**Job Description**

**Job title:** Optometrist

**Managerially** Medical Director

**accountable:**

**Professional** Medical Director

**accountability:**

**Purpose of Role**

To assist in the efficient running of the ophthalmology service ensuring that the patient’s physical, spiritual and ethical needs are met, integrating high quality care in the most cost-effective setting. Ensuring an efficient and effective service that meets the required standards of relevant regulatory bodies.

To organise and undertake pre-operative and post-operative assessments, including specialised biometry and ophthalmic measurements, of patients during the pre-procedure or post-procedure phase of their care pathway. To participate in the ongoing development of the ophthalmology services within the Hospital

Ensuring all patients are fully informed of their proposed treatment plans and all questions are answered. Managing appropriate referral onto other Consultants, or back to General Practitioners, for further assessment and treatment where indicated.

To provide support to, and sharing expertise with, the Ophthalmology team

**Scope of Role**

* To work within the surgical outpatient clinics and the perioperative area contributing to the effective running of all clinics
* Ensure completion of accurate information and assessment within the patient electronic record and Medisoft
* Have the ability to manage themselves, and their workload, both individually and as a team member
* To support the development of the nurse led pre-admission clinics, using appropriate information systems and ensuring compliance with best practice, within an appropriate regulatory frameworks and professional guidance
* To provide information/data to the Consultant Ophthalmologists and the Ophthalmology Lead according to patient needs, audit and quality requirements
* Assist in any investigation into any concern or complaint raised and provide a written response to the Consultant Ophthalmologist or Lead Ophthalmology Nurse if requested. Be able to suggest and take corrective action to prevent further re-occurrence if applicable
* Maintain close communication with patients and their carers at all times ensuring that the patients receive a high standard of nursing care

**Clinical and professional role**

**Pre-operative assessment**

* To evaluate a patient’s suitability to undergo refractive surgery, and identify the appropriate course of treatment most suited to their individual requirements – this will include assessment of:
	+ Occupation and lifestyle
	+ Relevant medical and ocular history
	+ Unaided vision
	+ Refraction and best corrected visual acuities
	+ Cycloplegic refraction where appropriate
	+ Ocular muscle balance
	+ Corneal keratometry
	+ Photopic and scotopic pupil size
	+ Corneal topographies and assessment of higher order aberrations
	+ Corneal pachymetry
	+ Endothelial cell count
	+ Intraocular pressures
	+ Ocular biometry’s (ACD, axial length, white to white values)
	+ Anterior segment slit lamp examination
	+ Tear film assessment
	+ Posterior segment examination with Volk lens after pupillary dilation
* To provide verbal and written information and advice to patients pertaining to the proposed procedure – including likely outcomes, limitations of each procedure, aftercare schedule and recovery times
* To provide verbal information on the principles of refractive surgery, the possible side effects, the risks and the benefits of undergoing the proposed surgical procedure
* To review tests and investigation results, highlighting those which may require action by Consultant Ophthalmologists or nursing staff. Liaise and discuss outcomes with the surgeons or ophthalmology nurses
* Play an active role in the internal governance processes, working in close liaison with the appropriate personnel ensuring that relevant Key Performance Indicators (KPI’s) are recorded, monitored and achieved.
* To take an active lead in ensuring that policies and procedures are implemented and reviewed in line with changes in practice to meet the needs of the Care Quality Commission (CQC) regulatory standards.

**Post-operative assessment – following refractive lens exchange/ cataract surgery management**

To participate in the routine follow-up clinical pathway:

Day 1 – 2

* Measure UCVA, distance and near, monocularly and binocularly, pinhole where required.
* Ensure the patient is using the post-operative medications properly
* Examine the eye using the slit-lamp to include:
	+ Wound-Seidel’s sign should be negative
	+ Corneal oedema – slight or moderation is a normal finding
	+ AC – should be deep. (If this is shallow, could indicate a wound leak) Mild/moderate AC activity such as cells flare is a normal finding
	+ IOL should be clear and centred
	+ IOP should be within the normal range (up to 24mmHg within first 48 hours). Too high an IOP could be steroid responder, too low could indicate a wound leak.
	+ Examine posterior pole with Volk fundoscopy

In the event of any of the below complications, the consultant ophthalmologist who undertook the surgery is to be contacted:

* Severe pain
* Signs of infection
* Abnormal IOP – follow medication protocol (slow release Diamox and Iopidine to be prescribed as per surgeons protocol)
* Wound leak (BCL to be inserted immediately)
* Hyphema
* Hypopyon
* Displaced IOL

One week follow-up

The eye should be comfortable and any blurring should be reduced.

Undertake examination of the eye to include:

* UCVA measurement – distance and near
* Refraction and BCVA – distance and near
* Slit lamp examination as above

Onward referral to consultant ophthalmologist as per indications above

4 - 6 week follow-up

As above – taper medications as per consultant ophthalmologist’s protocol

3 – 6 months follow-up

As above

* Assessment of any capsular thickening with appropriate referral for YAG laser if required
* Endothelial cell count
* Discharge if patient and assessor is satisfied

**Management of complications**

* Infection/endophthalmitis: Immediate referral to consultant ophthalmologist.

Notify Infection Prevention and Control Lead

* Wound Leak: Insert BCL

Advise patient not to touch eye

Immediate referral to consultant ophthalmologist

* Elevated IOP: If pupil block/synechaie, instill Cylco 1%

Immediate referral to consultant ophthalmologist

If steroid responder, inform consultant and follow protocol – usually Iopidine t.d.s. for two weeks and Slow Release Diamox 250mg for three days, with a review in 48 hours

* Cystoid macula oedema: Usually seen within 2-12 weeks post-operatively

Inform consultant ophthalmologist

Likely plan is topical NSAIDs +/- steroids

* Uveitis: Inform consultant ophthalmologist

Likely plan is Maxidex hourly for three days and Cyclopentalate 1%

* Retinal detachment: Immediate referral to consultant ophthalmologist or to

Local Eye Emergency department

* Intra-ocular haemorrhage: Immediate referral to consultant ophthalmologist

**Educational and professional development**

* To keep up-to-date with issues and trends affecting the profession; educate new and existing staff in the procedures and protocols.
* To actively participate in the local orientation/induction programme providing guidance and support and teaching to less experienced or junior staff as appropriate
* To participate in Clinical Supervision, and maintain any professional development portfolio in line with professional body guidance/requirements
* To educate patients and carers in health promotion with information and education pre-operatively and post-operatively, ensuring patients are prepared mentally, physically and socially for their procedure
* To take responsibility for personal and professional development , to be responsible for attending mandatory training sessions and to ensure that all policies and procedures are adhered to

**Additional information**

In addition the successful candidate will be required to adhere to the following:

**Professional**

To adhere at all times to professional Codes of Conduct including compliance to any other professional guidance. To comply with guidelines issued from time to time by the UK professional bodies or any other professional association relating to the practice of your speciality, together with guidance issued from time to time by other competent agencies on clinical, medical and ethical issues

**Regulatory framework**

To adhere at all times to the regulatory frameworks set out by the Care Quality Commission incorporating the requirements for Independent Health Care, as well as The Department of Health Standards for Better Health by working to Practice Plus Group policies and procedures.

The individual will be required to participate in information requirements/ requests as per regulation.

**Infection prevention and control**

It is the responsibility of all individuals to comply with infection prevention and control policies and to attend any appropriate training requirements in line with Practice Plus Group responsibility to comply with Government Directives and associated codes of practice and take appropriate action where non-compliance is evident.

**Conflict of interest**

It is responsibility of all staff to ensure that they do not abuse their official position to gain or benefit their family or friends.

**Confidentiality**

The post holder must preserve the confidentiality of any information regarding patients, staff (in connection with their employment), and Practice Plus Group business and this obligation shall continue indefinitely. This is also in accordance with the Code of Confidentiality and the Data Protection Act 1998.

**Health and safety**

Employees must be aware of the responsibilities placed on them under the Health and Safety at Work Act (1974), to ensure that the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors.

**Risk management**

All staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and when requested to co-operate with any investigations undertaken. Datix provides the in house incident reporting programme and training will be provided.

**Privacy, dignity and respect and quality of opportunity**

The treatment centre is committed to ensuring that all current and potential staff patients and visitors are treated with dignity, fairness and respect regardless of gender, race, disability sexual orientation, age, marital or civil partnership, religion or belief. Staff will be supported to challenge discriminatory behaviour. In particular staff will protect the privacy and dignity of all patients at all points of their contact with the organisation. It is paramount that staff deal sensitively with individual circumstances and adhere strictly to the single sex requirements.

**Protecting Vulnerable Adults from Abuse / Safeguarding**
The patients referred to us for care must be able to trust that not only will they be safe from any abuse, bullying or intimidation from any member of staff but that suspicions of external abuse will be dealt with appropriately.

**Raising Concerns**
It is everyone’s responsibility to draw attention to any practice or behaviour which could put patients or staff at risk.

**Equal opportunities**

Practice Plus Group is committed to promoting equal opportunities in employment and will keep under review its policies and procedures to ensure that the job related needs of all staff working in Practice Plus Group are recognised.

**Duty of Candour**

Practice Plus Group is committed to compliance to Duty of Candour guidance, and employees are expected to comply with the principles laid out in the corporate Duty of Candour policy

Practice Plus Group will aim to ensure that all job applicants, employees or clients are treated fairly and valued equally regardless of sex, marital status, domestic circumstances, age, race, colour, disablement, ethnic or national origin, social background or employment status, sexual orientation, religion, beliefs, HIV status, gender reassignment, political affiliation or trade union membership. Selection for training and development and promotion will be on the basis of the individual’s ability to meet the requirements of the job.

This job description is subject to change in consultation with the post holder to take into account changing organisational needs.

Signature Date

Signature of

Head of Department Date

**PERSON SPECIFICATION FORM**

**Job title:** Optometrist

**Department:** Ophthalmology Outpatients

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| **Factors** | **Essential** | **Desirable** |
| 1. Physical requirements
 | * Satisfactory Occupational Health clearance for the role specified.
* Good attendance record.
* Have a satisfactory CRB clearance
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| 1. Education and qualifications
 | * Qualified and registered optometrist with ophthalmology, outpatient and pre-assessment experience
* Physical examination training and skills
* To be registered with the appropriate professional body
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| 1. Previous experience
 | * Minimum of 3 years relevant experience in optometry within the specialism of ophthalmology - pre- and post-assessments of patients referred for refractive surgery
 | * Leadership skills
* Experience of managed care / case management clinical protocols and care pathways
* Experience in change management
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| 1. Skills, knowledge and abilities
 | * Knowledge and skills of ophthalmic surgical care provision
* Knowledge and skills in respect of ophthalmic disease e.g. glaucoma
* Ability to work closely with consultant users
* Strong decision making skills
* Knowledge and experience of clinical supervision
* Computer literate
* Excellent written and verbal communication skills.
* Political and commercial awareness
* Ability to work collaboratively in a multidisciplinary team.
* Ability to plan and prioritise own workload when under pressure.
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| 1. Aptitude and personal characteristic
 | * Assertive and Self-motivated
* Innovative
* Ability to motivate a team
* Committed to achieving high standards
* High level of work ethic
* Commitment to own personal development.
* Willingness to work in a fast and changing environment
* Enthusiasm to succeed
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