

OPTOMETRY COUNCIL OF  
AUSTRALIA AND NEW ZEALAND



# ACCREDITATION MANUAL FOR OPTOMETRY PROGRAMS IN AUSTRALIA AND NEW ZEALAND

Part 1 – Process and Procedures  
August 2012

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## KEY TERMS

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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 and 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 administering 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

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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

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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<sup>2</sup> by the different Australian state and territory Governments and subsequently trans-Tasman mutual recognition legislation by the Australian and New Zealand Governments<sup>3</sup> 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)<sup>4</sup> 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.

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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

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## 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

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### 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

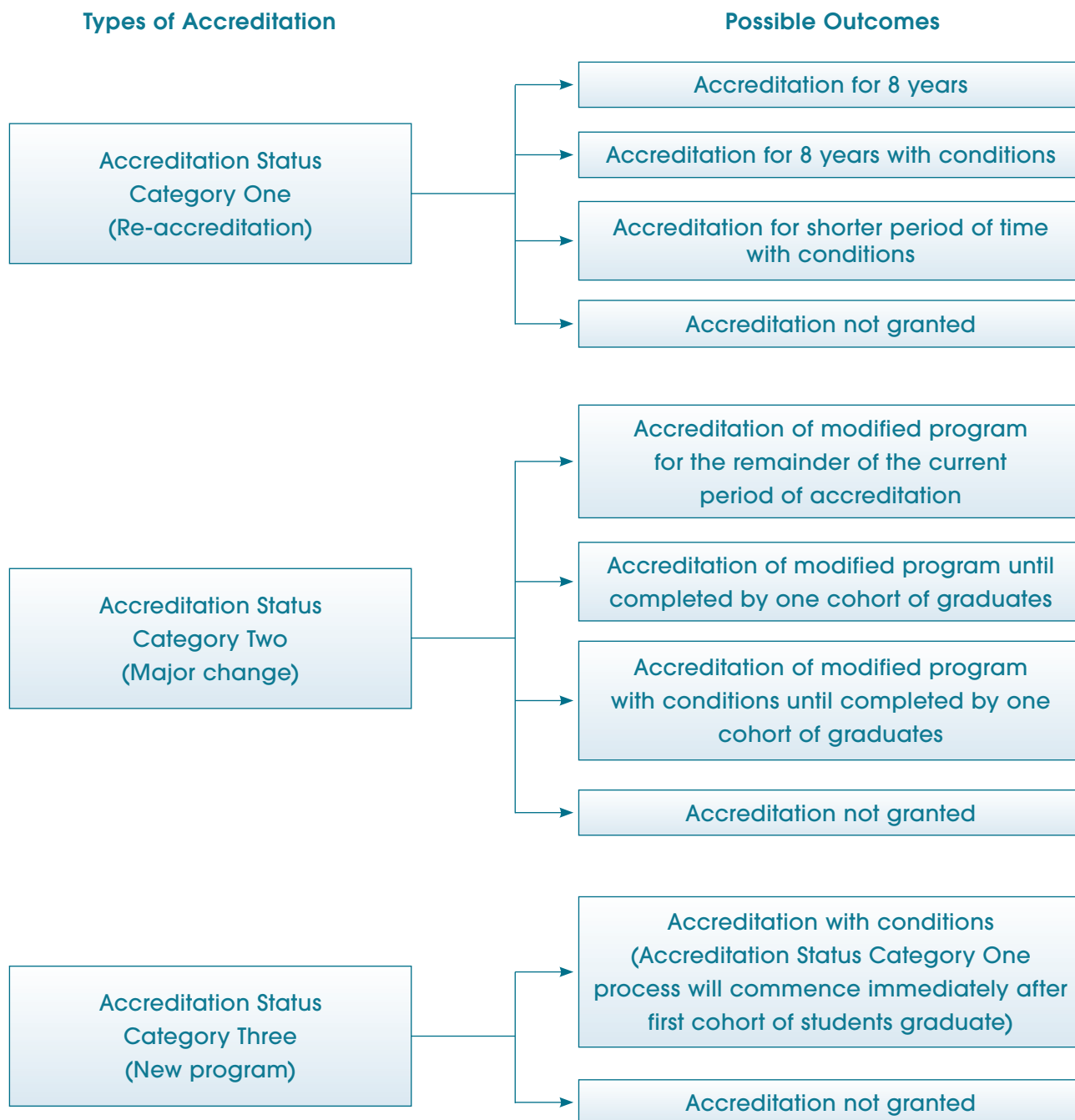
There are three types of accreditation status relevant to optometry programs. OCANZ has a process and procedure for each, covering:

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.

## 2. ACCREDITATION PROCESS AND PROCEDURES

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	<p>Accreditation Committee:</p> <ul style="list-style-type: none"> <li>determines the program to be accredited in consultation with the Head of School and notifies the school and university</li> <li>decides time frame for the process in consultation with the school/university.</li> <li>recommends an Assessment Team and Chair of the team to the OCANZ Board.</li> </ul>
OCANZ Board approval	<p>OCANZ Board:</p> <ul style="list-style-type: none"> <li>endorses or requests changes to the recommendations of the Accreditation Committee.</li> </ul>
Formal notification to university and school	<p>Executive Officer:</p> <ul style="list-style-type: none"> <li>formally notifies the Vice-Chancellor of the university and the Head of School regarding: <ul style="list-style-type: none"> <li>the need to undertake an assessment of the program.</li> <li>proposed membership of the Assessment Team with copies of CVs provided.</li> <li>the accreditation process (providing a copy of the Accreditation Standards).</li> </ul> </li> </ul> <p>School:</p> <ul style="list-style-type: none"> <li>begins preparing the accreditation submission.</li> <li>contacts recent graduates (last 3 years) to seek permission for school to pass on names and email addresses to OCANZ.</li> </ul> <p>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.</p>
Stage Two: Confirmation of process and Assessment Team Membership	
Responses from the university and the school	<p>School:</p> <ul style="list-style-type: none"> <li>notifies OCANZ of any objections to any members of the Assessment Team and the reasons for objection.</li> <li>advises preferred times during a teaching week for the assessment visit</li> </ul>
Response of OCANZ Board to any objection	<p>OCANZ Board:</p> <ul style="list-style-type: none"> <li>the response of the OCANZ Board to any objection – this may be: <ul style="list-style-type: none"> <li>changes to membership of the Assessment Team</li> <li>no change, if fairness or validity of assessment process is not affected.</li> </ul> </li> <li>decides whether to accept the objection to the assessment team member.</li> </ul>
Briefing of the Assessment Team	<p>Executive Officer:</p> <ul style="list-style-type: none"> <li>organises an orientation session for the Assessment Team (by telephone or face-to-face).</li> </ul>

## 2. ACCREDITATION PROCESS AND PROCEDURES

**Table 1: Procedures and schedule for re-accreditation (cont'd)**

<b>Stage Three – Preparation of submissions</b>	
Submissions invited from the profession	<p>OCANZ</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>School:</p> <ul style="list-style-type: none"> <li>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.</li> </ul>
Accreditation submission supplied by the school	<p>School:</p> <ul style="list-style-type: none"> <li>supplies an accreditation submission that addresses the Standards.</li> </ul> <p>Assessment Team receives:</p> <ul style="list-style-type: none"> <li>a copy of the accreditation submission.</li> <li>copies of all written submissions.</li> </ul> <p>Head of School receives:</p> <ul style="list-style-type: none"> <li>de-identified copies of any written submissions. If confidentiality is difficult to maintain, a general overview may be prepared by the Executive Officer.</li> </ul>
<b>Stage Four – Review of submissions</b>	
Review of the accreditation submission and other submissions from the profession	<p>Assessment Team:</p> <ul style="list-style-type: none"> <li>reviews the accreditation submission and decides if further information is required.</li> <li>requests further information if documentation is incomplete or not clear.</li> <li>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.</li> </ul>
<b>Stage Five: Preparation for the site evaluation</b>	
Planning the assessment visit	<p>Assessment Team and School:</p> <ul style="list-style-type: none"> <li>discusses and agrees on the draft visit plan that has been prepared by the Assessment Team Chair and the Executive Officer.</li> </ul>
Head is notified of need for further information	<p>Executive Officer:</p> <ul style="list-style-type: none"> <li>writes to the Head of School requesting the supplementary information, if required.</li> </ul>
Further information is provided	<p>School:</p> <ul style="list-style-type: none"> <li>provides the further information requested, which is circulated to the Assessment Team.</li> </ul>
Preliminary meeting (usually occurs 2 weeks prior to the site visit)	<p>Executive Officer and Assessment Team Chair meet with Head of School (by phone or face-to-face) to:</p> <ul style="list-style-type: none"> <li>discuss the process and purpose of accreditation.</li> <li>finalise the program of the assessment visit.</li> <li>discuss any issues that have arisen in the review of the accreditation submission that will need to be resolved during the visit.</li> </ul>

**Table 1: Procedures and schedule for re-accreditation (cont'd)**

<b>Stage Six - Site evaluation</b>	
Assessment visit (usually 3-4 days). See Appendix 1 for a model schedule	<p>Assessment Team:</p> <ul style="list-style-type: none"> <li>• meets with the Head of School.</li> <li>• tours the physical facilities.</li> <li>• meets with students, recent graduates, employers, academic staff of the school, subject coordinators of other university schools that teach optometry students, senior officers of the faculty and the university – additional meetings arranged as needed.</li> <li>• discusses its findings at the end of each day and records main comments.</li> <li>• 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.</li> </ul>
<b>Stage Seven – Assessment team report and final determination and recommendations</b>	
Draft report written	<p>The Assessment Team:</p> <ul style="list-style-type: none"> <li>• prepares the first full draft of its report and recommendations using the template (see Appendix 2).</li> </ul>
Draft report submitted	<p>Chair of the Assessment Team:</p> <ul style="list-style-type: none"> <li>• submits a draft report to the Executive Officer.</li> </ul> <p>Executive Officer:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
Head of School comments sent to Assessment Team	<p>Head of School:</p> <ul style="list-style-type: none"> <li>• provides written comments on the factual accuracy of the report (optional).</li> </ul> <p>Executive Officer:</p> <ul style="list-style-type: none"> <li>• sends a copy of the Head of School’s comments to the Assessment Team.</li> <li>• arranges a teleconference for the Assessment Team to discuss the comments made by the Head of School (optional).</li> </ul>
<b>Stage Eight – Final report and notification to the university</b>	
Final Report	<p>Assessment Team:</p> <ul style="list-style-type: none"> <li>• 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’.</li> <li>• recommends one of the four options of accreditation.</li> </ul>
Accreditation Team report	<p>Accreditation Committee:</p> <ul style="list-style-type: none"> <li>• reviews the final Assessment Team report and the comments made by the Head of School.</li> <li>• may refer matter back to Assessment Team for further advice</li> <li>• Prepares their report. The section containing confidential information or information that might be considered commercial in confidence can be provided as an Appendix or as a separate document. This is an internal document and will be marked ‘not for circulation’.</li> </ul>

## 2. ACCREDITATION PROCESS AND PROCEDURES

**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	<p>OCANZ Board</p> <ul style="list-style-type: none"> <li>receives the report of the Accreditation Committee.</li> <li>may adopt the recommendation on accreditation of the Assessment Committee.</li> <li>may refer the matter back to the Accreditation Committee for further advice</li> <li>Prepares the final OCANZ Accreditation Report.</li> </ul>
Notification of the outcome	<p>OCANZ:</p> <ul style="list-style-type: none"> <li>notifies its decision on accreditation to: <ul style="list-style-type: none"> <li>the OBA and ODOB</li> <li>the Vice-Chancellor of the school's university</li> <li>the Head of School</li> </ul> </li> <li>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).</li> <li>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</li> <li>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.</li> </ul>

### 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.

## 2. ACCREDITATION PROCESS AND PROCEDURES

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

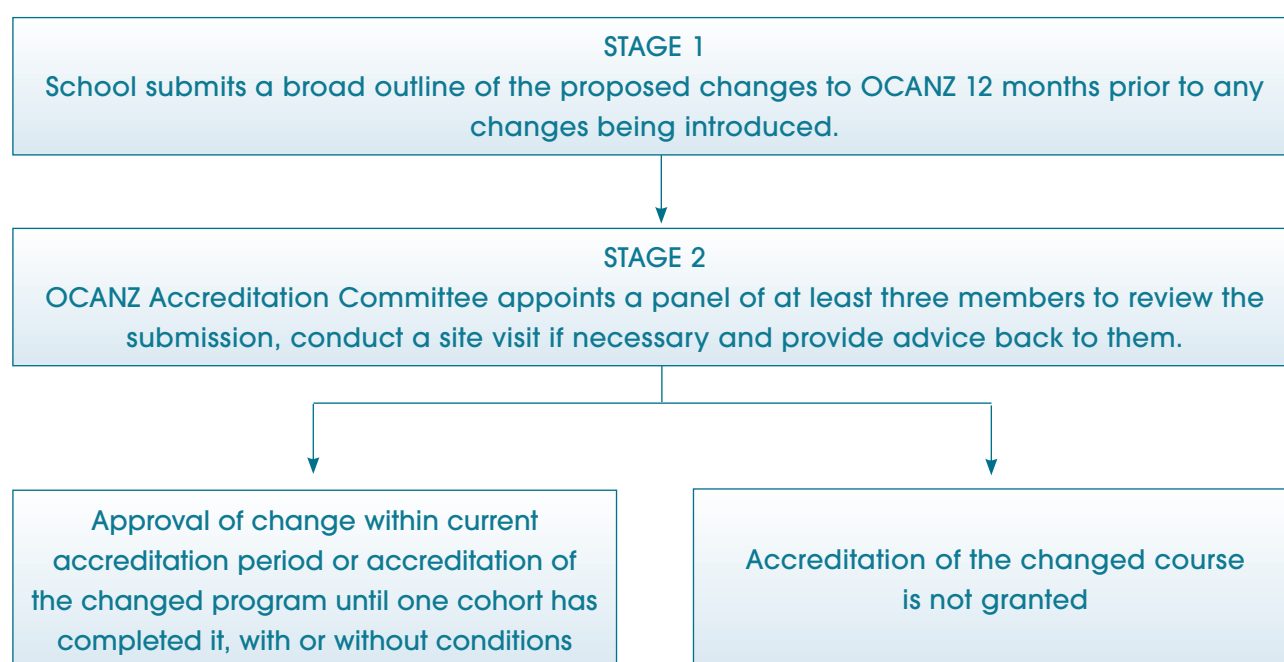
Assessment of major change to a program usually involves a process as depicted in Figure 2.

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.

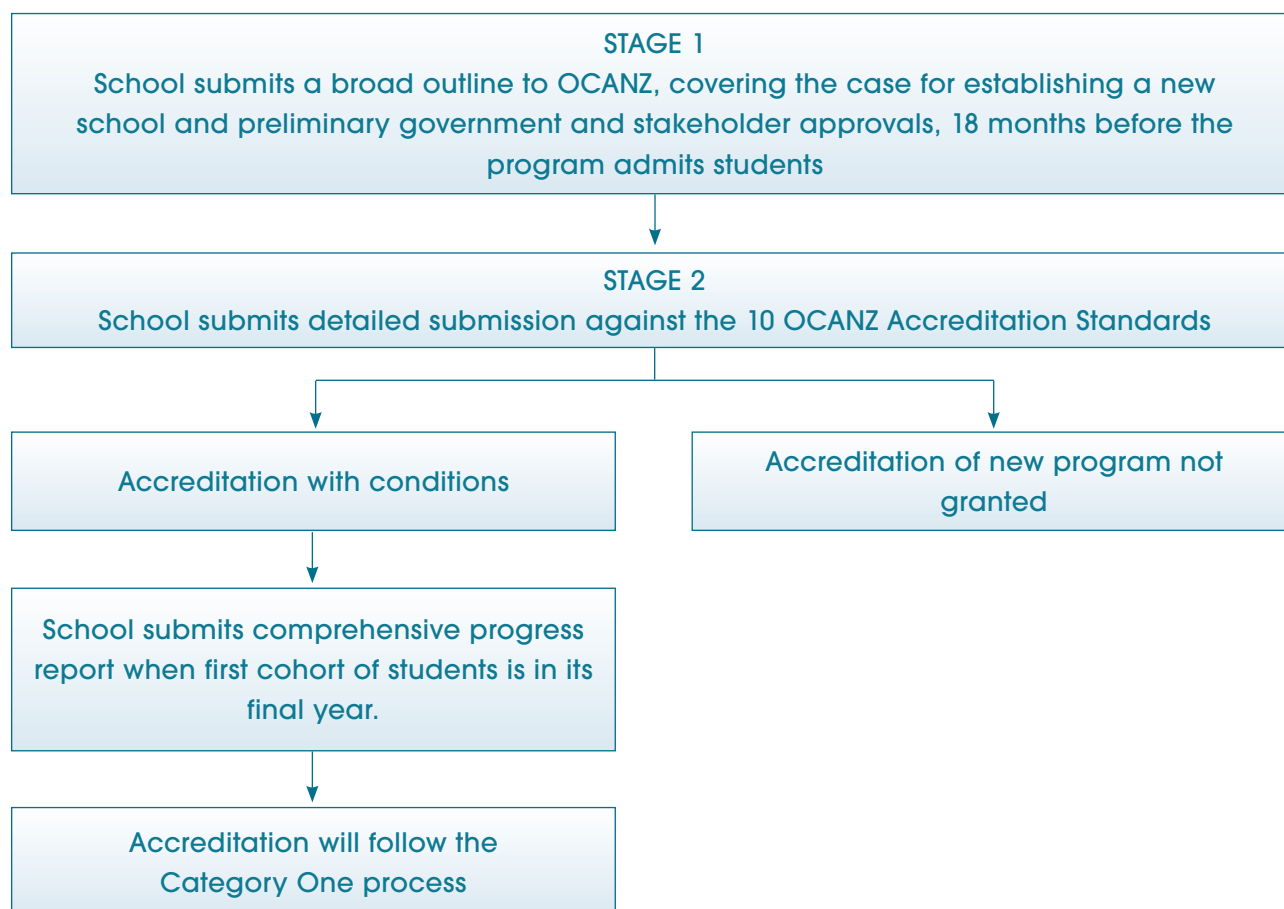
### 2.4.1 Assessment of new program

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

## 2. ACCREDITATION PROCESS AND PROCEDURES

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.

## 2. ACCREDITATION PROCESS AND PROCEDURES

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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. ACCREDITATION PROCESS AND PROCEDURES

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### 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

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### 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.

## 2. ACCREDITATION PROCESS AND PROCEDURES

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### **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.

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## 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.

### 3. ASSESSMENT

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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 Accreditation 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 recommendations) 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

### 3. ASSESSMENT

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- 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.

For further discussion regarding the accreditation process or the assessment visit, contact the Executive Officer – Tel: +61 3 9417 3329.

## APPENDIX 1

# MODEL SCHEDULE FOR AN ASSESSMENT TEAM SITE VISIT

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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: <ul style="list-style-type: none"> <li>• information requiring further explanation in the school's accreditation submission</li> <li>• any matter that has arisen from the school's accreditation submission</li> <li>• any matter that has arisen from submissions made by members of the profession which requires special attention from the team.</li> </ul> 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).	

## APPENDIX 1: MODEL SCHEDULE FOR AN ASSESSMENT TEAM SITE VISIT

### DAY 3

Time	Activity	Purpose
8.30am	Meetings with the Heads and subject coordinators in other Schools 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	<p>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.</p> <p>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.</p> <p>Arrangements for finalising the report and the timetable for doing so are made.</p>	

### 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

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### 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 of Accreditation Manual Part 2).

#### 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:

## APPENDIX 2: ASSESSMENT TEAM REPORT TEMPLATE

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- 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

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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 their 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	<input type="text"/>
NAME OF THE SCHOOL/DEPT	<input type="text"/>
NAME OF UNIVERSITY	<input type="text"/>
YEAR ACCREDITED OR RE-ACCREDITED	<input type="text"/> this will be completed by OCANZ
YEAR ACCREDITATION EXPIRES	<input type="text"/> 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 school, 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 <sup>Note 1</sup>			Number of full time and fractional full time teaching and research staff <sup>Note 2</sup>		
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 Schools.

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 .....

..... / /

Signature

Date

Please return this report no later than November 30th.

Please provide a copy of the school 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 .....

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## APPENDIX 5

# FEES

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### **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).

