Aboriginal and Torres Strait Islander Health Practice Chinese Medicine Chiropractic Dental Medical Medical Radiation Practice

Nursing and Midwifery

Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Occupational Therapy

Australian Health Practitioner Regulation Agency

Practitioner Audit Pilot Report

July 2013

Phase Two: Optometry

Introduction

About this document

This report presents the findings and recommendations from phase 2 pilot audit, undertaken by the NSW AHPRA office audit team from October 2012 to February 2013.

It was conducted on the recommendation of the phase 1 audit pilot report and involved auditing a fixed sample size from the pharmacy, chiropractic and optometry professions for the same four registration standards.

This report will present the findings for the optometry profession only. Reports for the other professions are available on the respective board websites.

The overall practitioner audit project is designed to determine the frequency, size and type of audits required as well as develop and establish the audit methodology to be developed for the National Scheme.

About the National Scheme

AHPRA supports and works with the National Boards responsible for regulating 14 health professions in Australia.

The primary role of the National Boards is to protect the public and facilitate access to health services. National Boards set the standards and policies that all registered practitioners must meet. AHPRA's operations are governed by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The 14 National Boards are:

- Aboriginal and Torres Strait Islander Health Practice Board
- Chinese Medicine Board
- Chiropractic Board
- Dental Board
- Medical Board
- Medical Radiation Practice Board
- Nursing and Midwifery Board
- Occupational Therapy Board
- Optometry Board
- Osteopathy Board
- Pharmacy Board
- Physiotherapy Board
- Podiatry Board, and
- Psychology Board.

More information about the role of AHPRA and the National Boards is published at www.ahpra.gov.au and on individual National Board websites, accessible through the AHPRA site.

Registration standards

Each National Board sets registration standards that practitioners must meet to be registered to practise. The National Law requires Boards, at a minimum, to set five standards – the four detailed below and also a standard in relation to English language skills.

The audit focused on practitioners' compliance with the following four registration standards:

- criminal history check (CHC)
- continuing professional development (CPD)
- recency of practice (ROP), and
- professional indemnity insurance (PII).

More information about the Optometry Board of Australia's (the Board) registration standards are published at www.optometryboard.gov.au/Registration-Standards.

The audit process

The phase 2 pilot audit used the audit framework from phase 1. Unlike phase 1, conducted with the pharmacy profession only, phase 2 was run in conjunction with the renewal registration period.

This audit took place from from October 2012 to February 2013 and assessed practitioners' compliance with four registration standards during the previous registration year to 30 November 2012.

Selection and sample size

AHPRA engaged an external statistician to advise on an appropriate and cost effective sample selection method and size for the audit. A fixed sample size was chosen, to provide a high rate of reliability and to ensure the results could be applied across the profession as a whole. As a result, among audited practitioners:

The random selection method ensured each registered practitioner had an equal opportunity of being selected.

Practitioners were selected from all optometrists who had renewed at least once with the Optometry Board of Australia in the National Scheme.

The table below summarises how registrants selected for the audit compared to the overall population in regards to the location they practice. In terms of location of practice, these results reveal the audit sample is representative of the population of registrants as a whole.

| State / territory | % of sample | Total no. of registrants | % of population |
|-------------------|-------------|--------------------------|-----------------|
| ACT | 1.4 | 69 | 1.5 |
| NSW | 34.4 | 1564 | 33.8 |
| NT | 1.0 | 26 | 0.6 |
| QLD | 19.4 | 921 | 19.9 |
| SA | 5.7 | 227 | 4.9 |
| TAS | 1.4 | 81 | 1.8 |
| VIC | 26.3 | 1182 | 25.6 |
| WA | 8.3 | 363 | 7.9 |
| No PPP | 2.0 | 191 | 4.1 |

| State / territory | % of sample | Total no. of registrants | % of population |
|-------------------|-------------|--------------------------|-----------------|
| Total | 100 | 4624 | 100 |

Approximately 50% of registered optometrists are female and this was also the split observed for those selected into the audit. Again, these data reveal the audit sample is representative of the population of registrants as a whole in terms of participant's gender.

Assessment process

The audit team comprised one Senior Assessor and up to six Audit Assessors. The increase in team size was due to three professions being audited at once as opposed to only one in the previous pilot.

The assessors were: based in the New South Wales AHPRA office; experienced in processing and assessing applications for registration and renewal; and trained on the audit framework.

Processes were detailed and tools provided to assessors before the start of the pilot.

After reviewing the material provided by practitioners, the audit assessors could:

- find that the practitioner had complied with all of the requirements of the registration standards
- find that the practitioner had not met the requirements of the registration standards and a committee
- request further information. An email was initially sent advising practitioners they had been selected for audit.

Audit results

Audit outcomes

As with the previous pilot, each audited practitioner was allocated into one of the following audit outcome categories:

| Audit outcome category | Description | % of optometry practitioners |
|---------------------------|--|------------------------------|
| Completed the audit | Practitioners that submitted a renewal request, were audited and sent a successful renewal outcome letter | 90.5 |
| Changed to non-practising | Practitioners who prior or during the audit and renewal period changed to a 'non-practising' status | 3.2 |
| Failed to renew | Practitioners who did not respond to the renewal request which would mean their registration being administratively withdrawn | 4.7 |
| Board submission | oard submission numbers related to those ractitioners who did not comply with one or more tandards at the time of the audit. | |
| | Reason for board submission: Failed CPD (73.9%) Failed CHC (4.3% Failed RoP (8.7%) Failed 2 or more standards (8.7%) No audit response (4.4%) | 0.6 |

| Audit outcome category | Description | % of optometry practitioners |
|------------------------|---|------------------------------|
| Withdrew application | Those practitioners who made their intention known they would not renew or during the renewal process decided to withdraw after seeking further information from the audit team | 0.6 |
| Other | Those practitioners that did not end the audit process due to unforeseen circumstances* | 0.4 |

^{*} Some of these are ongoing

The table below demonstrates how these main results from the audit can be applied to the total practitioner population..

| Outcome | Percentage (best estimate) | |
|---------------------------|----------------------------|--|
| Completed the audit | 90.5 | |
| Changed to non-practising | 3.2 | |
| Failed to renew | 4.7 | |
| Board submission | 0.6 | |
| Withdrew application | 0.6 | |

Assessment process

For the purposes of this report, the process is divided into three stages:

| Audit stage | Description | Results |
|------------------|--|--|
| Renewal request | When practitioners make their intention to renew their registration (either online or via submission of a paper form) | 96% of practitioners applied to renew by the close of the formal renew period (30 November 2012) |
| Audit response | When supporting evidence has been receipted by the audit team to begin assessment | Number of days to respond Average: 28 Maximum: 134 |
| Audit completion | When the audit team have assessed a practitioner against all four standards and flag the audit as being successfully completed | Days for audit completion: Average: 59 Minimum: 12 Maximum: 128 |

Request for additional information

Additional information was requested from practitioners for a number of reasons.

- No documentation provided with audit checklist
- Certificate of currency and/or invitation to renew insurance not supplied
- CPD log incomplete or further clarification of entries required
- Statement of service from employer (those employed) or Statutory Declaration (those self employed) not provided, filled out incorrectly, was illegible or supplied in the incorrect format.

The average number of days practitioners took to respond to provide further information (approximately 5–9 days).

| | Results |
|---|--------------|
| Avg. no. of days to respond to request for further info. | 8.79 |
| Total no. of requests for further info. | 317 |
| Avg. no. of times further info. was requested | 1.17 |
| % of practitioners where further info. was requested at least once | 54.95% (272) |
| % of practitioners where further info. was requested at least twice | 7.27% (36) |

Next steps:

AHPRA, on behalf of and in conjunction with National Boards is working to:

- establishing a permanent audit team to introduce the auditing as a business as usual audit function supported by policies and procedures developed and maintained by AHPRA.
- develop an audit campaign decoupled from the renewal process to provide an efficient and effective service for the 14 National Boards that is nationally consistent wherever deemed appropriate.
- invest in the software systems to support the audit function and ensure integration with registration, notification and compliance software as appropriate.
- enhance the practitioner experience through the refinement of information, documentation and systems to ensure requirements are clearly articulated, fair and transparent; and user friendly for the practitioner.