NHS Diabetic Eye Screening Programme

Slit lamp biomicroscopy examiner training and accreditation framework

Public Health England leads the NHS Screening Programmes
About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Introduction

The NHS Diabetic Eye Screening Programme (NDESP) aims to reduce the risk of sight loss among people with diabetes through the early detection and treatment, if needed, of diabetic retinopathy. Screening using digital photography is offered every year to all eligible people with diabetes in England aged 12 and over.

This document describes the training and accreditation process for people who conduct slit lamp biomicroscopy (SLB) in NDESP.

Clinical leads are responsible through programme management, for ensuring that all staff that perform a clinical role within a local diabetic eye screening (DES) service are appropriately trained, assessed for competence and reviewed regularly.

Slit lamp examiners (SLEs) should receive continuous feedback on their decisions, attend multidisciplinary team meetings and participate in the monthly national test and training sets.

Commissioners and programme boards should ensure that this guidance is adhered to.

This guidance is based on the previously published guidance document which was produced following a key stakeholder meeting in 2012 to determine the most appropriate and practical framework for training SLEs within NDESP.
The slit lamp examiner

An accredited slit lamp examiner in NDESP can be:

An ophthalmologist who meets the following requirements and is prepared to feed back information to the screening service in the required format:

- a consultant, associate specialist, staff grade or specialist registrar year III (or higher) with at least one year’s experience of medical retina clinics and understands and follows the NDESP grading criteria

Or:

A grader who meets all of the following criteria:

- has completed the Diploma for health screeners qualification, including the ‘Detect retinal disease and classify diabetic retinopathy unit’, or:
- has completed the previous City and Guilds diploma in diabetic retinopathy screening and must have completed the following units:
  - Unit 3: Anatomy, Physiology and Pathology of the Eye and its Clinical Relevance
  - Unit 4: Preparing the patient for Retinal Screening
  - Unit 5: Measuring Visual Acuity and Performing Pharmacological Dilatation
  - Unit 7: Detecting Retinal Disease
  - Unit 8: Classifying Diabetic Retinopathy
  - is working within a local DES service as a grader, grading at least 1,000 image sets per year
  - is participating in the monthly test and training sets
  - has completed the assessment/accreditation process described below

Or:

A qualified practicing optometrist registered with the general optical council (GOC):

- optometrists registered with the GOC that are just undertaking SLB within NDESP need to complete the ‘Detect retinopathy and classify diabetic retinopathy unit’ of the Diploma for health screeners
- optometrists that have completed unit 7, Detecting retinal disease and unit 8, ‘Classifying diabetic retinopathy’ in the previous City and Guilds qualification are exempt from taking additional units if undertaking SLB only
• if optometrists are undertaking full disease grading within the local DES service, they must also complete the appropriate units for the roles they have within the screening programme as outlined within the rules of combination (Appendix 1)
• is participating in the monthly test and training sets
• has completed the assessment/accreditation process described below
Provision of training and assessment

Training can be provided by:

- an ophthalmologist who meets the requirements given in section 1a above
- a hospital clinical optometrist with a recent minimum of two years' experience of working in medical retina clinics and is approved by the local DES service clinical lead
- an accredited SLE working in a medical retina clinic or similar dedicated clinic approved by the clinical lead

An SLB assessor should be an ophthalmologist who is either the clinical lead for the local DES service or someone appointed by the clinical lead who meets the above requirements for an ophthalmologist.

The clinical lead for the DESP is responsible for organising the SLB assessors.
Accreditation process

It is essential that those candidates who are performing SLB examinations are fully observed in practice until accredited to ensure safe practice.

Level one/preliminary training: supervised SLB examination technique

The local DES service needs to determine a suitable number of supervised SLB examinations that the candidate must undertake in order to complete the level one/preliminary training. This number will differ for each SLE candidate and should be determined locally depending on individual competency levels.

All level one examinations must be fully supervised.

The level one/preliminary assessment can start when the assessor is satisfied that the candidate is competent. The assessor is required to sign a completion certificate to confirm that the training and assessment has been satisfactorily completed.

Level one/preliminary assessment

The SLE candidate is able to demonstrate competence in SLB examination technique in the opinion of the assessor across SLB assessments on 10 patients with various stages of diabetic retinopathy and related common retinal disorders.

Assessment can take place over a number of clinics.

If the assessor is satisfied that the SLE is already capable of performing SLB to the level one standard, they may be allowed to proceed directly to the level two assessment in order to demonstrate their competence.

Level two/supervised grading of diabetic retinopathy and related disorders using SLB

This stage involves supervised grading of SLB examinations to identify diabetic retinopathy and related disorders as determined within the features based grading criteria within NDESP.

The period of training and number of supervised grading of SLB examinations should be determined locally and should be sufficient to ensure competency.
Level two/final assessment

Following this period of supervision, the level two final assessment can be undertaken when the SLB assessor considers the candidate is competent to be an accredited SLB examiner.

If the candidate is also undertaking full disease grading within NDESP, the assessment should comprise of formal assessment of 10 patients with varying stages of diabetic retinopathy and related common retinal disorders performed over single or multiple sessions.

If the candidate is not undertaking full disease grading within NDESP, the assessment should comprise of formal assessment of 20 patients with varying stages of diabetic retinopathy and related common retinal disorders performed over single or multiple sessions.

The assessment should be documented and should use the nationally described features based grading criteria.

Successful completion of the level two/final assessment should be documented within an internal database of accredited SLEs and maintained by the programme manager or clinical lead.

Candidates who fail the level two/final assessment will be required to return to a period of directly supervised training and will be required to retake the assessment.
Maintaining accreditation status

To maintain accreditation the SLE shall:

- attend a formal continuing professional development/feedback session with the clinical lead of the screening programme (organised by the clinical lead) once a year
- maintain a minimum number of SLB examinations of at least 100 people with diabetes per year
- perform peer-reviewed grading of diabetic retinopathy using SLB on at least eight patients with the assessor once in three years (a number chosen because this should be feasible from one clinic)

If the assessor has concerns about the performance of a particular SLE, that SLE must repeat the level two assessment.

It is recommended best practice that SLEs complete the monthly test and training set, whether or not they are performing full disease grading for the local DES service. This will mean that SLEs will be included in the grading management reports which are used for monitoring grading performance. Guidance on how to use these reports can be found in Appendix 1 of the management of grading quality document on the GOV.uk website.

Local DES services may have additional eligibility, training and quality assurance criteria for SLE’s. These additional requirements should be documented within local standard operating procedures.

As part of the ongoing Screening Quality Assurance Service (SQAS) external quality assurance process, programmes may be required to submit evidence of accreditation, and ongoing internal quality assurance. It is recommended local DES services maintain accurate and up to date records of accredited and trainee SLEs.
Appendix 1

Rules of combination table for Diploma for health screeners (diabetic eye)

<table>
<thead>
<tr>
<th>Units</th>
<th>Screener</th>
<th>Grader</th>
<th>Screener/grader</th>
<th>Optometrist</th>
<th>Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 mandatory units</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy and physiology of the eye</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding diabetes and diabetic retinopathy</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare for diabetic retinopathy screening</td>
<td>✅</td>
<td></td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undertake diabetic retinopathy imaging</td>
<td>✅</td>
<td></td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detect retinal disease and classify diabetic retinopathy</td>
<td></td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand how to safeguard the wellbeing of children and young people</td>
<td>✅</td>
<td></td>
<td>✅</td>
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</tr>
</tbody>
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Principles of health screening unit only
role specific