NHS TAYSIDE – AGENDA FOR CHANGE

JOB DESCRIPTION

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| 1. JOB IDENTIFICATION | Job Title | Optometrist Specialist |
| Department(s)/Location | Ninewells Hospital |
| Number of job holders | 2 |
| JOB PURPOSE2.1 To work closely with the Head of Service in order to deliver a comprehensive range of core optometric services to the highest standards of quality and care and to participate in the delivery of certain specialist Optometric services that meet the changing needs of the Directorate and other outside agencies 2.2 Within the Ophthalmology team, the post holder works as an autonomous clinician providing an efficient and effective Optometric service being responsible for assessing, diagnosing, treating and managing patients referred from the whole of Tayside  2.3 As a lead clinician providing specialist services the post holder will provide expert opinion and guidance for the multiple disciplines within Ophthalmology 2.4 As a clinical tutor the post holder will provide teaching and training at post graduate level both internally and externally as agreed with the Head of Service2.5 The post holder may participate in clinical trials, audit and research activities as agreed with the Head of Service 2.6 To maintain and develop personal and professional skills as required by the General Optical Council, British College of Optometry and NHS Tayside Acute Service Division 2.7 The post holder will organize their own workload and undertake administrative duties as agreed with the Head of Service | | |
| ORGANISATIONAL POSITION Specialist Services Clinical Team Manager Ophthalmology Clinical Director  Optometrist Consultant, Head of Service  Principal Optometrist  Optometrist Specialists | | |

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| SCOPE AND RANGE Organisational  4.1 The post holder may be required to work anywhere throughout NHS Tayside (Dundee, Angus, Perth and Kinross, North East Fife)  Clinical  4.2 To provide a full range of autonomous Optometric care to hospital and community based patients which includes the delivery of certain specialist Optometric services  4.3 Professionally responsible and legally accountable for own Optometric care, however, must refer to or seek advice from Head of Service with any patient management concerns  4.4 Ability to work as part of a multidisciplinary team with excellent interpersonal skills  4.5 Ability to work alone within peripheral clinics  4.6 To record personally generated information, maintain patient records and compile data for audit and reports  4.7 Responsible for the safe use of Ophthalmic equipment and security relating to PCs etc.  4.8 Supervisory and training role to unqualified and qualified students (Nurses, Orthoptists, entry level Optometrists) or medical staff (SHOs) as delegated by the Head of Service  Budget  4.9 The post holder has no direct budgetary responsibility although they will have a responsibility for the delivery of cost effective care  Managerial  4.10 Ensures effective running of Optometric services in absence of the Head of Service  ---------------------------------------------------------------------------------------------------------------------------------- MAIN DUTIES/RESPONSIBILITIES To work closely with the line manager to ensure professional standards are achieved and maintained at all times, for the provision of highest quality hospital Optometry services. The post holder works within professional guidelines (British College of Optometrists, Association of Optical Practitioners, General Optical Council), NHS Tayside organisational policies and guidance provided by the Head of Service. Acts as an autonomous practitioner, investigating, diagnosing, treating and managing new and review patients referred to the Optometric service from a wide range of sources. Patients can be adult or paediatric with learning difficulties, multiple disability or have stroke/ brain injuries:  **Clinical**  **A To undertake a broad range of core Optometry services which may include**:  5.1 Determining the ocular health externally and internally and investigation: This will include a range of techniques; Ophthalmoscopy ,slit lamp biomicroscopy (SLB), 78D and 90D lenses, Goldmann tonometry, retinoscopy, pupil examination , distance and near vision and visual acuity measurement (Snellen, Logmar, contrast sensitivity), colour vision and knowledge of binocular vision assessment , visual fields assessment, corneal topography and interpretation thereof.  5.2 Visual impairment assessment and rehabilitation: Requires extensive knowledge of low visual aids (LVA) including the assessment, prescribing, fitting and repair of appropriate aids and appliances. Excellent communication skills and ability to motivate are required to maximise the benefit of LVA use. Communication with external agencies and responding to queries is a regular occurrence. Frequently communicate sensitive issues (e.g being certified as partially sighted or blind) including diagnosis and prognosis to patients, relatives and carers.  5. 3 Paediatric ophthalmic assessments: responsible for ocular health and cycloplegic refraction clinics held either jointly with Orthoptists or independently which include children with learning difficulties. Within the community (lone working) or Hospital setting.  **B To undertake sub-specialty clinical services in Optometric extended roles, which may involve:**  5.4 Work within the Corneal service working alongside the Corneal Consultant to examine both new and review patients. This will involve a range of clinical techniques and understanding how to interpret the results of specialist diagnostic tools such as corneal topography. Knowledge of topical medications used for corneal treatment and the potential inter-actions with systemic general medicines. This advanced extended role will involve Optometry Led review clinics in particular with respect to cross linking treatment.  5.5 Medical contact lens clinics in particular with respect to Keratoconus patients  5.6 Changing needs of the Dept may involve other sub specialty clinic in the future.  These clinics involve independent clinical decision making and provision of specialised advice which requires advanced clinical reasoning and extensive knowledge of evidence based practice and contributes to the diagnosis, care and education of patients and/or carers. Plans and organises the review appointment schedules for own patients ongoing care. Administering certain topical drugs within prescribing rights of optometrists.  **Managerial/Administrative duties**  5.7 Administrative duties may include ordering complex contact lenses, contact lens solutions and specialist low visual aids, answering telephone queries or written communication from patients, medical staff, professions allied to medicine and external agencies. Liaising with private practice Optometrists regarding patient’s needs for the smooth transition into primary care  5.8 Responsibility to supply accurate information to the Head of Service when requested in order to deal with complaints at a departmental level  5.9 The post holder must maintain patient confidentiality at all times  5.10 Responsibility to ensure that all Health and Safety regulations are complied with  **Teaching and training**  5.11To participate in a programme for the advanced development of personal clinical expertise, in accordance with individual performance objectives which are agreed with the Head of Service. This is with a view to constantly enhancing and further developing clinical knowledge and skills in order to undertake a broad range of extended clinical roles  5.12 To undertake teaching and training of registered Optometrists, Entry Level Optometrists and other students (Nurses, Orthoptists) as well as post graduate medical staff  5.13To undertake delegated collaborative work with outside agencies as required.  5.14 To undertake clinical governance and clinical audit by systematic and critical analysis of the quality of Optometry care, including diagnosis, treatment, outcomes and quality of life for patients, as delegated by the Head of Service |
| 1. **COMMUNICATIONS AND RELATIONSHIPS**   Optometric services involve providing and receiving, sensitive and complex contentious information, where persuasive, motivational, negotiating, training, empathic or re-assurance skills are required. This may be because co-operation is required or because there are barriers to understanding  6.1 Ability to deal with a wide range of socio-economic difficult situations and circumstances e.g children in care, distressed or angry patients/carers or elderly patients with visual and other health problems living alone without families or friends support  6.2 Engages in effective communication with patients, relatives and external agencies (e.g. VIS social care workers from Fife, Dundee, Perth & Kinross, Forfar and Grampian). Provides support, empathy and re-assurance in the delivery of patient care and compassion and sensitivity when communicating life changing events to patients and carers. Frequent exposure to distressing or emotional circumstances  6.3 Able to cope with interruptions from patients, carers or team members whilst providing ongoing care  6.4 Supporting patients through the trauma of visual loss and creating management strategies tailored to individual need. This includes informing the patient they can no longer drive.  6.5 Discussing the benefits of being registered partially sighted or blind and filling in the form on behalf of the Consultant Ophthalmologist  6.6 Discussing risks and benefits of treatment options e.g. Listing for cataract surgery, YAG laser, compliance of glaucoma treatment or children’s spectacle wear  6.7 Optimise individual patient care by providing appropriate information verbal and written  6.8 Ability to impart complex information to patients and carers  6.9 Provide Optometric reports utilizing a wide range of media (letter/email/verbal)  6.10 Excellent telephone manner required– highly developed tact and diplomacy dealing with patient concerns or queries  6.11 To maintain harmonious working relationships and efficient communication with all staff throughout the Directorate, Acute Service Division and outside agencies (includes Social Services, Community Optometrists and General Practitioners)  6.12 The post holder will have contact with other clinical and non clinical units within the hospital and therefore will be required to communicate and give support to the other staff within the organisation  6.13 Contribute to the development of Optometry services  ---------------------------------------------------------------------------------------------------------------------------------- 7. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB 7.1 Entry qualification degree (BSc Hons Optometry) and subsequent registration examinations with The College of Optometrists  7.2 Registration with the General Optical Council  7.3 Advanced clinical training and experience specialist knowledge (theoretical and practical) to equivalent post graduate experience/ MSc level, so able to deal with a complex range of ophthalmic interventions e.g corneal management  7.4 Has achieved, intends or is working towards post graduate qualifications which includes independent prescribing  7.5 Ability to work as part of a team with excellent interpersonal skills  7.6 Demonstrate organisational skills and flexibility with regard to work schedules  7.7 Ability to work effectively under pressure (time constraints and budget)  7.8 To work autonomously using own initiative with an unpredictable caseload  7.9 Ability to determine individual patients requirements and initiate appropriate care pathways  7.10 Ability to convey highly complex concepts in a clearly understood way  7.11 Ability to maintain harmonious working relationships and efficient communication with all staff throughout the Directorate, Acute Service Division, internal and external agencies  7.12 Ability to deliver teaching and training at postgraduate level for multiple disciplines (Medical Doctors, Nurses, Orthoptists, Entry Level Optometrists)  7.13 Ability to cope with exposure to distressing or emotional circumstances  7.14 Working knowledge of standard computer programmes  7.15 Knowledge of general NHS Tayside Trust policies and procedures  7.16 Ability to travel (peripheral clinics) |

ESSENTIAL ADDITIONAL INFORMATION

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| 8. SYSTEMS AND EQUIPMENT  8.1 Use of medical equipment e.g retinoscope, ophthalmoscope, Goldmann tonometer, corneal pachymetry, SLB, 66D,78D and 90DVolk lenses, Indirect BIO headset, gonioscope lens, focimeter keratometer, OCT and corneal topography  8.2 Possible manual handling of specialist contact lenses and intricate low visual aid repairs  8.3 The post holder is responsible for inputting clinical information into the patients written records. They will comply with the Data Protection Act and local policies regarding confidentiality and access to medical records  8.4 Orders contact lenses and low visual aids using PECOS  8.5 Ability to access intranet for organisational policies and procedures  8.6 Able to use computers access email and internet  8.7 Use Trakcare for patient management including vetting referrals and managing appointments  8.8 Access to Clinical Portal patient clinical information system.  **Responsibility for Records Management**  All records created in the course of the business of NHS Tayside are corporate records and are public records under the terms of the Public Records (Scotland) Act 2011. This includes email messages and other electronic records. It is your responsibility to ensure that you keep appropriate records of your work in NHS Tayside and manage those records in keeping with the NHS Tayside Records Management Policy and with any guidance produced by NHS Tayside specific to your employment  ----------------------------------------------------------------------------------------------------------------------------------  9. **PHYSICAL DEMANDS OF THE JOB**  These require frequent, prolonged periods of significant concentration and exposure to distressing or emotional circumstances. Acquisition of clinical activities requiring highly developed skills involving highest levels of hand/eye and sensory co-ordination are essential. This often involves working in certain restricted positions/ posture that cannot easily be changed.  **A) Physical skills and effort**  9.1 Frequent wheelchair manual handling skills required  9.2 Manoeuvre patients with range of conditions affecting mobility  9. 3 Equipment moving e.g. SLB and patient positioning around equipment  9.4 Working around equipment within clinic room  9.5 Restrictive movement to treat patients -stooping  9.6 Examining confused/mentally or physically challenged patients of varying ages (including children and adults with learning disabilities). Kneeling on the floor whilst child is playing in order to facilitate examination  9.7 High degree of precision is required for corneal topography clarity and patient positioning  9.8 Manipulation of fine tools requiring expert hand/eye coordination e.g. using a 90D or goniolens in one hand and focusing the SLB with the other, holding the retinoscope with one hand and trial lens with the other to determine the patient’s prescription  9.9 Holding the ophthalmoscope whilst bent over twisting and turning to examine the whole of the back of the eye  9.10 Manipulation of fine tools and materials whilst mending low visual aids and cleaning contact lenses and low visual aids  9.11 Possible transferring of patients from clinic to ward for examination  9.12 Insertion of eye drops adults and children  9.13 General key board skills will be used on a daily basis for administration, reports to Doctors, reports to external agencies, reports to patients and analysing data  9.14 Ability to travel is required  **B) Mental and Emotional demands**  9.15 Frequent, prolonged periods of significant concentration e.g. determining ocular health or designing complex contact lenses  9.16High degree of precision and accuracy, within time constraints, required for each patient  9.17Concentration required when checking documents/patients notes  9.18 Concentration required when observing patient behaviours which may be unpredictable  9.19 Ability to react swiftly and appropriately to sudden changes in patient clinical conditions,  9.20 Simple and complex discharge planning and ensuring multi professional/agency involvement  9.21 Concentration required when disclosing information relating to patients to third parties  9.22 Providing low visual aids to children and adults often after informing the patient there is no treatment to improve their visual loss or soon after receiving the diagnosis  9.23 Supporting/educating patients/relatives/significant others to participate in the planning and provision of care  9.24 Managing children / young adults in an adult environment within the clinic  9.25 Determining the pertinent facts from the history and symptoms reported by patients  9.26 Ensuring concentration is maintained whilst subjected to interruptions by other team members/ telephone calls or patient’s relatives  9.27 Exposure to distressing or emotional circumstances due to clinical assessment of the blind and partially sighted which includes the terminally ill  9.28 Ability in stressful and unpredictable situation to maintain a high level of professional behaviour  9.29 Clinical activities requiring highly developed skills involving significant levels of hand eye and sensory co-ordination are frequent. This often involves working in certain restricted positions/ posture that cannot easily be changed  9.30 Maintaining children’s and adults cooperation during examination which require a high level of communications skills  9.31 Communicating sensitive information to worried/ anxious/distressed patients and/or carers with regard to aetiology, diagnosis and management of their ocular disease  9.32 Appreciating limitations of ability and seeking advice from Head of Service or referring on to Consultant Ophthalmologists if required  **C) Working conditions**  9.38 Exposure to unpleasant working conditions e.g work within the dark, temperature, awkward positions  9.39 Near point contact with patients of all ages during ocular examination  9.40 Potential close contact with patients with MRSA, AIDS , Hepatitis A, B and C  9.41 Exposure to verbal aggression and physically aggressive behaviour (infrequent)  9.42 Use of VDU and telephone daily for administrative purposes  9.43 Frequent requirement to travel |
| 10. DECISIONS AND JUDGEMENTS 10.1 Functions autonomously  10.2 Professionally and legally responsible for own Optometric care into individual patients, however, must refer to or seek advice from Head of Service with any patient management concerns  10.3 Ability to respond to the challenge of complex / demanding patient situations which changes daily and uses knowledge and experience to assimilate and evaluate information to advise on appropriate course of action  10.4 Ensures effective running of Optometric services in absence of the Head of Service  10.5 Follows Departmental standards and guidelines |
| 11. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB 11.1 Investigating, diagnosing, treating and managing a complex variety of visual problems, the individual patient demand varying on a cases by case basis which requires continual update of clinical knowledge base |

