

Your Guide to **SWeET** **S**trategic **W**orkforce **E**ducation and **T**raining

This edition of the ‘Keeping You Informed’ bulletin focusses on the **Advanced Ophthalmic Practitioner** role in The Eye Centre and how it has increase the number of patients they’re able to see in a day.

Head of Nursing for Surgical Specialties, **Andrea Staley**



“As part of workforce planning, the division recognised the need to look at the services delivered within the Ophthalmology department. This was largely due to medical workforce pressures and the need to review what services could be delivered in a different way.

“The department has a number of highly skilled Clinical Nurse Specialists (CNS) who are capable of developing their knowledge and skills further and the care unit were keen to harness this experience. They reviewed the services currently offered and, with the support of consultant colleagues, developed a training package to support our CNS to be able to undertake retinal injection clinics.

“The benefits include continuity of care for our patients which is very important; it also means that patients are treated to the same high standard. The CNS ability to take over this work has meant that we are able to release the medical staff to undertake clinics that they are required for, and thus reduce the need for locum support, and also reduce the appointment waiting time for patients to see the medical staff.

“Feedback from patients has been excellent, which is a testament to the work of Helen and the rest of the Eye Centre team.”

Helen Heeley – Advanced Ophthalmic Practitioner

“I’ve been working within Ophthalmology for many years and have always had an interest in retinal work. In recent years we have developed a service to treat patients with Macular Degeneration that involves an injection into the eye that is usually given by a doctor.

“As the patients require treatment every 4 or 8 weeks, potentially for many years, our team of doctors simply didn’t have the capacity to do this. In recent years many hospitals have trained nurses or other ophthalmic staff to give the treatment, as it greatly increases the number of patients seen in a day. We wanted to explore the possibility of introducing this service here as a development of the nurse practitioner role, to see if it was something that could be nurse-led. I was looking for a change and it was a challenge that interested me so I put myself forward and looked into the training.

Helen Heeley – Advanced Ophthalmic Practitioner

“The training was broken down into sections, including cleaning the eye, holding the eyelids open, marking the part of the eye where the injection will take place and then, finally, the injection itself. There was also a theory test to take. The whole thing is done under supervision and, as soon as you are competent, you are qualified to carry out the procedure, run purely as nurse led clinics. The training was very long and at times frustrating. It was a new role within the trust and, as the first trainee, we needed to ensure policies and protocols were in place as well as the competencies for training.

“The purpose of these injections is to stop the deterioration of the eye due to diabetes and macular degeneration, which is an element of Ophthalmology where I have worked in the past. It’s brilliant for our patients as they know that if they come in for this procedure, they won’t need to wait to see a doctor, which means the process is faster. Some patients find it easier to speak to a nurse and, as I’m currently the only one carrying out this procedure, they get to know me which reduces the anxiety for what can be a stressful experience for the patients who may have to come back as often as six or seven times a year for as long as they need it.

“It’s also perfect for my needs; I’m approaching retirement so I was looking for something that would reduce my hours whilst giving me a new challenge. We offer this clinic two days a week but they can be busy clinics; it’s not unusual to carry out ten or eleven injections in a single session which is usually a period of around four and a half hours. Since taking on this role I’ve performed more than 2,000 treatments so you can see the benefit for the service and for our patients.

“We’re also looking to expand the role to examine scans of a patient’s eye. The patient wouldn’t have to wait for a doctor who would traditionally make the decision over treatment after the scan. Patients whose eye disease is stable can come just for scans and photographs; the images can then be reviewed in virtual clinic sessions. This will free up clinic places for the patients who need to see medical staff, reducing the time spent in clinic for those who don’t.

“It’s an exciting time in the development of the role and, with my retirement planned for next year, we’ve started to train a second nurse to continue and expand the service. As I’m competent in the role, I’m able to carry out the training and supervision so, before too long and into next year, we’ll have two AOPs who will be able to run this particular clinic.



“It’s great that the Trust is looking into roles such as this one that develops the skills and expertise already in place, taking them in new directions for the benefit of the service and its patients. Most of the doctors have been on board, they can see the benefit in freeing up time and offering a service that wasn’t previously available. I’m delighted to have been involved, have thoroughly enjoyed developing a new skill and looking forward to passing on the baton ahead of my retirement.”

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Clinical Nurse Specialist Career Development Framework



The Inter-Professional Clinical Educators Team, now based back in the Education Centre, have completed a big piece of work that will help our clinical colleagues to progress their careers. Sarah Sewell is the Trust's Inter Professional Development Lead and did much of the work on this...here's what she had to say:

“The Clinical Nurse Specialist Career Development Framework has been designed to help develop skills, competency and confidence as you progress through your career. It is a guide to help inform discussions with your line manager at appraisal, one to one meetings or personal development career conversations. Some suggested development opportunities are core to everyone. Other aspects might be more speciality specific and your line manager will be best placed to help you identify this learning. Continued Professional Development is not purely about attending courses and there may be other possibilities for you to explore, such as shadowing.

“The framework gives indicative time frames and you may progress more quickly in gaining some of the competencies or require more time to feel fully confident. Completion of one level does not mean automatic promotion, but will place you in a strong position to apply should a post become available.

“As part of ongoing development discussions, this framework can be used to identify any training needs. You need to also take the framework to your appraisal to inform your personal development plan for the next year. Your line manager needs to agree where you sit up to against the framework and document any agreed learning objectives as part of your appraisal. It is more likely to be able to access area specific training and / development if it is recorded in your appraisal documentation.

“It is good practice to keep an ongoing continuing professional development portfolio which will help support you by providing evidence that you are up to date and developing more breadth and depth relevant to your level of experience .

“By introducing the framework, the Trust will be assured that staff are delivering quality, safe patient care as they are supported to undertake role specific development.”

For More Information Contact

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