Optometrist self-audit tips

The information in the self-audit will be used by the Optometrists and Dispensing Opticians Board to assure it of individual optometrists' current competence. This process is not disciplinary in nature and is intended to be educative, and where necessary, rehabilitative.

Possible outcomes of the self-audit process are pass, pass with comment, or referral to the Professional Standards Committee (PSC) for further consideration. Note that you may be asked to supply additional information or to reattempt some questions before the self-audit can be marked complete. This will be completed separately from the original self-audit form – the originally submitted self-audit remains locked. Further details, including potential outcomes from the PSC, are detailed at the end of this document.

The random selection process for allocating self-audits ensures that all practitioners are audited within an eight-year period, and that 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.

Below you can find some hints and tips for completing the self-audit.

Section 1: Practice related information

Section 1 details information about your practice environment, which helps the Board place your cases and responses to the other questions into context. For Question 3, you should use a 'typical' week, or if this is challenging, the average time spent seeing patients directly over the previous four weeks. Question 4 should include how long you book your routine (i.e., non-emergency / non-specialty) patients. It can include pre-testing, but this should be clearly noted that this is additional time (distinct from chair time with the optometrist).

1. Practice location: Metro ☐ Urban ☐ Rural ☐
   Type of practice: Solo ☐ Multiple☐ Tertiary Care ☐
   Other ☐ If other please specify:
   Employment: Self-employed ☐ Franchisee ☐ Employee ☐ Locum ☐

2. Years in general optometry practice:

3. How many hours in a **typical** working week you spend in direct patient contact (excluding dispensing of spectacles or contact lenses)?

4. For a routine eye exam, explain the procedures a patient would experience within your practice, including time spent at each station (do not including dispensing).

Section 2: Practice systems

Section 2 includes practice management questions, which includes aspects that can directly impact on patient care. While it is acknowledged that in some practices these systems will be well established and perhaps beyond the immediate control of the optometrist, the obligation for patient safety remains with the healthcare professional. Therefore, an understanding of the processes and consideration of any failure points should form part of this response.

5. How do you ensure that all clinical records, ancillary tests (e.g. retinal photos, OCT), and correspondence regarding a patient are securely collated and stored?

6. What systems do you have in place to ensure appropriate patient recall and referral, when required?

Section 3: Cultural and ethical practice

Section 3 questions cover the cultural and ethical standards that optometrists are expected to meet, and both standards are linked for convenience. When responding, it should be noted that a specific example should be given to demonstrate how the optometrist meets the relevant standards for each question. The best answers directly reference the relevant standard.

7. After reviewing the Board's Standards of Cultural Competence, please describe a situation which demonstrates that you (and your practice) provide safe cultural practice.

8. After reviewing the Board's Standards of Ethical Conduct, please describe a situation which demonstrates how you abide by the Board's standards of ethical conduct.

Section 4: Clinical competence

Section 4 requires uploading 7 cases. The selection of cases should demonstrate the breath of skills used in daily practice, and they need not be rare or complex encounters or conditions. Note that these are no longer required to be referred cases, though they may be. Responses from referrals can be included if they reinforce an aspect of case that you wish to highlight. It is expected that some of the seven cases demonstrate use of techniques such as dilation, gonioscopy, binocular indirect ophthalmoscopy, or therapeutic prescribing, and include a range of diagnoses. You should include a short note as to why each case was selected (e.g. dilation to assist diagnosis), or if when re-reading the case, how you could improve should the case present again.

If the cases submitted fail to demonstrate a range a competencies that can be assessed against the clinical standards, it is likely that the optometrist will be asked to submit more.

Practitioners who are registered as independent glaucoma prescribers will have to provide one additional case, making eight in total. This case should be one were you independently managed the patient – or at least made the management decisions. You should include a note explaining your thought process here, and why it led to the management plan given.

9. Please supply a total of seven (7) case records, which illustrate your diagnostic and clinical skills in the environment in which you practice. Cases should highlight the range of skills that you utilise in practice, and may include dilation, gonioscopy, use of therapeutic agents, specialised testing, referrals, an acute case, an anterior disease, a posterior disease.

Include a short statement explaining why you selected each case, and what if you learnt after reflecting on it. You may wish to refer the Board's Clinical Standards when considering cases.

Please note that if a range of skills are not demonstrated, the Board is likely to ask for more examples.

<< Independent Glaucoma Prescribers Only>>
In addition to the above, please provide one glaucoma case which you independently managed, making the total number of cases eight (8). Provide a statement which details your clinical thinking, referencing your clinical notes, and describe the rationale for the management decision made.

Section 5: Reflective statement

Section 5 is a short reflective statement. This statement should be regarding any learnings or observations noted while preparing this self-audit. The practice of optometry requires practitioners to continually reflect on their practice to identify areas of shortcomings before they can cause problems. This is often hard to manage in day-to-day practice, so this question provides an opportunity to self-reflect. Note that statements such as "No issues" are unlikely to be accepted, as no practitioner has perfect techniques and knowledge of all aspects of optometry.

10. After completing this self-audit, please comment what you have learnt, and how you might incorporate these learnings into your practice.

Section 6: Declaration

This declaration must be completed after answering all the questions in the audit before submission to the Board.

- 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.

Additional Notes:

If the Board is satisfied with the self-audit you will receive notice within 6 weeks of submitting your audit. 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 acknowledge self-audits of a high quality, but the purpose of this audit is to ensure practice is above a minimum safe standard, rather than identifying gold-standard practice.

Should the Board have concerns about a practitioner's competence arising from the self-audit, the Board will invite the practitioner to provide further information. Such information may include (but is not limited to):

- examples of cases 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 course of action

- information on steps taken by the practitioner to make changes to their practice because 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 and decides on whether the practitioner has met the self-audit requirements. Where there are no outstanding concerns the practitioner will then receive a notice informing them that the Board considers that they appear to be practising at the required standard of competence.

In cases where the Board has outstanding 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
- 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 notice 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 the Board, to ensure the continuous review and improvement of Board processes.