



Continuing Professional Development Record Templates¹

Registrant Profile

Optometrist qualified more than 10 years who currently employs one registered optometrist in independent practice and five non-registrant support staff.

Practice includes fitting contact lenses, including keratoconous, multifocal RGPs. Also performs domiciliary visits, and has a significant cohort of partially sighted patients.

1. You must read the [audit guidelines](#) document before completing this record for audit purposes and submitting.
2. It is important that all information identifying any third party must be removed from any records submitted. Do not, under any circumstances, provide information that would enable the identification of a service user.
3. Do **not** attach any supporting documentation with this record.

¹ Version issued June 2020



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Name:	Kevin Briggs	CORU Registration Number:	OP123456
Audit period from:	1 April 2020	Audit period to:	31 March 2021
Registration Board	Optical Registration Board		

Implement			Evaluate & Reflect	
Date and time spent When did you undertake this learning activity?	Type of Learning Activity What was the name of the activity?	CPD credits Approx. 1 CPD credit for every hour of new or enhanced learning achieved	Learning Outcome What have you learnt through completing this activity? How have your skills and knowledge improved or developed?	Impact on practice How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role?
01/4/2020 14:00-15:30	Attendance at Clinical Skills Workshop on Binocular Indirect Ophthalmoscopy (BIO) headset for fundus examination run by the Association of Optometrists Ireland (AOI)	1.0	Having never had the opportunity to use BIO previously, it was all new to me. I learned: 1. The optics of the BIO and how it produces the retinal image 2. When headset BIO should be used for retinal examination How to use the device from focussing it correctly, to patient positioning, lens and head positioning and interpreting the image seen.	Since the workshop I have practised using the technique and have started incorporating it into my regular practice especially when examination of the peripheral retina is indicated. The more I perform the technique the easier it has become and the more confident I am with it.



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06/04/20 19:00-21:00	Researching Best Disease (vitelliform macular dystrophy) following a query from a patient whose relative has just been given the diagnosis. Articles read included, Vitelliform Macular Dystrophy, Ophthalmology, Volume 113, Issue 8, 2006, Pages 1392-1400.e4, Functional and clinical data of Best vitelliform macular dystrophy patients with mutations in the BEST1 gene. Mol Vis. 2009;15:2960-2972. And Macular Disease Foundation, Vitelliform Macular Dystrophy (Best Disease), https://www.mdfoundation.com.au/content/vitelliform-macular-dystrophy-bests-disease	1.0	Having read a number of articles and papers on this condition I have learned: <ol style="list-style-type: none"> 1. How it is inherited 2. The typical course and natural history of the disease 3. How it affects vision 4. How it can be managed in optometric practice 	I am now much better prepared to recognise this disease in practice, how to deal with queries about it and how to advise and communicate with sufferers and/or their relatives/carers.



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15/05/20 09:00-14:00	Half-day at cataract clinic	2.5	<p>This observation of practice allowed me to learn,</p> <ol style="list-style-type: none"> 1. The use of advanced diagnostic devices for biometry (IOL Master) 2. How patients are counselled pre-operatively regarding expected outcome and potential complications 3. How modern cataract surgery is performed 4. How post-op reviews are carried out and complications dealt with 	<p>When discussing referral for cataract surgery I now give patients much more information about their options, how the procedure will be carried out and what to expect in terms of recovery. This has been very helpful to these patients and I feel much more confident in my ability to deal with their concerns and expectations.</p>



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18/06/20 19:00- 21:00	Read An analysis of the Age Related Eye Disease (AREDS 2) Study Report	1.0	I learnt 1. The new formulation that is shown to be effective in managing progression to Advanced Age-related Macular Degeneration (AMD) 2. The categories of patients who are likely to benefit	I have learned that it is a relatively restricted cohort of patients for which the evidence exists regarding the effectiveness of supplementation. I am now much clearer on the evidence base that exists for supplementation and will incorporate this into my discussions with patients about the use of supplements for AMD. I feel much more confident now that I am giving accurate evidence-based information and advice to these patients.
28/07/20 (15 mins discussion with colleague, 45 mins online research including images)	Case discussion with a colleague and subsequent online research on science direct and Optometrists image library.	0.50	A colleague in the practice shared her experience of referring a patient with a retinal lesion she noted and imaged which turned out to be a halo naevus. Having never encountered this in practice myself, I now know what a halo naevus is and how it presents.	Should I ever encounter such a retinal lesion in the future, I will know what it is and be much better able to decide on how to manage it (in terms of referral, monitoring etc.) and I will carefully document it using fundus photography (or OCT if possible).



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29/09/20 19.00- 21.00	Attendance at local meeting hosted by Ophthalmologist	1.5	<p>The meeting was instructive in learning about new treatment options for various common ocular diseases. It was also beneficial meeting with colleagues, and discussing alternative approaches to common scenarios. In particular, I learnt,</p> <ol style="list-style-type: none"> 1. New treatment modalities for managing Dry Eye 2. Interpretation of OCT scans, in light of new treatment options <p>Discussion of co-management possibilities for post cataract</p>	<p>I discussed with front of house staff the procedures to triage patients with common symptoms of dry eye. This was helpful as it highlighted a need for me to contact suppliers of Dry Eye preparations to arrange having a supply onsite, as well as ensuring staff were fully informed of preparations. I now have an enhanced understanding of disease presentations with optical coherence tomography (OCT), allowing me to prioritise urgency of referral and frequency of intervals for monitoring in practice. I also have a greater appreciation of importance of symptoms on presentation following cataract surgery.</p>



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01/11/20 10.30 – 14.00	Attendance at COSI Trade Show – meeting suppliers, learning about new products and technological developments	1.5	Always helpful to get out of the practice and see the woods for trees. It is useful to liaise with colleagues and network with relevant suppliers to hear about new technologies and products in particular the Heidelberg Spectralis OCT and the iCare tonometer	<p>Given my recent purchase of a Topcon Maestro OCT, I was interested to see how this compared with the Heidelberg Spectralis device. Having compared the functionality, normative databases and diagnostic capabilities of both devices, I am happy that I am up-to-date with the my Maestro OCT and am giving the best level of care to my patients in terms of retinal diagnostic imaging.</p> <p>Following the demonstration of the iCare tonometer, I have decided to purchase one so that I am in a position to give a better level of care to my wheelchair-bound and domicillary cases (until now I have been unable to measure their Intraocular Pressure reliably).</p>



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01/12/20 9.30 – 16.30	Assisted Decision Making Capacity Act (2015) 1 day Conference	6	I attended a one-day Conference on the Assisted Decision Making Capacity Act (2015). My practice is increasingly engaging with patients presenting with chronic neurodegenerative disease, such as Alzheimer's. Patients are often accompanied by a family member or carer, and understanding of the HSE National Consent Policy and capacity to consent is vital to ensure compliance with my Professional Code of Conduct and Ethics (2019). The Conference was thought-provoking challenging my own, and others, interpretation of legal authority conveyed by 'next of kin', informed consent, patient centred care and supported decision making.	I have a better understanding of the key provisions under the Assisted Decision Making Act (2015), as well as the key National Consent Policies and best practice. The Conference highlighted for me the need to review our intake/assessment form, as well as brief staff on the importance of ensuring steps are taken to ensure person centred care and supported decision making throughout any assessment, diagnostic or treatment intervention. I have also instigated a procedure to escalate a matter if there are concerns about an individual's capacity to consent. The practical and multi-disciplinary nature of the event, challenged my own perceptions as to approaches that could be incorporated into my clinic. This includes consideration of adaptation of eye assessment procedures for clients presenting with confusion and/or impaired comprehension, refusal or poor



				cooperation and/or physical limitations. I intend to present a case study at an upcoming peer review meeting to facilitate discussions with peers as to best practice/alternative approaches and discussion regarding understanding and application of the legislation.
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28/01/21 40 minutes	Radharc magazine article: Glaucoma, a review.	0.5	<p>The article provided updates on Glaucoma including;</p> <ul style="list-style-type: none"> - New definitions, - Common and less common presentations, - Risk categories and - Treatment regimes. <p>This is a common disease often encountered in my clinic that has high risks to vision and quality of life.</p>	The article caused me to reflect on my current approach in which I have tended to use three common perimetry programmes. I now realise that other less commonly used programmes offer enhanced possibilities of early detection, as well as showing change in visual fields at an earlier stage. I identified a number of alternative programmes that I have since tried with presenting clients, with effective results.



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15/01/21 10.00-13.00	Supervisor Training Day, NOC Kevin St. Dublin	1.5	<p>This was a training event facilitated by college staff regarding supervised practice for optometry students. The key learnings from the event were:</p> <ol style="list-style-type: none"> 1. The various online reporting methodologies I will need to use during the placement 2. What clinical competencies the student must achieve during placement and how these related to CORU Standards of Proficiency 3. How to assess the student's attainment of the clinical competencies 4. The importance of giving feedback and how to do this in the clinical setting 	<p>I haven't supervised an optometry student for the past 5 years, so it was certainly beneficial to have a tour of the clinics and discussion with clinic supervisors to ascertain how teaching methods and technology have made great strides over the intervening period. I now have a greater understanding of standards of practice that I can expect of the student when they start, as well as the information I need to include in my monthly reports to the college. I found the learning on discussing reflection particularly useful. This will allow me to encourage the student to reflect in a useful way and will also impact on my own reflective practice.</p> <p>I have a much better understanding of how to assess a student's attainment of competency. I feel much more confident that I can do this well. I will also employ the feedback</p>



			<p>5. How to supervise the student's recording of patient encounters in their logbook</p> <p>6. How to approach case discussions with the student and their reflections</p>	<p>techniques so that I can support the student constructively through their learning.</p>
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28/01/21 15 – 30 mins, 45 mins online research	Discussion with colleague in practice regarding management options for common Binocular Vision anomalies	1.0	My colleague was unsure how to deal with a presentation of convergence insufficiency. Having to assist them caused me to question my own understanding of this condition, which in turn prompted discussion of other common presentations.	It highlighted the need for and our agreement to conduct our own research into common BV presentations and reach a conclusion on protocols for management or referral. This will allow us to effectively refer and offer management options to service user presenting with this condition in the future as required by my Professional Code of Conduct and Ethics.



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02/02/21 10.00 – 11.30	Introduction to Children's First E-Learning Programme	1.5	I completed Tusla e-learning programme to ensure I was informed and able to advise staff on child protection responsibilities. I learnt about types of child abuse, recognising and reporting child abuse, the role of the mandated person and the role of the designated liaison person. I was also directed to further reading on A guide for the reporting of child protection and welfare concerns that provided me a better understanding regarding making decision to report, record keeping as well as possible responses.	I reviewed my practice's child safeguarding policy, and raised the issue at a staff meeting to remind staff of the protocols/procedures for recognising and raising child protection or welfare concerns. I also was able to direct staff to this free online resource and advise completion of the e-learning programme. I feel that I am more confident being able to advise staff if they have a concern about a child, understand steps that may need to be taken to report concern as well as direct staff to additional reading/resources. It also helped me to better understand my responsibilities under my Professional Code of Conduct and Ethics regarding safeguarding children.



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15/02/21 60 minutes	Meeting with proposed optometry student prior to supervised practice	0.50	My experience of supervising Optometry students in the past, while onerous, has been generally rewarding. It has been educational in so far as I have found myself adapting new techniques that I hadn't learnt in college, but which when displayed by my student suggested my own approaches may be dated. This occurred when acting as a supervisor for a recent student placement. I noted the approach taken by the student and was able to adapt my own approach/technique. I learned that, when performing Goldmann tonometry, leaving the tonometer probe on the patient's cornea while adjusting the pressure wheel was a faster and easier way of getting the end result. This differed to the on/off technique I had been taught many years ago.	Having students in the clinic can be very beneficial, not only by sharing knowledge/experience with student, but also to challenge my own skills/knowledge. Students have often learnt the most up to date techniques, as in this case which allows both myself and other staff to remain current in our practice for the benefit of clients. In this instance, observing the student using the Goldmann tonometry technique has allowed me to incorporate this into my practice.



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22/02/21 90 minutes	Unusual presentation of retinopathy with patient in practice	1.0	A patient had attended a colleague in this practice one year previously, and was referred to the Eye and Ear Hospital, though no follow-up letter ensued from the hospital. I conducted my own online research and concluded that this patient had suffered a case of POHS(Presumed Ocular Histoplasmosis Syndrome), a relatively rare condition in this part of the world.	The patient in question is dependent on the affected eye for all her visual needs, and appears to have been lost to follow up with Eye and Ear Hospital. I will contact RVEEH to update them on this patient visual status, and ask patient to return for regular follow-up visits in the practice. It is vital that she is aware of signs of deterioration in her condition. I will speak to my Optometry colleagues in practice to make sure they are aware of the complexity of this case.
01/03/21 11.00 – 13.00	Association of Optometrists Ireland (AOI) This was a business meeting with individual presentations on:	1.0	All presentations provided updates or new information about a wide range of relevant topics, including - Clarification of CORU CPD requirements including record template, number of credits and audit periods.	I will present updates to staff at the next team meeting following AOI AGM. A key tip that I picked up from the day and have incorporated into my practice is to record/ or take brief notes on my mobile of key learning following a CPD opportunity. This has been particularly helpful in completing my CPD portfolio at a later date where I can refer back to my notes.



	<ul style="list-style-type: none"> - CORU CPD requirements - Dept of Health/HSE updates - Dept of Social Protection GDPR - Myopia management 		<ul style="list-style-type: none"> - HSE/ Dept of Social Protection identified possible fee increases and more frequent visits allowable. - GDPR provided further explanation, overview of legislation, responsibilities with specific examples relevant to optometry as well caution in application of GDPR requirements. <p>The new myopia management study clarified recruitment of 6-16 year olds and eligibility was explained.</p>	
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04/03/21 19.00-20.30	College of Optometrists UK webinar on Myopia Management	1.0	Myopia management options have greatly expanded in the past 5 years, to include spectacles, contact lenses, and general lifestyle advice. This lecture presented the risks of the condition, as well as management options, in a clear and concise manner. A panel discussion with	My practice is in an area where there are many primary schools, and hence we see many young children. The webinar has made me consider a more proactive approach for dealing with early myopia, and the risk of myopia in families with a history of the condition.



			questions from the participants ensued, which was very informative.	
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10/03/21 14.00-15.00	Enquiry from patient regarding Myopia Management	1.0	I contacted National Optometry Centre regarding a potential candidate for the MOSAIC Myopia Management research programme. A detailed discussion ensued regarding the candidate's age, degree of myopia, duration of programme, costs to the patient, and probability of successful outcome. I relayed this information back to the patient's parents and suggested a strategy whereby the patient would partake in the NOC study and would attend my practice for 6 monthly prescription reviews.	This was a useful opportunity to be hands-on in the community about an area of growing concern to parents of teenagers and younger, with the common condition of myopia. In tandem with the CPD event mentioned above, it has enabled me to be more informed and proactive in assessing suitability of patients for this area of research.



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22/03/21 12.30-16.30 (Plus 6 hours of online course materials prior to today)	MECS(Minor Eye Conditions) Clinical Skills workshop and follow-up practical exams.	5.0	<p>We must practice within the limits of our knowledge, skills, competence and experience. This workshop was an ideal opportunity to upskill and provide a vital service to my patients:</p> <ol style="list-style-type: none"> 1. Identify and evaluate the urgency of red eye presentations 2. Identify and evaluate the urgency of sudden onset blurred vision presentations. <p>Removal of superficial corneal foreign bodies.</p>	<p>I was anxious approaching this course, as I am more than 10 years qualified, and would be wary of having my clinical skills examined and appraised by my peers. Nonetheless, I knew the course materials would be of good quality, and ultimately beneficial both to my core everyday skills and of course to my patients and practice going forward.</p> <p>The exams on the day proved much less onerous than I feared, and I have resolved to be more proactive in seeking to improve and develop my clinical skills in the future.</p>



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25/3/21 12:15- 13:00	Patient with Aniridia	0.5	<p>This is a rare disease that I have never encountered in practice previously. I learned that the condition affects the macula, optic nerve, cornea and lens as well as the iris.</p> <p>The patient gave me an excellent insight into the how the condition impacts on her physically and psychologically.</p> <p>The patient also told me about the Aniridia Network that has been recently established in Ireland.</p>	I now have a much better understanding of this condition, how it impacts function and what management options work best. I will be much better prepared for caring for patients with this condition in the future and will also be able to put them in touch with the Aniridia Network should they not know about it.

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undertake this learning activity?	What was the name of the activity?	enhanced learning achieved		

Review	Plan
What do I want or need to learn in the next 12 months?	What learning activities will I do to achieve this in the next 12 months?
Following on from webinar on myopia management on approaches to deal with early myopia and increasing presentation of children and teenagers to my clinic, I want to enhance my understanding of and skills to manage paediatric eyecare and referral, as required.	A number of practitioners in my area who, like me, are starting to see more children in practice are planning to meet on a regular basis starting Q3 2021 to discuss paediatric cases they've managed and/or referred. I will participate in at least 2 of these quarterly meetings.
Given the age cohort of many of my patients and increasing presentation of cataracts in cases, I want to enhance my knowledge of refractive surgery as a treatment option.	The cataract centre I recently visited has invited me back to spend a day in their refractive surgery service, Q4 2021 observing optometrists and ophthalmologists assessing and treating refractive surgery cases.
On reflecting on my learning after a local meeting with an ophthalmologist regarding dry eye management I identified new treatment modalities that I would like upskill on and to incorporate into my practice.	I plan to expand my ability to manage dry eye cases in practice by attending a National Optometrists Centre clinical skills workshop in punctal plugging and dry eye management in Q1 2022.
Having enhanced my knowledge of the Assisted Decision Making Legislation, I want to incorporate new approaches to facilitate those patients with neurogenerative conditions and/or learning disabilities to give informed consent in compliance with my Professional Code of	I intend to consult with Inclusion Ireland on producing and/or making available easy read materials for patients in Q1 2022, as well as identifying reasonable accommodations that can be implemented in my clinic to ensure clients with a learning disability can give informed



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Conduct and Ethics, regarding obtaining informed consent from patients.	consent for any assessment, diagnosis and/or treatment. I also intend to research and prepare a case study for discussion at peer meeting for discussion at peer review meeting in Q2 2022.
Having attended AOI meeting that provided an update on CORU CPD requirements and how to meet those to be compliant with my Professional Code of Conduct and Ethics, I want to further develop my understanding of how to review and plan to meet my learning needs and to incorporate reflective practice and maintain a record of my CPD activities.	I will review Optical Registration Board CPD Guidance and CPD Support documents in Q 4 2021. I will also research models/approaches to support reflective practice, as well as tools that can help me to review and identify my learning needs.

I, the undersigned, certify that the information contained in this Record of CPD Activities is correct in all respects.

Kevin Briggs

10 April 2021

Signature

Date

OP123456

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CORU Registration Number

Total Number of Pages