

Common Competencies

Training for the job to be done!

TEAM



The EYE team working harder and smarter

- Multidisciplinary working
 - Traditional medical roles devolved
 - Collaboration and relationships
- Improve patient care
- Reduce unwarranted variation



Ophthalmology team

Expanded roles – ad hoc arrangements

- Education/training (qualifications)
 - Not standardised
 - Locally delivered (largely)
 - No co-ordination / courses vary (no courses!)
 - Varies among different groups
 - Qualifications variable/non existent

Improving the Team through education

- Concerns with current situation
 - Governance
 - Workforce intelligence/planning
 - Duplication of effort
 - Unwarranted variation

Current concerns / risks

- Patient
 - Uncertainty around skills and competencies (roles)
- Health care professionals
 - Lack of recognised training (mobility and support)
 - Lack of recognised qualifications
 - Lack of support from employer
 - Dependent on local department

Transferring care

- Bristol Inquiry (2001)
 - Endorsed establishment of robust mechanisms for competence assurance for all healthcare professionals.
- Francis report (2013)
 - ‘accountability and patient safety at all levels of a health care organisation’
- GMC guidance (GMP)
 - When doctors delegate care they ‘must be satisfied that the person providing the care has the appropriate qualifications, skills and experience to provide safe care for the patient’

Transferring care

Expanded roles

- Responsibility of delegator to ensure that person is suitably
 - Trained
 - Competent
 - Sufficiently experienced



Transferring care

Expanded roles

- Responsibility of delegated practitioner, before accepting a task or role, to ensure
 - Skill set adequate
 - Appropriate supervision is available



“The fact that you like Tang really doesn't qualify you to be an astronaut.”

Common competency framework

- Ophthalmic nurses, optometrists, orthoptists, ophthalmic clinical scientists
- Different backgrounds and basic training
- Similar / identical expanded roles

Position Statement on developing a Competency Framework for expanded ophthalmic roles for Ophthalmic Nurses, Optometrists, Orthoptists and Ophthalmic Clinical Scientists

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Hospital eye services continue to provide exceptional patient services. But under increasing demand and a lack of capacity, healthcare professionals' ability to offer patient care and treatment safely is being compromised.

These professional bodies delivering eye care services recognise this issue and have come together to develop a competency framework. This will standardise education and training for the non-medical eye healthcare workforce, to competently take on expanded roles within a multi-disciplinary team, to effectively deliver optimum patient care safely.

This joint position statement covers all four countries in the United Kingdom. It sets out the position of the ophthalmic professional bodies with regard to training and education for graduate optometrists, orthoptists, ophthalmic nurses and ophthalmic clinical scientists and practitioners to carry out expanded roles within a standardised competency framework.



Aims

- Promote safe practice via established standards of competence
- Recognise standards of competence to reassure the public
- Provide employers and commissioners with standards
- Demonstrate skills with underpinning knowledge
- Enhance collaboration between professional groups
- Highlight need to maintain skills (CPD)

Current Training / Education options

- Nil
- In house
- In house with academic input from HEIs
- More comprehensive, training programmes with specific new roles (eg. physician associates)

Levels of competence

Levels of working and decision making

- Ability to perform clinical work that assists medical decision making
 - Triage
 - Monitor low risk patients with established diagnoses
- Ability to work to a protocol with limited decision making
 - Preliminary diagnosis
 - Work to protocol
- Ability to make decisions independently with appropriate medical backup, develop service and teach
 - Diagnose
 - Initiate management
 - Discharge

Benefits for workforce

- Knowledge, skills and experience to be obtained through identified local training associated with post graduate education programmes
- National awareness of each level to improve recruitment and transference of skills
- Removal of duplication of different education and training offerings, which differ in delivery and content
- Recognition of the importance of CPD to maintain and update competences and knowledge
- Transitional arrangements for those who have already been trained and assessed to continue to undertake expanded roles

Benefits for patients

- Enhance delivery of integrated patient centred care
- Improve service provision through the use of an up-skilled workforce
- Provide transparency of roles and levels of competence
- Link and recognise better education and training with improved service provision
- Enable tasks to be provided more flexibly – better continuity of care

Benefits for the team

- Frees up ophthalmology trainees for more learning opportunities
- Undertakes tasks and roles previously carried out by trainees and non-consultant career grades
- Maximises on various skills which are complementary and provide wider input to the team
- Provides stability to the ophthalmic team

Training for expanded roles

- Current ad hoc arrangements not sustainable
- Standards outlined and set to improve
- Recognised education programmes
 - Develop for appropriate needs
 - Support and funding essential
- Unwarranted variation no longer acceptable

We are all in the same boat!



Shortcuts in training are detrimental and need to be addressed to provide safe, standardised care

