



Health Education England

Delivery of Allied Health Profession (AHP) Workforce Reform Priorities

2021/22 & 2022/23



BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

British and Irish Orthoptic Society
Report Dated: July 2023



ORTHOPTIC
WORKFORCE DEVELOPMENT
PROGRAMME



Contents

Section	Page
Foreword	3
Executive summary	4
AHP 2: Modernisation and Reform	6
AHP 3: Placement recovery and expansion	7
AHP 4: Retention and support for learners, the Newly Qualified Workforce and Early Careers	13
AHP 7: Apprenticeships	16
AHP 8: AHP Support Workforce	18
AHP 9: Profession specific interventions	20

Foreword

The Workforce Development Programme was a programme funded by Health Education England which enhanced BIOS current initiatives in place for developing and securing the orthoptic workforce throughout the UK both now and in the future.

Two projects were undertaken solely by the BIOS team:

- AHP 7 – Apprenticeships
- AHP 9 – Republic of Ireland (export of the workforce)

These projects were predominantly managed by the Chair of BIOS, Veronica Greenwood, in conjunction with the following subject matter experts and members of the BIOS Council and the Education and Professional Development Committee:

- Dr Charlotte Codina
- Joanne Adeoye
- Sue Elliott
- Deborah Podmore
- Craig Murray
- Julie Dowdney
- Professor Helen Davis
- Dr Jignasa Mehta
- Claire McEntee
- Jaina Byrne
- Marian Owoniyi
- Martin Rhodes
- Karzan Hughes
- Dr Dipesh Patel
- Andrew Fox
- Krishan Parmar

The BIOS projects have been supported by Rich Huzzey, BIOS Policy Officer.

Whilst the remaining 9 projects were undertaken jointly with the project management of the British Dietetic Association education and professional practice team:

- Najia Qureshi
- Menna Wyn-Wright
- Eleanor Johnstone
- Stephanie Thomason
- Amy Curtis-Brown
- Fiona Audley
- Sharon McGovern-Ims
- Sian Cunningham

and supported by four individuals employed for the duration of the project to perform specific tasks:

- Anthony Brooks [Graphic Design]
- Aimee Davis [Communications]
- Haadiyah Sheikmamode [Administration]
- Emmanuel Niyomugabo [Project Management]

Subject matter experts were contracted as project leads where required and acknowledged in the detailed project sections below.

BIOS would like to extend thanks to all of the following stakeholders for their support and contribution to the successful delivery of the work programme:

- BIOS membership
- BIOS Council Members
- Higher Education Institutions delivering Orthoptic education and training
- Government bodies across the UK [e.g. HEE, NES, HEIW]
- Other AHP Professional Bodies

Executive Summary

As part of the HEE workforce programme, BIOS undertook 11 projects between March 2022 and March 2023, 9 of which were joint with the British Dietetic Association. The scope for the projects focused around the following areas:

AHP 2: Modernisation and Reform

AHP 3: Placement recovery and expansion

AHP 4: Retention and support for students, the Newly Qualified Workforce and Early Careers

AHP 5: Supporting AHP Return to Practice

AHP 8: AHP Support Workforce

AHP 9: Profession specific interventions

All of the projects were delivered within budget. 5 projects were delivered within the original timescale [by March 31st 2023] with 4 projects requiring a 3-month extension to June 2023, [agreed by HEE]. Financial reporting is recorded as a separate document.

A variety of resources were created including guidance documents, webpages, case studies, videos, competency frameworks, surveys etc. These resources evidence that the KPIs had been met.

BIOS have created an asset register for all of the above resources.

Feedback on what went well include:

- Stakeholder engagement across all 4 nations
- Shared practice/thinking with other AHP professions
- Creation of resources with tangible benefits
- Increased opportunities for Practice-based learning [capacity]
- Projects delivered on time and within budget
- No issues with lack of accountability as projects leads identified for each workstream with very frequent reporting and monitoring systems in place [both within teams, Board of Directors and HEE]

- Skill mix within multi-disciplinary team drawn on to create the resources [SMEs, project managers, comms, designers etc]
- Risk management: any potential risks were identified, categorised with mitigating plans identified at the outset of the projects.
- Increased profile of BIOS
- Greater collaboration between AHP Professional bodies

Particular challenges identified include:

- Allowing time for membership to provide information on top of busy day jobs. Anticipated this and where possible planned in advance
- Identifying relevant budgets for projects. This was mitigated by drawing on good project management, time spent at the outset, articulating what would be required and relevant costings, allowing for some slippage and flexibility between budgets
- Managing 19 projects, delivering for two Professional bodies. Overcome by robust project management, with regular communication and engagement within and between teams and organisations. Flagging concerns early to get addressed
- Survey overload over short time period leading to reduced responses: Mitigated where possible with clear communication plans and staggered launch of surveys
- Potential for scope creep. This was avoided by being very clear at the outset what the aims and objectives were of projects and what was in scope. In addition, stakeholders were updated periodically of plans, especially when new changes were suggested
- Availability of staff to attend meetings: Advance notice provided for meetings alongside work deadlines. Clearly identified project managers to lead and coordinate the work. Avoided unrealistic deadlines through meticulous planning

- Requirement to communicate with large number of diverse stakeholders: Clear communication plans developed and implemented.

Return on investment was evident in many forms including:

- Greater awareness of the range of orthoptic roles available [e.g. support worker / assistant roles, Advanced Clinical Practice roles within Ophthalmology]
- Greater awareness of the range of specialisms within the above roles that orthoptics can practice within
- Improved potential for creation of additional Practice-based Learning (PBL) opportunities and satisfaction from learners with breadth of opportunity offered, supporting the supply pipeline
- Creation of networks where stakeholders can link in/engage on an ongoing basis
- Increased profile with the BIOS membership, promoting what can be offered in terms of available resources
- Inform future workforce priorities – where to focus
- Can focus and invest time where it can make the biggest difference.

Whilst all of the projects have left a legacy for going forward, there is variety within this. Some projects are at the beginning of the journey [e.g. Orthoptic Support Workforce, EDI] whilst others are building on what is already there [PBL, ACP, careers]. Some projects have led to the testing out of the effectiveness or implementation of already developed resources. However, the common denominator is that all projects play a key part in building and growing a sustainable orthoptic workforce, drawing in the membership to be key players for the development, nurturing effective relationships with other AHP colleagues, thus encouraging an interprofessional identify to promoting the AHP profession, whilst maintaining and celebrating the uniqueness of the orthoptic profession.



AHP 2: AHP Modernisation and Reform

Strategic aims: Modernise and reform the education and training of the AHP professions in line with the NHS Long Term Plan.

Delivery Objectives: Work with the National AHP programme, HEE Education Funding Reform Programme, the profession and wider stakeholders to consider the knowledge, skills, and attributes of the 21st Century professional.

KPI/Activity

2.2 Evidence of working in concert with HEE, the other AHP professional bodies and key stakeholders to modernise career frameworks (to optimise professional body and the professions engagement in advancing practice and clinical academic careers).

Case Study for Advanced Practice Role
Joe Smith
Advanced Orthoptist Lead for Neuro Ophthalmology and Adult Strabismus, Acute Trust

Both outline your career journey and what you bring to your Advanced Practice/Advanced Clinical Practitioner training.

I am currently undertaking an MSc, Advanced Clinical Practitioner (ACP) specialising in the treatment of Liverpool and hepatocellular carcinoma, at the University of Liverpool. I have been working in neuro-ophthalmology and adult strabismus for the last 10 years. I have spent four years working as an Orthoptist. During this time I had significant exposure to all areas of orthoptics and ophthalmology and undertook various extended roles in neuro-ophthalmology and adult strabismus.

Are there any key moments in your career that led to your decision to become an Advanced Practitioner?

I have always had an interest in and passion for the treatment of orthoptics and ophthalmology and I became more experienced. I began to take on more responsibility in neuro-ophthalmology and adult strabismus when my position was updated. Another key moment was when I started to develop my knowledge and skills and how they could be used to help my patients and how they could be used to help my patients.

Why do you see your organisation developing the role of an Advanced Practitioner/Advanced Clinical Practitioner?

There was a service need in my case – as a consultant special and there were no other qualified individuals in the neuro-ophthalmology service which we had to open up. Despite this, we still had to be the first force and show our medical colleagues how we could help. The medical experience and competence of our staff competency documents with lots of audits to prove competence in decision making.

Describe your role as an Advanced Practitioner/Advanced Clinical Practitioner – include how you cover the 8 pillars of advanced practice.

Case Study for Advanced Practice Role
Victoria Smerdon
Consultant Orthoptist, Neuro Ophthalmology and Neuro Orthoptics, Watford University Teaching Hospital NHS Foundation Trust

Any background as to why your organisation/department developed the role of an Advanced Practitioner/Advanced Clinical Practitioner?

With neuro-ophthalmology the need for regular support within neuro-ophthalmology and ophthalmology was clear. My role was to ensure that patients with a high standard of neuro-ophthalmology and ophthalmology were supported and that the role was to ensure that patients with a high standard of neuro-ophthalmology and ophthalmology were supported and that the role was to ensure that patients with a high standard of neuro-ophthalmology and ophthalmology were supported.

Describe your role as an Advanced Practitioner/Advanced Clinical Practitioner – include how you cover the 8 pillars of advanced practice.

- ACP Business Case
- ACP Apprentice JD & PS
- ACP Trainee JD & PS

Acknowledgements:
Dr Charlotte Codina
Joanne Adeoye

Evidence KPI has been achieved

Project scope: Development of resources to support career progression at advanced practice level.

In Jan – March 2022 the project lead was commissioned to undertake a needs assessment to determine the enablers, advantages, future opportunities and possible barriers for advanced practice. This project was based on this work. The project lead established an expert working group consisting of 10-12 dietitians and orthoptists working in advanced practice either as educators, trainees or qualified advanced practitioners. All 4 home nations were contacted and asked to nominate representatives. Draft resources were produced in advance for comment. These were discussed at 2 online discussion forums. The final drafts were completed by mid-December and sent to the BIOS project experts for orthoptic input.

- Outputs [resources]:
- Report on the findings with further recommendations
 - Sample job plans and business cases
 - Case studies – following production and adaptation, a case study format was agreed. Examples have been produced of Orthoptists working as Advanced Practitioners.

Asset register: The resources are on the asset register.

Went well:

- Stakeholder engagement across all 4 nations
- Shared practice/thinking with other AHP professions
- Creation of resources with tangible benefits.

Challenges: Requirement to communicate with large number of diverse stakeholders: Clear communication plans developed and implemented.

Project extension: N/A

Return on investment:

- Greater awareness of the range of Advanced Practice orthoptic roles available alongside the requirements to function in those areas.
- Greater awareness of the range of specialisms within the above roles that orthoptists can practise in

- Recommendations/Next steps:
- Explore further additional themes identified and identify workstreams to progress as appropriate.
 - Promotion of availability of the guidance document.

AHP 3: Placement Recovery and Expansion

Strategic aims: Drive innovation in pre-registration practice-based learning.

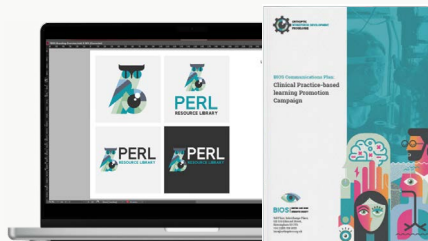
Delivery Objectives: Support HEIs to achieve full recovery of AHP placement hours and to prepare for, and support, on-going growth of professions.

KPI/Activity	Evidence KPI has been achieved
<p>3.1 A review of opportunities for Practice-based Learning (PBL) to increase capacity.</p> <p>Acknowledgements: Professor Helen Davis Michael Harmsworth</p>	<p>Project scope: This project focused on identifying innovative opportunities and approaches to PBL, providing information to share good practice and maximise the potential for increasing the number of PBL opportunities.</p> <p>Outputs [resources]: Guidance document.</p> <p>Asset register: The guidance document is contained on the asset register.</p> <p>Went well:</p> <ul style="list-style-type: none">• Stakeholder engagement across all 4 nations• Shared practice/thinking with other AHP professions• Creation of resources with tangible benefits• Increased opportunities for Practice-based Learning (PBL)• Projects delivered on time and within budget• Skill mix within multi-disciplinary team drawn on to create the resources [SMEs, project managers, comms, designers etc]. <p>Challenges:</p> <ul style="list-style-type: none">• Managing large amount of information. Mitigated by putting core information in the guidance document, supplemented with additional information and resources on the BIOS webpages. <p>Project extension: N/A</p> <p>Return on investment:</p> <ul style="list-style-type: none">• Improved potential for creation of additional PBL opportunities and satisfaction from learners with breadth of opportunity offered, supporting the supply pipeline.• Creation of networks where stakeholders can link in/engage on an ongoing basis. <p>Recommendations/Next steps:</p> <ul style="list-style-type: none">• Promotion of availability of the guidance document• Gather feedback of its usefulness and impact on PBL creation• Review in line with agreed schedule or as required if any changes become apparent.

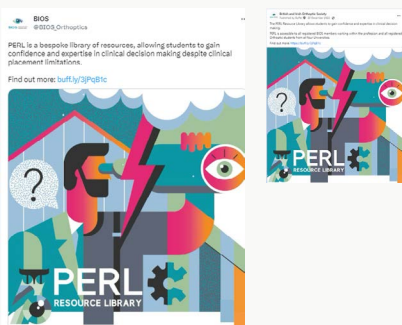
KPI/Activity

3.2 A campaign that promotes an appetite for practice-based learning innovation amongst members and system stakeholders through targeted and sustained communications campaign.

Examples of resources produced:



PERL logo and communications plan



Example social media articles

Evidence KPI has been achieved

Project scope:

BIOS is undertaking a Practice-based Learning (PBL) brand development & sustained promotion campaign that showcases and encourages innovative PBL and has developed resources that will contribute to the delivery of its PBL requirements. The campaign and resources will form part of a sustained campaign that showcases the clinical innovative approaches to the development and delivery of PBL.

The focus will be on the development of a new dedicated PBL webpage and associated resources that support the principles of PBL and inspire to think outside the box when it comes to PBL development, expansion and delivery through the use of a streamlined PBL brand and collation of existing and new resources that utilise the new brand design and will promote existing innovative practices used with Orthoptic PBL such as PERL and PEEP.

Orthoptic members from the HEI, Practice Educator and Learner community were invited to provide case studies and best practice examples that highlighted the following key messages for the campaign:

- Orthoptic practice supports PBL innovation through the development of the PBL workforce development webpage.
- Drive innovation in clinical preregistration Practice-based Learning.
- Drive innovation of PBL delivery options – clinical & supervision options, funding etc.
- Promotion of the resources that are available to inspire innovative PBL.

Outputs [resources]:

- A Communications Plan entitled: Workforce Development Programme– Clinical Practice-based Learning (PBL) Promotion Campaign.
- A new PERL logo was designed and implemented as a part of the wider campaign.
- New information and PBL webpage to be developed.
- 2 PBL innovative approaches in clinical settings from HEI's and Practice Educators.
- Numerous articles on socials and on BIOS social media platforms to promote the resources across the membership.

Asset register: Assets are included on the main asset register for the programme but are also logged as a part of BIOS centralised webpage asset register.



Case Study for Orthoptic Practice-based Learning

Approaches to delivering Practice-based Learning using Peer Enhanced e-Placement (PEEP)

The University of Sheffield and Glasgow Caledonian University

Please explain a little about the placement model & what settings you used?

An assessed Peer Enhanced e-Placement (PEEP) was introduced as an alternative to traditional clinical placements during the COVID-19 pandemic. This 2 week virtual placement was arranged by Orthoptists at the Royal Hallamshire Hospital in Sheffield.

Students were managing their own load which consisted of virtual patients. They worked both individually and in peer groups to manage their case load and achieve the placement learning outcomes. At the end of the placement students were assessed on a case presentation, assessment report and a reflective portfolio.

How are your placement models linked to the students depending on the course year and setting?

University of Sheffield: Six orthoptist students in the University of Sheffield undertake a 3 hour remote clinical placement. One of these placements was incorporated in a two weeks clinical placement with the other two weeks replaced by an e-placement.

Glasgow Caledonian University (GCU): In August 2021 for 3rd year students undertake a 2 week PEEP including their normal 6 week block placement but remote. However in August 2022 the PEEP Placement was delivered again at GCU for 3rd year students with 9 hours of support from Scottish Practice Educators out of a total 75 hours of PEEP.

What challenges do these models and settings bring in relation to delivering student placements?

University of Sheffield: Clinicians at the Royal Hallamshire Hospital report that preparing for and running the PEEP takes a lot of additional time. Student participation and engagement was a challenge. Ideally all students should be required to bring cameras and microphones as an aspect of attendance and to allow full engagement with the placement. However, we recognise that not all students will have access to this. Some students also experienced connection issues.

Glasgow Caledonian University: The challenge for us in GCU is getting support from Practice Educators who are not formal teaching learning. The PEEP needs new cases to be developed each year to keep the support. The 2022 PEEP was included as one of the ways of change in the PEP Education and Scotland PEP Orthoptist Practice-based Learning Project and more practice educators have agreed to participate in the 2023 PEEP, increasing Hours from 9 to 21.



Case Study for Orthoptic Practice-based Learning

Approaches to delivering Practice-based Learning using the Placement Expansion Resource Library (PERL) & Virtual Reality (VR)

University of Liverpool

Please explain a little how PERL and VR have been used within the Orthoptic Clinical Practice-based Learning setting.

At Liverpool University, we've made use of VR technology to simulate patient scenarios, allowing the student to practice orthoptic skills and make observations and a high fidelity patient with acute mobility conditions.

With the support of PERL and VR technology, we have been able to supplement our Practice-based Learning (PBL), allowing learners to gain confidence and experience in clinical decision making.

PERL, hosted on the BIOS website, allows learners to work through a number of online case-based scenarios, including case notes, sample flow charts, and answering cases. It also allows access of patient consultations, recorded from the perspective of the orthoptist using Registered Faculty members based at a number of trusts across the UK.

How are your Practice-based Learning models linked to students depending on the course year and setting?

In year 1 and 2 prior to their traditional clinical Practice-based Learning placement, learners attend a series of simulation activities supported by the University and developed by a clinical placement development lead.

We continue to make use of these resources throughout years 2 and 3, enabling learners to consolidate their theoretical knowledge.

So I think if you use the VR to become confident, then you can do a lot more in that first week of placement, so I think it would be beneficial for the amount of learning you can fit into the placement period.

What challenges do this bring in relation to delivering student Practice-based Learning?

Having the space and resources to develop that clinical confidence prior to their traditional Practice-based Learning. The case provides resources to the clinical setting but learners come prepared and are more able to engage with Practice-based Learning from the outset.

The feedback has been extremely positive, with learners feeling more confident in their clinical ability and entering their traditional Practice-based Learning, ready to hit the ground running.



Case Study for Orthoptic Clinical Placements

Approaches to Delivering Placements

Royal Cornwall Hospitals NHS Trust

Please explain a little about the placement model & what settings you used?

So far we have only had one placement, which finished in May 2022 as we are now to bring students during this one placement, for a second year. Definitely, we've worked with a number of different sites. The students are about 18 years old, anything would like to see or cover and we have this for the first time. The student has a mixture of Orthoptics at the Royal Cornwall, Orthoptic clinics at the community hospital, specialist clinic, patients clinic with doctors, observing submaxillary surgery and some study time in the clinic area.

How are your placement models linked to the students depending on the course year and setting?

We have only had one student with us so far. However, I do plan to do more of an observational style for 3rd years and more own study time for 4th years.

What challenges do these models and settings bring in relation to delivering student placements?

Due to COVID-19 and the geography of Cornwall, getting to community sites can be difficult for students who do not have a car.

What opportunities do they bring in relation to delivering student placements?

Community Hospitals tend to have less of the urgent Orthoptic patients, as those patients might need to also be seen by a Doctor on the day, so they would be seen at the 'main' hospital. However, we get our own patient referrals right next door to the hospital or nearby. This could be seen as a new challenge for students.

Some of our hospitals, we see many new referrals just before the doctor, or an Orthoptic assessment they do as part of the range. This highlights the importance of an Orthoptic assessment as this is the first.

A mixture of patients means that students get to consolidate their 'bread and butter' Orthoptics, they see adults that are reading routine reviews and adults that might have more of a complex Orthoptic problem. We do not operate clinics as students are kept on their toes.

Community hospitals can seem a little more homely and less clinical for students and patients. It can really help students build a rapport with the patients and learn different communication styles.

Having that using an otitis media clinic means that students can see new case possibilities when the presentation and possibly get excited about their part within their working days.

Went well:

- Development of a dedicated Communications Plan ensured a clear approach and key messages for the targeted audiences were established for the campaign.
- Coordination of member engagement was critical to the project's success and invitations to BIOS members including HEI's, Practice Educators and Learners were well publicised across all the relevant media platforms.
- Collaborative working with our internal Communications team ensured that we gave the project messages a broad outreach to the relevant members.

Challenges:

- Keeping the messages fresh and relevant:
- We ensured that the socials, adverts and posts were refreshed regularly and various distribution platforms used to ensure a wider audience reach.

Project extension: N/A

Return on investment:

- Supporting the increase in placement opportunities for BIOS learners.
- Enabling sharing of best practice and opportunities across HEIs and Practice Educators.
- Encouraging learners to engage with their professional body and offering CPD opportunities for their pre-registration learning.

Recommendations/Next steps:

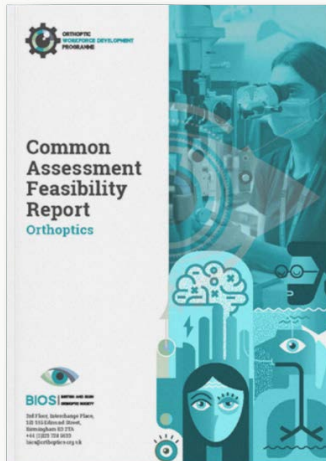
- The communications plan was produced at the start of the programme to ensure a sustained campaign approach was achieved across the programme timeframes. This communications plan will be reviewed in 12 months' time and updated where relevant. All resources produced as a part of this work will continue to be available on the new BIOS PBL resource webpage.
- BIOS will continue to engage with HEI's, learners and Practice Educators to encourage innovative clinical guidance, support and best practice sharing is available to our members.

Acknowledgements:

- Dr Sonia Toor
- Dr Jignasa Mehta
- Rich Huzzey

KPI/Activity

- 3.3
b
- Evidence of working with membership to develop resources that support innovative thinking and support clinical educators, e.g., development of a common assessment tool.



Acknowledgements:
Professor Helen Davis
Representatives from
HEIs and Practice
education across all
four nations.

Evidence KPI has been achieved

Project scope:

While on Practice-based Learning, learners are assessed by their practice educators and currently there are a plethora of different assessment tools being used which impedes PBL expansion and is inefficient. This project explored the feasibility of using a common assessment tool across all PBL sites [similar to that used by Physiotherapists].

Outputs [resources]:

- Feasibility report.

Asset register: The feasibility report will be contained on the asset register.

Went well:

- Stakeholder engagement across all 4 nations drawn from HEIs and Practice educators.
- Shared practice/thinking with other AHP profession.
- Projects delivered on time and within budget.

Challenges:

- Potential for scope creep. This was avoided by being very clear at the outset what the aims and objectives were of projects and what was in scope [e.g. feasibility study not development].

Project extension: Yes, as per approved change control notice.

Return on investment:

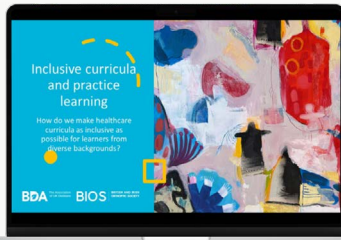
- Informed future work streams which will lead to increased PBL capacity.
- Creation of networks where stakeholders can link in/engage on an ongoing basis

Recommendations/Next steps:

- BIOS to consider the findings of the report and agree next steps [if appropriate].

KPI/Activity

3.6 Work collegiately to drive improvements in equality, diversity and inclusion within pre-registration education and careers.



↓ Download our Inclusive curricula presentation.

➤ Agenda for the above workshop.



Evidence KPI has been achieved

Project scope:

BIOS, along with other AHP Professional Bodies are working to provide information on their webpages regarding Equality, Diversity & Inclusion (EDI) and ensuring EDI is a golden thread through all of the work we do.

Whilst BIOS is undertaking a bigger piece of work on EDI, this project focused on EDI within pre-registration education to engage partners and develop a pre-registration EDI webpage where we can compile information and resources for HEI's, Practice Educators and learners as well as capture other useful webpages on EDI developments, for example: (hee.nhs.uk). All activity developed as a part of this work has encourage partners to engage and discuss pertinent EDI Pre Registration topics and share best practice and solutions that can be implemented to resolve these EDI issues.

We also continued to gather intelligence on the protected characteristics of our learners as contained in the Equalities Act 2010, including geography, age, gender, ethnicity etc.

Outputs [resources]:

- New Pre-registration EDI webpage with new graphics and information developed for the webpage.
- Faith and cultural events calendar which will be linked to a new repository so all existing and future EDI communications activity is automatically linked to the webpage.
- Joint BDA & BIOS Pre-registration EDI Workshop was developed and implemented and the topic covered in the workshop was – "How do we make healthcare curricula as inclusive as possible for learners (students) from diverse background?"

Asset register: Assets are included on the main asset register for the programme but are also logged as a part of BIOS's centralised webpage asset register.

Went well:

- Creation of new EDI webpage and development of new resources and information.
- Partners were fully engaged in the topic discussions and high uptake of the workshop was achieved with over 26 HEI leads from across BDA and BIOS in attendance.
- Excellent collaborative working between BDA and BIOS EDI & HEI leads.
- HEI leads from BIOS & BDA openly shared ideas and examples of best practice.

3.6

KPI/Activity

Evidence KPI has been achieved

Challenges: Initial uptake to the workshop was low but with persistence and targeted marketing attendance levels were high.

Project extension: N/A

Return on investment: The opportunity for open cross AHP discussion on what the issues and barriers are to achieving a more inclusive curricula and what opportunities and solutions can be implemented to support a more inclusive curriculum. HEI leads from BIOS & BDA openly shared ideas and examples of best practice.

Recommendations/Next steps:

- After the workshop, course attendees will be asked to complete a short evaluation form and will then receive a certificate of attendance for their own CPD portfolio. The evaluation form will collate opinions on the workshop content and format and will ask participant for ideas & topics for future events.
- Built into our wider organisation comms plan the page will be kept updated and relevant with cross Nation information.

Acknowledgements:

Nigel Williams

Marian Owoniyi (BIOS
EDI Lead)

BDA/BIOS HEI
representatives

AHP 4: Retention and Support for Students, the Newly Qualified Workforce and Early Careers

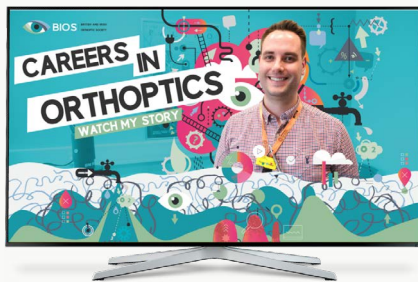
Strategic aims: Support AHP service managers to ensure graduates have access to an NHS Band 5 job offer.

Promote the optimisation of Practice-based Learning and band 5 scope of practice to increase the capability and confidence of new graduate in the workforce.

Delivery Objectives: Support HEE's programme of work to increase system responsibility for new AHP graduates. Support HEE's work to develop improved support for newly qualified AHPs, to maximise their contributions to the workforce. Work with educators to share good practice to reduce AHP student attrition and improve retention.

KPI/Activity

4.1 Evidence of work with managers networks and membership to support and promote the expectation that every AHP graduate should ideally have access to an NHS job offer.



Evidence KPI has been achieved

Project scope:

Promotion campaign for orthoptic roles across health and social care in the NHS across the UK.

This project aimed to encourage and promote the expectation that there is a breadth of jobs in health & social care in the NHS and the campaign described the different roles that BIOS undertake in this area.

The campaign focused on the production of videos & written case study that capture a variety of Orthoptic roles across health and social care in the NHS and a number of 'A Day in the life of' videos were recorded. The Orthoptic case studies and videos will capture diversity in the workforce, including male orthoptists.

Outputs [resources]:

- Additional careers resources such as postcards & leaflets.
- Written case studies from across Orthoptic practice in various specialisms working in the NHS.
- Various careers videos What does an Orthoptist do videos.
- Social post & ezine banners for future use.

Asset register: Yes, this will be contained on the asset register

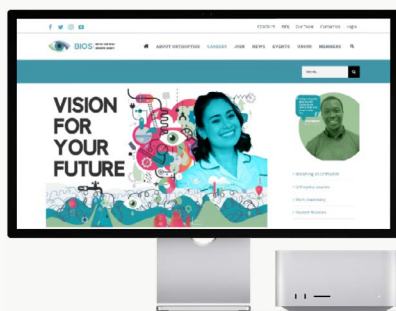
Went well:

- Creation of resources with tangible benefits.
- Positive engagement with our NHS Comms/PR Colleagues.
- Positive promotion of orthoptic roles and specialisms across the NHS

Challenges:

- Allowing time for membership to provide information on top of busy day jobs. Anticipated this and where possible planned in advance.

Project extension: Yes, as per agreed change control notice.



Example careers resources

Acknowledgements:

Orthoptic workforce in the NHS & Other NHS colleagues from across Comms/PR
 Rich Huzzey

Return on investment:

- Greater awareness of the range of orthoptic roles available in the NHS

Recommendations/Next steps:

- The communications plan was produced at the start of the programme to ensure a sustained campaign approach was achieved. This communications plan will be reviewed in 12 months' time and updated where relevant and BIOS will continue to grow its careers resources and will add to the specialisms and jobs roles that we promote across the profession, continuing to use real orthoptists to showcase the work they do in the NHS.

4.3 Develop exemplar of early orthoptic careers and best practice.



Acknowledgements:

Holly Kniazewycz – BIOS New graduate Representative

Participants in the case studies.

Project scope:

Case studies of early orthoptic careers best practice published as part of a suite of resources for the profession; paying particular attention to show the diversity of the workforce.

Outputs [resources]:

- Variety of case studies focused on examples of early preceptorship from new graduates and preceptors.

Asset register: The case studies will be contained on the asset register.

Went well:

- Creation of resources showcasing early Orthoptic career best practice examples.
- Incorporating these examples onto existing careers webpages and linking them to our preceptorship webpages.

Challenges:

- Allowing time for membership to provide information on top of busy day jobs. Anticipated this and where possible planned in advance.
- Representation from across the 4 Nations.

Project extension: N/A

Return on investment:

- Showcasing the value of preceptorship.
- Highlighting the value and benefits of preceptors and the preceptorship programmes bring to the newly qualified profession.

AHP 7: Apprenticeships

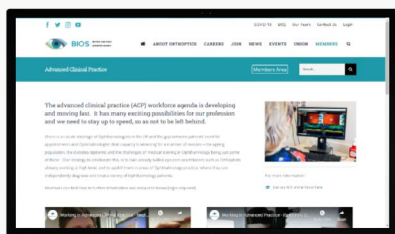
Strategic aims: Promote and maximise access routes via apprenticeship training for support workforce, pre-registration and advancing practice growth and widening participation.

Delivery Objectives: Educate membership regarding the opportunities afforded by apprenticeships and seek to overcome some of the perceived barriers.

KPI/Activity

7.1

Membership upskilled via innovative approaches to understand more about the opportunities presented by apprenticeships, i.e., through quick guides, infographics webinars etc. (Evidenced via a schedule of interaction/engagement events/tools).



➤ ACP Promotion Video

Evidence KPI has been achieved

Project scope:

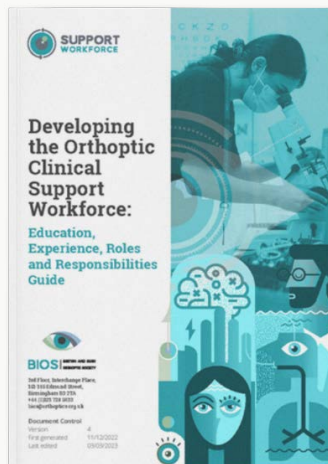
This project is focussed on increasing the knowledge of and opportunities to apprenticeships across the profession (from support worker to consultant level). To develop a fuller understanding of the core and enhanced level practice that currently exists in order to build apprenticeship capacity in the future.

Outputs [resources]:

- Development of a workforce survey and activity tool to map the current practice of orthoptists in the UK and ROI. Outputs are department level, regional and UK wide reports. Webpage with high level workforce data and detailed presentation at orthoptic conference in June 2023 to demonstrate the value and use of [this data](#).
- Support workforce – dedicated webpage with resources, Orthoptic Clinical Support Workforce: Education, Experience, Roles and Responsibilities Guide, orthoptic support workforce CPD event (May 2023), Level 5 competency work (completed June 2023) initial discussions with HEI's of orthoptic specific level 5 curriculum [content](#).
- Level 6 orthoptic degree (pre-registration) apprenticeship, pre-proposal documentation submitted (delay in panel), draft standard, draft proposal documentation, Chair of trailblazer group ready to start.
- Core curriculum review for level 6 pre-registration degrees to support apprenticeship (completion due June 2023)
- Enhanced clinical practice scoping to support development of an orthoptic ECP apprenticeship curriculum (completion due June 2023)
- ACP apprenticeships – online event focus on apprenticeship routes and courses, videos of trainee/apprentice ACPs, case studies of apprentice ACPs, dedicated webpage for resources

Asset register: The webpage will be contained on the asset register.

7.1



Acknowledgements:

Dr Charlotte Codina
 Joanne Adeoye
 Sue Elliott
 Deborah Podmore
 Craig Murray
 Julie Dowdney
 Helen Davis
 Martin Rhodes
 Karzan Hughes
 Dr Dipesh Patel
 Andrew Fox
 Krishan Parmar

Went well:

- Collaborative working with all stakeholders
- Engagement of members and HEIs
- Dedicated resources and hubs on the website,
- Increased knowledge of the range of apprenticeships that are currently or will be available to the entire orthoptic workforce
- Agreement to develop a level 6 orthoptic degree apprenticeship

Challenges:

- Small profession so a specific challenge about releasing clinical and academic staff to undertake projects in addition to their full time jobs or being released for seconded time – overcome by expertise of small number of people but led to a delay in starting some projects.

Project extension:

- Yes, in line with the change notice
- Curriculum projects for support workers, core orthoptic and enhanced orthoptic specific will be completed by June 2023 and delivered to members at the orthoptic conference.

Return on investment:

- Increased knowledge of the opportunities for apprenticeships across the profession
- Review of current practice and curricula to ensure apprenticeships at all levels deliver programmes to address the changing scope of practice and workforce priorities.
- New resources to support careers in orthoptics

Recommendations/Next steps:

- On approval of level 6 degree apprenticeship implement the standard and offer an alternative entry into the profession.
- Promote the level 5 support worker orthoptic apprenticeship, facilitating widening participation and ensure content is appropriate to support progression to the level 6 degree.
- Continue to promote the opportunities across the advancing practice apprenticeships and review case studies and resources as more qualify.
- Develop a curriculum for ECP to support the core orthoptic practice and opportunity to undertake an ECP apprenticeship.
- Repeat annually the workforce survey and the activity of clinical practice at least every 3 years to identify changing trends.

AHP 8: AHP Support Workforce

Strategic aims: Support the National AHP Support Workforce Programme to undertake support workforce mapping across the system.

Delivery Objectives: Establish a climate that facilitates a cultural shift and greater understanding of the opportunities presented by the AHP Support Workforce.

KPI/Activity

8.1

An articulation to the managers groups and membership that:

- Clearly sets out the scope of practice of the profession specific support workforce to maximise professional confidence in their skill set.
- Recognises the value of the role as part of wider skill mix and promotes its utilisation to improve retention of the AHP support workforce, reduce vacancies and improve the diversity of the support workforce.

Education and training resources developed to maximise the role and scope of practice of the support worker as part of 8.1.

Evidence of building on the Allied Health Professional support workforce national project, take forward recommendations and developing the profession specific content for a toolkit to optimise support workforce and give the profession permission to embrace fully and provide confidence in building AHP support workers into skill mix decisions.



BIOS Support Workforce branding

Evidence KPI has been achieved

Project scope:

Collaborative working with the BDA and overall joint project Lead (Prof Richard Griffin), to produce some resources that would be directly relevant to the Orthoptic support workforce, following on from the scoping project undertaken previously.

Outputs [resources]:

- Orthoptic Clinical Support Workforce: Education, Experience, Roles and Responsibilities Guide
- Frequently Asked Questions Guidance
- Review of current job titles, and standardisation of these.
- Support Workforce Vision Statement
- Dedicated BIOS Support Workforce branding for use on all materials, promotion and resources.
- Support Workforce Hub; an area on our website dedicated to our support workforce.
- Hosted a webinar to launch the resources and celebrate the support workforce.

Asset register: The resources will be contained on the asset register.

Went well:

- Good Collaborative work with the BDA.
- Establishment of an Orthoptic expert reference group (incl support workers and registered staff).

Challenges:

- Engagement due to small profession and not all departments have a support workforce, this was overcome by relying on a small but experienced group
- Due to the funding elements of AHP 8 for BIOS much of this work and more has been supported through the BIOS only AHP 7 Apprenticeship KPI.

Project extension: An initial project extension was granted until end of June 2023.

Return on investment:

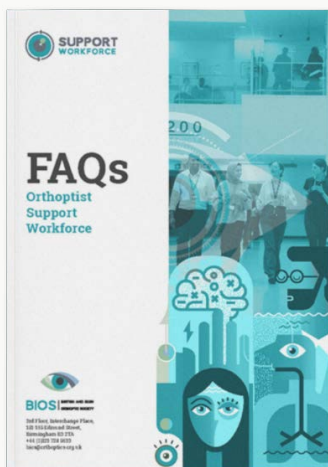
- Greater awareness of the range of orthoptic roles available

KPI/Activity

8.1



Support Workforce webinar social media graphics



Support Workforce FAQs



Support Workforce vision statement and framework

Evidence KPI has been achieved

alongside the requirements to function in those areas

- Increased profile with the BIOS membership, promoting what can be offered in terms of available resources
- Future informs workforce priorities. – where to focus

Recommendations/Next steps:

- Developing some clinical competencies for some of the core tasks undertaken by the support workforce. As referenced above this work This may possibly overlap with work being done for the profession-specific module as part of the Level 5 AP apprenticeship
- Host a webinar to launch the resources and celebrate the support workforce (Planned for Fri 19th May)

Acknowledgements:

Sue Elliott
Deborah Podmore
Richard Griffin

AHP 9 - Profession Specific Interventions

KPI/Activity

- 9.1 Deliver campaign to support inclusive engagement in advancing practice and research opportunities, illustrating orthoptic role models and career journeys



Advanced Clinical Practice webinar social media graphics



▶ How do I develop towards Advanced Clinical Practice? [For Orthoptists]



▶ Orthoptists can be a solution to your workforce problem [For managers]

Acknowledgements:
Kerry Hanna

Evidence KPI has been achieved

Project scope:

Consultation with members to discover what resources they would need to advance their career by talking advantage of research and practice opportunities.

Outputs [resources]:

- Web pages, training event with webinar
- Internal Joint BDA and BIOS report – Scoping and recommendations on how the BDA and BIOS can support advancing dietetic research in practice.
- Draft programme for a joint BDA and BIOS ‘pilot’ study day - Advancing Research in Practice.

Asset register: The resources will be contained on the asset register.

Went well:

- Working with specialist groups and member engagement

Challenges:

- Staff engaged in other project work, overcome by gaining extension from HEE

Project extension: Yes, as per agreed change control notice.

Return on investment:

- Increased member engagement, new updated resources and upskilled workforce

Recommendations/Next steps:

- The programme of work will need to be reviewed and updated regularly.

KPI/Activity

9.2 Work with Republic of Ireland (ROI) regarding a supported programme to export graduates to England and expansion of UK student numbers.



(ROI) Careers Leaflet

Evidence KPI has been achieved

Project scope:

Consultation with a HEI to facilitate ringfenced places for ROI students outside of the English target numbers. To target recruitment to orthoptics as a career choice to ROI students.

Outputs [resources]:

- Career and 'working in ROI' resources housed on both BIOS and the ROI Orthoptic websites
- Video of Orthoptists at work in the ROI (currently in production – on both websites in May 2023)
- Attendance and subsequent member report at the Health Careers Fair in Dublin in October 2022 with marketing materials
- Ringfenced places agreed with the University of Liverpool on and at home student fees.

Asset register: The resources will be contained on the asset register.

Went well:

- Positive discussions with the University of Liverpool and ROI orthoptic education and workforce group.
- Co- production of the orthoptic case study video between ROI and University of Liverpool
- Increased interest in the career by attending the healthcare careers fair in Dublin

Challenges:

- Specific hospital governance requirements for filming delayed the planned date.

Project extension: N/A

Return on investment:

- Increased visibility of the profession in the ROI,
- Ringfenced places to reduce export of orthoptists to ROI from English places
- New resources to support a career in orthoptics in the ROI

Recommendations/Next steps:

- Review of the applications from the ROI to the University of Liverpool.
- Support the increase in clinical placement sites in the ROI to support students having 'home' placements.
- Continue to market the profession in the ROI (events, resources).

Acknowledgements:

Dr Jignasa Mehta

Craig Murray

Claire McEntee

Jaina Byrne

Caroline Frascina



Health Education England

Delivery of Allied Health Profession (AHP) Workforce Reform Priorities

2021/22 & 2022/23



BIOS | BRITISH AND IRISH
ORTHOPTIC SOCIETY

British and Irish Orthoptic Society
Report Dated: July 2023



ORTHOPTIC
WORKFORCE DEVELOPMENT
PROGRAMME