OPTOMETRISTS AND DISPENSING OPTICIANS BOARD
SELF AUDIT FORM

OPTOMETRIST

The information in this audit form will be used by the Optometrists and Dispensing Opticians Board to assure it of individual optometrists' 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.

You have been randomly selected for this self audit. The random selection process ensures that all practitioners are audited within an eight year period and no practitioner is asked to complete another audit within four years of completing the last one, unless concerns are raised with the Board about their standard of practice.

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: 60- _____

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. Practice location: Urban [ ] Rural [ ] Central city [ ]

   Type of practice: Solo [ ] Multiple [ ] Hospital /University [ ]

   Other [ ]

   If other please specify: _____

5. Years in general optometry practice: _____

6. Range of work you undertake (indicate all applicable):

   General Optometry [ ] Research [ ] Tertiary Teaching [ ]

Contact Lens Practice	[ ]	TPA use	[ ]	Optical Dispensing	[ ]
Geriatric	[ ]	Paediatric	[ ]		

7. a) Please estimate the number of hours in a **typical** working week you spend in direct patient contact (excluding dispensing of spectacles or contact lenses)

_____

b) What time frame do you normally allocate for a complete eye examination of a 40+ year old patient who is new to your practice? (Include time for any procedure routinely undertaken in such a case).

_____
_____
_____
_____
_____
_____
_____

Section 3: Clinical Competence

8. Have you read the Board's Clinical Competence standards?

_____

Comment on any changes you are intending to make to better incorporate these standards into your practice:

_____
_____
_____
_____
_____
_____
_____

9. What are your indications for undertaking a dilated fundus examination and how many do you undertake in a typical working week?

_____
_____
_____
_____
_____
_____
_____

Please include any comment that may help the Board to understand your dilation rate
(eg, part time practice, patient demographic etc)

_____
_____
_____
_____
_____
_____

10. What are your indications for performing gonioscopy and how often do you do this in a normal working week?

_____
_____
_____
_____
_____
_____
_____

11. Provide an estimate of the percentage of your patients that have the following procedures performed on them:

1.	Undilated 90D (or equivalent)	_____
2.	Dilated 90D (or equivalent)	_____
3.	Binocular indirect ophthalmoscopy with 20D (or equivalent)	_____
4.	Direct ophthalmoscopy / monocular indirect ophthalmoscopy	_____
5.	OCT imaging of the anterior segment	_____
6.	OCT imaging of the posterior segment	_____
7.	Fundus photography	_____
8.	Anterior segment photography	_____
9.	Screening visual fields	_____
10.	Threshold visual fields	_____
11.	Pachymetry	_____
12.	Non-contact tonometry / iCare tonometry	_____
13.	Applanation tonometry	_____
14.	Keratometry / topography	_____

12. Please describe a standard scenario of a patient being monitored for glaucoma suspicion. Describe tests usually performed and at what stage you may refer for specialist assessment.

_____
_____
_____
_____
_____
_____

13. Explain your methods of recording your diagnosis or diagnoses of visual/ocular conditions during your examination.

_____
_____
_____
_____
_____
_____

14. How do you ensure that your records are kept in a secure but accessible manner, and for what period of time do you retain them (onsite and offsite)?

_____
_____
_____
_____
_____

15. How many referrals to medical practitioners do you make in a normal working month?

_____
_____
_____

16. What system(s) do you employ to ensure patients are recalled appropriately for eye examinations?

_____
_____
_____
_____
_____

17. What system(s) do you employ to ensure patients return for further testing when required (eg fields/dilation) and that referrals are actioned appropriately

_____
_____
_____
_____
_____

Questions 18 & 19 are for Optometrists Prescribers only. If you are not an Optometrist Prescriber please go to question 20.

18. On average how many therapeutic prescriptions do you prescribe each month? Please include any comment that may help the Board to understand your prescribing rate e.g. full time/part time practice, patient demographic and practice setting/location.

_____
_____

19. Where do you keep a copy of your therapeutic prescriptions?

_____
_____
_____
_____

Section 4: Cultural Competence

20. 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)

_____
_____
_____
_____
_____
_____

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

Section 5: Ethical Conduct

21. 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)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Section 6: Items to include with your response

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

23. Please include copies of **three referrals** you have made to an ophthalmologist or other specialist medical practitioner along with their **replies** back to you and the relevant **patient record cards** pertaining to these referrals.
These examples:
    - must be less than one year old
    - must note the patient's date of birth
    - should illustrate your diagnostic ability and clinical skills
    - should include an **anonymous** copy of the patient record cards and any results of additional clinical tests that were performed (e.g. OCT print outs, visual field results, fundus photography, topography etc.), your referral and the reply back (please ensure that all documentation is photocopied onto A4 paper (single side only) and labelled so it is clear which example the page relates to)
    - should not include referrals for refractive surgery
    - should include no more than one cataract referral. If a cataract referral is provided it must show a full diagnostic work up
    - where necessary, should include any further comments that may help the Board to understand circumstances relating to the referral that are not evident in the documentation itself.

    Please ensure that:
    - at least one of the cases you provide demonstrates your use of diagnostic agents (i.e. at least one Dilated Fundus Examination)
    - at least one of these referrals relates to a posterior segment condition
    - at least one of these referrals relates to an anterior segment condition [1]

    Please note that if three examples demonstrating diagnostic and clinical skills are not provided, the Board is likely to ask for more examples.

TPA scope optometrists only:

24. As well as the above, please provide a **case presentation** illustrating diagnosis, prescribed medicines, follow up reporting and final outcome to demonstrate use of TPAs in your practice. **Please ensure that you include the relevant patient record card and a copy of your TPA prescription with your presentation.**

[1] Unless case presentation provided for Q24 is an anterior segment case (TPA optometrists only).

Authorised glaucoma prescriber optometrists only:

25. As well as the above, please provide a glaucoma case. In total, you need to provide five cases which should include, one anterior and one posterior, involving a full workup with dilation, one TPA (excluding glaucoma) and one glaucoma case.

Important:

Please note copies of patient clinical records, sent to the Board, should be anonymised to protect patient privacy. Instead of using patient name, reference should be made to "Patient A", "Patient B" or "Patient C" etc. Please ensure patient gender and date of birth are noted.

Section 7: Reflective Statement

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

_____
_____
_____
_____
_____
_____

Section 8: 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 audit.

The Board trusts that in completing it, you may have also reflected on, analysed and assessed the way you practise optometry.

APPENDIX 1

Audit results

When the Board is satisfied with the self audit you will receive a letter confirming this within approximately 6 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.