Advanced Clinical Practice in Orthoptics – what does it mean for me?

The advanced clinical practice (ACP) workforce agenda is developing and moving fast. It has many exciting possibilities for our profession and we need to stay up to speed, so as not to be left behind.

To introduce myself to those of you who don't know me, I'm Charlotte Codina and I lecture in Orthoptics at The University of Sheffield. I've had the privilege of representing BIOS at some of the Health Education England (HEE) meetings, which have been implemented to develop and strengthen ACP movement, in consultation with relevant professional bodies.

I'll try to set out what I think the ACP agenda means for us as Orthoptists here and I'm happy to take questions by email, if it prompts any, as you read.

What is advanced clinical practice?

There is a whole document by HEE defining what advanced clinical practice is. But, in a nutshell, it is a "level of practice is designed to transform and modernise pathways of care, enabling the safe and effective sharing of skills across traditional professional boundaries… Advanced clinical practitioners (ACPs) are healthcare professionals, educated to Master's level or equivalent, with the skills and knowledge to allow them to expand their scope of practice to better meet the needs of the people they care for. ACPs are deployed across all healthcare settings and work at a level of advanced clinical practice that pulls together the four ACP pillars of clinical practice, leadership and management, education and research." (HEE, 2017)[1]

(Figure 1 credit: @NHS_HealthEdEng, http://www.eel.nhs.uk/sites/default/files/east_of_england_primary_care_advanced_practice_webinar_slide_show.pdf)

What is the vision for advanced clinical practice and is it relevant to Orthoptists?

There is an acute shortage of Ophthalmologists in the UK and the gap between patients' need for appointments and Ophthalmologist clinic capacity is widening for a number of reasons – the ageing population, the diabetes epidemic and the challenges of medical training in Ophthalmology being just some of these[2]. One strategy to ameliorate this, is to take already skilled eye-care practitioners such as Orthoptists already working at high level, and to upskill them in areas of Ophthalmology practice, where they can independently diagnose and treat a variety of Ophthalmology patients. This might be in areas such as external eye disease, contact lens care or childhood glaucoma, for example. Sometimes these clinics run alongside an Ophthalmologist clinic, allowing twice the number of patients to be seen and the more complex cases to have the input of the Ophthalmologist

where needed. Other times they work independently, freeing up Ophthalmologist time for more complex cases and surgery.

Why are ACPs needed in Ophthalmology?

Within Ophthalmology, the emphasis on advanced clinical practice is to relieve the workload pressure faced by Ophthalmologists. Many patients seen in Ophthalmology clinics, for example with blocked nasolacrimal ducts, dry eyes or chalazia, take up considerable Ophthalmologist time, but don't need to be seen by an Ophthalmologist to be managed successfully. ACPs can do this work effectively.

Why is advanced clinical practice needed?

The gap between service demand & provision isn't just within Ophthalmology – it's everywhere! ACPs are already working within many fields of medicine and making a huge difference. I saw one myself in the hand clinic when I broke my wrist and during rehabilitation, I saw an ACP (base profession Occupational Therapist), who helped me rehabilitate with compassion, excellence and skill. ACPs may be best known in GP surgeries, accident & emergency (A&E) settings & in musculoskeletal physiotherapy, where they are already effectively helping patients, streamlining patient pathways and improving patient access and communication, taking the pressure off over booked clinics[3].

Is extended role, advanced clinical practice?

This is a question I get asked regularly and my answer is no. Advanced clinical practice is more than an extended role. You might have an extended role for example, in a clinic you do once a week, additional to Orthoptics, such as in low vision, or a clinical session spent on the stroke ward. But, if you were to become an ACP you would likely spend significant time in Ophthalmology practice and whilst you retain your base profession (Orthoptist) and HCPC registration, as an ACP you might spend considerable time outside of Orthoptics. You would work in a wider field of ophthalmology, for example in primary or paediatric care. If you were to become an ACP, but then work most of your week in Orthoptics, you would likely be a very expensive Orthoptist to your Trust and would not be relieving the clinical burden on Ophthalmology clinics, as the ACP workforce is intended to.

How does the Ophthalmic Practitioner Training (OPT) Programme fit into all of this?

The Ophthalmic Practitioner Training (OPT) Programme, or formerly the Ophthalmic Common Clinical Competency Framework (OCCCF)[10] trains postgraduate orthoptists, optometrists, ophthalmic nurses in secondary care to develop and advance their skills in eye care. It's delivered at three different levels across four areas of four clinical practice (Cataract; Glaucoma; Medical retina and Acute and emergency eye care[10]). Successful completion results in the award of specific OPT Certificates by The Royal College of Ophthalmologists. The Level 3 OPT Certificate can form the major part of the clinical ACP pillar, but applicants would need to gain Masters level qualifications in the other pillars from elsewhere, or complete the OPT as part of an integrated degree.

Does that mean I leave behind Orthoptics, if I become an ACP?

ACPs retain their base profession as Orthoptists and HCPC registration and continue some Orthoptic practice. However, considerable ACP work will be spent in Ophthalmology, perhaps comprising several specialists clinics, being on call to A&E ophthalmology cases, leading meetings or taking leadership or research roles to improve services, implement new services, evaluate patient pathways, educate others and mitigate patient risk. We expect ACPs to work in a multi-professional

manner, blurring traditional professional boundary lines. As our first ACP students emerge into their new ACP roles, they will be able to give us a better representation of their daily clinical lives. It may be possible to take on a part-time Orthoptist, part-time ACP position, within the same trust.

What does it mean for our profession?

Personally I'm excited by the way that ACP has lifted the ceiling on continued professional career development for Orthoptists. There is now a clinical route by which Orthoptists can progress into more advanced patient care and take on further practice for patient benefit, service responsiveness and improved patient experience.

The NHS clearly needs to build a recognised and visible ACP workforce and the need for highly experienced clinicians, trained to an advanced level of practice, is well evidenced[4].

There are plans afoot to create other levels of practice such as 'enhanced clinical practitioner' who would work below ACP level and consultant ACP who would work at an even more advanced level. Both of these prospective new routes for the future, present exciting opportunities for our profession[5].

How do you see this working?

For me it's easiest to envision this with reference to the course that I am most involved with[6]. We developed a Masters in Advanced Clinical Practice in paediatric Ophthalmology here at The University of Sheffield, with our first intake of students in September 2021. Our students are mostly Orthoptists (ophthalmic nurses & optometrists too), with some extended role experience, who have a clear vision and motivation to upskill in paediatric ophthalmology, as identified by both student and workplace. These students will progress through the four pillars of ACP: clinical skills; leadership; education and research, over the three-year part-time degree. Once qualified, they will be equipped to take on clinical work relating to a wide range of paediatric ophthalmology conditions which were chosen by means of a survey we conducted between Ophthalmologists and eye-care practitioners for areas of practice that would both work at ACP level and which were creating significant patient backlog. They will also be well-appointed for leadership in Ophthalmology, knowing which service demands to optimally meet, able to apply strategic and scientific reasoning in their patient, team and service decisions.

Will ACPs be paid differently to Orthoptists?

This is likely to vary on a Trust by Trust basis, but the expectation is that ACPs will be paid on an agenda for change scale of grade 7/8a+. For example, the Yorkshire & Humber ACP Framework sets out a band 7 pay scale for trainee ACPs, progressing to band 8a+ for qualified ACPs on completion of their Masters qualification[7].

How are ACPs regulated?

In recent history, the title of ACP was largely unregulated, but this is changing fast. The Centre for Advancing Practice, established by HEE, is in the process of accrediting both programmes and individuals. You might notice that there are an increasing number of programmes in the UK that will enable you to become an ACP. Programmes are eligible to apply for accreditation once they have been running for one year, so if the programme you want to apply for isn't on the list of accredited programmes, it may be that it's because it is too new.

How do I become an ACP?

There are currently two routes available to those wishing to progress to ACP. The first is to take a relevant Masters level programme, which is accredited by the HEE Centre for Advancing Practice (see below for known programmes). The second is to submit a portfolio of evidence (that you already meet the requirements) to The Centre for Advancing Practice's ePortfolio route. This is designed to enable those with evidence of meeting the advance practitioner requirements described in the Multi-professional framework for advanced clinical practice in England[8], to gain accreditation, rather than having to do a Masters programme unnecessarily. It's worth mentioning that you have to meet the advanced level practice knowledge and capabilities in all four pillars of ACP practice, so if you are very experienced clinically, you may want to look at some additional standalone modules, such as a module in clinical leadership & education in Ophthalmology[6], or a research module to supplement your CV.

I live in Scotland / Wales / Northern Ireland – is the process the same for me?

We are pressing for more definitive models of ACP for allied health professionals in each of our devolved nations and are keen to see commissioned places to support ACP development arise in every nation. Please keep a watch on this space and see below for country specific information.

For Scotland

We are aware of advanced roles in a number of areas operating with local sign-off and Edinburgh offers an excellent ACP Masters programme (see below). You might find the following linked documents useful as you explore this further:

https://www.nes.scot.nhs.uk/our-work/transforming-nmahp-roles/

https://nes.scot.nhs.uk/media/ctzlfxrr/allied-health-professional-workforce-planning.pdf

https://www.nes.scot.nhs.uk/our-work/career-development-nmahp-post-reg-hcsw/

Our Scotland trustees may be able to further assist you: Scotlandtrustee@orthoptics.org.uk

For Wales

Health Education and Improvement Wales (HEIW) is producing *The Multiprofessional Clinical Development Framework: Common Core* (MCDF). This is intended to support the development of enhanced, advanced and consultant levels of clinical practice. Whilst Enhanced practitioner is a new level of advancing practice, there is already variation in how Advanced and Consultant levels of practice have been used across organisations and professions, which has resulted in service managers and practitioners being unsure of what each level of practice means and what is expected from practitioners at each level. This may result in practitioners not fulfilling their scope of practice and managers not getting an adequate return on their investment to develop the practitioner, or even the practitioner not being recognised for the level they may be working at. The MCDF seeks to define each level of advancing practitioner against both education routes and skills, and will be a valuable document for both orthoptists and managers in Wales.

You might find the following documents useful:

Introducing advanced practice - HEIW (nhs.wales)

https://heiw.nhs.wales/files/weds-introducing-advanced-practice/nliah-advanced-practice-framework/

It is also possible for Welsh colleagues who already meet ACP accreditation standards, to complete a portfolio evidencing the four ACP pillars and submit this to Swansea University, to be assessed. If successful, you can then be accredited and added to the Health Board register as advanced practitioners.

Our Wales trustees may be able to further assist you: walestrustee@orthoptics.org.uk

For Northern Ireland

The NI Health Board has approved the Orthoptic Workforce Document, but commissioned places to support ACP development in key areas are yet to emerge. There are some available postgraduate professional certificate courses at University of Ulster for specific specialist areas of Ophthalmology such as glaucoma and medical retina which could contribute to the clinical pillar (https://www.ulster.ac.uk/optometry/courses/professional-certificates). It is recognised that local commissioners need to prioritise postgraduate training and secure required funding to support the transformation agenda and Delivering Together Strategy to provide opportunities to support advanced practitioner progression and new care pathways.

Our Northern Ireland trustees may be able to further assist you: NItrustee@orthoptics.org.uk

What courses are there for me to look at?

These are the courses specifically for Ophthalmology advanced clinical practice that I am aware of, and there may be more, so please do keep watching this space! This is an exciting workforce development area with newly commissioned programmes emerging. The programmes at UCL, Plymouth and Aston are all mapped to the Royal College OPT.

Ophthalmology Advanced Clinical Practice (Paediatrics) at The University of Sheffield https://www.sheffield.ac.uk/postgraduate/taught/courses/2022/ophthalmology-advanced-clinical-practice-paediatrics-mmedsci)

Advanced Practice in Healthcare MSc at the University of Liverpool (with optional modules in Special Educational Needs, Neurology & Neuro-ophthalmology) https://www.liverpool.ac.uk/health-sciences/postgraduate/programmes/. Modules can be found in the CPD section (https://www.liverpool.ac.uk/health-sciences/continuing-professional-development/currentcpd/)

MSc Advanced Clinical Practice in Ophthalmology at the University of Plymouth https://www.plymouth.ac.uk/courses/postgraduate/msc-advanced-clinical-practice-in-ophthalmology

Advanced Practice in Ophthalmology MSc Degree Apprenticeship at UCL https://www.ucl.ac.uk/ioo/study/advanced-practice-ophthalmology-msc-degree-apprenticeship

Advanced Clinical Practice in Ocular Health MSc at Aston University https://www.aston.ac.uk/study/courses/advanced-clinical-practice-ocular-health-msc/october-2022

Primary Care Ophthalmology (Online Learning) MSc at The University of Edinburgh https://www.ed.ac.uk/clinical-sciences/ophthalmology/masters

Ulster University Professional Certificates in Optometry https://www.ulster.ac.uk/optometry/courses/professional-certificates

Are advanced practice and enhanced practice the same?

No. Enhanced clinical practice (ECP) is another level of practice, launched in May 2021 and reflects a lower level of practice in comparison to ACP. Enhanced clinical practitioners (ECPs) may work as part of a multi-disciplinary clinical team in many settings such as including hospitals, community clinics, individual's homes and in general practice. Those who are working at enhanced level of practice may not go by the title ECP or come from a variety of professions. ECP courses are set at level 6 (Bachelor degree level) and typically take 18 months to complete, whereas ACP courses are set at level 7 (Masters degree and typically take 2-3 years). There is no definitive list of professional backgrounds suited to EHP and the intention for this role is to bridge traditional boundaries and clinical specialisms[9].

What is consultant-level practice?

Multi-professional consultant-level practice indicates expert practice, leading in the field. It requires strategic and enabling leadership, research and innovation. It may include aspects such as practice accreditation, change and continuous improvement as well as pioneering new or reformed health and social care provision with service-users and communities. It is set to level 8 (doctorate level) and the progression from qualified practitioner, through to EHP, ACP and then CP (consultant practice) is nicely shown in the figure below.

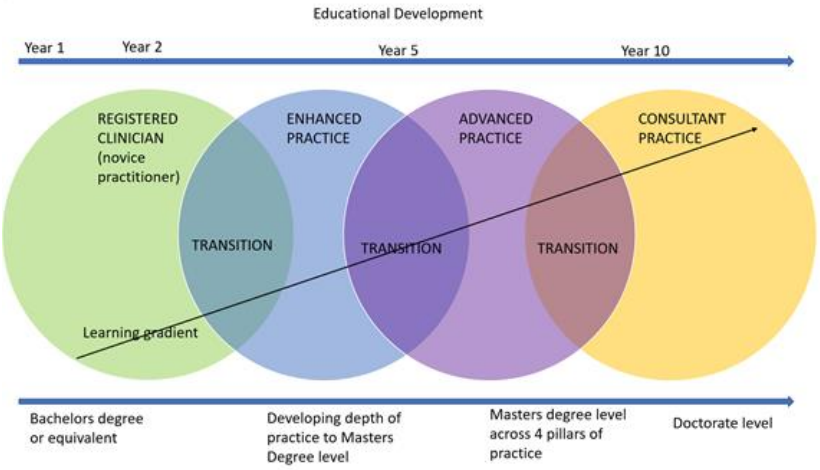

Figure 2 credit: AHP Roadmaps to practice (https://www.sussextraininghub.org.uk/education-workforce/advanced-practice/ahp-roadmaps-to-practice/)

How might our Trust access ACP funding?

If you are in England, there are Regional Faculties for Advancing Practice, whose mandate is to drive workforce ACP take-up and workforce across England. Each Faculty will identify workforce demand, and then contract education and training for individuals. Talk to your ACP regional faculty, to see what funding is available for you and what you would need to do to get it. HEE faculties can provide expertise to support and build an ACP business case. Many HEE bids for ACPs are dependent on these business case and the trainee ACP (tACP) having an ACP position upon qualification. BIOS is developing resources that may help you to develop business cases and job specifications for tACPs and ACPs too. Many areas have increased the number of tACP posts that they are able to support in primary care in response to the increasing demand for ACP development. HEE faculties may also be able to provide top-up funding to help cover supervision costs and Ophthalmology is a national priority area (NHS England, 2019[10]).

For colleagues not in England, there may be accessible funding for you through other routes. BIOS, LOOP, or myself may be able to connect you with someone who has secured funding by other means. Please see linked documents in country specific information above.

What is an apprenticeship route?

Some Universities are able to offer a National Level 7 ACP Apprenticeship programme for their Masters ACP programme. This is often the preferred way that HEE funding is given. However, we have been assured that HEE funding can still be accessed for programmes which are only currently available via a non-apprenticeship route. In reality apprenticeships & non-apprenticeship routes usually cover the same areas of knowledge and competencies for the student, but there are some different requirements for Universities delivering these (e.g. end point assessment for apprenticeship route). Some courses may have apprenticeship routes under development.

What should I do if I am interested?

The first and most important consideration is probably the current service needs of your Trust, because this is what employers will look for. Talk to colleagues and your line manager to express your interest and see if there is an opportunity for you to progress in this field. Look at the courses currently available and see which you think would best fits with both your interests and expertise and the service needs of your Trust. Check out the BIOS CPD webinar recordings, where there are have been a few talks on ACP practice by both tutors and those studying under: Member CPD recordings (see recent LOOP & paediatric CAG webinar recordings (https://www.orthoptics.org.uk/paediatric-ophthalmology-webinar-31st-january-2022/)

I'm happy for you to email me too if you have a specific question about the ACP agenda or about our programme specifically.

I hope this has been helpful as you think about all things ACP!

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References

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