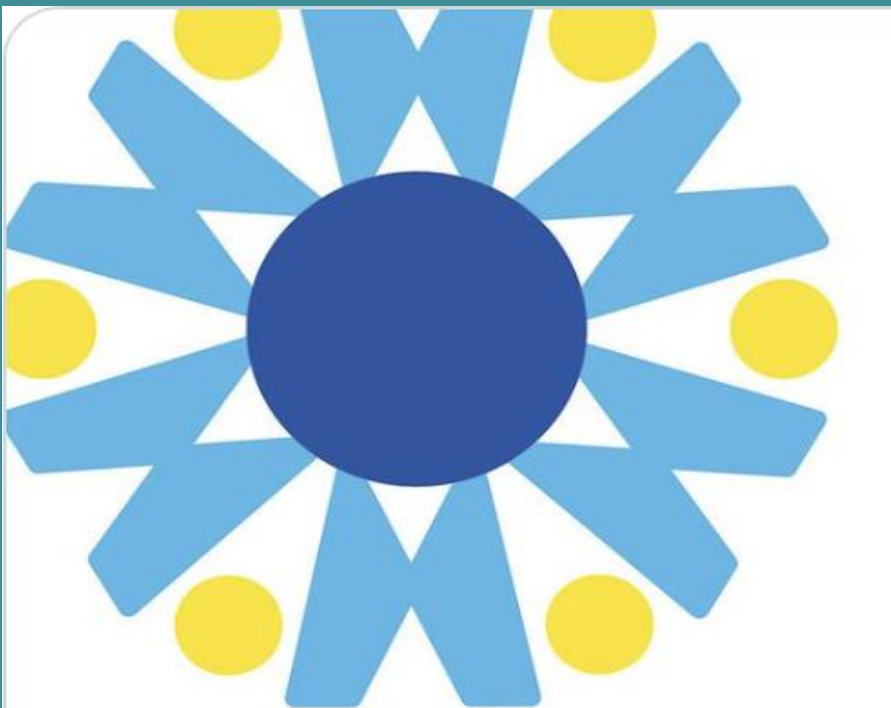




Manchester Royal
Eye Hospital

Paediatric Attendances in the Emergency Eye Department; Are we seeing children effectively?

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449

paediatric attendances audited

98.2%

met 4-hour emergency standard

86.2%

low-complexity cases

18.0%

reviewed by appropriate grade

Introduction

Paediatric attendances form a substantial proportion of Emergency Eye Department (EED) visits and contribute significantly to clinical workload and waiting times. Although most children present with straightforward conditions that can be safely managed by junior or middle grade trainees, senior ophthalmologists often review a large proportion of these cases. This pattern may reduce training opportunities and confidence-building in assessing and treating children for resident doctors and create inefficiencies in service delivery and patient flow. The aim of this audit was to assess whether children presenting to the EED were being reviewed by appropriately graded clinicians, according to an internal colour-coded framework based on diagnostic complexity. In addition, the audit sought to explore contributory factors affecting trainee confidence and engagement with paediatric patients, in order to identify practical solutions for service improvement.

Method

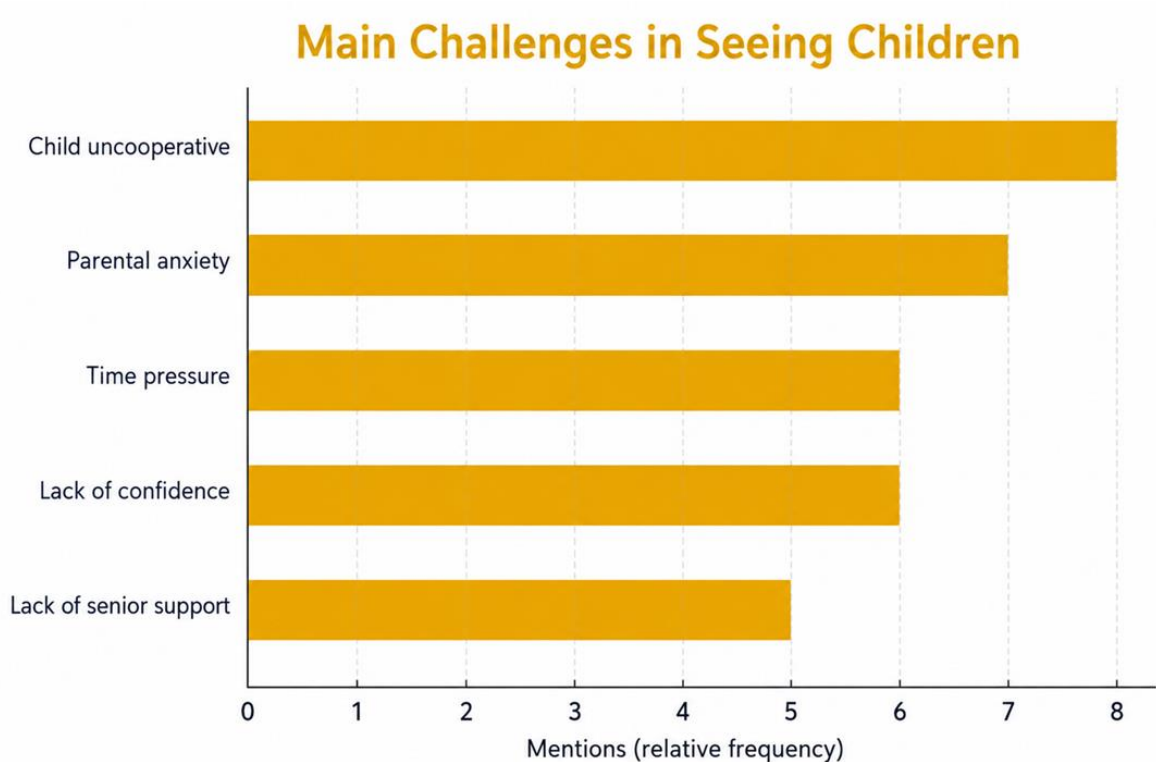
- Retrospective audit
- Approximately 450 consecutive paediatric attendances
- Tertiary ophthalmic EED
- Two-month period (January-February 2025).
- Cases categorised by diagnostic complexity using a four-tier colour-coding system:



- Clinicians were grouped by training level: ST1-2 (junior trainee), ST3-4 (middle-grade trainee), ST5-7 (senior trainee), and ST7 + (senior clinician).
- The appropriateness of each consultation was assessed by comparing the expected versus actual reviewing grade. Descriptive statistics were used to determine the proportion of patients reviewed by the correct grade of clinician. To understand behavioural factors, a supplementary trainee questionnaire was distributed to assess confidence, anxiety, and barriers to managing paediatric cases in the EED.

Results

- The majority of cases (approximately 87%) were classified as Blue or Green, representing lower-complexity presentations suitable for junior or middle grade trainees.
- Only around 18% of children were reviewed by clinicians of the appropriate grade.
- Senior clinicians and senior trainees reviewed a substantial proportion of low-complexity cases, suggesting under-utilisation of junior staff and suboptimal case distribution. This mismatch highlights both a service efficiency issue and a potential gap in training exposure for less experienced doctors.
- The accompanying trainee survey revealed high levels of anxiety and low confidence among trainees when examining children in the EED.

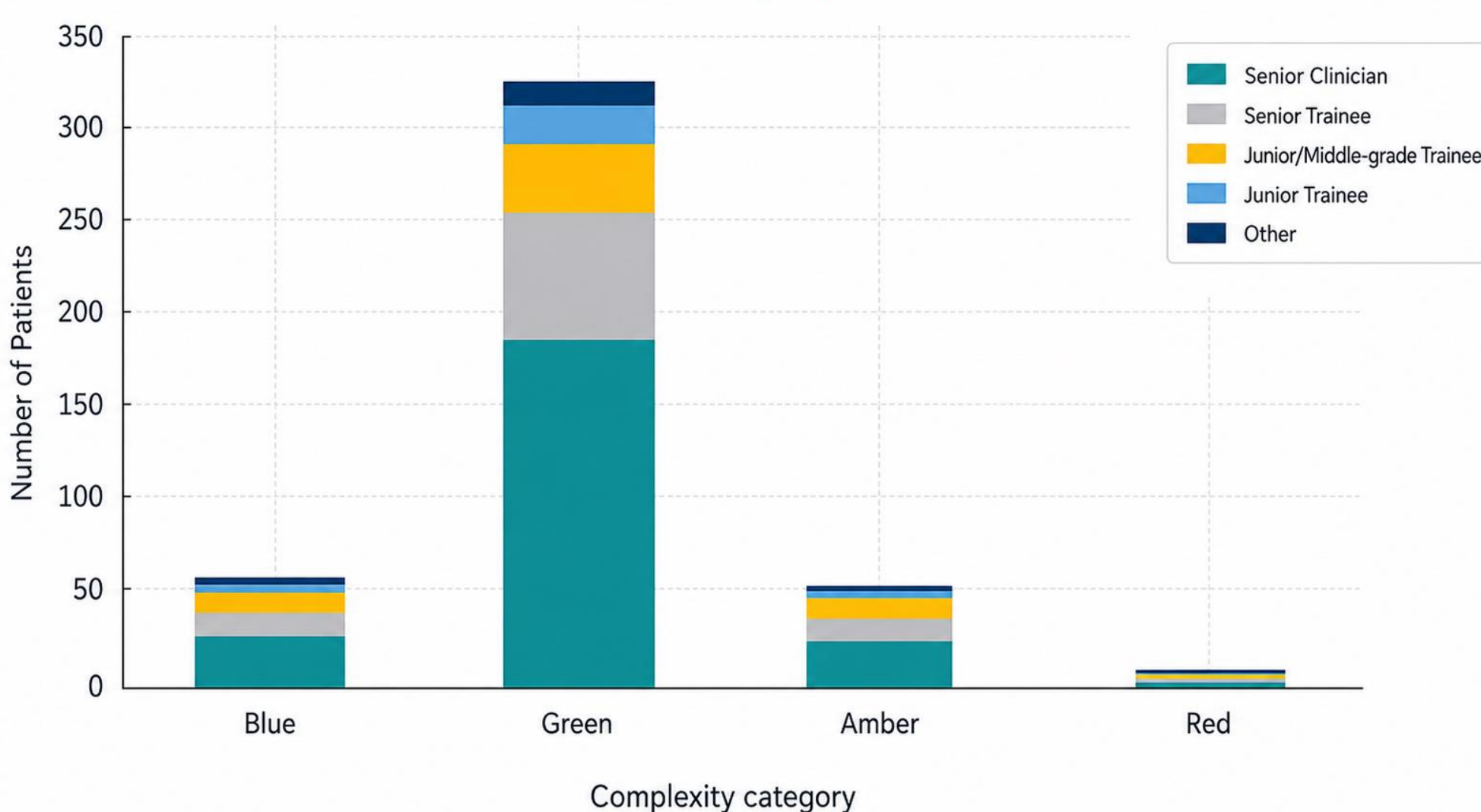


Diagnostic complexity profile

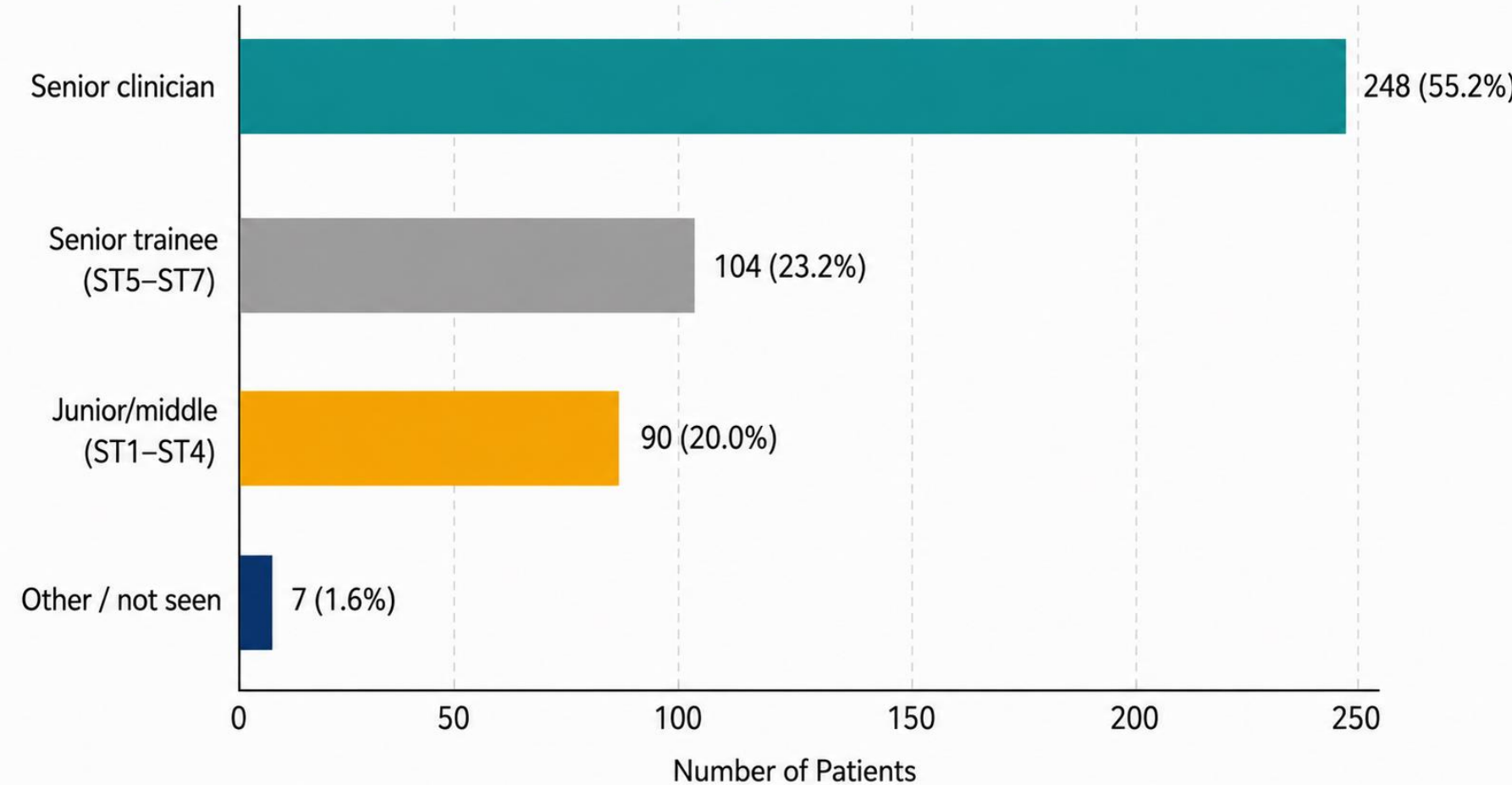


Low complexity (Blue + Green): 387 / 449 = 86.2%

Observed: Case Complexity by Clinician Level



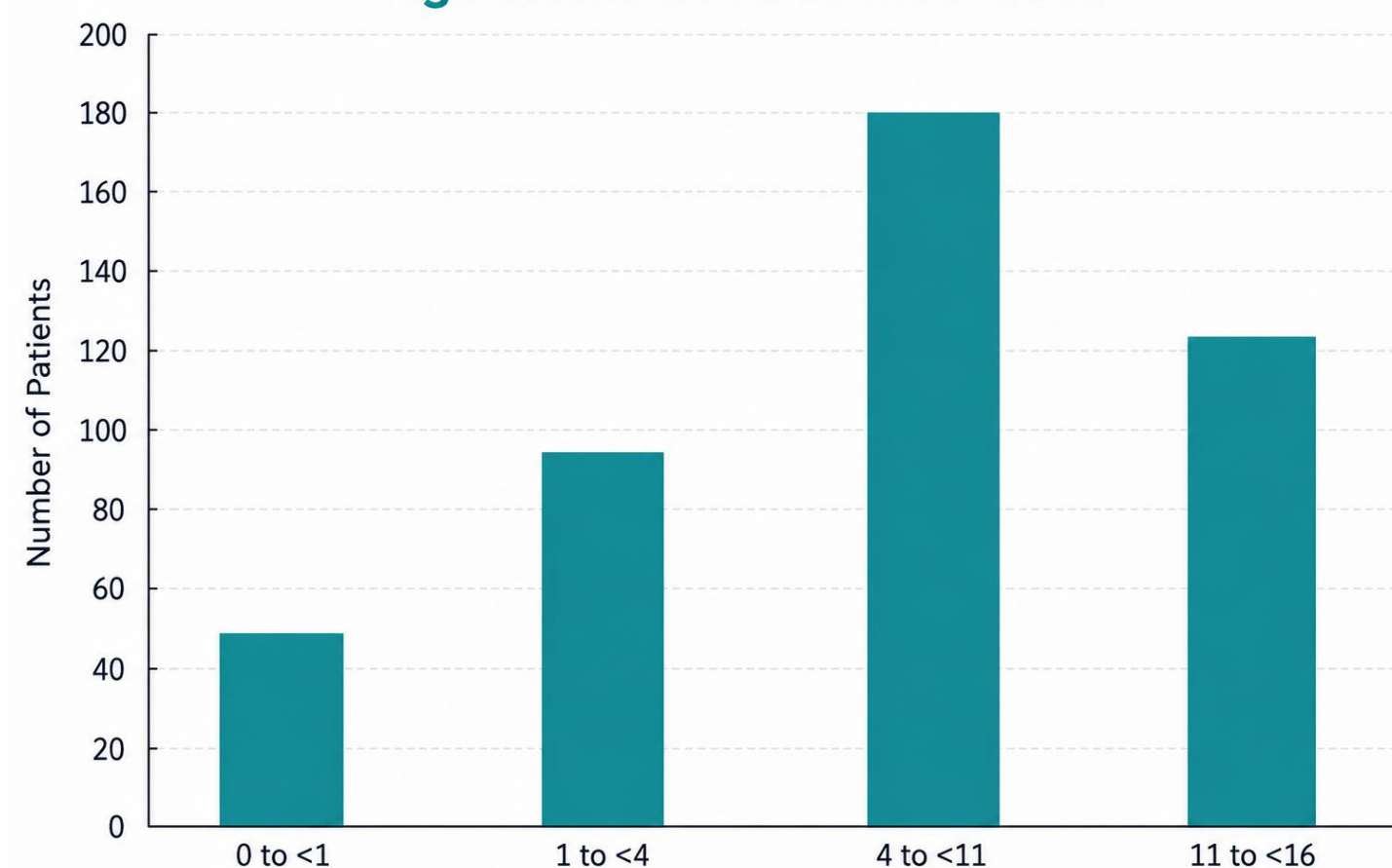
Reviewing clinician level



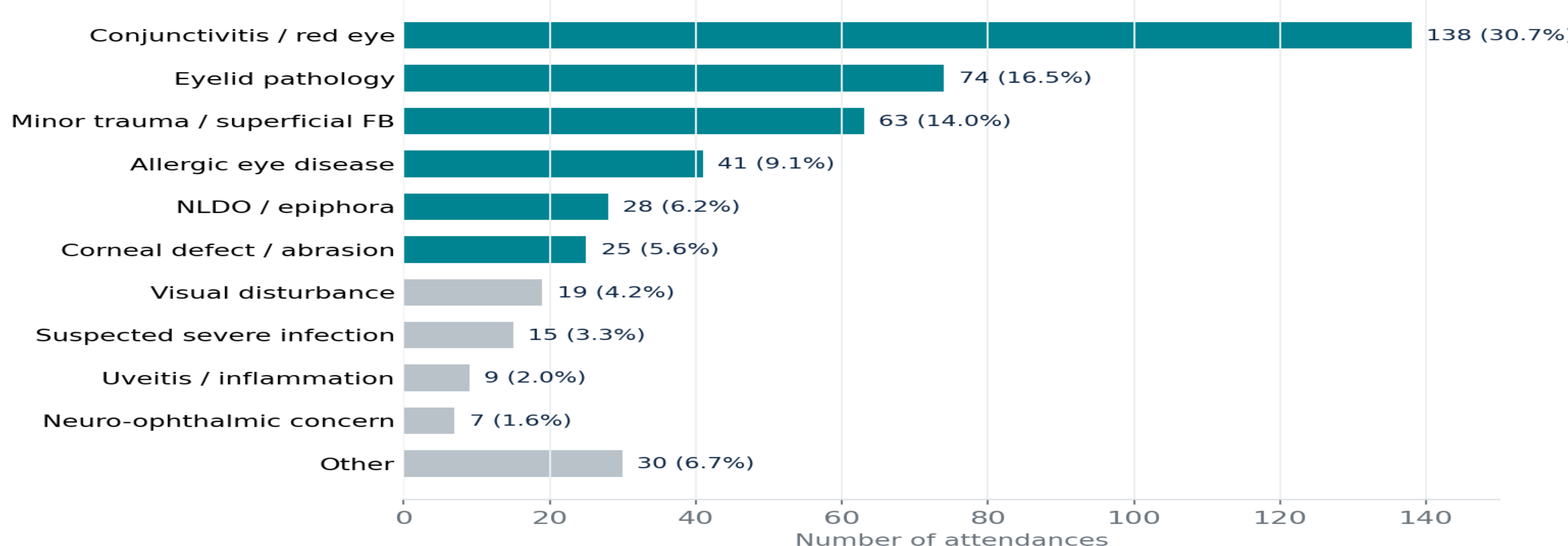
Commonly suggested solutions enhancing trainee confidence and engagement with paediatric cases included:

- ✓ Structured teaching sessions
- ✓ Practical demonstrations
- ✓ Shadowing opportunities
- ✓ Consistent availability of senior support
- ✓ Departmental tools such as the clinical guideline app were valued
- ✓ Further targeted education

Age distribution of attendees



Distribution of presenting diagnoses



Trainee feedback themes

Low confidence with paediatric examination.
Parental anxiety and uncooperative children.
Time pressure in EED.
Need for structured teaching and senior support

Conclusion

- Considerable discrepancy between case complexity and clinician seniority in paediatric EED encounters.
- Most low-complexity cases were seen by senior doctors rather than by trainees who could have safely managed them under appropriate supervision.

Action implemented aiming to improve both patient flow and the educational experience of junior doctors;

- ✓ a structured teaching programme focusing on paediatric ophthalmic assessment and management is being introduced, supported by departmental guidelines and senior mentorship.
- ✓ Targeted teaching session; Paediatric ophthalmic examination and management, completed September 2025
- ✓ Consultant-led teaching clinic; Selected low-complexity paediatric cases and follow-ups reviewed jointly by consultant and trainee
- ✓ Supervised trainee review of cases with clear escalation support
- ✓ A re-audit will be conducted to evaluate improvements in trainee engagement, patient waiting times, and overall service efficiency following the intervention.



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