

CPD profile

1.1 Full name: Head of Service

1.2 Profession: Orthoptist

1.3 Registration number: OR1234

2. Summary of recent work/practice

I am the Head of the Orthoptic Service for my NHS Trust and have a dual managerial and clinical role:

- I take full responsibility for the orthoptic service and independently manage, lead, plan, develop and monitor the service;
- I carry a clinical orthoptic case-load investigating, diagnosing, managing and treating patients of all ages and ability. I take a lead clinical role in the investigation and treatment of patients referred complaining of reading difficulties including Meares Irlen Screening and Colorimetry when appropriate;
- The Orthoptic Department is a clinical teaching centre for undergraduate orthoptic students; and
- I am involved in the development of orthoptics at a national level. This includes negotiation and discussion with the other orthoptic heads of service in order to set national standards of patient delivery and care.

Total words: 132
(Maximum 500 words)

3. Personal statement

Standard 1: A registrant must maintain a continuous, up to date record of their CPD activity

I have maintained a CPD diary using an on-line portfolio developed by the British and Irish Orthoptic Society (BIOS). I have made notes of CPD activity including reflection as instances occur and up dated my CPD portfolio from these notes and from further reading during my monthly, protected, CPD study day. I have included a list of all CPD activities undertaken. (Evidence 1)

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current and future practice

My CPD activities have included formal education, reading of journals and text books, work based and professional activity. The activities complement each other.

Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery

Standard 4: A registrant must seek to ensure that their CPD benefits the service user

I have selected a number of CPD activities from my portfolio in order to illustrate how I have met standards 3 and 4.

Annual BIOS scientific conference

(Evidence 2 -4) At the Annual BIOS Scientific Conference I gained fresh ideas on how to manage patients with Thyroid Eye Disease (TED). I followed up with additional reading of text books and journal articles which I also circulated to orthoptic and ophthalmologist colleagues prior to meeting to discuss our assessment and treatment of these patients. An audit of current practice and a patient satisfaction survey were carried out – this led to the setting up of a multi-disciplinary Clinical Effectiveness Team. The outcome has been a better understanding of the signs and symptoms of TED throughout the multidisciplinary team, referral routes to ophthalmology and orthoptics have been developed, a standardised approach to orthoptic and ophthalmic assessment and treatment, and new patient information leaflets. Six months later an audit of our practice and a patient satisfaction survey showed improvement in access to our service and of understanding of the condition in particular that those suffering from double vision may be helped by an orthoptist whereas in the past some of these patients were not referred to orthoptics and ophthalmology.

Monitoring and auditing departmental procedures

(Evidence 5-7) The maxillofacial department at our Trust was having problems accessing the orthoptic service. I had noted orthoptists were not always included in the care of these patients and therefore necessary information about their eye condition was not available to the maxillofacial team. Patients and orthoptic staff were frustrated by the poor co-ordination of appointments.

I approached the lead maxillofacial consultant to find out what she needed from orthoptics and ophthalmology. I did a literature search for examples of care pathways and I contacted a department who had recently written an article in our newsletter about their services in this area. I then developed a referral route to orthoptics and ophthalmology. The document was agreed by the consultant ophthalmologists and by the consultant maxillofacial specialist.

An initial audit showed that it was working well, however, more recently I observed that patients were again being booked to inappropriate clinics. A re-audit identified that the problem was poor training of new staff – in future the policy will be included in the induction pack of all new doctors working in the two specialties.

The above has shown me the value of monitoring and/or auditing departmental procedures. Arranging a face to face meeting had several advantages – the problem was sorted out quickly once it had been recognised leading to improved quality of care for our patients. A good working relationship was forged between us resulting in orthoptists being invited to a maxillo facial department study day where the investigation and treatment options for blow out fractures were discussed and where several cases were presented. We confirmed that the patient information about treatment, risk and outcomes provided to patients by maxillofacial specialists, ophthalmologists and orthoptists is the same, ensuring continuity of care.

Membership of BIOS professional development committee

(Evidence 8-9) I am an active member of the BIOS Professional Development Committee and this included taking part in setting standards of practice for those practicing extended roles within orthoptics. I was heavily involved in writing the chapter on refraction. Writing this document made me aware of the need for a competency document for those practising refraction in my department. A departmental refraction competency document has been written and agreed with staff which sets out the qualifications and/or training needed in order to carry out the task, minimum ongoing CPD and a clinical supervision and audit protocol. We now have evidence of staff training and that practice is regularly monitored demonstrating safe practice and a quality service for our patients.

2b (Evidence 10-13). In response to government requirements a national review of how Orthoptists administer their departments has led to national agreement on a gold standard for CPD time, ideal appointment durations which depend on the type of condition being investigated and time has been spent on setting National Data Definitions for patient administration including DNA, CAN definitions and the need to inform patients/carers of the policy with their first appointment, standardisation of patient contact counting throughout the country and the use of process mapping and capacity planning.

The department and patient care has gained from the above because:

- We reviewed DNA and CAN policy in order to adopt the new recommendations – patient/carers understanding of the system since information about how we treat CAN and DNA appointments has been sent out with each new appointment has led to a reduction in complaints about our parent DNA letter and a reduction in DNA appointments.
- I have used capacity planning exercises successfully as evidence for increased staffing
- A national gold standard agreement on CPD time ensured that the agreement has been taken on board by local senior managers. In my

department I have put in place a system of private CPD followed by departmental discussion of the topics studied helping to ensure that all staff are updated which is not only important for our patients but also for the students who come to our department for clinical placements.

Formal study – Masters degree in orthoptics

(Evidence 14-15) My Masters Degree in Orthoptics, started in 2003, has led to a greater understanding of vision science, orthoptics and ophthalmology and research methods which have impinged on my practice. The research module gave me the confidence to carry out a research project on visual stress and migraine. I was also advised by the BIOS research lead.

I attended the Annual Colour for Vision Conferences in 2004 and 2005 where the latest developments in the field are reported by speakers who are at the forefront of research in this area. A talk about the effects of colour on those suffering from migraine led to local discussion with paediatricians and the setting up of the research project. The results of the project provided evidence of the benefit of referring this group of children for orthoptic Mears Irlen Screening.

Management lectures

I am a member of the Trust management forum. I regularly attend lectures that will help inform the way I manage my department. Two examples are given.

1. (evidence 16-18) A lecture I attended about family friendly working led to me seeking more information by reading trust policies, management text books and approaching other departments. The information gathered appeared positive; it also highlighted the need for a good work/life balance for all staff whether or not they have children. I have introduced a work/life balance policy to the department: so long as our core fixed clinics are staffed and hours are worked at times to suit our patients and the department other clinics are organised to fit in with life outside work e.g. if someone needs time off for personal reasons arrangements are made and one member of staff has been able to adjust her work patterns in order to be free to take her children to school. A staff satisfaction survey since the introduction of the policy revealed reduction in stress and an improvement in staff satisfaction which should provide an indirect benefit to patients. It is hoped that the policy will help staff retention. A patient/carer satisfaction survey revealed that they were satisfied with the service provided and did not reveal any problems with appointment times available.
2. (evidence 19-20) Following a lecture and discussion about clinical supervision, and reading and discussion with other professionals and with orthoptic staff, I set up a protocol for clinical supervision within the department. Every six months time is set aside for orthoptists in the department to discuss practice with a colleague and to observe the

other's practice. These sessions are an opportunity to have free and open discussions with one's chosen work colleague. Feedback indicates that the sessions are valued by the orthoptists in the department e.g. the refraction sessions where their refractions are checked by a colleague give the orthoptists confidence to continue with their practice and provides evidence that practice is being monitored and is safe and accurate which is a benefit for our patients as well as for the department.

Total words: 1489
(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD Standards that this evidence relates to
1.	List of CPD activities and dates		1
2	Certificate of attendance at BIOS Annual Scientific conference	1 page hard copy	2, 3, 4
3	Audit reports 1 and 2	10 pages, electronic	3, 4
4	Minutes of clinical effectiveness meeting	5 pages electronic	3, 4
5	Maxillofacial – literature search results,	4 pages electronic	2, 3, 4
6	Referral pathway for maxillo facial patients,	1 page, electronic	2, 3, 4
7	Audit report of the referral pathway.	8 pages, electronic	2, 3, 4
8	BIOS Competency standards document - Refraction chapter	8 pages electronic	3, 4
9	Departmental training programme and audit tool.	5 pages electronic	3, 4
10	National Data Collection	10pages, hard copy	2, 3, 4
11	Capacity plan	5 pages, hard copy	3, 4
12	Business plan for increased staffing	8 pages, hard copy	3, 4

13	Departmental protocol for protected CPD time	1 page, electronic	3, 4
14	Masters Degree Summary of research project	12 pages hard copy	2, 3, 4
15	Certificates of attendance at study day leading to research project which changed practice	1 page, hard copy	2, 3, 4
16	Certificate from attendance at lecture on work/life balance	1 page hard copy	2, 3, 4
17	Departmental policy document	2 pages electronic	3, 4
18	Report from staff survey	3 pages, hard copy	3, 4
19	Report from Patient survey	5 pages, electronic	2, 3, 4
20	Clinical Supervision – departmental protocol	1 page, hard copy	3, 4
19	Statement from staff member on benefits of the system.	1 page hard copy	3, 4