## Level 2 to Level 3 Grader progression for the Scottish Diabetic Retinopathy Screening Programme

<table>
<thead>
<tr>
<th>Version</th>
<th>Authorised by</th>
<th>Date of Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Dr C Styles Lead Clinician, DRS Collaborative</td>
<td>08 Sept 2014</td>
</tr>
</tbody>
</table>

**Reviewers:**
- DRS Collaborative working groups:
  - Clinicians Group
  - Board Coordinators Group
- DRS Executive
Rational for this requirement and details of appointment………3

Clinical Roles and responsibilities within DRS………………….4

Lead Clinician
Definition ……………………………………………………………….4
Background and Training……………………………………………4
Role and Responsibilities ………………………………………….4
Ensure a high quality service is maintained………………………4
*Role of Ophthalmologist supporting Lead Clinician……………5

Level 3 Grader
Definition …………………………………………………………………5
Background and Training/competencies……………………………..6
Ophthalmologist…………………………………………………………6
Retinal Screener…………………………………………………………6
Role and Responsibilities …………………………………………………6

Appointment of L2 graders to carry out L3 work…………….7
Rational for this requirement and details of appointment.

- The Scottish Diabetic Retinopathy Screening programme and the collaborative management governance for the programme have been in place since 2005. Over this time the eligible patient workload has increased steadily to the current 250,000+ (July 2014) with a steady 4% increase per annum of patients. However, over this same period of time the number of (Level 3) L3 graders within the programme has remained constant with some grading centres only having one or limited L3 graders available at any time.

- There is now a significant risk to the programme in reliance on single or limited L3 graders and this document sets out the requirements to allow experienced and qualified (Level 2) L2 graders to take on the role of L3 grading work.

- The perceived risk of allowing L2 graders to carry out L3 grading can be offset against the real risk of having no L3 grader available or limited access to a L3 grader because of the increasing workload. L2 graders can be shown through Internal and External quality assurance schemes to perform as well as L3 graders.

- The risk of allowing L2 graders to progress to L3 status may also be offset by only allowing only just enough highly experienced and qualified L2 graders to progress to L3 status in order to achieve the grading task required. Therefore L2 graders will not automatically qualify as being suitable for L3 grading work. Only the most qualified and experienced L2 graders should be nominated by the relevant Lead Clinician to be appointed as L3 graders within their own grading centres.

- L2 graders who are progressed to L3 grading may also be appointed on a temporary or permanent basis. Lead Clinicians will retain clinical responsibility for the staff within their team.

- L3 graders may only be appointed by Lead Clinicians by agreement with relevant Service Managers and Board Coordinators. This agreement must be in writing and state the terms of the appointment (permanent or temporary). Arrangements for appropriate access rights to the screening system will follow the written appointment.

- The definitions of the terms **Lead Clinician** and **L3 grader** are outlined below.
1. Lead Clinician

Definition
- A clinician who has clinical responsibility for the screening programme.
- Accountability is shared with the Board Coordinator.

Background and training
- The clinical lead will be a specialty doctor or consultant in ophthalmology or diabetes.
- If the clinical lead is a Diabetologist, then an Ophthalmologist must be appointed to provide support.*
- The clinical lead should have a job description that states their overall clinical responsibility and accountability for the screening programme.
- The clinical lead should have protected sessional time for the role depending on programme size.
- The clinical lead needs knowledge of leadership, management, screening terminology and pathways, public health, clinical governance, diabetes, statistics, IT and diabetic retinopathy.
- Training should be provided as required.

Roles and responsibilities for Lead Clinicians
- To provide strategic and clinical leadership for the programme
- To have clinical responsibility and accountability for the clinical decisions related to screening subjects up to the point of referral is made to hospital eye service (HES).
- Work closely with the programme manager to provide clinical support and advice
- Work with the hospital eye service to facilitate safe and timely patient transfer between the services
- The clinical lead should maintain links with other health professionals involved in diabetes care including diabetologists, primary care, public health and optometrists.
- Attend 50% of national Lead Clinicians meetings and pass on appropriate knowledge including updates to national protocols.
- Attend local programme board meetings
**Ensure a high quality service is maintained**

- Ensuring that the clinical operations of the programme are safe, secure and delivered by a qualified workforce, supervised by a programme manager.
- Ensuring that screening pathways are covered by appropriate clinical protocols and reflect national standards.
- Ensuring that grading is undertaken according to national guidelines.
- Be responsible for maintaining the quality of grading through regular review of IQA and EQA results.
- Ensure/provide clinical supervision for DRS staff.
- Provide support to level 3 graders.
- Ensure appropriate ongoing education and training is available to staff.
- Ensure that DRS staff complete the appropriate City and Guilds qualification.
- Ensure accreditation of slit lamp examiners.
- Ensure regular review and audit of the service using national KPI reports.
- Ensure appropriate failsafe procedures are in place.
- Maintain a register of incidents and ensure review of incidents is undertaken.

2. **Role of ophthalmologist supporting Lead Clinician or level 3 grader (if level 3 grader is not an ophthalmologist)**

- An ophthalmologist with at least 1 years experience in retina and experience in laser treatment and still actively involved in retinal clinics.
- To provide support to level 3 grader.
- To provide specialist clinician knowledge for Lead Clinician.

3. **Level 3 Grader**

**Definition**

- A grader who makes the final decision of referable retinopathy.
- And undertakes internal quality assurance of local graders and the autograder.
- A level 3 grader may be an ophthalmologist or a retinal screener. If the level 3 grader is not an ophthalmologist then an ophthalmologist must be appointed to provide support.
**Background and training/competencies**

**Ophthalmologist**
- An ophthalmologist with at least 1 year of experience in retina and experience in laser treatment and still actively involved in retinal clinics.
- Participate in external quality assurance and have a proven record demonstrating at least 80% specificity and sensitivity rates for the previous 2 rounds.
- Provides internal quality assurance for retinal screeners who are Level 1, 2, and Level 3 graders.

**Retinal Screener**
- At least 5 years of experience as a Level 2 grader within Scottish DRS.
- Participation as a Level 2 grader within the national DRSP internal quality assurance process.
- Successfully completed the full Diploma in Diabetic Retinopathy Screening. If registered with the General Optical Council, completion of the City and Guild qualifications in Retinopathy Screening to include:
  - Unit 1 - National DRSP, Principles, Processes, and Protocols
  - Unit 2 - Diabetes and its relevance to Diabetic Retinopathy
  - Unit 6 - Imaging of the Eye for the detection of Diabetic Retinopathy
  - Unit 7 - Detecting Retinal Disease
  - Unit 8 - Classifying Diabetic Retinopathy
- Attained the accreditation standards for DRS Slit Lamp Examiners and currently undertaking a caseload of at least 200 patients per annum.
- Participate in internal and external quality assurance and have a proven record demonstrating at least 80% specificity and sensitivity rates for the previous 2 rounds.

**Roles and responsibilities for Level 3 graders**
- Provide support and supervision to Level 1 and 2 graders.
- Provide training to other graders.
- Maintain regular review and audit of practice.
- Participate in the DRSP external quality assurance twice a year.
- Work within current guidelines and policies of the DRSP especially those relating to grading.
Appointment of L2 graders to carry out L3 work

Lead Clinicians in agreement with their Service Manager and Board Coordinator may therefore appoint L2 graders to commence L3 grading work only if they meet the conditions of the definition of a Level 3 grader as outlined in Para 3 above. L3 graders must be aware of their roles and responsibilities as outlined in para 3 above and they must be appointed in writing stating a temporary or permanent appointment. There is no automatic right for Level 2 graders to be appointed to Level 3 grading even if they meet the standards above. In order to minimise any risks only the most experienced and qualified L2 graders who are deemed suitable by Lead Clinicians will be appointed and only in sufficient numbers to meet the grading task.

Dr Caroline Styles - DRS Lead Clinician

This policy has been reviewed and agreed by the following DRS working groups

DRS Lead Clinicians group

DRS Board Coordinators group

DRS Executive group

Sept 2014