

# COMPLETING YOUR OPTOMETRIST SELF AUDIT

## SOME HELPFUL HINTS

Clinical audits provide one measure of ensuring practitioners are providing the minimum standards of care. Self audits are a method of systematically reviewing patient care against explicit criteria and aim to improve patient care and outcomes. You should allow 6-20 hours to complete your self audit – the time taken will vary depending on a number of factors including patient demographics, hours of practice, accessibility of health records etc.

If you are working in a non-traditional role and are not sure what information to provide with your self audit, please contact the Board office for further advice.

Please type your responses on the form downloaded from the Optometrists and Dispensing Opticians Board website: [https://www.odob.health.nz/random\\_self\\_audits](https://www.odob.health.nz/random_self_audits). You may need more or less space to answer these questions; please expand the space as required.

You may find the following information useful in preparing your answers to the following questions:

- Question 7 (b): In this question please describe in detail how much time you allocate for each part of your comprehensive eye examination, e.g. 5 minutes for patient history and entrance tests, 10 minutes for refraction and binocular vision, as well as the total time you spend with each patient.
- Question 9: please include all your indications for dilation – even if they seem very obvious. Also include the number of dilations you undertake in a typical week. The easiest way to determine your average number of dilations is to choose a random week during the period under review and count the dilated fundus examinations you performed during that week.
- Question 10: please include all your indications for gonioscopy – even if they seem very obvious. Also include the number of gonioscopy exams you undertake in a typical week.
- Question 12: you should provide a comprehensive evidence-based answer to this question. You should list all the tests that you would typically undertake in a glaucoma work-up and for each test list referral criteria for both new patients that require referral and patients that you have been monitoring as glaucoma suspects who have undergone a change in visual structure or function.
- Question 13: please illustrate how (and where) on your record cards you document the patients diagnosis/diagnoses and the treatment plan and advice provided to the patient.
- Question 20: cultural involves more than ethnicity and finding an interpreter where required. The best answers to this question show the optometrist reflects on his/her cultural awareness and incorporates this awareness into practice. Please refer to the Standards for Cultural

Competency on the Board's website 'Practice Standards' page\_ and use these to help answer this question.

- Question 21: please refer to the Standards of Ethical Conduct on the Board's website 'Practice Standards' page to help answer this question.
- Question 25: please provide a statement reflecting on what you have learnt from answering these self audit questions.

### **Referrals and responses:**

You should submit three (3) patient referrals and the replies back to you as part of your self audit as they provide a means of assessing *patient outcomes*.

Please choose referrals that provide evidence of your typical practice – while some referrals would provide very interesting case studies due to the complicated nature of the case presentation they do not necessarily reflect your typical mode of practice and are therefore not recommended for inclusion in your self audit.

- Please make sure you de-identify the patient records but indicate the patient's age (or date of birth). Do not include the patient's name, address, telephone numbers or NHI number.
- Clearly label cases e.g. Patient A, Patient B, Patient C and number pages consecutively.
- Where possible please include the results of any additional diagnostic tests e.g. OCT, fundus photography, visual field results to help put the case in context.
- One referral must include a dilated fundus examination and this case will usually be a referral for a posterior segment condition.
- One referral must be for an anterior segment case – unless you are a TPA endorsed optometrist and your anterior segment case is written up as your case study.
- Where possible, the cases provided should demonstrate appropriate use of diagnostic techniques e.g. performing gonioscopy on patients with narrow Van Herick angles prior to dilation.
- If submitting a patient referred for cataract surgery a full diagnostic work-up, including dilation, should have been performed.
- If necessary, provide a short commentary that may help the Board understand the circumstances surrounding the referral and reply e.g. provide a brief comment regarding diagnosis, differential diagnoses, referral pathways etc.

### **TPA endorsed optometrists**

In addition to three referrals and their associated replies, TPA endorsed optometrists must also provide a case presentation that demonstrates a typical therapeutic case you would encounter in practice. You should provide:

- The patient's de-identified records including the initial presentation and follow-up visits
- Copy of TPA prescription provided to the patient

- A separate written case presentation that illustrates the relevant clinical findings, diagnosis, list the excluded differential diagnoses and the final patient outcome.

The presentation should also include a description of the basic pathophysiology of the condition treated and the mechanism of action(s) of the medication(s) prescribed.

### **Optometrist Glaucoma Prescribers**

Please provide a fifth case (Case E) which demonstrates management / co-management of a glaucoma patient. With this case please include:

- The patient's de-identified records including the initial presentation and follow-up visits
- Copy of glaucoma prescription provided to the patient
- The presentation should also include a description of the basic pathophysiology of the condition treated and the mechanism of action(s) of the medication(s) prescribed.

### **CHECKLIST OF ITEMS TO INCLUDE**

- Completed self audit form**
- Non-TPA endorsed practitioners: Three referrals and replies from within the audit period: one must include a dilated fundus examination, one must be for a posterior segment condition and one case must be an anterior segment patient.
- TPA endorsed optometrists: Three referrals and replies from within the audit period + one TPA presentation written up as a case study. For TPA endorsed optometrists the anterior segment case example may be their TPA presentation.
- CPD Credit report downloaded from the NZAO website
- Any additional comments that may help the Board understand your practice situation

### **Results of the self audit process**

Usually you will receive the outcome of your self audit within a four week period.

1. When the Board is satisfied with the self audit you will receive a letter confirming 'The Board considers that you appear to be practicing at the required level of competence'. This wording is derived directly from the HPCA Act, which does not allow the Board to acknowledge self audits of high quality.
2. In some circumstances the Board may request further information from a practitioner including clarification of answers to self audit questions, further case examples or additional referrals and replies. Often this further information is sufficient to ensure the Board of practitioner compliance.

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3. If you do receive a request for further information and are unsure what specific information is required please contact the Deputy Registrar or Professional Standards Advisor who will be very happy to assist you with your query.