BIOS | BRITISH AND IRISH ORTHOPTIC SOCIETY

Faye Taho- Paediatric Ophthalmology Profile

1. Introduction

Faye Taho, Advanced Orthoptist, Warrington Hospital

My advanced clinical role is general paediatric ophthalmology; I also have significant experience in stroke and conduct general paediatric and adult orthoptic clinics.

2. Working week

My typical week consists of 2-3 general paediatric ophthalmology clinics alongside the paediatric ophthalmologist or associate specialist Doctor. I see a mixture of general paediatric ophthalmology cases such as anterior segment disease, screening e.g., NF1, and optic disc monitoring. I also conduct paediatric and adult core orthoptic clinics. In addition to my clinical work, I regularly monitor the paediatric ophthalmology waiting lists, risk stratifying patients and reviewing those who are overdue appointments. I am also responsible for triaging paediatric ophthalmology/orthoptic referrals coming into the department and responding to any queries relating to paediatric ophthalmology patients.

3. Roles and responsibilities

I am the lead orthoptist for paediatric ophthalmology within my team, and I provide advice and support to my colleagues within this area. I implement knowledge and skills that I have acquired through a significant amount of post-graduate training within my clinical role, and from undertaking additional qualifications. The practical skills I employ include anterior and posterior segment examination on the slit lamp, OCT/OPTOS imaging and B-scan ultrasound. I am also responsible for undertaking audits of the

paediatric ophthalmology and orthoptic services and working with the head orthoptist and paediatric ophthalmologist to facilitate any changes that are required, and to maintain high standards for patient care.

4. **Route to training and any formal qualifications**

I started my training in paediatric ophthalmology by shadowing the paediatric ophthalmologist/associate specialist in their general clinics. I learnt basic slit lamp skills during my undergraduate training, and I practiced and refined these skills in-house. I completed my MMedSci vision and strabismus in 2020, and completed modules including stroke, insight into disease, exemptions, and research methods. In 2021 I undertook a 12-month post-graduate certificate in paediatric ophthalmology at the university of Sheffield to further enhance my knowledge and skills in this specialist area. In addition, I have completed OCT interpretation courses in neuro-ophthalmology and paediatric and inherited retinal disease with Gloucester Retinal Education Group, and a practical slit lamp course delivered by Haag Streit. I continue with my in-house training and regularly discuss cases with the paediatric ophthalmologist or associate specialist doctor.

5. **Use of exemptions or PGD's to support work**

I use my medical exemption when issuing atropine for occlusion therapy or for non-tolerance of a hypermetropic prescription. I also used medical exemption when dilating patients with cyclopentolate or tropicamide, and instilling anaesthetic drops. If a patient requires a prescription during my paediatric ophthalmology clinics, the case will be discussed with the paediatric ophthalmologist or associated specialist Doctor who will issue this. I currently do not issue sodium cromoglycate or lubricants under my medical exemption as we do not keep a stock in the department and the patient is required to get this from the hospital pharmacy.

6. **Any technical skills employed or undertaken (i.e. minor ops, laser etc.)**

I do not currently undertake any technical skills within my paediatric ophthalmology clinics.

7. **Typical clinic outline**

I see a variety of general paediatric ophthalmology cases within my clinics. Examples include lens opacities, blepharitis, dry eye disease, allergic conjunctivitis, keratitis, screening e.g., NF1, JIA, juvenile glaucoma, optic disc review e.g., drusen, cupped optic discs and naevi. I also review patients referred from the orthoptic clinics for a general paediatric ophthalmology examination due to concerns such as headaches or unexplained persistent reduced vision. Additional investigations I request

may include visual fields, OCT and/or OPTOS imaging. I do not currently list patients for procedures; however, this is something we may introduce in the future. The main challenge we encounter is the inability of orthoptists to become non-medical/supplementary prescribers, as the consultant/doctor I work alongside must take time out of their clinic to review my patient and issue a prescription, if required. It was also difficult to access practical training externally.

8. **Where do you see yourself in 5-years?**

I hope to extend my scope of practice within paediatric ophthalmology, particularly with regards to listing patients and developing more specialist skills e.g., minor ops/procedures. I hope that prescribing rights will be available to orthoptists as I believe this will have a significant impact on paediatric ophthalmology waiting lists and will reduce pressure on Doctors/Consultants.