



**BIOS** | BRITISH AND IRISH  
ORTHOPTIC SOCIETY

# Local Recruitment Pathways for Orthoptic Clinical Assistants

February 2025

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## Foreword

This guide is one of a series of resources BIOS has produced that focuses on the orthoptic clinical assistant (OCA) workforce. Together they aim to do a number of things - raise awareness of OCA careers, ensure OCAs have rewarding jobs that enable them to progress if they wish too, (including to become Registered Orthoptists), and help ensure OCA contribution to eye health is fully realised in services by ensuring OCA roles and responsibilities and training needs are clearly defined at all levels of practice. The full resources are available on BIOS's website's [Orthoptic Support Workforce Hub](#).

This guide is all about recruitment into OCA jobs, specifically the various ways in which orthoptic services, working with others, can increase the number of local people working in them, including from groups that might be currently under-represented in the workforce. Local recruitment brings many benefits with it, such as creating sustainable workforce supply routes and a workforce that better reflects the community it serves. Local recruitment is also a way to work more closely with other Allied Health Professions and external partners, such as colleges and Job Centre Plus.

I hope you will find this guide useful and use it when considering how to fill the next OCA vacancy you have.

**Sue Elliott**

## Acknowledgements

Thanks are due to the members of the BIOS Orthoptic Clinical Assistant Expert Group for their comments and input into this guide and who oversee the BIOS OCA project work led by Sue Elliott. Thanks are also due to Deborah Podmore, BIOS Northern Trustee. This guide was written by Richard Griffin, Professor of Healthcare Management, King's College London.

# Introduction

*“Every NHS organisation across the country forms a critical part of its local community. There is increasing evidence that NHS organisations, as anchor institutions, can make a meaningful impact on the long-term health of their communities”.* NHS Long Term Workforce Plan, (2023 page 52).

Most new recruits into the NHS, including orthoptic clinical assistants (OCAs), are recruited through advertisements on *NHS Jobs* or on *Indeed's* platform or through internal recruitment. However, there are many other ways that people can be recruited into healthcare jobs, including those in orthoptics. These methods, which are the subject of this guide, are frequently focused on recruiting people from local communities. Recruiting directly from local communities has a number of advantages over traditional recruitment methods. Local recruitment -

- Enables healthcare workforces to be more diverse, inclusive and representative of the communities they support. Representative workforces deliver more effective and safe care. Local recruitment also help services meet NHS England's [equality, diversity and inclusion aspirations](#).
- Provides sustainable workforce supply routes.
- Delivers cost effectiveness.
- Raises awareness of professions, like orthoptics, that people might not otherwise be aware of.
- Contributes to improvements in population health, particularly if focused on groups that experience barriers to employment such as people with sensory impairments, refugees or the long term unemployed.
- Supports the NHS's role as an 'anchor institution'.

## What are anchor institutions?

Anchor institutions are organisations, like councils, universities and large sports clubs, that have a significant and lasting presence in a locality. These organisations might be significant because of the number of people they employ, or due to the amount of land they own, or the goods and services they purchase. On any of these measures the NHS is an anchor institution. In most places, for instance, the NHS is the largest local employer. Anchor institutions are important because they contribute to local economic growth and social value, including through employing and training people. Employment is also a key factor underpinning people's health and wellbeing. Providing work, particularly to people who experience barriers to employment, such as people with disabilities, contributes to improvements in population health. [NHS England](#) points out that *“being a good inclusive employer, paying people the real living wage and creating opportunities for local communities to develop skills and access jobs in health and care especially those experiencing inequalities”*.

This guide has been produced by BIOS, supported by NHS England, to provide orthoptic services with information, advice and guidance about how they might recruit more people from their local communities into OCA roles.

*\*TOP TIP\* The most effective way to increase local recruitment is to work with other professions, particularly other Allied Health Professions.*

# First steps - thinking about local recruitment (workforce planning)

There are a number of steps that can be taken to help the planning of recruitment from local communities.

## Step 1 – Understand your current workforce.

You should consider –

- How are your OCAs currently recruited?
- To what extent are local employment partners, such as Job Centre Plus and Further Education Colleges, engaged in this process?
- How diverse is the current orthoptic workforce? You might want to consider the answer to this question in terms of ethnicity, gender, disability, socioeconomic status and religion. There is [evidence](#) that certain groups are generally underrepresented in the NHS. Using the recruitment programmes described in this guide are likely to lead to a more diverse and representative workforce.

If you currently do not employ OCAs but are planning or hope to do so in the future, you can use this guide to consider how you will recruit into the roles. Other BIOS resources on the [Orthoptic Support Workforce Hub](#) will help you design OCA Job Descriptions, competences, and develop business cases.

## Step 2 – What is it that you would like to do?

By using this guide, you can consider which specific interventions you think will be most valuable and practical. This will involve considering whether there are any particular groups that you would like to target. If you would like to provide opportunities for adults with disabilities, for example, you will wish to consider supported employment programmes.

## Step 3 – What is already happening and who is leading it?

In most NHS Trusts at least some of the programmes described in this guide may already be happening, but orthoptics, and indeed other Allied Health Professions (AHPs), may not be engaged with them. You should try to find out what is currently happening by contacting the teams that might be leading such programmes. Staff you should consider contacting include-

- Your Trust's Learning and Development Team including the apprenticeship lead
- A Widening Participation role or a post dedicated to careers outreach, if you have one
- Your recruitment team
- Staff responsible for addressing health inequalities (who are likely to work with some of the agencies described in this guide)
- Your Human Resource Department
- Your Chief AHP

It may be that work is being undertaken across your Integrated Care System (your Chief People Officer and team should be aware if this is the case).

#### **Step 4 – Is there an opportunity to work with other services/occupations?**

Following from Step 3 it might be that you can join an existing activity by, for example, offering a short workplace placement to a Technical Level student, or a Supported Internship or adding your OCA vacancies to a job brokerage scheme (see below for descriptions of these programmes). It may, though, be the case that there is little or no current local employment activity going on. If this is the case it is worth working with other AHP services (and others) to develop opportunities together. This is particularly helpful if you are starting from scratch.

Once you have identified partners, groups you wish to target and the interventions that you would like to support, you should connect with the relevant teams in your Trust such as your Learning and Development or Recruitment Team, and work with them to engage with local partners such as colleges and employment support agencies (see next section).

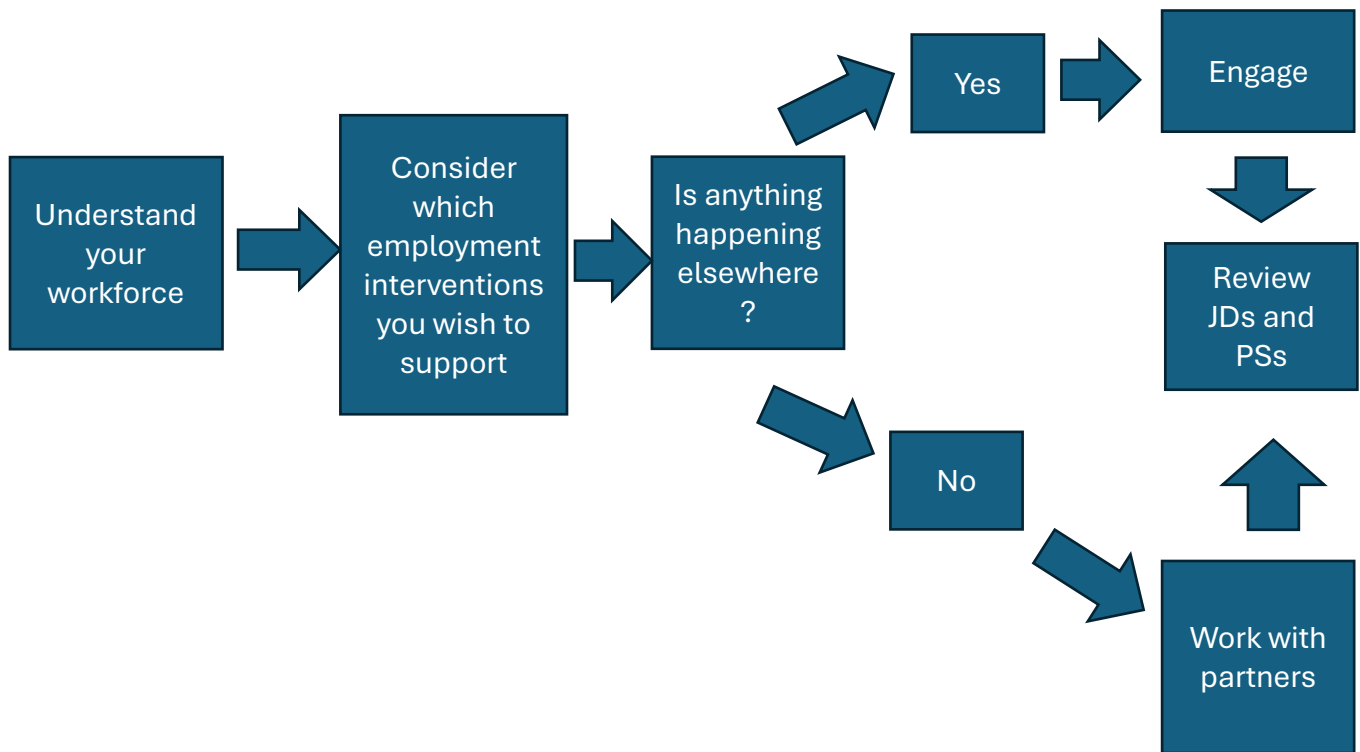
#### **Raising awareness of orthoptics (careers information, advice and guidance)**

The programmes described in this guide are designed to widen recruitment into the profession at entry-level. Many, like work experience or Technical Level industry placements, create the indirect opportunity to shine a light on the profession as a career, however there is also a need to explicitly raise awareness of orthoptics, for example through attendance at Recruitment Fairs or by giving talks at local schools and colleges. BIOS provides resources that can assist this including a videos and case studies in the [How do I become an orthoptist? - British and Irish Orthoptic Society](#) section of the BIOS website.

#### **Step 5 – Review Job Descriptions and Personal Specifications along with selection criteria**

The BIOS [Developing the Orthoptic Clinical Support Workforce: Education, Experience, Roles and Responsibilities Guide](#) sets out the tasks that OCAs might be expected to perform at each level practice (following their training and under appropriate supervision). It also includes advice that is aligned with [NHS England's national AHP support worker strategy](#) on the qualifications and experience that new recruits should be expected to have on appointment. The Guide's emphasis is on ensuring that recruits can be drawn from the widest possible pool of talent. For example, young people leaving care may not have had the same opportunities to gain prior work experience as other young people but may have lived experience and skills that will make them great OCAs. Working with local employment partners, such as councils through job brokerage schemes (see below) are one particularly effective way to widen access to NHS jobs.

*\*TOP TIP\* Make sure your Job Descriptions and Person Specification are aligned with BIOS and NHS England guidance particularly in respect of entry requirements.*





Infographic summarising various approaches

*Job Centre Plus. Employer assistance with filling vacancies, Job Fairs, recruitment campaigns and more.*

*Technical Levels. A Level equivalent vocational qualifications that include health. T Level students can spend some time on placement in orthoptic services*

*Work experience  
Can include time shadowing OCA roles. OCAs can support WE placements*

*Supported employment. A range of programmes to assist young people and adults who experience barriers to working, like people with sensory impairments. S*

Orthoptic  
Clinical  
Assistant  
Vacancy

*Volunteers. A potential pool of over 100,000 people helping in NHS workplaces*

*Job brokerage. External partners like Job Centre Plus work with employers to identify and support 'work ready' locally recruited candidates*

*Career changes. One in three working people would like to change careers*

## Working with external employment partners

There are many organisations and community groups that orthoptic services could work with to support greater recruitment from local communities. These include faith groups, charities and veteran organisations. This section focuses –

- Further Education Colleges
- Local Authorities and employment support agencies
- Job Centre Plus

### Education Levels

All qualifications in England, Wales and Northern Ireland are organised in what is called the *Regulated Qualifications Framework* (RQF). There are nine levels within the RQF. Qualifications are grouped together in different levels in terms of their difficulty, with each progressive level representing a more demanding set of qualifications than the level before. The RQF means that very different qualifications can be compared, for example A Levels and Technical Levels are both RQF Level 3 qualifications. In terms of the OCA workforce the following RQF Levels are most relevant –

- Entry-level (for example Skills for Life) \*
- Level 1 (for example GCSE 3,2 or 1)
- Level 2 (GCSE 9-4 or a Level 2 National Diploma)
- Level 3 (A Levels, Technical Levels or a Level 3 Diploma)
- Level 4 (Certificate of Higher Education, or a Higher National Certificate)
- Level 5 (Foundation Degree or Higher National Diploma)
- Level 6 (Degree)

\*There are many more qualifications at each level. For a full list [please see here](#).

## Further Education Colleges

Further Education Colleges, of which there are 218 in England, deliver state funded education from RQF Level 1 up to Level 6 (see the box above for a description of education levels) to 1.6 million people aged 16-years old and over. This education includes not only healthcare specific qualifications, such as the Health Technical Level described below, Higher National Diplomas, and apprenticeships, but also other learning and employment support that will be of value to NHS employers, for example learning that provides potential recruits with work-ready skills and functional skills. Colleges work closely with their local employers and other skill and employment bodies. Indeed working with your local college can help engage with other potential partners.

College students represent a significant, but often untapped pool of potential recruits into NHS jobs. There are over 350,000 students studying health-related courses in colleges. The NHS's connections with Further Education tend, however, to be less developed compared with Higher Education.

*\*TOP TIP\* Find out whether your Trust has any existing contact with your local college.*

### Find your local college

The Association of Colleges maintains a list of all of the colleges in England, which will help you find the nearest ones to your service. [The list can be found on their website](#). If there is no connection between your Trust and a college, then you can contact your college directly. You could reach out to their business development team; programme leads delivering healthcare programmes or employer relationship teams. You should find these on the college's website.

One way that orthoptic services can, not only engage with colleges, but also provide a route directly into OCA careers (or orthoptic undergraduate degrees) is by supporting Technical Level students on work placement.

## Technical Levels

Technical, (or T), Levels, are full-time qualifications lasting for two years that are available to 16-19 years olds once they have completed their GCSEs. A T Level is equivalent to three A Levels. T Levels focus on specific occupational knowledge skills and include a 45-day industry placement, which can be spread over the programme's two years and between two employers. In total, students spend 80% of their time learning in the classroom and 20% in a workplace. T Levels are provided by selected schools and, more commonly, colleges.

There are two T Levels that are health-related: the Health T Level and the Health Science T Level. The Health T Level ensures students develop a general understanding of health and science through studying topics such as -

- Working in the healthcare setting.
- Managing information and data.
- Providing person-centred care.
- Core scientific concepts such as the structure of cells, tissue and large molecules.
- Human anatomy and physiology.

The Health T Level includes options for students to specialise, for example working in mental health services or midwifery. There is also a *Supporting the Therapy Teams* option which covers all the AHPs - although students on other healthcare options could also spend time in an orthoptics service.

It would not be expected that students would spend all of their 45-day placement in one AHP occupation. Instead, students could spend a number of days, or more, in an orthoptic service as part of a series of placements covering radiography, nursing, Occupational Therapy and other clinical occupations. Placements of a any duration will provide young people with experience and knowledge of orthoptics as a career, an option they might not have been aware existed prior to their placement.

### Who supports T Level students?

The BIOS [Developing the Orthoptic Clinical Support Workforce: Education, Experience, Roles and Responsibilities Guide](#) recognises that OCAs can support learners on placement, within their scope of practice. With support OCAs, can also act as the key contact for T Level students when they are on placement. T Level students could also shadow any pre-registration students that are in your service. General support will be available from your L&D team and the education provider who delivers the T Level.

A concern is sometimes raised that it is not appropriate for young people to have work experience in healthcare settings due to their age. T Level students are aged 16-19 years old, however there is no reason why under 18-year-olds cannot spend time on placement, (including work experience), within a clinical setting such as orthoptics. NHS Employers have provided general guidance on good employment practice in respect of young people. This can be found [here](#).

A T Level is equivalent to three A Levels. Like other qualifications there are various pass grades each of which is equivalent to UCAS points. In addition to providing knowledge and skills to enter NHS employment (probably as a band 3 support worker), T Level students should also be strong candidates to join pre-registration degrees.

*\*TOP TIP\* Remember there is no reason why someone under 18 years old cannot spend time on a placement in an orthoptic service with the right support.*

### Further information about Technical Levels

Information from the Department for Education about T Levels can be found [here](#).

NHS Employers provide detailed information, advice and case studies for healthcare employers interested in T Levels [here](#).

NHS Employers guidance on employing under 18-year-olds can be found [here](#).

Skills for Health's information about T Levels can be found [here](#).

The Gatsby Foundation has information to help support T Level students on placement, which is available [here](#).

## Business Technology and Education Council (BTEC) qualifications

First introduced in 1984, BTEC qualifications are, like T Levels, also occupationally linked programmes that are aimed at 16–19-year-olds. They have, largely, been delivered by colleges. BTECs include health-related qualifications such as the *BTEC Level 1 Introductory Diploma in Health and Social Care* and the *BTEC Level 3 Diploma in Healthcare Support*. Whilst BTECs do not include formal placements like T Levels do, many BTEC students have undertaken work experience in the NHS. It may be that your local college support BTECs rather than T Levels. If this is the case you should consider offering work experience to the students and talking to them about a potential career in orthoptics.

## Other benefits of working with colleges

- In addition to BTECs and T Levels, there are a number of other formal qualifications that colleges deliver including at entry-level, as well as apprenticeships, Foundation Degrees and Degrees (10% of Higher Education in England is delivered by colleges). Some of these qualifications, such as Higher National Diplomas, will have a vocational and technical focus, and their students are potential recruits into occupations such as orthoptics.
- Colleges also provide support to people whose first language may not be English such as refugees and migrants, or who will benefit from employability or functional skills. These again represent a potential pool of recruits
- Colleges can work with employers to design and deliver specific training including NHS Trusts.
- Colleges can access employment and skills funds and grants, for example from Mayors. In some areas of the country the NHS has benefited from this funding.

*\*TOP TIP\* Collaboration with colleges (and other employment partners) should involve regular contact and communications. Building partnerships creates opportunities.*

## Working with local authorities (LAs) and employment support agencies

LAs play an important role in localities not only by signposting and supporting people into work, but also through bringing local employers together with education providers and other partners, to ensure the skill needs of employers are being addressed. LAs also directly fund some adult learning. Specific employment and skill activities led by LAs include job skill training, assistance with CV writing and job applications, interview preparation, support for migrants and refugees, the running of Job Clubs, Adult Learning courses and employment, training, skills advice and support for people who are Not in Education, Employment, or Training programmes (NEET).

Whilst there is a need for the NHS, including Integrated Care Boards, in all localities to engage with LA employment and skill policy, teams, partnerships and programmes, the main way orthoptic services might engage with a LA employment team is through two LA-organised employment programmes-

- Supported employment for young people and adults who experience barriers to employment.
- Job brokerage programmes to support recruitment.

## Supported employment

‘Supported employment’ describes a model of support designed to assist people who may experience barriers to accessing employment. Such programmes, which are coordinated and funded by LAs, can include a range of interventions including work experience, internships and apprenticeships delivered by approved agencies such as [Choices College](#) or [The King’s Trust](#) or [DFN Project Search](#). A key feature of supported employment programmes is that they are tailored to the individual’s needs.

One group of people who experience persistent barriers to employment are young people with learning disabilities, autism, physical and/or sensory impairments. Such people are twice as likely to be unemployed as the population as a whole but are also more likely to experience job insecurity, under-employment and lower earnings than average. Most supported employment programmes run in the NHS have been aimed at young people with Special Education Needs and Disabilities (SEND), including those with *Education and Healthcare Plans*. Such programmes, typically, but not exclusively Supported Internships, have the following features:

- They are delivered in partnership between an education provider (school or college), employers, LAs and support agencies such as Mencap or The King’s Trust.
- They generally last a year the majority of which is in the classroom.
- They combine classroom teaching and experience in the workplace, where job related skills are learnt. Placements could be in one area (like reception or the canteen) or across services. Supported employment programmes can take

place in clinical settings, if partners risk assesses that to be appropriate for the individual and service concerned.

- Match young people's interests with their placement.

Support is not only available for young people with SEND, but also for adults who may experience barriers to working through the government's [\*Work and Health Programme\*](#) which individuals access through Job Centre Plus.

### **Who is eligible for employment support through the *Work and Health Programme*?**

- Out of work
- People with disabilities
- A carer or former carer
- A homeless person
- A former member of His Majesty's (HM) armed forces
- A member of the HM armed forces reserves
- The partner of a current or former member of HM armed forces
- a care leaver
- A young person in a gang or at risk of being involved with a gang
- A refugee
- A victim of domestic violence
- Dependent (or have been dependent) on drugs or alcohol and it's preventing you from getting work
- An ex-offender and you've completed a custodial or community sentence
- An offender serving a community sentence

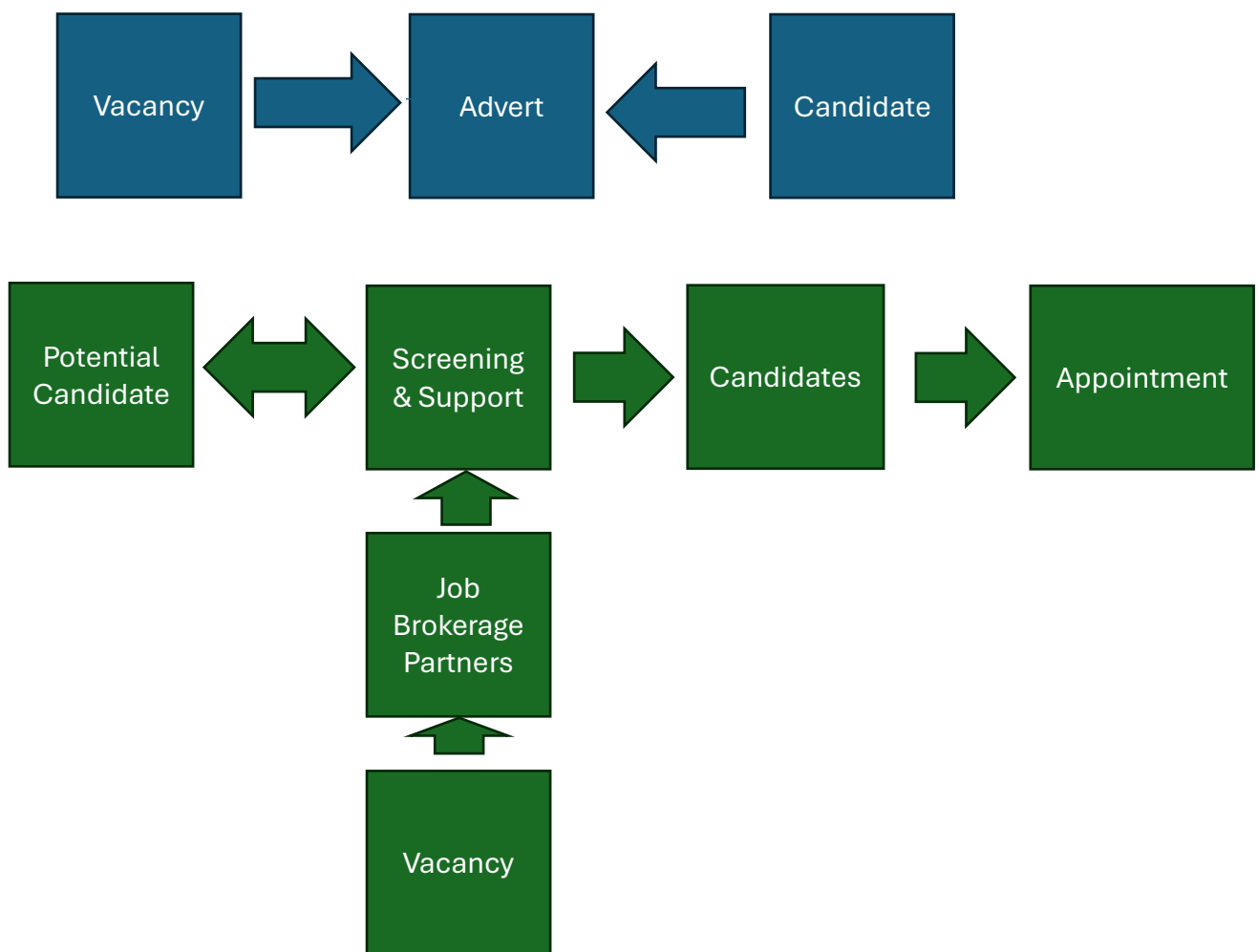
From an employer's point of view, an advantage of supported employment programmes, whether for young people or adults, is that assistance is provided by the external agencies that support individuals. Help is also often available for any adjustments in the workplace that need to be made. These schemes can lead to high levels of recruitment, low turnover and contribute to a diverse and inclusive workforce.

### **Job brokerage**

Linked to the *Work and Health Programme* (see above) external employment agencies can coordinate what are described as 'job brokerage' programmes. Under these programmes employers identify vacancies that would like filled and explain to the job brokerage partners the sort of candidate skills, knowledge and experience they would like. Rather than the employer then advertising the vacancies in the traditional way, the job brokerage partners identify potential candidates. The brokerage partners then 'screen' the potential candidates, providing support if needed (for example with writing an application). Employers then receive a list of 'work ready' candidates that they can interview. In one London-based NHS job brokerage scheme, a local college provided training to candidates who were all long term unemployed that included employability skills but also elements of the Care Certificate.

There are three principal advantages of job brokerage for employers-

1. It supports recruitment of a diverse and local workforce.
2. It saves money and time as employers do not need to undertake recruitment processes, just selection ones.
3. Job brokerage schemes directly engage with, often hard to reach and disadvantaged groups, and help address health inequalities.



### **Job Brokerage benefits**

A London ICB area used Job Brokerage as a means to recruit volunteers who had assisted the NHS during the pandemic, 40% of whom indicated that they would like to work in the NHS permanently. The scheme led to 1,911 new recruits, 60% of whom were from BAME communities. It was estimated that the scheme saved the NHS £2 million in recruitment costs.



## Job Centre Plus (JCP)

Across the UK there are over 700 JCP offices. These provide a wide range of support not only to those seeking work but also to employers to help them create a sustainable supply of locally recruited staff. JCP can also assist with recruiting.

JCP offices have dedicated Employer Advisors who work with individual employers helping them, for example, to make sure that their Job Descriptions are inclusive, to promote vacancies and support recruitment campaigns. Job Fairs are also organised by JCP, which NHS employers can join to promote healthcare careers. They will also organise bespoke Job Fairs for individual employers and industries. Furthermore, JCP provide advice to employers on how they can better support employees with disabilities including accessing relevant employer focused grants. As discussed above JCP are key partners in job brokerage schemes connecting and screening potential candidates for employers. Finally, they also work with employers to help them plan work experience and work trails.

*\*TOP TIP\* Consider talking to other AHPs to see if there is scope locally to organise a recruitment campaign to highlight potential careers. JCP can assist with such campaigns including organising bespoke Job Fairs.*

### Further information

NHS Employers has resources showing [how JCP can support the NHS](#). This includes a link to a dedicated *NHSFutures Platform* page.

Information about Employer Advisors from GOV.UK is available from [here](#).

## Work experience

Work experience (WE) is time spent in a workplace environment learning about employment, an occupation and an organisation through observation, discussion, reflection and carrying out appropriate tasks. WE can be offered to young people or adults and can be of any duration. WE may form part of another employment programme such as supported employment. WE is an excellent way to raise awareness of orthoptics as a career. Exposure to work plays a significant part in shaping people's career choices.

You should consider-

- Does your service already offer WE opportunities and if so, how are people given the opportunity to experience working in an orthoptic service?
- Does your WE placements include exposure to OCA work?
- Are OCAs actively involved in supporting WE?

WE is an opportunity to raise awareness of orthoptics as a career – including work as an OCA. A WE placement could, for example, be organised so that an OCA is shadowed and/or an OCA supervises the person on placement.

*\*TOP TIP\* Think strategically about who you would like to offer WE too? Is WE an opportunity to raise awareness of orthoptics amongst groups that are currently under-represented in your workforce?*

It is important that WE placements are planned carefully (including necessary supervision) and evaluated. There is excellent advice available nationally about how to organise WE in the NHS (see box below) and your Trust may already have a structured approach to WE.

### Further information

NHS England has a detailed toolkit that provides comprehensive information and guidance about WE, called [More Than Photocopying](#).

NHS Employers has [a number of case studies](#) that demonstrate the various ways that WE can be organised.

## Career changers

Much of the NHS's recruitment activity traditionally has focused on young people - either those who leave school or college and join the NHS as support staff, or those who graduate from healthcare degrees. There are, though, as this guide sets out, other potential supplies of recruits. One other is people who are already in employment, are not working in the NHS, but are consider a change of career.

Research carried out in 2022 by the [Learning and Work Institute](#) found that a third of employees would like to change careers. One barrier stopping them was that most people do not think they have the right skills to move somewhere new. This can be a particular issue in the NHS where people are not only unfamiliar with the vast range of careers available, but also do not realise that they have many transferrable skills. NHS Job Descriptions and Person Specifications are not always written in an accessible way to encourage career changers. For example, applicants can be asked, at support staff entry-level, whether they have experience of working in healthcare or possess a healthcare relevant qualification. The BIOS [Developing the Orthoptic Clinical Support Workforce: Education, Experience, Roles and Responsibilities Guide](#) provides advice on entry requirements and how to widen access.

Unlike other public sector areas, the NHS has rarely explicitly targeted career changers through national recruitment campaigns (see the box below for one example). The ways that orthoptic services can potentially engage with people considering a career change are by-

- Working with other professions and partners, like JCP, to run recruitment campaigns locally highlighting opportunities.
- Attending Job Fairs.
- Engaging with the [National Career Services](#) which provides, amongst other things including careers advice to schools, people thinking of changing careers with advice.
- Engaging with your trust recruitment teams to ensure information about job opportunities published on your website is clear and accessible.
- Engaging with hospital volunteers.

*\*TOP TIP\* Make sure entry-level OCA Job Descriptions are written in such a way that people who have not worked in healthcare can assess that they have experiences and knowledge to apply.*

## Step Into Health

One external employment group that the NHS does target to encourage them to consider working in healthcare is members of the armed forces. The [Step into Health](#) website contains information, tools and pathways to help people about to leave the armed forces identify whether a career in the NHS, including in AHPs, is for them.

In addition to external career changes, research shows that many clinical and other support staff are interested in progressing their careers including by working in other professions (internal career changers).

There are an estimated 100,000 volunteers in the NHS undertaking a wide range of unpaid roles (from trustees to radio DJs and peer support). Volunteers provide another potential source of recruits to services.

## Conclusion

Surveys undertaken by BIOS show that most orthoptic services already employ OCAs. In recent years that number has, and continues, to grow. Moreover the majority of services that currently do not employ OCAs would like too. NHS recruitment processes can be quite narrow if just focused on national advertisements. Such an approach runs the risk of missing out on talent pools that are likely to be already living close to your service.

This guide has briefly explained a number of programmes and partners that you could work with to widen access to entry-level OCA roles (as well as widening awareness of orthoptic degrees). There are many advantages of using these programmes. They will support a loyal and local workforce that is representative of the community where your services are based. They will also help build partnerships with organisations concerned with employment and skills in your locality such as colleges. These partnerships, if maintained, will bring other benefits. Some programmes save time and money.

Orthoptics is a vital but small profession. It is not expected that services support such programmes as Technical Level placements alone. Instead, you may be able to join existing programmes being run in your Trust or join with other occupations or more widely across your ICB to connect with and operationalise local recruitment. There is much to be gained from doing so.