



## JOB DESCRIPTION

### 1. JOB IDENTIFICATION

Job Title: Optometrist Advanced

Responsible to : Optometrist Principal (referred to as the Principal throughout the job description)

Department(s): Optometry

Directorate: Ophthalmology

Operating Division: Head & Neck

Job Reference: 240571

No of Job Holders: 7

Last Update :

### 2. JOB PURPOSE

To provide an integrated sub speciality Optometrist service across multiple sites, as an autonomous practitioner, within the specialist extended role clinics provided by the Optometry department. Responsible for the management of the patient caseload including developing specialist care packages, utilising advanced clinical techniques to assess, diagnose, treat and monitor patients with unstable and stable eye disease and ocular co pathology. Additionally responsible for the provision of core optometry services to hospital eye departments and care packages in terms of optical devices to patients

Clinical tutor delivering specialist clinical teaching to undergraduate and post graduates including Ophthalmology junior team members, Orthoptic students, Orthoptists, members of the ophthalmic multidisciplinary teams, Community Optometry and other members of the multidisciplinary teams across Lothian.

### 3. DIMENSIONS

NHS Lothian's Ophthalmology Service has c.100,000 outpatient attendances per annum. The Optometry department provides a service within the Princess Alexandra Eye Pavilion, St John's Hospital and the Royal Hospital for Children and Young People. The workload is determined by the needs of the service. The Optometrists are clinically autonomous and are responsible for their own core and extended role in specialist patient management decisions and contribute to the range and variety of work required by Ophthalmology sub-specialities.

The Advanced Hospital Optometrists are sub-specialised in the following areas of activity with individuals taking the lead for specific areas. There are 7 postholders and the portfolio's are determined by the Optometrist's clinical skills and expertise as well as service demand.

#### Clinical Activity

Outpatient attendance's : c10,000 patients seen annually

- Glaucoma (medical and surgical post operative) clinics
- Laser glaucoma therapies
- Glaucoma Monitoring Service

- Low vision (paediatric and adults including stroke patients)
- Corneal
- Cataracts
- Paediatrics
- Medical Retina

**Staff Responsibilities:**

The postholder will make day to day decisions within their area of specialism ie. clinical lead, and undertake the responsibilities for the Principal during any absence to allow continuous efficient running of the department as delegated by the Principal. Responsible for clinical supervision of junior Optometry staff within specialist area(s) and provide support to other staff groups within the multi-disciplinary team as required.

**Financial Responsibilities:**

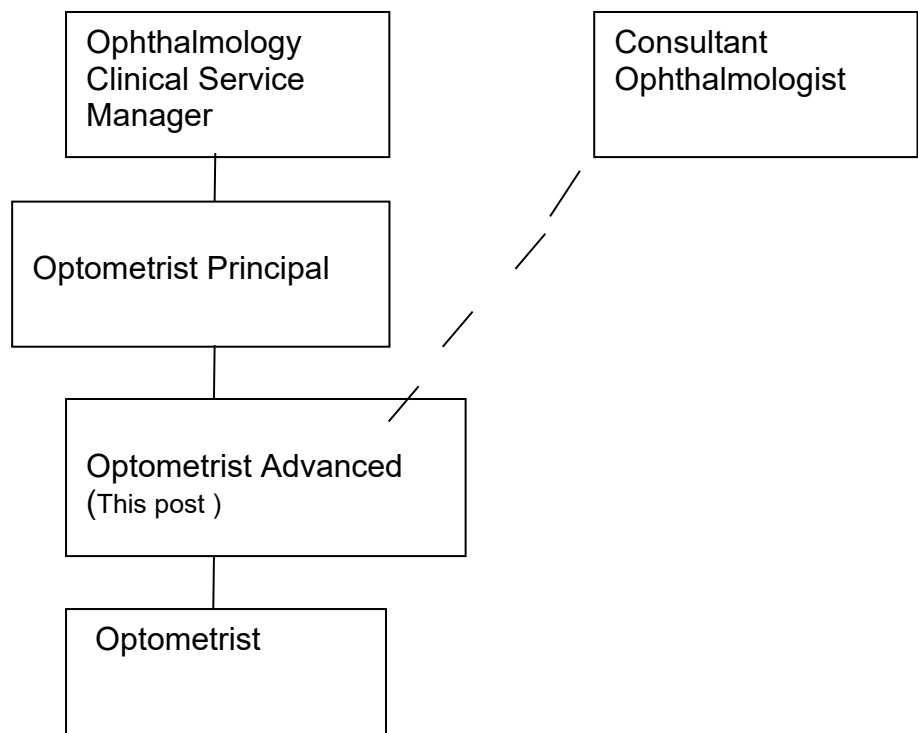
The postholder has no budgetary responsibility but will monitor equipment and resources to meet service demands within the financial envelope when ordering low vision aid stock, more complex non-stock specialist optical aids and optometry equipment.

They will ensure that all the specialist equipment e.g. slit lamps are used safely and stored clean and securely and are calibrated accurately eg. Goldman Tonometers.

The postholder is employed within NHS Lothian working across one or more sub specialities and geographical sites. There may be a requirement to work flexibly to meet service demands.

**4. ORGANISATIONAL POSITION**

Key \_\_\_ direct line management  
 ----- professional link



## 5. ROLE OF DEPARTMENT

The Hospital Optometry Service sits within the Ophthalmology Service which has 29 Consultant Ophthalmologists and 4 Associate Specialists. The Princess Alexandra Eye Pavilion is the tertiary referral centre. It provides acute Ophthalmology services for south east of Scotland including West Lothian and Borders.

The Hospital Optometry Service contribute to core and advanced specialist clinical services for adults and children including extended role Optometry led clinics (patients who would have previously been seen in consultant clinics are now managed by the Optometry Service). The Optometrist Advanced has responsibility to manage within these clinics a complex patient workload, independently prescribe medical treatments, list for surgery and discharge as appropriate.

This post requires wide clinical experience in the management of all simple and complex acute and chronic Ophthalmology conditions within a busy Service. The Ophthalmology Service covers all sub-specialties and the post holder will also provide specialist clinical input for respective consultants.

## 6. KEY RESULT AREAS

1. To support NHS Lothian's values of quality, teamwork, care and compassion, dignity and respect, and openness, honesty and responsibility through the application of appropriate behaviours and attitudes.
2. Responsibility for the clinical management and administration related to a sub-speciality area of Optometry clinics. Manages own caseload and also independently prioritises the urgency of patients requiring appointments within clinics relating to this area of specialism. To provide expertise within the sub speciality specialist area, provide mentoring and supervising of staff within this area. Provide training in advanced clinical techniques and assessment of diagnostic data in relation to clinical decision making. To be the point of contact for the multidisciplinary team on patient clinical needs and requirements for sub-speciality, and manage all queries clinical and administrative. Deputise for the Principal as directed.
3. To undertake independent Optometry led clinics within an extended role in clinical activity (requirement to have achieved NHS Lothain's further clinical training by the sub-speciality consultant for these clinics). To undertake interpretation of highly complex diagnostic data requiring specialist knowledge of disease processes, diagnosing and treating sight threatening ocular conditions, (including life threatening causes, rare). Ongoing clinical management of complex chronic diseases to optimise visual potential and discuss/resolve specific visual problems within the Optometry clinics. Recognising when to refer onward to consultant for surgical intervention or for another sub speciality or specialist opinion.
4. To undertake advanced clinical activity with a high level of clinical responsibility, including within the consultant surgical clinics where management of the early post operative phase of various conditions i.e. glaucoma surgery is assessed and post-operative adjustment procedures are undertaken within the outpatient clinics. It involves independent judgement, clinical decision making, verbal explanations and consent of patient and advanced physical skill working under high magnification contributing to the diagnosis, care and management of Ophthalmology patients.
5. To identify and advise patients of their responsibility to inform the DLVA when they have visual impairment that may affect their driving licence or advise the patient that they no longer meet the legal visual standard for driving.
6. Delivers advice and education to patients and carers on skills to help with self management of visual condition eg. in the Low Vision clinic where visually impaired patients have complex needs often with other comorbidities, which require a holistic care package.

This can include emotional support, screening for depression, assessment of falls risk or need for mobility training. Prescribing of standard and very complex visual aids (eg. telescopic spectacle mounted magnifiers)

7. To work closely with the Principal and Consultant Ophthalmologists to ensure appropriate patient management through complex patient pathways. To assist the Principal in managing change and meeting department and service targets, including the organisation of staff rotas to ensure the service runs efficiently, adapting to change as it arises. Support the Principal in developing further extended clinical roles using clinical knowledge in area of specialism to plan, improve and implement change for best clinical practice, providing high quality treatment for the benefit of patients. Eg. the development of clinical competencies and protocols, contribute to the planning and implementation of team and departmental policy and service developments, including representing the Optometry Service at relevant meetings.
8. To ensure the accurate professional standard of recording of appropriate data in patient records in line with professional codes, service standards and organisational requirements. To reflect and evaluate own work and current practices within the service.
9. Prescribes, administers and supplies for ocular treatment within the legislation detailed in the Optician's Act that gives prescribing rights to Optometrists for some ocular medications or as Independent Prescribing Optometrist. As an Independent Prescriber using judgement when providing sign off, for the assessment of competence of clinical decision making in regards to prescribing practice for our Orthoptists undertaking the Orthoptic Extended Role Exemption Post-Graduate certificate (level 11 SQF framework) for administering/supplying an agreed list of eye drops for diagnostic treatment
10. To work within all local policies, procedures and protocols and in compliance with professional standards as documented by the professional body and the General Optical Council . Patients include vulnerable adults and young people under the age of 18 therefore develop a working knowledge of relevant procedures including Child Protection, Protection of Vulnerable Adults and other legal frameworks to be able to identify potential protection issues and escalate appropriately.
11. To recognise and escalate appropriate clinically urgent cases to the Principal, Consultants, Clinical Director and Clinical Service Manager and understand processes involved in reporting clinical incidents and complaints process. Co-operate with and maintain healthy working relationships and efficient communication with a range of other Health Care Professionals throughout the Directorate, NHS Lothian and outside agencies. To comply with the complaints process through provision of accurate information to the Principal , Clinical Director and Clinical Service Manager in order to deal with complaints
12. To support the delivery of clinical training of visiting pre-registered and registered community Optometrists and Orthoptic students. Demonstrate clinical skills and decision making to medical students on their ophthalmology placement, post graduate ophthalmology doctors, consultants and orthoptists.
13. To participate in audit, research activity or other projects to promote evidence-based practice, develop the service and maintain efficiency and effectiveness. e.g. to assess compliance and treatment strategies for patients. To participate in the clinical research for Consultant Ophthalmologists as required.
14. To provide leadership in the development of Optometry led sub-specialty monitoring service clinics encompassing all diagnostic tests, analysing the results and the clinical decision on management and review as appropriate is taken by the Optometrist Advanced. Outpatient clinics are associated with these sub-specialties for review of patients who are not stable or for assessment of clinical measures that cannot be collected by technicians . The Optometry department takes overall clinical responsibility for this service.
15. To assist the Principal in working within departmental policies and procedures, including Health and Safety, ER, Waiting Times Guidance and Guarantees.

## 7a. EQUIPMENT AND MACHINERY

The postholder is expected to have a knowledge and ability to use all equipment used in their areas of speciality. Ensure it is clean and safe, and regularly calibrated as per professional and organisational standards of practice, however may not have daily clinical involvement

### Ophthalmology equipment in areas of identified practice :

- Slit lamp biomicroscope (examination of the eye under high magnification)
- Indirect Headset Ophthalmoscopes (fundal examination)
- Visual acuity charts eg Snellen and Logmar and near vision charts
- 20D/28D/60D/78D/90D condensing lenses /Goldmann 3Mirror Contact Lens (for detailed Fundal examination)
- Hand held slit lamp microscope for paediatric specialist examination
- Pentorch
- Pachymetry ( measurement of the central corneal thickness to the accuracy of a thousandth of a millimetre )
- Keratometry and Pentacam (measurement of the topography of the cornea)
- Focimeter (measures the power of the spectacle lense)
- Tonopen and I care- (hand held device to measure intra ocular pressure (IOP))
- Ocular response analyser (measures IOP and corneal hysteresis)
- GoldmannTonometry slit lamp mounted ( to measure intra ocular pressure by contact with the eye)
- Optos and Kowa retinal imaging gives clinical information for assessment of the differential diagnosis and monitoring of ocular diseases
- Optical coherence tomography scanner( OCT), (complex retinal and optic nerve scans, gives clinical information for interpretation and assessment of differential ophthalmic diagnosis and for monitoring progressive ocular diseases)
- Perimetry fields machines –( patient’s visual fields are an important of measurement of visual function, used to assess progression in glaucoma and for differential diagnosis )
- Gonioscopy lenses (for assessment of the anterior chamber drainage angle within the eye)
- Laser lenses (for use on patient eyes when doing a laser procedure)
- Ophthalmic Lasers
- Direct Ophthalmoscopes
- Ishihara (Colour vision assessment)
- Retinoscopes
- Maddox Rod /Cross Cylinders /Trial Frame and trial lenses/Prism bars/Duochrome tests/Pinhole
- Schirmers strips /staining agents /
- Surgical Forceps, needles
- Magnifiers and Hyperoculars/ / CCTV /Spectacle Mounted telescopic systems
- Corneal Endothelia Cell Counter

**Note:** New equipment may be introduced as the organisation and technology develops, however training will be provided.

## 7b. SYSTEMS

The following are examples of systems which will be used when undertaking the role:

Maintenance of patient records, letters and referrals to GPs, community optometrists, other medical specialities and others as required.

Trak for clinics and for obtaining clinical information for the management of the patient

Heyex system used to store and view analysis of OCT scans and other imaging

Optos Advanced, system used to store and view fundal images  
Paperlite

Datix / Intranet – to obtain local Divisional information including SSTS/Eess/PECOS/TURAS

Internet – to obtain professional, research and other Health Service related information

E-mail – to send and gain information.

Working knowledge of Microsoft Office/Excel packages

**Note:** New systems may be introduced as the organisation and technology develops, however training will be provided.

## **8. ASSIGNMENT AND REVIEW OF WORK**

Clinical caseload is generated by service demands from various sources including the Ophthalmology new and return patient waiting list, Consultant Ophthalmologists, Specialist Medical Practitioners, GP's, other NHS Lothian specialities eg. stroke service

The postholder will be professionally accountable for all aspects of their own work; autonomous clinical diagnosing, treating and monitoring progressive ocular diseases, being responsible for own core and specialist patient management decisions. They also contribute to the range and variety of work required by Ophthalmology sub- specialities. Prioritise own caseload including adjustment of workload for more urgent priorities and that of other staff members as delegated by the Principal or in their absence.

The Postholder will have regular 1-1's and annual PDPR with the Principal. In addition the postholder will have regular professional reviews with sub speciality consultants.

## **9. DECISIONS AND JUDGEMENTS**

The postholder works as an independent clinical decision maker, guided by principles, broad occupational policies, guidance from the College of Optometry and Principal, professionally regulated by the General Optical Council. Own clinical workload involves sight threatening conditions with frequent consideration of possible differential diagnoses where there are complex clinical judgements for patient management. Decisions are based on the patient's history and symptoms, clinical signs and any investigative diagnostic measurements as ordered by the Optometrist Advanced. On occasion this decision, can be very complex, requiring further investigations for the differential diagnosis eg. MRI/CT scanning or electrodiagnostic testing.

Judging how to explain, educate and inform the patient on their diagnosis, prognosis and care plan taking into account possible limited understanding due to mental impairment, deafness, requirement for translation from a foreign language.

To obtain the patients informed consent by discussing with them the alternative management options, taking into account the patient's wishes and co-morbidities to agree a management plan. Judgements which may result in a decision to list for surgical management when appropriate e.g. advising the patient that they require a change of management for their glaucoma, ie. cataract surgery to improve control of their glaucoma. The Optometrist Advanced will have completed competencies signed off by the sub-specialty Consultants enabling the Optometrist Advanced autonomy when listing patients for alternative management.

Prescribing autonomy for spectacles and low vision patients who have highly complex needs. Decides how best to optimise residual impaired vision using specialist knowledge and knowledge of the available options. Will arrange for support from social services when required being sensitive to patient perception and requirements

Judgment on a range of managerial issues that may arise when deputising for the Principal in periods of absence and be required to manage and prioritise clinical workload effectively when conflicting service needs arise within the time constraints.

## 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

The accurate diagnosis of sight threatening eye disease in the complex patient where there may be more than one diagnosis for that individual patient and communicating this to the patient ensuring their understanding.

The effective management and prioritisation of competing demands when there is an unexpected clinical workload (e.g. unexpected emergency with a patient, equipment failure, staff sickness) without compromising patient care when working with a complex patient group.

There will be some cases that have highly emotional demands which require empathy and understanding when communicating with patients, e.g. patients who are distressed about their visual loss, have unrealistic expectations of outcome or may have a poor prognosis, this includes counselling them around their vision that is likely continue to deteriorate with time.

Time management for clinical administration and queries, for ensuring that mandatory operating procedures are accurately reported (e.g. Health and Safety) and for preparing presentations.

## 11. COMMUNICATIONS AND RELATIONSHIPS

The postholder must be able to evaluate and interpret complex information about and from the patients referred to the service regarding their Ophthalmic and medical conditions. They are expected to communicate this effectively presenting this complex clinical and technical information to senior colleagues and the multidisciplinary team.

Required to apply a sensitive and understanding approach which encourages patients to develop trust and co-operation. This being required for apprehensive children or adults to ensure optimum quality of clinical results or their co-operation for safe application of a clinical procedure e.g. Gonioscopy for assessment of the internal anterior drainage angle within the eye.

To communicate well with patients and their parents/carers, explaining the diagnosis and discussing the treatment options enabling the patient to make an informed decision on their management options. To adapt and use appropriate language for the benefit of the patient, to ensure the understanding of their condition, recognising that there can be a range of barriers to this communication such as visual impairment, deafness, learning difficulties and dementia, where they utilise their verbal and non verbal communication skills.

Require to apply empathy and highly developed communication skills to broach sensitive issues that impart distressing news pertaining to visual impairment registration or the legal vision requirements for retention of a professional or standard driving licence.

Relevant lines of communication will encompass the following internal and external groups to ensure the gathering and dissemination of information as appropriate:

### Internal Communication

Clinical Service Manager / Assistant Service Manager – Service development updates, complaint handling

Clinical Director – clinical discussions and service developments

\*Multidisciplinary Leads and teams

\*Consultant sub specialist Ophthalmologists including inter sub speciality referral

\*Principal and Optometry colleagues

\*Other medical specialities eg Rheumatology for combined clinics

\*Orthoptists

\*Nursing staff

Medical secretaries /Support Services (clerical and administration) – patient and external clinician administration

Vision support worker for management of visually impaired needs – clinical and administrative patient management

\*In general for patient management and capacity issues, verbal and written communication

### External Communication

\*General Practitioners

\*Community Optometrists

\*Other medical specialities eg referral to dermatology for Basal cell carcinoma removal

\*Social Workers

\*Voluntary Agencies, eg visual impairment societies

\*Community Health Practitioners

\*Teachers for the Visually impaired

\*Patients and their relatives

\*Carers

Educational Institutes – for the provision of clinical post-graduate training and placements within the Ophthalmology Service

\*In general for patient management issues, verbal and written communication

## **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB**

### Physical Skills and Demands:

- Highly developed co-ordination for biomicroscopic examination of the eye with requirement for fine motor skills and dexterity while maintaining a restricted position relative to each patient for various clinical techniques and clinical measurements where accuracy is important e.g. Gonioscopy where the visualisation and fine measurement of the features of the anterior chamber angle is critical to the diagnosis, using the slit lamp biomicroscope and a gonioscopy lens held in accurately in position on the surface of the eye.
- Maintaining accurate position with a high degree of hand eye co-ordination and good binocular function to undertake accurate stereoscopic assessment of optic disc/fundus or for intricate removal of corneal foreign bodies/sutures with surgical needle or forceps under magnification using a Slit Lamp microscope.
- Requirement to bend, twist, crouch or kneel to sustain an awkward position for many procedures for over 20 minutes several times a day in order to achieve alignment with patients eye to provide an accurate measurement or ocular examination e.g. retinoscopy and indirect ophthalmoscopy of babies in pushchairs, restless toddlers, patients in wheelchair or patients with postural problems. This requires rapid physical reaction and decision making when dealing with small children and involves physical and emotional effort.

### Mental:

- Working in clinics where patients are seen frequently and successively with continual requirement for intense concentration during Ophthalmic examinations and treatments which require refined accuracy and can carry a degree of risk. Maintaining concentration to accurately interpretate the complex information gathered, information from the patients notes and from Trak to make the clinical judgement and decision on their ongoing management and then communicating this information to the patient.
- Frequent requirement to maintain concentration despite non co-operation or distress of patient to achieve satisfactory outcome (Daily).
- Frequent interruptions from the multidisciplinary team for clinical advice.
- Unpredictable workload in busy clinics e.g. patients with multiple co morbidities, patients with surgical complications and patients who need an interpreter who will take longer to assess.
- Frequent requirement to see non scheduled patients resulting in an unpredictable and stressful work pattern

### Emotional Demands:

- Communicating and formal counselling, supporting patients in making joint decisions in the management of their condition and recent vision loss within a more complex patient caseload of distressed/anxious/worried patients/relatives who may have barriers to understanding (multicultural, deaf, blind, cerebrally impaired) who need advanced communication skills.
- Examining children who are severely physically disabled with developmental delay or advising children and their parents/carers who have recently had significant visual loss which can be very emotionally distressing.
- Explaining to complex patients with progressive ocular disease about their management options for surgical treatment against the risks of the surgery (potential to make their vision worse but may also be their best chance of retaining their vision) and with empathy explaining details of their options and ocular condition to help them make this difficult shared decision for their ongoing management.
- Manage patients with unrealistic expectations of their visual outcome or who have difficulty accepting their diagnosis/prognosis and modifying their expectations without causing them undue stress.
- Informing patients when they no longer meet the legal driving requirements especially if this is required for their occupation.

### Environmental Conditions:

- Examination of patients within 12 inches of patients face, frequent exposure to patients with poor oral and personal hygiene.
- Work in confined spaces sometimes with high ambient temperature
- Work with reduced illumination and frequently in artificial light throughout the day
- Frequent exposure to eye fluid, the tear film, and occasional exposure to other body fluids e.g. saliva and urine
- Potential exposure to verbal aggression or extremely challenging behaviour

## **13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

- BSc (Hons) degree in Optometry
- Post-Graduate Professional Qualification for full membership of the College of Optometrists or MOptom (Master of Optometry) (exam based both in clinical knowledge, decision making and practical skills)
- Registration with the General Optical Council
- Educated to SCQF level 11 e.g. MSc relevant to healthcare or equivalent experience evidenced by : Evidence of further advanced theoretical and practical knowledge supporting areas of clinical expertise whether through Health board extended role Optometry competencies, (these require advanced theoretical and practical knowledge acquired over a significant period through advanced clinical training and accreditation by the sub speciality Ophthalmology Consultants similar to the non surgical training provided for medical sub speciality) OR equivalent specialist post graduate College of Optometry qualifications OR Independent prescribing qualification.?
- Evidence of clinical experience in at least one of the following areas : Glaucoma, Corneal, Advanced Low Vision assessment, Paediatrics or Medical Retina.
- Clinical experience in use of specialist equipment such as Volk Slit-Lamp biomicroscopy, Goldman Tonometry, headset indirect ophthalmoscopy, interpretation of OCT and visual field results
- Experience in managing a cohort of patients who have chronic conditions and require maturity and empathy

- Evidence of continuing CPD
- Evidence of excellent communication, negotiating and influencing skills, clinical teaching
- Excellent organisational and time management skills.
- Teaching and clinical tutoring skills
- IT skills

#### **14. JOB DESCRIPTION AGREEMENT**

A separate job description will need to be signed off by each job holder to whom the job description applies.

Job Holder's Signature:

Date:

Head of Department Signature:

Date: