



For trainee graders undertaking the diploma for health screeners (diabetic eye screening)

Public Health England leads the NHS Screening Programme

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-leading 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 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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH www.gov.uk/topic/population-screening-programmes | Twitter: @PHE_Screening Blog: www.phescreening.blog.gov.uk

For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net



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Introduction

The NHS Diabetic Eye Screening Programme (NDESP) introduced the new level 3 Diploma for Health Screeners in April 2016. This qualification replaces the previous City and Guilds qualification for clinical staff.

The qualification was introduced to provide screening staff with a nationally recognised qualification which ensures they have the knowledge and skills required to work within a healthcare setting and NHS screening programmes. It will enable staff to gain a qualification they can use to support career progression and their own personal development.

The qualification has been designed to reflect work based learning and complement previous methods of training. Learners should not have to have significantly more depth of understanding than the previous methods of training. However, learners are expected to provide further evidence and formalisation of additional learning outcomes for a number of mandatory units. These additional units are based on the provision of quality care in a healthcare setting.

There are a number of pathways for different staff groups working within NDESP. The units and pathways required are outlined in the 'rules of combination document'. This document provides local programmes with additional information about the appropriate units that must be undertaken.

All new graders must undertake and complete the 'detect retinal disease and classify diabetic retinopathy' unit before they undertake unsupervised grading within NDESP. They must also complete the diploma for health screeners within 2 years of initial registration.

Trainee graders can only grade 'live' on their NDESP software in a supervised capacity. To gain the appropriate grading experience required for the unit they should be overseen by a senior grader in their learning environment.

Programmes should determine the best methodology to allow this to happen using their existing software. If a trainee login exists within the software, learners should utilise this capacity to grade but ensure that they are not undertaking primary grading.

It can also be undertaken using the senior grader login; the trainee can make all the grading decisions, but are checked by the senior grader before finalising and saving the grade. The final grade and outcome will be the senior graders' responsibility.

Until the learner has completed the 'detect retinal disease and classify diabetic retinopathy' unit all images assessed by the learner should have the primary and secondary grading undertaken by a qualified grader.

This is the minimum requirement and local programmes may have additional competencies and procedures before unsupervised grading can occur.

This document provides staff undertaking the 'detect retinal disease and classify diabetic retinopathy' unit a logbook that can be used to evidence the required 200 minimum grades. This logbook is not mandatory and local programmes can continue to use their own resources.

Grading should be undertaken and recorded to the NDESP retinal imaging features based grading criteria as outlined on the GOV.uk pages.

There is space left at the end of the logbook for reflective practice which can be used to facilitate professional discussion and ongoing development.

Patient identifiable information should not be used on this form.

The diabolic by bolicering programme grading log book	NHS diabetic e	ye screening programr	ne grading log book
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	Patient ID		,			rader					Senio	or gra	ader		Comments		
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		R	М	Ρ	R	М	Р		R	М	Р	R	М	Ρ			
	12345	1	0	0	1	0	0	annual recall	1	0	0	1	0	0	annual recall	Y	Example
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Feedback and reflective practice

The following pages can be used to document feedback sessions and reflective practice for the trainee grader.

Feedback from assessor

This space should be utilised for the assessor/s and expert witnesses used during this unit to provide feedback to embed the knowledge, skills and learning developed undertaking the unit.

This could include:

- national grading guidance and pathways
- triaging retinal images
- use of screening software
- grading failsafe and outcome
- actions planned to improve grading

Reflective feedback from learner

Reflective feedback is essential in ensuring that learners are able to assess their own practice to improve the quality of work provided, improve confidence and become a proactive and qualified professional.

A number of tools to facilitate reflective practice are available online and learners should utilise one which they are comfortable with. This logbook can be used to record and reflect on practice and could include:

- 1:1 grading sessions
- outcomes and learning from grading disagreements
- undergrading/overgrading implications
- test and training review
- MDT meetings
- group discussions