BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

Non Registered and Support workforce Event 26th November 2020

Developing the Orthoptic Non Registered Workforce

Veronica Greenwood – Chair BIOS and BOSTU

	Agenda
13.00 – 13.05	**Welcome** Veronica Greenwood, Chair, BIOS
13.05 - 13.15	**'Developing the Orthoptic Non-Registered Workforce' How HEE is supporting the agenda** Paul Chapman, AHP Programme Lead, HEE
	Celebrating the workforce – series of case studies from Non registered orthoptic support staff and their managers
13.15 - 13.27	**University Hospitals Dorset** Kim Grounds, Lead Orthoptist, Amy Owen & Katy Eaton, Vision Screening Assistants
13.27 - 13.34	**Manchester Royal Eye Hospital** Fatima Ali-Ahmed & Rey Ali, Orthoptic Assistant
13.34 - 13.41	**United Lincolnshire Hospitals NHS Trust** Shaun Conroy, Orthoptic Assistant & Haseeb Ali, Orthoptist
13.41 - 13.48	**Epsom and St Helier University Hospitals NHS Trust** Eleanor Burley, Head of Orthoptic and Optometry Services
13.48 - 13.55	**Northern Devon Healthcare NHS Trust** Emily Rush, Trainee Assistant Practitioner & Jen Swanwick, Lead Orthoptist for Glaucoma
13.55 - 14.02	**Bury Community Eye Services** Julie Walton, Glaucoma Technician

14.02 - 14.15	**A Diploma and Certificate in the Fundamentals of Ophthalmology** Caroline Morris, Assistant Head Orthoptist / Lead for Education, Princess of Wales Hospital, Bridgend
14.15 - 14.30	**Break**
14.30 - 15.15	**Breakouts** Breakout sessions - facilitated by Sue Elliot, Deborah Podmore, Sam Aitkenhead, Julie Dowdney and Veronica Greenwood
15.15 - 15.30	**Summary and closing remarks**

Housekeeping

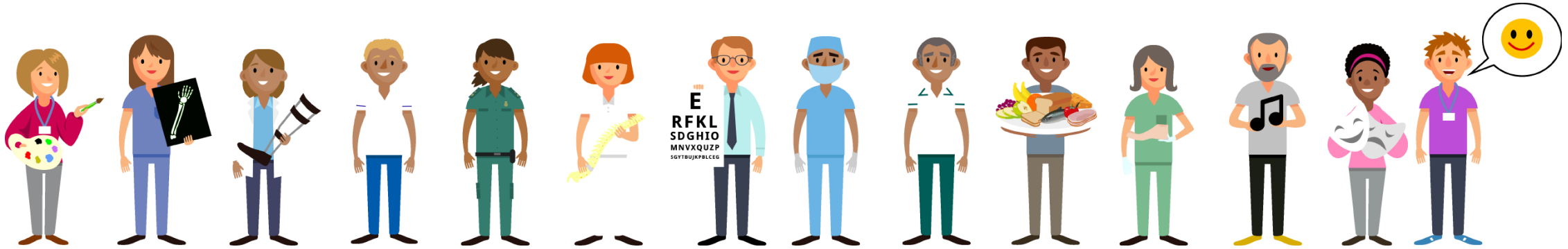
BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

- Please turn your cameras on if you can
- Please remain on mute unless taking part in discussions
- To ask a question, please use the raise your hand function or type your question in the chat box
- We understand you may need to leave the session temporarily - please turn off cameras and ensure you are on mute
- Please be reminded that this event is being recorded
- AV company Sparq are on hand to help with any technical issues and our facilitators will assist if they can
- If you experience any connection issues, please re-join as soon as possible

NHS
Health Education England

'Developing the Orthoptic Non-Registered Workforce' How HEE is supporting the agenda.

Paul Chapman MCSP DSA (csp)
HEE Programme Lead AHP Programmes



Developing people
for health and
healthcare

www.hee.nhs.uk

HEE role in the Arena

Health Education England

The Visions

- Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

- HEE AHP Programme Team- We ensure a sustainable supply of an Allied Health Professionals workforce and realise their potential to deliver excellent person-centered care.

What are our drivers

Health Education England

We are the NHS: People Plan

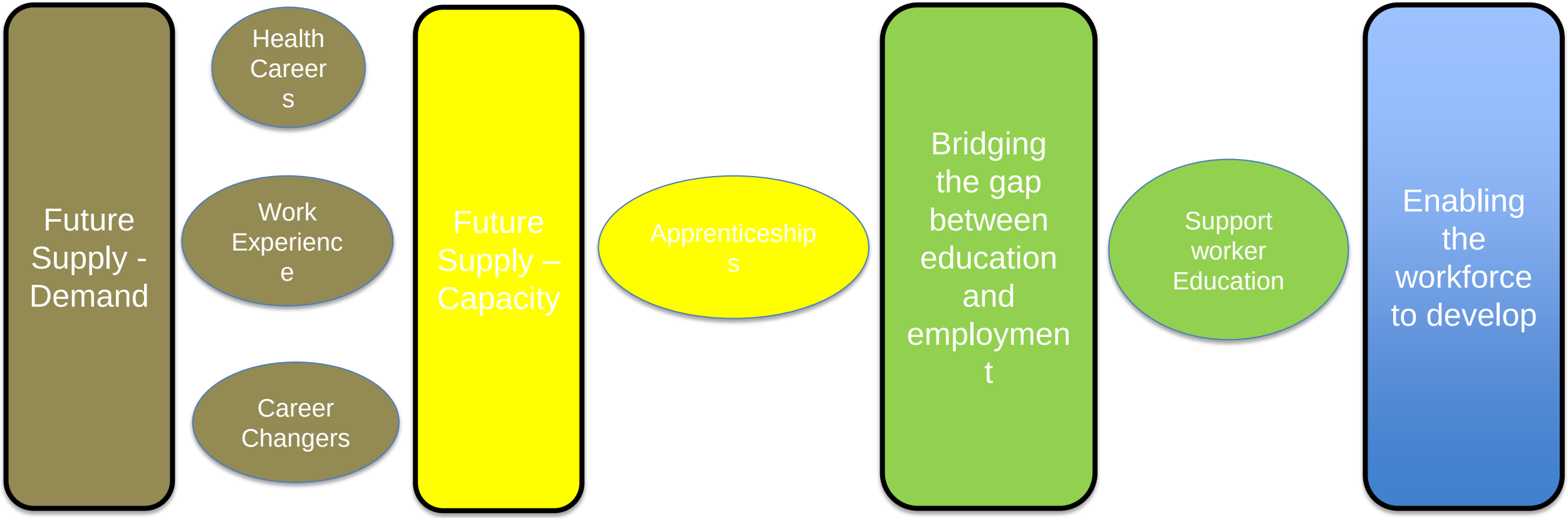
Health Education England

- Health and wellbeing
- Flexible working
- Equality and diversity
- Culture and leadership
- New ways of delivering care
- Growing the workforce
- Recruitment
- Retaining staff
- Recruitment and deployment across systems

NHS
Health Education England

What are HEE AHP Objectives

Health Education England



The AHP Community

Health Education England

- Art Therapist
- DramaTherapist
- Music Therapist
- Dietitian
- Occupational Therapist
- Operating Department Practitioners
- **Orthoptists**
- Osteopaths
- Paramedics
- Physiotherapists
- Podiatrists
- Prosthetist & Orthotists
- Radiographers
- Speech & Language Therapists

#WeAreAHPs

NHS
Health Education England

The Allied Health Profession's Support Worker Competency, Education and Career Development Framework

Building capability and capacity through Grow Your Own workforce strategies

CHARTERED SOCIETY OF PHYSIOTHERAPY

Developing the Allied Health Support Workforce Project

Implementation Toolkit

September 2020

HASKE
Health & Society Knowledge Exchange

University of Cumbria

The Learning:

Health Education England

The challenges

- Data ESR. Where who & what
- Capacity building
- Title –
- Qualifications – registered v unregistered
- Structure – Banding
- Career development – glass ceiling / or not
- Underutilised innovation
- Apprenticeships – workforce impact

NHS
Health Education England

CODP

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

The COLLEGE of PODIATRY

NHS
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CHARTERED SOCIETY OF PHYSIOTHERAPY

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CoR
THE COLLEGE OF RADIOGRAPHERS

Health Education England

Thinking Differently about Support Workers

Chartered Society of Physiotherapy Film October 2020

Coming soon

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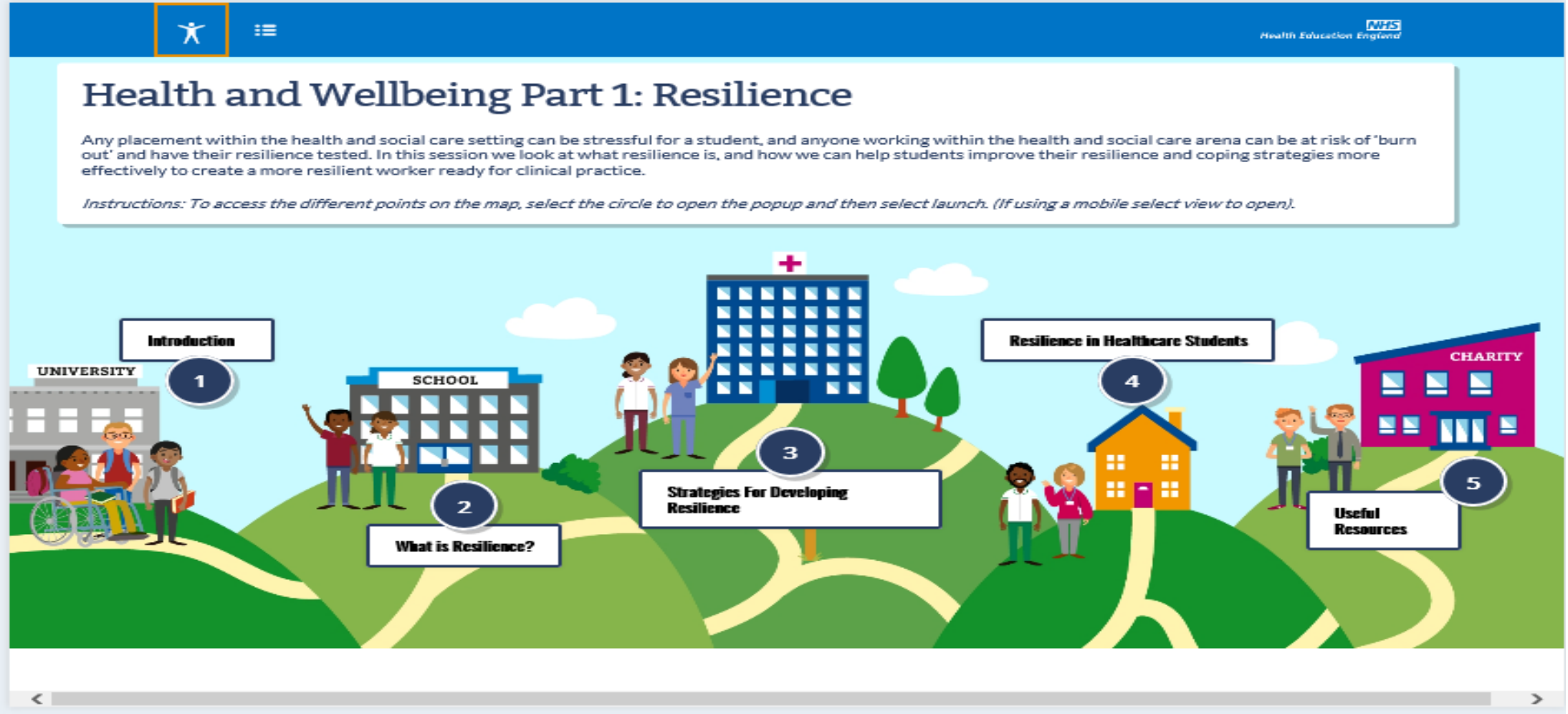


Thank you and any questions

Paul Chapman MCSP DSA(csp)
AHP National Programme Manager
Health Education England
Paul.Chapman@hee.nhs.uk
@PaulChapman09

University Hospitals Dorset
NHS Foundation Trust

Kim Grounds

Lead Orthoptist

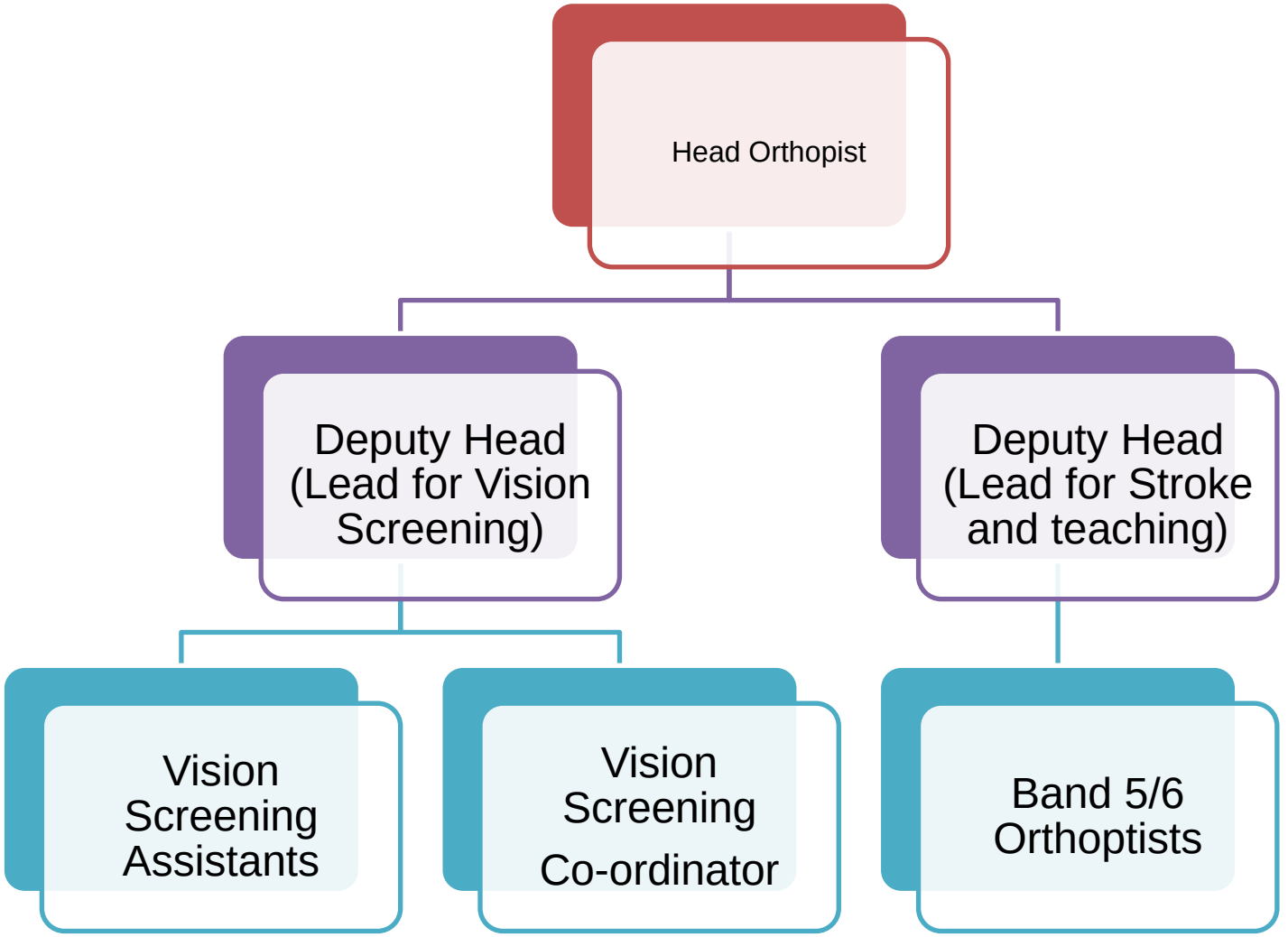
Dorset Vision Screening

History of Dorset Vision Screening

- First introduced in Bournemouth, Poole and East Dorset during the academic year 2007/8, later incorporating West Dorset in 2013/14.
- January 2017 moved to Orthoptic led service
- Vision screening assistants trained by Orthoptists

Department structure

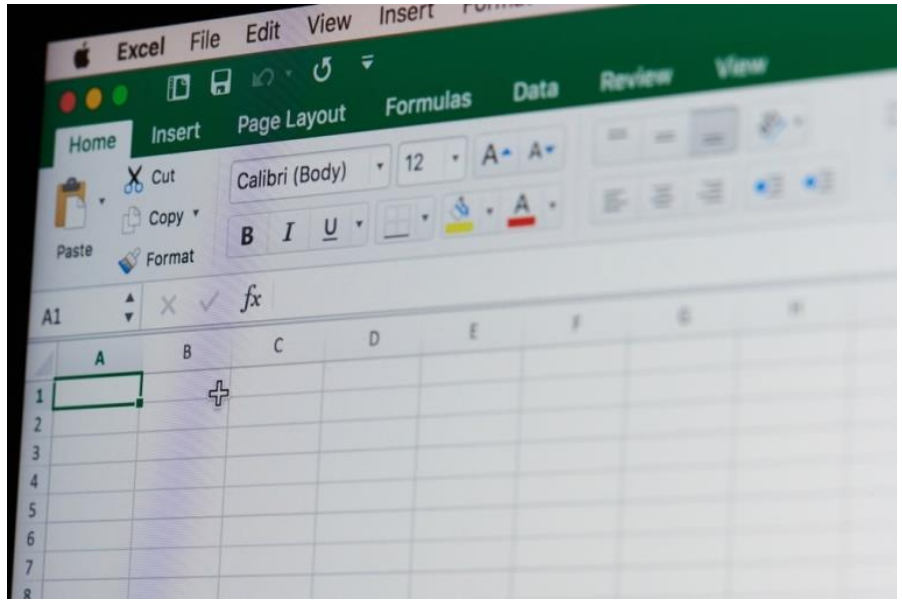
University Hospitals Dorset NHS Foundation Trust



Role of Lead Orthoptist

University Hospitals Dorset NHS Foundation Trust

- Recruitment / job descriptions
- Training (BIOS package and e-learning)
- Timetable
- Troubleshooting and liaising with schools
- Link with local Child Health department
- Audit (BIOS vision screening audit)
- Appraisals



Future

- Career progression
- Training opportunities to expand role within the Eye Unit
- Supporting in clinics of school age children (Orthop/optom clinics)

University Hospitals Dorset
NHS Foundation Trust

Amy Owen & Katy Eaton

Vision Screening Assistants

Dorset Vision Screening

Background – Amy Owen

University Hospitals Dorset NHS Foundation Trust

- Worked in domiciliary care for children with special educational needs and studied Community Health and Well Being at University in South Wales
- Moved to Poole and went into education
- 2 years as a S.E.N Teaching Assistant at an EBD school
- Moved to a mainstream school to broaden my knowledge

Background – Katy Eaton

University Hospitals Dorset
NHS Foundation Trust

- Began working with children under 5 in 2004
- Worked in pre-schools and the local children's centre
- Supported vulnerable families and children with SEN

Why we chose vision screening

University Hospitals Dorset NHS Foundation Trust

- We love to make a difference!
- Both parents – Empathy and the understanding of importance
- Already had the fundamental skills required to work alongside children
- Confident that we could learn a new skill quickly and successfully

Skills that make a good vision screener

University Hospitals Dorset NHS Foundation Trust

- Good communication skills with children and adults
- Organisation / being methodical / accurate / attention to detail
- Good time keeping
- Professionalism (representing the hospital in the wider community)

Role of a Vision Screening Assistant

University Hospitals Dorset NHS Foundation Trust

- To screen children in schools across Dorset, aged 4-5 for reduced vision
- Refer to local Orthoptic hospital departments across the county and beyond
- Liaise with schools to confirm bookings
- Communicating with GPs to inform them of the outcome

Orthoptic Assistant

Above & Beyond Our Duties

Presented by Fatima Ali-Ahmed & Rey Ali

Our roles & responsibilities

- Coordinate Clinics
- Triaging Notes & Clinic Lists
- Cleanliness of Clinics (Clinic room & Department)
- Equipment Check
- Tonometer Calibration
- Assist Doctors
- Assisting Patients Needs
- Supporting Orthoptists
- Running Virtual Clinics
- Visual acuity
- Colour vision assessments
- Dilation
- Humphrey Visual Fields
- Optical Coherence Tomography (Topcon & Triton)
- OPTOS
- Handheld OCT (still in progression)
- Corneal Topography
- Specular micro
- Venepuncture (Paediatrics & Adults)

The Positive Impact Of Our Role…

- Smooth running of the clinics
- Improvement of patient flow
- Improved waiting times
- Being first contact for Patients (e.g. patient enquires)
- A higher Quality of scans on difficult patients (especially paediatrics)
- Decreased stress on Doctors & Orthoptists
- Improving Patient Experience
- Receiving excellence report from patient and staff

Feedback from colleagues..

"Rey and Fatima have been a true blessing to everyone in clinic H. They are extremely conscientious, hard working and helpful to all patients and staff. Their forward thinking, ability to pick up new skills quickly and execute them to a high standard plus their hard-working ethos has lead to multiple positive changes in the way care is delivered in clinic H. They often go above and beyond the call of duty and I am very proud to call them colleagues and friends“

- Krishan & Donna Parmar (Advanced Orthoptists)

“I just wanted to reflect on your presence in clinic H and the help and support you have provided to our service.
I am sure that all of us agree that your presence and efforts have made a huge difference to how the clinic is run, waiting times and patients satisfaction.
We used to struggle to get bloods, fields or OCTs done but now all we need is to ask you and hand the notes to you. Done! I really appreciate your help and presence in my clinics!
don’t go anywhere!”

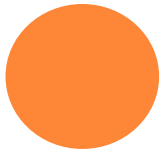
- Ali Yagan (Neuro-Ophthalmogist & Strabismus Consultant)

Progression and upcoming skills

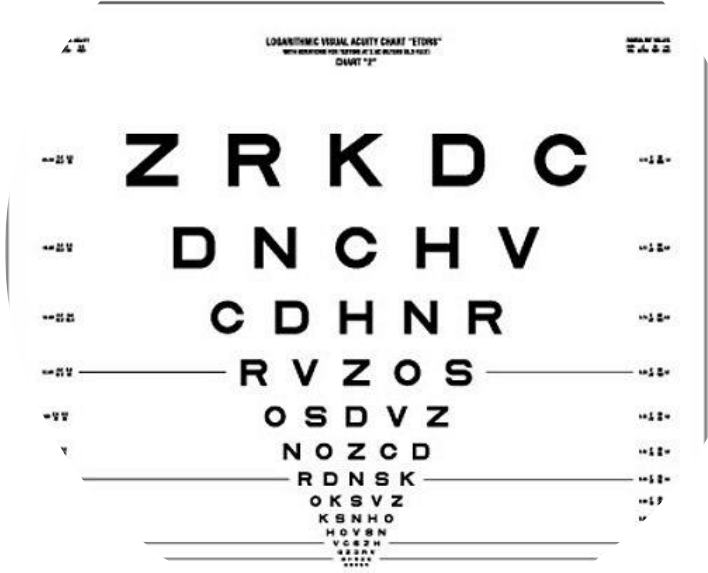
- BT clinics
- Paediatric Contact lens clinic
- Training new support staff
- Apprenticeship programme (health and social care)
- Paediatric Handheld OCT
- Visual Acuity For Younger Patients (kay pictures and crowded logmar)

THANK YOU FOR LISTENING.

ANY QUESTIONS?



MY LIFE AS AN ORTHOPTIC ASSISTANT



SHAUN CONROY
(ORTHOPTIC ASSISTANT)
HASEEB ALI
(ORTHOPTIST)

My background..

20 years experience as an Ophthalmology assistant practitioner.

Previous experience of:

Visual acuity testing

Visual field testing (Humphrey Field Analyser)

OCT scans

Fluorescein/fundus photography

Instillation of drops

My role now as an ‘Orthoptic Assistant’

Visual processing clinic:

Involved in follow up clinics, overlay assessments

(DEM, WRR, TVPS)

Visual field, OCT testing and photography to support Orthoptic led shared care glaucoma clinics

Visual field testing to support outpatient stroke patient review clinic

Teaching

- Training new members of staff within ophthalmology
- (HCSW and qualified nursing staff)
- Visual acuity, visual field testing and OCT
- Visual processing training given to new Orthoptic Assistants
- Training up new 2 new Orthoptic assistants
- Visual processing which includes VA and overlay assessment

Orthoptic assistant job role

- This can be a challenging job but also has great job satisfaction
- We see a variety of patients ranging from the age of 7 upwards in the visual processing clinic.
- Not all patients require a coloured overlay to overcome their difficulties
- Coloured overlays are usually given if the average rate of reading with is more than 15%.

DEM

- Developmental Eye Movement test
- Two lines of vertical numbers
- A page of horizontal numbers which look jumbled as some numbers are missing along the lines. See chart.
- Each section is timed and any errors calculated.

2		5	9			4		3
4	5			2		7		8
3			5		7		4	9
8		7		9		5		7
3	7				1			5
6			1		4		6	2
9	3		7	2				6
7		2			4		6	3

NHS
Epsom and St Helier University Hospitals NHS Trust

Orthoptic Non Registered Workforce at Epsom & St Helier Hospitals.

Eleanor Burley, Head of Orthoptic and Optometry Services

26/11/2020

Background

- 2013: 1 WTE Band 4
- 2015: 2 WTE, 1x Band 3, 1x Band 4

- 2020: 5.6 WTE
- 1 WTE Band 5 Senior Technician
- 2.6 WTE Band 4
- 2 WTE Band 3

Clinical Activity

Band 3

- OCT
- Pentacam
- Fundus photography

Clinical Activity

Band 4

- OCT
- Pentacam
- Fundus photography including 7 field
- Hydroxychloroquine screening for virtual review
- Visual Fields (Humphrey)
- Diabetic virtual screening clinic image capture

Band 5 Senior Technician

- New post created in summer 2018 following restructure of budgets with longstanding issues with doctor recruitment.
- Job description was matched to Band 5 level and post recruited to Jan 2019.

Clinical Activity of Senior Technician

- Adult neuro virtual clinic
- Retinal diagnostic virtual clinic
- FFA and ICG Image Capture
- Hydroxychloroquine virtual clinic review
- Low risk diabetic slit lamp clinic
- Diabetic virtual clinic review
- Clinical research co ordinator, performs imaging required for research (OCT, FFA, Refraction,Visual Fields).

Qualifications:

Foudation Degree in OCT.

Trained Diabetic Grader

GCP Trained

Clinical Governance

- All clinical sessions have the support of appropriate consultant ophthalmologist.
- Hydroxychloroquine virtual review audit
- Regular Diabetic virtual clinic audit
- Attends retinal team MDT meetings

Benefits of Senior Role to department

- Provided a route of assessment for lower risk patients to be seen and reviewed within Ophthalmology at a time when doctor recruitment is difficult.

- Instigated department participation in clinical research.

Benefits of Senior Role to department

- Career development route within the non registered workforce. Opportunity for leadership within the technician team itself.

- Increased job satisfaction and varied clinical role.

Any Questions?

THANK YOU

Join our pursuit to put the Patient First!

Be an #esthchampion and join our dedicated patient programme. You'll get all the latest news and exclusive invitations to special events, so sign up at **epsom-sthelier.nhs.uk/patientfirst** or call 020 8296 4996

Website: www.epsom-sthelier.nhs.uk
Twitter: @epsom_sthelier
Facebook: www.facebook.com/epsomsthelier

Orthoptic Assistant Role in North Devon

Emily Rush, Trainee Assistant Practitioner
Jen Swanwick, Lead Orthoptist for Glaucoma

North Devon

- Issues with
- Recruitment of Orthoptists and Doctors
- Retention

- NDHT is one of the most rural NHS Trusts in England

- We have adapted
  - ***Innovation and working differently!***

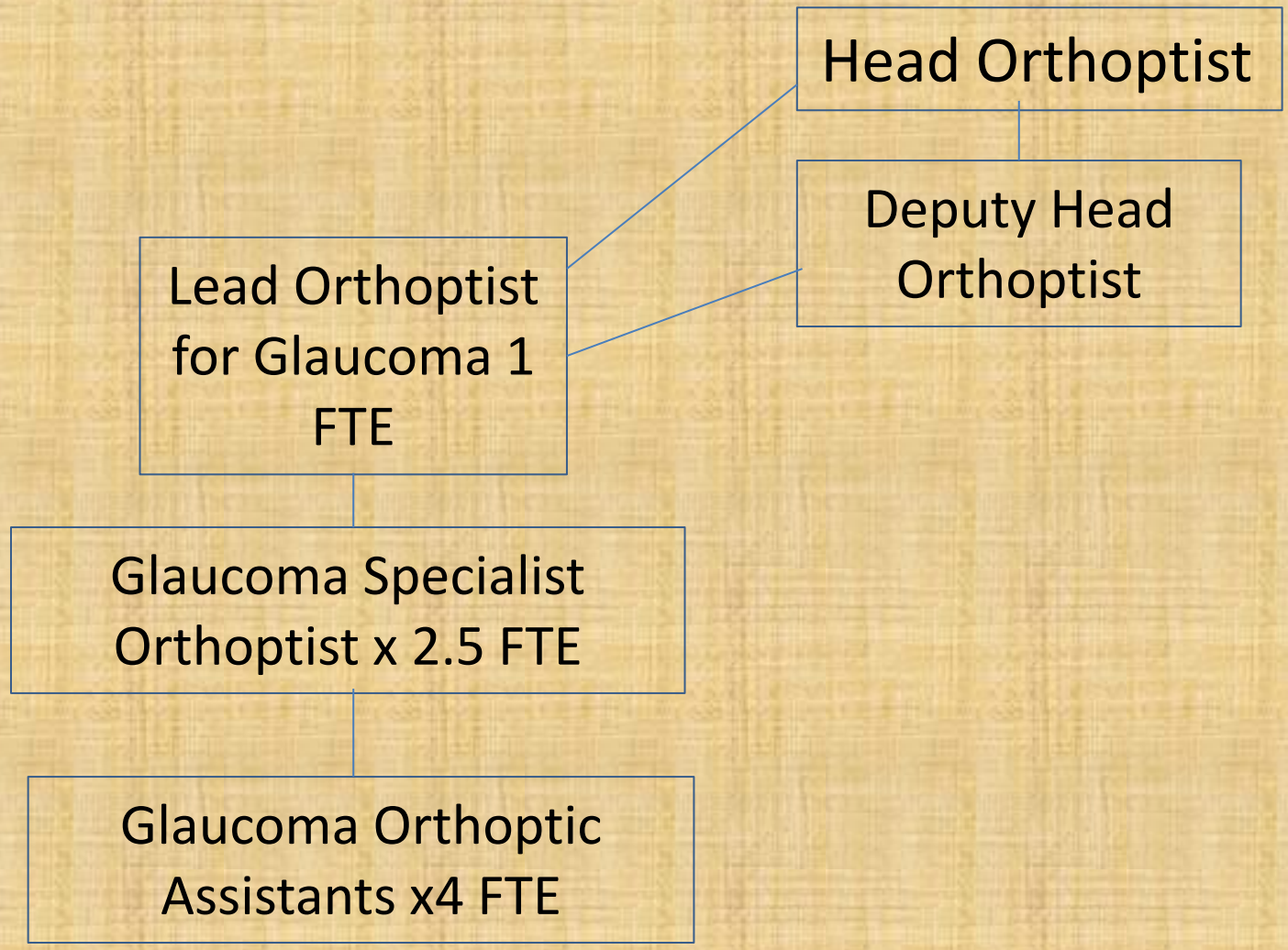
Demographics in North Devon

AGE	NORTH DEVON	DEVON	ENGLAND
Age 0 to 4	5.4%	5%	6.3%
Age 5 to 9	5.1%	4.9%	5.6%
Age 10 to14	5.6%	5.4%	5.8%
Age 15 to 17	3.8%	3.6%	3.7%
Age 18 to 24	7.3%	8.3%	9.4%
Age 25 to 29	4.9%	4.9%	6.9%
Age 30 to 44	17.3%	17%	20.6%
Age 45 to 59	20.7%	20.7%	19.4%
Age 60 to 64	7.7%	7.7%	6%
Age 65 to 74	11.7%	11.6%	8.6%
Age 75 to 84	7.3%	7.5%	5.5%
Age 85 and over	3.2%	3.4%	2.3%
Mean Age	43.3	43.7	39.3
Median Age	45	45	39

Waitlists

- In 2018, there were around 2300 overdue patients waiting for glaucoma appointments.
- Following the overhaul of our glaucoma monitoring service and recruitment of Orthoptic Assistants, this came down to only 49 patients at the beginning of 2020
- This lead to our department winning an award for ‘Outstanding Achievement’ from our Chief Executive.

Orthoptics at NDDH



2 FTE other orthoptist specialists for stroke/adult and paediatrics, with a mix of AMD also.

Other orthoptic extended roles of

Botox for Blepharospasm

JIA screening

Current OA job role

- Check symptoms, medication compliance
- LogMAR VA
- Focimeter
- Humphrey VF
- IOP with non-contact tonometry
- Dilation
- OCT and stereo-disc imaging
- Working either to support orthoptist in Glaucoma monitoring clinic or in independent OA clinic in which results reviewed by Dr/Orthoptist virtually

TAP course

- Foundation degree, 2 years
- Acquire knowledge and skills to allow progression to Band 4
- Advanced Skills –
- GAT
- Pachymetry
- Anterior segment/Van Hericks
- History taking
- Hess
- Children’s vision

Future Plans…

- Adult Orthoptic Clinic Support -

History taking, Electronic Hess and fitting of basic vertical and horizontal fresnel prisms

- Consultant led Paediatric Clinic support

Children's vision, History taking.

Adult Clinic Support

- Work up adult patients prior to orthoptist appointment with BV Analyser
- Fitting of basic Horizontal and Vertical fresnels
- OA already supporting Botox clinic – gathers equipment and sets up the treatment room beforehand
- LogMar vision testing and imaging for WAMD clinics planned for the future

Supporting Consultant led Paediatric clinic

- Carrying out the ad hoc vision requests from the Consultant on over 4's who can read or match logMAR letters +/- Kay Pictures?

- Completion of the BIOS Vision screening Training Manual
- Period of supervision and completion of competency

Thank You

Saving lives, Improving lives

Northern Care Alliance NHS Group

GLAUCOMA TECHNICIAN

Glaucoma Service
COMMUNITY EYE SERVICE
BURY

- My name is Julie and I am a glaucoma technician with the Community Eye Service in Bury.
- I joined the Glaucoma Service in September 2005 as admin support.
- In 2011, I was given the opportunity to train as a glaucoma technician within the service.

- My main responsibilities are to assist the Specialist Orthoptist in providing an efficient and effective Glaucoma Monitoring Service.
- The role involves meeting and interacting with patients in a friendly and professional manner.
- As a technician it is of vital importance to capture any data accurately , having a basic understanding of ocular anatomy and familiarity with OCT and its functions.
- Also recognising any of the barriers to obtaining quality data.

My duties and responsibilities include carrying out Humphrey Visual Field testing to a high standard, ensuring the individual needs of patients are met, acting in the patients' best interests at all times.

Testing and recording of visual acuity

Taking images using the Ocular Coherence Tomographer (OCT) and day to day administrative tasks.

- My role allows the specialist orthoptist to dedicate more time to the more complex patients

- As part of my role I regularly speak to other AHP's, GP's, their reception staff and opticians. I also interact with other admin staff.

- I am involved in the triaging process and I am confident I can identify the difference between routine and urgent referrals and alert the orthoptist to any that come through to us

WHY I LIKE MY JOB

- I encounter individuals from all walks of life and when you get to see the same patients over a long period of time you do build a connection with them and hopefully play an integral role in helping a patient with their eyesight and then receiving genuine gratitude from that patient is often the greatest gift.
- I work with a great team within the CES and I feel I am well supported and given plenty of opportunities and everyone within the team share the same vision, are very dedicated and positive.

- Working in the field of glaucoma for several years now has given me a broad knowledge and understanding of the condition.
- I feel I am able to accurately interpret and discuss test results with the clinician and often provide an insight into the patients performances and capabilities
- There may be opportunities for me in the future to extend my role. I would like to consider further training and would be happy to attend any courses that are applicable to non AHP’s in glaucoma

- Hi My name is Claire and I am the lead orthoptist for glaucoma in the Community Eye Service.
- I work alongside Julie, the Glaucoma Technician, who has a dual role consisting of administrative duties and clinical duties.

Julie is a valuable member of the team and her contributions are far reaching.

She

- is the first point of contact for the majority of patients
- puts the patients at ease and reassures them
- takes the time to listen to their concerns
- explains their reason for visiting and what the testing procedure involves
- performs various tests before handing the patients over to me

Her time with the patients provides me with the opportunity to dedicate more time to those patients who require specialist help or advice

A glaucoma Technician is an integral part of any glaucoma team and our clinics would run less smoothly without Julie on board

Health Care Support Worker Ophthalmic Education and Development

A Diploma and Certificate in the Fundamentals of Ophthalmology

Mrs Caroline Morris
Assistant Head Orthoptist / Lead for Education
Princess of Wales Hospital
Bridgend

CREDIT & QUALIFICATIONS FRAMEWORK FOR WALES
FFRAMWAITH CREDYDAU A CHYMWYSTERAU CYMRU

Agored Cymru
Creu cymwysterau, gwobrwyo cyrhaeddiad i Gymru
Creating qualifications, rewarding achievement for Wales

Ophthalmology Care

- Issues of demand, capacity and sustainability of ophthalmic services are well known

Solutions must be :

- Prudent
- Cost effective
- Sustainable
- Ensure a recruitable workforce
- Clinically safe high quality service

Wales Eye Care

Llywodraeth Cymru
Welsh Government

Clinical Health Care Support Workers

- Healthcare support workers make up 41% of our NHS workforce.
- Healthcare support workers undertake a range of delegated duties under appropriate supervision within the hospital eye service setting.
- Make a valuable contribution to the provision of clinical and non-clinical services.

Clinical Healthcare Support Workers

- Locally sourced workforce
- Good staff retention
- No recruitment issues

Concerns:

- Cavendish Report 2013
  - Too many workers are signed off as competent without necessarily being so
  - Caring does not feel like a career with clear routes to progress

  “While I have heard about some worrying examples of poor care, I have also met many extraordinary, dedicated carers”

- Standards
  - Existing workforce varied and non-regulated training.
  - Patient feedback of lack of understanding of fundamentals of Ophthalmology

The NHS Skills and Career Framework for Clinical Healthcare Support Workers

- The Purpose of this Framework is to provide a governance mechanism to inform the skills and career development of the clinical Healthcare Support Worker (HCSW) workforce in NHS Wales.
- Launched in November 2015 by Welsh Government.
- Mandatory by April 2018.

The NHS Skills and Career Framework for Clinical Healthcare Support Workers

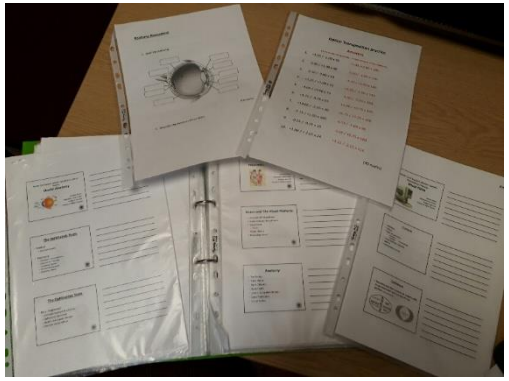
AVAILABLE LEARNING PATHWAYS in 2015

Community Hospitals	Community	Dietetics	Maternity	Nursing-theatres
Nursing – Acute Medical and Surgical	Nursing – Learning Disability	Nursing – Mental Health	Nursing - Outpatients	Nursing - Paediatric
Occupational Therapy	Physiotherapy	Podiatry	Primary Care	Radiology (Clinical Imaging, X-ray)

Ophthalmology Input

- National meetings held with representatives from RCN, Orthoptics, Optometry, RNIB, HEIW and Welsh Government invited.

- Using the in-house training for HCSW's at Princess of Wales Hospital as a starting point a draft outline of a 'Foundation in Ophthalmology' was produced.



- Two modules were piloted with a mixed discipline of staff consisting of nursing and orthoptic HCSW's, Administrative staff and ECLO's.

Core modules

FEEDBACK:

“Very dynamic and well structured”

“It was really useful. No one has ever gone through all of the equipment, what it does and why before.”

“I will use the knowledge when speaking to patients. I will have a better understanding of what they are telling me.”

“I think the training should be offered to all eye clinic staff starting their roles.”

- Agored Qualifications Summary

- Qualifications come in 3 sizes
  - Award (1 – 12 credits or 10 - 120 hours of learning time)
  - Certificate (13 – 36 credits or 130 – 360 hours of learning time)
  - Diploma (37+ credits of 370 plus hours of learning time. There is no upper limit but most HCSW qualifications are between 58 – 62 credits for core and optional units together)

Agored Cymru Level 3 Certificate in Fundamentals of Ophthalmology (Wales)

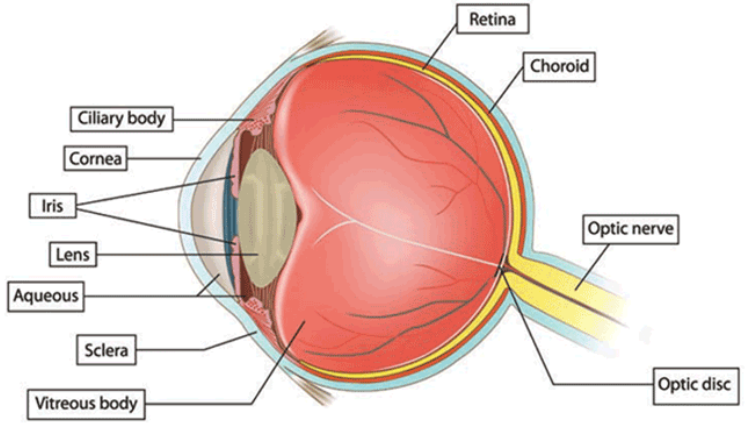
http://www.agored.cymru/Units-and-Qualifications/Qualification/127836

Agored Cymru Level 3 Diploma in Fundamentals of Ophthalmology (Wales)

http://www.agored.cymru/Units-and-Qualifications/Qualification/127812

Fundamentals of Ophthalmology units

- Assessment of vision in adults who can recognise letters
- Introduction to ocular anatomy
- Ophthalmic Equipment and Technology
- Obtain a patient history for ophthalmology records
- Understanding ophthalmic case notes
- Introduction to visual impairment
- Administer Eye Drops to Individuals within the Health Care Sector



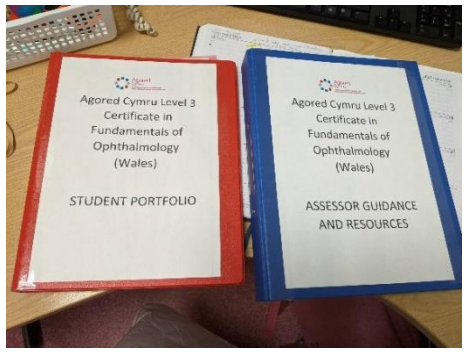
Other Core elements within Diploma

Unit code	Unit title	Level	Credit
PT12CY018	Principles of Safeguarding and Protection in Health and Social Care	Two	3
PT12CY019	The Role of the Health and Social Care Worker	Two	2
PT23CY119	Promote Communication in Health, Social Care or Children's and Young People's Settings	Three	3
PT23CY120	Engage in Personal Development in Health, Social Care or Children's and Young People's Settings	Three	3
PT23CY121	Promote Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	Three	2
PT23CY122	Principles for Implementing Duty of Care in Health, Social Care or Children's and Young People's Settings	Three	1
PT13CY016	Promote Person Centred Approaches in Health and Social Care	Three	6
PT13CY017	Promote and Implement Health and Safety in Health and Social Care	Three	6
PT13CY018	Promote Good Practice in Handling Information in Health and Social Care Settings	Three	2
AJ22CY010	Dignity at work	Two	1
AJ22CY011	Introduction to professional behaviour	Two	2
GB82CY023	Introduction to Continued Professional Development within the NHS Wales	Two	1
BA32CY023	Communication and customer service for health care support workers	Two	2
HJ12CY012	Personal health and wellbeing / Exercise and a healthy lifestyle	Two	1
GA72CY005	Equality & Diversity	Two	1

Where are we now?

- Accepted by HCSW training leads in Wales
- Support voiced by Welsh Ophthalmic Planned Care Board
- HEIW support and funding allowed an All Wales package to be written for core units which was completed December 2019

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)



Where are we now?

- RNIB support and involvement developing visual impairment units

- Internal verification and assessors now trained

- Over 40 learners registered (HCSW's and nursing staff)

- External verifications ongoing

Where are we now?

First certificates being awarded

Kate Thomas, (pictured right), Orthoptic Assistant Practitioner working at Bridgend Eye Unit, has become the first person to be awarded an Agored Certificate for a passing a module in the newly created Agored Cymru Level 3 Certificate in Fundamentals of Ophthalmology (Wales) qualification.

Carl Verracchia, (pictured left), Unit Manager at Princess of Wales Hospital, presented Kate with her certificate and praised the team's commitment to training and service improvement.

Feedback: Managers and Clinicians

“Thank you for the work you have done creating the Agored modules. There was a large void in the accredited training available for our band 2/3/4 ophthalmic care workers and technicians.

I firmly believe that this piece of work to create accredited and standardized training is essential to maintain excellence in eye care across Wales in both primary and secondary settings.”

Mrs Cheryl Madeira-Cole

Ophthalmology Clinical Service Manager

SBU Health Board

“The ophthalmology units completed to date have been very well received (by both the learners and senior clinical staff). Having staff trained in this way will be pivotal to the necessary planned expansion of the glaucoma service.”

Mrs Gillian Thomson

Lead for Glaucoma and Visual Field Services

Bridgend Eye Unit

Feedback: Learners

- “I found the module really worthwhile and useful in refreshing my knowledge.”
- “I really feel the skills gained will help me have confidence seeing patient and assisting in clinic.”
- “I have learned so much about different equipment in the clinic which has helped me understand what everyone does in all the areas of the eye unit.”
- “ I really enjoyed this unit. It helped me become much more motivated in my job and made work more enjoyable as I understand much more.”

Benefits

- Most **cost effective** formal training available
- **Instant access** in all hospital locations
- **Minimal loss of time** from the workplace
- Internal and external verification assures **standardisation of training nationally**
- Improved relationships, communication and co-operation across MDT
- Increased **capacity**
- Improved **patient confidence and experience**

The future

- Continuation of roll out throughout Wales

- Optional unit development covering various topics including:
  - Visual field assessment Level 1
  - Visual field assessment Level 2
  - Pupil assessment
  - Tonometry
  - Pachymetry
  - Ophthalmic assisting in a Botox clinic

The future

- Adding core units to mandatory training within the national framework for HCSW staff working within Eye Departments in Wales

- Offering this training to ophthalmic nursing staff as an access course within Wales before considering OCCCF / OPT training.

- Vision for national standardised training to continue.

Thank-you

Diolch yn fawr

Questions?

Caroline.morris3@wales.nhs.uk

Break

BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

- We will now have a break
- Please put yourself on mute and be ready to start again at 14.30

BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

Non Registered and Support workforce Event 26th November 2020

Breakout sessions

BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

What are the core and generic roles and levels of responsibility?

What are the bespoke roles that support specialist areas?

Breakout sessions

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What competencies already exist nationally (PHE and BIOS VS, Wales for eg)

What would be needed to address core training for all – what can we learn from Wales?

Breakout sessions

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What are the career aspirations of the orthoptic non registered workforce

What access do they get currently to learning and development / CPD?

Breakout sessions

BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

What national profiles do we need to work on and any particular issues around terms and conditions we have to factor in?

What are we learning already from JDs that have been submitted?

Band 2 physio assistant profile

factors	information	level
Communication	Information to patients and carers/tact and persuasion	3
Knowledge,skills,education	NVQ 2 or equivalent. Knowledge of a range of procedures	2
Analytical & Judgemental	Skills for evaluating a patient's condition	2
Planning & organising	Own workload /books transport for patients	1/2
Physical skills	Wheelchairs , hoists , keyboard	2
Responsibility for patients	Implements treatment within a physio programme	4
Responsibility for policy/service development	Follows departmental policy	1
Responsibility for finance/physical resources	Careful use of equipment/ checks equipment used by patients	1/2
Responsibility for human resources	Demonstrates own work to new staff	1
Responsibility for information resources	Updates patient records	1
Research and development	May take part in audits	1
Freedom to Act	Follows procedures and treatment plans, may work alone but supervisor available	2
Physical effort	Moves and manoeuvres patients and equipment	3
Mental Effort	Concentrates on treatment	2
Emotional effort	Exposure rare/occasionally exposed to aggressive mentally ill patients	1/2
Working conditions	Odours, lice body fluids	3
	Score187-209	Band 2

Equivalent band 2 responsibilities in Orthoptics

- Testing vision in adults
- Keeping clinical and waiting areas tidy
- Ordering and stock control
- Carrying out specific tests under direct supervision

Breakout sessions

BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

How do we increase associate membership and the benefits of being members of BIOS – any factors as an issue (delegation of work)

Summary and closing remarks

BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

Thank you

BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

- Thank you for attending today's event
- The online evaluation will be sent out to you. We would appreciate a few minutes of your time to complete it. Please include your contact details in order to receive your certificate.
- The presentation slides and video from today will be emailed out to you shortly