

**AGENDA FOR CHANGE  
NHS JOB EVALUATION SCHEME**



**JOB DESCRIPTION**

**1. JOB IDENTIFICATION**

**Job Title:** Advanced Practice Orthoptist

**Reports to:** Head of Orthoptic Service

**Department, Ward, or Section:** Orthoptic Department, Ophthalmology

**Operational Unit/Corporate Department:** National Treatment Centre

**Job Code:** SSMEDSURDNTC88

**No of Job Holders:** 3

**Last Update:** 03/2026

**2. JOB PURPOSE**

1. Take a lead clinical role in the delivery of Orthoptic services for NHS Highland, based in the National Treatment Centre.
2. Deliver a comprehensive range of Orthoptic services across Paediatric & Adult services, equitable throughout the remote and rural geographical area inclusive of service level agreements with island boards of Western Isles & Orkney.
3. As part of a multi-disciplinary team, work as an autonomous practitioner using advanced skills and knowledge.
4. Autonomously undertake advanced assessment, diagnostics, treatment and discharge to a diverse patient caseload in specialist area of care.
5. Lead across the four pillars of advanced practice in clinical practice, education & development, leadership & management and audit and research applicable to areas of orthoptic practice.
6. In conjunction with the Head of Service develop a service that responds to national initiatives, policies, and clinical governance.
7. Deliver multi-disciplinary team working with increasing autonomy in line with workforce transformation models.

### 3. DIMENSIONS

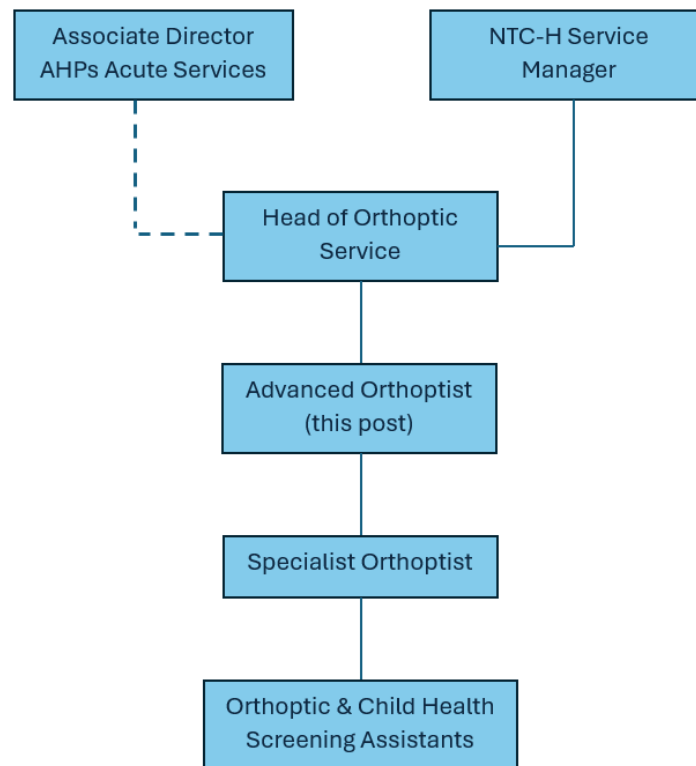
#### Orthoptic Department Staffing:

1. NTC-H Head of Orthoptic Services (1.0 WTE)
2. Advanced Orthoptist (2.8 WTE)
3. Specialist Orthoptist (4 WTE)
4. Orthoptic and Child Health Screening Assistant (3.37 WTE)

#### Locations of Orthoptic Clinics:

1. National Treatment Centre, Inverness
2. Caithness General Hospital, Wick
3. Belford Hospital, Fort William
4. Portree Hospital, Portree
5. Western Isles Hospital, Stornoway
6. Ospadal Uibhist agus Bharraidh, Benbecula,
7. Balfour Hospital, Kirkwall
8. See4School across all nursery settings in NHS Highland, NHS Western Isles and NHS Orkney

### 4. ORGANISATIONAL POSITION



**5. ROLE OF DEPARTMENT OR SECTION**

To provide Orthoptic and allied services, for NHS Highland, NHS Western Isles and NHS Orkney for patients of all age groups and specialities in order to attain and maintain the best possible ocular status.

## 6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

### GENERAL

1. To take a leading role in the delivery and development of Orthoptic Services.
2. To deliver clinical expertise across Adult services, Paediatric services and Advancing practice for the Orthoptic team and wider multi-disciplinary team; to have lead expertise in one/or more of these areas.
3. To take a proactive role for Orthoptics on the Glaucoma Monitoring Service pathway and for the ongoing review and development of this pathway.
4. To lead and manage audit projects within the department to maintain and improve clinical standards, in conjunction with the NTC-H Head Orthoptist.
5. To lead in promoting opportunities for pathway development, liaising with the multidisciplinary team.
6. To support the other Advanced Orthoptists clinically and professionally, including covering periods of leave.
7. To take a proactive role in local/national special interest groups to enhance service delivery in areas of Advanced Orthoptic practice.
8. To deputise for the Head of Orthoptic Services in their absence.
9. To be a Lead Practice Educator/Clinical Tutor in the organisation delivering clinical teaching to undergraduate orthoptic students and other health professionals and students.
10. To take a lead in Clinical Supervision in line with NHS Highland's Clinical Supervision Policy.

### CLINICAL

1. To be independently accountable for all levels of clinical practice adhering to HCPC standards of conduct, performance and ethics
2. To be a lead role to support clinical practice and development of other team members for their adherence to HCPC standards of conduct, performance and ethics
3. To autonomously triage direct referrals and prioritise urgency using advanced clinical reasoning
4. To practice autonomously with a diverse patient caseload consisting of Paediatrics (scheduled, acute referrals and in-patients) and Adults (scheduled, acute referrals and in-patients).
5. To be a lead practitioner in assessing vision, ocular motility disorders, formulating management and discharge plans applying advanced knowledge relating to complex neurological conditions and utilising clinical reasoning and evidenced based practice.
6. To be a lead and source of advanced orthoptic knowledge for multi-disciplinary teams inclusive of *GPs, Community Optometry, Accident and Emergency, Stroke Physicians, Neurology, Endocrinology, Maxillofacial, Medical Physicians and Teacher of Visually Impaired Children/Young Adults.*

7. To deliver Advanced practice as part of evolving workforce models
8. To effectively communicate with patient/service users the diagnosis, prognosis, and treatment plans, using motivational skills where necessary to ensure understanding and compliance.
9. To identify from Orthoptic assessment if patient meets threshold for driving and inform of the threshold/legalities to drive and signpost to inform DVLA
10. To assess visual fields using the Humphrey visual field analyser and interpret the complex results and inform of the threshold /legalities to drive and signpost to inform DVLA.
11. To take the lead in the decision of type and timing of squint surgery.
12. To identify surgical risks (pre, peri and post-surgery) and to discuss these with the patients and carers.
13. To advise the surgeon of surgical risks.
14. To undertake pre and postoperative assessment of strabismus and motility patients requiring surgery.
15. To be first assistant in theatre supporting Paediatric Ophthalmologist with Paediatric Strabismus surgery if service demands require
16. To assist the ophthalmic surgeon in postoperative adjustable suture procedures. This involves being available to provide accurate measurements and advise the surgeon immediately post-op, to allow adjustment of sutures for optimum surgical outcome.
17. To consider the use of Botulinum Toxin as either a diagnostic or therapeutic procedure in ocular motility problems and discuss the pros and cons with the patient and Ophthalmologist.
18. Occasional cross site working for In-patients unable to transfer
19. To travel to peripheral clinics as part of the Orthoptic service delivery and service level agreements with Island boards (approximately one overnight away from base a month).
20. To be responsible for the decision to supply and administer eye drops / medicines for diagnostic and therapeutic purposes aligned with exemptions qualification.
21. To provide clinical teaching for Undergraduate Orthoptic Students, Ophthalmologists, GPs, GP trainees, Community Paediatricians, Optometrists, Health Visitors, Visual Impairment teachers, Occupational Therapists, School nurses, Nurses, and Medical Students. This may be in the form of lectures, tutorials, or one-to-one teaching.
22. To liaise with Highland Education Vision Support Services, Visual Impairment Services Highland Family Support Officer, health visitors and school nurses regarding the educational, social, and visual needs of patients

## **RESEARCH & DEVELOPMENT**

1. To complete Good Clinical Practice (GCP) training to fulfill NHS-Highland requirements to undertake research.
2. To lead and project manage audit projects within the department to maintain and enhance quality improvement.
3. To capture and input data for clinical audit and research to prepare and present
4. To actively seek opportunities to become involved with national and local research

projects, and to take a departmental lead in any such projects

5. To participate and take a rotational lead in monthly scheduled audit and quality improvement afternoons.

## **EDUCATIONAL**

1. To be a Lead Clinical Tutor for undergraduate Orthoptic Students from Glasgow Caledonian, Liverpool, Sheffield, and university college London. The department is committed through a Practice Placement Agreement, to undertake 32 weeks of clinical teaching a year.

2. To take a lead in the development and mentorship of New Graduate Orthoptists (employed through annex 21) and Orthoptists wishing to return to practice.

3. To provide practice education for Undergraduate Orthoptic Students, Ophthalmologists, GPs, GP trainees, Community Paediatricians, Optometrists, Health Visitors, Visual Impairment teachers, Occupational Therapists, School nurses, Nurses, and Medical Students. This may be in the form of lectures, tutorials, or one-to-one teaching.

## **ADMINISTRATIVE & MANAGERIAL**

1. To be aware of and comply with Organisational and Departmental policies and procedures and assist the Head Orthoptist in further development.

2. To be aware of and utilise National and Professional guidelines to ensure clinical effectiveness and improve local working practice.

3. To deal with enquiries which arise during the working day and take appropriate action.

4. To contribute to the planning and development of the Orthoptic Service.

## **PROFESSIONAL**

1. To maintain professional state registration with Health and Care Professions Council (HCPC).

2. To have documentary evidence of Continuing Professional Development (CPD).

3. To participate in annual Personal Development Planning and Review (PDP).

4. To participate in monthly Orthoptic departmental meetings including journal club presentations, case presentations and reporting from external meetings.

5. To lead/ attend on a rotational basis quality improvement & audit meetings as per NHS Highland scheduling.

6. To represent the department externally at local, regional, and national meetings regarding Orthoptic services and clinical expertise.

7. To observe and maintain professional standards.

8. To observe safe working practices and equipment procedures, complying with legislative requirements under H&S regulations.

9. To respect patient and staff confidentiality.

## **7. EQUIPMENT AND MACHINERY USED**

1. Car (owned or hired) – regular long drives to peripheral clinics
2. Visual Field Perimeters – assessing peripheral vision and fields of binocular single vision
3. Tonometer – measuring intraocular pressure
4. Focimeter – measuring spectacle lens prescriptions
5. Lees Screen/ Hess Charts/Thomson BV analyser - to provide pictorial record of ocular motility
6. Synoptophore/Prism Bars/Prisms/Various Stereo acuity Tests - measuring squints, ocular motility, and binocular function
7. Visuscope – assessing uniocular fixation
8. Ophthalmoscope
9. Slit lamp
10. Retinoscope – examination of back of eye
11. OCT, Fundal Camera, and other ocular Imaging equipment – assessing refractive state of eye
12. Visual Acuity Testing Equipment-various for literate, illiterate and non-communicative patients – measuring near and distance visual acuity
13. Other miscellaneous orthoptic equipment – to complete orthoptic examinations
14. Computer/Printer

## **8. SYSTEMS**

1. Maintains patient records in accordance with British and Irish Orthoptic Society guidelines and NHS Highland standards using Trakcare and Care Portal.
2. Completion of PDP&R and professional portfolio of CPD, TURAS.
3. Ensures correct use of IT Systems e.g. Trakcare, Microsoft 365, sci store, Dragon one medical.

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

1. The post holder is responsible for prioritising referrals using Trakcare eVetting and directly advises and communicates with CDU (Clinical Decision Unit) with the other Lead Orthoptists.
2. The post is unsupervised and consists of daily planned routine i.e., appointed patients, but also involves unplanned additional patient workload i.e., emergencies, and requests for Orthoptic assessment, advice and management from medical staff.
3. The post holder has contact with the Head Orthoptist and Orthoptic Colleagues, but this may be by telephone only at times i.e., peripheral/ single handed clinics.
4. Patient care is peer reviewed throughout the patient journey by colleagues in Orthoptics, Optometry and Ophthalmology who are involved in the patient's ophthalmology pathway. The frequency of review is dependent upon patient condition and treatment plan.
5. Patient care is also regularly reviewed by reflective practice and peer group discussion in accordance with the Clinical Supervision Policy.

6. Job performance is monitored by the Head Orthoptist within the clinical setting and during the PDP&R system.
7. The post holder is expected to take a lead in anticipating and dealing with problems/challenges, in the absence of, or in conjunction with the Head Orthoptist.
8. The post holder should be actively involved in the Senior management team Huddles, people plan and QI afternoons.

## **10. DECISIONS AND JUDGEMENTS**

**The post holder will be required to autonomously. They will:**

1. Determine diagnosis based on a range of Orthoptic clinical findings.
2. Determine prognosis based on a range of Orthoptic clinical findings.
3. Formulate specialist individual management plans using broad professional standards and clinical reasoning. Consideration must be given to a wide range of aetiologies and factors (e.g., age of onset, presentation, refractive error, cerebral and visual development, cosmetic appearance, domestic/social circumstances, geographical barriers, patients perceptions/attitudes, previous experiences, and consultations). This may include second opinions where differing advice has been given.
4. Take a lead in the decision and timing of surgery for strabismus and ocular motility problems and discuss surgical options with the Ophthalmologist based solely on Orthoptic findings and measurements.
5. Decisions to supply/administer pharmaceutical drugs using medical exemptions based on a range of clinical findings.
6. Decision to inform patient of ability to drive.
7. Decision to inform and gain consent for visual impairment education input and visual impairment register for children and young people database.
8. Decide and organise appropriate onward referral to Ophthalmology or other partner agencies e.g., Education Vision Support Services, Optometrists in the private sector.
9. Decide on the clinically appropriate visual field assessment required using knowledge of presenting medical or ocular condition and interpret for onward referral.

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

**Unpredictable and diverse patient caseload, in all clinic sessions, involving the postholder in adapting from one specialist area to another e.g.**

1. Baby with visual impairment with emotional and distressed parents.
2. Adult presenting with sudden onset double vision with potential neurological aetiology.
3. Caseload of young children requiring eye drops for assessment/ diagnostics.
4. Stroke patient with visual field deficit/ functional impact/ quality of life.
5. Advising and counselling patients with degenerative conditions whose diagnosis and prognosis may be life limiting.
6. Regularly the first point of contact for patients with recently acquired signs and symptoms of ophthalmic, neurological, and systemic disease.
7. Requirement for continual concentration and significant mental effort to ensure appropriate investigation, diagnosis, management and engagement/compliance.
8. Delivering unwelcome news to patients and carers about prognosis.
9. Frequently managing patients with complex health and social needs.
10. Communicating difficult concepts effectively to all age groups and abilities and other members of the MDT/ stakeholders.
11. Travelling long distances by road or air prior to clinics often involving an extended working day and anti-social hours/overnight stays.
12. Adapting to changes in working conditions, administration systems and personnel at peripheral clinics.
13. Adapting standard Orthoptic management to account for remote and rural location.

## 12. COMMUNICATIONS AND RELATIONSHIPS

**The post holder has a working relationship with -**

**Internally:** Patients, Parents, Carers, NTC-H Lead Orthoptist and other Orthoptists, Ophthalmologists, Optometrists, Undergraduate Students, Nursing, Medical (notably Stroke Physicians, Neurologists, Paediatricians, Maxillo-Facial Surgeons, Radiologists) Management, Clerical, Secretarial and Admin staff.

**Externally:** GPs, GP trainees, Community Paediatricians, Health visitors, School nurses, Teachers, Community Optometrists, Education Vision Support services, social work, Educational Psychologists, other Allied Health Professionals, Other Ophthalmology departments, Higher Education personnel.

**Management:**

1. The postholder must guide, influence, and motivate patients/carers as to the importance of compliance with treatment.
2. The post holder must inform patient of the ability to drive which may involve adaptation to change in visual status.
3. The post holder must inform patient of side effects/ protocol for supply and administer of pharmaceutical for diagnostics and treatment plans.
4. The post holder must counsel patients prior to squint surgery, adjustable suture surgery and botulinum toxin procedures.
5. Standard treatments regularly require to be adapted due to the post holder's geographical clinical commitment. (e.g., due to rural constraints for patient review) This involves developed communication skills to ensure compliance with home treatments overcoming geographical barriers.
6. Communicate changes in clinical findings to relevant physician if clinical reasoning suggests impact on prognosis/management.

**Teaching:**

1. Practice education is a significant part of this post, and the post holder will adapt communication skills to facilitate learning in Orthoptic Teaching, depending on their level of knowledge and professional status. This includes all levels of undergraduate Orthoptic Students, School leavers, Orthoptic colleagues, medical students, Optometrists, Ophthalmologists, Medical Physicians, School Nurses and Health Visitors.

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

## **PHYSICAL**

1. A high degree of manual dexterity skills is required to ensure accurate assessment results.
2. Fine motor skills and good hand eye co-ordination are required for instilling eye drops especially in children.
3. Patient examination regularly requires uncomfortable working positions including leaning forwards, kneeling, bending, and twisting to assess children at eye level or below.
4. Manual handling skills are required to assist patients of all ages and abilities, e.g., movement of patients from wheelchairs to examination chairs, lifting children etc.
5. The post holder is required, at times, to extend their working day, when going to peripheral clinics.
6. The post holder has to adapt to overnight accommodation conditions which can be variable.

## **MENTAL**

1. All clinic sessions require continual intense concentration and significant mental effort to ensure appropriate assessment, diagnosis, and management of a diverse and unpredictable workload.
2. Concentration must be maintained despite regular interruptions during clinical assessment e.g. clinical enquiries from patients/colleagues or patients/relatives/siblings.

## **EMOTIONAL**

1. Empathy, reassurance, and tact are required when discussing diagnosis, prognosis and management with patients, parents and carers who may be confused, distressed, anxious or scared. This is also necessary when dealing with children with specific learning difficulties and their parents who have experienced years of frustration and challenges associated with education and learning.
2. Advising patients on ability or lack of ability to drive based on DVLA standards requires tact, empathy, and counselling skills as this has a significant impact on independent living.
3. Vision is a significant factor in functional abilities regarding education, employment, independent living, and quality of life therefore advanced clinical reasoning skills are required to integrate Orthoptic management into a holistic health and social care package.

## **ENVIRONMENTAL**

1. There may be a requirement to drive/fly to various location and therefore have to drive/fly in adverse weather conditions.

2. The post holder may be required to catch early morning planes (Stornoway, Benbecula and Orkney) and drive long distances (Fort William, Skye, and Wick) prior to commencing clinics.
3. Working conditions may be unpleasant with exposure to fleas, lice, childhood illnesses, MRSA, odours, body fluids, etc.
4. The post-holder will be in contact with soiled equipment at times including filthy glasses used eye occluders, blentherm and prisms.
5. May occasionally be kicked, hit, or spat on by children when instilling eye drops.

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

##### **ESSENTIAL**

1. BSc in Orthoptics, B MedSci (Orthoptics) or a Diploma for the British Orthoptic Council (DBO)
2. State registration with the Health and Care Professions Council (HCPC)
3. MSc or evidence of equivalent knowledge and experiential learning related to Orthoptics to enable management of a complex case load using advanced theoretical and practical knowledge
4. Highly specialist knowledge underpinned by current evidence-based practice
5. Post Graduate Certificate in the Use of Exemptions to supply and administer medicines
6. Experience in innovative service development projects
7. Highly developed interpersonal and communication skills.
8. Evidence of research/development/audit experience
9. Good leadership and organisational skills required to deputise for the Head Orthoptist in their absence
10. High level of personal and professional motivation
11. Evidence/documentation of continuing professional development (CPD)
12. Evidence of active participation in departmental teaching programmes and clinical supervision.
13. Knowledge and understanding of professional issues locally and nationally
14. Knowledge and understanding of the wider National Health Service issues.
15. Current UK driving license
16. Competent IT skills

##### **DESIRABLE**

1. Prior experience of preceptorship/ lead practice educator
2. Good presentation skills
3. Ability to work/ have insight/experience on issues/challenges from a unique service provision aspect

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<b>15. JOB DESCRIPTION AGREEMENT</b>
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I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.	
Job Holder's Signature:	Date:
Manager's Signature:	Date: