

AGENDA FOR CHANGE
NHS JOB EVALUATION SCHEME



JOB DESCRIPTION

1. JOB IDENTIFICATION

Job Title:	Bank Orthotist
Reports to:	Professional Lead
Department, Ward or Section:	Orthotics
Operational Unit/Corporate Department:	Argyll and Bute
Job Reference:	SSSARAIGOTH09
No of Job Holders:	1
Dated:	23rd February 2024

2. JOB PURPOSE

The Orthotist provides an equitable, effective, patient-centred Orthotic service, under the direction of the Orthotics Manager.

The Orthotist is responsible for the delivery of clinical service including prescription of Orthotic devices to a wide client group undertaking a generic caseload.

The Orthotist is responsible for triaging and assessing referred patients' orthotic needs and, either alone or in collaboration with other members of the multi-disciplinary clinic team, prescribing and providing orthotic devices required to meet these needs.

The Orthotist is responsible for supervising the manufacture and procurement of Orthotic devices for referred patients.

The Orthotist is responsible for reviewing patients' Orthotic requirements, to ensure the effectiveness and safety of devices provided.

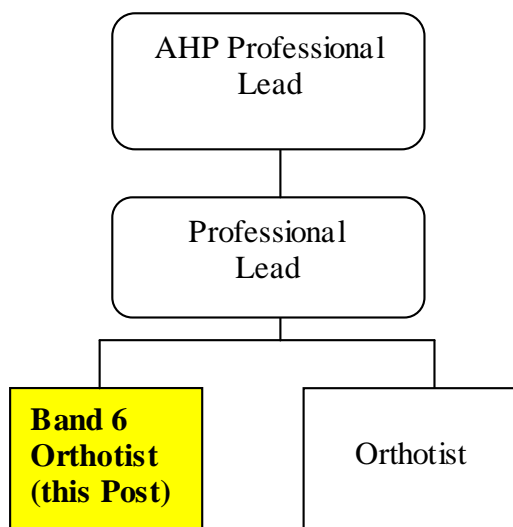
The Orthotist is responsible for contributing to Multi-professional evidence-based Protocols for use across the service.

The Orthotist contributes to the supervision and training of Orthotic Assistants, Technicians and Students, ensuring that they work safely and effectively.

3. DIMENSIONS

The Orthotics Department provides a comprehensive service across Argyll & Bute. Clinics are provided in Helensburgh, Cowal & Bute, Kintyre & Islay, Mid Argyll and Oban.

4. ORGANISATIONAL POSITION



5. ROLE OF DEPARTMENT

The Orthotic service provides a comprehensive area wide service for all patients and specialities within Argyll and Bute. Ensuring equity of service as far as possible. Argyll and Bute is also supported by Orthotists whom are out sourced from private companies.

6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

As Clinical Orthotist, the post-holder;

- Triage, assesses, diagnoses and treats patients with complex needs, demonstrating sound clinical skill across a wide range of conditions, displaying sound clinical reasoning and decision-making skills.
- attends clinics for the purposes of assessing patients' Orthotic needs, prescription of orthoses and reviewing patients currently using orthoses. Clinics are held in a number of locations throughout Argyll & Bute.
- is regularly required to work autonomously but in close contact with many multi-disciplinary teams
- organises provision of the service to delegated peripheral clinics (which vary by rotation), in conjunction with the Lead . Plans, arranges and delivers clinics to respond to clinical priorities, waiting list pressures etc within that area.
- is clinically and legally responsible for patient caseload. Organises own clinics including peripheral clinics, allocated ward patients and unscheduled patients as required including theatre casting.
- the service receives referrals from Consultants, GP's or other Allied Health Professionals, for assessment of Orthotic needs. Referrals are usually general requests for assessment, therefore a significant level of autonomous decision making is required to formulate an Orthotic prescription.
- participates in triage of referrals received by the service, by applying sound clinical reasoning to identify the urgency of a referral and time required for an assessment
- delegates workload to Orthotic Assistants and Orthotic Technicians as appropriate within their scope of practice, providing support where required
- supervises Student Orthotists undertaking clinical placements.
- provides Orthotic intervention for management of High Risk diabetic patients with foot ulceration, who are at risk of sepsis and limb amputation.
- records and takes into account, as necessary, any information regarding patients and their backgrounds relevant to the proposed orthotic treatment and in line with AHP documentation standards.
- utilises a precise understanding of gait analysis and biomechanics to be able to identify gait deviations in a tri planar assessment.
- Utilises highly developed hand casting and "shape-sensing" skills where a combination of precision and speed are required as well as high levels of hand, eye and sensory co-ordination
- Modifies/rectifies casts to produce a definitive mould. In doing this, the Orthotist must have an in-depth knowledge of the diagnosis/pathology and underlying anatomy, and will use this knowledge to optimise the function of biomechanical forces, intimacy of fit, and performance of the orthosis.
- utilises specialised precision CAD-CAM software for scanning body segments, digitisation of orthoses and 3D modelling.
- formulates and records the Orthotic design, including the selection of materials and components, and supervises the fabrication of orthoses for patients under his/her care, by technicians.
- undertakes manufacture of orthoses depending on service workload and patient needs.
- fits and adjusts Orthotic devices, evaluating the function of devices on patients and takes any further action necessary to ensure the best fit, function, cosmesis and workmanship.
- ensures that accurate clinical records of patients' treatment are maintained and updated specifying appropriate future actions relating to patients' Orthotic management.

- reviews patients' Orthotic requirements to ensure the effectiveness and safety of devices supplied.
- delivers a domiciliary service to those patients who cannot travel and require Orthotic intervention within the scope of being able to carry appropriate diagnostic equipment to the location.
- is required to contribute to the national Prosthetics and Orthotics Clinical effectiveness network through local networks.
- Maintains a CPD portfolio in line with HCPC and BAPO standards of practice
- is responsible for ensuring to provide a cost effective service whilst maintaining quality and effectiveness.
- maintains confidentiality of information relating to patients, staff and the organisation in keeping with NHS Highland policy
- performs specified delegated operational duties, e.g. inventory and stock control, health and safety measures and quality assurance procedures.
- participates in clinical governance and clinical effectiveness activities to ensure continued improvement in service.
- deputises in the temporary absence of the Professional Lead to undertake such duties/actions as may be required to ensure the ongoing efficient and effective operation of the service in accordance with normal procedures
- is required to have an understanding of general NHS policy. He/she can propose clinical changes, contribute to the development of policy and participate in the implementation of policy within their own area. These policies and protocols will impact across the service and referring organisations or agencies. They must support and promote the implementation of departmental policies especially where these impact across the service.
- contributes to the delivery of training for the Technicians and Assistants group within the department.

7a. EQUIPMENT AND MACHINERY

Routine use of:

- Digital camera and video equipment.
- Anthropometric instruments for taking precise measurements of body segments, joint angles and ranges of motion
- Bio engineering equipment in Lab to instruct technicians.
- High Speed Grinding and Routing equipment.
- Scalpels, knives, scissors and cast saws for preparation of casting and removing casts from body segments
- Polisher finishers, Drills, Various cutters and saws.
- Precision Ovens & Vacuum forming equipment.
- CAD-CAM scanning equipment, modelling software and CNC milling machine
- There is a requirement to be competent with a wide variety of hand instruments for cutting skiving shaping and stitching. A high level of hand eye coordination is essential.

7b. SYSTEMS

Orthotics data system.

Microsoft Word for reports.
Microsoft Excel for statistical analysis.
Microsoft Access for patient data collection.
Microsoft PowerPoint for preparing and delivering presentations.
NHS Mail for e-mail and diary.
PECOS Purchasing system.
PMS TrakCare.
NHS intranet.
SCI- Diabetes.
SoleSCAN & SoleCAD CAD-CAM software.
Galaad Kay CNC milling software.
Turas appraisal system
PACS digital X-ray
SCI Store
LearnPro and other digital learning platforms

8. ASSIGNMENT AND REVIEW OF WORK

The Orthotist will be responsible for the appropriate triage, assessment, treatment and review of cases and his/her work will be monitored by the Orthotics Team Lead in terms of clinical outcome and against agreed service delivery time.

Individual clinics will be arranged according to the demands of the service and departmental rotas. The Orthotist is responsible for organising all delegated peripheral clinics, including prioritising treatment of urgent requests, responding to clinical queries and coordinating clinics.

Each Orthotist will through time maintain his/her own caseload under the overall direction of the Orthotics Team Lead. This allows for continuity of contact with individual patients and presents an opportunity for the Orthotist to build up a professional relationship with the patient based on respect and trust, as many patients remain users of the service for life. Caseloads will change according to service needs or at discretion of the Orthotics Team Lead and Manager.

Clinical workload is reviewed by peer group discussion and also by way of reviewing colleagues' clinical work by clinic rotation.

PDP&R, TURAS and CPD are used in accordance with NHS Highland policy.

9. DECISIONS AND JUDGEMENTS

The post-holder is an autonomous practitioner who is governed by the legal requirements of state-registration, The Health and Care Professions Council, the Clinical governance framework, and is guided by the professional body's advice. The post-holder is expected to use peer support, the clinical supervision framework and research the evidence base before deciding how to take forward a particular clinical issue.

The post-holder is required to assess, diagnose and treat a wide range of complex conditions; this often involves difficult clinical judgements which arise from the analysis of multiple pathologies and biomechanical defects. This means that some treatment options may improve the patient's condition in one area and potentially make them worse in another, therefore the course of action is not always clear. These clinical decisions therefore require interpretation, comparison of a range of options and communication to the patient. The result is usually a negotiated and agreed specialised / personalised treatment regime or care package.

The post-holder is responsible for organising delegated peripheral clinics and is required to ensure timely treatment of patients within the geographical area covered by the clinic. This includes prioritising patients who have a medical condition requiring urgent intervention and liaising with local staff where necessary. Due to the long travel distances for some patients, the Orthotist is responsible for making a judgement as to whether a patient requiring urgent treatment is best managed by (1) posting a device directly to the patient, (2) involving local, less specialised healthcare staff or (3) arranging for the patient to be transferred to another clinic site to be seen quicker. This requires consideration of a patient's ability to travel, medical conditions, co-morbidities and cognitive ability to self-manage their condition.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

Working with severely disabled individuals many of whom have incurable degenerative conditions and associated communication difficulties.

Due to the nature of managing a complex caseload, the post-holder will be required to deal with individuals experiencing distressing or emotional circumstances. This may include working with clients and carers through degenerative illnesses (from diagnosis to death), parents with children recently diagnosed with disabilities, patients with severe disfiguring disabilities, etc.

Unpredictable and diverse patient caseload in clinic situations involving the post-holder moving from one specialist area to another e.g.

- Elderly stroke patient for an ankle foot orthosis
- High risk diabetic adult patient requiring management of foot ulceration
- Baby with talipes equino-varus (club foot).
- 12 year old with cerebral palsy presenting with scoliosis for spinal orthosis.

Treating the above in a domiciliary setting.

Balancing scheduled outpatients with extra patients attending on the day from referring consultants thus providing a one stop service.

The post-holder requires a flexible approach to meet the changing and variable agendas often within tight guidelines

Dealing with angry, aggressive or distressed parents or carers who may have difficulty accepting prognosis and acceptance of conditions.

Working with High Risk diabetic patients, requiring careful management of their feet to avoid ulceration and/or amputation. Responding to patients in this group who may not understand the severity of their condition and neglect advice given by health care professionals.

Working with patients with mental health conditions, such as schizophrenia, who may have difficulty in comprehending the necessity of their treatment. Some of these patients require treatment in secure treatment areas of mental health care facilities.

Providing an Orthotic service in remote and rural areas, adapting to changes in working conditions, admin systems and personnel at peripheral clinics.

Increased periods of travel are required to reach rural clinics, this is mostly done by car but can also require the use of a ferry or plane.

Concentration in the lab is difficult due to the noise and dust from the machinery, fumes from glues and solvents, and dust from the use of plaster of Paris. Being aware of the dangers and precautions needed for some of the chemicals used and relevant COSHH regulations is also important.

11. COMMUNICATIONS AND RELATIONSHIPS

The post-holder is required to communicate complex confidential information to patients' carers and others. Orthotic management of the patient is often the last resort or all that is available in terms of treatment. It is usually not a cure and but can prolong function for very significant periods. On being told that there is no cure, patients can easily reject treatment. They often need to be convinced of the value of continued treatment. This is because the impact of the treatment is not always immediately obvious. This requires the post-holder to have highly developed communication skills to enable them to educate, motivate & persuade the patient.

Patients can have complex medical problems (e.g. Multiple Sclerosis, CVA, Diabetes and those with terminal illness such as Cancer, Motor Neurone Disease) and the post-holder will be required to have developed interpersonal skills, including empathy and reassurance. Patients may be in a highly emotional state after their diagnosis, and may require constant reassurance and instruction on the use of their orthosis. Such patients may not have English as a first language, may have learning difficulties or may be stroke patients with dysphasia for example, and therefore require modification of communication.

The post-holder is required to be articulate, consistent and clear in explaining a clinical decision to the patient or carer which may differ from their expectations or demands. This requires a variety of interpersonal communication skills including motivation, persuasion, listening and counselling.

The post-holder will also be expected to convey complex and confidential patient information as required, either verbally or by written communication, regarding patient management to referring professionals.

Work together with specialist practitioners from other professions to formulate joint treatment plans for complex cases e.g. liaising with Paediatric physiotherapists to plan orthotic intervention and physiotherapy for a child with a neuromuscular condition such as Spina Bifida.

There is also a need to communicate with other agencies and organisations (e.g. schools, care homes, The Highland Council) as Orthotic treatments often impacts in other professionals areas and negotiation is often required to agree joint goals and objectives.

The post-holder will also deal with patients who feel their conditions are more complex than they actually are and need constant reassurance about any discharge from treatment.

Participating fully in the following multidisciplinary clinics on a regular basis.

- Combined paediatric clinic with paediatricians, orthopaedic consultants, therapists and teaching support staff etc
- Diabetic foot clinic with Vascular and Diabetic consultants, and Podiatrists.
- Orthotic/Physiotherapy clinic for paediatric assessment.

The post-holder will be required to liaise with Orthotic suppliers regarding supply or manufacture of Orthoses or other issues within their area of responsibility.

Accurate and concise clinical record keeping is a pre-requisite of this post and the post-holder must be familiar with all relevant professional standards and guidelines in this regard.

The post-holder must be able effectively to communicate the specification and manufacturing details of devices to technical staff and will be required to participate in the training of technicians, Orthotists and students in novel fabrication techniques.

The post-holder is expected to participate in the delivery of training for the Technicians and Assistant group.

Delivering presentations or demonstrations using PowerPoint or similar may be required for training various professional groups, meetings and study days.

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

The post-holder is required to spend significant time at desks and workstations whilst treating patients, conducting tests & investigations, writing reports.

Frequent requirement for prolonged concentration in clinic, consulting a large number of patients, involving assessment, examination, prescription, treatment planning, casting/measures & clinical note-keeping in short appointment slots. Peripheral clinics can on occasion last 8-9 hours, extend beyond the normal working day and may require careful timekeeping due to flight schedules etc.

Manually manipulating patient's joints or assessing lower limbs. This also includes adopting uncomfortable fixed positions such as leaning forwards, kneeling, bending and twisting whilst measuring feet or allowing casts to cure.

Standing using high speed rotating mechanical equipment or other tools & instruments.

Travelling long journeys by road, air or ferry often in adverse weather in winter often involving an extended working day, anti social hours and overnight stays.

Manage and prioritise the unpredictable demand from in and outpatient referrals against routine clinic caseload.

Frequent interruptions to working, mostly involving communicating to colleagues, patients/carers and medical professionals.

Daily exposure to body fluids (for example sputum, sweat, faeces and urine), infection risks, odours and oozing ulcers.

Observation of cross-infection control measures to reduce personal risk and cross-infection between patients.

Working with patients unable to adequately control their personal hygiene and continence, leading to tissue breakdown.

Some exposure to a degree of verbal abuse and physical threat from patients and their family or friends.

Unpredictable behaviour and potential physical threat from patients with cognitive impairment and mental health conditions.

Working in a small cramped clinic and workshop space.

Varied Temperatures, e.g. the high temperature ovens in workshop.

Dust grime from drilling, grinding and buffing materials.

Handling orthoses that have been worn by patients that may be soiled with body fluids or infection risks.

Noise of machinery [several in operation at one time] and hammering.

Handling industrial chemicals, resins and adhesives.

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

BSc Honours in Orthotics and Prosthetics or equivalent.

3 years clinical experience is desirable, in a broad range of clinical conditions (diabetes, rheumatology, musculoskeletal conditions, stroke, trauma and paediatrics).

Plaster rectification skills are essential. Experience in use of CAD-CAM systems is desirable.

Evidence of up to date CPD is essential, and would be desirable to include additional specialist knowledge obtained through attending study days, short courses and self-directed study.

Full driving licence.

State Registration with the Health and Care Professions Council.

Knowledge and understanding of professional issues nationally and locally.

14. JOB DESCRIPTION AGREEMENT

I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.

Date:

Job Holder's Signature:

Date:

Manager's Signature: