

Section Six – The NHS Hospital Eye Service (HES) placement

If based in community practice, the trainee is required to spend at least 10 half-day sessions in the hospital eye service. We recommend a period of two weeks full time equivalent. This will give an insight into the workings of the HES and the various aspects of NHS eye care. They will also have the opportunity to learn about the day-to-day working of a hospital eye department and their own important role in detecting and referring eye conditions, as well as the relative urgency and possible outcomes of these referrals. Trainees will see a wider variety of ocular pathology than would normally be possible in general practice and gain some insight into how pathology is diagnosed and classified. This experience will give a trainee the opportunity to learn about the diagnostic and management methods used outside optometric practice, such as fluorescein angiography, surgical procedures, post-operative refraction and perioperative orthoptic assessment. During the NHS HES placement, each trainee will need to complete the HES Logbook as evidence of their attendance and the experience gained.

College recommendations on NHS HES experience

Apply early

Don't assume that HES placements are easy to find. There are sufficient places for everyone but demand differs across different areas. The later the application is made, the more likely you are to be disappointed and have to search well outside your local area for a suitable placement. The more notice you have of any possible difficulties, then the longer you have to develop a contingency plan.

Be flexible

Trainees may carry out their HES experience on a regular basis each week or as block placements. The minimum experience required is one week full-time or the equivalent, and this must be completed during Stage 1 of the assessment process in order to ensure that the trainee gains sufficient experience. What may be best for your practice isn't necessarily going to suit your local HES department who may be trying to offer experience to a large number of trainees. Be prepared to discuss block placements at a convenient time, but ideally before the third Stage 1 assessment visit is planned.

Be prepared to travel

Consider other suitable locations (for example where there are family or friends) which might prove to be possible as an alternative location for a block HES placement.

If finding a suitable placement is proving difficult, then speak with the Stage 1 assessor in the first instance and, if they are unable to help, then contact the College.

Make sure you are covering all the required experience

Although HES departments will endeavour to provide each trainee with a wide range of experience, they cannot guarantee specific groups of patients and in many busy departments they will not be able to offer experience outside a pre-arranged plan. It is essential, therefore, that you find out in good time what can/cannot be organised during the HES placement and which experience will need to be provided elsewhere – do not make assumptions. Check beforehand what experience can realistically be expected.

Types of experience

Unlike working under supervision in community practice, the HES experience is designed to be mainly observational. However, it would be helpful if the trainee were able to gain hands-on experience in the following areas during their placement:

- slit lamp assessment of patients, eg with anterior chamber signs of inflammation
- orthoptics – assessment of patients
- low vision – assessment of patients
- low vision – dispensing of aids.

However, this hands on experience is purely at the discretion of the HES supervisor and may be influenced by a number of factors including the rules of the particular trust. It should not be an expectation of the placement for the trainee or the registered supervisor. Where hands-on experience is not possible, then allowing a trainee to observe and gain an increased awareness of the issues will help. It is not possible for all HES departments to provide contact lens and low vision services. It remains the supervisor's responsibility to find this experience at an alternative location.

Evidence requirements

In some trusts trainees are only allowed to observe. This will not provide an acceptable level of evidence for the majority of elements because the element of competence may require a patient record as a compulsory form of evidence. You cannot assume, for example, that the evidence the trainee will gain by observing in the orthoptic clinic will be sufficient to demonstrate the "ability to assess and manage a patient with a specific type of binocular vision anomaly". This is not true for the majority of cases and certainly for the vast majority of trainees this experience is gained in the regular practice placement. The HES experience will, in most cases, provide broader exposure to more patients with BV anomalies and how these are managed within the HES.

Patient episodes/encounters

Trainees should discuss what experience they are seeking to gain with the HES. The timetable in the trainee's HES logbook may help the hospital to structure the experience there. If necessary, discuss with the Stage 1 assessor adjusting the assessment timetable to better reflect the trainee's experience.

Expect to pay a fee

Many HES departments will have a set fee for providing training experience. Where this is not the case, the College recommends that the supervisor makes a token ex-gratia payment to the ophthalmic department of at least 20% of the training grant to cover the provision of this element of the pre-registration training.

Witness testimonies and patient encounter

Where the trainee has competently undertaken a procedure, eg slit-lamp assessment of a patient with anterior chamber signs of ocular inflammation under supervision during the HES placement, then it would be helpful if the HES supervisor (or any other supervisor) could complete a witness testimony stating that the trainee has competently carried out the relevant technique. It is perfectly acceptable for the trainee to complete the witness testimony, which should then be checked and signed by the supervising clinician (the witness). Witness testimonies are only used as part evidence in assessing competence and the final decision about a trainee's competence would always lie with their assessor who would be

considering at least two or usually three different pieces of evidence to make that judgement. A generic witness template can be found in the HES logbook.

Alternatively, if a trainee observed a procedure or a patient encounter rather than carried it out themselves, then they should complete a relevant patient encounter record (also found in the HES logbook) and this will be used as an observational record of the HES experience.

If the trainee is not using one of the generic witness testimony forms from the HES logbook, they must ensure that their testimony contains all the relevant details as outlined in the example in the handbook. If any of the required detail is omitted, then the witness testimony will not be accepted by the assessor.

Trainees as ambassadors for the profession

It is worth noting that in a busy HES department where many different professionals are working, the trainee is an ambassador for their practice and for the profession of optometry. They should take advantage of the full range of experience offered during the placement and not just those experiences which directly link to specific competencies. It is also critical that trainees attend on all the days arranged and for the full duration. The overall purpose of the HES placement is to broaden a trainee's experience and not just to provide witness testimony evidence for a few elements of competence.

Completion of the HES logbook

Every trainee is expected to complete the HES logbook during their HES experience. This provides a record of their attendance and evidence gained and shows that this HES experience as been completed.

All trainees are expected to keep a diary of their attendance in this logbook and the supervising staff in the placement will be completing a daily score of their engagement during that clinic as part of the record of the placement overall. Any witness testimony or patient encounter evidence should be recorded using the relevant proforma provided and kept in the HES logbook.

The person co-ordinating the HES placement will also have the opportunity to provide an overall statement relating to the trainee's attitude, behaviour, punctuality and anything else they think provides useful feedback to the registered supervisor and Stage 1 assessor regarding the placement.

The practice supervisor and assessor will be required to check that the HES experience has been completed before a trainee can be signed off from Stage 1 of the work-based assessment process.