

Supplementary material 1. Review of previous studies for nurse-led intravitreal injections.

Study	Design	Time Period	Methods	Results
Mohamed et al ²⁸ , 2018 (United Kingdom)	Prospective, single centre study	Undefined	Patients were recruited from a medical retina clinic, consented and randomised to treatment given by nurse or doctor. 61 patients enrolled in the study and given a modified patient questionnaire (PSQ-18). 34 were injected by nurses and 27 by doctors.	85% had no preference for nurse-led IVT or doctor-led IVT. There was no significant difference in patient satisfaction between nurse-led IVT and doctor-led IVT.
Kataja et al ⁸ , 2017 (Finland)	Retrospective, single centre study	2008 to 2013	Medical records of patients receiving anti-VEGF treatment for nAMD with three-loading-dose regimen were evaluated. incidence of ocular Serious Adverse Effects (SAE) amongst other outcome measures was evaluated.	There was no statistically significant difference in the incidence of SAEs after injections given by nurses (10 per 9746 injections, 0.103%) or physicians (2 per 1813, 0.110%) (p=0.93)
Hasler et al ³⁰ , 2015, (Denmark)	Retrospective Cohort Study	2007 to 2011	Patients receiving ranibizumab injections for CNV/DME/PDR/CSCR/BRVO/CRVO were recruited. The injections were administered by trainee ophthalmologists, vitreoretinal surgeons and 4 trained nurses.	Nurses delivered 32.5% of 38503 injections. 14 cases of endophthalmitis were recorded. 10 of which were injected by physician in training and 4 of which injected by nurse. There was no significant difference in endophthalmitis rates between the two groups.
Dacosta et al ¹⁹ , 2014, (United Kingdom)	Retrospective Cohort Study	2011 to 2013	4000 nurse administered injections were evaluated and a modified PSQ-18 questionnaire was administered to these patients.	4000 injections were delivered by nurses. There were no serious adverse events documented in the study.
Bolme et al ³¹ , 2019, (Norway)	Prospective, randomised, single centre study	2015 to 2016	Patients were recruited from patient population requiring IVT treatment. 342 patients were randomised to either doctor or nurse led IVT.	Nurse-administered intraocular injections were noninferior to physician-administered injections with regards to difference in change in BCVA at 1 year. In terms of safety, 1.8% of patients had SAE in the nurse led IVT group, versus 0% in the doctor-led IVT group.