



Professional Papers No 3

Information for Orthoptists returning to practice

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Thank you for your enquiry about returning to orthoptic practice.

The British and Irish Orthoptic Society welcomes and encourages Orthoptists wishing to return. We recognise that Orthoptists who are currently not practising have a huge amount to offer and we are keen to bring their skills and experience back to the profession. This is an exciting time for Orthoptists, with developments in training, practice and the extended role, and also wider developments in the NHS. This document offers returning Orthoptists advice on how they can bring themselves up to date. It also introduces some concepts which may be new to Orthoptists who have been away from practice for some time, including, continuing professional development, the Knowledge and Skills Framework and clinical governance. Information is also provided on the Health Professions Council, the Health and Social Care Professionals Council and the British and Irish Orthoptic Society.

Please do not hesitate to contact us if you require any further information. We hope that you will decide to return to orthoptics and wish you every success.

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Regulation for Orthoptists practising in the United Kingdom.

Returning Orthoptists are required by law to register with the Health Professions Council (HPC) and police checks are now a mandatory requirement. The HPC replaces the Council for Professions Supplementary to Medicine and was set up by the Health Professions Order, 2001. The Council is an independent, United Kingdom-wide regulatory body responsible for setting and maintaining standards of professional training, performance and conduct of the healthcare professions that it regulates. Orthoptists are required to meet the standards of proficiency detailed by the HPC, adhere to the standards of conduct, performance and ethics and meet standards for continued professional development.

The Health Professions Council (HPC) stipulates specific requirements in relation to return to practice. Below is a brief summary of these requirements.

Requirements

0-2 years out of practice – no period of updating

2-5 years out of practice – 30 days of updating

5 years or more out of practice – 60 days of updating

Your updating must be made up of any combination of supervised practice, formal study or private study. The HPC stipulate that private study can make up a *maximum* of half the period of updating.

For Orthoptists supervised practice is a period during which professional practice is undertaken under the supervision of a registered Orthoptist who has been in regulated practice for at least the previous three years and is not subject to any fitness to practise proceedings or orders. The supervised practice must be within the supervising Orthoptist's scope of practice.

Formal study is structured study provided by a person or organisation that is relevant to your practice.

Private study is structured by you.

In addition to any period of updating anyone who is registered with the HPC must meet the Standards of Proficiency for their profession. The Standards of Proficiency are the minimum professional standards for each profession and are available directly from the HPC. It may, therefore, be advisable to undertake further study to ensure skills and knowledge meets these standards.

There are some circumstances in which an orthoptist may not have been registered with the HPC but still in practice - for example, practising the profession abroad. Any orthoptist wishing to practise in the United Kingdom will need to re-register but will not need to update providing they have not been out of practice for more than 2 years and hold a UK qualification.

For more information about the HPC and full details of their returning to practice requirements please contact:

Health Professions Council

184 Kennington Park Road, London SE11 4BU.

Telephone 020 7582 0866

<http://www.hpc-uk.org/>

REGULATION IN THE REPUBLIC OF IRELAND

The Health and Social Care Professionals Council was established in the Republic of Ireland under the Health and Social Care Professionals Act 2005.

This is a new regulatory body which will regulate Orthoptists working in the Republic of Ireland. Statutory registration for Orthoptists will be required in the future and it is anticipated that requirements for returning Orthoptists will be published.

BIOS recommendations for returning Orthoptists

Although the HPC do not require returning Orthoptists to undertake supervised practice the BIOS Professional Development Committee recommend that any Orthoptist returning to practice should include supervised practice in their period of updating.

To arrange a period of supervised practice you should contact the Orthoptic department where you wish to undertake this and speak to the Orthoptic Manager.

If you wish to undertake supervised practice as a returner in a local department then you will need to consider issues around your practice with regard to insurance cover. It is important that you check what the local policies are with regard to whether the NHS organisation you are undertaking your practice with would be prepared to undertake liability for you in the event of any adverse incident. If the organisation does not accept responsibility for your practice as a returner we strongly recommend that you make your own arrangements for insurance cover, for your own protection. Prospective supervisors may wish to see a copy of your insurance before agreeing to a placement.

Obtaining individual professional indemnity insurance can be difficult & expensive. BIOS membership provides you with Medical and Professional Liability Insurance Scheme from the date of joining as well as the other benefits of membership of the professional body. Further information about insurance issues can be obtained from the BIOS office.

Funding.

Heads of Service are recommended to contact their Strategic Health Authority to enquire about funding to employ returning Orthoptists for a period of supervised practice.

Continuing Professional Development

Continued professional development (CPD) is a vital part of Orthoptic practice. In 2006 it became mandatory for Orthoptic HPC registrants to undertake and keep evidence of their CPD in order to remain on the HPC register and use the protected title of Orthoptist. The HPC sets standards for CPD that all Orthoptists must meet, these standards specify that CPD must contribute to the quality of the Orthoptist's practice, service delivery and that the service user should benefit. The HPC do not measure CPD in points/hours but see it as an outcome based process. It is recommended that all returning Orthoptists obtain a copy of the HPC's guidance on meeting standards for CPD

National Health Service (NHS) staff have to undertake NHS Knowledge and Skills Framework (KSF) reviews and develop a person development plan to identify learning needs and how these needs will be met. The NHS KSF is about identifying the relevant knowledge and skills an Orthoptist needs to deliver high quality services.

The British and Irish Orthoptic society welcomes measuring CPD by outcomes and we recommend that Orthoptists ensure their CPD activities develop their skills and knowledge to improve the quality of care for patients and to allow career progression.

The BIOS CPD scheme.

All practising members of the BIOS have access to an online CPD recording system via the BIOS website. This system allows CPD activities to be recorded in an online diary and provides a template for Orthoptists to reflect on their learning and evaluate the outcomes.

CPD activities are split into 5 categories:

- Work based learning
- Professional Activity
- Formal/Educational
- Self directed learning
- Other

It is essential that Orthoptists undertake a variety of CPD activities to contribute to the quality of their practice.

It is recommended that Orthoptists keep evidence of their CPD activities and how these activities have contributed to patient care and service delivery. The electronic CPD system allows this evidence to be uploaded into the evaluation pages of the diary.

For more information on CPD, reflective practice and the BIOS Electronic CPD scheme please see "BIOS Continued Professional Development Recommendations (2006)".

Mentoring.

BIOS guidelines are available for a mentoring programme, which can be implemented within an Orthoptic department, to provide returning Orthoptists with a mentor to whom they can turn for advice and support.

Introduction

All newly qualified Orthoptists and those returning to clinical practice after a break of five years or more should be offered the support of a mentor.

The mentoring period will usually last for six months. This period can be extended at the discretion of the newly qualified or returning orthoptist (the mentee) and the mentor.

The mentor should be a qualified, practising orthoptist, with a minimum of two years clinical experience,

The mentor will be appointed by the newly qualified or returning orthoptist's head of department.

It is hoped that, eventually, most Departments will have a mentor.

The mentor's role

The mentor is a resource for the newly qualified or returning orthoptist. The mentor's role is to help the mentee to gain confidence in her or his new post and develop as an independent practitioner.

The mentor will be experienced in the role that the newly qualified or returning orthoptist is about to undertake and will be familiar with the mentee's job description, and, if the mentee agrees, with the mentee's CV. The mentor's role is to listen and to provide support and advice. The mentor is not there to assess or judge.

The issues discussed by the mentor and mentee during their formal meetings are confidential. The mentor should only divulge information with the mentee's agreement. However, there may be very rare cases where the mentor feels that significant harm could result if confidentiality is maintained. It is hoped that such cases can be resolved by discussion, although exceptionally the mentor may find it necessary to divulge information to the mentee's head of department without the mentee's agreement.

The specific support and advice provided will be unique to each mentee/mentor relationship and will depend on the needs of the mentee. Particular areas where the mentor may be of help include providing insights into the structure and culture of the unit/hospital, sources of information and acting as a 'sounding board' for ideas.

The mentee's role

The success of the mentoring process will depend on the active participation and commitment of both the mentor and mentee. Mentees must decide how much information they wish to share with their mentors, but in general, the more open and honest they are, the more beneficial the process is likely to be.

At the first meeting, the mentee and mentor should discuss their overall aims and objectives for the mentoring process. Mentees may wish to consider the areas of the new post that they feel most and least confident about and the ways in which the mentor could help.

Subsequently, objectives should be agreed for each meeting and for the mentee to work on between meetings. Prior to each meeting the mentee should consider progress made, what she or he has done and learned, whether things have gone as expected, and the help or support needed to progress further. The mentoring process should celebrate the mentee's successes, as well as addressing any difficulties. Issues arising outside the mentee's work can also be discussed, but only if the mentee feels this is appropriate.

It is hoped that the mentee will take increasing control of the process as it progresses.

It is recommended that the mentee keeps a diary with brief notes of the meetings.

Frequency of meetings

The mentee should have access to adequate time, within working hours, for the mentoring process. The mentor and mentee should liaise with the head(s) of department to organise time for meetings.

Weekly meetings should be held in the first month of the mentoring period. Monthly meetings should be held for the remainder of the mentoring period. These timings are flexible and allowance should be made for individual needs.

Tackling problems

There may be issues that the mentor will not be able to address. The mentee will then be directed to the appropriate person – usually the manager – for advice.

In cases where the mentoring process is not working, the mentee may be offered an alternative mentor. This can be organised through the mentee's head of department. However, in most cases it is hoped that problems can be resolved by discussion and negotiation between mentee and mentor.

Clinical governance.

Clinical governance is designed to improve the quality of care in the NHS across the United Kingdom with the following principal aims:

- To provide those using the NHS with an objective and fair assessment of NHS services.
- To help the NHS achieve evident and continuous improvements in the quality of patient care.
- To help the NHS reduce unacceptable variations in the quality of clinical services.
- To identify and disseminate good practice in clinical governance.
- To increase understanding of clinical governance and the factors that determine its effectiveness.

There are seven so-called pillars of clinical governance that apply to all Orthoptists in clinical practice. These are:

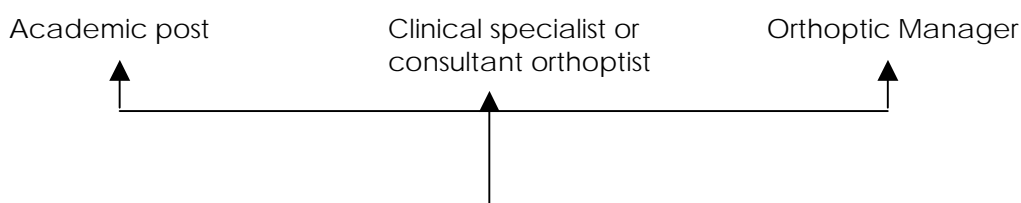
- Education and training
- Clinical risk (assessment)
- Research and effectiveness
- Staffing and staff management
- Clinical audit
- Patient experience
- Patient involvement

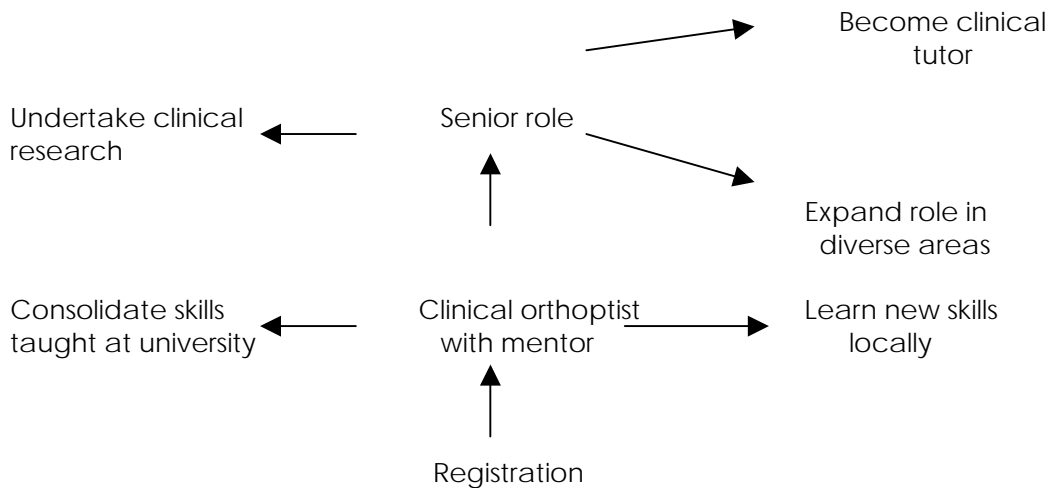
For further information please visit:

www.healthcarecommission.org.uk

Possible career progression

The orthoptic career structure enables progression from a general clinical role to more specialised clinical, teaching, research and managerial roles.





British and Irish Orthoptic Society membership

The British and Irish Orthoptic Society is a democratic professional body. It aims to promote both the study and practice of Orthoptics, represent the profession and its members and raise the standard of clinical and scientific Orthoptics.

The British and Irish Orthoptic Society recommends every practising Orthoptist becomes a member of the society.

Being a member of the professional body carries the following benefits:

Professional Insurance

The Society provides Medical, Professional and Public Liability insurance for all practising and student members up to a limit of £2,500,000 inclusive of legal and defence costs. The cover applies whether Members are employed or self-employed.

Members employed within the N.H.S. would ordinarily benefit from their Employer's NHS Medical Indemnity Scheme and similarly Members employed in the Private Health Sector may also be protected by their employers' Medical Indemnity arrangements. It is always advisable, however, to clarify the position before commencing work. Although Members can expect to rely upon their Employers' insurance cover, there may be incidences when Members may be held personally accountable e.g. if acting outside the scope of their employment, if the employer chooses to withhold protection or if the patient elects to proceed against the Member as an individual. In such circumstances the BIOS cover would protect Members, provided they were acting legally and within the scope of practice. Full details of the current insurance scheme are available upon request.

Employment relations

Membership of BIOS also provides membership of the British Orthoptic Society trade union (BOS TU) for those practising within the United Kingdom.

BOS TU members have access to local and regional trade union representatives for advice and representation on any employment relations issues.

Publications and other resources

The British and Irish Orthoptic Society publishes a monthly newsletter called Parallel Vision and an annual peer reviewed journal, the British and Irish Orthoptic Journal. The society also provides professional information for Orthoptist on:

- Continued Professional Development,
- Competency standards and Professional practice guidelines
- Professional conduct and ethics
- Employment relations
- Audit
- Research

These documents are available to all members via the society's website and a number are provided in hard copy to new members.

Recommended reading

Orthoptists returning to practice may wish to undertake additional reading to enhance their retraining period. There are a number of excellent textbooks available on orthoptics, ophthalmology, anatomy, physiology and neurology subjects, some of which are listed below

- Ansons AM, Davis H. *Diagnosis and management of ocular motility disorders* 3rd edition, 2001 Blackwell Scientific Publications 0632047984
- Babbetts R. *Clinical Visual Optics*. Butterworth Heineman Elsevier 13: 978-0-7506-8874-1
- Batterbury M, Bowling B. *Ophthalmology – an illustrated colour text*. Churchill Livingstone 0443055378
- Coster DJ. *Physics for ophthalmologists*. 1994 Churchill Livingstone/Elsevier Health Science 0443049351
- Elkington AR, Frank HJ, Greaney MJ. *Clinical Optics*. 3rd edition, 1999 Blackwell Science Publications 0632049898
- Fitzgerald MJT. *Neuroanatomy. Basic and clinical*. 3rd edition, 1996 Saunders 0702019941
- Forrester JV, Dick AD, McMenamin P, Lee W. *The eye. Basic sciences in practice*. 2nd edition, 2001 Saunders 0702025410
- Glaser JS. *Neuro-ophthalmology*. 3rd edition, 1999 (Lippincott, Williams and Wilkins 0781717299
- Kaufman PL, Alm A. *Adlers physiology of the eye; clinical application*. 10th edition, 2002 Mosby 0323011365
- Kline LB, Bajandas FJ. *Neuro Ophthalmology Review Manual* 5th edition, 2003 Slack Incorporated 1556426720
- Leigh RJ, Zee DS. *The neurology of eye movements*. 4th edition, 2006. New York: Oxford University Press 0195300904
- Mc Minn RMH, Hutchings RT, Logan BM. *A colour atlas of head and neck anatomy*. 2nd edition, 1994 Wolfe Medical Publications 0723419949
- McSherry, R. et al. *Clinical Governance: a guide to implementation for healthcare professionals*. 2nd edition, 2007 Blackwell publishing.
- NHS Executive, (1999) *Clinical Governance: Quality in the New NHS*. Health service Circular 1999/065
- Rhee DJ, Pyfer MF. *The Wills Eye Manual*. 3rd edition, 1999 Lippincott, Williams and Wilkins 0781716020
- Rowe FJ. *Clinical Orthoptics* 2nd edition, 2004 Blackwell Scientific Publications 1405113421
- Rowe FJ. *Visual Fields via the Visual Pathway* by Fiona Rowe, Blackwell Scientific Publications 1-4051-1525-4.
- Snell RS, Lemp MA. *Clinical anatomy of the eye*. 5th edition, 2001 Blackwell Scientific Publications 063204344x
- Von Noorden GK, Campos E. *Binocular vision and ocular motility; theory and management of strabismus* 6th edition, 2002 Mosby 0323011292

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