



**BIOS** | BRITISH AND IRISH  
ORTHOPTIC SOCIETY

British and Irish Orthoptic Society  
3rd Floor, Interchange Place  
151-165 Edmund Street  
Birmingham B3 2TA

0121 728 5633

[www.orthoptics.org.uk](http://www.orthoptics.org.uk)

Sent via email: please respond to [chair@orthoptics.org.uk](mailto:chair@orthoptics.org.uk) and [r.huzzey@orthoptics.org.uk](mailto:r.huzzey@orthoptics.org.uk)

The Rt Hon Victoria Atkins MP  
The Secretary of State for Health and Social Care  
39 Victoria Street  
London  
SW1H 0EU

31 January 2024

Dear Secretary of State

### **Extending prescribing responsibilities to orthoptists**

The British and Irish Orthoptic Society (BIOS) is writing to urge you to extend independent prescribing responsibilities to orthoptists, as advocated in a joint letter to your predecessor in February 2023 alongside the British Dietetic Association, the Royal College of Occupational Therapists, the Royal College of Speech and Language Therapists, and the Society of Radiographers.

Full independent prescribing responsibilities are needed to maximize the impact of orthoptists throughout ophthalmology. This would enable them to provide more timely care for patients and to better support over-stretched eye health services.

Orthoptists are employed overwhelmingly by the NHS in hospitals or community eye services, primarily diagnosing and treating defects in eye movement and problems with binocular vision. However, they are increasingly working in advanced and extended roles across Ophthalmology, such as paediatric ophthalmology, neuro ophthalmology, oculoplastics, cataract, glaucoma, emergency, medical retina and vitreo-retinal, and low vision.

Ophthalmology is the busiest outpatient specialty, with over 645,000 patients waiting for an appointment. Orthoptists are ideally placed to address this, as they already have the skills and knowledge to work within extended practice in this area. However, they are limited by

not having independent prescribing rights, prolonging the patient journey and adding pressure to the ophthalmologists and GPs required to prescribe the necessary medicines.

For example, a specialist orthoptist working in a Glaucoma clinic can identify the visual field defects associated with glaucoma and advise a treatment of drops to both eyes. However, without independent prescribing responsibilities, they would be required to refer the patient for a separate appointment with an ophthalmologist, leading to an unnecessary delay in treatment.

Orthoptists are currently the only profession in the eye care workforce not to have independent prescribing responsibilities. These responsibilities could be extended using a similar framework to that used by optometrists and nurses, accessing the same training provided by higher education institutions for these professions.

Extending independent prescribing responsibilities is a simple reform through the powers you have under the Medicine and Medical Devices Act (2021), and one which could have many benefits for patients, the healthcare professionals working with them and the wider health and care system.

We would welcome an opportunity to discuss this further and look forward to hearing from you.

Yours sincerely



**Craig Murray**

Chair, British and Irish Orthoptic Society

cc: Andrew Stephenson MP, Minister of State for Health and Secondary Care