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

Setting out Guidance and Benefits
November 2016
This Common Clinical Competency Framework (the Framework) sets out guidance regarding the competences that non-medical ophthalmic healthcare professionals (HCPs) from different generic backgrounds – qualified optometrists, orthoptists, ophthalmic nurses and ophthalmic healthcare science practitioners – need to possess in order to safely and successfully undertake the expanded roles that they are already performing, but currently in a piecemeal fashion throughout the UK.

It has been constructed in collaboration with all relevant organisations to ensure that care for ophthalmic patients within the hospital eye service is of a high level that reflects standardised and recognised levels of knowledge, education, extensive clinical exposure and training. The Framework should be used to develop education and training programmes with the appropriate assessment processes. The emphasis is on clinical competences that are based on a firm understanding of basic underlying principles, extensive clinical exposure and recognition of the value and limitations of any clinical test or investigation.

These tasks were previously performed solely by medically qualified ophthalmologists, the training of whom follows a well-defined, rigorous post-graduate curriculum with compulsory milestones and assessments.

The Bristol Inquiry (DH 2001) endorsed the establishment of robust mechanisms for competence assurance for all healthcare professionals and the Francis report (2013) highlighted that ‘accountability and patient safety at all levels of a health care organisation’ are essential.

The General Medical Council’s (GMC 2013) guidance on Good Medical Practice (GMP) states that when doctors do not provide the care themselves, for example when they delegate to colleagues, they...

‘must [also] be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient’.

Safe delegation of tasks can be difficult in an environment where training and qualifications have not been standardised. It is therefore necessary that those to whom care is delegated have recognised and identifiable levels of competence which are supported by education and training.

These levels of competence are:

• The ability to perform clinical work that assists medical decision making
• The ability to work to a protocol with clearly defined delegated decision making
• The ability to make decisions independently with appropriate support and back up; ideally, to have a role in service development and teaching so that standardised skills and training are spread more widely

Through standardisation, non-medical healthcare professionals will be able to deliver the right care safely and more easily recognise and understand the knowledge and skills they are required to have for the clinical activities they are asked to perform.
The patient must remain at the centre of provision of care and needs to be confident in and recognise who is caring for them.
The traditional eye health care team has changed and is continuing to change to meet the needs of the population and deliver high standards of care. This change has been driven by the clinical needs of patients who attend hospital eye services (HES). It must be met with a commitment to ensure that the new team is developed and supported accordingly.

Through standardisation, healthcare professionals will be able to deliver the right care safely within their recognised competences and training. It will offer:

- Understanding that knowledge, skills and experience will be obtained through identified local clinical training associated with post graduate education programmes.
- Recognition of the importance of continuing professional development to maintain and update competences and knowledge.
- Improved recruitment and transference of skills based on national standards. This will encourage other non-medical healthcare professionals to take on expanded roles due to better recognition of competences and improved training.
- Removal of duplication of different professional education and training offerings, which may also differ in delivery and content.
- Transitional arrangements for those who have already been trained and assessed to continue to undertake expanded roles.

The patient must remain at the centre of provision of care and needs to be confident in and recognise who is caring for them. Through the development of a competency framework, the benefits to patients will include:

- Patient centred care which is flexible and better integrated, with constancy for both staff and patients.
- Improved and efficient service provision, meeting the needs of all ophthalmic patients at different stages in the management pathway.
- Clearly defined professional roles and levels of competence in providing care and treatment for patients.

- Enhanced patient confidence in the health care professional looking after them by improving clarity and transparency about the professional’s role and training.

THE WORKFORCE

A competency framework will provide recognised and standardised training and education across the UK and this will ensure that a workforce will be developed to deliver safe, efficient and cost effective eye care to the UK population that will provide:

- Improved service provision through the use of an upskilled workforce to respond to and meet demand more effectively.
- Transparency of roles and levels of competence, vital for future workforce planning to meet the increasing demands placed on eye services, improving efficiencies in cost and resources.
- The rationale and importance for the ophthalmic workforce to maintain skills, keep current with developments and to be able to demonstrate this.
- Linkage and recognition of better education and training with improved service provision.
- The ability for tasks to be provided flexibly and more efficiently by a wider group of upskilled and multidisciplinary professionals.
- A means of integrated patient-centred care, ensuring this is given at the right time, by the right person in the right place spanning the community and secondary care interface.
- Clinical governance confidence as health care professionals will have the appropriate competences to perform their clinical roles.
- Skill sets that are readily identifiable and therefore transferable for easier workforce mobility, benefiting both employer and employee.
This Framework lays down the agreed competences that will be achieved through **local training and education through Higher Education Institutions (HEIs)** rather than the current bespoke, but variable, training for most practitioners. This sets out a nationally agreed competency framework against which HEIs can deliver appropriate educational programmes. These include basic science knowledge, clinical skills, patient investigation and management, and the ability to develop professionally and personally including audit and research.

Cohesive multidisciplinary team working and various degrees of autonomy within that team are key, as are communication skills. These will be supported by robust assessments of the required competences and appropriate CPD to ensure they are kept up-to-date.

As with all medical conditions it is the clinical needs of patients which ultimately determine the necessary skills, competences and experience required of HCPs to deliver services for different degrees of clinical case complexity. Case-mix will also determine the level of autonomy afforded to the HCP and the need for consultant ophthalmologist supervision. Training will permit HCPs to function effectively and safely within their own scope of practice.

The Common Clinical Competency Framework is written for use in the four home nations of the United Kingdom as it represents and recognises generic competences for the non-medical eye HCPs and specifically deals with **four clinical areas**, all of which are currently using the skills of the HES multidisciplinary team, but not necessarily in a consistent fashion.

The four clinical areas are:
- **Acute and emergency care**
- **Cataract assessment**
- **Glaucoma assessment and management**
- **Medical retina**

They have been developed based on the needs of the service and skill sets that are required for safe clinical practise. This list is not exhaustive, but will grow with demands on the service and as training becomes available.

All frameworks assume that a number of **key generic skills** have already been evidenced eg communication skills, team-working, history taking and basic ophthalmic examination.
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
Three levels of competence are outlined for each clinical area in a hierarchical fashion. It is recognised that all HCPs will work within their own identified scope of practice and at minimum, have the knowledge and experience outlined in the general basic competences.

The framework has been specifically designed to identify the duties and work patterns at different levels and for different areas of practice so that different roles are clearly specified for the needs of the service. It is anticipated that this will develop into a full curriculum and assessment framework.

The Framework Levels have been mapped to recognise training programmes and qualifications, where they exist. Glaucoma and medical retina have courses accredited by the College of Optometrists which are open to other HCPs and delivered by higher education institutions.

### Level 1
- Ability to participate in triage/screening and to monitor low risk patients with an established diagnosis to a clearly defined clinical protocol

### Level 2
- Ability to make preliminary diagnosis within a specific area and manage under specific protocols

### Level 3
- Ability to diagnose, manage and discharge within specific areas of practice

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### ORGANISATIONS INVOLVED IN THE DEVELOPMENT OF THE COMMON CLINICAL COMPETENCY FRAMEWORK

All healthcare and medically trained professionals are subject to their own regulatory, statutory or accreditation bodies.

**Optometrists** are subject to statutory regulation through registration with the General Optical Council (GOC) and are required to meet the standards for the education of optometrists, known as the standards of competence www.optical.org/en/Education/core-competences--core-curricula/ and once qualified are required to keep their knowledge and skills up to date through the GOC Continuing Education and Training (CET) scheme. www.optical.org/en/Education/CET/index.cfm

The [College of Optometrists](https://www.optical.org/en/) is the professional, scientific and examining body for optometry in the UK, working for the public benefit.

**Orthoptists** are subject to statutory regulation through registration with the Health & Care Professions Council (HCPC) [www.hcpc-uk.co.uk/about-registration/professions/](https://www.hcpc-uk.co.uk/about-registration/professions/)

The [British & Irish Orthoptic Society (BIOS)](http://www.orthoptics.org.uk/about-BIOS) is the professional and educational body for the UK and Republic of Ireland representing Orthoptists [www.orthoptics.org.uk/about-BIOS](http://www.orthoptics.org.uk/about-BIOS)

The Royal College of Nursing (RCN) is the membership organisation of more than 433,000 registered nurses, midwives, health care assistants and nursing students. It is a professional body, carrying out work on nursing standards, education and practice, and a trade union; representing the professional interests of nursing staff working in the public, private and voluntary sectors [www.rcn.org.uk/about-us/what-the-rcn-does](http://www.rcn.org.uk/about-us/what-the-rcn-does)

The Royal College of Ophthalmologists (RCOphth) is the only professional body for ophthalmologists (eye doctors), who are medically qualified and have undergone or are undergoing specialist training in the prevention, treatment and management of eye disease, including surgery. The RCOphth is responsible for training, education, assessment and setting standards for doctors in this specialty [www.rcophth.ac.uk](http://www.rcophth.ac.uk). Ophthalmologists are regulated by the GMC.

Further sources of education and training for non-medical ophthalmic healthcare professionals

There is a variety of courses available at different locations and with a number of organisations.

Non-medical healthcare professionals are encouraged to search for local education and training opportunities, such as those provided in hospital eye units, such as Manchester Eye Hospital, Glasgow Caledonian University or Bournemouth Hospital and Moorfields, which are aimed primarily at nurses, and provide basic ophthalmic training.

Some courses are accredited by the College of Optometrists, but are open to all eye healthcare professionals and not restricted to optometrists: courses such as specialist skills in medical retina and glaucoma, available at different levels from Cardiff University; City, University of London; UCL & Moorfields and Ulster University and similar education and training centres.

Ophthalmic healthcare science practitioners can gain further education from Association of Health Professionals in Ophthalmology (AHPO).

Information correct at the time of print.
The Common Clinical Competency Framework stakeholder working group:

**Chair Professor Caroline MacEwen**, President The Royal College of Ophthalmologists

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