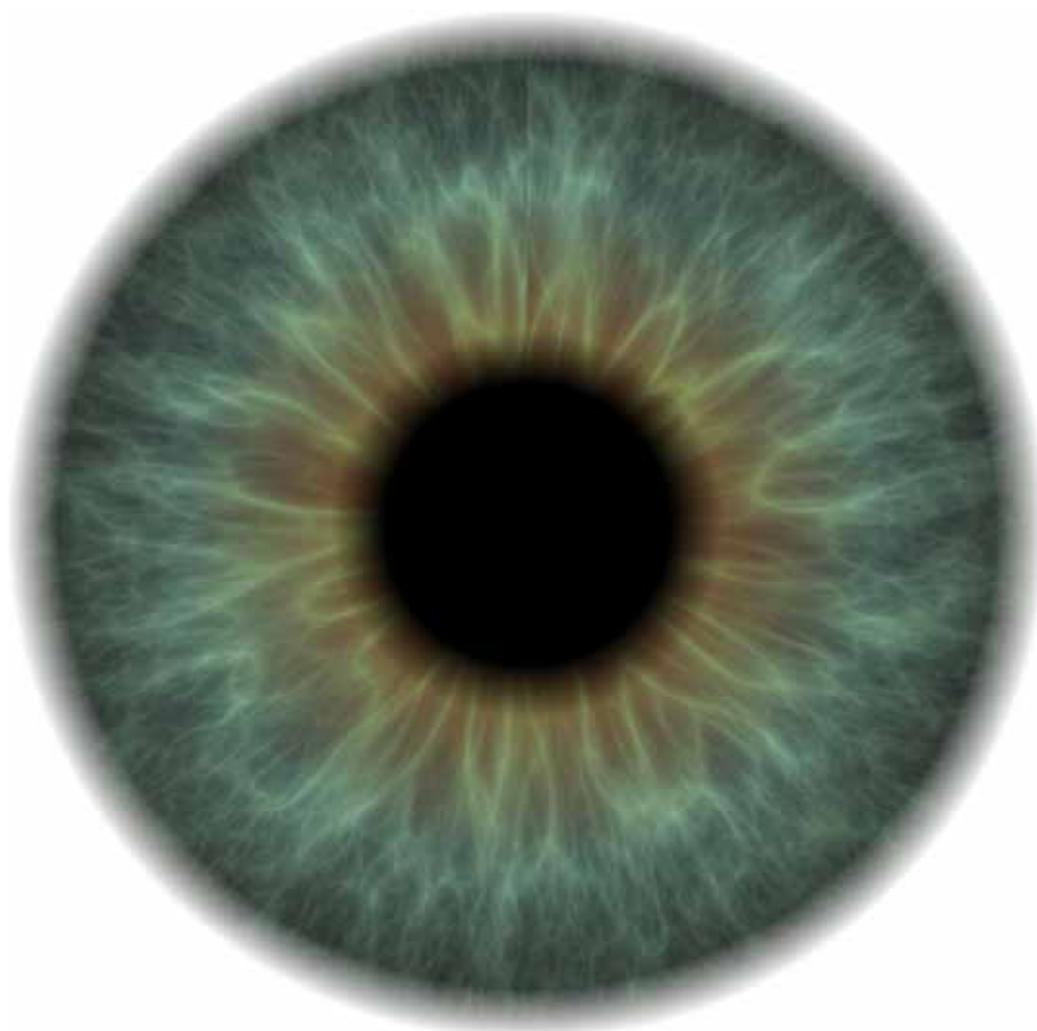


Level 3 Qualifications in Diabetic Retinopathy Screening (7360)

Assignment guide

500/6895/7, 500/6892/1, 500/6891/X,
500/6897/0, 500/6896/9



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Level 3 Qualifications in Diabetic Retinopathy Screening (7360)



Assignment guide

www.cityandguilds.com
September 2009
Version 1.0

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1 Assignments

1.1 Introduction

Each unit can be assessed and certificated individually using a variety of assessment methods.

Learners should be aware that the Qualifications in Diabetic Retinopathy Screening are UK wide awards. There are small differences in the implementation of screening in each devolved Nation (England, Scotland, Wales and Northern Ireland) and learners should be aware of this when answering the questions in units 301, 304, 305, 306, 307, 308 and 309. Where answers are applicable to all Nations the term “national” will be used. Where answers are specific to individual Nations the terms “your National” or “their National” will be used.

These assignments can be located on the 7360-01 qualification web page on the City and Guilds website. There is an assignment for each unit and learners must complete and pass all tasks in each assignment to achieve the full qualification.

Tutors/assessors are reminded of their responsibility to provide written feedback to candidates regarding their assignments and of the fact that candidates should not be encouraged to submit work for final assessment until it is complete and to the appropriate standard for the task.

Bearing in mind the above responsibility which lies with centres, candidates will normally have two opportunities to submit each individual assignment. Candidates who fail any task should not resubmit work within one week of receiving their result. Centres must provide precise written feedback and where necessary, further learning opportunities to maximise the candidate’s potential to succeed on their second attempt.

Grading and marking

Assignments are marked by the centre as Pass/Fail only. The highest grade for any of the assignments in this qualification is a **pass**.

What the results mean:

Pass: is achieved when all assignment tasks have been passed.

Fail: when, after the second attempt, there are still a significant number of tasks that have not been completed to the required standard.

Resubmission: normally candidates may resubmit their assignment work once if tasks were failed on the first submission. However, should centres think that a further assessment opportunity would result in a positive outcome for the candidate, the centre should seek the approval of their external verifier.

Footnotes

* Special arrangements can be made for evidence to be submitted as a recorded question and answer session with the assessor as an alternative to written responses. Learners wishing to provide such evidence will need to obtain advance permission from City & Guilds.

Assignment 301 National Diabetic Retinopathy Screening Programmes, principles, processes and protocols

Assignment overview

Tasks

There are **two** tasks to this assignment.

- A Short notes
- B Scenarios

Assignment coverage

Task	Task name	Learning outcomes covered
A	A Short notes	1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.2, 5.3. 5.4
B	B Scenarios	1.2, 5.2

Assignment 301 National Diabetic Retinopathy Screening Programmes, principles, processes and protocols

Task A Short notes

Write short notes on the following:

- 1 a Explain what is meant by the general term “screening”?
b Describe the criteria for screening a condition.
- 2 Explain the main reasons for screening for diabetic retinopathy.
- 3 Explain why it is important to screen for diabetic retinopathy.
- 4 State the limitations of screening for diabetic retinopathy.
- 5 a Why might screening for any condition be stressful for a patient?
b Why is screening for diabetic retinopathy unlike screening for any other condition?
- 6 What is informed decision making?
- 7 a State the most important components of any systematic screening programme for diabetic retinopathy.
b Describe how these components are managed where you work.
c Discuss at least three advantages or disadvantages of the model of screening you use.
- 8 Give four possible consequences of poor performance by a screener.
- 9 a Describe the difference between internal and external quality assurance systems within a national screening programme.
b Give three reasons why it is necessary to implement internal and external quality assurance in any national screening programme.
- 10 List **all** the Service Objectives for quality assurance in your National screening programme, giving a short explanation of the relevance of each objective and the reason for measuring each.
- 11 Why is it important to have failsafe systems in screening programmes?
- 12 Why is it important to maintain an accurate database (register) of people with diabetes?
- 13 Discuss the factors that might lead to non-compliance with screening for diabetic retinopathy
- 14 Why is it important to be able to track patients referred to ophthalmology?

Your completed work should be no more than 3000 words.

Assignment 301 National Diabetic Retinopathy Screening Programmes, principles, processes and protocols

Task B Scenarios

Learners should complete the following **two** scenarios:

- 1 A patient who has died is invited for an annual screening appointment. The patient's wife is very distressed when she phones to inform the programme that her husband has died. How can the programme guard against this situation?
- 2 A patient phones up to say that they don't think it is necessary for them to come for screening as they have regular checks with their optician. It is clear that they don't want to come for retinopathy screening. How do you reassure the patient and encourage them to attend?

Assignment 301 National Diabetic Retinopathy Screening Programmes, principles, processes and protocols

Candidate guidance

This table provides guidance as to what a learner should include in their answers in the individual assignments in order to achieve a pass.

Learners should be aware that the Qualifications in Diabetic Retinopathy Screening are UK wide awards. There are small differences in the implementation of screening in each devolved Nation (England, Scotland, Wales and Northern Ireland) and learners should be aware of this when answering the questions in this unit. Where answers are applicable to all Nations the term “national” will be used. Where answers are specific to individual Nations the terms “your National” or “their National” will be used.

Task A	Pass Criteria
<p>1 a Explain what is meant by the general term “screening”.</p> <p>b Describe the criteria for screening a condition.</p>	<p>1 a Learners should provide a definition of screening to show that they understand what risk reduction means. Learners should describe what the terms screen positive, screen negative, true positive and true negative mean.</p> <p>b Learners should know who devised the criteria which define conditions suitable for “screening” and list those which are particularly relevant.</p>
<p>2 Explain the main reasons for screening for diabetic retinopathy.</p>	<p>2 Learners should describe the primary aim of screening for diabetic retinopathy, i.e. which particular group of patients are we aiming to detect, and why?</p> <p>Learners may also discuss why it may be important to detect patients with any features of diabetic retinopathy.</p> <p>Learners should also discuss which other patients screening for diabetic retinopathy may detect but does not aim to detect, and how these patients should be managed.</p>
<p>3 Explain why it is important to screen for diabetic retinopathy.</p>	<p>3 Learners should know what the risk is for people with diabetes and how screening for diabetic retinopathy meets the criteria for screening for any condition.</p>
<p>4 State the limitations of screening for diabetic retinopathy.</p>	<p>4 Learners must state the Exeter Standards for sensitivity and specificity in the detection of diabetic retinopathy. Learners should explain what sensitivity and specificity mean and the implications for patients.</p>

Task A

5 a Why might screening for any condition be stressful for a patient?

b Why is screening for diabetic retinopathy unlike screening for any other condition?

6 What is informed decision making?

7 a State the most important components of any systematic screening programme for diabetic retinopathy.

b Describe how these components are managed where you work.

c Discuss at least **three** advantages **or** disadvantages of the model of screening you use.

8 Give **four** possible consequences of poor performance by a screener.

9 a Describe the difference between internal and external quality assurance systems within a national screening programme.

b Give **three** reasons why it is necessary to implement internal and external quality assurance in any national screening programme.

10 List **all** the Service Objectives for quality assurance in your National screening programme, giving a short explanation of the relevance of each objective and the reason for measuring each.

11 Why is it important to have failsafe systems in screening programmes?

12 Why is it important to maintain an accurate database (register) of people with diabetes?

Pass Criteria

5 a Learners should discuss the psychological impact of screening for diabetic retinopathy and the possible outcomes for a patient. Learners should discuss the implications of a true positive, false positive and false negative result and how the patient might react to these results.

b Learners should know why having diabetes makes a person in a diabetic retinopathy screening programme different from a person attending for any other type of screening procedure.

6 Learners should be able to describe what informed decision making means in general and in the context of a screening programme. Learners should know how a person with diabetes is given the information necessary to make their decision and their own role in the process.

7 a Learners **must** demonstrate an understanding of **all** of the important components of their National systematic screening programme for diabetic retinopathy.

b Learners should describe exactly how these components are implemented in their own **local** screening programme.

c Learners should understand the difference between mobile (usually technician based) screening and fixed site (usually optometry based) screening. Learners **must** discuss at least **three** advantages **or** disadvantages in relation to the predominant model of screening in their programme.

8 Learners **must** give **four** different consequences of how the poor performance of a screener on themselves, the patient and the programme.

9 a Learners **must** describe the general difference between internal and external quality assurance processes.

b Learners **must** include **three** reasons why quality assurance is necessary in a screening programme.

10 Learners **must** list all the **current** “service objectives” for each performance indicator and **must** give a short explanation of the relevance of each indicator. The performance criteria and the actual standards (minimum and achievable) should **not** be included in the answer.

11 Learners should discuss the meaning and importance of failsafe giving **two** examples of when it is required at different stages of the screening pathway.

12 Learners should discuss why data entry must be accurate and regularly updated (data cleansing) and the implications for patients if this does not happen and the data is inaccurate.

Task A

-
- 13 Discuss the factors that might lead to non-compliance with screening for diabetic retinopathy.
-
- 14 Why is it important to be able to track patients referred to ophthalmology?

Pass Criteria

-
- 13 Learners should discuss the possible reasons for non-compliance in general and the specific factors in patients with diabetes.
-
- 14 Learners should discuss the importance of knowing what has happened to patients who screen positive if the effectiveness of the programme is to be measured.

Assignment 301 National Diabetic Retinopathy Screening Programmes, principles, processes and protocols

Candidate guidance

Task B

1 A patient who has died is invited for an annual screening appointment. The patient's wife is very distressed when she phones to inform the programme that her husband has died. How can the programme guard against this situation?

2 A patient phones up to say that they don't think it is necessary for them to come for screening as they have regular checks with their optician. It is clear that they don't want to come for retinopathy screening. How do you reassure the patient and encourage them to attend?

Pass Criteria

Learners should complete the scenario explaining how a learner should handle the situation if faced with it.

Learners should complete the scenario explaining how a learner should handle the situation if faced with it.

Target date and action plan for resubmission (if applicable)

Assessor/Tutor feedback to candidate on outcome of resubmission

**Date of final assessment
decision**

**I confirm that this assessment has been completed to the required standard and meets
the requirements for validity, currency, authenticity and sufficiency**

Tutor/assessor's
signature

Date

I confirm that the assignment work to which this result relates, is all my own work

Candidate signature

Date

Internal verifier
signature

Date

Assignment 302 Diabetes and its relevance to retinopathy screening

Assignment overview

Tasks

There are **two** tasks to this assignment.

A Short case studies

B Short answers

Assignment coverage

Task	Task name	Learning outcomes covered
A	A Short case studies	1.1, 1.2, 4.2
B	B Short answers	2.1, 2.2, 3.1, 4.1, 4.3

Assignment 302 **Diabetes and its relevance to retinopathy screening**

Task A Short case studies

Write **two** short case studies under the following headings, **one** based on a patient with Type 1 diabetes and **one** based on a patient with Type 2 diabetes:

- Patient profile (age, sex, ethnic group, occupation).
- Date of diagnosis and age at diagnosis.
- Family history of diabetes.
- Past history of gestational diabetes.
- Presenting symptoms.
- Method of diagnosis.
- Location of management (GP/hospital).
- Self monitoring (glucose, BP).
- Existing co-morbidity.
- Current and past treatment of diabetes, including reasons for changes in management.
- Diabetic complications.
- Management of risk factors for potential/current complications through lifestyle or medication.

Your completed work should be no more than 1500 words.

Assignment 302 **Diabetes and its relevance to retinopathy screening**

Task B Short answers

Write short answers on the following topics:

- 1 a List the three microvascular and three macrovascular complications of diabetes.
 b Explain how microvascular and macrovascular complications might affect a patient and their ability to comply with screening.
- 2 List the **two** major evidence-based modifiable and **two** other significant risk factors for the presence or development of diabetic retinopathy in patients.
- 3 a Explain what is meant by hypoglycaemia.
 b Describe the signs and symptoms of hypoglycaemia.
 c State who is most at risk from hypoglycaemia.
 d State the three most likely reasons for hypoglycaemia to occur.
 e State how a patient having a mild (not needing the assistance of another person) hypoglycaemic episode should be treated.
 f Explain how a patient having a severe (needing the assistance of another person or in a coma) hypoglycaemic attack should be managed.
- 4 a Explain how the screener would find out who is responsible for the patient's diabetes education.
 b How would the screener advise a patient to obtain the education information they needed?

Your completed work should be no more than 1000 words.

Assignment 302 Diabetes and its relevance to retinopathy screening

Candidate guidance

This table provides guidance as to what a learner should include in their answers in the individual assignments in order to achieve a pass.

Task A	Pass Criteria
<p>Write two short case studies based on a personal interview, one with a patient with Type 1 diabetes and one with a patient with Type 2 diabetes, under the following headings:</p> <ul style="list-style-type: none">• Patient profile (age, sex, ethnic group, occupation).• Date of diagnosis and age at diagnosis.• Family history of diabetes.• Past history of gestational diabetes.• Presenting symptoms.• Method of diagnosis.• Location of management (GP/hospital).• Self monitoring (glucose, BP).• Existing co-morbidity.• Current and past treatment of diabetes, including reasons for changes in management.• Diabetic complications.• Management of risk factors for potential/current complications through life style or medication.	<p>Learners must use the two case studies to demonstrate an understanding of the pathology of Type 1 and Type 2 diabetes and how it is diagnosed. This can be done through discussing factors, such as age at diagnosis, family history, medical history and presenting symptoms, speed of onset and clinical management, including choice of treatment and reasons for any changes in treatment.</p> <p>Learners must demonstrate an understanding of the management of Type 1 and Type 2 diabetes. Social factors, such as age, ethnicity, family profile and occupation should be discussed. Medical and lifestyle management issues should be discussed as well as the importance of achieving tight glucose and tight blood pressure control and the significance of co-morbidity and risk factors for further diabetic complications.</p>

Assignment 302 Diabetes and its relevance to retinopathy screening

Candidate guidance

Task B

-
- 1 a List the **three** microvascular and **three** macrovascular complications of diabetes.
- b Explain how microvascular and macrovascular complications might affect a patient and their ability to comply with screening.
-

- 2 List the **two** major evidence-based modifiable and **two** other significant risk factors for the presence or development of diabetic retinopathy in patients.
-

- 3 a Explain what is meant by hypoglycaemia.
- b Describe the signs & symptoms of hypoglycaemia.
- c State who is most at risk from hypoglycaemia.
- d State the **three** most likely reasons for hypoglycaemia to occur.
- e State how a patient having a mild (not needing the assistance of another person) hypoglycaemic episode should be treated.
- f Explain how a patient having a severe (needing the assistance of another person or in a coma) hypoglycaemic attack should be managed.
-

- 4 a Explain how the screener would find out who is responsible for the patient's diabetes education.
-
- b How would the screener advise a patient to obtain the education information they needed?
-

Pass Criteria

-
- 1 a List **three** microvascular and **three** macrovascular complications under the headings "microvascular" and "macrovascular."
- b Learners should explain how these complications might affect a patient and any impact this may have when they attend for screening.
-

- 2 Learners **must** list the **two** major evidence-based modifiable and **two** other significant risk factors for the presence or development of diabetic retinopathy in patients.
- Learners may also wish to discuss the role of pregnancy, smoking, ethnicity and genetic factors, but these are not required to pass the question.
-

- 3 a Learners should be able to provide a suitable definition of hypoglycaemia and be able to define the level of plasma blood glucose at which symptoms of hypoglycaemia may be experienced by the patient.
- b Learners should describe the symptoms that a patient might experience and the signs that might be observed by a health professional.
- c Learners **must** state which patients are most at risk of developing hypoglycaemia.
- d Learners **must** state at least **three** reasons why a patient might become hypoglycaemic.
- e Learners should explain how this situation should be managed
- f Learners should explain how this situation should be managed.
-

- 4 a Learners should describe how they would find out who was responsible for a particular patient's diabetes education.
-
- b Learners should know where to direct the patient, locally and nationally, to obtain diabetes education.
-

Target date and action plan for resubmission (if applicable)

Assessor/Tutor feedback to candidate on outcome of resubmission

**Date of final assessment
decision**

**I confirm that this assessment has been completed to the required standard and meets
the requirements for validity, currency, authenticity and sufficiency**

Tutor/assessor's
signature

Date

I confirm that the assignment work to which this result relates, is all my own work

Candidate signature

Date

Internal verifier
signature

Date

Assignment 303 Anatomy, physiology and pathology of the eye and its clinical relevance

Assignment overview

Tasks

There are **two** tasks to this assignment.

- A Short notes
- B Invigilated test

Assignment coverage

Task	Task name	Learning outcomes covered
A	A Short notes	1.1, 1.2, 1.4, 1.5, 2.1, 3.4, 4.1, 4.2, 4.3, 4.4, 5.2
B	B Invigilated test	1.3, 3.1, 3.2, 3.3, 5.1

Assignment 303 Anatomy, physiology and pathology of the eye and its clinical relevance

Task B Invigilated test

- 1 Correctly label a test set of anatomical diagrams of the eye.
- 2 Correctly identify the lesions of diabetic retinopathy on a test set of images.
- 3 Correctly identify other relevant retinal lesions on a test set of images.

Assignment 303 Anatomy, physiology and pathology of the eye and its clinical relevance

Candidate guidance

This table provides guidance as to what a learner should include in their answers in the individual assignments in order to achieve a pass.

Task A	Pass Criteria
1 Describe briefly (10 lines or less on each) the normal function of the cornea, iris, lens, vitreous body, retina, retinal vasculature, retinal pigment epithelium, optic nerve, Bruch's membrane and choroid.	1 Learners should write short notes (no more than ten lines on each) on the normal appearance and the function of the parts of the eye listed.
2 What is the significance of the area of the retina within 1 disc diameter (DD) of the centre of the fovea?	2 Learners should discuss which photoreceptors are present in this area of the retina and their function. Learners should discuss why this area is particularly identified in grading protocols. Learners should discuss the implications for vision consequent on changes in this area.
3 Discuss the significance of changes in the peripheral retina.	3 Learners should discuss the photoreceptors found in this area and discuss the conditions that might affect this area and the implications for vision.
4 Explain how diabetes may affect the function of the retinal vasculature and the retina and the consequences for vision.	4 Learners should demonstrate a basic understanding of the changes that happen in the capillary bed and how this leads to both capillary closure and capillary leakage and how this in turn leads to the clinical signs seen in diabetic retinopathy.
5 The clinical features of diabetic retinopathy and their significance.	5 Learners should write short notes (no more than three lines on each feature) on the appearance of the features of diabetic retinopathy. Learners should describe how retinopathy progresses and the significance of the signs seen at any one time.
6 Describe changes in the retinal vasculature in diabetes, other than diabetic retinopathy, and their relevance, and how to distinguish between them.	6 Learners should describe the clinical features of changes in the retinal vasculature other than diabetic retinopathy and their significance in terms of progression, potential complications and impact on vision.
7 Discuss the effect of diabetes on the lens of the eye.	7 Learners should discuss the impact of fluctuations in blood glucose levels on the normal lens of the eye causing transient refractive changes, and cataract.
8 Discuss why the identification of certain other eye conditions may be relevant in a screening programme whose prime purpose is to detect diabetic retinopathy.	8 Learners should discuss the relevance of detecting or not detecting other eye conditions in a screening programme for diabetic retinopathy.

Assignment 303 Anatomy, physiology and pathology of the eye and its clinical relevance

Candidate guidance

Task B	Pass Criteria
Invigilated test	Invigilated test
1 Correctly label a test set of anatomical diagrams of the eye.	1 Learners must correctly label a diagram of the eye as part of the online examination.
2 Correctly identify the lesions of diabetic retinopathy on a test set of images.	2 Learners must correctly identify the following features of diabetic retinopathy on a test set of images: retinal haemorrhage, microaneurysm, exudate outside the arcades, cotton wool spot, venous beading, IRMA, new vessels on the disc, new vessels elsewhere, fibrovascular proliferation, pre-retinal haemorrhage, macular exudates.
3 Correctly identify other relevant retinal lesions on a test set of images.	3 Learners must correctly identify the following conditions: drusen, age-related macular degeneration, choroidal neovascular membrane, choroidal naevus, choroidal melanoma, myelinated nerve fibres, myopic degeneration, old choroiditis, rhegmatogenous retinal detachment, asteroid hyalosis and optic disc cupping on a test set of images.

Target date and action plan for resubmission (if applicable)

Assessor/Tutor feedback to candidate on outcome of resubmission

**Date of final assessment
decision**

**I confirm that this assessment has been completed to the required standard and meets
the requirements for validity, currency, authenticity and sufficiency**

Tutor/assessor's
signature

Date

I confirm that the assignment work to which this result relates, is all my own work

Candidate signature

Date

Internal verifier
signature

Date

Assignment 304 Preparing the patient for retinopathy screening

Assignment overview

Tasks

There are **two** tasks to this assignment.

- A Short answers
- B Scenarios

Assignment coverage

Task	Task name	Learning outcomes covered
A	A Short answers	1.1,1.2, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 5.1, 5.2
B	B Scenarios	1.1, 1.2, 2.1, 2.3, 4.1, 4.2, 4.3, 5.1, 5.2

Assignment 304 Preparing the patient for retinopathy screening

Task A Short answers

Write short answers to the following questions:

- 1 Explain how to confirm the patient's identity before the screening examination and why this is important
- 2
 - a How might the screening examination be adversely influenced by the patient's age, physical ability, mental ability or general lack of co-operation?
 - b How might the screening examination be managed if a patient presented with any of the above factors?
- 3 Why is privacy important in the screening examination?
- 4 What methods should be employed to try to ensure that patients understand the purpose and procedures involved in the screening process?
- 5
 - a What obstacles might there be to a patient's understanding of the screening examination?
 - b How might these obstacles be overcome?
 - c What might be the consequences of a patient not understanding what the screening examination involves?
- 6 How is patient consent obtained and recorded?
- 7 What should be done if the patient does not consent to screening?
- 8 How should patient information be stored and who should be able to access it?
- 9
 - a Explain why patients complain and how to deal with difficult patients
 - b Explain how to deal with patient complaints using the appropriate local procedure/protocol.

Your completed work should be no more than 2000 words.

Assignment 304 Preparing the patient for retinopathy screening

Task B Scenarios

Complete **either** 1a **or** 1b **and two** other scenarios of your choice.

- 1 a A patient attends for their retinopathy screening in a wheelchair. How would you manage the situation?
 b A 12 year old patient attends for their retinopathy screening and as a result of being afraid or unsure of the procedure is uncooperative. What measures would you take to try to put them at their ease and successfully complete the screening examination?
- 2 A patient complains that they have been waiting for an unacceptable length of time in the waiting room. They inform you that they are going to leave before the screening examination has been carried out. How might you deal with this situation?
- 3 Whilst preparing the patient for the screening examination they become concerned about the different people who will have access to their images and personal information. The patient is unsure if they are happy to consent to the use of this information and refuses to continue with the examination. How might you deal with this situation?
- 4 You call your next patient into the examination room. Two people stand at the same time. You find that they share both first and surnames. How would you establish which of the two was next on your list?

Assignment 304 Preparing the patient for retinopathy screening

Candidate guidance

This table provides guidance as to what a learner should include in their answers in the individual assignments in order to achieve a pass.

Learners should be aware that the Qualifications in Diabetic Retinopathy Screening are UK wide awards. There are small differences in the implementation of screening in each devolved Nation (England, Scotland, Wales and Northern Ireland) and learners should be aware of this when answering the questions in this unit. Where answers are applicable to all Nations the term “national” will be used. Where answers are specific to individual Nations the terms “your National” or “their National” will be used.

Task A	Pass Criteria
1 Explain how to confirm the patient’s identity before the screening examination and why this is important.	Learners should be able to explain how they would confirm the patient’s identity. Learners should also be able to explain the importance of correctly confirming the patient’s identity before the screening examination. They should also be aware of patient confidentiality, continuity of care and the legal implications of carrying out an examination on the wrong patient.
2 a How might the screening examination be adversely influenced by the patient’s age, physical ability, mental ability or general lack of co-operation.	2 a Learners should be able to explain the potential adverse influence the patient’s age, physical and mental ability (learning or mental health problems) or general lack of co-operation could have on the screening examination. This should include the incorrect or inaccurate recording of patient details and/or visual acuity test results and the production of incorrect or ungradable images with regard to field of view or image quality.
b How might the screening examination be managed if a patient presented with any of the above factors?	b Learners should be able to explain how the test could be managed to compensate for the above factors.
3 Why is privacy important in the screening examination?	3 Learners should include reference to patient confidentiality, comfort, patient performance and respect for patients in their answers.
4 What methods should be employed to try to ensure that patients understand the purpose and procedures involved in the screening process?	4 Learners should discuss what information should be provided for patients prior to screening and how this could be reinforced at the screening visit. Learners should discuss patient choice.
5 a What obstacles might there be to a patient’s understanding of the screening examination?	5 a Learners should discuss barriers to patient understanding

<p>b How might these obstacles be overcome?</p> <p>c What might be the consequences of a patient not understanding what the screening examination involves?</p>	<p>b Learners should discuss which procedures and apparatus should be in place to help overcome these obstacles.</p> <p>c Learners should be able to explain the possible consequences of incorrect or inaccurate recording of patient details and/or visual acuity test results and the production of incorrect or ungradable images in terms of field of view or image quality.</p>
<p>6 How is patient consent obtained and recorded?</p>	<p>6 Learners should explain how consent is obtained and recorded.</p>
<p>7 What should be done if the patient does not consent to screening?</p>	<p>7 Learners should be able to explain the procedure for those patients not giving consent for the screening examination.</p>
<p>8 How should patient information be stored and who should be able to access it?</p>	<p>8 Learners should discuss the various measures and protocols employed to protect patient data and confidentiality. In addition, learners should be able to demonstrate knowledge of who can access the information they record and how this is regulated.</p>
<p>9 a Explain why patients complain and how to deal with difficult patients.</p> <p>b Explain how to deal with patient complaints using the appropriate local procedure/protocol.</p>	<p>9 a Learners should explain why people might complain and how to deal with difficult patients.</p> <p>b Learners should be able to explain how they would deal with patient complaints and describe the relevant local procedures and protocols.</p>

Assignment 304 Preparing the patient for retinopathy screening

Candidate guidance

Complete **either** 1a **or** 1b **and two** other scenarios of your choice.

Task B	Pass Criteria
1 a A patient attends for their retinal screening in a wheelchair. How would you manage the situation? b A 12 year old patient attends for their retinal screening and as a result of being afraid or unsure of the procedure is uncooperative. What measures would you take to try to put them at their ease and successfully complete the screening examination?	Learners should complete the scenario explaining how a learner should handle the situation if faced with it.
2 A patient complains that they have been waiting for an unacceptable length of time in the waiting room. They inform you that they are going to leave before the screening examination has been carried out. How might you deal with this situation?	Learners should complete the scenario explaining how a learner should handle the situation if faced with it.
3 Whilst preparing the patient for the screening examination they become concerned about the different people who will have access to their images and personal information. The patient is unsure if they are happy to consent to the use of this information and refuses to continue with the examination. How might you deal with this situation?	Learners should complete the scenario explaining how a learner should handle the situation if faced with it.
4 You call your next patient into the examination room. Two people stand at the same time. You find that they share both first and surnames. How would you establish which of the two was next on your list?	Learners should complete the scenario explaining how a learner should handle the situation if faced with it.

Target date and action plan for resubmission (if applicable)

Assessor/Tutor feedback to candidate on outcome of resubmission

**Date of final assessment
decision**

**I confirm that this assessment has been completed to the required standard and meets
the requirements for validity, currency, authenticity and sufficiency**

Tutor/assessor's
signature

Date

I confirm that the assignment work to which this result relates, is all my own work

Candidate signature

Date

Internal verifier
signature

Date

Assignment 305 Measuring visual acuity and performing pharmacological dilatation

Assignment overview

Tasks

There are **two** tasks to this assignment.

A Short answers

B Practical demonstration

Assignment coverage

Task	Task name	Learning outcomes covered
A	A Short answers	1.1, 2.1, 2.2, 2.3, 3.1, 3.2, 4.1, 5.1, 6.1, 6.2, 7.1, 8.2, 8.4
B	B Practical demonstration	2.1, 2.3, 3.2, 4.2, 6.2, 6.3, 8.1, 8.3

Assignment 305 Measuring visual acuity and performing pharmacological dilatation

Task A Short answers

Write short answers to the following questions:

- 1 Why might it be useful to measure distance visual acuity (VA) as part of the screening examination?
- 2 What might be the disadvantages of measuring visual acuity as part of the screening examination?
- 3 Describe the following different methods of visual acuity testing, including notation, and when each should be used?
 - a Snellen chart
 - b logMAR
 - c Sheridan - Gardner test
 - d E Chart
- 4 Why is it important to measure best corrected visual acuity?
- 5 What is the effect of the pinhole on visual acuity testing?
- 6 Why is it important for the patient to be comfortable when testing visual acuity?
- 7
 - a Why must a visual acuity chart be placed at the correct distance and what are the implications of placing it at the wrong distance?
 - b List some different means of presenting acuity charts and advantages of each
- 8 Why is it better to use an occluder rather than the patient's hand when testing visual acuity?
- 9 How can pupil dilatation improve the result of the screening examination?
- 10
 - a How do mydriatic drops work?
 - b What are the contra-indications to the use of mydriatic drops?
- 11 How should mydriatic drops be correctly stored and what checks should be made to confirm they are safe to use?
- 12 Explain how mydriatic drops might precipitate a critical incident and the population group that are at risk.
- 13 What should be done in the event of an adverse or critical incident as a result of the use of mydriatic drops?

Your completed work should be no more than 2000 words.

Assignment 305 Measuring visual acuity and performing pharmacological dilatation

Task B Practical demonstration

Practical demonstration to the satisfaction of the workplace Assessor (two clinics or more with a minimum of 16 patients in total) to include the following:

- Appropriate choice of visual acuity test.
- Correct patient positioning.
- Correct use of occluder and pinhole as necessary.
- Correct measurement of visual acuity in both eyes.
- Check for possible contra-indications to the use of mydriatic drops.
- Proper infection control procedure.
- Correct instillation of appropriate eye drops.

Assignment 305 Measuring visual acuity and performing pharmacological dilatation

Candidate guidance

This table provides guidance as to what a learner should include in their answers in the individual assignments in order to achieve a pass.

Learners should be aware that the Qualifications in Diabetic Retinopathy Screening are UK wide awards. There are small differences in the implementation of screening in each devolved Nation (England, Scotland, Wales and Northern Ireland) and learners should be aware of this when answering the questions in this unit. Where answers are applicable to all Nations the term “national” will be used. Where answers are specific to individual Nations the terms “your National” or “their National” will be used.

Task A	Pass Criteria
1 Why might it be useful to measure distance visual acuity (VA) as part of the screening examination?	1 Learners must be aware of the purpose of measurement of VA as part of a retinopathy screening programme and, depending on country, its relevance to the grading protocol.
2 What might be the disadvantages of measuring visual acuity as part of the screening examination?	2 Learners should discuss possible disadvantages.
3 Describe the following different methods of visual acuity testing, including notation, and when each should be used? a Snellen chart. b logMAR c Sheridan – Gardner test d Chart	3 Learners should be aware of the different types of test chart available Learners should be aware of the advantages and disadvantages of each chart. Learners should describe the notation used to record each. Learners should explain when each chart might be used.
4 Why is it important to measure best corrected visual acuity?	4 Learners should explain why best corrected vision should be measured and recorded.
5 What is the effect of the pinhole on visual acuity testing?	5 Learners should explain how the pinhole works and why it is used.
6 Why is it important for the patient to be comfortable when testing visual acuity?	6 Learners should be able to explain the importance of patient comfort when testing VA to help to achieve optimum result.
7 a Why must a visual acuity chart be placed at the correct distance and what are the implications of placing it at the wrong distance? b List some different means of presenting acuity charts and advantages of each.	7 a Learners should discuss the notation of VA and the implications of incorrectly positioning the chart. b Learners should understand that there are internally illuminated charts, projector charts computerised charts and hand held cards. The benefits of having different letters available for each acuity level should be mentioned.
8 Why is it better to use an occluder rather	8 Learners should be able to explain why it is

	than the patient's hand when testing visual acuity?		better to use an occluder rather than the patient's hand when testing VA.
9	How can pupil dilatation improve the result of the screening examination?	9	Learners should explain why dilating drops might improve the result.
10	a How do mydriatic drops work? b What are the contra-indications to the use of mydriatic drops?	10	a Learners should know how mydriatic drops work and specifically how both tropicamide and phenylephrine work. b Learners should list the contra-indications to the use of mydriatic drops.
11	How should mydriatic drops be correctly stored and what checks should be made to confirm they are safe to use?	11	Learners should describe the correct storage procedures and how they would confirm that the drops were safe to be used.
12	Explain how mydriatic drops might precipitate a critical incident and the population group that are at risk.	12	Learners should describe how a critical incident might arise and which patients might be at risk.
13	What should be done in the event of an adverse or critical incident as a result of the use of mydriatic drops?	13	Learners should demonstrate knowledge of the appropriate local protocol or procedure that would be employed in the event of an adverse or critical incident relating to the use of mydriatic eye drops.

Assignment 305 Measuring visual acuity and performing pharmacological dilatation

Candidate guidance

Task B

Practical demonstration to the satisfaction of the workplace assessor (two clinics or more with a minimum of 16 patients in total) to include the following:

- Appropriate choice of visual acuity test.
- Correct patient positioning.
- Correct use of occluder and pinhole as necessary.
- Correct measurement of visual acuity in both eyes.
- Check for possible contra-indications to the use of mydriatic drops.
- Proper infection control procedure.
- Correct instillation of appropriate eye drops.

Pass Criteria

Practical demonstration

Target date and action plan for resubmission (if applicable)

Assessor/Tutor feedback to candidate on outcome of resubmission

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Tutor/assessor's
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Candidate signature

Date

Internal verifier
signature

Date

Assignment 306 Imaging the eye for the detection of diabetic retinopathy

Assignment overview

Tasks

There are **three** tasks to this assignment.

- A Short answers
- B Practical demonstration
- C Practice file

Assignment coverage

Task	Task name	Learning outcomes covered
A	A Short answers	2.1, 2.3, 2.4,3.1, 3.3, 4.1
B	B Practical demonstration	1.1, 1.2, 1.3, 1.4, 1.5, 2.2, 3.2, 3.4, 4.2
C	C Practice file	2.2

Assignment 306 Imaging the eye for the detection of diabetic retinopathy

Task A Short answers

Write short answers on the following:

- 1 Describe the field position/s used in your National Screening Programme.
- 2 In which circumstances might you take additional **retinal** images in addition to the required fields during the screening visit?
- 3 What are the criteria for gradability of retinal images according to your National standards?
- 4 a(i) List ocular and non ocular factors which may prevent the screener from obtaining retinal images of suitable quality or quantity.
a(ii) How would the screener attempt to overcome these reasons and how would the screener document why the images are ungradable?
- 5 a What are your National targets for the acceptable number of ungradable images in an individual screening programme?
b Give **two** implications of an unacceptable number of ungradable images.

Your completed work should be no more than 1000 words.

Assignment 306 Imaging the eye for the detection of diabetic retinopathy

Task B Practical demonstration

Practical demonstration to the satisfaction of the workplace Assessor during a clinic(s) with a minimum of **six** patients, to include the following:

- Ensure that the environment is safe and suitable for the screening episode.
- Confirm equipment is working correctly.
- Access and open the appropriate software application.
- Open / initiate / confirm a new visit session for the patient.
- Meet, greet and seat the patient at the camera.
- Correctly use the external, and if appropriate internal, fixation device(s).
- Obtain images of the patient's fundi (as required by your National screening programme).
- Assess image quality. Follow your National protocols if the image is ungradable.
- Obtain anterior segment (reflex) images of both eyes (according to your National protocol).
- Save images and complete the session.
- Warn patient regarding post flash visual problems and glare.

Assignment 306 Imaging the eye for the detection of diabetic retinopathy

Task C Practice file

Provide a Practice File containing appropriate digital retinal and anterior segment images.

The file should contain images obtained from no less than **six** people (both eyes) ideally with diabetes. Where possible, all of the patients should have been imaged during a single clinical session (i.e. 3-4 hours duration).

All of the images should meet individual National quality requirements for gradability, and the images from no less than **two** of the participants (both eyes), must be fully assessable for clarity and correctly positioned according to their National protocol.

The Practice File **must** include at least **one** person from **each** of the following categories:

- A person with diabetes whose pupil(s), after adequate pharmacological dilation (waiting no less than 30 minutes), are still less than 6mm diameter.
- A person with diabetes in whom there is visible central nuclear sclerosis, cortical or posterior subcapsular cataract on/near the optical axis in at least one eye.
- A person with diabetes who is over the age of 70 years.
- A person with diabetes who is of ethnic origin other than white Caucasian (eg Afro-Caribbean, Asian sub-continent).

In the first 2 categories (poor dilation and media opacity) both digital retinal and anterior segment images **must** be included.

Learners should note that in order to complete this, file images of up to ten people from more than one session may be required.

Assignment 306 Imaging the eye for the detection of diabetic retinopathy

Candidate guidance

This table provides guidance as to what a learner should include in their answers in the individual assignments in order to achieve a pass.

Learners should be aware that the Qualifications in Diabetic Retinopathy Screening are UK wide awards. There are small differences in the implementation of screening in each devolved Nation (England, Scotland, Wales and Northern Ireland) and learners should be aware of this when answering the questions in this unit. Where answers are applicable to all Nations the term “national” will be used. Where answers are specific to individual Nations the terms “your National” or “their National” will be used.

Task A	Pass Criteria
1 Describe the field position/s used in your National Screening Programme	1 Learners should describe the field position/s used in their National Screening Programme.
2 In which circumstances might the screener take additional retinal images in addition to the required fields during the screening visit?	2 Learners should explain the circumstances when additional retinal images may need to be taken.
3 What are the criteria for gradability of retinal images according to your National standards?	3 Learners must describe overall photographic quality definitions as appropriate to their National Screening Programme.
4 a List ocular and non ocular factors which may prevent the screener from obtaining retinal images of suitable quality or quantity? b How would the screener attempt to overcome these reasons and how would the screener document why the images are ungradable?	4 a Learners should include all the following conditions that might affect satisfactory imaging. b Learners should discuss options according to national and/or local protocols.
5 a What are your National targets for the acceptable number of ungradable images in an individual screening programme? b Give two implications of an unacceptable number of ungradable images.	5 a Learners should give their National targets. Learners in Scotland should know that there are currently no National targets but should be aware of the measured failure rate from trials. b Learners should be aware of the implications of a high number of ungradable images both on the individual patients concerned and on the screening programme as a whole.

Assignment 306 Imaging the eye for the detection of diabetic retinopathy

Candidate guidance

Task B

Pass Criteria

Practical demonstration to the satisfaction of the workplace assessor during a clinic(s) with a minimum of **six** patients, to include the following:

- Ensure that the environment is safe and suitable for the screening episode.
- Confirm equipment is working correctly.
- Access and open the appropriate software application.
- Open/initiate/confirm a new visit session for the patient.
- Meet, greet and seat the patient at the camera.
- Correctly use the external and if appropriate internal fixation device(s).
- Obtain images of the patient's fundi (as required by your National screening programme).
- Assess image quality. Follow your National protocols if the image is ungradable.
- If necessary obtain anterior segment (reflex) images of both eyes (according to your national protocol).
- Save the images and complete the session.
- Warn patient regarding post flash visual problems and glare.

Assignment 306 Imaging the eye for the detection of diabetic retinopathy

Candidate guidance

Task C

Provide a Practice File containing appropriate digital retinal and anterior segment images.

The file should contain images obtained from no less than **six** people (both eyes) ideally with diabetes. Where possible, all of the patients should have been imaged during a single clinical session (i.e. 3-4 hours duration).

The Practice File **must** include at least **one** person from **each** of the following categories:

- A person with diabetes whose pupil(s), after adequate pharmacological dilatation (waiting no less than 30 minutes), are still less than 6mm diameter.
- A person with diabetes in whom there is visible central nuclear sclerosis, cortical or posterior subcapsular cataract on/near the optical axis in at least one eye.
- A person with diabetes who is over the age of 70 years.
- A person with diabetes who is of ethnic origin other than white Caucasian (eg Afro-Caribbean, Asian sub-continent).

The images from no less than **two** of the participants (both eyes) **must** be fully assessable for clarity and correctly positioned according to their National protocol.

All other images should meet your National gradability criteria except in the first two categories above where anterior segment images **must** accompany the retinal images.

Learners should note that in order to complete this, file images of up to 10 people from more than one session may be required.

Pass Criteria

Practice file

In some areas of the UK it may occasionally be difficult to find a person of ethnic origin other than white Caucasian in the normal work situation. Should this situation arise learners must contact the administrative office for guidance.

Target date and action plan for resubmission (if applicable)

Assessor/Tutor feedback to candidate on outcome of resubmission

**Date of final assessment
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Tutor/assessor's
signature

Date

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Candidate signature

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Internal verifier
signature

Date

Assignment 307 Detecting retinal disease

Assignment overview

Tasks

There are **four** tasks to this assignment.

- A Practical demonstration
- B Short answers
- C Invigilated test
- D Scenario

Assignment coverage

Task	Task name	Learning outcomes covered
A	A Practical demonstration	1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 3.2, 3.5, 5.1
B	B Short answers	2.4, 3.1, 3.3, 3.4, 5.2, 5.3, 5.4, 5.5
C	C Invigilated test	3.2, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 5.1
D	D Scenario	2.5, 2.6

Assignment 307 Detecting retinal disease

Task A

Practical demonstration

Practical demonstration of the following:

- 1 How to verify that equipment is in working order and computer screen resolution is set at the appropriate level.
- 2 How to open the appropriate software package on the personal computer.
- 3 How to navigate correctly through the grading software.
- 4 How to assess images for gradability.
- 5 How to enter the grading result in the software.
- 6 How to manage the results of assessment for image gradability appropriately.
- 7 How to save work.

Assignment 307 Detecting retinal disease

Task B

Short answers

Write short answers to the following questions:

- 1 Why is it important to enter all data into the software correctly?
- 2 What are the criteria for assessment of images for gradability according to your National standards?
- 3 What are the targets for image quality in your National programme?
- 4 a List the ocular and non ocular factors which may prevent the screener from obtaining retinal images of suitable quality or quantity.
b What are the two possible outcomes for a patient with image(s) of inadequate quality?
- 5 a Describe the grading pathway(s) in your National screening programme.
b What are your National targets for reporting screening results to patients?
- 6 What is the management of the patient according to the results of the final grading?

Your completed work should be no more than 1000 words.

Assignment 307 Detecting retinal disease

Task C

Invigilated test

Invigilated test

Grade a sample of images from an image bank.

Assignment 307 Detecting retinal disease

Task D Scenario

Complete the following scenario:

You are grading a set of images and when you press “save” an error report pops up and the programme terminates. What steps would you take to manage the situation?

Assignment 307 Detecting retinal disease

Candidate guidance

Task A

Practical demonstration of the following:

- 1 How to verify that equipment is in working order and computer screen resolution is set at the appropriate level.
- 2 How to open the appropriate software package on the personal computer.
- 3 How to navigate correctly through the grading software.
- 4 How to assess images for gradability.
- 5 How to enter the grading result in the software.
- 6 How to manage the results of assessment for image gradability appropriately.
- 7 How to save work.

Pass Criteria

The learner **must** be observed correctly carrying out the actions in the task.

Assignment 307 Detecting retinal disease

Candidate guidance

This table provides guidance as to what a learner should include in their answers in the individual assignments in order to achieve a pass.

Learners should be aware that the Qualifications in Diabetic Retinopathy Screening are UK wide awards. There are small differences in the implementation of screening in each devolved Nation (England, Scotland, Wales and Northern Ireland) and learners should be aware of this when answering the questions in this unit. Where answers are applicable to all Nations the term “national” will be used. Where answers are specific to individual Nations the terms “your National” or “their National” will be used.

Task B	Pass Criteria
1 Why is it important to enter all data into the software correctly?	1 Learners should discuss the ways in which incorrect data entry might affect the outcome for the patient and for the programme.
2 What are the criteria for assessment of images for gradability according to your National standards?	2 Learners must describe the definitions of gradability for image clarity and field positioning in their National Screening Programme.
3 What are the targets for image quality in your National programme?	3 Learners must give the targets relating to image quality in their National programme.
4 a List ocular and non ocular factors which may prevent the screener from obtaining retinal images of suitable quality or quantity. b What are the two possible outcomes for a patient with image(s) of inadequate quality?	4 a Learners should list all the factors that might prevent a screener from obtaining gradable images. b Learners should discuss the implications for themselves, the patient and the screening programme of inadequate image quality.
5 a Describe the grading pathway in your National screening programme. b What are your National targets for reporting screening results to patients?	5 a Learners must describe the grading pathway(s) in their National screening programme - note this may change. b Answers should reflect current National protocol – note this may change.
6 What is the management of the patient according to the results of the final grading?	6 Learners should be aware of the consequences for the patient of the final grading result. Learners should know how their local and National programme manages patients with other eye conditions.

Assignment 307 Detecting retinal disease

Candidate guidance

Task C

Invigilated test

Grade a sample of images from an image bank

Pass Criteria

Invigilated test

Learners **must** grade a sample of images from an image bank.

Assignment 307 Detecting retinal disease

Candidate guidance

Task D

Complete the following scenario.
You are grading a set of images and when you press “save” an error report pops up and the programme terminates. What steps would you take to manage the situation?

Pass Criteria

Learners should complete the scenario explaining how a learner should handle the situation if faced with it.

Target date and action plan for resubmission (if applicable)

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signature

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Assignment 308 Classifying diabetic retinopathy

Assignment overview

Tasks

There are **two** tasks to this assignment.

- A Short notes
- B Invigilated test

Assignment coverage

Task	Task name	Learning outcomes covered
A	A Short notes	1.1, 1.2, 2.2, 2.1, 2.3, 4.1, 4.2,
B	B Invigilated test	3.1

Assignment 308 Classifying diabetic retinopathy

Task A

Short notes

Write short notes on the following topics:

- 1 Describe the importance of timely grading of images and how this is achieved in your local screening programme.
- 2 Describe your National grading protocol for diabetic retinopathy showing how levels of diabetic retinopathy are allocated by grouping of individual lesions.
- 3 Discuss why the various indicators (surrogate markers) of diabetic maculopathy have been chosen.
- 4 In which circumstances might review of images from a previous screen help the screener ascertain whether the patient needs referral to the Hospital Eye Service (HES)?
- 5 Assess how the level of retinopathy influences patient management.
- 6
 - a Explain who will receive the results of the final examination of images.
 - b Discuss **one** advantage and **one** disadvantage of notifying the patient.
 - c Discuss **one** advantage and **one** disadvantage of verbal reporting of the result by a screener.
 - d Discuss **one** advantage and **one** disadvantage of informing other clinicians.

Your completed work should be no more than 1500 words.

Assignment 308 **Classifying diabetic retinopathy**
Task B Invigilated test

Grade a sample of images from an image bank.

Assignment 308 Classifying diabetic retinopathy

Candidate guidance

This table provides guidance as to what a learner should include in their answers in the individual assignments in order to achieve a pass.

Learners should be aware that the Qualifications in Diabetic Retinopathy Screening are UK wide awards. There are small differences in the implementation of screening in each devolved Nation (England, Scotland, Wales and Northern Ireland) and learners should be aware of this when answering the questions in this unit. Where answers are applicable to all Nations the term “national” will be used. Where answers are specific to individual Nations the terms “your National” or “their National” will be used.

Task A	Pass Criteria
1 Describe the importance of timely grading of images and how this is achieved in your local screening programme.	1 Learners should discuss why it is important that images are graded promptly. Learners should describe who, in their programme, examines the images at each stage of the grading triage and how the results are communicated to the patient. Learners may describe holiday / sick leave arrangements in relation to the impact on grading.
2 Describe your National grading protocol for diabetic retinopathy showing how levels of diabetic retinopathy are allocated by grouping of individual lesions.	2 Learners should describe the disease features in each of the grading categories in their National protocol.
3 Discuss why the various indicators (surrogate markers) of diabetic maculopathy have been chosen.	3 Learners should discuss the implications in the use of a two dimensional image to detect a 3-D feature - Clinically Significant Macular Oedema (CSMO). Learners should discuss the ability of each surrogate marker to correctly identify those patients with CSMO (sensitivity) and those patients without CSMO (specificity).
In which circumstances might review of images from a previous screen help the screener ascertain whether the patient needs referral to the Hospital Eye Service (HES)?	4 Learners should be able to discuss at least one situation in which reviewing images from a previous screening episode would help in their decision on whether to refer the patient to the HES.
5 Assess how the level of retinopathy influences patient management.	5 Learners should know how the patient will be managed according to the grading level. Answers should reflect current National protocol (note this may change).
6 a Explain who will receive the results of the final examination of images. b Discuss one advantage and one disadvantage of notifying the patient.	6 a Learners should explain who will receive the results of the final examination in their National programme. b Learners should include at least one advantage and one disadvantage of notifying the patient (rather than the GP).

- c Discuss **one** advantage and **one** disadvantage of verbal reporting of the result by a screener.

- d Discuss **one** advantage and **one** disadvantage of informing other clinicians.

- Answers should reflect **current** National protocol – note this may change.
- c Learners should include at least **one** advantage and **one** disadvantage of verbal reporting to the patient by a screener. Answers should reflect **current** National protocol – note this may change.

 - d Learners should include at least **one** advantage and **one** disadvantage of notifying other clinicians. Answers should reflect current National protocol –note this may change.

Assignment 308 Classifying diabetic retinopathy

Candidate guidance

Task B

Invigilated test
Grade a sample of images from an image bank.

Pass Criteria

Invigilated test
Learners **must** grade a sample of images from an image bank.

Target date and action plan for resubmission (if applicable)

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Date

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signature

Date

Assignment 309 Administration and management systems in a retinopathy screening programme

Assignment overview

Tasks

There are **three** tasks to this assignment.

- A Short notes
- B Practical demonstration
- C Scenario

Assignment coverage

Task	Task name	Learning outcomes covered
A	A Short notes	1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 6.1, 8.2, 9.1, 10.1, 11.1, 11.2, 11.3, 11.4
B	B Practical demonstration	1.1, 1.2, 2.1, 2.2, 4.1, 5.1, 5.2, 5.3, 7.1, 8.1, 8.3, 8.4, 8.5, 9.2, 10.2,
C	C Scenario	10.3, 10.4

Assignment 309 Administration and management systems in a retinopathy screening programme

Task A Short notes

Write short notes on the following topics:

- 1 Where would the screener obtain the names of all patients with diabetes in the area covered by the programme?
- 2 What is the age range for recruitment to your National retinal screening programme for a patient with diabetes?
- 3 Which patient details need to be recorded onto the database at the point of patient recruitment?
- 4 How would the screener check a patient's details if the patient's letter is returned by the postal service?
- 5 How would the screener identify missing patient data on the database?
- 6 What problems could arise if the patient's data are inaccurate?
- 7 What is the procedure for dealing with complaints from patients?
- 8 Which images need to be graded by a second grader?
- 9 How is screening data on the database backed up?
- 10 Describe the procedures for ensuring security and confidentiality of data.
- 11 How do Data Protection Act requirements affect working practice in a diabetic retinopathy screening programme?
- 12 State the implications of the Freedom of Information Act (FOIA) to you and your screening programme
- 13 Why is consent from the patient required to store their records on the screening database?

Your completed work should be no more than 2000 words.

Assignment 309 Administration and management systems in a retinopathy screening programme

Task B Practical demonstration

Practical demonstration to the satisfaction of the workplace Assessor to include the following:

- 1 How to search the database to find out if a patient is already registered.
- 2 The method used to change patient details on the database when necessary (eg change of address).
- 3 How to enter and save a patient record.
- 4 Ways to check that information is accurate eg from GPs.
- 5 How to record where a patient's diabetic eye care is being managed if he/she is not part of the photographic screening programme.
- 6 How to make a patient's screening appointment.
- 7 How to change a patient's appointment.
- 8 How to deal with patient enquiries, including those on the importance of attending for screening and what will happen at the screening appointment.
- 9 How to deal with enquiries from a colleague eg an optometrist, a diabetologist.
- 10 How to generate clinic lists and any relevant documentation to screening centres.
- 11 How to generate audit reports.
- 12 How to identify non-attendance at screening appointments.
- 13 How to operate the recall process and sending of patient letters, GP reports and referral letters to ophthalmology.
- 14 How internal QA reports are generated.
- 15 How to deal with problems in the database software and how to rectify them.
- 16 How to access the following information:
 - Data Protection Act.
 - Caldicott Report.
 - PIAG report.
 - PALS leaflets.
 - Factsheet – Transfer and Management of Patient Information in Diabetic Screening Programmes.

Assignment 309 Administration and management systems in a retinopathy screening programme

Task C Scenario

Complete the following scenario:

You are setting up a new screening clinic and when you press “save” an error report pops up and the programme terminates. What steps would you take to manage the situation?

Assignment 309 Administration and management systems in a retinopathy screening programme

Candidate guidance

This table provides guidance as to what a learner should include in their answers in the individual assignments in order to achieve a pass.

Learners should be aware that the Qualifications in Diabetic Retinopathy Screening are UK wide awards. There are small differences in the implementation of screening in each devolved Nation (England, Scotland, Wales and Northern Ireland) and learners should be aware of this when answering the questions in this unit. Where answers are applicable to all Nations the term “national” will be used. Where answers are specific to individual Nations the terms “your National” or “their National” will be used.

Task A	Pass Criteria
1 Where would the screener obtain the names of all patients with diabetes in the area covered by the programme?	1 Learners should know where to obtain demographic data on all patients with diabetes covered by the programme. They should also know that there may be gaps in the records.
2 What is the age range for recruitment to your National retinal screening programme for a patient with diabetes?	2 Learners should state the age range for recruitment.
3 Which patient details need to be recorded onto the database at the point of patient recruitment?	3 Learners should state the required details.
4 How would the screener check a patient’s details if the patient’s letter is returned by the postal service?	4 Learners should describe how they would check the patient’s detail if a letter is returned by the postal service.
5 How would the screener identify missing patient data on the database?	5 Learners should know how to run queries on the database to identify missing data.
6 What problems could arise if the patient’s data are inaccurate?	6 Learners should be able to give examples of what can happen if data are inaccurate or not kept up to date.
7 What is the procedure for dealing with complaints from patients?	7 Learners should describe how to deal with patient complaints according to local protocols.
8 Which images need to be graded by a second grader?	8 Learners should describe their National Internal Quality Assurance requirements.
9 How is screening data on the database backed up?	9 Learners should describe how and where data is backed up.
10 Describe the procedures for ensuring security and confidentiality of data.	10 Learners should describe the procedures for ensuring security and confidentiality of data.
11 How do Data Protection Act requirements affect working practice in a diabetic retinopathy screening programme?	11 Learners should describe how Data Protection Act requirements affect how data is obtained and processed.
12 State the implications of the Freedom of Information Act (FOIA) to you and your screening programme.	12 Learners should be aware of what the FOIA covers and how this relates to patient identifiable information.

13 Why is consent from the patient required to store their records on the screening database?

13 Learners in England should be familiar with PIAG requirements, and in Scotland with CSAGS.

Assignment 309 Administration and management systems in a retinopathy screening programme

Candidate guidance

Practical demonstration to the satisfaction of the workplace assessor to include the following:

Task B	Pass Criteria
1 How to search the database to find out if a patient is already registered.	Practical demonstration
2 The method used to change patient details on the database when necessary (eg change of address).	
3 How to enter and save a patient record.	
4 Ways to check that information is accurate eg from GPs.	
5 How to record where a patient's diabetic eye care is being managed if he/she is not part of the photographic screening programme.	
6 How to make a patient's screening appointment.	
7 How to change a patient's appointment.	
8 How to deal with patient enquiries, including those on the importance of attending for screening and what will happen at the screening appointment.	
9 How to deal with enquiries from a colleague eg an optometrist, a diabetologist.	
10 How to generate clinic lists and any relevant documentation to screening centres.	
11 How to generate audit reports.	
12 How to identify non-attendance at screening appointments.	
13 How to operate the recall process and sending of patient letters, GP reports and referral letters to ophthalmology.	
14 How internal QA reports are generated.	
15 How to deal with problems in the database software and how to rectify them.	
16 How to access the following information: Data Protection Act Caldicott Report PIAG report PALS leaflets Factsheet – Transfer and Management of Patient Information in Diabetic Screening Programmes	

Assignment 309 Administration and management systems in a retinopathy screening programme

Candidate guidance

Complete the following scenario.

Task C

You are setting up a new screening clinic and when you press “save” an error report pops up and the programme terminates. What steps would you take to manage the situation?

Pass Criteria

Learners should complete the scenario explaining how a learner should handle the situation if faced with it.

Target date and action plan for resubmission (if applicable)

Assessor/Tutor feedback to candidate on outcome of resubmission

**Date of final assessment
decision**

**I confirm that this assessment has been completed to the required standard and meets
the requirements for validity, currency, authenticity and sufficiency**

Tutor/assessor's
signature

Date

I confirm that the assignment work to which this result relates, is all my own work

Candidate signature

Date

Internal verifier
signature

Date

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