Impact of the Advanced Clinical Practitioner (ACP) role on Emergency Eye Care following implementation of the Ophthalmic Common Clinical Competency Framework (OCCCF)

Zena Rodrigues[1,2], Melanie T Almonte [1,2] & Melanie C Corbett[1,3]

[1] *The Western Eye Hospital, Imperial College Healthcare NHS Trust (ICHNT),* [2] *The Imperial College Ophthalmic Research Group (ICORG), Imperial College London*

[3] *Royal College of Ophthalmologists (RCOphth)* Correspondence: zena.rodrigues@nhs.net

Aims

- Evaluate the effectiveness of a local OCCCF training programme *[1]*
- Evaluate the benefits of training practitioners to the service

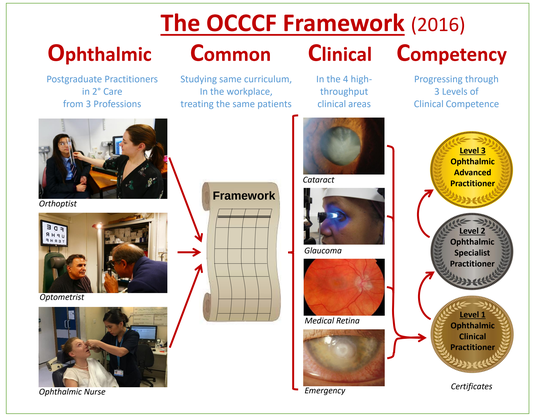
Methods

- Emergency Ophthalmology Department of a busy teaching hospital, staffed by 6 clinicians/session, for 3 sessions/day
- Local OCCCF Training Programme for Level 3 (ACP) established:
  - Handbook of clinical skills and guidance
  - Competencies to be signed off
  - Patient group Directives (PGD's)
  - Weekly teaching sessions
- 4 Registered Nurses enrolled onto the training programme in ED
  - 4 phases of training, over 4-5 years *[Fig 2]*
  - Academic training, Clinical and Educational Supervision, and assessments
- Sampled 25% of patient episodes to evaluate practitioner performance, at 1, 3, 6 and 12 months following phase 2 training *[Fig 3]*

Fig 2

Phase 1 (6 months)	Phase 2 (12 Months)	Phase 3 (18 Months)	Phase 4 (18 Months)
Academic clinical skills *university Ophthalmic Module *26 sessions of local training * Assessment of OCCCF competencies	**Clinical training** * 4 months-Observe assessment and management of patients * 4 months-Work 1-1 with consultants/ HST 4-6/ consultant nurse * 4 months - achieve the set number of 23 diagnosis *Assessment on PGD's and remaining OCCCF ED competencies * 2 individual OSCES by the ED Consultant and Consultant Nurse	**Clinical practice and further academic training** *Uplifted from a band 5 to a band 7 *History taking and physical examination module at UWL (4 months) *Independent and supplement prescribing (7 Months) *Case based discussions on further diagnosis and assessments	**Extended skills** *Minor Lid Surgery *Urgent review PCC *Cornea Clinic *Cross-Linking Surgery *Botox Clinic *Adnexal Clinic *TED Clinic

Fig 1



Conclusions

- **The programme was effective at training ED nurses to Level 3 (ACP):**
  - 100% diagnostic accuracy following phase 2 *[Fig 3]*
  - 90% improving to 100% appropriate patient management compared to protocol *[Fig 3]*
  - only 5% of patients returned to A&E for unplanned review, eg: repeat prescription, new problem *[3]*
  - the length of the programme can be adapted to suite different learners *[Fig 5]*
- **Practitioners made a valuable contribution to the service:**
  - 3/4 practitioners completed phase 3: Clinical Examination and Non-Medical Prescriber qualifications
  - extended skills can be adapted to service needs, e.g.: minor ops, cross linking, Botox injections *[Fig 2]*
  - each practitioner was one in a group of 6 clinicians, and managed 18% of the patient workload *[Fig 4]*
  - requested senior review in fewer cases (from 59% at 1m, to 13% at 6m and 28% at 12m) *[Fig 3]*
  - request for senior review became increasingly appropriate (39% at 1m improved to 74% at 12m) *[Fig 3]*

Results

Fig 3

Average Clinical Performance

in 5 clinical outcomes, for four practitioners, over time following completion of Phase 2 (1m-12m)

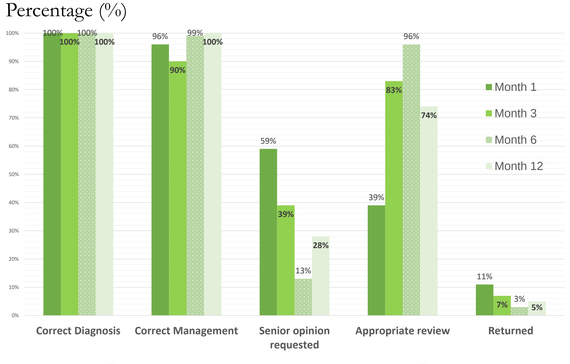


Fig 4

Percentage of patients managed by practitioners

(N = total number of patients attending A&E/month)

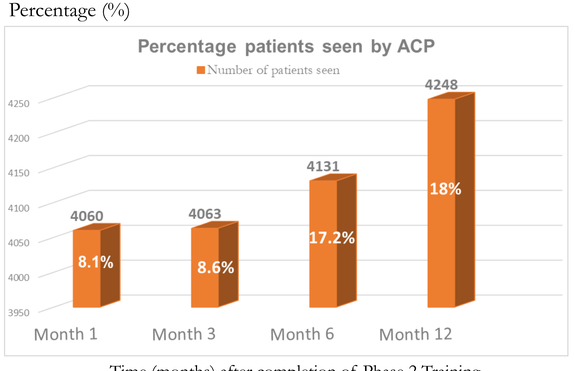


Fig 5

Average number of patients/session managed by practitioners

over time following completion of Phase 2 training

