



**Optometrists
and Dispensing
Opticians Board**

Te Poari o ngā Kaimātai
Whatu me ngā
Kaiwahakarato Mōhiti

Guidelines for Accreditation of Education and Training Programmes for Dispensing Opticians

January 2022

Contents	
Introduction	3
Phase 1 - Pre-accreditation	4
1. Preliminary expression of interest	4
2. Application submission and payment	4
3. Board review and appointment of accreditation team.....	5
4. Accreditation team review	6
5. Site visit	6
6. Feedback to education provider / awarding body and opportunity for comment.....	7
7. Recommendation to Board	7
8. Board consideration.....	7
9. Accreditation review outcomes	8
10. Public consultation	8
11. Board decision, following consultation.....	9
12. Formal notice of the prescribing of the qualification	9
13. Appeal processes	9
14. Contacting the Board	10
Phase 2 - Post-accreditation	10
1. Annual monitoring and costs	10
2. Reporting programme changes	10
3. Assessment of programme changes	11
4. Periodic reaccreditation	12
Other matters	12
1. Conflicts of interest.....	12
2. Confidentiality.....	12
3. Complaints about programmes.....	13
4. Revocation procedures	13
5. Regular evaluation of accreditation standards.....	13
Appendices	14
Appendix 1	14
Appendix 2	17
Appendix 3	18
Appendix 4	20

Introduction

These guidelines sit alongside the Optometrists and Dispensing Optician Board's (ODOB, the Board) *Accreditation Standards for Optical Dispensing Programmes* (the Accreditation Standards) and describe the process that will be followed when an education provider / awarding body applies for accreditation of their qualification. These are intended to help guide education providers / awarding bodies and explain the various milestones in the process, from initial contact with ODOB to application submission, assessment, public consultation, application outcomes, as well as post-accreditation monitoring and reaccreditation procedures. These guidelines, and the accreditation standards, apply to both Aotearoa New Zealand (NZ) and overseas education providers / awarding bodies wishing to apply for accreditation.

The ODOB is required by section 118(a) of the *Health Practitioners Competence Assurance Act 2003* (the HPCA Act) to 'prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes.'

As detailed in the Accreditation Standards, accreditation of the qualifications prescribed for registration in the ODOB's scopes of practice is one of the fundamental steps in ensuring public health and safety. It is critical that ODOB, on behalf of the NZ public, can have confidence that every new graduate of one of these qualifications will have the requisite knowledge and skill to deliver the minimum, safe standard of care set by ODOB's scopes of practice to members of the public. Education providers / awarding bodies are therefore asked to keep this at the forefront of their minds in preparing and submitting their applications for accreditation and reaccreditation, and to demonstrate for each of the standards, how their programme will ensure new graduates will achieve this.

ODOB's approach to accreditation is intended to be constructive and promote continuous improvement of programmes. ODOB's accreditation standards are not prescriptive as to the methods of teaching and learning as ODOB recognises that there are various methods that contribute to effective and quality education and the achievement of qualifications. Having programmes accredited benefits the provider / awarding body, students, and health consumers, and it is hoped that education providers / awarding bodies will recognise this and commit to engaging in the accreditation process openly and with confidence that ODOB will be fair and reasonable in its application of the standards and will work with the provider / awarding body to resolve any barriers to accreditation or reaccreditation that may arise.

ODOB's Registrar is available to answer any questions education providers / awarding bodies may have in preparing their applications. Please refer to the 'Contacting the ODOB' section of this document. Flow charts of the accreditation and reaccreditation processes can be found below (Appendix 1).

Phase 1 - Pre-accreditation

1. Preliminary expression of interest

Education providers / awarding bodies applying for accreditation of new programmes of study / qualifications should contact ODOB indicating their intention of applying for accreditation a minimum of 18 months before enrolling any students. This will ensure there is a mutual understanding of the process, requirements and timeline involved. Although the ODOB proceeds as expeditiously as possible with the accreditation process, the process can involve considerable to-ing and fro-ing of communication between ODOB / the accreditation team and the education provider / awarding body which can lengthen the process.

The preliminary expression of interest should include the following information:

- The provider's / awarding body's name
- The provider's / awarding body's status with its relevant quality assurance body/bodies (e.g. in NZ this would be the New Zealand Qualifications Authority (NZQA) and the Committee on University Programmes (CUAP))
- Any additional parties involved in delivery of the programme
- The qualification(s) to be awarded
- The proposed date of commencement of the programme
- Normal full-time duration of the programme
- Location of delivery of the programme
- Modes of delivery and participation
- The nature and location of clinical placements
- Entry pathways and admission requirements
- Exit pathways
- Proposed enrolments
- Formal endorsement/approval of the programme by the provider's / awarding body's peak academic body
- A business plan demonstrating assurance of programme resourcing
- Any other relevant information.

While ODOB is considering this information, the education provider / awarding body should be reviewing the Accreditation Standards and undertaking a process of self-assessment in developing the programme.

If the ODOB is satisfied with the information provided with the expression of interest, the ODOB will contact the education provider / awarding body to confirm a date for submission of the formal accreditation application and to schedule a site visit.

If the education provider / awarding body intends to make any public announcements about the new programme by way of promotional material or including information on websites or social media, it must contact the ODOB regarding any reference to the accreditation process before any public announcement is made.

2. Application submission and payment

The formal accreditation application must be submitted a minimum of 3 months before the date of the scheduled site visit.

The Board has approved a list of 'core evidence' requirements which define the minimum documentation that must be included with every submission for accreditation or reaccreditation. The full list of core evidence is included as Appendix 4 and includes twelve items. It is intended that many of the twelve items can be used to provide the information required against multiple standards. Providers / awarding bodies are asked to map the supplied evidence to the Accreditation Standards and relevant criteria in order to make clear what evidence was provided to demonstrate compliance with each Standard. Providers / awarding bodies are at liberty to include any additional relevant evidence and information they wish to in support of their application.

The ODOB is mindful of the need to keep the administrative costs of accreditation to a minimum. Therefore, the ODOB encourages providers / awarding bodies to submit information in its original format and not to spend unnecessary time re-formatting it for the ODOB's purposes. This could mean including information that was previously prepared for other purposes (e.g. NZQA approval (or equivalent overseas authority) or the education provider's / awarding body's Board of Studies committee (or equivalent)).

ODOB will invoice the education provider / awarding body for the costs associated with the accreditation review on a cost-recovery basis. This includes costs to ODOB and covers: administrative and IT costs, documentation review, meetings, site visits (in-person and / or via video-link), travel-related costs, and preparation and review of reports. Estimates of these costs will be provided by the ODOB when the accreditation process commences.

3. ODOB to review documents and appointment of accreditation team

ODOB will receive the submitted accreditation application (accreditation) or self-assessment submission (reaccreditation), and appoint a three-person Accreditation Review Team and delegate the task of conducting a thorough, in-depth review of the accreditation application to this team. If the panel does not include a ODOB senior staff member, an additional member will be included in the Accreditation Review Team. At any point, an additional ODOB staff member may assist the Accreditation Review Committee. The team will report their findings and recommendations to the ODOB's Education, Accreditation and Research Committee (EARC) at the conclusion of the review. The EARC will then consider and recommend the next steps to be taken, which could include seeking further information from the provider / awarding body or public consultation on a proposed outcome of the review. The EARC's recommendations are communicated to the provider / awarding body, and will be given an opportunity to make a submission to the Board. The EARC's recommendations, as well as the provider / awarding body's submission will serve at the next available meeting for the Board's final determination.

When appointing members to an Accreditation Review Team, the Board will ensure membership of the review team collectively (not necessarily individually) includes:

- A senior staff member of the ODOB, with sound knowledge of Board standards, statements and guidelines
- A senior Dispensing Optician or Optometrist well-versed in optical dispensing, modern educational principles and competence assessment practices, and the NZ-environment/context
- A well respected and experienced Dispensing Optician who is registered in the Dispensing Optician Scope of Practice

- A lay/consumer representative whose role it will be to consider the programme from a health consumer perspective and whether the programme will deliver the minimum, safe standard of care to members of the public.

One of the review team members will be designated as the Chair. The ODOB will be the central point of communication with the education provider / awarding body during the review.

Accreditation Review Team members will be able to work effectively in a team, communicate well, be discreet and dedicate the time necessary to conduct a robust review of the accreditation application and make suitable recommendations to the EARC, and the Board.

4. Accreditation team review

The Accreditation Review Team has three key objectives in undertaking its review.

Investigation: the review the education provider's / awarding body's submitted evidence and to collect additional evidence, as necessary, in order to clarify and verify the submitted information.

Assessment: to determine whether the available evidence satisfactorily demonstrates programme compliance with the accreditation standards.

Recommendation/s: to recommend an overall accreditation outcome to the Board as well as any programme improvements.

The overall decision as to accreditation or reaccreditation will always be ultimately made by the Board, and may following consultation with stakeholders if it affects the Gazetted prescribed qualification of the scope. However, the review and recommendation/s from the Accreditation Review Team will hold considerable weight and provide substantive evidence for the final decision. It is therefore critical that the Accreditation Review Team's process is conducted in a robust, unbiased, objective and fair manner.

5. Site visit

The accreditation review usually includes a 2-day structured visit by the Accreditation Review Team to the education provider / awarding body to verify evidence in the education provider's / awarding body's submission and to clarify matters raised during the review. A site visit may be longer for a multi-campus provider / awarding body or shorter where an evaluation is made against a limited set of standards.

The education provider / awarding body develops the site visit schedule in consultation with the Accreditation Review Team and submits it at least four weeks prior to the visit date. An example site visit schedule can be found at the conclusion of this document and is labelled *Appendix 2*.

The visit typically involves a series of meetings with selected individuals and groups that contribute to the governance, design, delivery and evaluation of the programme. Additional meetings may be requested to address any issues that arise during the visit. For a new programme, the visit may be more extensive and is adapted according to circumstances.

The site visit schedule should provide maximum opportunities for interactive discussions with staff, workplace training supervisors, students, any external advisory committees and recent graduates and employers of graduates (as applicable) to enable them to present their views on the programme and the Accreditation Review Team to verify statements through triangulation.

The Accreditation Review Team will also view relevant facilities, and where relevant, observe students working in various settings. There is also a need to include time during the schedule for the Accreditation Review Team to have confidential discussions, review and reflection.

There is a need to maintain a professional perspective throughout the review in order to deliver an unbiased, objective, defensible and fair outcome, so Accreditation Review Team members are required to limit their interactions with staff and stakeholders to issues relating to the accreditation review.

Interviewees are encouraged to give free and frank answers to questions posed by the Accreditation Review Team. For this reason, staff cannot be interviewed in the presence of their line managers or anyone with whom there is a direct reporting relationship. Similarly, students cannot be interviewed in the presence of programme staff. To maintain confidentiality and encourage frank discussion, all student interviews are held pursuant to 'Chatham House' rules – the identity of interviewees is not included in the review report or any discussions held after the interview has taken place.

At the conclusion of the site visit, the Accreditation Review Team will meet with the Head of Department/School and Director of the programme to thank the provider / awarding body and give a draft statement of findings and an indication of how the site visit has gone.

6. Feedback to education provider / awarding body and opportunity for comment

The education provider / awarding body will be provided with a draft of the accreditation / reaccreditation report the Accreditation Review Team intends to submit to the Board about its review. This is an opportunity for the education provider / awarding body to comment on the factual accuracy of the report before it is submitted. The draft will not include the review team's recommendation in regard to whether accreditation should or should not be granted.

7. Recommendation to Board

The Accreditation Review Team will finalise its report following review of any comments from the education provider / awarding body and add its recommendation/s in regard to whether accreditation should or should not be granted and the reason/s for these recommendations. The Accreditation Review Team will then submit its report to the ODOB, that will go to the EARC and then the Board. The education provider / awarding body will receive a copy of the EARC's recommendation, and have an opportunity to provide a submission before the Board makes its final recommendation.

8. Board consideration

The Board will receive the Accreditation Review Team's report and the EARC's recommendation at its next available meeting or sooner depending on timing. The Accreditation Review Team Chair may be asked to attend the meeting to answer any questions the Board may have, but will not participate in any decision-making. Additional information or clarification may be sought from the education provider / awarding body as necessary in order for the Board to arrive at decision on the accreditation or reaccreditation application. The education provider / awarding body will be notified of the proposed decision. If it affects the legal standing of the Gazetted prescribed qualification for dispensing opticians, the ODOB will advise the education provider / awarding body of this, before the public consultation process begins.

9. Accreditation review outcomes

Below are the possible accreditation or reaccreditation outcomes that may be arrived at following the conclusion of an accreditation or reaccreditation process.

Accreditation: The programme meets the ODOB's Accreditation Standards.

Retention of accreditation is subject to ongoing monitoring by the Board.

Accreditation with

conditions: The programme substantially meets the ODOB's Accreditation Standards, but the programme has a deficiency or weakness in one or more of the Standards. The identified deficiency or weakness is considered to be of such a nature that it can be corrected within a reasonable period of time.

Evidence of meeting the conditions within the stipulated timeframe must be achieved in order to achieve accreditation without conditions.

Refusal of

accreditation: The programme does not meet the ODOB's Accreditation Standards. The programme has a major deficiency or weakness in one or more of the Standards. The identified deficiency or weakness is considered to be of such a nature that it cannot be corrected within a reasonable period of time.

Revocation of

accreditation: The programme does not meet the ODOB's Accreditation Standards. Accreditation status can be revoked when:

- A programme is identified as having a major deficiency or weakness in one or more of the Standards that cannot be corrected within a reasonable period of time.
- A programme fails to meet the conditions of its accreditation within the stipulated timeframe.

10. Public consultation

In accordance with section 14 of the Act, before the ODOB publishes a notice prescribing a qualification for a scope of practice, it is required to consult with persons it considers are able to represent the views of practitioners, or classes of practitioner, registered with the ODOB, and with organisations, or members of organisations, who will be affected by the proposal.

Therefore, once the Board has reached a point where it is proposing to make a decision, the Board will issue a consultation document detailing the Board's proposal and rationale and will seek feedback from those noted above before making a final decision.

The consultation timeline is typically 6 weeks followed by consideration of submissions and final decision-making.

11. Board decision, following consultation

The Board will take all submissions received during the consultation process into consideration in making a final decision about accreditation/reaccreditation. Ultimately, the Board's decision will reflect the Board's main purpose of ensuring that every new graduate of one of its prescribed qualifications has the requisite knowledge and skill to deliver the **minimum, safe standard of care** to members of the public.

Once a final decision has been made, the education provider / awarding body will be notified in writing, including the reasons for the Board's decision and any stipulated timeframes that may apply to the decision, e.g. relating to conditions. The Board will also publicise the decision in its newsletters, its website and / or other forms of public notices, as required.

12. Formal notice of the prescribing of the qualification

For newly accredited qualifications, in accordance with section 12 of the Act, the Board must, by notice published in the *NZ Gazette*, prescribe the qualification for the relevant scope of practice to which it applies. The Board will prepare and submit the notice for publication in the *Gazette* as soon as possible after the final decision has been made and will publish a copy of the notice, once published, on its website.

As soon as the qualification has been published in the *Gazette*, applicants with that qualification may begin applying to the Board for registration.

13. Appeal processes

In accordance with the Board's *Reconsideration of Decisions Policy* and process, a provider / awarding body may appeal to the Board for reconsideration of its decision regarding accreditation. Such an appeal must be lodged within 10 working days of the date the original decision was communicated to the provider / awarding body and must include the following information:

- The provider's / awarding body's name and contact details, including email address
- A clear description of the issue and reason/s the provider / awarding body believes the decision should be reconsidered, with reference to relevant Board guidelines and standards
- Any documentation the provider / awarding body wishes to provide in support of their request.

The original decision will not take effect until after the outcome of a request for reconsideration has been decided unless there are serious concerns for patient safety.

The Board's reconsideration decision will be one of:

- The original decision upheld (unchanged); or
- Original decision modified, with modifications outlined; or
- Original decision revoked and new decision made.

Providers / awarding bodies will be advised in writing of the Board's decision. Decisions will be made as soon as practicable, taking into account the ODOB's resources and the Board's next available meeting schedules.

For further information on the *Reconsideration of Decisions Policy* and process please refer to these documents on the Board's website located at www.odob.health.nz.

14. Contacting the Board

The ODOB's Registrar and / or Education Officer is available to answer questions and assist education providers / awarding bodies with the accreditation and reaccreditation process at any stage of the process. Below are the ODOB office contact details.

Email: enquiries@odob.health.nz

Ph: (+64) 4 474 0704

PO Box 9644, Wellington 6141

Phase 2 - Post-accreditation

1. Annual monitoring and costs

The Board monitors each programme to ensure that it continues to meet the Board's Accreditation Standards. This monitoring takes the form of an annual report from the education provider / awarding body and includes the information stipulated in Appendix 3 below.

The Accreditation Review Team Chair (or other Board nominee) will review the report, ask questions and/or clarify any necessary matters with the education provider / awarding body and provide a report to the Board on their assessment of how the education provider / awarding body is doing at complying with the ODOB's Accreditation Standards as well as any associated accreditation conditions that may have been imposed by the ODOB.

The EARC will consider the education provider's / awarding body's report, and the final accreditation report / reaccreditation report in determining the continuance or otherwise of accreditation and the modification or removal of accreditation conditions as may apply.

Additional reporting may be required from time to time where the Board is concerned about a provider's / awarding body's ability to meet the Board's Accreditation Standards or where accreditation is granted for an interim or shorter period of time and may be subject to conditions.

The Board may invoice the education provider / awarding body for the costs associated with the annual review on a cost-recovery basis. This includes costs to the ODOB, and the Accreditation Review Team, and covers administrative costs, documentation review, any meetings (if necessary), and preparation and report preparation and review. Estimates of these costs will be provided by the ODOB annually.

2. Reporting programme changes

As a condition of accreditation, education providers / awarding bodies are required to notify the Board when considering any major programme changes. Such changes do have the potential to

impact on the accreditation of the programme, so it is important that the Board is notified early on in the change process, ideally 6-12 months before the change is implemented.

A 'major change' to a programme is one that, prima facie, actually or potentially affects compliance with any accreditation standard. These include marked changes (not gradual evolutionary adjustments) in the governance, design, delivery or evaluation of the programme that may affect student learning opportunities, achievement of required learning outcomes and/or competence assessments in the core optical practice contexts.

The Board regards the following as examples of major changes (this list is not exhaustive):

- Any conditions imposed on the educator by an educational regulator
- Discontinuation of a course or part of a course, or change to the length of a course
- A change in leadership
- A change in the staffing profile
- A change in expected student learning outcomes and/or assessment that could impact on compliance with the ODOB's standards or competencies
- A change in the modes of delivery or participation (e.g. move to blocks of self-directed or distance education)
- A change in delivery partner or arrangements with a delivery partner
- A change in arrangements for monitoring programme quality and graduate outcomes
- A reduction in overall funding of the programme
- A change to admission requirements that could present barriers to the achievement of equity and learning outcomes
- An increase in expected student numbers to the programme relative to available resources, including capital, facilities and staff.

Where there is any doubt as to whether a change constitutes a 'major change', the education provider / awarding body must discuss this with the Board's Registrar or Education Officer for clarification at the earliest opportunity.

3. Assessment of programme changes

The Accreditation Review Team, or other Board nominee will review the education provider's / awarding body's submission about the programme change/s, ask questions and/or clarify any necessary matters with the education provider / awarding body and provide a report to the Board on their assessment of how the proposed change/s will impact, if at all, on compliance with the ODOB's Accreditation Standards as well as any associated accreditation conditions that may have been imposed by the Board.

The ODOB will then consider the education provider's / awarding body's submission, and the Accreditation Review Team report in determining the continuance or otherwise of accreditation and the modification, addition or removal of accreditation conditions as may apply. Specifically, the Board may decide one of the following:

- The change can be incorporated within the current status and period of accreditation;
- The change has a potential impact and requires a limited accreditation review, with or without a site visit, and assessment against the Accreditation Standards;
- The change has a potential impact that requires a full accreditation review, including site visit; or

- The change is of such a nature that it constitutes a proposal for a new programme, therefore the provider / awarding body should seek initial accreditation of the programme.

The Board will inform the education provider / awarding body in writing of its decision, including any reasons for the decision.

4. Periodic reaccreditation

Accreditation (with or without conditions) will be granted for an initial shorter period, likely four years, but can be granted for up to a maximum of eight years. 18 months before the expiry of accreditation, the Board will contact the education provider / awarding body, prompting the provider / awarding body to submit an application for reaccreditation. Please see Appendix 1 for a flow chart of this process.

Other matters

1. Conflicts of interest

An education provider / awarding body will be given an opportunity to comment on the proposed membership of the Accreditation Review Team and may object to the membership where the provider / awarding body believes a proposed member has a bias or conflict of interest that could cast doubt on their ability to objectively evaluate the accreditation application. Such an objection would need to be substantiated by evidence of the bias or conflict of interest. Where an objection is substantiated, the Board will revise the membership of the Accreditation Review Team.

Academics from other institutions may be appointed to an Accreditation Review Team. This, in itself, is not viewed by the Board as a conflict of interest.

Actual or perceived conflicts of interest for the Board in considering and determining an accreditation application will be managed by the Board in accordance with the ODOB's own guidelines on managing conflicts of interest. If a provider / awarding body has any concerns regarding the management of conflicts of interest during the accreditation process, they should raise these with the Registrar in the first instance.

2. Confidentiality

Information collected as part of the accreditation process is used only for the purpose for which it was obtained. The ODOB recognises that commercially sensitive and confidential information is disclosed during the accreditation process, for example budgets, plans and appraisals of strengths and weaknesses. The ODOB respects this and acknowledges the trust placed in the Board in receiving this information, and as such, requires all Board members, staff and Accreditation Review Team members to sign a non-disclosure agreement affirming that they will not disclose any information gained during the accreditation process.

At the point of consultation, the Board's Registrar or Education Officer will liaise with the education provider / awarding body about the information to be included in the public consultation document, to ensure confidentiality is balanced with the need to enable a robust consultation.

Board decisions on accreditation are available to the public.

3. Complaints about programmes

The Board may receive a complaint about an education provider / awarding body or programme from a member of the public or stakeholder. The Board expects that any complainant will have attempted to address their concerns with the provider / awarding body directly in the first instance, where possible.

Complaints must be made in writing to the Board and should be directed to the Registrar or Deputy Registrar. In the interests of natural justice, the Board does not accept anonymous complaints.

The education provider / awarding body will be provided with a copy of the complaint information and offered the opportunity to comment and/or provide any relevant information for consideration.

4. Revocation procedures

The revocation of a provider's / awarding body's accreditation will not be entered into lightly and without the provider / awarding body having every opportunity to take steps to remedy the issue leading to its failure to adequately meet the Accreditation Standards. The ODOB will work closely with a provider / awarding body where concerns are identified and will provide detailed information on the Board's expectations for the remedy of the concern, including reasonable timeframes for remediation.

In the event a provider / awarding body is unable to satisfy the ODOB that it has achieved the Accreditation Standards, the ODOB will indicate to the provider / awarding body that it proposes to revoke its accreditation and the reason/s for this proposal. The ODOB will then consult publicly on its proposal, giving stakeholders, including the provider / awarding body, an opportunity to make submissions on the proposal before a final decision is made.

The Board will take all submissions received during the consultation process into consideration in making a final decision about accreditation/reaccreditation. Ultimately, the Board's decision will reflect the Board's main purpose of ensuring that every new graduate of one of its prescribed qualifications has the requisite knowledge and skill to deliver the **minimum, safe standard of care** to members of the public.

Once a final decision has been made, the education provider / awarding body will be notified in writing, including the reasons for the Board's decision. The Board will then also publicise the decision in its next e-communication and on its website.

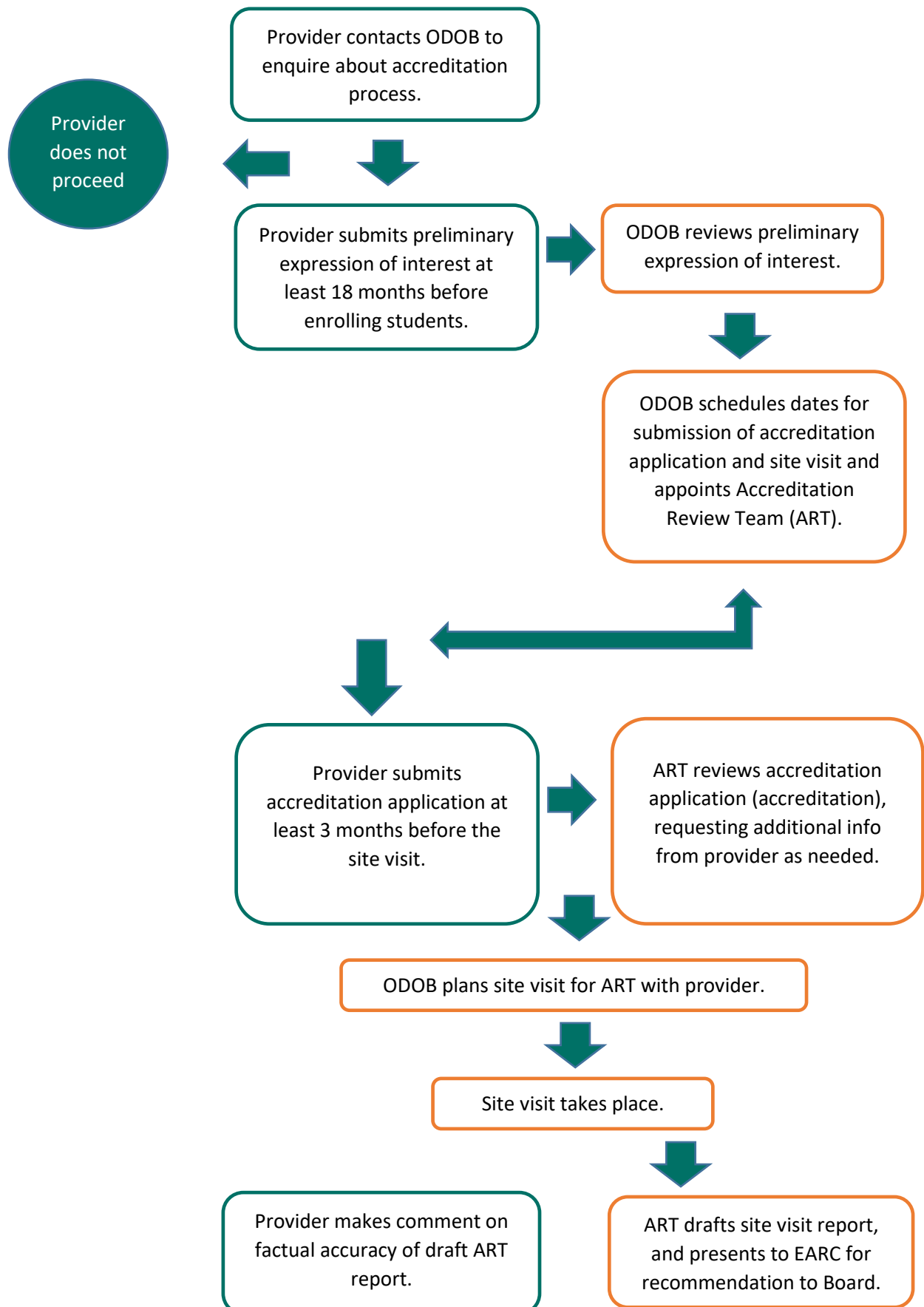
5. Regular evaluation of accreditation standards

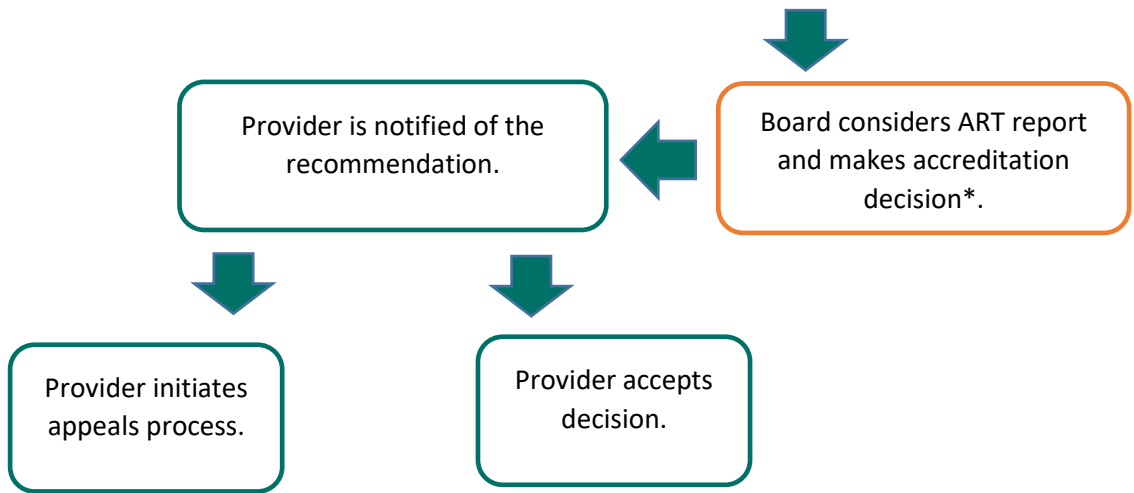
The Board is committed to continuously reviewing and improving its standards and processes to ensure they remain up-to-date and fit for purpose. As such, the ODOB invites feedback from the public and stakeholders on its standards and processes at any time. Such feedback should be directed the Registrar or Education Officer who will put it before the EARC and / or the Board for consideration at the next available Board meeting.

Appendices

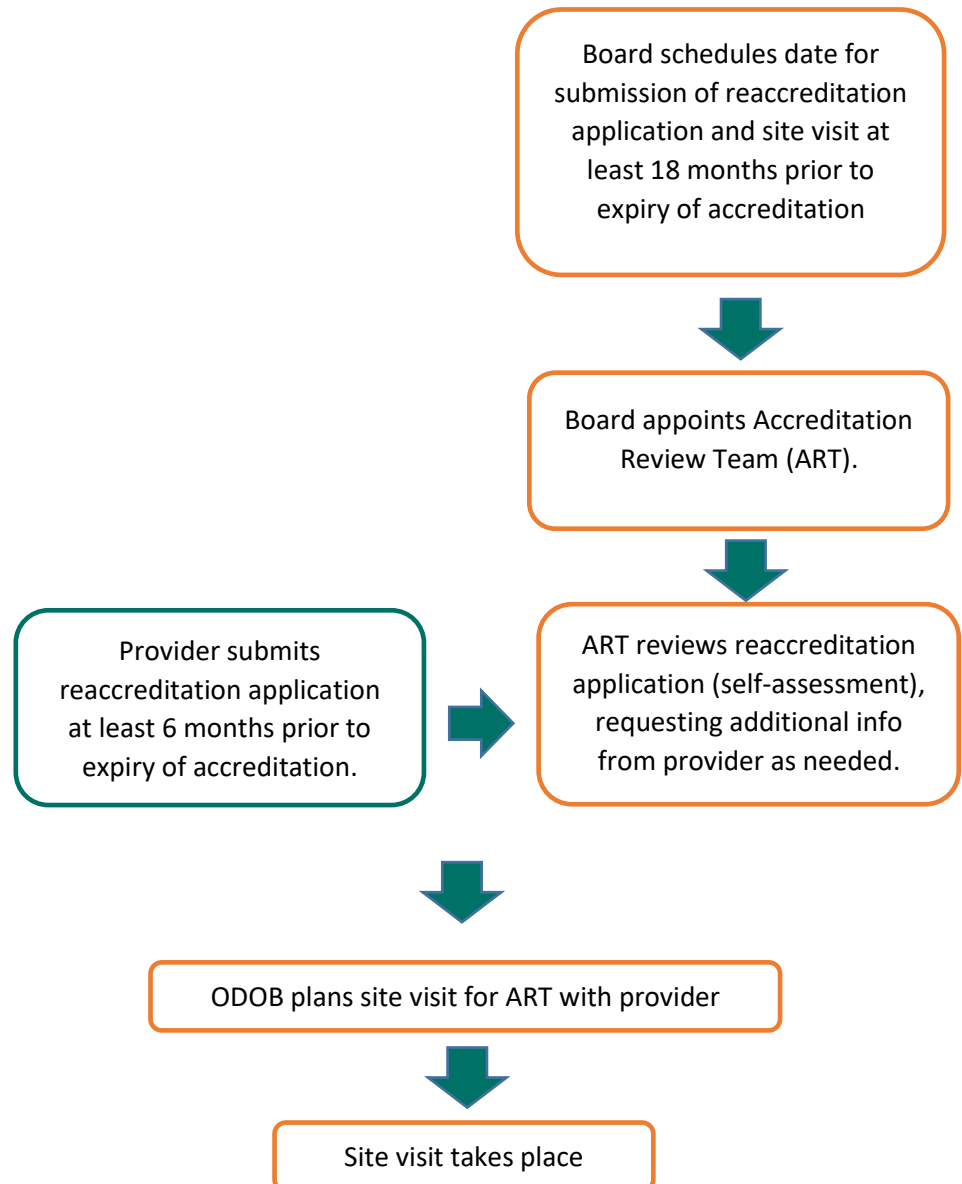
Appendix 1 – Flow Charts of Accreditation Process for New and Existing Programmes

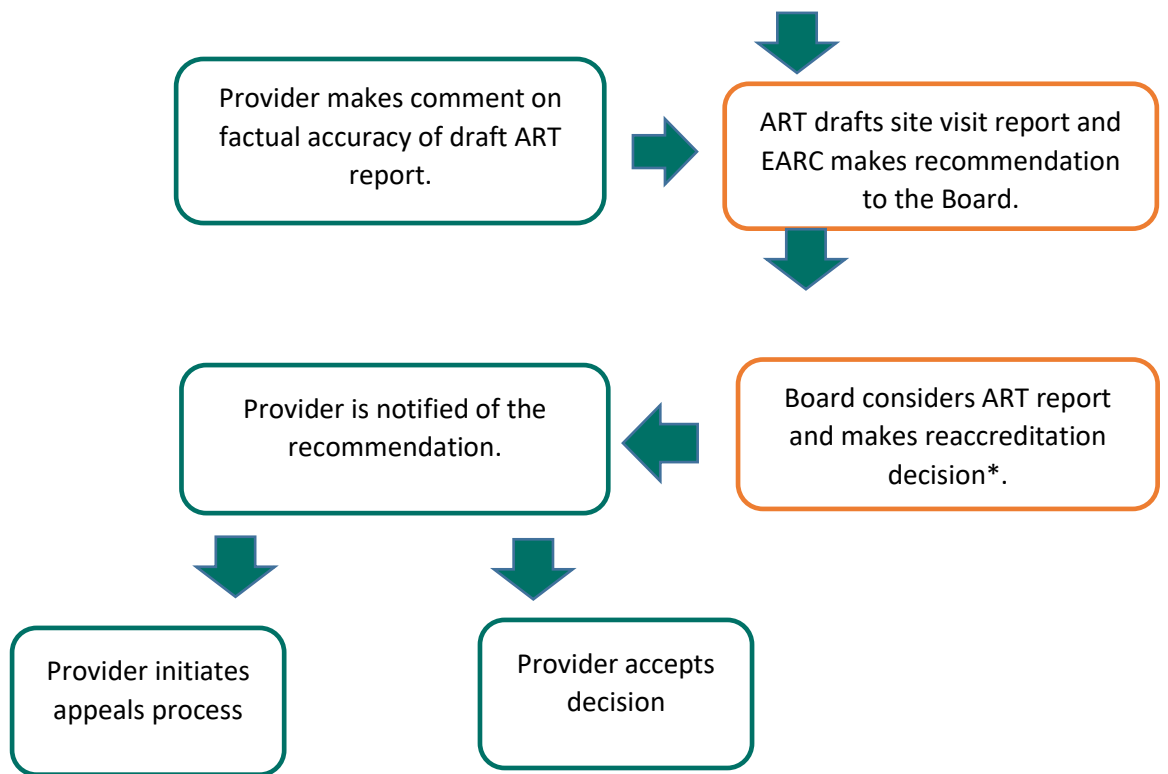
Accreditation process for new programmes





Accreditation process for existing programmes:





*Depending on the decision made, additional steps will transpire in terms of public consultation etc. (as detailed above).

Appendix 2 – *Example Site Visit Schedule

(*NB: All site visits are tailored to the provider / awarding body and the structure and design of their individual programme)

Site visit – Day 1		
Time	Activity	Focus of session/relevant Standards
9.00	Accreditation Review Team (ART) arrives and sets up	-
9.15	Head of Department/School hosting the optical dispensing programme	Strategic issues/future directions. All standards.
10.15	Programme coordinator/s (course/paper coordinators, lead expert in each core optical practice context)	Course structure and overview. All standards.
11.00	Tour of facilities	Staff members to accompany ART. Students to be observed. Standards 1 and 3.
12.00	Lunch	-
1.00	Clinical supervisors	Student competence and assessment. Standards 1, 3 and 5.
1.30	Academic staff	Programme content, student competence and assessment. All standards.
2.00	Professional staff	Student support/admin issues. Standards 1-4.
2.30	Student support	Student support issues. Standards 1, 3 and 4.
3.00	Recent graduates	Programme outcomes, fitness for purpose. Standards 2, 3, 4, 5 and 6.
3.45	Current students	Programme content, clinical experience, assessment, and support issues. All standards.
4.30	ART Day 1 wrap-up session and planning for Day 2 ART advises of any call-back or additional sessions required for Day 2	-

Site visit – Day 2		
Time	Activity	Focus of session/relevant Standards
9.00	ART arrives and prepares	
9.15	Learning and teaching committee	Programme development, monitoring and improvement issues. Standards 2, 3 and 4.
9.45	Assessment/moderation committee	Assessment and student feedback. Standards 3 and 5.
10.30	Call-back/additional sessions as needed	-
12.00	ART working lunch and report writing	-
4.00	Head of Dept and programme coordinator	Opportunity to thank provider / awarding body and advise of next steps

Appendix 3 – Annual Report Template

Year of this report:	
Name of the School/Dept:	
Name of the Provider / Awarding Body:	
Year Accredited or Reaccredited:	
Year Accreditation Expires:	

		Yes	No
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/dept, or to change the lines of reporting of the school/dept or its delegated authority? - Are there planned changes to student numbers? - Are there planned changes to student numbers?		
2.	Education goals and objectives - Have there been any major changes to the education goals and objectives of the programme?		
3.	Curriculum development and management - Have there been any changes to organisational processes for the review of the curriculum?		
4.	The curriculum - Have any subjects been deleted or new ones added or have the contact hours of any of the subjects been increased or decreased significantly?		
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 programme? - If there are plans to make significant changes to teaching methods, will these significantly increase or decrease contact hours or student workload?		
6.	Clinical training and settings - Has the nature or organisation of clinical training changed in any way that may reduce student clinical experience, e.g. reduced number of patients, loss of a clinical setting, reduction in the ratio of clinical instructors to students?		
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 programme?		
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 programme?		
9.	Students (pre-requisites for entry into the programme) - Have the pre-requisites for entry into the programme changed?		

		Yes	No
10.	Physical resources - Has there been or is there any planned change in the accommodation provided to the school/dept that in any significant way decreases the adequacy of the physical facilities allocated to the school/dept?		
<p>Major changes Is a major change to the programme planned? Please attach a detailed description and explanation of any changes for which a 'Yes' answer has been given in the table above.</p>			

Appendix 4 – Core Evidence Guide

As indicated earlier in this document, the Board has approved a list of core evidence requirements for all programmes being submitted for accreditation and reaccreditation. The list of documents is included below.

1. Statement of guiding principles of the programme.
2. Policies and procedures on clinical and workplace safety, including infection control practices.
3. Curriculum mapping including alignment of learning outcomes to the relevant clinical, cultural and ethical competencies.
4. Assessment blueprint/matrix to demonstrate alignment of assessment to learning outcomes, including clinical, cultural and ethical competencies (NB: items 3 and 4 may be combined).
5. Register of external supervisors' qualifications, registration status and supervision responsibilities.
6. Procedure for ensuring students are employed in an optical practice and will have adequate off-site supervision for the duration of their study.
7. Overview of academic governance arrangements for the programme, including programme quality assurance, review and improvement.
8. Sample student timetable for each year (or term) of the course indicating allocation of key learning activities and clinical hours (indicating the number of practical hours spent dispensing).
9. Staffing profile, including professional qualifications, registration status and teaching and supervision responsibilities.
10. Admission and progression policies and procedures, including any policies on recognition of prior learning.
11. Information to prospective and enrolled students.
12. Sample of student clinical log books / portfolios (which could be made available during the site visit).

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