

*Your Trust Logo here*

Dear parent/guardian,

*Your hospital/Trust* is taking part in a project to live stream orthoptic assessments for educational purposes. Please read the information below to allow you to decide if you would like to volunteer for your child’s orthoptic consultation to be live streamed.

Participation is completely voluntary, and your child’s care will not alter if you do not want to take part.

Qualified orthoptists in the UK must complete a degree in Orthoptics at a University. Approximately one third of the course is spent on clinical placements at hospitals across the country, allowing students to develop clinical skills and gain exposure to real patients. These clinical placements are a core part of the degree, however due to the COVID-19 pandemic many students have missed out on placement opportunities. This project is intended to support these students.

The British and Irish Orthoptic Society (BIOS - our professional body) has been awarded funding to purchase some Hololens2 devices. These are cameras worn on the head which your orthoptist will wear the Hololens2 during your child’s assessment. The consultation will be live streamed to students studying Orthoptics at one or more Universities across the UK (Glasgow Caledonian University, University of Sheffield, University of Liverpool, and University College London).

The students will be able to see and hear the patient, but the patient will not be able to see and hear them. All orthoptic students have undertaken Data Security Awareness Training and will adhere to the principles of patient confidentiality.

The video of your assessment will mainly show your child’s face and eyes, focusing on results of the eye tests. During the consultation information relevant to the diagnosis and management of your child’s eye condition may be discussed, this will include birth history, previous medical history (including medications) and details about previous eye health.

Details such as your child’s name, address, date of birth, NHS number or Hospital Number will not be included on the recording.

Your participation is voluntary and you are free to withdraw at any time during the assessment by making the clinician aware. Choosing to withdraw from the project will not affect your child’s care.

If you have any further questions about this project, please contact the Lead Clinical Tutor for the project at *your email.*

You may receive a phone call from an orthoptist in the days before your appointment to answer any questions you may have and confirm your child’s participation.

If you decide you would like your child to take part – please sign the enclosed consent form and bring it to your appointment.

Thank you for considering this information.

Kind regards,

*Your name and role*