

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 several 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.

Specific question advice:

- **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 8:** All practitioners have areas in which they can improve, and by reading the clinical competencies you will familiarise yourself with the full scope of competencies.
- **Question 9:** please include all your indications for dilation – even if they seem obvious. Also include the number of dilations you undertake in a typical week. The easiest way to estimate 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 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 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 indicate 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:** Please refer to the Standards for Cultural Competency on the Board's website. Cultural involves more than ethnicity and language. The best answers to this question show the optometrist reflects on his/her cultural awareness and incorporates this awareness into practice. Note that 'treating everyone equally' is not culturally safe practice.
- **Question 21:** please refer to the Standards of Ethical Conduct on the Board's website to help answer this question.
- **Question 25:** please provide a statement reflecting on what you have learnt from answering these self audit questions. Reviewing previous records is uncommon in optometry, and this self audit provides a process for you to self-identify any areas which could be improved.

Referrals and responses:

You should submit three (3) patient referrals and the responses. Please choose referrals that provide evidence of your typical practice – cases which are interesting case studies may not necessarily reflect your typical mode of practice and are therefore not recommended for inclusion in your self audit.

- (At least) One referral must include a **dilated fundus examination** and this case will usually be a referral for a posterior segment condition.
- (At least) One referral must be for an **anterior segment case**. However, if you are a TPA endorsed optometrist and your anterior segment case is written up as your case study, this would satisfy this requirement for this question and a non-anterior case can be used instead.
- 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.
- If submitting a patient referred for cataract surgery a full diagnostic work-up, including dilation, should have been performed.
- It is recommended to provide a short commentary that may help the Board understand the circumstances surrounding the referral and your thought process during the examination.

Non-TPA endorsed optometrists should submit **THREE** cases in total.

TPA endorsed optometrists

Please provide a fourth case (D) that demonstrates a typical therapeutic case you would encounter in practice. Note this does not need to be a referred case. 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, basic pathophysiology of the condition treated, the mechanism of action(s) of the medication(s) prescribed and the final patient outcome.

TPA endorsed optometrists should submit **FOUR** cases in total.

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.

Glaucoma prescriber optometrists should submit **FIVE** cases in total.

Results of the self audit process

Usually you will receive the outcome of your self audit within a six 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.
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.