NHS TAYSIDE – AGENDA FOR CHANGE

JOB DESCRIPTION

|  |  |  |
| --- | --- | --- |
| * JOB IDENTIFICATION | Job Title | **SENIOR 1 ORTHOPTIST- Lead Role** |
| Department(s)/Location | **ORTHOPTIC / OPHTHALMOLOGY** |
| Number of job holders | **3** |
| JOB PURPOSE  * To provide a specialised orthoptic service, as an autonomous clinician, working as part of the wider team providing ophthalmology services in Tayside, based at Ninewells Hospital Dundee. * The post holder will assess, diagnose, treat and manage patients with a wide range of visual acuity and binocular vision abnormalities liaising with other Health Care Professionals as appropriate. * To maintain and develop personal and professional skills and organize own workload. * To act as an advice resource with in own area of specialty. * To be a clinical tutor involved in the education of undergraduate orthoptic students. * To be lead clinician in area of specialist interest and provide expert opinion and guidance to other orthoptic staff, medical nursing and students | | |

|  |  |
| --- | --- |
| ORGANISATIONAL POSITIONSpecialist Services Management TeamHead Orthoptist **Senior 1 Orthoptist with lead role** Senior 1 Orthoptist **(3 posts 2.5 WTE)** (2 posts 0.4 WTE)Senior 2 Orthoptist (0 posts at present)Visual Field Technician (1 post 0.8 WTE)Administrative Assistant (1 post 0.2 WTE) | |
| SCOPE AND RANGE **4.1 Budget**  The post holder has no direct budgetary responsibility although they will have the responsibility for delivery of cost-effective care.    **4.2 Clinical**   * To provide a comprehensive autonomous orthoptic service in Dundee and Angus.   Services are provided at a variety of locations throughout Tayside:   * 1. Acute Sector out patient clinics at Ninewells Hospital, Arbroath Infirmary, Stracathro Hospital and Montrose Links Health Centre.   2. Acute Sector in patient services at Ninewells Hospital and Stracathro Hospital   3. Primary Care / community paediatric outpatient clinics at Lochee Health Centre, Whitfield Health Centre and Whitehills Community Resource Centre.   4. Child Development Centres in Dundee, Perth and Angus, and Kingspark School for children with special educational needs in Dundee.   5. Primary schools in Dundee (Vision screening service) * Assess, diagnose, manage and treat all patients referred to the orthoptic service. This includes a wide range of patients (paediatric and adult) from a variety of referral sources with defects of binocular vision (e.g. squint, brain injury) reduced visual acuity (e.g. refractive error) and specific reading disorders (e.g. dyslexia) * To be professionally and legally accountable for all aspects of own work. * Provide a vision screening service for children in Dundee and Angus. * Provide a comprehensive visual field service in Dundee and Angus, including an orthoptist led glaucoma service (extended role practice). * Work independently as an autonomous practitioner and as part of a multidisciplinary team, (e.g. assessment of visually impaired children and brain injury patients both involve multi disciplinary working practice – specialist roles). * To be a clinical tutor and provide orthoptic clinical education to undergraduate orthoptists and a wide variety of other professional staff and students (extended role practice). * Train, support and advise less experienced staff within the orthoptic department. * To be a source of expert advice for other staff within the department in area of specialist interest (lead role)   **Managerial:**  To have joint responsibility with the two other Senior Orthoptists (lead role) to act as deputy to the Head Orthoptist in her absence. | |
| MAIN DUTIES/RESPONSIBILITIES **5.1 Clinical**  *These duties are carried out on a daily basis unless otherwise stated.*   * Act as an autonomous practitioner, investigating, diagnosing and treating all new and review patients referred to the orthoptic service as out patients or in patients (referrals come from a wide rage of sources e.g. ophthalmology, maxillofacial, neurology, medical, paediatrics, community nursing and general practice) and liaise with the head orthoptist, ophthalmologist and other health care professionals, providing expert advice on management of cases where appropriate. * Work autonomously at community orthoptic clinics out-with the main base prioritizing referrals and managing waiting lists. Diagnose, treat and develop care pathways for these patients and decide when patients require discharge or referral to other ophthalmic services. Situated in Dundee and Angus and held on a weekly basis, community clinics provide a service for children with squint, refractive error and amblyopia. * Provide orthoptic services to specialised clinics within ophthalmology, including complex ocular motility clinics, paediatric clinics (which include children with multiple disability), orthoptist led glaucoma clinics, orthoptist led Thyroid clinics, stroke/brain injury patient assessment/rehabilitation and assessment and treatment of children with reading disorders. To manage this caseload, the post-holder requires knowledge and experience at an advanced post-graduate level. Ninewells Hospital is the tertiary referral center, in Scotland, for complex ocular motility disorders. The post-holder requires advanced clinical reasoning and extensive knowledge of evidence based practice which will be gained by postgraduate study/research and ongoing clinical teaching by the consultant ophthalmologist /specialist in ocular motility and the head orthoptist (complex patients are seen on a weekly basis).  1. Provide a ‘primary vision screening programme’ for children age 4/5 (P1 intake) in Dundee schools. The orthoptist is responsible for accurately detecting defects of vision and strabismus and making appropriate referral. The post-holder is required to keep accurate documentation of results and is responsible for own caseload. The ‘lead orthoptist’ is responsible for the organization and audit of the programme. 2. Provide a ‘secondary screening service’ in Dundee and Angus: This involves triaging paediatric referrals from general practitioners, health visitors, community paediatricians and school nurses. The orthoptist has the sole responsibility to decide if cases require referral to the ophthalmologist or optometrist and to prioritise these, or to use clinical judgment to discharge the patient without further referral. 3. Use MTI photo-screener camera as a method of detection of refractive error and other eye defects when triaging paediatric screening referrals. This requires specific expertise in the use of the camera and interpretation of the photographs to accurately identify defects. Knowledge of correct maintenance and use of the camera and storage and disposal of film are required. 4. Formulate individual care plans and execute treatment. Disorders requiring treatment include strabismus (squint), reduced visual acuity (amblyopia), double vision (diplopia), eyestrain and/or headaches (asthenopia) and disorders of ocular motility (ability to move the eyes). The orthoptist has the responsibility and knowledge to work autonomously, referring to the ophthalmologist for further management as and when appropriate e.g. frequently takes lead in the decision and timing of squint surgery, which requires up-to-date knowledge of evidence based practice. 5. Provide expert opinion regarding diagnosis and management of cases to other orthoptists and medical staff in specialised clinics i.e. complex motility, paediatric, thyroid, botulinum toxin clinics. 6. Participate in weekly orthoptist-led thyroid eye disease (T.E.D) clinics. These clinics require an in-depth, highly specialised assessment of patients to monitor and manage the condition The orthoptist has responsibility to assess and manage these patients, following agreed protocols, without intervention by the ophthalmologist. 7. Undertake pre and postoperative assessment of strabismus and motility patients requiring surgery. The decision to undertake surgery and its timing is dependent on appropriate and relevant orthoptic investigation and up to date knowledge of evidence based practice. The orthoptist will use professional judgment when deciding the timing of referral to the ophthalmologist for surgery and advise on appropriate surgery for each patient for the best outcome. It is the post holder’s responsibility to produce accurate assessment and measurements on which surgical calculations can be based and to identify post-operative risk factors e.g. the risk of double vision following surgery. The post requires significant manual dexterity and an ability to work to a high degree of accuracy, to carry out these investigations, especially when testing young patients and when assessing complex strabismus. 8. Provide accurate measurements and expert opinion, assisting the surgeon prior to, and during adjustable suture surgery. 9. Provide the consultant ophthalmologist with accurate measurements and give orthoptic opinion regarding patients undergoing Botulinum Toxin (BT) injections. Counsel and advise patients undergoing this treatment. 10. Provide and maintain a variety of written information for patients and parents. 11. Appropriately instruct and monitor patients/carers on a continuous course of home treatment. 12. Provide clear comprehensive written and/or verbal reports to other health professionals; orthoptists, optometrists, ophthalmologists and other medical staff. These reports include results of investigation, diagnosis, and recommendations on further management and investigations. 13. Provide a comprehensive visual field service. This requires the orthoptist to operate the automated Humphrey visual field analyser (HVFA) and select the appropriate programme, and interpret the results. Referrals come from a variety of sources including ophthalmology, neurology, endocrine specialists and Driving and Vehicle Licensing Agency (DVLA). 14. Accurately measure spectacle prescriptions using both automated and manual focimetry. 15. Share responsibility for the shared care glaucoma service at Ninewells Hospital with the ophthalmic nurse practitioner and take sole responsibility for the Angus service. Record and interpret visual field results, measure intraocular pressure and monitor the patient’s compliance with treatment, following agreed protocols with medical staff. Patients may attend this service for up to 5 years without direct input from the ophthalmologist. 16. Responsible for orthoptic input to the shared care orthoptic/optometry service (Lochee and Whitfield Community Children’s Eye Clinics and Refraction clinic at Ninewells Hospital). To advise optometrist on appropriate prescription of lenses for optimum correction of strabismus 17. Undertake assessment of children with ‘specific reading difficulties’ e.g. dyslexia/Meares-Irlen Syndrome. This is a specialist area of practice and requires post-graduate knowledge and experience gained by additional training and reading appropriate literature. 18. Assess acute stroke brain injury patients and give appropriate advice regarding their resulting ocular condition and arrange follow up as required. 19. Be actively involved in clinical audit and research within the department of ophthalmology 20. To be a clinical tutor to undergraduate orthoptic students under the direction of the lead clinical tutor. This requires the post holder to have a post graduate teaching qualification (or be working towards this). The department is validated as a clinical placement site, for undergraduate orthoptic students, by the Health Professions Council (HPC) and takes students for 16-20 weeks annually. 21. Provide clinical education, training and formal lectures at post graduate level for medical staff, pre-registration optometrists, nursing staff, and school nurses. Also at undergraduate level for medical students. This commitment is weekly throughout the year. 22. Assist and provide internal cover for colleagues during periods of annual leave, sickness and vacancies. This requires the postholder to have expertise in all disciplines of orthoptics. 23. Be responsible and aware of Health and Safety procedures /legislation in relation to working practice e.g infection control. 24. Actively participate in Service Redesign   **5.2 Lead Orthoptic Role**  **Each one of three orthoptists is responsible for an area of specialist input.**  **1.**   * To be the ‘lead orthoptist’ responsible for the organization and audit of the ‘primary vision screening’ service in Dundee and Angus, diagnosing previously undetected anomalies of vision and initiating appropriate referral to ophthalmic services. * Co-ordinate orthoptic staff to book the appropriate screening clinics, * Responsible for ensuring that all paperwork is correctly recorded filed and/or returned to Child Health Information Services and clinic secretaries. * To liaise with the secretarial support regarding referrals * To liaise with head orthoptist and public health consultants.   **2.**   * To be the ‘ lead orthoptist ‘ responsible for the assessment of ‘brain injury patients’ (stroke patients) and to be a source of expertise in this field for other orthoptists working in the department. * To be a source of expertise for the assessment and treatment of patients with specific reading disorders referred to the department and be the point of referral for other orthoptists within Tayside.   **3.**   * To be the’ lead orthoptist’ for the paediatric services for children with special educational needs. Responsible for the services at Armisted Child Development Centre and senior orthoptic clinician at the Paediatric Ophthalmology clinic at Ninewells Hospital. * To be the ‘lead orthoptist’ to the multidisciplinary ‘Functional Vision Assessment Service’ for children with visual impairment. The orthoptist plays the pivotal role in the assessment of visual function in this service. * Act as a source of orthoptic expertise, on assessment of paediatric low vision and children with special educational needs for other orthoptists.   **5.3 Management and Administrational Duties**   * Organise and prioritise initial orthoptic appointments within orthoptic/ophthalmic clinics. * Deal with enquiries that arise during the working day and take appropriate action, and liaise with the head orthoptist regarding any problems that arise. * To undertake the organization and running of peripheral community paediatric orthoptic clinics in Dundee and Angus to the equivalent standard of the main base (peripheral clinic sessions are staffed by one orthoptist working alone, who may have sole responsibility for the overall running of that clinic.) * Responsible for the accurate recording and maintenance of the paper patient record system, complying with departmental guidelines and hospital policies. * Responsible for keeping statistical records and providing this information to the head orthoptist. * Monitor stock of orthoptic equipment.   1. **Professional Orthoptic Duties** * Maintain professional registration with Health Professions Council (HPC). * Work within the framework of clinical governance in order to maintain and improve patient care, quality and efficiency of service. * Regularly review current working practice in the light of national and professional guidelines to ensure clinical effectiveness and maintenance of professional standards. * Maintain documentary evidence of Continuing Professional Development (CPD). * Attend and contribute to orthoptic departmental meetings. * Prepare and deliver orthoptic presentations at postgraduate orthoptic/ophthalmology meetings both at locally and nationally * Be involved in the ongoing development of policies and procedures for the orthoptic department in line with professional standards. * Be involved in the development and enhancement of the role of the orthoptist within the eye care team and other professional groups. * Proactively participate in local/national special interest groups to enhance service delivery in specialist areas. * Attend appropriate training events, courses and lectures thereby maintaining up to date knowledge and skills. * Actively participate in research and audit projects as requested within the department. For example the orthoptic department is currently involved in a national study titled “A study of current practice in the management of intermittent exotropia in children”. * To respect patient and staff confidentiality at all times. * To be aware of trust policies and procedures and work accordingly e.g. Fire, Moving and Handling, notification of absence. | |
| COMMUNICATIONS AND RELATIONSHIPS 6.1 Patient   * Engage in effective communication with patients of all ages and abilities. The client group will consist of patients or parents/carers who may have communication and comprehension difficulties e.g. due to stroke, learning disability, and hearing impairment. The orthoptist requires to utilize a range of verbal and non-verbal communication tools, including the use of Makaton sign language, in order to obtain assessment of patients’ vision defects. * Communicate with all patients and carers, information regarding results of assessment, diagnosis, treatment and management options, with sensitivity and using terminology that can be easily understood by them. Using written information where appropriate. * Required to communicate highly sensitive information to patients/parents/carers with regard to diagnosis, treatment and prognosis of strabismus, severe amblyopia, visual impairment and ocular motility disorders e.g. the initial diagnosis of severe amblyopia and the treatment regime required (occlusion), management options and potential requirement for surgical correction of strabismus, the long-term use of spectacles, the post operative risks/outcomes of strabismus surgery and other forms of treatment. Communication of potential initial diagnosis may be of a sensitive and distressing nature. * Counseling of patients prior to procedures such as botulinum toxin treatment (injection directly into the eye muscles under local anesthetic) and adjustable suture surgery. * Have the skills necessary to deal with complaints from patients/carers, demonstrating an ability to handle confrontational situations with sensitivity. * Communicate with patients and carers regarding treatment plans and gain informed consent for these.   **6.2 Other professional groups**   * Effectively communicate diagnosis, interpretation of investigation results and management options to the ophthalmologist or other members of the eye care team. * Interpret and explain the relevance of the orthoptic investigation results to other medical, AHP and nursing staff, when referral of the patient is from another medical specialty e.g. patients referred from the stroke unit with visual disturbance. * Report back to general practitoners, community paediatricians, health visitors and school nurses on the outcome of their direct referrals to the orthoptic service. * Represent the department and promote the orthoptists’ role to relevant professional groups including other allied health professionals |
| KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB Essential   * Current registration with the Health Professions Council (HPC) * A degree / diploma in Orthoptics * post graduate clinical orthoptic experience in acute sector orthoptic service (to include adult motility) * Post-graduate qualification related to Orthoptics that may lead to a higher degree **or** evidenceofexperiential learning above first degree level to enable management of a complex case load or in a specialist area of orthoptics * Evidence/documentation of continuing professional development (CPD) * Clinical Tutor post-graduate qualification. * Experience of testing visual fields both automated (Humphrey Visual Field Analyser) and manual (Goldman Perimeter) * High level of communication and interpersonal skills * Leadership skills and ability to work as part of a team * Current UK driving license and car owner.   Desirable   * Demonstrable research and audit skills * Established presentation skills * Competent computer skills with a working knowledge of IT packages and databases e.g. Power Point, Exel. * Previous relevant experience in areas of specialist interest |

ESSENTIAL ADDITIONAL INFORMATION

|  |
| --- |
| * SYSTEMS AND EQUIPMENT   Medical Equipment   * The post holder will be responsible for the calibration and correct use of clinical equipment and for cleaning and storing equipment correctly. Orthoptic equipment is highly specialized and the orthoptist requires a high degree of manual dexterity to obtain accurate assessment and measurements. Examples of equipment used are:   Prisms and lenses for measurement  ‘press on’ plastic prisms, lenses and filters which require cutting and fitting to lenses  Synoptophore  Paediatric vision tests  Ophthalmoscope  Stereopsis tests  Lees screen  Manual and automated perimeters  Tonopen for measurement of intraocular pressure  Video camera and digital camera  Information Technology   * Will have ability to use IT Systems such as Microsoft Word, Microsoft Excel, Microsoft Powerpoint, and be required to utilize these in professional duties e.g. create presentations, use databases, word processing. * Will have ability to make literature searches and access the internet and intranet for work related information such as organizational policies and procedures. * Will also have access to TOPAS for patient/clinical information.   Medical records   * The post holder will comply with the Data Protection Act and local policies regarding confidentiality. * Will be required to input information to, and maintain patients’ orthoptic and medical records in compliance with the departmental standards and BIOS guidelines (British and Irish Orthoptic Society – Professional Body).   General   * Must be aware of and comply with hospital and departmental health and safety guidelines. |
| PHYSICAL DEMANDS OF THE JOB Physical demands: on daily basis   * A high degree of manual dexterity skills are required to ensure accurate assessment results e.g. in infants and children requiring surgery where the amount of surgery is based on the orthoptic measurements. This is also relevant to highly complex adult motility defects where many accurate measurements are required. * Patient assessment regularly requires uncomfortable working conditions including leaning forwards, kneeling, bending and twisting to assess infants. Working whilst maintaining an awkward posture, whilst manipulating equipment. * Manual handling skills are regularly required to assist patients of all ages and ability e.g. moving elderly patients from wheelchairs to examination chairs, lifting infants onto examination chairs, movement of equipment, visual field machines and case records. * On a regular weekly basis drive to peripheral clinics some of which are in the Dundee area and some are out with. The farthest of which is a 70 mile return journey.   Mental demands: on a daily basis   * A high level of communication skill is required to obtain and maintain a child’s co-operation during testing. * Ability to maintain concentration during patient consultation whilst subject to frequent interruption by other team members/ telephones/relatives. * Ability to work to high standards of accuracy using analytical skills and judgments continuously when assessing and treating patients. * Maintain a consistent high level of professional behavior in unpredictable and stressful situations   Emotional demands: on daily basis   * Communicating with and assessing distressed/anxious/worried patients/carers and staff. * Assessment of critically and terminally ill patients. * Assessment of patients with severely challenging behavior. * Exposure to verbal aggression (infrequent) * Assessment of patients with visual impairment, hearing impairment and multiple disability * Dealing with a diverse patient group consisting of very young children through all age groups to elderly adults, all with varying abilities   Working conditions:   * Working conditions may be unpleasant with exposure to fleas, lice, childhood illnesses, MRSA, odours, body fluids etc. |
| DECISIONS AND JUDGEMENTS  * Functions autonomously. * Not directly supervised therefore to be professionally and legally responsible for all aspects of your own clinical workload. * On a daily basis investigative, treatment and management decisions have to be made. * Expected to anticipate problems and resolve them without being asked. * Follow departmental standards and guidelines. |

|  |
| --- |
| MOST CHALLENGING/DIFFICULT PARTS OF THE JOB  * Gaining attention and co-operation of children, in particular pre school children and those with special educational needs. * The diagnosis and management of a highly complex caseload that includes tertiary referral of complex ocular motility disorders to the eye department. * Provision of accurate and detailed orthoptic assessment on which surgery may be based. * Assisting the ophthalmologist with adjustable suture procedures. * Significant mental effort is required when participating in clinical teaching/supervision. * Counseling of patients with visual impairment and disability and communicating sensitive information to patients/corers with regard to aetiology, diagnosis and management of complex disorders. * The ability to maintain concentration despite regular interruptions during clinical assessment. For example: * Clinical enquiries from patients/colleagues * Telephone enquiries * Disruptive behavior from patient/relatives * Required to assist a colleague in an emergency situation * Working conditions may be unpleasant with exposure to fleas, lice, childhood illnesses, MRSA, odours, body fluids etc. |
| JOB DESCRIPTION AGREEMENT The job description requires to be signed by the postholder and ‘line manager’ using attached sheet |

**JOB DESCRIPTION AND ESSENTIAL ADDITIONAL INFORMATION FORM – SIGNATURE OF AGREEMENT**

|  |  |  |
| --- | --- | --- |
| **Post Title** | Senior Orthoptist | |
| **Reference Number** |  | |
| The attached job description and essential additional information will be used as part of the Agenda for Change assimilation exercise and therefore the job matching panel may wish to seek further clarification on any issues contained within the documents. **Should this be necessary please identify an appropriate Manager and Postholder representative who can be contacted to provide this clarification. (This may be one of the undernoted postholders or a staff side representative who has been involved in agreeing the job description)** | | |
| **Responsible Manager** | | Irene Fleming |
| **Contact No.** | | 32992 |
|  | |  |
| **Postholder Representative** | | Claire Gilmour/Lee Cameron |
| **Contact No.** | | 32992 |