

**OPTOMETRISTS AND DISPENSING OPTICIANS BOARD  
DEFICIT SELF AUDIT FORM**

**DISPENSING OPTICIANS**

All dispensing opticians who are in a 2year CPD deficit for the CPD year ending 30 November 2013 are required to complete a self audit of their practice.

The information in this audit form will be used by the Optometrists and Dispensing Opticians Board to assure it of individual dispensers' current competence. In completing the form, individuals should also take the time to reflect on their practice. This process is not disciplinary in nature and is intended to be educative, and where necessary, rehabilitative. When the Board is satisfied with the self audit you will receive a letter confirming this within approximately 4 weeks of submitting your audit. If after reviewing this material the Board has concerns about your practice, the Board will work with you to remedy these concerns. Appendix 1 details the possible outcomes of the Self Audit.

Please complete this self audit and return it to the Board by the due date. If necessary, please include any additional information on a separate sheet of paper.

**Section 1: Contact Information:**

1. Name: \_\_\_\_\_  
Registration Number: 61- \_\_\_\_\_
  
2. Name and address of ALL places in which you practise:  
a: \_\_\_\_\_  
b: \_\_\_\_\_  
c: \_\_\_\_\_  
d: \_\_\_\_\_
  
3. Work phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 2: Practice related information:**

4. Status in practice (partner, self employed etc): \_\_\_\_\_
  
5. Practice location:      Urban [ ]      Rural      [ ]      Central city      [ ]
  
6. Type of practice:      Solo [ ]      Group      [ ]      Industry      [ ]
  
7. Years in general dispensing practice: \_\_\_\_\_
  
8. Estimate the number of hours per **typical** week you spend in practice: \_\_\_\_\_
  
9. Number of patients you dispense to in a **typical** working week: \_\_\_\_\_

10. Range of work you undertake (indicate approx. hours spent per week where applicable):

Optical Dispensing	_____
Research	_____
Tertiary Teaching	_____
Glazing/Spectacle fabrication	_____
Ancillary testing (eg visual fields)	_____
Wholesale laboratory	_____
Practice Management/Administration	_____
Other (please specify)	_____
_____	

11. What, if any, equipment is there that you would like to utilise in your practice that you do not have access to at present?

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\_\_\_\_\_

**Section 3: Interprets Optical Prescriptions**

12 (a) Describe in detail what information would be most useful from a patient to ensure that your interpretation of an optical prescription results in the best visual and practical outcome for the patient?

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\_\_\_\_\_

\_\_\_\_\_

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(b) What measurements would you require to ensure that your interpretation of an optical prescription results in the best visual and practical outcome for the patient?

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13 (a) When DISPENSING prior to ordering lenses, what INSTRUMENTS do you use to take the appropriate facial measurements for each? If your answer to this would be that you use an electronic measuring

system such as those available from Essilor/Hoya/Zeiss etc then mention this in your answer but also say what instrument you would use to take the same measurements if the electronic measuring device was broken down or unavailable such as if you went on a domiciliary visit.

Mono PDs: \_\_\_\_\_

Progressive Heights: \_\_\_\_\_

BVDs: \_\_\_\_\_

Single Vision Aspheric lenses: \_\_\_\_\_

- (b) Describe in detail what METHOD you use to MEASURE the following when dispensing lenses prior to ordering from the lab. As above if you use an electronic measuring system, discuss this but also describe the method you would use if this system was not available:

Mono PDs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Progressive Heights:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BVDs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Single Vision Aspheric lenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Section 4: Dispenses Optical Prescriptions

14. How do you advise on the suitability and uses of Low Visual Aids, hand magnifiers, illuminated magnifiers, telescopic units etc? (If your answer to this question would be that you would normally refer them to the LVA clinic, answer the question as though that was not an option and you would have to supply an LVA in practice).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. How do you advise on contact lens insertion and removal techniques and contact lens care? (If your answer to this question would be that you do not give this advice, answer the question as though the optometrist is not available and you are required to advise).

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16. What do you do to ensure that optical prescriptions are dispensed accurately to patients and in accordance with accepted standards?

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17. On collection of spectacles or appliances describe in full any instruction you give to the client.

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18. Describe any system in place in your practice used to ensure that the patient is satisfied with the spectacles or appliance following collection.

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19. What steps would you take if a patient returns with difficulties adjusting to their optical appliance?

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20. Write in detail the special considerations that need to be taken into account when undertaking Paediatric Dispensing.

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### Section 5: Maintains Records

21. If more than one optometrist or dispensing optician works in your practice, how can you identify the records of the patients you care for?

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22. How do you ensure that records are kept in a legible, secure, accessible, permanent and unambiguous manner?

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23. For all patients, are all relevant details recorded that will permit another practitioner to clearly understand the outcome of the patient's visit? Please comment:

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24. Please supply **six** examples of your patient records from the last 12 months that show good dispensing practice. For each example please include:

- a copy of the original **optometrists record card** OR **outside prescription**
- a copy of the **dispensing record** that clearly identifies you as the dispenser AND **lab order** that show choice of optical appliance and all measurements taken for the dispense at the time of order
- a **brief explanation** of why you chose a particular lens design, and the appropriate measurements that were taken to ensure a successful outcome for the patient

Please ensure that your six examples include one of each of the following:

- a) Single vision aspheric (Rx over +/- 6.00D)

- b) High index lens (Rx over +/- 6.00D)
- c) Occupational lens
- d) Progressive lens (continued over page)
- e) Sun protection
- f) A grief case which you brought to a satisfactory conclusion
  - this should be where there was a problem with the original lenses supplied by your practice and new lenses are made
  - describe the problem, and the action taken to bring the case to a successful resolution
  - this should **NOT** be an example of a simple day to day adjustment or a coating failure, it should be an example that involves a degree of complexity in its resolution and demonstrates your skills as a Dispensing Optician.

These examples should be **anonymised**, (i.e. the patient's personal details blanked out) **photocopied** onto **A4 paper** (vertical on single side only) and **labelled** (so it is clear which example the page relates to).

### Section 6: Items to include with your response

25. Please include a copy of your current CPD credits report. You may add events you have attended that have not yet been processed.

Please include a plan of how you intend to remedy your current CPD deficit, including identified activities you have already enrolled in, or intend to enrol in over the coming year.

Activity (please identify whether already enrolled)	Credit value

### Section 7: Reflective Statement

26. Please provide a reflective statement on what you learnt from the cases supplied with this audit:

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### Section 8: Cultural Competence

27. Describe a situation which demonstrates that you and the practice in which you work provide safe cultural practice. (Please refer to the Board's Standards of Cultural Competence before answering this question).

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Please attach evidence that demonstrates that you have undertaken some recent cultural competence CPD.

**Section 9: Ethical Conduct**

28. Describe a situation which demonstrates how you abide by the Board's standards of ethical conduct. (Please refer to the Board's Standards of Ethical Conduct before answering this question)

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**Section 10: General**

29. In what areas of your practice do you consider you would benefit from further education? Please list them:

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30. Please include a copy of your current CPD credits report. You may add events you have attended that have not yet been processed.

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31. Please include any other information you think would be valuable to the Board:

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## Section 11: Declaration

I declare that the information included in this self audit is, to the best of my knowledge, true and correct. I confirm that examples provided are my work, and not the work of another practitioner.

Signed \_\_\_\_\_

Date \_\_\_\_\_

***Thank you for completing this self audit.  
The Board trusts that in completing it, you may have also reflected on, analysed and assessed the way  
you practise optical dispensing.***

## APPENDIX 1

### Audit results:

When the Board is satisfied with the self audit you will receive a letter confirming this within approximately 4 weeks of submitting your audit and will also be given an opportunity to submit feedback to the Board on the self audit process. The wording of the letter is derived from the HPCA Act and says: “the Board considers that you appear to be practising at the required standard of competence...” The Board is aware that this wording does not allow room to acknowledge self audits of a high quality and the Board is working on ways to further develop this letter.

Should the Board make a preliminary finding that the Self Audit results indicate wider concerns about a practitioner’s competence, the Board will write to the practitioner with the particulars of its concerns, and invite the practitioner to provide any further information they deem relevant for the Board’s consideration. Such information may include but is not limited to:

- examples of cases managed to demonstrate that the area of concern is an exception to the practitioner’s usual practice
- further information on the reasons that the practitioner chose the particular course of action in the matter of concern
- information on steps taken by the practitioner to make changes to their practice as a result of the issues raised by the Board
- details of any recent education the practitioner has undertaken in the area(s) of concern.

The Board then considers this further information. Often the further information is sufficient to assure the Board of the practitioner’s competence. The Board then makes a decision on whether the practitioner has met the requirements of the Self Audit. Where there are no outstanding concerns the practitioner will then receive a letter informing them that the Board considers that they appear to be practising at the required standard of competence.



In those cases where the Board still has concerns, it may make one or more of the following decisions:

- identify areas of minor deficiency in the practitioner's practice that need remedy and seek a report from the practitioner within a set timeframe on what steps they have taken to remedy these deficiencies
- make a finding that the practitioner has failed to satisfy the requirements of the Board's recertification programme
- order that the practitioner undergo a competence review (a practice visit by two peers and a lay person)
- propose that the practitioner's scope of practice be altered to include conditions the Board considers appropriate (e.g. requiring a period of supervised practice)
- propose that the practitioner's scope of practice be altered by changing the health services that the practitioner is permitted to perform
- propose to suspend the practitioner's registration.

A letter communicating the outcome of the Self Audit process is sent to all practitioners at the end of the process, including an invitation to provide feedback on the overall process. The Board encourages practitioners to provide feedback, to ensure the continuous review and improvement of Board processes.