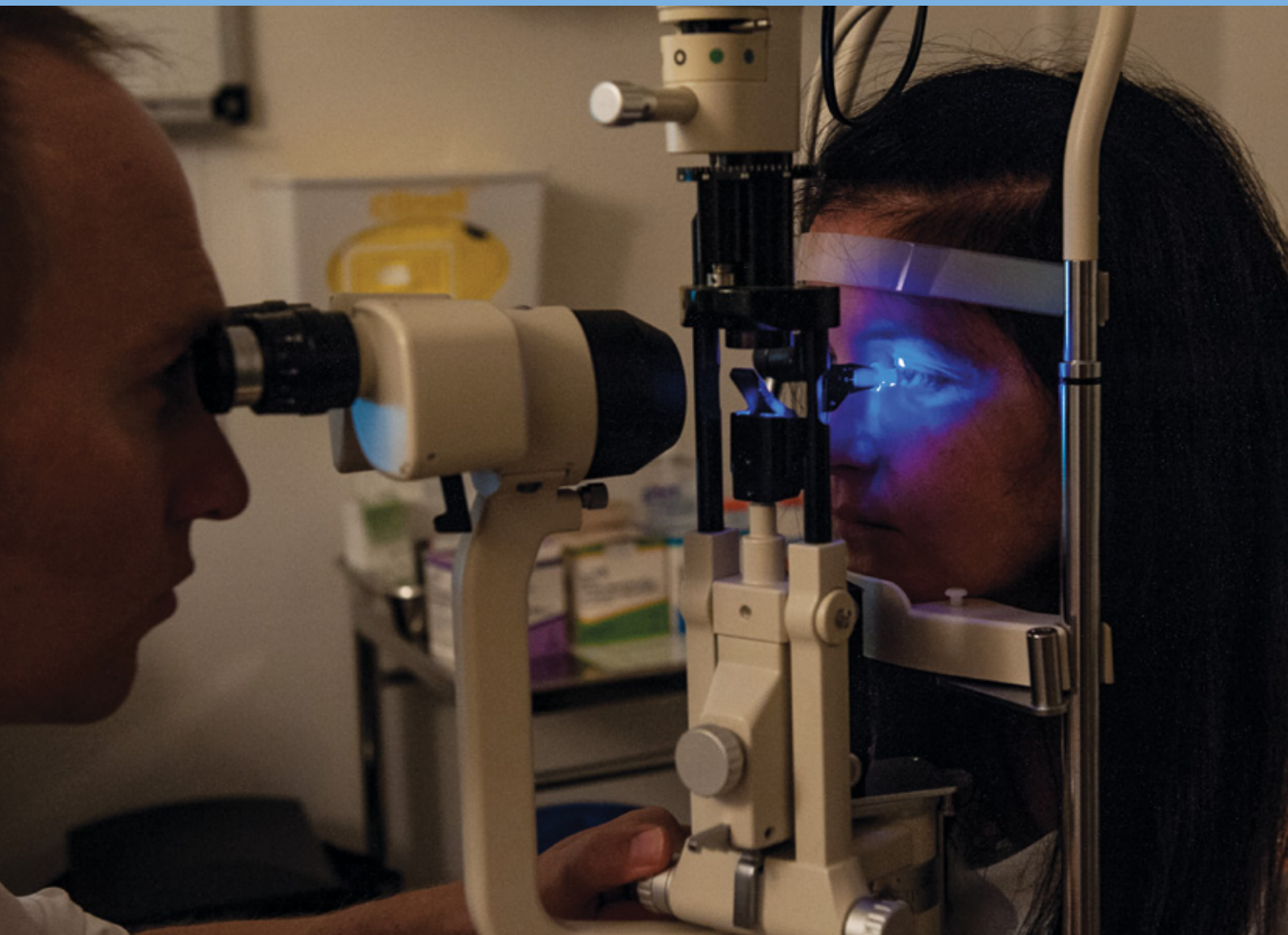


# The Common Clinical Competency Framework for Non-medical Ophthalmic Healthcare Professionals in Secondary Care

## Glaucoma

November 2016



# 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 – Glaucoma

Relevant underlying knowledge in competence and behavioural skills.

## Level 1

Monitor patients with OHT or suspected COAG who have an established diagnosis and management plan (unplanned treatment changes not permitted).

## Level 2

Diagnosis of OHT or suspected COAG and establishment of a management plan. Preliminary identification of COAG for referral. Management of patients with OHT and suspected COAG (includes initiation, changes to and cessations of treatments, and alterations to the management plan).

## Level 3

Monitoring and management of people with established COAG which has been made by a consultant ophthalmologist. Patients may be managed directly or within co-management schemes.

# Ophthalmic history taking

## Level 1

### As per general competences

Ability to:

- Demonstrate basic science knowledge regarding glaucoma aetiology and symptomatology
- Demonstrate good communication skills
- Take a history of any relevant clinical knowledge about glaucoma and other relevant conditions
- Confirm a comprehensive history relevant for glaucoma/OHT
- Elicit details of risk factors

## Level 2

### As per Level 1

Ability to:

- Take a specific comprehensive ophthalmic history in a patient with diagnosed or suspected glaucoma
- Elicit ocular and systemic risk factors

## Level 3

### As per Level 2

Ability to:

- Elicit a history relevant to the management of the patient with COAG, ie looking for change, concordance with treatment

# Ophthalmic examination

Level 1	Level 2	Level 3
<p><b>As per general competences</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Demonstrate basic science knowledge regarding appropriate examination techniques and findings for glaucoma patients</li> <li>• Demonstrate understanding of basic ophthalmic and general disease processes regarding glaucoma</li> <li>• Carry out an appropriate examination of the anterior segment and to interpret relevant signs</li> <li>• Accurately measure intraocular pressure using a slit-lamp mounted Goldmann applanation tonometer and the ability to analyse and interpret the results, avoiding potential errors</li> <li>• Undertake pachymetry for estimation central corneal thickness, and understand significance of the results</li> <li>• Assess anterior chamber depth by Van Herick to interpret relevant clinical signs</li> <li>• Assess optic nerve head by indirect bio microscopy at the slit lamp microscope, recognising the features of glaucomatous optic neuropathy</li> <li>• Recognise the signs and symptoms of angle closure glaucoma (or at risk of angle closure) – and refer accordingly</li> </ul>	<p><b>As per level 1</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Perform a gonioscopic examination of the anterior chamber angle and to identify anatomical structures, accurately grade the angle width and interpret the significance of clinical findings</li> <li>• Assess the optic nerve head by binocular indirect ophthalmoscopy and to detect the characteristic features of glaucomatous optic neuropathy</li> <li>• Demonstrate detailed understanding of disease processes regarding common eye conditions and relationships of other pathology to glaucoma</li> <li>• Assess anterior segment for common glaucoma associations</li> <li>• Diagnose OHT/preliminarily identify COAG by integrating all information from examinations performed</li> <li>• Recognise causes of raised IOP, eg topical steroids</li> </ul>	<p><b>As per Level 2</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Demonstrate detection of progression by noting change in optic nerve head clinically</li> <li>• Recognise complex anterior segment anomalies of relevance to those with glaucoma eg             <ul style="list-style-type: none"> <li>- Secondary glaucoma's</li> <li>- Post-surgical changes</li> </ul> </li> </ul>

## Investigations

Level 1	Level 2	Level 3
<p><b>As per general competences</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Show an awareness of roles of investigations used to diagnose and monitor glaucoma</li> <li>• Evaluate perimetry for glaucomatous loss, understanding appropriate test strategies and recognising error, artefact and non-glaucomatous visual field loss</li> </ul>	<p><b>As per Level 1</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Demonstrate an understanding of the use of perimetric techniques for the assessment of a patient with suspected glaucoma, including test strategies used, limitations, sources of error, interpretation of results and the recognition of glaucomatous field loss</li> <li>• Understand the imaging techniques used to assess the optic nerve head and retinal nerve fibre layer and the ability to interpret the results of such investigations</li> </ul>	<p><b>As per Level 2</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Detect a change in clinical status (eg visual field status, intraocular pressure, assessment of anterior or posterior segments)</li> <li>• Understand perimetry results relevant to COAG, different strategies used and ability to identify progression of visual field loss</li> <li>• Detect progression by noting change in optic nerve head and ganglion cell layer by imaging techniques</li> </ul>

## Management and interventions

Level 1	Level 2	Level 3
<p><b>As per general competences</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Make clinical decisions relevant ie identify those requiring referral or those with OHT/suspected COAG demonstrating change and referring to a glaucoma clinic</li> <li>• Understand the role of guidelines and protocols, but also the limitations of these</li> </ul>	<p><b>As per Level 1</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Make appropriate management and treatment decisions/alter management plan in OHT</li> <li>• Recognise differential diagnoses from other ocular and central visual anomalies</li> <li>• Understand the risk factors for conversion to glaucoma and the ability to detect change in optic nerve parameters.</li> <li>• Assess response to treatment</li> </ul>	<p><b>As per Level 2</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Integrate relevant information on visual field (change), optic nerve head (change) and control of IOP and to respond in a safe and clinically appropriate manner</li> <li>• Monitor the response to treatment and modify the management plan, if necessary</li> <li>• Understand time frames for follow-up of patients taking into account local preferences, risk of progression, and patient-related factors (age, concurrent disease, etc.)</li> </ul>

		<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the pharmacology, cautions, contraindications, interactions and side effects of medication to treat ocular hypertension and glaucoma</li> <li>• Demonstrate knowledge of the indications for techniques, expected outcomes and complications of laser therapies and surgical interventions used in the management of glaucoma and its related conditions</li> <li>• Demonstrate an understanding of indications for and techniques of laser and surgical intervention for glaucoma, including expected outcomes and complications</li> <li>• Understand NICE guidelines regarding management and follow up intervals</li> <li>• Perform SLT and laser PIs</li> </ul>
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## Ability to deal with needs of ophthalmic patients

Level 1	Level 2	Level 3
<p><b>As per general competences</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Demonstrate awareness of the patient as the focus of care</li> <li>• Demonstrate team working and communication</li> <li>• Demonstrate an understanding of concept of risk and review timescales for OHT/suspected COAG</li> <li>• Recognise one's own limitations and the need to consult with more experience colleagues</li> </ul>	<p><b>As per Level 1</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Deal with uncertainty</li> <li>• Maintain clear, accurate and contemporaneous clinical records of history, examination and results of clinical investigations in patients with OHT, at risk of or with suspected glaucoma</li> <li>• Recognise the signs and symptoms of a patient suffering from angle-closure glaucoma (or at risk of angle closure) and to refer the patient accordingly (including the instigation of emergency treatment, if necessary)</li> </ul>	<p><b>As per Level 2</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Understand and develop patient pathways</li> <li>• Contribute to service development</li> <li>• Demonstrate understanding of pharmacology of glaucoma medications, contra-indications, side effects and drug interactions</li> <li>• Prescribe medications independently subject to an independent prescribing qualification</li> </ul>

## Ability to deal with needs of ophthalmic patients continued

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| <ul style="list-style-type: none"><li>• Work within local protocols for glaucoma detection</li><li>• Inform/educate patients/public re glaucoma detection, prognosis (including risks to driving and of blindness) and management</li><li>• Recognise and communicate risks to family members</li><li>• Maintain clear and accurate clinical records of patient at risk or with suspected glaucoma</li><li>• Understand glaucoma medication principles</li><li>• Demonstrate how to instil drugs as prescribed</li><li>• Understand the importance of compliance and can initiate appropriate counselling</li><li>• Demonstrate awareness of regular feedback and discussion with ophthalmologist</li></ul> | <ul style="list-style-type: none"><li>• Understand treatment options and when they may be appropriate</li><li>• Understand the risk factors for conversion to glaucoma and the relevant NICE guidelines for treatment or observation</li><li>• Make clinical decisions based on the needs of the patient</li><li>• Demonstrate awareness of the timescales for follow-up of patients with OHT and suspected COAG</li><li>• Help patients make informed choices within the limits of the patient's and practitioner's understanding after their diagnosis</li><li>• Demonstrate awareness of action of glaucoma medications, contra-indications and identification and management of side-effects</li><li>• Initiate appropriate treatment in conjunction with the ophthalmologist, local policies and procedures and Patient Group Directions where appropriate</li><li>• Prescribe medications independently subject to an independent prescribing qualification</li></ul> |  |
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## Teaching and education

Level 1	Level 2	Level 3
<p><b>As per general competences</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Learn and develop</li> <li>• Recognise own development needs</li> </ul>	<p><b>As per Level 1</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Demonstrate and share skills</li> <li>• Counsel patients regarding risks of blindness associated with glaucoma, risk to family members, and potential impact of the disease on lifestyle (including driving) and the ability to provide information on available sources of help, counselling and support.</li> <li>• Inform/educate patients on the reasoning behind a monitoring plan</li> </ul>	<p><b>As per Level 2</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Help patients make informed choices about their management and to check their understanding of and commitment to their management and follow-up</li> <li>• Inform patients about various treatment options - including indications and risks to help them make informed choices</li> <li>• Teach and train including other groups of professions</li> </ul>

## Personal Development

Level 1	Level 2	Level 3
<p><b>As per general competences</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Direct self-learning</li> <li>• Understand reflective practice</li> <li>• Demonstrate awareness of own limitations and consult a more experienced colleague</li> <li>• Demonstrate participation in CPD</li> </ul>	<p><b>As per Level 1</b></p>	<p><b>As per Level 2</b></p> <p>Ability to:</p> <ul style="list-style-type: none"> <li>• Operate within local protocols for the detection and/or management of glaucoma</li> </ul>



## GLAUCOMA COMMON COMPETENCY FRAMEWORK

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- This framework covers the knowledge and skills required for the diagnosis of OHT suspected open angle glaucoma. It also covers competences required for monitoring and managing 'low risk' to 'moderate risk' patients with OHT and diagnosed glaucoma. In this context, monitoring involves the process of following a patient's condition through time to detect changes in clinical or disease status which may require action, management involves reviewing treatment in response to changes in a patient's clinical or disease status.
- The glaucoma common competency framework assumes that a number of key generic skills have already been evidenced eg communication skills, team-working, history taking, slit lamp examination and non-contact binocular indirect ophthalmoscopy.
- The framework applies only to adult-onset glaucoma and does not apply to paediatric and juvenile glaucoma.

The National Institute for Health and Clinical Excellence (NICE) guideline CG85 on the diagnosis and management of chronic open angle glaucoma (COAG) and ocular hypertension (OHT) made recommendations regarding the involvement of non-medical healthcare professionals (HCPs) in the diagnosis and management of these conditions. Although CG85 recommends that all patients with suspected glaucomatous damage should be referred to a consultant ophthalmologist for consideration of a definitive diagnosis and formulation of a management plan, there was recognition that appropriately trained HCPs could diagnose OHT and suspected glaucoma and make a preliminary identification of cases of COAG. Furthermore, persons with a diagnosis of OHT, suspected COAG or COAG could also be monitored and managed under shared/delegated care arrangements within certain constraints.

The NICE glaucoma guideline stipulated that HCPs involved in the diagnosis, monitoring and management of glaucoma should have relevant experience and a specialist qualification in glaucoma when not working under the direct supervision of a consultant ophthalmologist. The guideline broadly defined the competences needed for HCPs to be involved in glaucoma service delivery. In 2010 a modified iterative Delphi technique was used in conjunction with a multidisciplinary panel to reach a consensus on the competences required by optometrists with a specialist interest in glaucoma. The resulting competency framework mapped directly onto the requirements outlined in the NICE glaucoma guideline and was used by the College of Optometrists (CoO) to develop a series of specialist professional qualifications in glaucoma to replace the previous CoO specialist glaucoma qualification; the 'Diploma in Glaucoma (DipGlauc)'. The new qualifications use a modular approach based on three levels:

- Professional Certificate
- Professional Higher Certificate which builds on the Certificate
- Professional Diploma which builds on the Higher Certificate

## 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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