

The Common Clinical Competency Framework for Non-medical Ophthalmic Healthcare Professionals in Secondary Care

Cataract

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General basic competences of non-medical eye health care professionals

The basic skill set of an ophthalmic non-medical health care professional (qualified optometrist, orthoptist, ophthalmic nurse or ophthalmic healthcare science practitioner) is to:

- Perform basic clinical ophthalmic assessment
- Follow protocols within their scope of practice under appropriate supervision
- Detect abnormalities through assessment and act on these findings
- Not make a diagnosis or treat

This level of skills and competences is essential before undertaking further training and education for a Level 1 expanded role; and some HCPs may need additional ophthalmic training (basic ophthalmic training courses) to obtain these skills.

Possession of a competence indicates demonstration of an understanding of the underlying principles, limitations and benefits of the skill, as well as being able to elicit the appropriate information accurately.

HISTORY TAKING

- Basic science knowledge about symptomatology of eye disease
- Communication skills – ability to elicit relevant information
- Clinical knowledge about ophthalmic presentations
- Ability to take a general ophthalmic history
- Ability to take a social, family and drug history
- Ability to take a relevant systemic history, including past medical history

OPHTHALMIC EXAMINATION

- Ophthalmic basic science knowledge
 - Anatomy
 - Physiology
 - Pathology
 - Optics
 - Microbiology
- Understanding of basic disease processes
- Ability to elicit and recognise the relevance of positive and negative findings on examination
- Visual acuity measurement – understanding of various methods and notations
- External ocular examination

- Slit lamp examination
- Fundal examination
- Pupil reactions
- Eye movements
- Clinical assessment of visual fields
- Understand management of refractive error

INVESTIGATIONS

- Recognise roles of various investigations and understand their basis

DEALING WITH THE NEEDS OF OPTHALMIC PATIENTS

- Understand the terminology and notation used for ophthalmic examinations – including refractive status
- Communication skills
 - patients, relatives and colleagues
 - written, oral and non verbal
- Time management skills
- Patient as the focus of care
- Patient safety
- Infection control including equipment decontamination
- Knowledge of and adherence to local policies
- Team working
- Epidemiology of ophthalmic disease
- Understand basic drug principles
- Instil drops
- Administer drugs as prescribed
- Recognise allergies and common complications

TEACHING AND EDUCATION

- Recognise own development needs
- Ability to share basic information with patients for their education and understanding

PERSONAL DEVELOPMENT

- Self-learning
- Reflective practice
- Recognise and develop evidence based practice
- Recognise limitations of own practice and competences and works within this scope
- CPD – identify channels through which skills can be maintained and developed

Competence in practice – Cataract

Relevant underlying knowledge in competence and behavioural skills.

Level 1

Participate in triage of ophthalmic patients with cataract and assess to protocol within scope of practice

Level 2

Participate in full pre and post operative assessment of patients with cataract

Level 3

Not applicable for non medical eye HCPs

Ophthalmic history taking

Level 1

As per general competences

Ability to:

- Take a specific history relevant to the cataract patient with knowledge of symptomatology of different cataract types
- Make specific reference to past ophthalmic, past medical and drug history relating to cataract surgery
- Take an accurate and relevant optical / refractive error history
- Take a history with regard to impact on lifestyle
- Identify specific relevant lifestyle information – social history
- Specify the patient's need with regard to surgical intervention

Level 2

As per Level 1

Ability to:

- Understand refractive error with regard to outcomes
- Identify factors in the ophthalmic and general medical history which may put the patient at higher risk of surgical or anaesthetic complications (either LA or GA)

Ophthalmic examination

Level 1	Level 2
<p>As per general competences</p> <p>Ability to:</p> <ul style="list-style-type: none">• Recognise signs of cataract	<p>As per Level 1</p> <p>Ability to:</p> <ul style="list-style-type: none">• Recognise and assess for relevant ophthalmic comorbidities and risk factors in anterior and posterior segments• Use clinical information to identify high risk patients and estimate the risk of operative and post-operative complications• Undertake assessment following cataract surgery

Investigations

Level 1	Level 2
<p>As per general competences</p> <p>Ability to:</p> <ul style="list-style-type: none">• Understand basic principles and perform<ul style="list-style-type: none">- Keratometry- Biometry- Auto-refraction- Focimetry• Understand relevance of measurements and recognise normal values and inconsistencies of the above tests	<p>As per Level 1</p> <p>Ability to:</p> <ul style="list-style-type: none">• Evaluate and identify need for specific tests which may require onward referral – pre and post operation• Perform Seidel test (post-op)• Perform specialist biometry (eg. torics, keratoconics, post laser refractive surgery)

Management and interventions

Level 1	Level 2
<p>As per general competences</p> <p>Ability to:</p> <ul style="list-style-type: none">• Identify those requiring referral or further assessment	<p>As per Level 1</p> <p>Ability to:</p> <ul style="list-style-type: none">• Make appropriate management decisions under agreed protocols and pathways• Explain surgical procedure to patients – outlining potential outcomes, general risks and complications as part of the consent process

Management and interventions continued

- Provide individual risks for patient based on their specific ocular and general health status
- Recognise post operative outcomes that require further medical intervention and adjustment of management in such circumstances
- Recognise common complications and onward referral needs
- Modify post-operative plan as required for comorbidities
- Recognise the need for second eye surgery – refer or discharge with appropriate urgency (eg to balance anisometropia)
- Undertake post-operative interventions such as YAG laser capsulotomy or removal of corneal suture

Ability to deal with needs of ophthalmic patients

Level 1

As per general competences

Ability to:

- Inform patients appropriately about their possible diagnosis
- Risk assess and report - understanding patient safety needs
- Work in a team and communicate with relevant team members
- Understand the basic principles of drugs used for pre-intra and post operative cataract surgery
- Initiate and administer pharmacological interventions in line with local policy and clinical guidelines

Level 2

As per Level 1

Ability to:

- Demonstrate appropriate communication, information-giving and psychological support for the patient and carers
- Recognise drug interactions and systemic drug effects on the surgical procedure

Teaching and education

Level 1	Level 2
<p>As per general competences</p> <p>Ability to:</p> <ul style="list-style-type: none">• Inform and educate patients and carers regarding cataract symptoms and general risks/benefits of surgery	<p>As per Level 1</p> <p>Ability to:</p> <ul style="list-style-type: none">• Inform/educate patients regarding cataract surgery as part of the consent pathway• Report unexpected outcomes

Personal development

Level 1	Level 2
<p>As per general competences</p> <p>Ability to:</p> <ul style="list-style-type: none">• Direct self-learning• Work as part of a team• Audit biometry• Understand reflective practice• Demonstrate participation in CPD	<p>As per Level 1</p> <p>Ability to:</p> <ul style="list-style-type: none">• Audit outcomes

Non-medical HCPs performing expanded roles within the cataract pathways will have a knowledge of the relevant basic sciences, epidemiology, clinical presentations and manifestations, types, natural history and possible progression of cataracts. They will be familiar with evidence based guidelines and have a knowledge of basic principles and limitations of relevant equipment along with the technical skills to employ it.

Abbreviations

AMD	Age Related Macular Degeneration	ICG	Indocyanine Green
APD	Afferent Pupillary Defect	IOP	Intra Ocular Pressure
BRVO	Branch Retinal Vein Occlusion	IP	Independent Prescriber
CMO	Cystoid Macular Oedema	LA/GA	Local Anaesthetic/General Anaesthetic
COAG	Chronic Open Angle Glaucoma	MR	Medical Retina
CPD	Continuing Professional Development	nAMD	Neovascular Age Related Macular Degeneration (wet AMD)
CRVO	Central Retinal Vein Occlusion	OCT	Optical Coherence Tomography
CSR	Central Serous Retinopathy	OHT	Ocular Hypertension
DM	Diabetes Mellitus	PGD	Patient Group Directive
DMO	Diabetic Macular Oedema	PI	Peripheal Iridotomy
DR	Diabetic Retinopathy	RVO	Retinal Vein Occlusion
HCPs	Health Care Professionals	SLT	Selective Laser Trabeculoplasty
HEIs	Higher Education Institutions		
HES	Hospital Eye Service		

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