

Pacific Heads of Nursing & Midwifery Meeting

Réunion des directeurs des soins infirmiers et obstétricaux du Pacifique

NURSES TOGETHER: A FORCE FOR GLOBAL HEALTH

14 – 16 November 2023, Tanoa International Hotel, Nadi, Fiji

Eyes Upfront – Eye Care Nurse Training and Workforce Support in the Pacific

Paper presented by Amelia Rokobiau, Workforce Manager, Fred Hollows Foundation New Zealand (FHFNZ); Pacific Eye Institute (PEI)

Agenda Item N° 3.6

While the true burden of vision loss across the Pacific is unknown, recent studies have indicated that there are unacceptably high rates of blindness and vision impairment, with approximately 90% being preventable or treatable. Ophthalmic nurses, or eye care nurses, play a crucial part in the subspecialty area of eye health diagnosis and management. Until 2006, there were only a handful of ophthalmic nurses in the Pacific.

The development and delivery of the eye care nurse qualifications by FNU and supported by the Fiji MHMS is a monumental step moving forward in growing national capability to deliver eye health training. To date 151 nurses from 11 Pacific Island Countries and Territories (PICTs) have been trained as eye care nurses.

1. BACKGROUND

Globally, over 2.2 billion people are living with a vision impairment and 1.1 billion people do not have access to eye care services. Without change, this will increase by approximately 64%, rising to 1.8 billion people by 2050[1]. While the true burden of vision loss across the Pacific is unknown, recent studies have indicated that there are unacceptably high rates of blindness and vision impairment, with approximately 90% being preventable or treatable [2]. The estimated prevalence of cataract amongst Pacific Island Countries and Territories (PICTs) population 50 years and older is 10.66%, while the estimated prevalence of uncorrected refractive error causing vision loss is 6.97%.¹ A national prevalence survey in Papua New Guinea in 2017 found that 5.6% of the population aged 50 years and older are living with blindness; 61% of which is experienced by women [3]. These are among the highest rates globally. The leading causes of vision loss in the Pacific are cataract, uncorrected refractive error, and diabetic retinopathy.

It is projected that the prevalence of vision loss will markedly increase, and the epidemiology of eye diseases will significantly change, due to factors such as rapidly growing and aging populations, urbanization, climate crisis, and the ongoing impact of the COVID-19 pandemic, along with behavioural and lifestyle changes and the increasing prevalence of non-communicable diseases (NCDs). The rapid rise in non-communicable chronic eye conditions, such as diabetic retinopathy, glaucoma, age-related macular degeneration, and complications of high myopia pose significant challenges for PICTs [4]. Countries across the Pacific will face an increasing burden of non-communicable chronic eye conditions that require comprehensive and extensive long-term care posing a critical risk to already strained health systems.

Ophthalmic nurses, or eye care nurses, play a crucial part in the subspecialty area of eye health diagnosis and management. Until 2006, there were only a handful of ophthalmic nurses in the Pacific. The ongoing health workforce attrition in the Pacific, including eye care continue to grow exponentially. So far, 19 trained PGDEC nurses left Fiji creating more stress in an already overburdened health system.

In response to the growing eye health conditions and the need to locally grow a cadre of regional eye health the Fiji Ministry of Health and Medical Services (MHMS) and the Fiji National University (FNU), established the Pacific Eye Institute (PEI) in Fiji in 2006. The shared objective of this partnership was to develop a suite of ophthalmology qualifications for doctors and nurses and primarily targeting the

¹ Data from VLEG/GBD 2020 model. IAPB Vision Atlas. <https://www.iapb.org/learn/vision-atlas/>

Pacific health workforce. This resulted in the development of the following benchmarked nurse eye health qualifications:

- Post Graduate Certificate in Eye Care (6 Months)
- Post Graduate Certificate in Diabetes Eye Care (6 Months)
- Post Graduate Diploma in Eye Care (1 year)
- Master of Community Eye Care

A similar training programme was also established in Papua New Guinea in 2007 that began enrolling 10-15 nurses per year in postgraduate level eye care courses.

1.2 Wrap around approach- eye care nurse workforce support (WFS)

A key attribute to the growing strength of eye care nurse training and service delivery is the support that is provided through the wrap-around approach. The WFS for eye care graduates is a comprehensive initiative that provides in-country support for ophthalmologists and eye care nurses in PICs. It was developed and implemented by The Foundation with the aim of ensuring the effectiveness and retention of eye care workers in PICs. It follows the WHO's health system approach and contributes to the sustainability of the eye health workforce and ultimately improving the delivery of eye care services in PICs.

A key feature of the program is to systematically collect data regarding their professional integration that include assessing factors such as motivation, financial compensation, working conditions, opportunities for education and career progression, self-confidence, and adherence to the WHO's health system building blocks.

The WSP that targets eye care nurses is delivered by the Workforce Support Coordinator and trained in-country senior eye care personnel, with visits scheduled within one year after graduation and then every two to three years thereafter. Each visit provides eye care nurse technical and skills support, clinic management, and advocacy with key stakeholders when needed. The program focuses on four main areas:

- Evaluation of eye care clinical competencies through written and clinical testing.
- Evaluation of systems and workplace, including data collection, stock control, and patient record.
- Evaluation of professionalism and accountability to lifelong learning, which involves reviewing self-assessment and awareness of support programs.
- Evaluation of the WFS visit experience, with feedback obtained from the graduate.

Prior to, during and after each visit, data is collected and analysed to guide eye care nurse ongoing skills development, planning, and curriculum support. It also contributes to advocacy efforts with ministries of health and authorities in ensuring that clinical standards through a competent and engaged workforce are maintained in the delivery of eye care services and that in PICTs.

2. PROGRESS AND ACHIEVEMENTS

The development and delivery of the eye care nurse qualifications by FNU and supported by the Fiji MHMS is a monumental step moving forward in growing national capability to deliver eye health training. To date 151 nurses from 11 PICTs have been trained as eye care nurses in training delivered by Pacific Islanders.

Currently there is one eye care nursing qualification that is being delivered, the Post Graduate Diploma in Eye Care (PGDEC). The PGDEC is internationally recognised and accredited by the International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO).² It has also been updated in response to the growing diabetes and therefore diabetic retinopathy (DR).

2.1 Growing eye care nurses in the Pacific

Of the 151 eye care nurses trained, there are now 94 nurses working actively in 11 PICTs delivering eye care services. The table below provides the breakdown of active eye care nurses by countries.

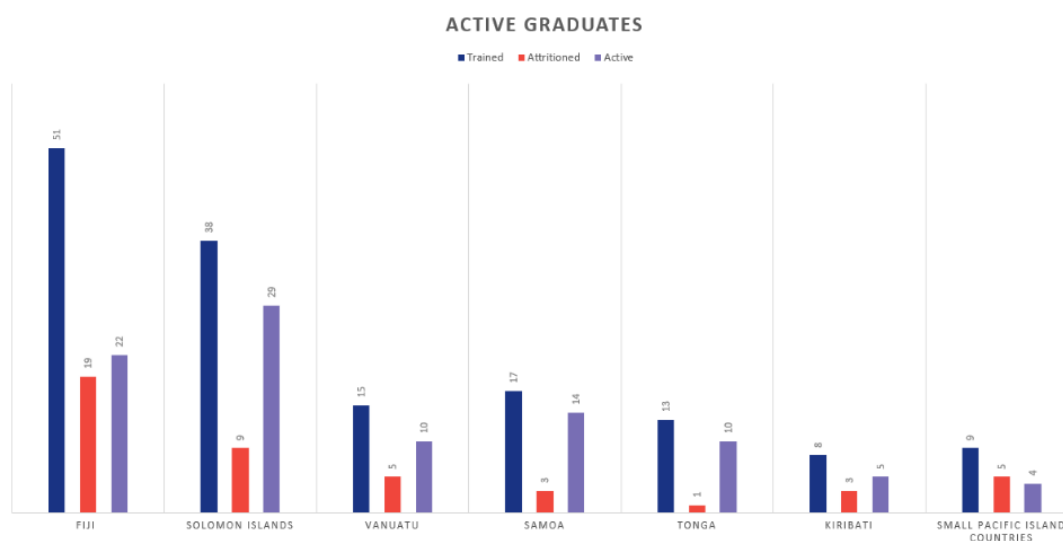


Figure 1: Number of active eyecare nurses by PICTs 2023

² IJCAHPO was established as a not-for-profit organization in 1969 to offer certification and continuing education opportunities to ophthalmic allied health personnel.

2.2 PGDEC curriculum review to meet changing needs and context

In 2017 the nurse's courses were reviewed and the Diabetes Eye Care component was integrated into the Post Graduate Diploma in Eye Care (PGDEC) in response to the growing cases of diabetes in PICTs. The post graduate certificate courses and master's program were abolished. From 2017, eligible PICT nurses were enrolled in the one-year PGDEC. Graduates from these programs have led to an increase in the number of eye care practitioners.

The PGDEC curriculum is currently being reviewed so it is better aligned to the Fiji Nursing Council qualification and training requirements. Alignment will also support the development of Fiji's eye care Scope of Practice in recognition of eye care nurses.

2.3 Successful ongoing clinical attachments for eye care nurses

The clinical attachments of eye care nurses that are hosted in base eye clinics in PICTs is contributing to eye care clinical refreshers such as grading DR, refraction skills, maintenance and cleaning of ophthalmic instruments as well as general clinic management. This is also important in maintaining standards relating to clinical governance.

In addition to clinical skills refreshers, eye care nurses are also provided with equipment replacements, eye care diagnostic tools and training resources.

2.4 Facilitation of primary eye care training by trained eye care nurses

The ongoing WFS support has enabled trained eye care nurses to deliver targeted primary eye care training to community health care nurses and workers. This has resulted in the development of active referral pathways for early detection of eye conditions such as DR, cataract and refractive error.

2.5 Motivation to remain within the eye health workforce

The ongoing WFS has been a source of motivation to eye care nurses to remain in the workforce as they feel that they are being cared for and that they are acknowledged as part of a key component of their respective health system. Eye care nurses have also been given opportunities to attend international conferences which has also enabled them to learn on international best practices and the latest in innovation that can be applied to their clinical settings.

2.6 Strengthening Eye Care Nursing through Clinical Governance

Clinical governance is central to patient safety as well the protection of health workers. It sets the standard in the delivery safe and quality health services. With the introduction of clinical governance training with the emphasis of patient safety for eye care nurses in PNG and Solomon Islands, it is expected that there will be an improvement in the standard of eye care services because of this training. There are plans to roll this out in other PICTs.

3. CHALLENGES

While there has been some progress in the training and ongoing professional development of eye care nurses in the Pacific, there remain ongoing barriers:

3.1 Eye care is still not prioritised as a key health issue, impacting on ongoing eye care workforce support

Even though we now have qualified eye care nurses, they are still not recognised in many PICTs except for Tonga. This lack of recognition has often led to job dissatisfaction as their specialised skills are not recognised by Ministry of Health human resource units and can be a contributing factor to nurse attrition. It has also impacted the way eye care nurses are supported through ongoing professional development and training.

3.3 Inability to practice eye care due to ongoing nurse attrition

The attrition of eye care nurses as part of the ongoing grand nurse attrition in the Pacific is a significant concern. This attrition has resulted in vacant eye care nurse positions that PICTs have struggled to fill due to the limited number of nurses. This has meant that nurses trained in eye care must fill the void and practice general nursing. Alternatively, nurse training institutions are not producing the numbers that can meet both domestic and nurse mobility needs. Nurses leave the field due to various reasons, such as limited career advancement opportunities, better offers elsewhere, or personal reasons.

3.4 Geographical barriers that prevent ongoing and effective eye health workforce support

The geographical spread of PICs can make it challenging to ensure that trained eye care nurses are consistently supported. Similarly limited technology also impacts on the quality of professional development and support that can be delivered remotely.

3.5 Limited Resources

PICTs are overburdened with health conditions on overstretched health systems. Ongoing workforce support to ensure that eye care nurses can practice is currently not provided and therefore not budgeted for in national health budgets for many PICTs. Some countries simply cannot afford to procure and maintain eye care equipment that can enable sustainable and quality eye care service delivery. Ongoing training and professional development for ophthalmic nurses are crucial to maintaining high standards of care however ensuring access to such opportunities in PICTs can be financially and logistically challenging. While significant progress has been made in training eye care nurses, ensuring the long-term sustainability of training is vital. This includes planning for future attrition and responding to population growth.

4. FUTURE DIRECTIONS

4.1 Recommendations for Governments:

- 4.1.1 Support the growth of the eye health workforce by recognizing eye care nurses through the endorsement of a Scope of Practice for eye care nurses.
- 4.1.2 Recognise that research and data collection is imperative to identify trends, challenges, and solutions relating to nurse attrition, including eye care nurses.
- 4.1.3 Recognise that ongoing workforce support and professional development of nurses, including eye care nurses, is essential in response to the growing attrition rates.

4.2 Recommendations for Development Partners:

- 4.2.1 Coordinate and mobilise funding for ongoing nurse training, including eye care nurse, workforce support and professional development in response to the growing nurse attrition.
- 4.2.2 Work with Ministries of Health in the procurement and maintenance of equipment in support of workforce development.
- 4.2.3 Support Ministries of Health to identify areas in digital health that can increase opportunities for ongoing eye health workforce learning and development.

5. REFERENCES

1. World Health Organization. 2019. World Report on Vision.
<https://www.who.int/publications/i/item/9789241516570>
2. Burton, M. J., Ramke, J., Marques, A. P., Bourne, R. R., Congdon, N., Jones, I., ... & Faal, H. B. (2021). The Lancet Global Health Commission on Global Eye Health: Vision Beyond 2020. *The Lancet Global Health*, 9(4), e489-e551.
3. Lee L, D'Esposito F, Garap J, Wabulembo G, Koim SP, Keys D, et al. Rapid assessment of avoidable blindness in Papua New Guinea: a nationwide survey. *British Journal of Ophthalmology*. 2019 Mar 1;103(3):338–42.
4. Burton MJ, Ramke J, Marques AP, Bourne RRA, Congdon N, Jones I, et al. The Lancet Global Health Commission on Global Eye Health: vision beyond 2020. *The Lancet Global Health* [Internet]. 2021 Feb 16 [cited 2021 Sept22];0(0).
[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30488-5/abstract](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30488-5/abstract)