



BIOS | BRITISH AND IRISH
ORTHOPTIC SOCIETY

Long-Term Strategic Framework for Health and Social Care Workforce Planning

Consultation Response from the British and Irish Orthoptic Society

The British and Irish Orthoptic Society is the professional body for orthoptists and was founded in 1937. It is also a registered charity and a company limited by guarantee. BIOS is affiliated to the Allied Health Professionals Federation, a group made up of 12 bodies representing more than 158,000 workers in the UK. BIOS is also a member of the International Orthoptic Association and OCE. BIOS members in the UK are also automatically trade union members of the British Orthoptic Society Trade Union (BOSTU).

Demographics and Disease

Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years?

Life Expectancy – The increase in life expectancy, leading to an ageing population will have a significant impact on the demand for health and social care services. This will be particularly evident in ophthalmology and eye care services, due to the link between age and sight loss and vision problems. Ophthalmology is already the largest speciality in terms of outpatient attendances, leading to recognised capacity issues.

This will lead to continued increase in workforce demands in eye services. This will require an increase in numbers of orthoptists, particularly in the South of England where there are real shortages. However, there will be an increased demand for orthoptists to take on more advanced and extended roles to support these stretched services. Orthoptists are ideally placed to innovate and transform services as they already have the skills and knowledge to work within extended practice in this area however more support is needed for them to maximise their potential.

Long Term Conditions and multiple-morbidities / Disability – An ageing population will also lead to the increasing need to provide support for those living with multiple-morbidities or disability. This requires an emphasis on multi-disciplinary working and an understanding of how different conditions and illnesses can impact upon each other. In particular, we would emphasise the impact of undiagnosed vision problems on patients with multiple morbidities. For example, diplopia, or double vision, in older people put them at greater risk of falls around the home but also reduces their physical activity and independence. This can contribute to other physical conditions as well as having an impact on mental wellbeing. Early detection of these problems through orthoptic assessment helps them to understand their visual difficulties and better manage them. Similarly, orthoptists are recognised as a core part of stroke services but their inclusion is inconsistent; undiagnosed vision problems can lead to delays in rehabilitation.

Public, People who need care and support, Patient and Carer Expectations

Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years?

Expectations for the staff that work within health and social care (e.g., reward) – There is an expectation from staff that their pay is commensurate to their skill and knowledge but also that they are working in an environment that places an emphasis on their physical and mental wellbeing, including positively promoting a healthy work-life balance. There is also the expectation that they are given the opportunities and support to work at the top end of their scope of practice.

Access to and availability of care. How care is delivered (e.g., increasing digital models of delivery) – In many areas of orthoptics, digital delivery of services is limited, however there is likely to be a continued expectation that remote consultations and home assessments become more widespread where possible. Accessibility to these services by those with visual impairments will be a factor and may be a barrier to this.

Further, with the expectation that care delivery becomes more integrated, it is essential that AHPs be given the opportunities to contribute at ICS Board level, ensuring the delivery of safe care across systems.

Socio-economic and Environmental Factors

Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years?

Health inequalities / Social determinants of health – Inequalities in health have been exacerbated by the COVID-19 pandemic and should be a key driver of change. There is a need for greater training for the workforce to enable them to play a role in addressing these inequalities, countering the impact of factors, such as poverty, low health literacy or homelessness, which can prevent people from being able to access and engage with healthcare services. This should be taught at undergraduate level for registered staff, where applicable.

Staff and Student/Trainee Expectations

Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years?

Expectations of service design and workforce structure – Multi-disciplinary working is an essential driver of change. Orthoptists are an essential part of the ophthalmic workforce, alongside other eye care professionals, and as work as AHPs as part of wider teams in a number of areas such as stroke rehabilitation services. The development of the skills required to work as part of wider teams will continue to be essential.

Good workforce planning requires that knowledge of the existing workforce is accurate and precise, which requires ESR data that is accurate and complete.

Expectations of training – The role of orthoptists, like many healthcare professionals, has, and continues to, develop and expand. There is therefore an increasing expectation that training will support orthoptists to continue to specialise and develop their skills, and to acquire the skills and knowledge to take on valuable advanced and extended roles. There is also the expectation that the number trained will increase to meet expected shortages in the profession.

Science, Digital, Data and Technology (Including Genomics)

Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years?

Digital Health Technologies / Digital literacy (e.g., Telemedicine, Smartphone Apps, sensors and wearables, virtual and augmented reality) – A legacy of the COVID-19 pandemic is an increased demand for health services to be available digitally to enable more accessible services. This has also been used to provide support for training and workforce issues – with most training being held virtually and the pre-registration training becoming more dependent upon online resources.

Both these developments require further investment to ensure that they do exacerbate inequalities. Digital health technologies for orthoptics, requiring significant accuracy, are particularly reliant on technology that may not be accessible to all and requires a certain amount of digital literacy. Guiding others, such as parents for child vision assessments, to make use of these technologies is also a new skill, which will require training. The increasing use of technology for pre- and post-registration training also has the potential to open up inequalities in access, which may require investment to counter.

Service Models and Pandemic Recovery

Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years?

Pandemic recovery - The unprecedented pressure the COVID-19 has placed on health services has resulted in many orthoptic services coming under significant pressure due to redeployment and extended breaks in services. This has led to large backlogs in many services, such as school vision screening, but may also result in a rise in undiagnosed vision problems, resulting in a requirement for more significant longer-term treatments. This will create a significant increase in workforce demand within the next five years, but could continue to have an impact well beyond this.

Health promotion and prevention – The welcome focus on public health and prevention should continue to be a focus in the coming years. Vision problems frequently co-exist, and interrelate, with other health concerns, such as smoking or mental wellbeing. Orthoptists, along with other healthcare workers, are placing a much greater emphasis on public health concerns, such as Make Every Contact Count and Social Prescribing, and further training and support for this will be important in the realisation of more integrated healthcare systems.

Demand and supply gaps over the next 15 years

Please provide details of where you feel the greatest workforce demand and supply gaps will be over the next 15 years.

Ophthalmology services are already extremely stretched and, as noted above, a greater expansion of the workforce will be needed to counter the increased demand from an ageing population. Orthoptists are ideally placed to address this need, but investment is needed to ensure that there are enough to take advantage of these roles, and they are provided with the skills and knowledge necessary.

There are currently shortages of orthoptists in a number of geographical regions, particularly across the South of England, due largely to the three undergraduate courses being in the North of England and Scotland. While the recent introduction of a pre-registration MSc in London will hopefully ease this problem at least in the South East, smaller professions such as orthoptics are always likely to face

challenges from the lower number of courses resulting in uncovered regions. We therefore anticipate there will continue to be supply gaps in other areas of the South of England.

Ambitions for the health and social care system

In 15 years' time, what one key thing do you hope to be able to say the social care and health system has achieved for people who need care and support, patients and the population served?

We would hope that in fifteen years, healthcare is more integrated and incorporates preventative public health measures. For example, the provision of child vision screening is currently inconsistent across England and referral pathways from these services varies considerably. There are significant measurable benefits to vision assessments being included as part of other clinical pathways, including following strokes, in older people susceptible to falls, and of children and adults with special educational needs. This would support the creation of a workforce that is much more responsive to the needs of the population and not fixed into professional silos.

In 15 years' time, what one key thing do you hope to be able to say the health and social care system has achieved for its workforce, including students and trainees?

In fifteen years, we would hope to see that there are sustainable and affordable routes into valuable professions such as orthoptics, and that support is available to provide varied and attractive career progression options. Recent investment in a new course and the promotion of vulnerable professions has provided a real boost to orthoptics but any increase will need to keep pace with demand. These new orthoptists will need to be supported to develop their skills to both open up attractive career progression options but also make them better able to support stretched services.