BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

Extended and Advanced Roles in Orthoptics

Orthoptists have long demonstrated an ability to adapt and extend their skills and knowledge to fulfil a wider range of roles with eye care. As the NHS further develops and particularly with the increased focus on integrated care, orthoptists are ideally placed to take on further roles.

Graduates in orthoptics will have a clearly defined knowledge base and skill set, gained through a number of clinical placements, to enable them to act as autonomous professionals from the moment of graduation. Their core competencies make them experts in diagnosing and treating defects in eye movement and, in particular, disorders in binocular vision.

However, they are expected to have a number of skills and competencies that make them ideally placed to take on extended and advanced roles in ophthalmology:

- As registered AHPs, they are committed to providing integrated care as part of multi-disciplinary teams. In particular, within eye teams, orthoptists will often work closely with ophthalmologists, meaning they are ideally suited to those advanced roles that they would ordinarily perform. Further to this, almost all orthoptists in the UK work within the NHS, making them familiar with these large multi-disciplinary teams.
- They required to commit to continuing CPD throughout their careers, preparing them for the training and study required for advanced roles.
- They have a range of communication and interpersonal skills required to work with patients of all ages and make diagnoses and decisions based on patient feedback. Indeed, they are also specifically trained to assess vision in children and adults who lack the communication skills for standard assessment techniques to be effective.
- Due to the number of placements required during an undergraduate orthoptics degree, graduates will be required to work autonomously immediately and have direct experience across the full range of work carried out in hospitals and eye clinics.

As such, there are already an increasing number of recognised advanced and extended roles performed by orthoptists beyond their core competencies:

Advanced: Many orthoptists will develop their core skills within a specialist area, such as stroke rehabilitation, SEN or neuro orthoptics. They will have in-depth knowledge, training and experience, which will enable them to provide far more specialist diagnosis and treatment within this area.

Extended: Over time, orthoptists have also extended their practice beyond these core and specialist roles to take on roles traditionally performed by other healthcare professionals, ordinarily ophthalmologists.

BIOS have demonstrated the commitment of the orthoptic profession to taking on advanced and extended roles through the support networks it has facilitated.

Both the advanced and extended roles taken on by orthoptists are overseen by specialist Clinical Advisory Groups (CAGs), who oversee the necessary competency standards and related training required. The consistency of requirements is ensured through oversight of the Education and Professional Development Committee (EPDC).

The CAGs will also provide training days and disseminate information and resources promoting the best and most up to date practice in the area. Membership and the network of interested professionals, they form a focal point for orthoptists looking to share best practice and seeking advice and guidance in the field. Led by both an academic and clinical practitioner as joint chairs, the groups are designed to provide the most up to date guidance on clinical practice, supported by a strong research-backed knowledge base.

All of the advanced and extended roles are premised in core knowledge and skills, while necessary specialist skills and knowledge are clearly defined and measurable. Therefore, all appropriately qualified and registered orthoptists are able to gain liability insurance to cover these roles.

Advanced roles

Stroke and Neuro Rehabilitation – Involves the early diagnosis, assessment and treatment of visual complications following stroke and acquired brain injury. Early treatment of eye movement problems, visual field loss and visual inattention following a stroke or brain injury can enable a patient to return to independence and have a profound effect on their rehabilitation period and quality of life.

Neuro Orthoptics – Involves the early diagnosis and treatment of visual conditions affected by neurological impairment such as Multiple sclerosis, Parkinson's syndrome, tumours of the brain, and idiopathic intercranial hypertension, as well as neuro-muscular conditions. Orthoptists taking on an advanced role in this field work as part of a multi-disciplinary team to offer targeted advice and treatment, helping patients to manage their symptoms, such as double vision. They can also be key to early diagnosis, as visual symptoms and signs can often be the first signs of a neurological condition, as well as being an important way of monitoring change and response to treatment.

Visual Processing Disorders (VPD) – Involves the identification and treatment of visual processing difficulties hindering normal visual functions and learning. Orthoptists with this specialism will typically work with children who are struggling to access the school curriculum because of treatable visual processing difficulties. VPD includes a number of conditions that are not treatable through the use of glasses, such as defects in binocular vision and the tracking of the eyes whilst reading, fast eye movements, visual discomfort and the perceptual aspects of vision. They will also offer support to parents and teachers in responding to children with VPD and give specialist advice and guidance to schools, colleges and universities. Orthoptists in this area can have a significant impact on ease of reading and writing skills, enabling children to overcome problems holding them back in their education.

Special Educational Needs (SEN) and Learning Difficulties (LD) – Involves the assessment and treatment of visual disorders in children and adults with SEN, using particular skills in the communication and interpretation of visual function. Orthoptists will work as part of a multi-disciplinary team, often in special schools. Children with SEN are significantly more likely to have a serious sight problem than other children and identification and diagnosis of all these conditions is essential to maximise the child's visual function and quality of life.

Botulinum Injections – Orthoptists can make use of their core anatomical knowledge to treat patients with facial spasms, or blepharospasm, with injections of botulinum toxin. More recently orthoptists have also started to administer these injections in the extra ocular muscles as a treatment for strabismus.

Extended roles

Medical Retina – Orthoptists can enhance their ocular anatomy and wider knowledge to enable them to make decisions about and offer treatments for retinal diseases, such as diabetes and Age-related Macular Degeneration (AMD). This can include the use of intravitreal injections.

Glaucoma - Using the core knowledge of ocular anatomy and physiology and knowledge of glaucoma, orthoptists have extended their skills into treating patients. The level of service delivery can vary from virtual review to the assessment and treatment of more complex cases. This had a significant impact in reducing the increasing demand on ophthalmology services across the UK.

Cataract – All orthoptists can play a role with patients following cataract surgery, where there has been a disruption of binocular function through the uncovering of an ocular imbalance or double vision. However, in some units, orthoptists have taken an extended role in the pre and post- assessment of cataract patients.

Neuro Ophthalmology – All orthoptists have a specialist knowledge in neuro anatomy and neuro conditions, which makes them ideally suited to the assessment of patients with neuro-ophthalmic conditions. Orthoptists in these roles will typically have extremely good decision-making and interpersonal and communication skills and will work alongside a consultant ophthalmologist.

Paediatric Ophthalmology – Assessing vision in children is part of the core competencies for orthoptists, giving them the skills and knowledge base to support ophthalmologists working with children, also drawing on many of the same knowledge and skills as the extended role in neuro ophthalmology.

Low Vision – Many Orthoptists have undertaken additional training to become low vision practitioners. Drawing on the core communication skills and the ability to work with all age groups, they have also acquired a good knowledge of the causes of low vision and the application of low vision aids.

Electro Diagnostic Tests and Assessments (EDTs) – Orthoptists can provide EDT, drawing on core knowledge, enhanced with further training. This enables the detection of visual pathway disorders, which can provide essential diagnostic information to patients with life changing visual disorders.