. and provision of services: patient difficulties are managed; all care is taken to ensure that appropriate management occurs; patient understands what he/she needs to do, unnecessary follow-up visits are not provided unless initiated by the patient

1.3 Acts in accordance with standards of behaviour for the profession: the optometrist behaves and practises in a professional manner

1.4.1 Conveying of information to others: manner in which advice is given: confident approach; clear communication of information, communication skills, clear written or oral instructions to patients, use of an interpreter

1.6 2 Maintenance of equipment: equipment is maintained in appropriate order: calibration, cleaning, new globes, repair, etc.

1.6.3 Personal and general safety, comfort, appropriate standard of personal and general hygiene and tidiness are maintained in the practice: dress mode, manner, attitude, disinfection of tonometers, disinfecting of trial set lenses, recognition of when it may be necessary to wear surgical gloves and masks, awareness of possible effect on patients of any systemic illnesses of the optometrist (eg. rubella and pregnant patients, Hepatitis B, AIDS etc), cleanliness of equipment including chin and forehead rests, hand washing facilities, maintenance of sterility of drops if used for a number of patients

1.9 Provision of emergency ocular treatment and general first aid: can deal with emergency ocular first-aid requirements or organise for the patient to receive it; general first-aid management is available

1.10.2 Advice on eye protection for home and recreational pursuits: safety lenses, radiation protection, sunglasses, tints, industrial and environmental analysis, standards, occupational lens designs, lighting, ergonomic design

2.1.1 Suitability of modes and methods of communication: use of interpreter, appropriate language, rephrasing of questions to enhance understanding

2.1.2 Establishment of appropriate relationship between the optometrist and the patient: greeting, introduction and identification, patient set at ease and made comfortable, confidence instilled, candidate listens to patient, diplomacy, appearance and presentation of the consulting room

2.2.1 Noting of physical and behavioural characteristics of the patient: abnormal appearance, gait, general movements, mobility, balance, posture, behaviour, speech

2.3.1 Eliciting of reasons for the visit of the patient and 2.3.2 Eliciting of information for diagnosis and management: presenting symptoms and patient/carer's chief complaint; other signs/symptoms; visual demands eg. occupational, recreational, educational and other requirements, follow-up questions, observation of candidate listening to patient, noting body language, anxieties, reinforcing patient observations, clarifying understanding and ambiguities, noting and understanding referral, deflecting irrelevancies, determining patient expectations; personal and family history including educational/social/birth history; behavioural patterns (including avoidance), medications (current and past), previous assessments and treatment by other professionals, previous illness with ocular, visual or developmental significance, surgical intervention with visual/ocular relevance, trauma, accident and injury of ocular/visual significance and family eye and medical history, on-going history throughout examination, actively listens to patient, notes body language, anxieties, reinforces patient observations, clarifies understanding and ambiguities, notes and understands referral, deflects irrelevancies, determines patient expectations

2.4.1 Seeking, collation and interpretation of the significance of information from previous assessments: reading previous histories, contacting other professionals for information

3.1.1 Design of an examination plan and 3.1.2 Selection of tests and procedures appropriate to the patient's condition and abilities and 3.1.3 Relevant investigations not necessarily associated with the patient's history are considered.: tests necessary to obtain a diagnosis, other tests necessary, justification for the inclusion of any test, tests are suitable to the ability of the patient and to the condition being investigated and can be modified as necessary

3.2.1 Performance of tests and procedures to provide the information required for diagnosis: proficiency with equipment and techniques, explanations to the patient, accurate results, preparation of equipment and consulting room

3.2.2 Modification of examination plan and procedures:, further tests, referral for indicated assessment, alternate test procedures are used to maximise confidence in findings

3.3 Assessment of the structure, functioning and health of the ocular adnexae, the anterior segment, the ocular media, and the posterior segment: interpretation of results obtained in the examination of the ocular adnexae and the eye, using such tests as macro-observation, vital stains, slit-lamp biomicroscopy, interpupillary distance, eversion, double eversion, direct and indirect ophthalmoscopy, retinoscopy, keratometry, gonioscopy, tonometry, diagnostic pharmaceuticals, slit-lamp assisted ophthalmoscopy, tear dynamics

3.4.1, 3.4.4 Assessment of vision, visual acuity and pupil function: contrast sensitivity function, light perception, neutral density filter test, photo-stress test, optokinetic nystagmus, pinhole, line and single letter tests and preferential looking tests, amblyopia, vision, visual acuity, pupil reactions, anisocoria

3.4.2, 3.4.3 Assessment of visual fields and colour vision: Amsler grid, contrast sensitivity function, light perception, colour vision and discrimination, confrontation, kinetic, static threshold, automated threshold fields, neutral density filter test, photo-stress test, optokinetic nystagmus, pinhole, line and single letter tests and preferential looking tests, amblyopia, vision, visual acuity

3.5 Assessment of the refractive status: logical progression of objective and subjective tests, standardised acuity charts, retinoscopy, cross-cyl technique, fogging, binocular balance, near vision cards, refractometer, cycloplegia, records findings eg. aided/unaided visual acuity, sphere, cyl, axis, add

3.6 Assessment of oculomotor and binocular function: eye alignment and the state of fixation, quality and range of eye movements, sensory fusion status, vergence system adaptability, placement and adaptability of accommodation, anomalous and normal retinal correspondence, foveal and eccentric fixation, steadiness and direction of gaze, deviation of visual axis (manifest and latent), nystagmus, fixation disparity curve analysis, associated and dissociated phoria/tropia, laterality, amount of deviation, cover test, comitancy, nine positions of gaze, Hirschberg test, limitations of gaze, qualitative assessment of pursuit movements, developmental eye movement test, saccades, flat fusion, lustre, simultaneous perception, colour fusion, SILO effect, stereopsis, suppression, amblyopia, fusional reserves, vergence facility, Sheard's criterion, Percival's criterion, zone of zero associated phoria, near point of convergence, accommodative accuracy, relative accommodation, accommodation facility, monocular and binocular amplitudes of accommodation

3.7 Assessment of visual information processing

3.8.1 Consideration of signs and symptoms found during the ocular examination to the patient's eye and/or general health: general welfare of the patient, medical, acquired neurological disorders, pharmacological, social, emotional factors, familial and other assault/molestation, disorders of communication and articulation, memory of current events, history of spatial confusion, reducing cognition

3.8.2 Investigation of significant ocular signs and symptoms and 3.8.3 Investigation of significant non-ocular signs and symptoms and 3.8.4 Ensures that significant non-ocular signs and symptoms are investigated.: sphygmomanometry, carotid auscultation, extended history, blood sugar levels, signs of impending stroke (transient ischaemic attacks); assessment or referral for specific tests, developmental testing, tests of higher cortical function, signs of higher cortical dysfunction (eg. Alzheimer's disease, intellectual disability)

4.1 Interpretation and analysis of findings to establish a diagnosis: determination of accuracy, validity and reliability of test results and information, integration of information from sensory, refractive, binocular and perceptual tests and other sources to establish a differential diagnosis, ocular and general health, differentiation of congenital, developmental, hereditary, teratogenic and active and resolved pathological changes, psycho-emotional disorders, information prioritised.

5.1.1 Presentation and explanation of the diagnosis and prognosis: explanation of diagnosis to patient using appropriate language, answering of patient questions regarding the diagnosis

5.1.2, 5.1.3, 5.1.4 Treatment/management program: action (importance, urgency, etc), formulation of a treatment or management plan to address the patient's needs: degree of threat to ocular function, health, performance, appropriate emphasis on urgency of any action recommended, sequence of procedures, treatment duration, criteria for discharge, awareness of validity and reliability of treatment options, referral, co-management, eye protection, modification of visual tasks, lifestyle requirements, the different options, their costs and their relative merits are presented to the appropriate parties to assist them to make an informed decision, counselling, likely course of condition, case management and prognosis, awareness of management options, patient assisted to make a decision regarding the management option, advice regarding ongoing care, review, referral or discharge, reassurance, advice on driving or operation of machinery, repercussions of management options, optical correction: spectacles, contact lenses, low vision aids, vision therapy, pharmacological therapy, task modification, environmental adaptations, other interventions

5.1.5 Informed consent: explanation of presenting complaints, alternatives discussed, additional findings, diagnosis, management options, expected duration, course, costs, outcomes and limitations of treatment, possible complications and risks, patient queries answered, ambiguities and misinterpretations clarified, record advice given

5.1.6 Recall of patients: advice to patient of time of next attendance

5.2 Prescription of spectacles: working distances, magnification requirements, prism, dispensing requirements and limitations (vertex distances), anisometropia, aniseikonia, vergence accommodation status, safety spectacles, special lenses and treatments, sports requirements, incidental optical effects, lens design, materials, tints, etc. spherical component, cylindrical component, axis, lens form and specifications, coatings, additions, care regime, use, interpupillary distance, prism, Fresnel lenses, hardening process, date, optometrist's signature, patient's name, expiry date

5.6.2 Appliance to suit the needs of the patient: advice on features, benefits, suitability, fashion/cosmesis, contemporary lens forms, lens treatments, materials, safety factors, anatomical, physiological and proposed use factors, costs

5.6.3 Lens selection: requirements, processes and limitations involved in the fabrication of optical appliances

5.5 Treatment of adnexal and anterior eye disorders and injuries: performance of treatment or intervention procedures (adnexa and anterior eye): epilation, lid scrubs, lacrimal lavage, irrigation, foreign body removal, pharmacological or therapeutic management of adnexal and ocular conditions: actions, interactions, contra-indications and side effects of drugs, dosage, frequency, prophylactic management, ptosis crutches, ocular lubricants; patient instruction in the use, administration, storage and disposal of pharmaceutical agents, shelf-life of the medication

5.9.1, 5.9.2 Referral for assessment or treatment, timing of referral and documentation, selection of a suitable professional: patient referred if necessary to the appropriate health professional or other professional, organisation of the referral attending to urgency, arrangement of the referral, referral letters etc, role and scope of services provided by other professionals including health, welfare and education services is understood: general and specialist medicines, ophthalmology subspecialties, psychology, occupational therapy, audiology, speech pathology, community nursing, education, dietetics, social workers, physiotherapy, chiropractic, low vision services, rehabilitation services etc, experience, locations

5.11.2 Advice on eye protection, visual standards and visual ergonomics: safety lenses, radiation protection, sunglasses, tints, industrial and environmental analysis, standards, occupational lens designs, lighting, ergonomic design

5.11.3 Counselling on visual suitability of vision for occupations: industry and other occupational requirements are known for colour vision, visual acuity, spectacle powers, etc.

5.11.4 Certification of visual suitability for occupations or tasks: report written including all relevant information)

5.11.5 Advice to patient/parent/guardian re the presence of conditions with implications for other family members: conditions warranting further assessment

6.1.1 Recording of information: date, patient's name and address, examining practitioner, history, procedures performed, diagnoses, results and management strategies, use of standard terminology, inclusion of photographic, video, written and computer records, records of consultations and other contacts

(c) FAMILIARISATION SESSION FOR CANDIDATES

Candidates are welcome and strongly encouraged to attend familiarisation sessions which are arranged on the day prior to both the skills testing and patient examinations.

The familiarisation sessions are held at the venue of the skills testing and patient examinations and normally run for one hour only.

These sessions will provide candidates with an overview description of how each of the examinations will be organised and conducted and are an opportunity for candidates to ask questions. Candidates will have the opportunity to walk through the clinical facility and see the areas where the examinations will be conducted.

Please note that candidates attending familiarisation sessions are not able to practice clinical skills or techniques in the clinical facility.

CLINICAL AND EXPERIMENTAL
OPTOMETRY

COMPETENCIES

Optometrists Association Australia Universal (entry-level) and Therapeutic Competency Standards for Optometry 2008

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Background: Competency standards for entry-level to the profession of optometry in Australia were first developed in 1993, revised in 1997 and expanded in 2000 to include therapeutic competency standards. The entry-level standards cover the competencies required by a person entering the profession without therapeutic endorsement of their registration. The therapeutic competency standards address the additional competencies required for therapeutic endorsement of registration. This paper presents a revised version of the universal (entry-level) and therapeutic competency standards for the profession of optometry in Australia in 2008.

Methods: Expert members of the profession and representatives from schools of optometry, registration boards in Australia, state divisions of Optometrists Association Australia and the New Zealand Association of Optometrists were consulted in the process of updating the standards.

Results: Three new elements of competency have been added to the standards. Twenty-three new performance criteria with associated indicators have been added. Some performance criteria from the earlier document have been combined. Substantial alterations were made to the presentation of indicators throughout the document. The updated entry-level (universal) and therapeutic competency standards were adopted on behalf of the profession by the National Council of Optometrists Association Australia in November 2008.

Discussion: Competency standards are used by Australian and New Zealand registration authorities for the purposes of registration and therapeutic endorsement of registration via the Optometry Council of Australia and New Zealand accreditation and assessment processes. They have also been used as the basis of the World Council of Optometry Global Competency-Based Model.

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In 1989, the Australian Government began a process of economic reform that included a push for acceptance of a competency-based approach for determining entry into and movement within a profession or trade. The aims were to allow maximum use of skills in the community, increase labour market efficiencies and equity, offer a fairer method of testing overseas trained professionals and assist in mutual recognition arrangements between the states.[1] The Government stated that competency standards for a particular profession belonged to the profession[2] and would be modified only by that profession as required. Professions were able to develop competency standards for entry-level to their profession or

at a more specialised level.[1] In the 1990s, optometry was among a number of professions that developed entry-level competency standards (for example, nurses,[3] dietitians,[4] speech therapists[5]).

The competency standards were to list the skills, knowledge and attributes that a person needed to be able to perform the activities associated with a particular trade or occupation to a standard appropriate for the workplace.[1] The term 'attributes' is used to indicate the personal qualities that underpin performance and, hence, competence. Attributes include capacities, skills, abilities and traits. Inevitably, to some extent such listings are open-ended as identifying and describing human attributes is not an exact science.

A 'competent' professional has the capacity to perform the range of professional roles and activities at the required standard of practice. The term 'competence' is a blanket term used to describe overall professional ability and links (or integrates) three key ideas: a practitioner's 'capacity', 'performance' and the 'standard' of the performance. These three notions are represented centrally in professional competency standards, where the term 'standards' is a convenient name for the overall structure that taken together comprises a detailed description of professional practice: units, elements, performance criteria and indicators.

1. Units are groupings of major professional practice tasks/activities used to describe practice. Units are the categories under which competency standards are listed.[6]
2. Elements are sub-divisions of units and are significant actions that are important contributions to performance within a unit. They are the lowest identifiable logical and discrete subgrouping of actions and knowledge contributing to a unit of practice. Elements taken singly are sometimes referred to as 'competencies'.
3. Performance criteria, which accompany elements, are evaluative statements specifying the required level or standard of performance.[6] Performance criteria can be used by an assessor to determine whether a person performs to the level required for the profession.
4. Indicators assist in the interpretation of the performance criteria by pointing to the range of capacities, knowledge, skills, abilities et cetera that the practitioner needs to be competent. Indicators include measurable and/or observable features that are useful for determining whether aspects of competence have been achieved.[6] Because competent performance is often significantly context-sensitive, the indicators can never be exhaustive or complete and assessors are expected to supplement them as needed. Assessors will always need to exercise informed professional judgement in choosing the indicators that suit the particular context.

Optometrists in Australia are the major providers of primary eye care and also provide eye care secondary to referrals from vision screening programs, other optometrists, general medical practitioners and other health and educational providers. In Australia, optometrists' clinical skills include case history taking, determination of refractive error, assessment of binocular vision and accommodation, assessment of the health of the ocular structures through the use of techniques such as ophthalmoscopy, slitlamp biomicroscopy and tonometry; visual field assessment; colour vision assessment; assessment of the basic neurology of the eyes and visual pathways, prescription and supply of spectacles, contact lenses and low vision aids; use of ophthalmic drugs to facilitate diagnostic procedures (anaesthetics in performing tonometry, mydriatics for internal examinations and cycloplegics for refractive and physiological investigations). Optometrists' skills include problem solving and case management; they advise patients with ocular conditions, recommend suitability for work activities and may refer patients for general medical, specialist optometric, specialist educational, ophthalmologic or other professional care. In recent years, legislation has been passed in all but one of the states and territories of Australia, allowing optometrists to use and prescribe topical ophthalmic medications to treat a range of eye diseases.

In optometry, entry-level is the point at which a person is able to be registered to practise optometry. Entry-level competency standards describing the skills and knowledge a person needed to be regarded as sufficiently qualified to be registered to practise optometry in Australia were first developed in 1993[7] and revised in 1997 to reflect the growing scope of the profession and to incorporate modifications prompted by experience in the application of the competencies.[8]

Specialised competencies were not developed until 2000,[9] when it was recognised that with the prospect of legislation to allow therapeutic endorsement to optometric registration, there needed to be a mechanism in place to specify the skills and knowledge required for an optometrist to be able to prescribe therapeutic medications. Therapeutic competencies could not be regarded as entry-level competencies in Australia but would be regarded as skills possessed by optometrists who had undertaken additional study or gained the necessary knowledge and experience outside their undergraduate training sufficient to gain therapeutic licensing. It is expected that the therapeutic competencies will become entry-level competencies as optometric training in all states now includes training in the use of therapeutic drugs.

The entry-level (or universal) and therapeutic competency standards for optometry in Australia have been used by the Optometry Council of Australia and New Zealand in its processes to accredit the undergraduate optometry[10] and postgraduate therapeutic courses in optometry in Australia and New Zealand and in the assessment of overseas trained optometrists seeking to practise optometry in Australia.[11] The standards have also been used as the basis of the World Council of Optometry Global Competency-Based Model for the Scope of Practice in Optometry.[12]

To commence the process to review the competency standards, a literature survey was conducted to see which standards similar to competency standards were in

place for optometry elsewhere in the world and for other health professions in Australia and to determine whether there were any areas addressed in these standards that were not contained in the 2000 Australian entry-level and therapeutic competencies.

The 2000 document was circulated to over 80 optometrists in the different states of Australia and members of optometrists registration boards for suggestions about how the standards needed to be altered to reflect current expectations for entry-level to the profession of optometry and the requirements for therapeutic endorsement. Responses were received from optometrists in academia, the state divisions, the registration boards, the New Zealand Association of Optometrists, members of the National Council of Optometrists Association Australia and individual optometrists. The resulting comments were incorporated into a master document that was then analysed and refined at a workshop comprising 12 optometrists and facilitated by Dr Paul Hager from the University of Technology Sydney.

Recommendations from the workshop were incorporated into a second master document and returned to workshop participants for further comment. Following this refinement, the standards were sent to state divisions of Optometrists Association Australia for further comment and refinement prior to presentation to the National Council of Optometrists Association Australia for adoption as association policy. It is estimated that the total number of optometrists who were given the opportunity to comment on the draft competencies exceeded 100, although the precise number is unknown.

A major issue that had been raised during the initial circulation of the standards for comment was the format in which the indicators had been presented in the 2000 competencies. In some instances indicators comprised structured sentences; in other places they comprised lists of equipment and techniques. One respondent suggested that '*brevity is the way to go with these competencies, particularly the indicators, as any attempt to make them comprehensive will tend to highlight omissions and be more confusing to candidates if they start to treat these as a very specific syllabus*'.

To address this issue a different format was adopted in the indicators where a phrase was used commencing with a noun, for example, 'knowledge of . . .' or 'ability to . . .' or 'understanding of . . .' or 'recognition of . . .'

There were also comments on recategorising some therapeutic indicators to entry-level and reduction of the detail in the therapeutic standards so that there was consistency across the document in the degree of detail.

These modifications to the format of the indicators and other refinements detailed below were incorporated in the final document that is shown in Appendix 1. To differentiate Universal (entry-level) competencies from those specific to therapeutic competency standards, the Universal competencies are shown in black and the performance criteria and indicators specific to Therapeutic competencies are presented in blue.

In the revised standards, there are no new units of competency but three new elements of competency have been added. The first of the new elements addresses prognosis of disease (4.2). The contents of the element regarding treatment of ocular disease and injury (5.8) were distributed to other sections and replaced by a new element on the provision of legal certification. The third new element was on requirements for retention and destruction of patient records and other practice documentation (6.3).

Twenty-three new performance criteria with associated indicators have been added. In some instances performance criteria from the earlier document were combined, for example, 1.7.2 and 1.7.3 were combined into the new 1.7.2. Performance criteria 3.3.5 and 3.3.6 from the earlier version have been deleted and distributed to other competencies. The subsections of 5.5.1 in the previous version of the standards have been deleted and modified to act as indicators in 5.5.1. The modifications to the entry-level and therapeutic competency standards were not contentious.

The Universal (entry-level) and Therapeutic standards for optometry analyse professional practice into units, which are subdivided into elements for purposes of assessment, teaching et cetera. The order in which Units, Elements, Performance Criteria and Indicators are presented does not imply any degree of priority. The standards must be read holistically. This means several things.

1. Instances of actual practice often involve two or more elements simultaneously, for example, taking a case history, communicating with the patient, acting ethically et cetera. In practice, the individual elements are not discrete and independent. For assessment purposes this means that performance on several elements can be assessed simultaneously.
2. In the case of new, unusual or changing contexts, the standards may need to be interpreted or adapted to the situation. Such contextually-sensitive situational understanding requires informed professional judgement to comply with the spirit of the competency standards.
3. They are also holistic in the sense that competence is not directly observable. Rather, what is observable is performance on a series of relatively complex and demanding professional tasks. Competence is a global construct that is inferred from observed performance on a sufficiently representative range of tasks and activities.

At present, therapeutic competencies are still considered a second-tier competency as not all graduates from Australian schools of optometry have these competencies and therefore, they are not eligible for therapeutic licensing. By 2013, all optometry courses in Australia will produce graduates who will be entitled to automatic therapeutic licensing. Therapeutic competencies would then be regarded as entry-level requirements of the profession rather than a second-tier expertise.

The updated version of the entry-level and therapeutic competency standards was adopted in November 2008 by the National Council of Optometrists Association Australia for the profession as it exists

in 2008. It is expected that both sets of standards will continue to be modified as the profession develops.

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Universal competencies are shown in black.

Therapeutic competencies are shown in blue.

UNIT 1. PROFESSIONAL RESPONSIBILITIES

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
1.1 Maintains and develops optometric knowledge, clinical expertise and skills.	1.1.1 Optometric knowledge, equipment and clinical skills are maintained and developed.	Ability to continue to develop skills and knowledge. Ability to access material such as recent publications, journal articles, library materials (including textbooks and electronic media, seminar and conference proceedings, internet and computer materials, online databases). Understanding of continuing professional development requirements of Optometrists Association Australia and boards of optometric registration. Understanding of the need to have access to appropriate equipment. Understanding of current developments in optometry.
	1.1.2 Developments in clinical theory, optometric techniques and technology are critically appraised and evaluated for their efficacy and relevance to clinical practice.	Understanding of statistical methods and scientific requirements necessary for sound research. Ability to incorporate relevant research findings into practice.
	1.1.3 Newly developed and existing clinical procedures and techniques are applied and adapted to improve patient care.	Understanding of the advantages, disadvantages and limitations of clinical procedures and techniques.
	1.1.4 Clinical experiences and discussions with professional colleagues are used to improve patient care.	Ability to discuss and appraise clinical experiences.
1.2 Practises independently.	1.2.1 Professional independence in optometric decision-making and conduct is maintained.	Recognition of the need for products and services provided to the patient to be appropriate and in the best interests of the patient. Recognition of limitations in clinical skills and ability to care for and manage a patient. Recognition of the need to maintain appropriate independence when working with other health professionals.
	1.2.2 Possible consequences of actions and advice are recognised and responsibility for actions accepted.	Ability to arrange timely referral of a patient. Understanding that patient complaints should be dealt with in a professional and co-operative manner. Recognition of the need to accept responsibility for decisions. Awareness of the need to inform the professional indemnity insurer of cases that are potentially litigious.
	1.2.3 Advice is sought from other optometrists, health and other professionals when it is deemed that a further opinion is required.	Recognition of patients for whom referral to another practitioner is necessary. Understanding of the scope of practice and services offered by other health professionals and when there is a need to seek information from them. Ability to access contact details of other health professionals. Recognition of situations where there is a need for liaison with other health professionals.

1.3 Acts in accordance with the standards of ethical behaviour of the profession.	1.3.1 Optometric services are provided as necessary for the management of the patient.	Understanding of the role of the optometrist in society. Ability to identify ocular and visual conditions that require additional assessment by the optometrist. Ability to assess patient requests.
	1.3.2 Patient eye care interests and comfort are held paramount.	Understanding of the obligation to recommend only clinically necessary follow-up visits and to recommend or administer only appropriate optical and other appliances, medications, procedures and treatments. Ability to put patient interests ahead of self-interest. Understanding that practitioners to whom patients are referred should be selected on the basis of the most suitable practitioner for the needs of the patient.
	1.3.3 Advantage (in a physical, emotional or other way) is not taken of the relationship with the patient.	Recognition of the obligation of optometrists to respect the dignity and rights of the patient.
	1.3.4 The services of optometric assistants are used appropriately.	Ability to determine whether it is suitable to delegate specific tasks to optometric assistants. Recognition of the need to provide training and supervision for optometric assistants to whom tasks are delegated.
	1.3.5 The ethical standards of the profession are maintained.	Recognition of the need to conform to standards of practice of the Optometrists Association of Australia and standards of other relevant organisations.
1.4 Communicates appropriate advice and information to patients and others.	1.4.1 Information is clearly communicated to patients, patient carers, staff, colleagues and other professionals.	Provision of sufficient information in a suitable form to assist patients to give informed consent regarding their management. Understanding that information should be provided to the patient in a manner suitable to the abilities of the patient, e.g. written/oral instructions/information; CDs or electronic records of ocular photographs. Recognition of the need for patients to be provided with an opportunity to ask questions regarding their care. Understanding of when the services of interpreters should be utilised. Ability to obtain information about accessing the services of an interpreter. Ability to use the services of an interpreter. Understanding of the different formats in which information is provided to patients in optometric practice, e.g. itemised accounts, letters, optical or therapeutic prescriptions, information regarding referral and recalls, reports and shared-care arrangements. Understanding of patient privacy issues. Understanding of the need to verify accuracy/success of communication.
	1.4.2 Liaison with other professionals is maintained.	Ability to access details of suitable health professionals, eye care professionals or teachers for referral and reporting. Understanding of what information should be included in referral/report letters.
	1.4.3 Significant or unusual clinical presentations can be recognised and findings communicated to other practitioners involved in the patient's care or to government bodies.	Understanding of the need to investigate and report findings to the necessary authority where ramifications may extend beyond the patient to the community (following patient consent if applicable). Examples of findings that may need to be reported include side-effects of drugs that are reported to the Adverse Drug Reactions Advisory Committee (ADRAC); communicable diseases; abuse of children, the elderly or the disabled; and driving suitability.
1.5 Uses resources from optometric and other organisations to enhance patient care.	1.5.1 The various functions of, and resources available from, optometric and other organisations are understood and used.	Understanding of the role of organisations and government bodies such as State and Territory registration boards, educational/research institutions in optometry, state and federal divisions of Optometrists Association Australia, the Australasian College of Behavioural Optometrists, the Contact Lens Society of Australia, societies for the blind and vision impaired (e.g. Macular Degeneration Foundation, Glaucoma Australia, Diabetes Australia). Ability to access information from the different organisations described above.

	1.5.2 Community and other resources are recommended to patients.	Ability to identify patients who could benefit from services from societies and support agencies. Understanding of the optometrist's role in advising patients of the services that different organisations provide and how these organisations can be contacted. An example is referral to specialist low vision support organisations.
1.6 Understands the general principles of the development and maintenance of an optometric practice.	1.6.1 The roles of practice staff and the need for staff training are understood.	Understanding of the need for staff to be trained for their role in the practice and to recognise patients requiring immediate attention. Knowledge that staff should be asked to perform only duties that are within their competence. Understanding of the need to monitor performance of staff and assistants.
	1.6.2 Equipment is maintained in a safe, accurate, working state.	Knowledge of the frequency with which items such as tonometers should be calibrated and the need to record when calibration is performed. Understanding of the need for a staff member to be assigned to arrange or perform regular cleaning and maintenance of equipment (including calibration in accordance with the manufacturer's recommendations) and to organise repairs promptly. Understanding of the need for a staff member to be assigned to ensure that spare parts such as new globes and batteries are available.
	1.6.3 Personal and general safety, comfort, tidiness and hygiene are maintained in the practice.	Ability to describe the measures to be applied to ensure safety, comfort, cleanliness and tidiness of the reception area, consulting rooms, waiting area (including toys and reading materials), frame displays, toilets etc. Knowledge of the infection control measures to be implemented in optometric practice, e.g.: • cleaning of the consulting room; disinfection of equipment and materials between patients (e.g. tonometers, contact lenses, refractor heads, slitlamp and keratometer chin and head rests etc) • provision and use of handwashing facilities, use of gloves and masks when necessary; attention to nail length and hair • sterility of pharmaceuticals and other solutions, refrigeration of pharmaceuticals where recommended by the manufacturer, monitoring of refrigerator temperatures, regular cleaning and defrosting of refrigerator; disposal of solutions at the recommended time after opening or if contaminated or past their expiry date • management of practice waste and absence of unpleasant odours. Understanding of which furnishings, ventilation, lighting and noise levels are suitable for optometric practice. Recognition of the need to provide safe access to the practice for children, the elderly and disabled.
	1.6.4 Patient appointments are scheduled according to the time required for procedures.	Recognition of the need to allocate adequate appointment times for patients, with attention to changes to scheduling when pupil dilation is to be performed. Recognition of when follow-up appointments need to be organised. Recognition of the need to accommodate emergency appointments in the appointment schedule.
	1.6.5 Financial obligations associated with optometric practice are recognised.	Understanding of the need for the practice to organise timely payments to staff and creditors. Understanding of a practice's obligations for taxation and superannuation payments for staff. Understanding that timely accounts and receipts must be provided to patients. Recognition of the need for a practice procedure for banking and for the issuing of invoices, statements and receipts. Recognition of the need for the practice to have a business plan. Recognition of the need for a staff member or members or accountant to assist with finances in the practice.
1.7 Understands the legal obligations involved in optometric practice.	1.7.1 Optometric fee structures are interpreted and applied.	Ability to access and interpret information about provisions and requirements for optometrists under Medicare, private health insurance schemes, Department of Veterans' Affairs, low cost spectacle schemes, Pharmaceutical Benefits Scheme etc. Ability to interpret and apply information about fee schedules.

	1.7.2 Relevant legislation, common law obligations relevant to practice and Australian Standards are understood and implemented.	**Universal:** Recognition of the optometrist's obligation to register as an optometrist in any jurisdiction where he/she will practise. Recognition of the optometrist's obligation to adhere to requirements under State, Territory or Federal Acts such as the Health Insurance Act, Privacy Acts, Health Records Acts, Poisons Acts and Regulations, Child Protection Acts. Recognition of the optometrist's obligation to ensure that products provided conform to any relevant Australian Standard. Recognition of the optometrist's obligation to act in accordance with requirements concerning businesses, e.g. occupational health responsibilities to provide a safe practice environment, financial reporting in accordance with Australian Taxation Office requirements (e.g. BAS, PAYG). Recognition of the optometrist's obligations in the issuing of certificates for sick leave, the provision of prescriptions and the reporting of patient fitness to drive and to undertake other activities. Recognition of the optometrist's obligations regarding the Pharmaceutical Benefits Schedule; Veterans' Affairs Entitlement Scheme. Understanding of the 'duty of care' of an optometrist in dealings with patients and staff and that decisions should be made in the best interests of the patient. Recognition of the situations in which it is necessary to obtain informed consent from patients. Recognition of matters that may constitute negligence. Recognition of the need for optometrists to have indemnity insurance. Understanding of the need to follow recommendations for the 'Quality use of medicines'. Recognition of when the best interests of the patient necessitate the arrangement of patient referral. Understanding of the optometrist's responsibilities in comanagement arrangements. Recognition of situations where there may be a conflict of interest. **Therapeutic level** Recognition of the optometrist's obligation to have therapeutic endorsement of their registration in any jurisdiction where they will prescribe or supply controlled therapeutic medications.
1.8 Provides for the care of patients with special needs.	1.8.1 Subsidised eye care schemes are understood and explained, recommended or made available to patients who are entitled to them.	Knowledge of available subsidised eye-care schemes. Ability to access information on eligibility of patients and benefits and requirements under arrangements with Department of Veterans' Affairs, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), state subsidised eye-care programs etc. Ability to identify people who qualify for subsidised eye-care schemes and to advise them of their eligibility. Ability to advise eligible patients if the optometrist does not participate in the subsidised eye-care scheme and offer the option of referral to a practitioner who does.
	1.8.2 Domiciliary optometric care can be provided.	Ability to describe/select the equipment that is necessary for a domiciliary visit. Recognition of the need to provide patients unable to attend the practice for their consultation with a domiciliary visit or to direct them to a practice that provides domiciliary visits.
	1.8.3 Culturally inclusive optometric services are delivered.	Ability to deliver optometric care that considers cultural, language and socio-economic diversity, e.g. Aboriginal and Torres Strait Islander communities, socio-economically disadvantaged or otherwise marginalised people (e.g. homeless); people with intellectual disabilities; residents in aged care facilities or supported accommodation, ethnic minority groups.
1.9 Provides or directs patients to emergency care.	1.9.1 Situations requiring emergency optometric care and general first aid are identified.	Ability to identify patient presentations that require immediate attention. Understanding of the need to train staff to recognise patient presentations that require immediate attention by the optometrist.

	1.9.2 Emergency ocular treatment and general first aid can be provided.	Understanding of what form of emergency ocular treatment/management should be provided to patients with urgent clinical presentations. Ability to provide general first-aid and cardiopulmonary resuscitation or evidence of the ability through first aid and cardiopulmonary resuscitation qualifications. Understanding the need for at least one staff member to have an up-to-date first aid and cardiopulmonary resuscitation qualification.
	1.9.3 Emergency care is organised for times when the optometrist is unavailable.	Understanding of the need to direct patients to where they can access emergency care after hours through an after-hours telephone number, an answering machine or redirection of the practice telephone number to the optometrist.
1.10 Promotes issues of eye and vision care to the community.	1.10.1 Information on matters of visual health and welfare (including the need for regular eye examinations) and product and treatment developments is provided.	Ability to access and interpret information on eye and vision care. Ability to integrate information on eye and vision care into advice provided to patients. Understanding of the different methods by which information on issues of eye and vision care can be provided, e.g. verbally or in writing through practitioner newsletters, practice information sheet, brochures and notices at reception or in the waiting room.
	1.10.2 Advice is provided on eye protection for occupational and home-based activities and for recreational pursuits.	Knowledge of the types of eye protection that meet the requirements in Australian and New Zealand Standards, e.g. safety lenses, radiation protection, sunglasses. Ability to provide advice on tints, occupational lens designs, contact lenses, lighting, ergonomic design and visual hygiene for a range of activities such as home renovations, gardening, woodwork etc.
1.11 Understands factors affecting the community's need for eye care services.	1.11.1 The demography, social determinants of health and epidemiology of the community and the patient population are understood.	General knowledge of epidemiology (prevalence, incidence and causes) of ocular and visual disorders and other relevant issues and of the demographics of the patient population. Ability to research information about demography and epidemiology through suitable methods such as database analysis, questionnaires and other means. Understanding of how social determinants of health affect presentations to optometrists.
	1.11.2 Current trends and topical issues regarding eyes, vision and health care are evaluated.	Ability to provide a balanced viewpoint of current trends and topical issues to patients.

Universal competencies are shown in black.
Therapeutic competencies are shown in blue.

UNIT 2. PATIENT HISTORY

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
2.1 Communicates with the patient.	2.1.1 Modes and methods of communication are employed which take into account the physical, emotional, intellectual and cultural background of the patient.	Proficiency in spoken and written English. Understanding of how communication can be facilitated through the use of interpreters, Auslan interpreters, questionnaires, written means etc. Understanding of the need to use appropriate language, vocabulary and terminology when communicating with the patient/carer/guardian. Understanding of the need to phrase/rephrase questions to enhance understanding. Recognition of the need to verify understanding (optometrist/patient/carer/guardian).

	2.1.2 A structured, efficient, rational and comfortable exchange of information between the optometrist and the patient occurs.	Recognition of the need for optometrists to greet the patient, to introduce themselves and to establish the patient's identity. Understanding of the need for the optometrist to direct the discussion during the consultation. Recognition of the need to develop a rapport with the patient through attending to their statements, making tactful comments/questions, being empathetic.
	2.1.3 Privacy of patient communications and consultations is ensured.	Understanding of how auditory and visual privacy can be maintained throughout the consultation and other communications in the practice and when using the telephone/email/fax. Understanding of the need to obtain patient permission for the presence of a third party during the consultation. Understanding of privacy legislation.
2.2 Makes general observations of patient.	2.2.1 Physical and behavioural characteristics of the patient are noted and taken into account.	Ability to recognise significant aspects regarding patient appearance, gait and general movements, balance, posture, behaviour, speech and verbal responses, as part of the patient assessment. Ability to investigate issues relating to patient well-being, health and comfort.
2.3 Obtains the case history.	2.3.1 The reasons for the patient's visit are elicited in a structured way.	Understanding of the different strategies that can be applied to investigate the reason for the patient's visit and elicit other relevant information, e.g. active listening to the patient, noting body language and anxieties, clarifying understanding and ambiguities, noting and understanding referral letters/notes. Understanding of the need to determine patient and/or parent (guardian) expectations.
	2.3.2 Information required for diagnosis and management is elicited from the patient and/or others.	Understanding of the need to investigate the patient history throughout the examination and to explore and record information in relevant areas such as: • symptom/s and complaint/s • personal and family medical and ocular history • ocular and systemic medications • visual needs and current/recent visual devices and care regimens • allergies • previous assessments and treatment by other professionals • risk factors for certain eye and/or systemic conditions • type and time of injury • assessment of likely future/past compliance with treatment.
2.4 Obtains and interprets patient information from sources other than the patient.	2.4.1 Subject to the patient's permission, pertinent information from previous assessments by other professionals or information from other people is sought and interpreted for relevance to the patient's management.	Understanding of the need to gather information about the patient through reading previous record cards and associated paperwork. Ability to recognise situations when further information needs to be obtained from other health professionals whom the patient has consulted. Recognition of when patient/parent/guardian permission needs to be obtained in order to seek information from other health professionals. Ability to interpret outcomes/implications of clinical tests performed by other optometrists or other health professionals. Ability to interpret and integrate information from different sources to assist in determining the management of the patient.

Universal competencies are shown in black.
Therapeutic competencies are shown in blue.

UNIT 3. PATIENT EXAMINATION

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
3.1 Formulates an examination plan.	3.1.1 An examination plan based on the patient history is designed to obtain the information necessary for diagnosis and management.	Ability to consider the patient history to determine which tests are suitable/unsuitable for the examination and for the abilities of the patient, e.g. consideration of the patient's age, cognitive ability, developmental status, attention span, condition, physical comfort.
	3.1.2 Tests and procedures appropriate to the patient's condition and abilities are selected.	Ability to select and justify inclusion or exclusion of tests for the examination after consideration of the age, cognitive and physical ability, and health of the patient. Ability to select tests that will investigate the problems described by the patient. Ability to consider tests targeting conditions that are associated with a patient's known conditions.
	3.1.3 Relevant investigations not necessarily associated with the patient's history are considered.	Ability to select tests to investigate other conditions relevant to the patient's age that are not necessarily indicated through the patient history, e.g. tonometry, pupil reactions etc.
3.2 Implements examination plan.	3.2.1 Tests and procedures which efficiently provide the information required for diagnosis are performed.	Ability to be proficient, safe and accurate with equipment and in the performance of techniques. Ability to provide clear explanations about the purpose of different tests, what is involved in the tests and the effects of any diagnostic drugs used. Ability to recognise that the patient has fully understood explanations. Understanding of when and how patient informed consent is to be obtained. Ability to recognise what tests should be included or excluded for different patient presentations and the order in which tests should be performed.
	3.2.2 The examination plan and procedures are progressively modified on the basis of findings.	Ability to recognise situations in which it is necessary to perform additional tests or to organise additional or alternative tests through referral to another practitioner.
3.3 Assesses the ocular adnexae and the eye.	3.3.1 The components of the ocular adnexae are assessed for their structure, health and functional ability.	**Universal:** Ability to assess and evaluate the conjunctiva, lids, lashes, puncta, meibomian glands, lacrimal glands, skin lesions near the eye etc for the purposes of screening for health/diseases and vision. Ability to use tests/equipment such as: • macro-observation, slitlamp biomicroscopy, loupe • palpation of (non-open) lesions • measurement of interpupillary distance and the palpebral aperture • lid eversion • photography • use of diagnostic pharmaceuticals • assessment of tear formation, tear break-up time and tear dynamics. Ability to describe and follow infection control measures relevant to optometric practice, e.g. instrument disinfection, use of disposable gloves, management of waste etc. Ability to perform punctal dilation and lacrimal lavage using appropriate equipment.

3.3.1 continued	**Therapeutic level** Ability to collect and store samples appropriately, select and order microbiological tests or refer the patient to their general medical practitioner to arrange microbiological tests. Ability to recognise the significance of the following in the management of the patient: • indications for microbiological investigations • cost-effectiveness of additional testing and treatments • urgency and diagnostic needs • drug sensitivity testing • collection, storage and delivery of samples • collection and disposal of sharps and biohazards Ability to complete necessary paperwork to initiate microbiological investigations.
3.3.2 The components of the anterior segment are assessed for their structure, health and functional ability.	Ability to assess and evaluate the cornea, conjunctiva, anterior chamber and aqueous humour, anterior chamber angle, anterior chamber depth, episclera, sclera, iris, pupil and ciliary body for the purposes of screening for health/disease and for visual function. Ability to use, and interpret results/images from, tests/equipment such as: • vital dyes and diagnostic pharmaceuticals • slitlamp biomicroscopy • keratometry; keratoscopy, corneal topography • gonioscopy • pachymetry • tonometry • photography • pupil reactions and pharmacological evaluation of pupil abnormalities • exophthalmometry Ability to interpret results/images from tests/equipment such as: • anterior segment imaging (e.g. optical coherence tomography [OCT]) • ultrasonography • confocal microscopy
3.3.3 The components of the ocular media are assessed for their structure, health and functional ability.	Ability to assess and evaluate the ocular lens, lens implants, the lens capsule and vitreous for the purpose of screening for health/disease and for visual function. Ability to use, and interpret results/images from, tests/equipment such as: • direct and indirect ophthalmoscopy • retinoscopy • photography • diagnostic pharmaceuticals • slitlamp biomicroscopy • ultrasound

3.3.4 The components of the posterior segment are assessed for their structure, health and functional ability.		Ability to assess and evaluate the retina, choroid, vitreous, blood vessels, optic disc and neuro-retinal rim, macula and fovea for the purpose of screening for health/disease and for visual function. Ability to use, and interpret results/images from, tests/equipment such as: • direct and indirect ophthalmoscopy • slitlamp biomicroscopy and slitlamp funduscopy • retinoscopy • photography • diagnostic pharmaceuticals • visual acuity and colour vision tests • Amsler test • visual field assessment • photostress test • pupil reactions Ability to interpret results/images from, tests/equipment such as: • diagnostic imaging (e.g. OCT, HRT) • ultrasound Ability to use auxiliary lenses for fundus viewing and optic nerve head (ONH) assessment. Ability to interpret/use optical coherence tomography and techniques for nerve fibre layer analysis.
3.4 Assesses central and peripheral sensory visual function and the integrity of the visual pathways.	3.4.1 Vision and visual acuity are measured.	Ability to investigate vision and visual acuity using tests/equipment/assessment such as: • measurement of the contrast sensitivity function • neutral density filter test • photo-stress test • glare testing • optokinetic nystagmus • pinhole • line and single letter tests and preferential looking tests • logMAR charts • letter/number/shape charts • monocular/binocular measurements • corrected/uncorrected (vision) measurements • Interferometry. Ability to select appropriate lighting and distances for the performance of tests. Ability to interpret the results of vision and visual acuity tests.

	3.4.2 Visual fields are measured.	Ability to select appropriate tests to investigate visual fields using tests/equipment/assessment such as: • Amsler grid • confrontation • kinetic and static screening and threshold • tests for functional visual loss, visual conversion disorder, malingering • monocular/binocular measurements • short wavelength automated perimetry (SWAP) and frequency doubling technology (FDT) • assessment of appropriate fields for driving/occupation Ability to interpret the results of visual field testing.
	3.4.3 Colour vision is assessed.	Ability to select the appropriate tests to assess colour vision using tests and testing conditions such as: • pseudo-isochromatic tests • hue ordering tests • monocular/binocular measurements • flicker • colour matching. Ability to interpret the results of colour vision testing and discriminate between the different types of acquired and congenital colour vision defects.
	3.4.4 Pupil function is assessed.	Ability to assess pupils and pupil reactions for symmetry, response rate and cycle times using tests and testing conditions such as: • varied lighting conditions • swinging flashlight tests • pharmacological testing Ability to interpret the results of a pupil assessment.
3.5 Assesses refractive status.	3.5.1 The spherical, astigmatic and presbyopic components of the correction are measured.	Demonstration of a working knowledge of refractive testing methodologies. Ability to select and apply appropriate tests to determine the spherical, astigmatic and presbyopic components of the refractive status for a range of presentations. Understanding of when cycloplegia is indicated. Ability to use cycloplegia.
3.6 Assesses oculomotor and binocular function.	3.6.1 Eye alignment and the state of fixation are assessed.	Ability to assess ocular alignment and binocular function in terms of: • manifest deviation (strabismus detection, direction, magnitude, laterality, constancy, comitancy) • latent deviation (heterophoria direction and magnitude) • fixation (quality and eccentricity) Ability to assess nystagmus (particularly to determine if nystagmus is an ocular emergency) Ability to use tests/equipment which enable assessment of binocular status, such as: • prisms • cover test (near/distance) in primary and other direction(s) of gaze • head tilt test

	3.6.2 The quality and range of the patient's eye movements are determined.	Ability to assess versions, vergences and near point of convergence. Ability to make gross assessments of ocular pursuit movements, saccades and ocular motility, giving consideration to the nine positions of gaze and any limitations of gaze. Ability to detect adaptive head postures.
	3.6.3 The status of binocularity is determined.	Ability to evaluate the state of binocularity through assessment of parameters such as: • sensory and motor fusion • suppression • diplopia • stereopsis • amblyopia • normal and anomalous correspondence.
	3.6.4 The adaptability of the vergence system is determined.	Ability to analyse the adaptability of the vergence system through assessment of parameters such as: • fusional vergence ranges • vergence facility • near point of convergence • accommodative convergence to accommodation (AC/A ratio) • fixation disparity (including curve analysis)
	3.6.5 Placement and adaptability of accommodation are assessed.	Ability to analyse the placement and adaptability of accommodation through assessment of parameters such as: • posture of accommodation • relative accommodation • accommodative facility • monocular and binocular amplitudes of accommodation • AC/A ratio
3.7 Assesses visual information processing.	3.7.1 Visual information processing abilities are investigated and compared to normal values for age.	Understanding of methods used to investigate visual information processing abilities and an ability to interpret the results of these tests. Recognition of the need to consider normal developmental milestones and any history of learning problems in a child or his/her family. Recognition of the need to consider any history of suspected or known brain injury or neurological disease in a patient. Ability to determine when it is necessary to analyse or refer for analysis of areas such as: • visual spatial skills (laterality, directionality) • visual analysis skills • visual motor integration
3.8 Assesses the significance of signs and symptoms found during the ocular examination in relation to the patient's eye and/or general health.	3.8.1 Pertinent ocular signs and/or visual symptoms found during the ocular examination are identified and their relevance determined.	Ability to identify ocular signs and/or visual symptoms and recognise their significance in terms of: • the general welfare of the patient: e.g. social and emotional factors, whether there has been assault/abuse of the patient etc. • the medical condition of the patient: e.g. possibility or presence of acquired neurological disorders; implications of disorders of spatial confusion, communication and articulation and of short-term memory loss and reduced cognition, etc. • the management of the patient: e.g. pharmacological interventions that are required or that have contributed to the condition; the need for referral, etc.

3.8.2	Significant ocular signs and/or visual symptoms are investigated or referred for further investigation.	Ability to identify ocular signs and/or visual symptoms that require further investigation and recognise when and to whom to refer for assessment such as: • carotid auscultation • blood sugar level measurement • sphygmomanometry • thyroid function tests
3.8.3	Pertinent non-ocular signs and symptoms found incidentally during the ocular examination are identified and considered.	Ability to identify non-ocular signs and symptoms and recognise their significance in terms of: • the general welfare of the patient: e.g. social and emotional factors; whether there has been assault/abuse of the patient, etc. • the medical condition of the patient: e.g. the possibility or presence of acquired neurological disorders; the implications of disorders of spatial confusion, communication and articulation and of short-term memory loss and reduced cognition • the management of the patient: e.g. pharmacological interventions that are required or that have contributed to the condition; the need for referral etc.
3.8.4	Ensures that significant non-ocular signs and symptoms are investigated.	Ability to recognise when it is necessary to initiate further investigation through referral of significant non-ocular signs and symptoms such as those that require: • carotid auscultation • blood sugar level measurement • sphygmomanometry • thyroid function tests • erythrocyte sedimentation rate (ESR) • magnetic resonance imaging (MRI) • computed axial tomography (CAT or CT Scan) • complete blood count (CBC)

Universal competencies are shown in black.

Therapeutic competencies are shown in blue.

UNIT 4. DIAGNOSIS

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
4.1 Establishes a diagnosis or diagnoses.	4.1.1 Accuracy and validity of test results and information from the case history and other sources are critically appraised.	**Universal** Ability to interpret test data appropriately. Ability to analyse data and equipment for consistency and reliability. Ability to use reference material to assist in diagnosis. Ability to differentiate between refractive, inflammatory, infective, immunologic, metaplastic, neoplastic, dystrophic, degenerative, congenital, neurological, iatrogenic, irritative and traumatic conditions. **Therapeutic level** Ability to interpret results of laboratory tests. Ability to assess how the patient's condition has responded to previous interventions.

	4.1.2 Test results and other information are analysed, interpreted and integrated to determine the nature and aetiology of conditions or diseases and to establish the diagnosis or differential diagnoses.	Ability to integrate information from test results, the patient history and reference material. Ability to differentiate congenital, developmental, hereditary, and active and resolved pathological changes. Ability to differentiate chronic and acute conditions. Ability to establish a differential diagnosis. Ability to determine when there is a need for additional testing.
4.2 Evaluates the expected prognosis of the condition or disease.	4.2.1 Information from a number of sources is integrated to determine the expected prognosis of the disease or condition.	Ability to refer to optometric and other literature to determine the natural progression of diseases and conditions with and without interventions. Ability to determine how the patient's condition has altered over time. Ability to assess how the patient's condition has responded to previous interventions.

Universal competencies are shown in black.

Therapeutic competencies are shown in blue.

UNIT 5. PATIENT MANAGEMENT

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
5.1 Designs a management plan for each patient and implements the plan agreed to with the patient/carer.	5.1.1 The diagnosis and prognosis are presented and explained to the patient in a manner that the patient can understand.	Use of language understood by patients to advise them of the nature of their condition and its implications and of strategies to assess understanding of key points. Ability to assess patient understanding of their condition and its management and to provide responses regarding diagnosis and prognosis. Ability to provide written information about the patient's condition/disease.
	5.1.2 The relative importance or urgency of the presenting problems and examination findings is determined and addressed in the management plan.	Understanding of the urgency with which treatment/management of the patent's condition should be introduced and how this should be discussed with the patient. Understanding of the urgency associated with referral or review of the patient's condition and how this should be discussed with the patient. Ability to assess the likelihood of systemic sequelae of the patient's condition.
	5.1.3 Management options to address the patient's needs are discussed.	Ability to investigate different management options available and suitable for the patient's condition. Ability to discuss the aims and objectives of management and the patient's expectations of the different management options. Ability to discuss the impact of the patient's condition and its management on the patient's lifestyle and activities, including possible side effects, consequences, complications and outcomes. Understanding of the review schedule associated with different management plans and how this should be discussed with the patient.
	5.1.4 A course of management is agreed to with the patient, following counselling and explanation of the likely course of the condition, case management and prognosis.	Ability to consider and select from a range of management options such as optical correction (spectacles, contact lenses, low vision aids), vision therapy, pharmacological therapy, task modification, environmental adaptations, referral etc. Understanding of the need to make clear recommendations to the patient about management options, to discuss the likely prognosis of the disease with and without treatment/management, and the consequences of non-adherence. Ability to provide advice about ongoing care, review, referral, discharge. Understanding of the need to discuss repercussions of management options (e.g. the patient's ability to drive or to operate machinery).

	5.1.5 The informed consent of the patient/carer is sought and obtained for the initiation and continuation of management.	Understanding of the need to provide sufficient information to allow patients to make informed decisions about their management, addressing matters such as presenting complaints, alternative management options, diagnoses, expected duration of treatment, costs, outcomes and limitations of treatment and possible complications and risks. Understanding of the need to answer patient queries and clarify ambiguities and misinterpretations. Ability to recognise situations in which specific informed consent must be obtained from patients and the manner in which this should be documented.
	5.1.6 Patients requiring ongoing care and review are recalled as their clinical condition indicates and management is modified as indicated.	Ability to organise and schedule review visits. Ability to modify the management plan based on results obtained. Understanding of how and when recalls are conveyed. Ability to recognise situations in which it is necessary to make contact with the patient to assess progress. Understanding of the need to provide patients with information regarding emergency after-hours numbers or where emergency after-hours care can be accessed.
	5.1.7 Patients with life- or sight-threatening conditions who do not attend a scheduled review or referral are followed up promptly.	Understanding of the need for the optometrist to check whether patients with life- or sight-threatening conditions have attended a scheduled review or referral and of Optometrists Association Australia guidelines for processes to be followed in this follow-up. Understanding of the need for the optometrist to contact patients with life- or sight-threatening conditions who have not attended a scheduled review or referral to reinforce the need for review/referral.
5.2 Prescribes spectacles	5.2.1 The suitability of spectacles as a form of correction for the patient is assessed.	Understanding of the need to consider the physical characteristics (e.g. bridge of nose, ear height) and the visual, recreational and occupational requirements of the patient when determining the suitability of spectacles.
	5.2.2 The patient's refraction, visual requirements and other findings are applied to determine the spectacle prescription and lens form.	Ability to determine the final spectacle prescription through consideration of factors such as: • refraction, near addition and interpupillary distance • working distances, use, vocational needs • magnification requirements • prism requirements • dispensing requirements and limitations (vertex distances) • anisometropia • aniseikonia and incidental optical effects • vergence accommodation status • safety spectacle/lens hardening • special lenses and treatments • sports requirements • lens design (single vision, bifocal, multifocal) • lens materials, tints and coatings • lens form and specifications • care regime • need for Fresnel lenses Ability to describe the modifications necessary to the spectacle prescription as a result of the status of oculomotor and binocular function, perceptual testing and disease status.

	5.2.3 A spectacle prescription is written in a manner that can be interpreted for correct fabrication of the appliance.	Ability to write a spectacle prescription using appropriate terminology with all the information necessary for correct dispensing (e.g. sphere, cylindrical correction, axes, additions, prism, lens type, interpupillary distance, test vertex distance and special requirements such as lens material and treatments, frame requirements, utilisation). Knowledge that written spectacle prescriptions should, in addition to containing the information necessary for correct dispensing, include the date, the optometrist's name, signature and practice address, the patient's name and the prescription expiry date.
5.3 Prescribes contact lenses	5.3.1 The suitability of contact lenses as a form of correction for the patient is assessed and discussed.	Ability to determine patient suitability for contact lenses based on consideration of factors such as lifestyle, vocational needs, risk factors, vision, comfort, duration of wear, contra-indications, ocular integrity, physiology and environment, slitlamp and topography/keratometry observations and results of vital staining. Ability to discuss with the patient issues relating to their suitability or unsuitability for contact lens wear.
	5.3.2 The patient's refraction, visual requirements and other findings are applied to determine the contact lens prescription.	Understanding of the need to consider factors such as refractive error, working distances, anisometropia, aniseikonia, vergence and accommodation status, corneal topography, special lenses and treatments, sports requirements, incidental optical effects, lens design, materials and tints in determining the contact lens prescription. Ability to use appropriate trial lenses, fitting techniques and equipment and dyes to assist in determining the contact lens prescription. Recognition of the need to consider the ability of the patient to handle contact lenses in determining the type of lens to be prescribed. Ability to recognise contraindications to contact lens wear and to assess their significance in determining the type of lens to be prescribed. Understanding of which contact lenses are most appropriate for use as a therapeutic or cosmetic device for aniridia, trauma management, occlusion, recurrent erosion syndrome, basement membrane dystrophy etc. Ability to describe the modifications necessary to the contact lens prescription as a result of the status of oculomotor and binocular function, perceptual testing and disease status.
	5.3.3 Contact lenses are correctly ordered and checked before being supplied to the patient.	Understanding of what information is necessary for inclusion on contact lens orders. Ability to check that lenses supplied comply with the lenses prescribed.
	5.3.4 Contact lenses with new fitting parameters are assessed on the eye prior to supply to the patient.	Ability to assess visual acuity with lenses, the lens fit, the over-correction, lens centration, lens movement and lid interactions.
	5.3.5 The patient is instructed in matters relating to ocular health, vision, contact lens care and maintenance and after-care visits.	Knowledge of the information and instructions to be provided to patients about factors such as lens wearing time, after-care visits, replacement schedules, insertion and removal techniques, care and maintenance regimens, indications for lens removal, indications for seeking urgent care and risks of non-compliance, including when plano contact lenses are prescribed.
	5.3.6 Contact lens performance, ocular health and patient adherence to wearing and maintenance regimens are monitored.	Ability to recognise and manage contact lens-related conditions. Knowledge of the intervals for after-care visits/recalls/reviews. Ability to record information to facilitate monitoring of eye health and lens status during contact lens wear.
	5.3.7 A contact lens prescription is written in a manner that can be interpreted for correct fabrication of the appliance.	Ability to write a contact lens prescription with all information necessary for dispensing, e.g. lens design, powers, diameter, material, curvatures, wearing schedules, care and maintenance regimens. Knowledge that the contact lens prescription should include the date, the optometrist name and practice address, optometrist's signature, patient's name and expiry date on the contact lens prescription.

5.4 Prescribes low vision devices.	5.4.1 A range of low vision devices suitable to the patient's needs is selected and demonstrated, where indicated.	Consideration of factors such as working distances, magnification requirements, physical ability of the patient to manage different devices, pathology associated with low vision, incidental optical effects, low vision aid design, special materials, tints, lighting requirements when determining what types of low vision devices may be suitable for the patient. Ability to assess the suitability of aids such as closed circuit television, computer software for low vision, mobility aids, independent living aids, telescopes. Ability to demonstrate and explain the use of low vision devices to the patient.
	5.4.2 Low vision devices suited to the patient's visual requirements and functional needs are prescribed.	Ability to prescribe a low vision device to meet the needs of the patient. Understanding of the benefit of providing low vision devices for a trial period.
	5.4.3 The patient is instructed in the use of prescribed low vision devices.	Ability to instruct the patient in the use of prescribed low vision devices in terms of working distance, lighting requirements, whether the device is to be used in conjunction with spectacles etc.
	5.4.4 The success of the low vision device is evaluated and monitored and additional or alternative devices or management strategies are prescribed or recommended.	Understanding of the need for review visits for reassessment of visual performance. Understanding of the need to recommend ongoing primary eye care.
	5.4.5 The patient is informed of and, if necessary, referred to other rehabilitative services.	Knowledge of organisations offering rehabilitative and other services to patients with low vision. Recognition of the need to inform the patient of rehabilitative services from which they might benefit, e.g. low vision clinics, other health-care practitioners, comanagement and support organisations.
5.5 Prescribes pharmacological, non-pharmacological and therapeutic regimens to treat ocular dysfunction, disease and injury. (At the time of writing the 2008 Standards, not all States had granted optometrists the right to prescribe therapeutic drugs).	5.5.1 Appropriate pharmacological agents are selected and recommended for treatment of the patient's condition.	**Universal** Consideration of drug actions and interactions, adverse side-effects or allergies in determining non-prescription pharmacologic agents to meet the patient's needs. Adherence to state and federal legal requirements (e.g. Poisons' Act, Optometrists' Registration Acts), when providing advice to the patient on pharmacologic agents. **Therapeutic level** Ability to interpret and apply current clinical trial findings. Determination of the need for ocular and/or systemic therapy. Ability, when choosing the most appropriate therapeutic agent(s) for the patient, to consider aspects such as: • microbiological factors (e.g. infections, inflammations) • pharmacological factors (e.g. frequency, dose etc.) • systemic factors (e.g. allergies, interactions with systemic medications etc.) • ocular factors (e.g. ocular side effects and effects on the contralateral eye). • contraindications and side-effects • issues of antibiotic resistance and quality use of medicines • diagnosis and prognosis • available delivery systems (e.g. ointments, drops etc.) • drug substitution factors (e.g. brand versus generic) • patient related factors (e.g. dexterity, cognitive state, adherence history) • understanding of the obligations under the National Health Scheme, the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme in the prescription of ocular therapeutic medications.

5.5.2 Ocular therapeutic medications are recommended and a prescription written in a manner that allows accurate supply of the agent.	**Universal** Understanding of the details to be provided to patients regarding non-prescription ocular medications (e.g. name of medication, how it is to be used). Use of suitable pharmaceutical reference resources. **Therapeutic level** Ability to issue a prescription for ocular therapeutic medication in accordance with federal and state legislation (e.g. name of drug, dosage, how it is to be used and for how long, patient's name, optometrist's name, signature and practice address). Understanding of legislative requirements regarding general and PBS prescriptions, including comanagement requirements (e.g. glaucoma). Understanding of legal requirements for record keeping, labelling and dispensing pertaining to therapeutic medications and for storage of any ocular therapeutic medications held by the optometrist. Ability to use up-to-date pharmaceutical reference material. Understanding of how to clarify any issues relating to the prescription with the pharmacist. Understanding of how to store prescription stationery securely.
5.5.3 The effect of ocular therapeutic treatment is monitored and appropriate changes in management recommended.	**Universal** Knowledge of the intervals at which the patient's condition should be reviewed. Knowledge of the tests to be administered at the patient's review visit. Knowledge of adverse signs and symptoms and side-effects. Ability to determine when and how treatment should be modified. Understanding of when the patient should be referred. **Therapeutic level** Ability to alter drug type and dose when necessary, including consideration of comanagement requirements. Ability to determine the need for additional or alternative medicines. Ability to determine criteria for the completion of treatment.
5.5.4 Patients are instructed on the correct use, administration, storage and disposal of pharmaceutical agents.	Understanding of the information to be conveyed to patients to describe and demonstrate the correct use of drugs in terms of dose, frequency, timing, method of instillation, hygiene, shaking of bottle etc. Understanding of the information to be provided to patients regarding shelf-life, storage and disposal of medications. Understanding of the information to be provided to patients about possible interactions with drugs and other substances. Understanding of the information to be provided to patients regarding actions to take if adverse reactions occur.
5.5.5 Patients are instructed about precautionary procedures and non-pharmacological and palliative management.	**Universal** Understanding of the information required to counsel patients on non-therapeutic management such as use of sunglasses, lid hygiene procedures, lid scrubs, warm and cold compresses and artificial tears; discontinuation of contact lens wear and/or use of eye make-up. Understanding of the information required to advise patients of where to obtain alternative care in the optometrist's absence. **Therapeutic level** Understanding of the information required to counsel patients regarding the use of eye patches and analgesia.
5.5.6 Patients are instructed in the avoidance of cross-infection.	Understanding of the information required to counsel patients on how to avoid cross-infection and contamination of medication.

	5.5.7 Non-pharmacological treatment or intervention procedures, therapeutic device fitting and emergency ocular first aid are performed to manage eye conditions and injuries.	**Universal** Ability to perform non-pharmacologic procedures such as epilation, lid scrubs, lacrimal lavage, irrigation, superficial foreign body removal. Ability to provide emergency management of trauma to the eye and adnexae. **Therapeutic level** Ability to perform procedures such as punctal occlusion, expression of meibomian glands, insertion of punctal plugs, corneal debridement, embedded foreign body removal etc. Ability to use bandage contact lenses when necessary to manage eye conditions.
5.6 Dispenses spectacle prescriptions accurately.	5.6.1 The spectacle prescription is interpreted and responsibility for dispensing accepted.	Ability to resolve ambiguities in optical prescriptions. Understanding of the requirements for dispensing of spectacle prescriptions described in the Australia Standard: AS 2228.1-1992: Spectacles—Spectacle lenses.
	5.6.2 The patients are assisted in selecting appliances that are suitable for their needs.	Ability to assist the patient to select a suitable spectacle frame. Understanding of the advice to be provided to patients on the appropriate lenses and lens treatment for their needs.
	5.6.3 Relevant measurements pertaining to the spectacle frame are made, lenses are ordered and finished spectacles are verified according to Australian Standards.	Ability to take measurements for bifocal, multifocal and varifocal spectacles. Understanding of the process to edge lenses and mount them in the frame appropriately. Ability to check frames and uncut or mounted lenses for damage and for compliance with the prescription. Understanding of standards that apply to spectacle frames and lenses.
	5.6.4 The appliance is verified against the prescription prior to delivery.	Ability to verify the accuracy and quality of the final spectacles in accordance with the Australian Standard AS 2228.1-1992: Spectacles—Spectacle lenses, e.g. optical centres, powers, parameters of near addition(s), treatments.
	5.6.5 The appliance is adjusted and delivered and the patient is instructed in the proper use and maintenance of the appliance and of any adaptation effects which may be expected.	Ability to fit spectacles to the patient to optimise comfort and performance. Understanding of the information to be provided to patients regarding the correct use of spectacles, spectacle maintenance and possible adaptation effects.
5.7 Manages patients requiring vision therapy.	5.7.1 Patients with accommodative, vergence, strabismic and amblyopic conditions are treated or referred for treatment.	If vision therapy is provided, understanding of: • the sequence of vision therapy • the time frame for treatment • discharge criteria • the need to supply/lend material for vision therapy programs If unable to provide vision therapy, understanding of the need to refer the patient to a suitable practitioner for vision therapy.
	5.7.2 The patient is instructed in the use and maintenance of vision training equipment.	If vision therapy is provided, understanding of the need to: • ensure that the patient understands the process • provide written instructions • supply/lend material for vision therapy programs
	5.7.3 Goals of the vision therapy program and criteria for discharge are set.	If vision therapy is provided, understanding of the time frame, expected results, discharge criteria and costs.

	5.7.4 Progress of the vision therapy program is monitored.	If vision therapy is provided, understanding of the time when review visits should be provided and the tests to be performed.
5.8 Provides legal certification.	5.8.1 A certificate for sick leave is provided.	Understanding of the situations in which a certificate for sick leave can be provided by an optometrist and what information must be recorded on the certificate.
	5.8.2 Statutory declarations are witnessed.	Understanding of the situations in which a statutory declaration can be witnessed by an optometrist and what information must be recorded on the declaration.
5.9 Refers the patient.	5.9.1 The need for referral to other professionals for assessment and/or treatment is recognised, discussed with the patient and a suitable professional is recommended.	Understanding of situations in which the patient requires the services of another optometrist, another health care practitioner or another professional. Understanding of personal limitations when determining the need for referral. Understanding of the need to consider the scope and limitations of services provided by health and other professionals (e.g. welfare, education) when determining to whom the patient should be referred. Ability to determine the type of practitioner to whom the patient should be referred. Ability to access contact details of other health professionals. Understanding of the need to consider the experience and location of the practitioner to whom the patient is to be referred.
	5.9.2 Timely referral, with supporting documentation, is made to other professionals.	Recognition of the need to consider the urgency of the patient's condition when arranging a referral. Ability to convey appropriate information to the practitioner to whom the patient is referred through a suitable means, e.g. telephone, referral letter.
	5.9.3 Patients can be jointly managed with other health care practitioners.	Understanding of the requirements for participation in the comanagement of patients with other health professionals. Understanding of the roles and responsibilities of different practitioners in comanagement arrangements.
5.10 Co-operates with ophthalmologist/s in the provision of pre- and post-operative management of patients.	5.10.1 Pre-operative assessment and advice is provided.	Understanding of the need to consider the patient's condition and expectations of surgery and to discuss risks, benefits, costs, complications and options. Understanding of how effective communication can be instigated with the ophthalmologist(s). Understanding of local waiting list length and costs. Understanding of indications and contraindications for surgery. Understanding of current laser refractive error correction, cataract extraction and other surgical/non-surgical procedures.
	5.10.2 Post-surgical follow-up assessment and monitoring of signs according to the surgeon's requirements and the procedure are undertaken.	Understanding of standard post-operative monitoring protocols and pharmacological regimens. Understanding of the normal course of recovery and the need for urgent/non-urgent referral back to the surgeon.
	5.10.3 Emergency management for observed post-surgical complications is provided.	Ability to recognise the situations in which emergency management is necessary for a post-surgical complication. Understanding of how to institute appropriate emergency management.
	5.10.4 Appropriate referral for further post-operative treatment or assessment of complications is arranged.	Ability to recognise when there is a need for further post-operative treatment or further assessment of complications. Understanding of the need to differentiate between urgent and non-urgent post-operative referral to the surgeon.

5.11 Provides advice on vision, eye health and safety in the workplace and recreational settings.	5.11.1 Vision screenings for occupational or other purposes are provided.	Understanding of the optometric testing procedures necessary for a vision screening. Understanding of the billing procedures relevant to vision screening in relation to Medicare. Determination of screening protocols based on the group targeted in the vision screening.
	5.11.2 Advice is provided on eye protection, visual standards and visual ergonomics in the workplace and recreational settings.	Ability to perform industrial and environmental analysis to determine the need for radiation protection, safety lenses, tinted safety lenses etc. Understanding of the advice on eye protection to be provided in industry and for recreational pursuits. Understanding of the advice to be provided on lighting and ergonomic design in the workplace and for recreational pursuits. Understanding of lighting and vision standards for their application in industry and for recreational pursuits.
	5.11.3 Individuals are counselled on the suitability of their vision for certain occupations.	Understanding of industry and other occupational requirements for colour vision, visual acuity, spectacle powers, etc. Ability to communicate with employee and employer organisations.
	5.11.4 Certification of an individual's visual suitability for designated occupations or tasks is provided.	Understanding of the visual and ocular requirements specified in any standards relating to a particular activity (e.g. driving) and how these standards can be applied to determine the suitability of a person for a particular activity. Understanding of the requirement when certifying suitability of a person for a specific occupation/task through the preparation of a report that includes relevant information. Ability to access vision standards for different occupations.
	5.11.5 The patient or parent/ guardian is advised of the presence of conditions that have implications for other family members.	Understanding of patient conditions that have ramifications for other family members in terms of the need for them to have a medical or optometric assessment.

Universal competencies are shown in black.
Therapeutic competencies are shown in blue.

UNIT 6. RECORDING OF CLINICAL DATA

Elements	Performance criteria	Some suggested indicators (this is not an exhaustive list)
6.1 Records patient information and data in a legible, secure, accessible, permanent and unambiguous manner.	6.1.1 All relevant information pertaining to the patient is recorded promptly in a format which is understandable and useable by any optometrist and his/ her colleagues.	**Universal** Understanding of the need to create a separate, distinct record for each patient either in paper form or electronically. Ability to create records that are legible and can be interpreted by another optometrist. Knowledge of the information to be included on/with the patient record, e.g. the patient's name and address, the name of the examining practitioner, the patient history, procedures performed, clinical observations and results of all tests performed, diagnoses, management strategies, summary of advice given to the patient, photographic and video information for all consultations, dates and information relating to all patient contacts, timing of review. Understanding of the need to include copies of referral letters and reports with the patient record. Knowledge of accepted abbreviations and grading scales to be used in optometric records. **Therapeutic level** Understanding of the need to include details of medications prescribed, microbiological tests and results and modifications to management on the patient record.

	6.1.2 Patient records are kept in a readily retrievable format and are physically secure.	Recognition of the need for storage systems for patient records that ensure security but allow easy access by the optometrist or authorised practice staff.	
		Recognition of the need to ensure that records are filed correctly and that staff understand the filing system.	
		Recognition of the need to use appropriate firewall, virus protection and back-up systems to safeguard computer records.	
	6.1.3 Corrections to records are made in accordance with legislation.	Recognition of the need to initial and date corrections to patient records for paper records.	
		Recognition of the need to provide an electronic method to show corrections and modifications to electronic records.	
6.2 Maintains confidentiality of patient records.	6.2.1 Access to records is limited to authorised personnel.	Understanding that non-authorised persons must not access patient records.	
		Understanding that confidentiality of patient information is to be safeguarded.	
	6.2.2 Information from patient records and/or obtained from patients is released only with the consent of the patient.	Recognition of the need to maintain records in accordance with clinical standards and the law.	
		Understanding of the legal requirements related to confidentiality and privacy and health records.	
		Recognition of the need to obtain patient consent for the release of their personal information or the transfer of the patient record or a copy of a patient record.	
	6.2.3 The rights of a patient to access his or her patient record are understood and observed.	Recognition of the right of the patient to access his or her patient record.	
		Recognition of the right of the patient to have a summary or a copy of their patient record.	
	6.2.4 Patient privacy is addressed when patient information is transferred.	Understanding of privacy and security requirements when patient information is communicated to others through electronic transfer, facsimile transmission or via telephone communication.	
6.3 Meets legislative requirements regarding retention and destruction of patient records and other practice documentation.	6.3.1 The requirements regarding the retention of records for adults and children under the age of 18 years are understood and observed.	Knowledge of the minimum periods by law for which patient records must be kept in the case of children and adults.	
	6.3.2 The requirements regarding archiving or destruction of records to ensure patient privacy are understood and observed.	Understanding that processes to archive or destroy patient records must ensure privacy of patient information.	
	6.3.3 The requirement for the retention of practice documentation other than patient records is understood and observed.	Knowledge of the minimum period by law for which practice documentation such as appointment books and therapeutic prescriptions must be kept.	

Skills stations assessment sheets: mark determination

Station 1

Candidate's Name:

Assessor's Name:

Date of examination:

A. BINOCULAR VISION ANALYSIS		
i) Cover Test		
Did the candidate:	**Circle Yes or No**	
Explain the purpose of the procedure to the subject?	Yes	No
Instruct the subject correctly?	Yes	No
Provide the subject with an adequate fixation target?	Yes	No
Use an appropriate occluder?	Yes	No
Use appropriate room lighting?	Yes	No
Perform correctly the unilateral cover test at distance and near?	Yes	No
Determine whether fixation was maintained under monocular conditions and binocular conditions?	Yes	No
Determine how the eye deviated under cover (eso, exo, hyper or hypo)?	Yes	No
Determine whether there was a return to fusion after the cover was removed?	Yes	No
Determine whether the deviation was a phoria or a tropia?	Yes	No
Determine whether any observed strabismus was constant or intermittent, unilateral or alternating?	Yes	No
Perform correctly the alternating cover test at distance and near?	Yes	No
Use prism to accurately neutralise the movement (within 3 prism dioptres)?	Yes	No
Record all findings clearly using the appropriate notation?	Yes	No
Did candidate demonstrate this technique satisfactorily?	Yes	No
Additional comments if technique not performed satisfactorily		

ii) Heterophoria Measurement		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Provide the subject with an adequate fixation target?	Yes	No
Use appropriate room lighting?	Yes	No
Employ an appropriate method to measure accurately the horizontal phoria (within 2 prism dioptres) and the vertical phoria (within 1 prism dioptre) at distance and near?	Yes	No
Accurately record the findings using the appropriate notation?	Yes	No
Did candidate demonstrate this technique satisfactorily?	Yes	No
Additional comments if technique not performed satisfactorily		

iii) Vergence Testing at near		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Provide the subject with an adequate fixation target?	Yes	No
Use appropriate room lighting?	Yes	No
Gradually increase the prism power to correctly measure blur, break and recovery points for base in and base out prism?	Yes	No
Accurately record the findings using the appropriate notation?	Yes	No
Place an appropriate fixation target for vertical vergence measurements at 40 cm from the patient?	Yes	No
Gradually alter the prism power to correctly measure the vertical reserves (break and recovery)?	Yes	No
Accurately record the findings using the appropriate notation?	Yes	No
Did candidate demonstrate this technique satisfactorily?	Yes	No
Additional comments if technique not performed satisfactorily		

Did the candidate PASS or FAIL this skill (comprising techniques i), ii), iii))? **PASS requires pass of all techniques i), ii), iii)**	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 1

Candidate's Name:

Assessor's Name:

Date of examination:

B. VISION THERAPY		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the procedure?	Yes	No
Select **two** appropriate devices for the treatment of positive fusional vergence insufficiency?	Yes	No
Instruct the subject correctly in the use of the devices?	Yes	No
Ensure that the subject can use the devices correctly?	Yes	No
Advise of the frequency of therapy and the need to monitor therapy?	Yes	No
Ensure that the subject understands the frequency of treatment and the necessity for monitoring?	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 2

Candidate's Name:

Assessor's Name:

Date of examination:

C. DISTANCE RETINOSCOPY **Note: A refractor head or trial frame may be used as preferred.**		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Adjust the trial frame or refractor head correctly?	Yes	No
Provide the subject with an appropriate fixation target?	Yes	No
Fog both eyes?	Yes	No
Use appropriate lighting levels?	Yes	No
determine the refraction for the right eye to within: ±0.5D for the spherical power ±0.5D for the cylinder power ±10° for the cylinder axis? *Assessors may exercise their discretion to adjust the specified tolerances	 Yes Yes Yes	 No No No
determine the refraction for the left eye to within: ±0.5D for the spherical power ±0.5D for the cylinder power ±10° for the cylinder axis? *Assessors may exercise their discretion to adjust the specified tolerances	 Yes Yes Yes	 No No No
Record the results clearly, using appropriate notation?	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 2

Candidate's Name:

Assessor's Name:

Date of examination:

D. KERATOMETRY		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Focus the eyepiece of the keratometer?	Yes	No
Correctly measure central corneal curvature in the two principal meridians?	Yes	No
Record the keratometry readings in the two principal meridians using the appropriate notation?	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 3

Candidate's Name:

Assessor's Name:

Date of examination

E. OPHTHALMIC MATERIALS EVALUATION		
Did the candidate:	**Circle Yes or No**	
focus the eyepiece of the vertometer?	Yes	No
accurately measure and record the powers and axes for the right and left lenses: within ± 0.25 D for spherical powers? within ± 0.25 D for cylindrical powers (tolerances apply separately to each principal meridian. **Please note that minus cylinder notation is used by optometrists in Australia and New Zealand** within ± 5º for the axis of cylinders of 0.25D or within ± 2.5º for the axis of cylinders> 0.25 and 1.25D or within ± 1.25º for the axis of cylinders > ± 1.25D?	Yes	No
accurately measure and record the power of the near addition? (± 0.25 D)?	Yes	No
accurately measure and record the optical centration and/or prism (within ± 0.50 prism dioptres) vertically and horizontally?	Yes	No
accurately describe the bifocal type?	Yes	No
accurately measure the base curves? (within ± 0.50 D)?	Yes	No
accurately measure centre thickness? (within +/- 0.2mm)?	Yes	No
accurately describe the lens material? (plastic, glass, hi-index etc)?	Yes	No
determine if the lenses were tinted?	Yes	No
check the fit of the lenses in the frame?	Yes	No
check that bevel edge or flat edge of finished lens is smooth, regular, free from chips or starring and reasonably free from facets with safety chamfers where necessary?	Yes	No
Identify 3 reasons why the prescription does not meet the Australian standard (2228.1-1992) when compared to a written prescription?	Yes	No
accurately measure the patient's interpupillary distance? (within ± 1.0mm)	Yes	No
accurately measure the segment height or accurately measure the positions of the centres for varifocal (or bifocal) lenses? (within ± 1.0mm)	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 3

Candidate's Name:

Assessor's Name:

Date of examination:

F. CONTACT APPLANATION TONOMETRY **Note: The candidate may use a Perkins or a Goldmann tonometer.**		
Did the candidate:	**Circle Yes or No**	
Explain the purpose of the procedure to the subject?	Yes	No
Instruct the subject correctly?	Yes	No
Wash their hands prior to the commencement of the test?	Yes	No
Disinfect the tonometer?	Yes	No
Instil the topical anaesthetic and fluorescein appropriately?	Yes	No
Record the name of drops instilled and time instilled?	Yes	No
Assess the corneas for staining prior to performing the test?	Yes	No
Correctly position the tonometer and align the probe?	Yes	No
For Goldmann Tonometry only: maintain a clear image of the correct fluorescein ring pattern necessary for an accurate reading for the examiner to observe through the teaching eyepiece?	Yes	No
Perform the test in a fluent, confident manner?	Yes	No
Take an accurate reading within +/- 2mm Hg and remove the tonometer safely?	Yes	No
Record findings using the appropriate terminology?	Yes	No
Check the corneal integrity at the completion of the test?	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 4

Candidate's Name:

Assessor's Name:

Date of examination:

G. VISUAL FIELD ASSESSMENT		
i) Amsler Grid Testing		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Occlude the eye not to be tested?	Yes	No
Provide the subject with their normal near prescription?	Yes	No
Use a working distance of 30 cm?	Yes	No
Use appropriate lighting?	Yes	No
Determine the results of the Amsler grid test for one eye?	Yes	No
Record findings?	Yes	No
Did candidate demonstrate this technique satisfactorily?	Yes	No
Additional comments if technique not performed satisfactorily		

ii) Automated visual field screening		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Use appropriate room lighting (dim or dark)?	Yes	No
Occlude the eye not being tested?	Yes	No
Display familiarity with the controls and operation of the visual field screening apparatus?	Yes	No
Provide the subject with their near visual prescription?	Yes	No
Position the subject at the instrument correctly?	Yes	No
Choose the most appropriate program to screen the visual fields?	Yes	No
Measure the monocular visual fields for one eye and have the results printed?	Yes	No
Correctly interpret the results of the visual field test?	Yes	No
Did candidate demonstrate this technique satisfactorily?	Yes	No
Additional comments if technique not performed satisfactorily		

iii) Confrontation		
Did the candidate:	**Circle Yes or No**	
Explain to the subject the purpose of the test?	Yes	No
Instruct the patient correctly?	Yes	No
Occlude one eye of the subject?	Yes	No
Use an appropriate working distance?	Yes	No
Monitor the patient's fixation?	Yes	No
Use an appropriate target to measure the fields to confrontation?	Yes	No
Record results using the appropriate notation?	Yes	No
Did candidate demonstrate this technique satisfactorily?	Yes	No
Additional comments if technique not performed satisfactorily		

Did the candidate PASS or FAIL this skill (comprising techniques i), ii), iii))? **PASS requires pass of all techniques i), ii), iii)**	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 4

Candidate's Name:

Assessor's Name:

Date of examination:

H. COLOUR VISION ASSESSMENT		
i) Pseudo-isochromatic plates		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the procedure?	Yes	No
Instruct the subject correctly?	Yes	No
Ensure that tests were carried out under appropriate illumination?	Yes	No
Determine whether the subject has passed or failed the test?	Yes	No
Did candidate demonstrate this technique satisfactorily?	Yes	No
Additional comments if technique not performed satisfactorily		

ii) Farnsworth D15 test		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Administer the Farnsworth D15 test ensuring that it was performed under appropriate illumination?	Yes	No
interpret and record the results of the Farnsworth D15 test	Yes	No
Did candidate demonstrate this technique satisfactorily?	Yes	No
Additional comments if technique not performed satisfactorily		

Did the candidate PASS or FAIL this skill (comprising techniques i), ii))? **PASS requires pass of all techniques i), ii)**	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 5

Candidate's Name:

Assessor's Name:

Date of examination:

I. SLIT-LAMP BIOMICROSCOPY		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Wash their hands prior to the commencement of the test?	Yes	No
Adjust the focus and separation of the eyepieces and clean the chin and forehead rests?	Yes	No
Instruct the subject correctly?	Yes	No
Correctly position the subject at the slit-lamp?	Yes	No
Use the appropriate beam width and maintain an image for the examiner to observe through the teaching eyepiece for the examination of the lids, the lashes and the lid margins?	Yes	No
Accurately record observations of the lids, the lashes and the lid margins?	Yes	No
Use the appropriate beam width and maintain an image for the examiner to observe through the teaching eyepiece for the examination of the palpebral conjunctiva (including lower and upper lid eversion) and the bulbar conjunctiva?	Yes	No
Accurately record observations of the palpebral conjunctiva and the bulbar conjunctiva?	Yes	No
Examine the cornea appropriately (using white illumination with parallelepiped and optic section) and maintain an image for the examiner to observe through the teaching eyepiece?	Yes	No
Describe and record findings from the examination of the cornea accurately?	Yes	No
Properly assess the anterior chamber using the van Herick method?	Yes	No
Record the anterior chamber angle?	Yes	No
Accurately examine the iris and the lens?	Yes	No
Accurately record observations of the iris and the lens?	Yes	No
Screen the anterior chamber for cells and aqueous flare?	Yes	No
Use the slit lamp in a fluent, confident, efficient and logical fashion?	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 5

Candidate's Name:

Assessor's Name:

Date of examination:

J. GONIOSCOPY		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Wash their hands prior to the commencement of the test?	Yes	No
Instil local anaesthetic appropriately and place appropriate fluid on goniolens?	Yes	No
Correctly set up the illumination system of the slit-lamp and position the subject at the slit-lamp correctly?	Yes	No
Insert the lens safely?	Yes	No
Obtain a clear view for observation by the examiner via a teaching mirror?	Yes	No
Systematically examine the 4 quadrants, identify visible angle structures in the inferior quadrant and describe significant findings?	Yes	No
Record findings appropriately?	Yes	No
Remove the goniolens safely?	Yes	No
Rinse the goniolens solution from the eye of the subject?	Yes	No
Clean and disinfect the gonioprism (and speculum if needed)?	Yes	No
Check the corneal integrity?	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 6

Candidate's Name:

Assessor's Name:

Date of examination:

K. BINOCULAR INDIRECT OPHTHALMOSCOPY **Note: The pupils of the subject will be dilated prior to the test.**		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Obtain a clear image and perform a systematic examination of:		
the peripheral retina?	Yes	No
the macula?	Yes	No
the optic nerve head?	Yes	No
Accurately record findings for the peripheral retina, the macula and the optic nerve head?	Yes	No

Did candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 6

Candidate's Name:

Assessor's Name:

Date of examination:

L. FUNDUS LENS EVALUATION **Note: The pupils of the subject will be dilated prior to the test.**		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the test?	Yes	No
Instruct the subject correctly?	Yes	No
Examine and describe:		
the vitreous?	Yes	No
the optic nerve head (including the cup/disc ratio)?	Yes	No
the peripapillary tissue?	Yes	No
the blood vessels?	Yes	No
the macula?	Yes	No
Record findings using the appropriate terminology for the vitreous, the optic nerve head (including the cup/disc ratio), the peripapillary tissue, the blood vessels and the macula?	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 7

Candidate's Name:

Assessor's Name:

Date of examination:

M. SOFT LENS INSERTION AND ASSESSMENT **Note: candidates will be supplied with the keratometry readings of the subject.**		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the procedure?	Yes	No
Instruct the subject correctly?	Yes	No
Wash their hands prior to the commencement of the test?	Yes	No
Correctly measure the horizontal visible iris diameter and the pupil size of the subject?	Yes	No
Select a suitable soft contact lens for one eye of the patient?	Yes	No
Inspect the lens to determine if there was any damage and that the lens was not inside out?	Yes	No
Properly prepare the lens for insertion (correct solutions etc)?	Yes	No
Provide an appropriate fixation point for the patient?	Yes	No
Immobilise the lids and insert the lens properly?	Yes	No
Advise the patient on blinking and eye position after release of the lids?	Yes	No
Correctly assess the fit of the contact lens after a suitable time?	Yes	No
Safely remove the contact lens?	Yes	No
Record observations using appropriate terminology?	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed, please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

Station 7

Candidate's Name:

Assessor's Name:

Date of examination:

N. RIGID LENS INSERTION AND ASSESSMENT **Note: candidates will be supplied with the keratometry readings of the subject.**		
Did the candidate:	**Circle Yes or No**	
Inform the subject of the purpose of the procedure?	Yes	No
Instruct the subject correctly?	Yes	No
Wash their hands prior to the commencement of the test?	Yes	No
Select a suitable rigid contact lens for one eye of the patient?	Yes	No
Inspect the lens to determine if there was any damage?	Yes	No
Properly prepare the lens for insertion (correct solutions etc)?	Yes	No
Provide an appropriate fixation point for the patient?	Yes	No
Immobilise the lids and insert the lens properly?	Yes	No
Advise the patient on blinking and eye position after release of the lids?	Yes	No
Insert fluorescein correctly?	Yes	No
Determine the fit of the lens in terms of centration, corneal coverage, degree of movement in the primary position and degree of movement in up-gaze	Yes	No
Record observations using the appropriate terminology?	Yes	No
Safely and efficiently remove the lens without the aid of mechanical devices?	Yes	No

Did the candidate PASS or FAIL this skill?	**PASS**	**FAIL**
If skill failed please provide further details – this will be provided to candidates to help them address their skills gaps		
Assessor's signature		

The Optometry Council of Australia and New Zealand reserves the right to alter this document without notice.

Appendix C

Candidate recording sheets for skills stations

The Optometry Council of Australia and New Zealand reserves the right to alter this document without notice.

STATION 1

A. BINOCULAR VISION ANALYSIS

Candidate Name:

Date:

(i) Cover Test

(include neutralization result)

Distance

Near

(ii) Heterophoria Measurement

Horizontal phoria: **Distance** **Near**

Technique used (circle): Prentice card Von Graefe Maddox rod

Vertical phoria: **Distance** **Near**

Technique used (circle): Prentice card Von Graefe Maddox rod

(iii) Vergence Testing at near (Vergence reserves at near)

Horizontal: PRC (BO) **NRC (BI)**

Vertical ranges: BUR **BUL**

STATION 1

B. VISION THERAPY

Candidate Name:

Date:

(no recording required)

STATION 2

C. DISTANCE RETINOSCOPY

Candidate Name:

Date:

R

L

STATION 2

D. KERATOMETRY

Candidate Name:

Date:

R ……. D or mm @ …….

……. D or mm @ …….

L ……. D or mm @ ……..

……. D or mm @ …….

STATION 3

E. OPHTHALMIC MATERIALS EVALUATION
Candidate Name:
Date:

PRESCRIPTION 1

R **L**

NEAR ADDITION

OPTICAL CENTRATION

MATERIAL

DESIGN

SEGMENT POSITION AND DIAMETER

BASE CURVES

CENTRE THICKNESS

TINT/TREATMENTS

FIT/LENS FINISH

PRESCRIPTION DOES NOT MEET THE AUSTRALIAN STANDARDS. RECORD 3 REASONS FOR FAILURE AND BREIFLY IDENTIFY HOW THEY FAIL TO MEET THE STANDARDS. IF NOT, STATE WHY.

1.

2.

3.

PATIENT PD

FRAME CHOICE

VARIFOCAL (OR BIFOCAL) SEGMENT HEIGHT

STATION 3

F. CONTACT APPLANATION TONOMETRY

Candidate Name:

Date:

R or L **time**

STATION 4

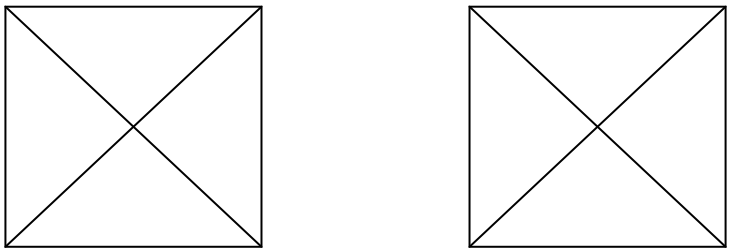
G. VISUAL FIELDS ASSESSMENT

Candidate Name:

Date:

(i) Amsler Grid Testing

R **L**



(ii) Automated visual field screening

no recording required

(iii) Confrontation

R **L**

STATION 4

H. COLOUR VISION ASSESSMENT

Candidate Name:

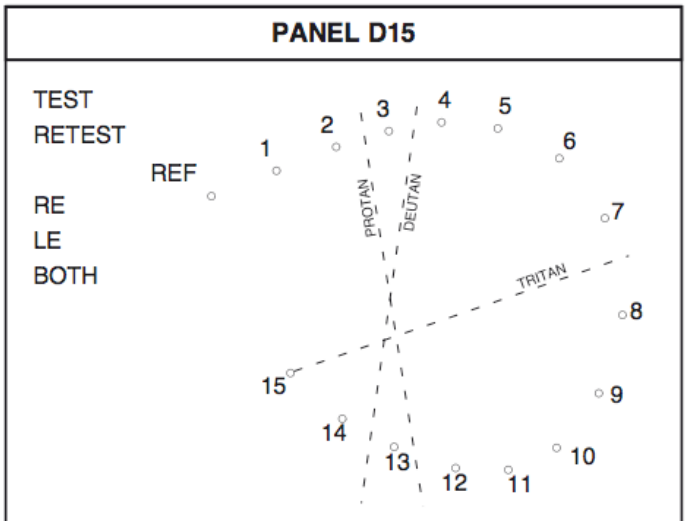
Date:

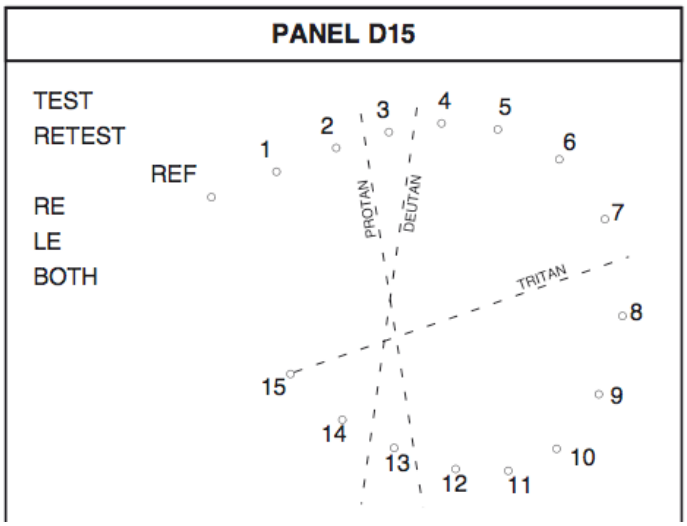
(i) Peudo-isochromatic plates

record result

Interpretation: pass / fail

(ii) Farnsworth D15 test





STATION 5

I. SLIT-LAMP BIOMICROSCOPY
Candidate Name:

Date:

R **L**

Angle..... Depth ..... Anterior Chamber Angle..... Depth .....

.....

.....

.....

.....

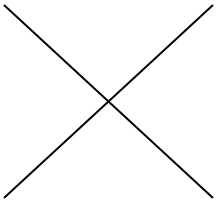
STATION 5

J. GONIOSCOPY

Candidate Name:

Date:

R or L

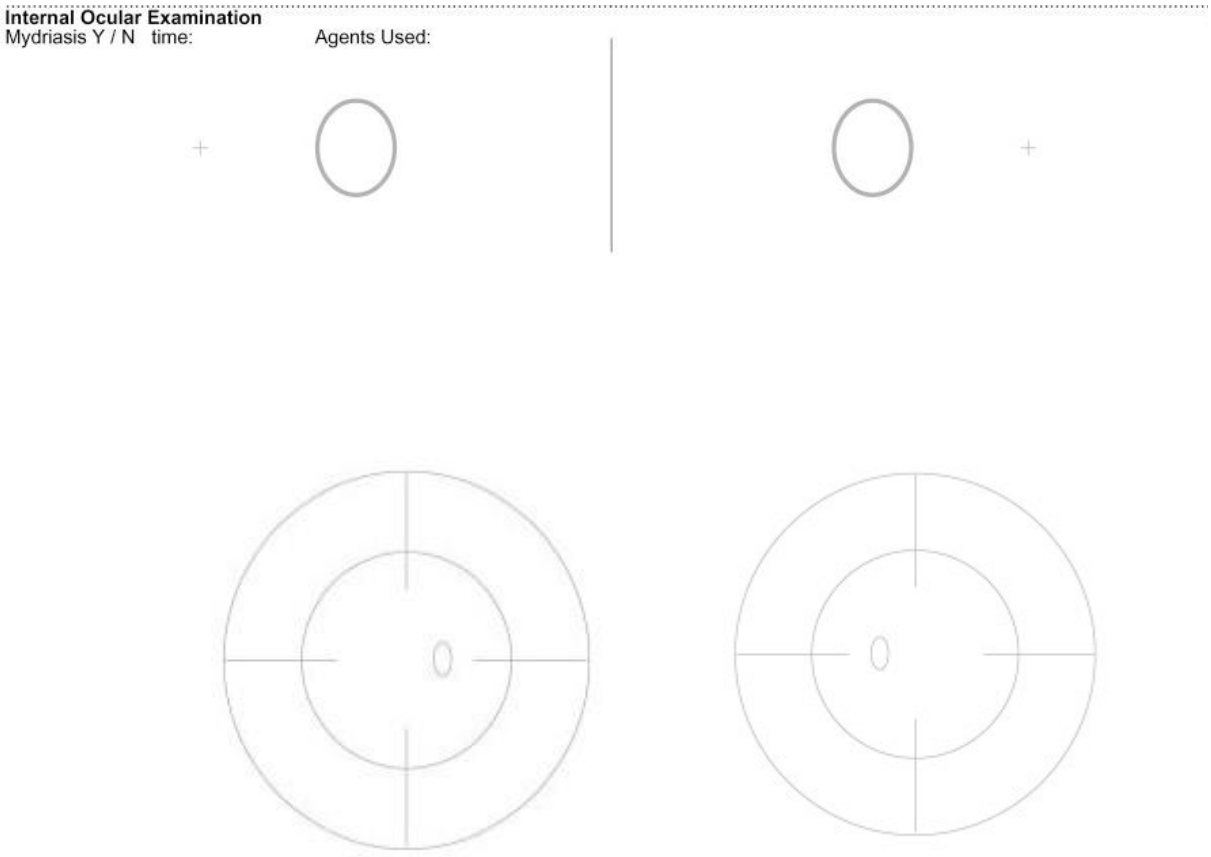


STATION 6

K. BINOCULAR INDIRECT OPHTHALMOSCOPY

Candidate Name:

Date:

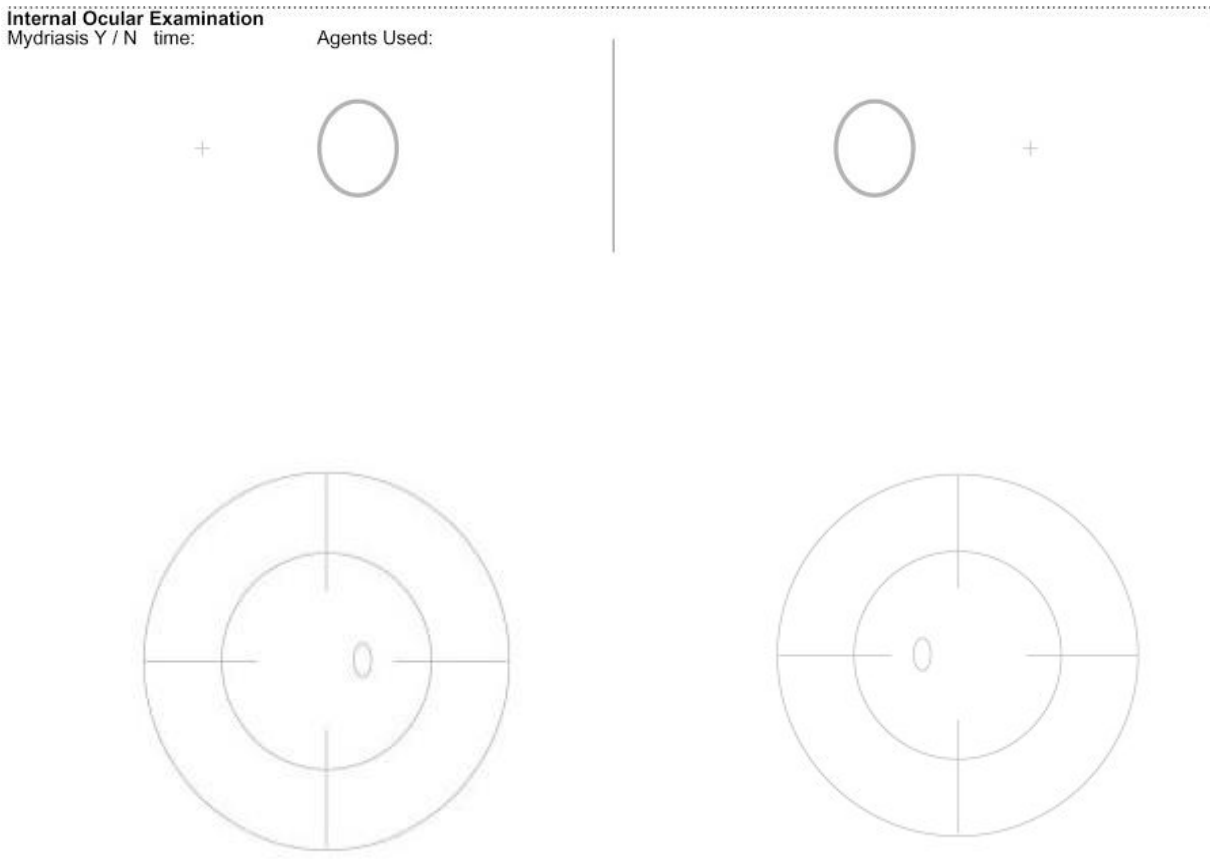


STATION 6

L. FUNDUS LENS EVALUATION

Candidate Name:

Date:



STATION 7

M. SOFT LENS INSERTION AND ASSESSMENT

Candidate Name:

Date:

R

L

STATION 7

N. RIGID LENS INSERTION AND ASSESSMENT

Candidate Name:

Date:

R

L

Appendix D

Patient examination assessment sheet

The following assessment sheets are for marking candidates for the patient examination section of the Competency in Optometry Examination. The patient examination consultations are provided to routinely presenting patients where the expectation is that a full comprehensive initial assessment of the patient will be performed.

A number of tests are listed together with criteria to be used to determine whether the candidate has performed satisfactorily. The emphasis in the patient examinations is an appropriate examination leading to successful management of the patient. For this reason, at the end of each test there is a question relating to whether failure in a particular section in isolation should constitute a failure for the whole of the patient examination. This will depend on whether essential tests for a particular patient have been adequately performed. A pass is recommended where a candidate has performed all essential tests satisfactorily and determined appropriate patient management and no contra-indicated tests have been attempted.

The following are reasons for automatic failure:

- The candidate presents for the assessment without the appropriate equipment.
- A candidate completes an examination having omitted an essential procedure or failed to recommend its performance at a subsequent examination if there is insufficient time in the clinical examination.
- The candidate intends or commences to perform a contra-indicated test.
- The candidate is asked to stop the performance of a particular procedure because they do not perform it safely.
- **The candidate has not completed the examination and all examination paperwork in the time allocated.**

To assist in the determination of passes or fails, assessors are requested to circle whether certain tests were essential, useful, unnecessary or contra-indicated. They are then to indicate whether or not the test has been performed. Where an essential test has been omitted, assessors are requested to identify these tests as essential and indicate that they have not been performed.

It should be noted that whilst certain tests may be indicated for a particular patient, the performance of these tests may not be appropriate in the course of a first examination. However it is essential that the candidate indicate that the test is and that it needs to be performed at a later date. Candidates are advised to justify the performance of additional tests at a later date as routine testing should be included in the initial consultation.

For each procedure performed on the patient, candidates will be expected to inform the patient of the purpose of the test and to give them adequate instructions for the satisfactory completion of the test. Assessors may fail candidates if they consider that adequate patient instruction has not been provided.

It is expected that they will perform all tests in a reasonably fluent and confident manner and that the examination and all examination paperwork should be **completed within 70 minutes.** The 70 minutes includes a dilated ocular fundus examination which is to be performed on all patients unless there is contraindication to doing so. The clock will **not** stop while the patient's pupils are dilating. It will be necessary for the assessor to check the patient's refraction and intraocular pressures in the course of the examination – the clock is stopped for the assessor to complete these tests.

An additional ten minutes will be available for discussion of the case with the assessor after the 70 minute candidate consultation.

CANDIDATE'S NAME: **DATE OF EXAMINATION:**

ASSESSOR'S NAME:

- **Non performance or failure of an essential test constitutes failure of this patient exam**
- **Assessors must complete the final summary page**
- **The consultation and all paperwork must be completed by candidate in no more than 70 minutes i.e. the candidate should have recorded findings and advice to the patient and have the patient ready to exit the consulting room within 70 minutes (excluding time that assessor stopped the clock.**

1. PREPARATION (ESSENTIAL *)	
Did the candidate:	
ensure personal presentation and hygiene were suitable for the performance of an optometric examination?	☐Yes ☐No
ensure that the consultation room was set up appropriately?	☐Yes ☐No
provide themselves with all the necessary items of equipment?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?	**☐Yes ☐No**

2. COMMUNICATION WITH THE PATIENT INCLUDING TAKING CASE HISTORY (ESSENTIAL *)	
Did the candidate:	
greet and introduce him/herself to the subject and settle the subject comfortably; develop appropriate rapport with the patient and respond appropriately?	☐Yes ☐No
phrase questions clearly to determine the information required (appropriate vocabulary etc)?	☐Yes ☐No
take an adequate case history including: presenting symptoms, other symptoms, general health, past ocular history, family ocular history, family general health, visual requirements of the subject where appropriate?	☐Yes ☐No
clearly record appropriate information?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?	**☐Yes ☐No**

3. UNAIDED OR PRESENTING VISUAL ACUITY (ESSENTIAL) *	
Did the candidate:	
Instruct the subject correctly?	☐Yes ☐No
Correctly measure and record unaided or presenting visual acuities?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?	**☐Yes ☐No**

* Non performance or failure of an essential test constitutes failure of this patient exam

4. INTERPUPILLARY DISTANCE (ESSENTIAL) *	
Did the candidate:	
use an appropriate method to measure the p.d. at distance and near?	☐Yes ☐No
record p.d. findings correctly?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?	**☐Yes ☐No**

5. OCULAR EXCURSIONS (ESSENTIAL) *	
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
use an appropriate target?	☐Yes ☐No
correctly measure the ocular excursions?	☐Yes ☐No
record findings correctly?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?*	**☐Yes ☐No**

6. PUPIL REACTIONS (ESSENTIAL) *	
Did the candidate:	
give the subject the appropriate instructions?	☐Yes ☐No
measure direct, consensual and near pupil reactions correctly?	☐Yes ☐No
record results correctly?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?*	**☐Yes ☐No**

7. NEAR POINT OF CONVERGENCE (ESSENTIAL)*	
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
use an appropriate target to measure the near point of convergence correctly?	☐Yes ☐No
record findings correctly?	☐Yes ☐No
Did the candidate PERFORM and PASS this section? *	**☐Yes ☐No**

* Non performance or failure of an essential test constitutes failure of this patient exam

8. COVER TEST: (ESSENTIAL)*	
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
use an appropriate fixation target, occluder and room lighting for distance and near?	☐Yes ☐No
perform correctly the unilateral cover test and the alternating cover test?	☐Yes ☐No
record findings correctly?	☐Yes ☐No
Did the candidate PERFORM and PASS this section? *	**☐Yes ☐No**

9. RETINOSCOPY: (ESSENTIAL)*	
Did the candidate:	
instruct the patient correctly?	☐Yes ☐No
provide the patient with a suitable fixation target, fog them appropriately, use appropriate room illumination?	☐Yes ☐No
perform retinoscopy correctly for both eyes: within ±0.50D for the spherical power; ±0.50D for the cylinder power and ±10° for the cylinder axis?* *Assessors may exercise their discretion to adjust the specified tolerances	☐Yes ☐No
measure and record monocular visual acuity with the retinoscopy findings?	☐Yes ☐No
record retinoscopy findings using the appropriate notation?	☐Yes ☐No
Did the candidate PERFORM and PASS this section? *	**☐Yes ☐No**

10. SUBJECTIVE REFRACTION: (ESSENTIAL)*	
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
correctly determine the subjective refraction for both eyes (spherical power within ±0.25D; cylinder power within ±0.25D; axis within ±10° for cylinder powers up to 1.25 D and within ±5° for powers over 1.25D* *Assessors may exercise their discretion to adjust the specified tolerances	☐Yes ☐No
correctly perform a binocular balance?	☐Yes ☐No
record the final prescription correctly?	☐Yes ☐No
correctly measure and record corrected visual acuities?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?*	**☐Yes ☐No**

* Non performance or failure of an essential test constitutes failure of this patient exam

11. SLIT-LAMP BIOMICROSCOPY: (ESSENTIAL)*	
Did the candidate:	
correctly instruct the subject?	☐Yes ☐No
set up the slit-lamp correctly (clean chinrest, adjust eyepieces, slit beam, magnification etc)?	☐Yes ☐No
position the subject at the slit/lamp correctly?	☐Yes ☐No
appropriately examine the eyes and adnexae including the lids, lashes, lid margins, iris, lens, palpebral conjunctiva, bulbar conjunctiva, cornea, anterior chamber, anterior chamber angle?	☐Yes ☐No
accurately record observations?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?*	**☐Yes ☐No**

12. TONOMETRY (Note: It is preferred that the candidate choose either a Perkins or a Goldmann tonometer, but non-contact tonometry may be used if necessary) **(ESSENTIAL)***	
Did the candidate:	
explain the purpose of the procedure to the subject and instruct the subject correctly?	☐Yes ☐No
disinfect the tonometer (if necessary)?	☐Yes ☐No
instil the topical anaesthetic and fluorescein appropriately (if necessary)?	☐Yes ☐No
perform tonometry correctly: position tonometer, align probe, accurate reading, safe removal of the tonometer?	☐Yes ☐No
accurately measure within +/- 2mm Hg	☐Yes ☐No
record findings and time of test using the appropriate terminology?	☐Yes ☐No
check the corneal integrity at the completion of the test (if necessary)?	☐Yes ☐No
Did the candidate PERFORM and PASS this section? (Note: if the test was contra-indicated and the candidate attempted to perform it you must circle NO).	**☐Yes ☐No**

13. FUNDOSCOPY: (ESSENTIAL)*	
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
use appropriate room illumination?	☐Yes ☐No
Were the pupils dilated (required unless contraindicated)	☐Yes ☐No
examine the ocular fundus correctly including: the central retina, peripheral retina, optic disc, macula etc?	☐Yes ☐No
Examine the ocular fundus with a binocular indirect ophthalmoscope proficiently	☐Yes ☐No
Examine the ocular fundus with a fundus lens (e.g. 90D or 78D) proficiently	☐Yes ☐No
accurately record all findings?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?*	**☐Yes ☐No**

* Non performance or failure of an essential test constitutes failure of this patient exam

14. PATIENT MANAGEMENT (ESSENTIAL)*	
Did the candidate:	
clearly explain to the patient the reasons for their presenting symptoms?	☐Yes ☐No
perform all tests necessary for appropriate management of the patient?	☐Yes ☐No
correctly advise the patient of how their case should be managed?	☐Yes ☐No
provide clear, accurate instructions?	☐Yes ☐No
write a prescription including all necessary details for the fabrication of the lens and using the appropriate terminology?	☐Yes ☐No
correctly advise the patient of the time of their next eye examination?	☐Yes ☐No
record on the patient record card appropriate information including: advice of timing of next visit, diagnosis/es, patient management, practitioners to whom the patient has been referred	☐Yes ☐No
Did the candidate PERFORM and PASS this section?*	**☐Yes ☐No**

15. VISUAL FIELD ASSESSMENT	
15(i) Confrontation (ESSENTIAL) *	
Did the candidate:	
instruct the patient correctly?	☐Yes ☐No
correctly perform confrontation field testing (occlude contralateral eye, appropriate working distance, appropriate lighting, appropriate target, monitor fixation)?	☐Yes ☐No
record results appropriately?	☐Yes ☐No
Did the candidate PERFORM and PASS this section?*	**☐Yes ☐No**

15(ii). Amsler Grid Testing:	**Performed / Not Performed**
Was this test:	**Essential / Useful / Unnecessary**
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
correctly administer the Amsler grid test (occlude contralateral eye, appropriate near correction, correct working distance, appropriate lighting)?	☐Yes ☐No
record findings correctly?	☐Yes ☐No
If this section was performed, did the candidate PASS this section? (Note: if the test was unnecessary and the candidate attempted to perform it you must circle NO)	**☐Yes ☐No**
If "No" should this alone constitute a failure of this patient examination? **(Must constitute a failure if test was considered essential)**	**☐Yes ☐No**

* Non performance or failure of an essential test constitutes failure of this patient exam

16. BINOCULAR VISION ANALYSIS (as clinically indicated)	
16(i) Heterophoria Measurement:	**Performed / Not Performed**
Was this test:	**Essential / Useful / Unnecessary**
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
employ appropriate methods to determine horizontal and vertical phorias at distance and near: appropriate room lighting, fixation target, etc?	☐Yes ☐No
measure horizontal and vertical phorias accurately at distance and near? (within 2^{D} horizontally, 1^{D} vertically)	☐Yes ☐No
record findings using appropriate notation?	☐Yes ☐No
If this section was performed, did the candidate PASS this section? **If "No" should this alone constitute a failure of this patient examination?** **(Must constitute a failure if test was considered essential)**	**☐Yes ☐No** **☐Yes ☐No**

16(ii) Vergence Testing at distance and near: **(as clinically indicated)**	**Performed / Not Performed**
Was this test:	**Essential / Useful / Unnecessary**
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
use an appropriate method to measure blur, break and recovery points for base in and base out prism at distance and near? (adequate fixation target, appropriate room lighting)	☐Yes ☐No
use an appropriate target at 40cm to correctly determine the vertical reserves at near (break and recovery)?	☐Yes ☐No
accurately record the findings using the appropriate notation?	☐Yes ☐No
If this section was performed, did the candidate PASS this section? **If "No" should this alone constitute a failure of this patient examination?** **(Must constitute a failure if test was considered essential)**	**☐Yes ☐No** **☐Yes ☐No**

17. AMPLITUDES OF ACCOMMODATION: **(as clinically indicated)**	**Performed / Not Performed**
Was this test:	**Essential / Useful / Unnecessary**
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
use an appropriate method to measure monocular and binocular amplitudes of accommodation? (distance prescription, appropriate fixation target, etc)	☐Yes ☐No
record the amplitudes of accommodation in dioptres?	☐Yes ☐No
If this section was performed, did the candidate PASS this section? **If "No" should this alone constitute a failure of this patient examination?** **(Must constitute a failure if test was considered essential)**	**☐Yes ☐No** **☐Yes ☐No**

18. DETERMINATION OF THE NEAR ADDITION: (as clinically indicated)	Performed / Not Performed
Was this test:	**Essential / Useful / Unnecessary**
Did the candidate:	
instruct the subject correctly?	☐Yes ☐No
use the distance prescription and using appropriate lenses determine the range of clear near vision and the clearest position?	☐Yes ☐No
modify the near add according to the patient's required working distance?	☐Yes ☐No
record the near addition?	☐Yes ☐No
If this section was performed, did the candidate PASS this section? **If "No" should this alone constitute a failure of this patient examination?** **(Must constitute a failure if test was considered essential)**	**☐Yes ☐No** **☐Yes ☐No**

19. COLOUR VISION ASSESSMENT	
19(i) Pseudo-isochromatic plates:	**Performed / Not Performed**
Was this test:	**Essential / Useful / Unnecessary**
Did the candidate	
instruct the subject correctly?	☐Yes ☐No
administer the test under appropriate illumination?	☐Yes ☐No
accurately score and record the results of the tests?	☐Yes ☐No
If this section was performed, did the candidate PASS this section? **If "No" should this alone constitute a failure of this patient examination?** **(Must constitute a failure if test was considered essential)**	**☐Yes ☐No** **☐Yes ☐No**

20. PATIENT REFERRAL:	Performed / Not Performed
Was this test:	**Essential / Useful / Unnecessary**
Did the candidate:	
have an appropriate reason for referral of the patient?	☐Yes ☐No
advise the patient of the reason for referral?	☐Yes ☐No
advise the patient of the type of practitioner to whom they should be referred?	☐Yes ☐No
record on the patient record the type of practitioner who patient is to be referred to (assessor will write the letter)	
If this section was performed, did the candidate PASS this section? **If "No" should this alone constitute a failure of this patient examination?** **(Must constitute a failure if test was considered essential)**	**☐Yes ☐No** **☐Yes ☐No**

Extra tests:	Was this test:
Anterior eye and adnexae examination:	
corneal sensitivity	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
exophthalmos assessment	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
keratometry	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
lacrimal patency evaluation	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
Interior eye assessment:	
gonioscopy	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed

Were there any extra tests considered essential and either failed or not performed which must therefore constitute a failure of this patient examination?	**☐Yes ☐No**
Did the failure of any of these tests mean that the candidate should fail this patient examination?	**☐Yes ☐No**

Extra tests:	Was this test:
Refraction/Visual acuity:	
contrast sensitivity	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
cycloplegic refraction	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
photostress/glare assessment	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
pinhole	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
special VA assessment (e.g. ND, single letter)	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed

Were there any extra tests considered essential and either failed or not performed which must therefore constitute a failure of this patient examination?	**☐Yes ☐No**
Did the failure of any of these tests mean that the candidate should fail this patient examination?	**☐Yes ☐No**

Binocular vision/accommodation:	
Stereopsis	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
accommodative facility	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
detailed comitancy/motility evaluation (Hess-Lancaster)	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
fixation disparity assessment	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
fusion	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
retinal correspondence	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
saccades	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed

Were there any extra tests considered essential and either failed or not performed which must therefore constitute a failure of this patient examination?	**☐Yes ☐No**
Did the failure of any of these tests mean that the candidate should fail this patient examination?	**☐Yes ☐No**

Miscellaneous:	
Monocular fixation evaluation	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
Low vision assessment	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
Farnsworth D15 colour vision test	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
Automated Visual Fields	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
Other tests (please list)	
a)	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
b)	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed
c)	Performed / Not Performed Essential / Useful / Unnecessary / Contra-indicated Passed or failed

Were there any extra tests considered essential and either failed or not performed which must therefore constitute a failure of this patient examination)	**☐Yes ☐No**
Did the failure of any of these tests mean that the candidate should fail this patient examination?	**☐Yes ☐No**

SUMMARY

CANDIDATE'S NAME: **DATE OF EXAMINATION:**

ASSESSOR'S NAME:

Difficulty of examination (please circle): **straight forward / difficult / very difficult**

CANDIDATE DISCUSSION WITH THE ASSESSOR	
Did the candidate:	
make a correct diagnosis or diagnoses to account for the condition(s) present?	☐Yes ☐No
determine appropriate management for the patient and justify this to the assessor?	☐Yes ☐No
justify the inclusion of tests?	☐Yes ☐No

1. Did the candidate attempt to perform any procedures which were contra-indicated?	**☐Yes ☐No**
2. Did the candidate fail to perform any of the procedures considered as essential for this patient?	**☐Yes ☐No**
3. Was it necessary to stop the candidate performing any test because of an unsafe technique?	**☐Yes ☐No**
A "yes" response to any of questions 1 to 3 means an automatic failure. Write "fail" in the next column if this is the case.	
If the answers to questions 1 to 3 above were “no” please answer the following questions	
4. Was the performance of the candidate appropriate for the management of the patient?	**☐Yes ☐No**
5. Did the candidate complete the examination within the allocated time?	**☐Yes ☐No**

A "no" response to questions 4 or 5 means a fail. Write "fail" if this is the case?	
A "yes" response to questions 4 and 5 means a pass. Write "pass" if this is the case.	

If ‘Fail’ has been recorded above, please summarise the reasons why the candidate failed the examination:
Additional comments
Assessor’s signature

TIME KEEPING

CANDIDATE'S NAME: **DATE OF EXAMINATION:**

ASSESSOR'S NAME:

Each time the candidate leaves the room you are required to stop the clock and re-start it upon the candidates return. Please note both the actual start and stop times in the table below.

Start / recommence						
Stop						

Please note any issues that may have arisen with time keeping:

OCANZ EXAMINATION
AUSTRALIAN COLLEGE OF OPTOMETRY

..... Candidates Name

...../...../..... Examination Date

..... Examinners Name

..... Signature of examiner

..... Patients Name

...../...../..... Date of Birth

..... Patient Number

..... Gender

History

GP Name

Practice Name

Address

Occupation

Suburb

Visual Tasks

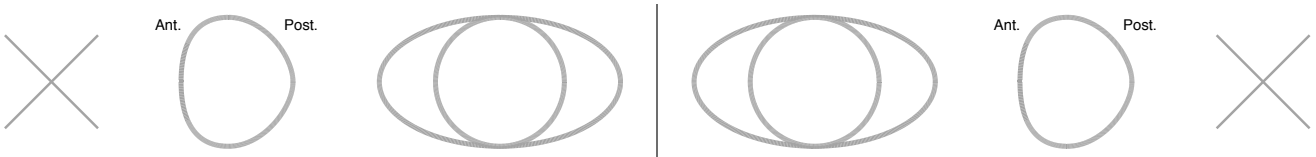
Telephone

THIS SECTION INTENTIONALLY BLANK

External Ocular Examination

Pupils: P E R R L A Marcus Gunn + - D C N diam = mm D C N diam = mm

Angle..... Depth ..... Anterior Chamber Angle..... Depth .....



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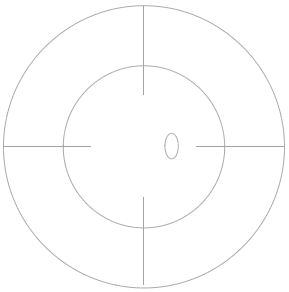
Internal Ocular Examination

Mydriasis Y / N time: Agents Used:



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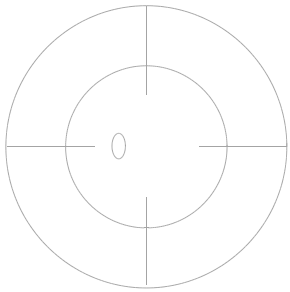

..... R **IOP** L .....

method..... time .....

Current glasses

Date prescribed Form of lenses

Dist	UNAVAILABLE TO CANDIDATE	
Near		
VA	Near VA	VA

Refraction

V	PD	V
Retinoscopy		
Subjective		
VA	ADD Near VA	VA

Contrast

Edge contrast sensitivity
20dB VA low contrast chart

Diagnosis, Advice and Action

.....

.....

.....

.....

.....

.....

Motility and Binocular Vision

Excursions ..... NPC .....

Cover Test D ..... N ..... Stereopsis .....

Amp Acc ..... Acc Fac +1 ..... -1 .....

NRA ..... PRA ..... +2 ..... -2 .....

MEM/Binoc Xcyl ..... Verg Fac .....

Phoria

	Hor	Ver
D		
N		

Fusional Reserves

	PRC			NRC		
D						
N						

AC/A +2 ..... +1 ..... 0 ..... -1 ..... -2 .....

.....

Colour Vision

Ishihara ..... D15 ..... Diagnosis.....

Visual Fields

Confrontation ..... Amsler R L

Other .....

Automated summary .....

Review Cycle

OPTOMETRY COUNCIL
OF AUSTRLIA AND
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Assessing Optometrists with Overseas Qualifications – Explanatory Notes

This document provides general information about the assessment process for persons seeking registration as an optometrist in Australia or New Zealand. It is also directed at persons applying for skilled migration to Australia and requiring a skills assessment.

1. Assessment for Registration in Australia and New Zealand

Only persons registered with the Optometry Board of Australia (OBA) or the Optometrists and Dispensing Opticians Board in New Zealand (ODOB) are permitted to practise optometry in Australia or New Zealand.

Graduates of accredited Australian and New Zealand courses of study in optometry are qualified for registration in Australia and in New Zealand without further assessment. The accredited courses are listed in Appendix A.

Persons holding a qualification in optometry obtained from an institution outside Australia and New Zealand are required to pass the Competency in Optometry Examination before making application for registration. The **Competency in Optometry Examination** (COE) is conducted under the auspices of the Optometry Council of Australia and New Zealand (OCANZ), a body established by the Australian and New Zealand optometrists' registration boards.

Candidates who successfully complete the COE will be issued with a certificate. The certificate is accepted by the optometry registration boards in Australia and New Zealand as evidence that an entry-level standard of competence in optometry has been met, but does not automatically confer a right to be registered.

The final decision to register a person rests with the registration board in the jurisdiction in which the candidate wishes to practise optometry. A registration board may have prerequisites for registration such as evidence that the candidate has registration as an optometrist in another country and is of good character. Applicants should seek more information from the registration board with whom they propose to seek registration. Contact details for the registration boards in Australia and New Zealand are in 'Appendix B'. Please note that the two registration boards have different English language proficiency requirements for registration.

2. Migration to Australia or New Zealand

2.1Skills Assessment for General Skilled Migration to Australia

A person intending to migrate to Australia under the General Skilled Migration program must obtain a skills assessment before applying to the Australian Department of Immigration and Citizenship. The applicant has to choose a Nominated Occupation from the Skilled Occupation List (SOL) and then contact the relevant assessing authority directly to have their skills assessed. The Australian government undertakes an annual review of the SOL - in July 2012, the profession of Optometry was added to the SOL. OCANZ is the assessing authority for optometry. Skills assessments can be issued to people registered with the Optometry Board of Australia or who have successfully completed the COE.

Other pathways are detailed in the DIAC website **http://www.immi.gov.au/**.

Further information can be found at **http://www.immi.gov.au/skilled/general-skilled-migration/**.

2.2 Period of validity of skills assessments

Skills assessments issued by OCANZ to optometrists already registered with the OBA are valid for a period of one year. Skills assessments issued after successful completion of the COE are valid for 3 years.

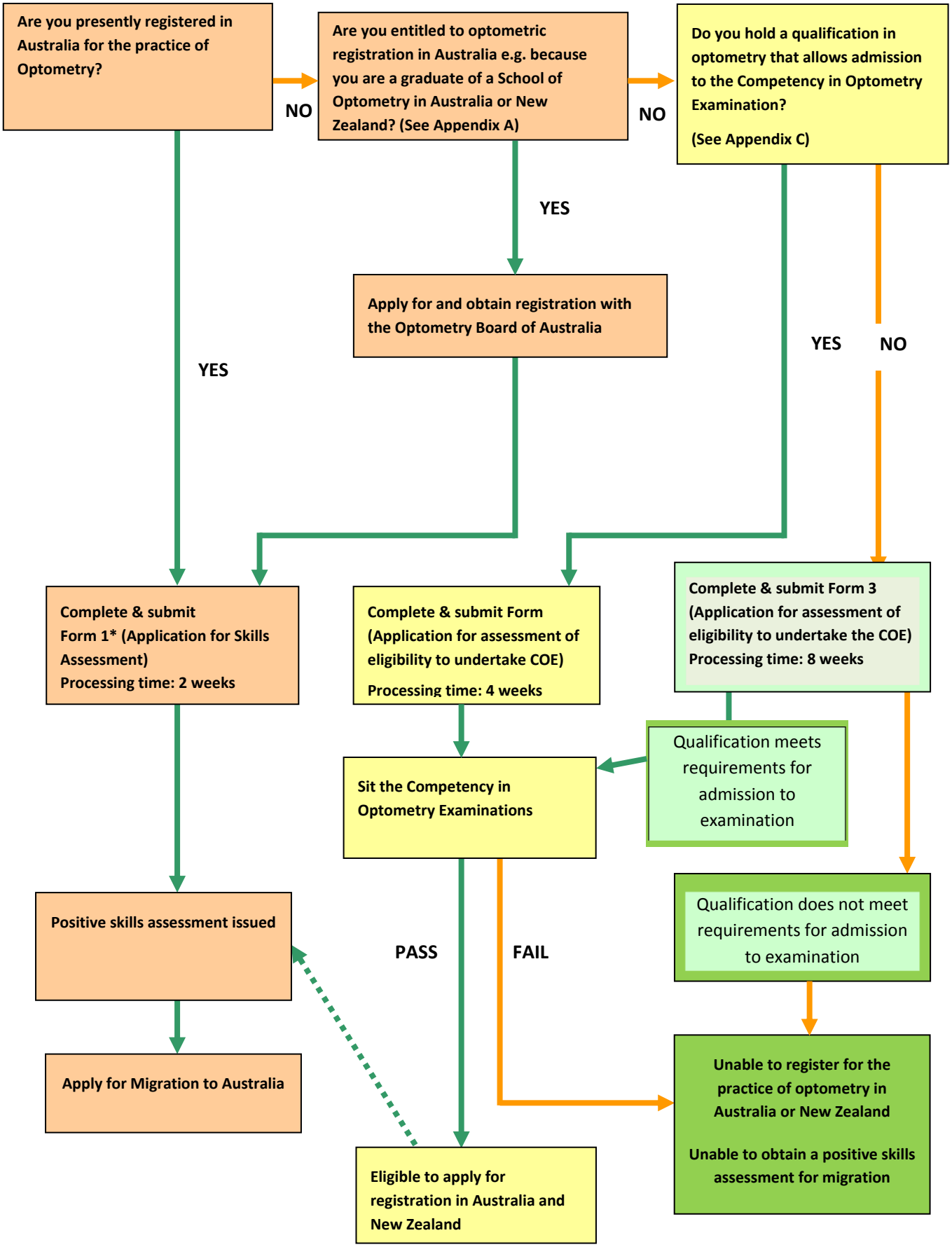
2.3 General Skills Category for Residence in New Zealand

Principal applicants for residence in New Zealand under the General Skills Category are assessed by a points system. To be granted residence in New Zealand under this category, applicants must score enough points to meet the “pass mark”.

Points are allocated for qualifications, work experience, offers of employment, age, and settlement factors. In addition, applicants must meet health, character and English language requirements.

Further information on New Zealand's immigration policy and procedures can be obtained from the nearest New Zealand Immigration Service (NZIS) office and from the NZIS website: **www.immigration.govt.nz**.

Overview of the Assessment Process



*This step necessary only for persons applying for migration to Australia under the Skilled Migration Program

4. Competency Standards in Optometry

The COE tests the ability of the candidate in the areas addressed in the Competency Standards. The 'Competency Standards' list the minimum standards of knowledge, skills and attitudes that a new graduate entering employment as an optometrist needs to meet, in order to perform to an appropriate standard in the workplace.

The Competency Standards can be found on the OCANZ website.

5. Assessment of Eligibility to sit the Competency in Optometry Examination

To be eligible to sit for COE an applicant must provide evidence of successful completion of a course of 4 years full-time study or a course of 3 years full-time study followed by one year supervised clinical practice after which a professional examination is passed.

Appendix C lists the qualifications that OCANZ believes provide appropriate preparation, although not all the courses listed reach the standard of the Australian and New Zealand courses. Candidates may have to undertake further study and preparation to meet the competency standards tested by the examinations.

Applicants holding a qualification listed in Appendix C will be eligible to sit the examination. Applicants not holding such a qualification will be required to have their eligibility to sit for the examination assessed by the OCANZ.

The following factors are taken into account when assessing the training in optometry at an overseas institution:

a) educational prerequisites for entry to the course

b) length of the course

c) standard of the institution providing the course

d) standard of the qualification

e) course content (minimum 2000 hours of formal instruction of which one third should be instruction in biomedical, visual and optical sciences)

f) the extent of supervised clinical training (minimum 400 hours of clinical experience in the direct care and management of patients under supervision of experienced clinical instructors)

g) the relevant qualifications of the teaching staff

h) whether the qualification held entitles registration to practice independently in the country of origin

An assessment of the applicant's eligibility will be made based on the information requested in the Form 3 application form, available on the OCANZ website.

6. English Proficiency Test

A comprehensive knowledge of English is essential to practise optometry in Australia and New Zealand. The OBA and the ODOB have English Language proficiency registration standards. All OCANZ applicants must fulfil the requirements of the OBA before being able to sit the COE.

All applicants, unless granted an exemption, are required to reach the following standard:

1. the IELTS examination (academic module) with a minimum score of 7 in each of the four components; or

2. completion and an overall pass in the OET with grades A or B only in each of the four components.

Results must have been obtained within the two years prior to applying to OCANZ. Results from either of these tests MUST be obtained in the one sitting. The applicant is responsible for the cost of these tests.

For further information and details, including the list of exemptions, please refer to the OBA (**www.optometryboard.gov.au**). For information on the requirements of the ODOB, refer to **www.odob.health.nz.**

7. The Examination Format

The Competency in Optometry Examination is in four parts, two written and two clinical.

Written Examination Part 1 is one 3-hour written examination covering basic biomedical, vision and optical science and clinical science, comprising 132 multiple choice questions;

Written Examination Part 2 is one 3-hour short answer question paper examining the candidate's skill in patient diagnosis and management;

Clinical Examination Part 1 is a clinical skills examination;

Clinical Examination Part 2 consists of four patient examinations in a clinical setting.

For further information please refer to the Candidate Guide on the website.

8. Candidate Guide

A 'Candidate Guide' to the Competency in Optometry Examination contains detailed information about the examination format and content and is available on the OCANZ website: 'www.ocanz.org'.

9. Preparation courses

There are no preparation courses provided by OCANZ. Applicants may make private arrangements for tuition to assist them to prepare for the COE. Enquiries about tuition can be directed to the Optometry Schools. Contact details for the Schools are in **Appendix A**.

10. Assistance for Australian residents

Australian citizens or permanent residents holding a qualification in optometry from an overseas institution may be able to obtain financial assistance from the Australian federal government. Details can be obtained from Australian Education International website: https://aei.gov.au/Services-And-Resources/Grants/ASDOT/Pages/default.aspx

11. Appeals

Candidates who believe they have cause to appeal in relation to conduct and/or outcome of the examination must lodge an appeal with OCANZ within 28 days of the date of the release of the result of the examination.

Appeals against examination results will only be accepted when based on the following grounds.

1. an error in the examination process; or
2. evidence of unfairness by the person conducting the examination.

Difficulties in preparation or alleged difficulties in tuition are not grounds for appeal. The appeal process is not a means of circumventing the normal assessment procedures. Except in very limited circumstances (such as an error in summation of marks in a written examination or where the review finds that additional marks should have been awarded) a successful appeal will not lead to an examination result being altered. Where an appeal is upheld, the usual outcome is to allow the candidate an opportunity to re-sit that part of the examination that was in dispute without payment of further examination fees. However, this only occurs where the results of the original examination, taken as a whole, show that the candidate had competency close to meeting the standard required, and when a fault in the examination process has been established.

Information about appeals against other decisions including decisions concerning eligibility for admission to the examination is available from the OCANZ Executive Officer.

The first stage of the appeals process is an administrative review to ascertain whether any administrative or procedural error occurred. The fee for an administrative review is $500 and this fee will be refunded in the event that an error is identified and rectified to the candidate's satisfaction. If an administrative review does not find any error, a candidate may ask that the appeal be considered by an independent Appeal Committee. The appeal fee is $1035 and is payable for each examination part for which an appeal is lodged. The examination parts are each of the written papers, the skills testing and the patient examinations.

Every effort will be made to deal with all appeals within 3 months from the lodgement of the appeal. The appeal fee will be refunded in the event that the appeal is upheld but is retained to offset the cost of undertaking the independent review if the appeal is unsuccessful.

12. Application Procedures

Application forms for assessment of qualifications can be downloaded from the OCANZ website www.ocanz.org. Applications for both the written and clinical examinations are not available on the website and are only available from OCANZ once eligibility has been determined.

Withdrawal from examination

Candidates are advised to withdraw from the examination if an accident, illness or other unforeseen factor is likely to adversely affect examination performance.

In the case of withdrawal, examination fees may be refunded less administration and other costs incurred by OCANZ. Fees may be forfeited if the candidate gives less than 7 days written notice of inability to attend any part of the examination.

13. Fees (Australian Dollars)

Skills Assessment (Form 1, non-refundable): $165 (Australian Resident), $150 (non-resident)
Application Fee (Form 2, non refundable): $115
Qualification Assessment Fee (Form 3, non refundable): $340

Written Parts: (Australian or New Zealand venue):
Both papers, initial sitting: $1600
Repeat sitting (one paper only): $850
Repeat sitting (both papers): $1600

Written Parts: (UK, South African or USA venue):
Both papers, initial sitting: $2300
Repeat sitting (one paper only): $1200
Repeat sitting (both papers): $2300

Clinical Part 1: Skills Examination: $1500
Clinical Part 2: Patient Examination: $2550

14. Schedule of Examinations and Venues

13.1 Venues

Candidates may sit for the Written Examination in Australia (Melbourne, Sydney, Brisbane, Perth), New Zealand (Auckland), United Kingdom (London), USA (Washington) and South Africa (Johannesburg). The Clinical Examination is conducted at the Australian College of Optometry in Melbourne.

13.2 Examination dates

Information about examination dates is available on the OCANZ website. Candidates should refer to the information under: **http://www.ocanz.org/competency-in-optometry-examination/examination-dates-venues-and-fees-**

15. Further Information

Further information is available from:

Optometry Council of Australia and New Zealand
PO Box 1327
Collingwood VIC Australia 3066

Phone: +61 3 9417 3329
Facsimile: +61 3 8080 1681
Email: enquiries@ocanz.org.au
Website: www.ocanz.org

Please ensure this document is the most current issue. The Optometry Council of Australia and New Zealand reserves the right to alter this document without notice.

Appendix A:
Education Providers of accredited optometry programs

Department of Optometry & Vision Sciences
The University of Melbourne
4th Floor Alice Hoy Building, Monash Road
PARKVILLE VIC 3010
Phone: +61 3 8344 7008 / 7012
Fax: +61 3 9035 9905
E-mail: optom-info@unimelb.edu.au
Website: www.optometry.unimelb.edu.au
Address for Correspondence:
Department of Optometry & Vision Sciences
The University of Melbourne
VIC 3010

School of Optometry & Vision Science
North Wing, Rupert Myers Building
University of New South Wales
SYDNEY NSW 2052
Phone: +61 2 9385 4639
Fax: +61 2 9313 6243
Email: optometry@unsw.edu.au
Website: www.optom.unsw.edu.au

School of Optometry and Vision Science
Queensland University of Technology
Victoria Park Road
KELVIN GROVE QLD 4059
Phone: +61 7 3864 5739
Fax: +61 7 3864 5665
Email: optometry@qut.edu.au.
Website: www.hlth.qut.edu.au/opt

Department of Optometry and Vision Science
University of Auckland
Private Bag 92019
Auckland
NEW ZEALAND
Tel: + 64 9 373 7599
Website: www.optometry.auckland.ac.nz

Appendix B:
OPTOMETRY REGISTRATION BOARDS

AUSTRALIA

Optometry Board of Australia
G.P.O. Box 9958
Melbourne VIC 3001

Telephone: 1300 419 495
Website http://www.optometryboard.gov.au

NEW ZEALAND

Optometrists & Dispensing Opticians Board
Level 3 Freemason House
195-201 Willis Street
Wellington
New Zealand

Postal Address:
PO Box 10-140
Wellington
New Zealand

Telephone: +64 4 474 0705
Facsimile: +64 4 474 0709
Website: www.odob.health.nz

Appendix C:
Overseas Optometry Qualifications allowing admission to the Competency in Optometry Examination

Approved qualifications from the UK, USA, Canada and South Africa are listed below. Applicants with a qualification listed below are eligible to sit for the Competency in Optometry Examination.

1. United Kingdom

A degree in optometry (ophthalmic optics) from one of the institutions approved by the General Optical Council of the United Kingdom obtained on or after 1 January 1965 and successful completion of the pre-registration year and professional examinations conducted by the College of Optometrists.

Name of Institution	Dates	Qualification
University of Aston	95-	Bachelor of Science with Honours in Optometry
	95-	Bachelor of Science in Optometry
	65-94	Bachelor of Science with Honours in Ophthalmic Optics
	65-94	Bachelor of Science in Ophthalmic Optics
	Current	Bachelor of Science in Optometry
University of Bradford	82-	Bachelor of Science with Honours in Optometry (Ophthalmic Optics)
	82-	Bachelor of Science in Optometry (Ophthalmic Optics)
	68-84	Bachelor of Science with Honours in Ophthalmic Optics
	68-84	Bachelor of Science in Ophthalmic Optics
	Current	Bachelor of Science with Honours in Optometry
Cardiff University	95	Bachelor of Science with Honours in Optometry
	95-	Bachelor of Science in Optometry
University of Wales College of Cardiff	93-94	Bachelor of Science with Honours in Optometry
	93-94	Bachelor of Science in Optometry
	89-92	Bachelor of Science with Honours in Ophthalmic Optics
	89-92	Bachelor of Science in Ophthalmic Optics
	Current	Bachelor of Science in Optometry
University of Wales Institute of Science and Technology	66-88	Bachelor of Science with Honours in Ophthalmic Optics
	66-88	Bachelor of Science in Ophthalmic Optics

	Current	Course not offered.
The City University (London)	86-	Bachelor of Science with Honours in Optometry
	86-	Bachelor of Science in Optometry
	65-85	Bachelor of Science with Honours in Ophthalmic Optics
	65-85	Bachelor of Science in Ophthalmic Optics
	Current	Bachelor of Science with Honours in Optometry
Glasgow Caledonian University	90-	Bachelor of Science with Honours in Optometry
	90-	Bachelor of Science in Optometry
	71-89	Bachelor of Science with Honours in Ophthalmic Optics
	71-89	Bachelor of Science in Ophthalmic Optics
	Current	Bachelor of Science with Honours in Optometry
University of Ulster	98	Bachelor of Science with Honours in Optometry
	98	Bachelor of Science in Optometry
Institute of Science and Technology University of Manchester	93-	Bachelor of Science in Optometry
		Bachelor of Science with Honours in Optometry
	67-95	Bachelor of Science with Honours in Ophthalmic Optics
	67-95	Bachelor of Science in Ophthalmic Optics
	Current	Bachelor of Science in Optometry
Anglia Ruskin University	2000-	Bachelor of Optometry (Honours)

2. United States of America and Canada

Qualification and training in the United States of America or in Canada at an institution accredited by the Accreditation Council on Optometric Education and graduation from such institution on or after 1 January 1966;

Name of Institution	Dates	Qualification
Canada		
University of Montreal, Ecole d'Optometrie, Montreal	66-	Degree of Doctor in Optometry
University of Waterloo, School of Optometry, Waterloo	66-	Degree of Doctor in Optometry
United States of America		
Ferris State University Michigan, College of Optometry, Big Rapids, Michigan	66-	Degree of Doctor in Optometry
Indiana University, School of Optometry, Bloomington	66-	Degree of Doctor in Optometry
Illinois College of Optometry, Chicago	66-	Degree of Doctor in Optometry
New England College of Optometry, Boston	66-	Degree of Doctor in Optometry
Northeastern State University, Oklahoma College of Optometry, Tahlequah	66-	Degree of Doctor in Optometry
Nova Southeastern University, College of Optometry, Fort Lauderdale	66-	Degree of Doctor in Optometry
The Ohio State University, College of Optometry, Columbus	66-	Degree of Doctor in Optometry
Pacific University, College of Optometry, Forest Grove	66-	Degree of Doctor in Optometry
Pennsylvania College of Optometry, Elkins Park, Philadelphia, Pennsylvania	66-	Degree of Doctor in Optometry
Southern California College of Optometry, Fullerton, Los Angeles	66-	Degree of Doctor in Optometry
Southern College of Optometry, Memphis	66-	Degree of Doctor in Optometry
State University of New York, State College of Optometry, New York	66-	Degree of Doctor in Optometry
University of Alabama at Birmingham School of Optometry, Birmingham	66-	Degree of Doctor in Optometry
University of California, Berkeley, School of Optometry	66-	Degree of Doctor in Optometry
University of Houston, College of Optometry, Houston	66-	Degree of Doctor in Optometry
University of Missouri, St Louis, College of Optometry,	66-	Degree of Doctor in Optometry

3. South Africa

Qualification and training in South Africa from the following institutions and graduation from such institutions on or after 1 January, 1980.

Name of Institution	Dates	Qualification
Rand Afrikaans University (now University of Johannesburg)	67-04	Degree of Bachelor of Optometry
University of Johannesburg	2005-	Degree Bachelor of Optometry Baccalaureus Technologiae in Optometry
Technikon Witwatersrand	1980-2005	Diploma in Optometry
University of Durban-Westville (now University of KwaZulu Natal)	1980-2004	Degree of Bachelor of Optometry
University of KwaZulu Natal	2004-	Degree Bachelor of Optometry

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Web: www.ocanz.org

EXAMINATION ELIGIBILITY COMMITTEE
FORM 3 - APPLICATION FOR QUALIFICATION ASSESSMENT RESPONSE

Applicant's Name:

Name of Qualification in Optometry:

Institution obtained from:

Date commenced: **Date completed:**

Registration:

Documents forwarded to EEC on:

OCANZ Ref No:

CHECKLIST

1.	Application	
2.	Degree Certificate	
3.	Academic Transcript	
4.	Course Handbook/Syllabus	
5.	Number of Teaching Weeks per Semester	
6.	Subject x Hours of instruction - lectures	
7.	Subject x Hours of instruction - tutorials	
8.	Subject x Hours of instruction – lab/prac	
9.	List of Prescribed Textbooks	
10.	List of Qualifications of Teaching Staff	
11.	Letter of support of Supervised Clinical Practice	
12.	English Language Test/Application for Exemption	
13.	Proof of Change of Name	
14.	Evidence of Registration	

EEC MEETING

Date application considered by EEC:

All documents listed above received and considered by the EEC? ☐ YES ☐ NO

List any other documents considered by the EEC:

ELIGIBILITY CRITERIA

To be eligible for the Competency in Optometry Examination, the applicant's training must be substantially equivalent to that provided by the accredited optometry courses in Australia and New Zealand. The following matters are among the factors that will be considered by the EEC. The committee may however take account of any other factors it considers relevant.

Criteria	*Comments*
1. Educational prerequisites for entry to the course Successful completion of a minimum of 12 years schooling prior to entry to the course.	
2. Length of the course A minimum of four years full time study, or three years followed by one year of supervised clinical practice after which a professional examination is passed.	
3. Standard of institution providing the course A course provided by a tertiary educational institution accredited or funded by a national or provincial government.	
4. Standard of the qualification Completion of the course leads to a bachelors or higher degree, or graduate diploma in optometry obtained after completing a science degree.	
5. Course content The course should provide at least 2000 hours of formal instruction of which no less than one third should be devoted to instruction in biomedical, visual and optical sciences.	

6. Extent of supervised clinical training The course should include no less than 400 hours of clinical experience in the direct care and management of patients under the supervision of experienced clinical instructors.	
7. The number and qualification of the full-time and part-time teaching staff	
8. Recognition of the qualification for registration In a country which the practice of optometry is regulated by legislation, the qualification should entitle the holder to registration to practice Optometry independently in the country or province where the course is provided.	

9. Other matters

OUTCOME:

If not eligible, please summarise the reasons why the applicant's training in optometry was not substantially equivalent to that provided by the accredited courses.

..... ……..

Chair
Examination Eligibility Committee

Date