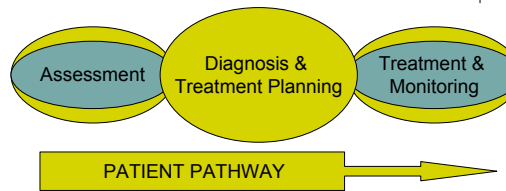


## Expanding the workforce...



- 2 prototype models
- Physician extender
- Physician substitute

## Physician extender model



- Utilises staff at Bands 3, 4 and 5
- Doctor responsible for diagnosis but sees more patients
- More rapid expansion of workforce at lower risk and cost

## Physician substitute model



- Non-medical practitioners diagnose and treat but within a restricted diagnostic field
- More expensive / registered staff at Bands (5), 6, 7 & 8

## How to define educational needs: Starting with what the professionals do

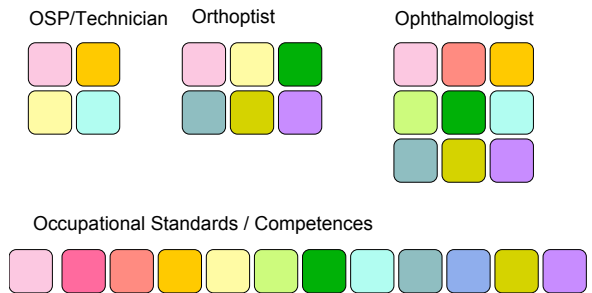
- Doctors
  - History / examination / refraction / diagnosis / treatment plan / surgery / care / health promotion
- Nurses
  - Care / treatment / health promotion / history / examination / diagnosis / treatment plan / surgery
- Orthoptists
  - History / examination / refraction / diagnosis / treatment plan / surgery
- Optometrists / opticians
  - History / examination / refraction / diagnosis / treatment plan / surgery / care / health promotion

## How to define educational needs: Starting with what needs to be done for the patient

- History taking
- Examination
- Investigations
- Diagnosis / treatment plan
- Treatment
- Care planning
- Patient Information
- Health promotion



## Developing education & training programmes



## Training the workforce

### Foundation Degree in Ophthalmic Science & Technology (FdSc OS&T)

- Based on Skills for Health Foundation degree Framework
- Higher Education Levels 1 & 2, equal to 240 HE credits, or 2 years of BSc
- Foundation Degrees must have progression into 3rd year BSc Honours

## Training the workforce

### Foundation Degree in Ophthalmic Science & Technology (FdSc OS&T)

- Commenced at Castle College, Nottingham in 2006
- Commenced at City of Westminster College, London in 2007 Foundation
- Distance / blended learning from September 2010

## Entry requirements

- At least 120 UCAS tariff points via completing
  - BTEC National Diploma/AVCE/GNVQ Advanced in a related subject area or
  - A levels in biology or human biology and a science subject together with
  - 5 A to C grade GCSEs including maths, English and general science and 2 years relevant occupational work experience
- Access to HE programme in related area **or**
- Mature applicants with professional experience or other qualifications
- Mature applicants without formal qualifications with interview and evidence of capacity to do course

## Distance Learning OS&T FD

Level	Module Title	Credits
1	Professional Practice and Personal Development	20
1	Anatomy & Physiology of Visual System	20
1	Pathology of the Visual System and Systemic Disease	20
1	Optics	20
1	Assessment of the Ophthalmic Patient	20
1	Clinical Practice 1	20
2	Research Methods, Audit and Healthcare Informatics	20
2	Ophthalmic Imaging and Measurement	20
2	Neurophysiology of Vision and Vision Assessment	20
2	Ophthalmic Pharmacology and Applied Biochemistry	20
2	Assessment and Monitoring of Ophthalmic Disease	20
2	Clinical Practice 2	20

## High Quality Care For All

- Why Change?
- Shaping services around people's needs
- Promoting healthy lives
- Continuously improving quality
- Ensuring that change is led locally



## Quality Assurance

- The most important QA tool is a quality workforce
- In addition all providers should be required to have:
  - Electronic Patient Record with imaging (PACS-type) platform - consider commissioning one or more systems
  - Disease coding for all conditions, not just surgical / inpatients
  - Audit against disease specific guidelines eg NICE, RCOphth guidelines, American Academy guidelines
  - Quality Assurance tool eg Global Rating Scale, eye-specific QOF

## Work-based learning & assessment

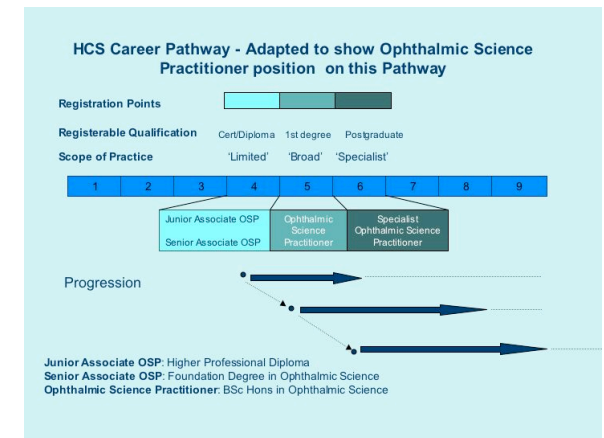
- Tripartite **learning agreement** between employer / academic institution / learner
- Regional training centres to co-ordinate local delivery of education, training and assessment
- Each workplace must appoint a **work-based supervisor** to train, mentor and assess students
- Assessment against relevant National Occupational Standards

## High Quality Care For All

- "...it is important to consider the whole eye care pathway across primary, community and secondary care to ensure the most effective service"
- "PCTs should consider working with their primary eye care providers to update IT systems and facilitate electronic record keeping and build this into planning for potential providers"
- "Comparison of outcomes and quality measure need to be consistent across providers"

## Quality Assurance

- Appoint ophthalmic, not just optometric STA and PCT advisors
- Eye professionals providing community ophthalmic patient care to work together in same organisation, preferably same building
- Involve local consultant ophthalmologists, ensure they take a lead on quality assurance, consider joint audit of hospital and community practices
- Consider including junior doctor training in community service provision



## High Quality Care For All

- "The requirement to register with the Care Quality Commission will be based on the kind of activity being provided, rather than the organisation or setting that it is provided in"
- "... it is not proposed that there should be any requirement for providers of primary ophthalmic services [NHS Sight Tests] to be routinely registered [with CQC]"
- "... in the future providers of enhanced primary eye care services (i.e. services over and above the NHS funded sight test....) are likely to need to be registered."