Case Study: Head Orthoptist - Susan

What do you do?

It’s an orthoptist’s job to treat problems that prevent the two eyes working together.

For example, we treat children with squints or lazy eyes, older people who have had a stroke (so might have double vision), patients who’ve had accidents to the face, people with cataracts, or patients with multiple sclerosis or thyroid problems, all of which affect the way the eye muscles move, so preventing the eyes from working as a pair.

I’m head of a fairly dynamic orthoptic department and we’ve expanded our basic orthoptic duty, in that we’re trained to deal with glaucoma patients and run our own glaucoma monitoring clinics, which is unlike most other orthoptic clinics.

We run a team approach to this clinic. One of us checks the patient’s vision, including peripheral vision, using computerised machinery.

Another orthoptist makes sure the patient understands their condition, discusses any problems and performs an examination of the eyes using a special technique.

The third orthoptist, usually myself, takes photographs of the very back of the eyes. These latter two aspects of the treatment are specialist activities. It’s a valuable service and it’s much appreciated by patients.

I manage three full-time orthoptists, a clinic clerk and vision technicians who help with some of the background orthoptic work, so much of my job involves people management.

I’m also responsible for checking that the department is running efficiently, and planning developments of the orthoptic service. I liaise with the rest of the ophthalmic team in various management meetings regarding developments in ophthalmology.

What is your background?

When I left school, I decided that I wanted to work with children and the more I looked into the orthoptic profession, the more I realised that the majority of the work is actually working with children, so my background really is very child-orientated.

I trained initially at Moorfields Eye Hospital some years ago, though now to train as an orthoptist you would need to go to university. There are two universities, Liverpool and Sheffield, both running three-year degree courses in orthoptics.

I’ve been working in orthoptics for some 30 years or so, so I’ve gradually moved up the career ladder, and I have management training and teacher training behind me in supplement to my basic orthoptic training.

What characteristics do you need to be successful in your job?

You need extreme levels of patience and tolerance because you’re working with young children and sometimes working with the elderly as well. Both extremes require a great deal of patience, understanding, sympathy and empathy.

You also need to have very, very acute skills of dexterity and observation because you’re looking for the minutest of detail in a tiny, tiny little organ of the body, the eyes.

What other jobs could you do using the skills from this job?

In my particular case, I could move on to more management-orientated work, perhaps doing less clinical orthoptics and, if the opportunity arose, apply for a management position within the hospital trust because I have a background...
What changes will there be in the future?

As far as changes to the particular orthoptic job go, the NHS and the health industry is constantly evolving. As time has gone on, orthoptists have needed to be much more aware of management targets and waiting times, while still being clinically aware.

Investigation, treatment and technology changes, it would seem, week to week and one is expected to constantly update one’s training in order to keep pace with the new techniques that we use to investigate and to treat conditions.

We constantly diversify, further extending skills, so becoming more involved in the management and treatment of cases that perhaps orthoptists never really thought that they might need to know about. So it’s ever changing, ever challenging and ever interesting.

What are the biggest challenges in your job?

The biggest challenge, I would say, is dealing with people. People are different, people change, one person can be different one visit to the next, but as an orthoptist, you’re trained to deal with those changing cases that you come across. They are a challenge, but the challenge to oneself is actually getting on top of those situations and helping those people to see straight again.

Are there many opportunities to enter this career?

There’s a national shortage of orthoptists and whenever an orthoptist is trying to recruit a new member of staff, such as I might need to do, it’s extremely difficult to find qualified orthoptists and one has to arrange jobs to be advertised just as students turn out of the universities having just got their degrees, so to train as an orthoptist will give very wide choice throughout the country as to where to go and place yourself job wise.

What do you like about your job?

I love working with the children. I always wanted to work with children; they are little characters and they change from one minute to the next. As orthoptists, you’re taught to extract information from these children who can’t, of course, tell you how well or not they see or whether their eyes hurt or not.

Indeed some of them don’t speak at all; we see tiny, premature babies sometimes that shouldn’t even be in the world, let alone be able to tell you how much they can see. We see other children with special needs too. That’s a great challenge and I love doing that, in particular.

I also like working with the elderly because they feel perhaps in their closing years that nothing can be done to help them and when you send them away seeing well, they go home with an approach to life that is different from that which they had previously, which is very satisfying.

For example, we’re the first people that patients see after they’ve had their cataract operations and they tell us how wonderful it is that their vision’s been restored and I find that very gratifying that I’m part of the team that works to preserve and restore vision to these patients.

So, I enjoy the challenge of sorting people out from a visual point of view.

I also very much enjoy the independence of being an orthoptist, being entirely responsible for the patients that we see, but I’m also very aware of the multidisciplinary involvement of working with others in the eye clinic team and further afield, for example, the child assessment units in the hospital trust here and other agencies out in the community such as the special schools, the school health staff and the health visitors as well.

So, I enjoy my independence, but I very much enjoy the teamwork as well that we’re expected to be engaged in as orthoptists.

What do you dislike about your job?
There's very little I dislike about my job. As with any job, there are days when you think 'this day isn't going very well', but then if you think about it again, you're the one that can overcome those problems.

Over recent years, there have been difficulties with government targets, time pressures and increased patient load, but I can't honestly say I dislike that. I get on and do it because the benefits and joys of doing the job far outweigh the dislikes.

What are your ambitions?

My ambitions as a head orthoptist are to expand the orthoptic service that we run here, to be more involved with taking students from the training universities on a regular basis and helping to train them in their clinical placement settings so that they can see orthoptics in action and see how a more diverse orthoptic department actually runs.

I'd also wish my staff to be more engaged with other activities within the ophthalmology department, expanding the glaucoma service, expanding the photography in particular, perhaps to include diabetic screening. I'd also like to expand into other areas such as low visual aid work perhaps. Some orthoptic clinics elsewhere already do this.

As far as ambitions outside my current job go, I have been working in orthoptics for some years and enjoyed every moment of it. When I retire, I plan to use the training that I have in helping with the Partially Sighted Society or visually impaired children, or I could teach non-literate adults to read.

What advice would you give to someone interested in your career?

I would say to somebody who's interested in being an orthoptist to investigate clinics before they apply to university. 'Orthoptics' is a very mysterious word, it's always a conversation stopper at a party or a gathering, nobody knows what an orthoptist is, and unless you have been to see clinics to see how various clinics work, you won't understand what it's all about, nor will you understand how diverse it is and what you as an individual can put into being an orthoptist.

I'd recommend that a prospective orthoptist should go to perhaps two or three different departments to see how orthoptists work in different trusts.

We all do different things, we all specialise in different ways. Some of us are trained to do some things and not others. So, rather than just go and see an orthoptist in a department somewhere, visit several different orthoptic sites.

We've recently had one young lady visit us and stay with us for a week before she went off to apply to university!

During that week she said she was the busiest she'd ever been in her life, looking at all the different things that we were involved in that she didn't realise orthoptists were implicated in.

A day in the life

8:30 am - 9:00 am
Deal with any messages, plan the day's work and organise staff.

9:00 am - 12:00 pm
Commence clinic work, eg, baby clinic or adult clinic. See, assess and treat patients. After a consultation, I may decide that the patient needs to see another health professional such as an ophthalmologist or optometrist.

12:00 pm - 12:30 pm
Do administrative work such as writing case reports, or contacting school nurses or health visitors outside the hospital. Prepare for the afternoon clinic.

12:30 pm - 1:30 pm
Have lunch. I may see private patients during part of my lunch break in my own time.

1:30 pm - 4:00 pm
Recommence clinic work, e.g., cataract clinic. As part of a team with a doctor and a nurse, pre-assess patients coming in for surgery.

I take pre-operative measurements of a patient's eyes, gain an overview of the patient's past history and any problems they are experiencing, help the doctor to decide on the most appropriate lens to place in the patient's eye during the operation, and highlight any potential problems that might affect the operation plan.

Then, I see post-operative patients for the second part of the clinic. I check the vision of patients two weeks after their operation. I test their eyes and put up spectacle lenses to determine the improvement in their vision and report the results to the doctor.

4:00 pm - 5:00 pm

Deal with any patient queries, do administrative work such as re-organising clinics and staff rotas, and visit wards to see patients who have had surgery. Carry out some planning for the orthoptic service overall and perhaps have a team meeting. Prepare for the following day.