

ORTHOPTISTS

REPORT OF WORKING GROUP

MARCH 1980

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Introduction:

1. At a discussion on the need to improve the community ophthalmic services which took place on 28 May 1979 between the Minister for Health, and representatives of the Irish Medical Association and the Medical Union, it was agreed that a small working group should be established to consider the number of Orthoptists required in this country and whether a school should be set up for their training.

Terms of Reference:

2. The following terms of reference were adopted by the Working Group at its first meeting on 11th October, 1979:-
 1. To determine the number of Orthoptists required.
 2. To consider whether a training school for Orthoptists should be established.

Membership:

3.

| | |
|------------------------|---------------------------|
| Dr. A. Walsh, Chairman | Department of Health |
| Dr. R. Bowell | Medical Union |
| Mr. C. Conway | Department of Health |
| Dr. G.P. Crookes | Irish Medical Association |
| Miss M. O'Carroll | Department of Health |

Meetings:

4. The Working Group met on 4 occasions:- 11th October 1979, 19 December 1979, 28 January 1980, and 25 February 1980.

Acknowledgements:

5. The Working Group wishes to record its appreciation of Mr. C. O'Tierney, Architectural Inspector, Department of Health for his very helpful advice and assistance in regard to the conversion of accommodation in the Royal Victoria Eye and Ear Hospital for use as a school of Orthoptics. The Working Group also wishes to thank Miss A. McManus, Department of Health, who acted as secretary to the Working Group, for the excellent and helpful services which she rendered to the Group at all times.

The Role of the Orthoptist:

6. Orthoptists are specially trained to undertake, under the supervision of an ophthalmologist, the diagnosis, assessment and treatment of squint pre and post operatively. There is an estimated incidence of 5% squint in this country. Orthoptists work mainly with children and as the work involves obtaining the confidence and co-operation of small children it can be very time consuming.

Present Situation:

7. From the information available to the Working Group, there would appear to be at present the equivalent of 14.5 wholetime Orthoptist posts approved for the provision of services for hospitals and health boards. The information on which this assessment is based is set out in Appendix 1 to this report.
8. Parents, Doctors and the Child Health Services are the main sources of referral of squint cases. There is no specific squint screening service for pre-school children and examinations for eye conditions are not carried out routinely until children enter the national school. As most squints develop between 2 and 6 years of age, the squint is frequently established before a child first attends school. It is essential that squints should be detected at the earliest possible date and treatment commenced. The Orthoptist is specially trained to undertake screening for early detection of squint and provide the necessary treatment under the supervision of an Ophthalmologist.

9. Number of Orthoptists Required:

An incidence for squints of 5% of the total population has been estimated for children under 12 years of age in the U.K. and a similar rate of incidence has been quoted for the same age group in this country. On that basis it would be fair to assume that our staffing needs are probably of the same order as for the U.K. However, the U.K. does not have a staffing standard for Orthoptists. The U.K. Committee of Inquiry into the Pay and Related Conditions of Services of the Professions Supplementary to Medicine and Speech Therapists (i.e. the Halsbury Report) which reported in 1975 commented that "there are no nationally recognised standards of staffing" for these professions. The report gave the number of orthoptists employed in National Health Service hospitals in 1973 as being the equivalent of 316 wholetime Orthoptists and noted a shortfall of 20% in the number required. The report of the U.K. Royal Commission on the National Health Service which was published in 1979 quoted the equivalent of 457 wholetime Orthoptists in the U.K. National Health Service in 1977. Despite the increase in the numbers, the 1979 report concluded that the shortage situation referred to in the Halsbury Report has probably not altered in the interim. The 1977 figure of 457 wholetime equivalents represents an Orthoptist/population ratio of 1:122215.

10. The 1978 report of the Eastern Health and Social Services Board for Northern Ireland lists five full-time and seven part-time Orthoptists for a population of 698,000. This report however, noted that the number was not sufficient to meet demands and that the needs of the area had been estimated as requiring 16 Orthoptists i.e. a ratio of 1:43625.
11. Several assessments have been made as to the number of Orthoptists required for this country. A paper prepared by Dr. J. Nolan, Consultant Ophthalmologist, Galway Regional Hospital, concluded that 1 full time Orthoptist per 100,000 population was required on the basis of a squint incidence of 5-7 cases per 100 total population. Dr. Nolan suggested a minimum staffing requirement of 12 orthoptists to establish an acceptable level of service for Medical Card holders and their dependants with a further 24 Orthoptists being required to provide a service for the rest of the community. In a submission on the development of Orthoptic services which it made to the Department of Health in October, 1978, the Irish Association of Orthoptists suggested a minimum requirement of 50 Orthoptists i.e. an orthoptist/population ratio better than 1:70,000. The orthoptic manpower needs were also discussed in a paper prepared jointly by the Regional Eye Department, Ardkeen Hospital and the Community Care Services of the South Eastern Health Board.

The paper opted for a staffing ratio 1:80,000 which would give a total need for 42 Orthoptists on the basis of current population figures. A comment on our requirements was also made by Miss Yapp, Vice Chairman, Education Committee, Orthoptic Council of the U.K. in a report which she recently prepared on the feasibility of locating an orthoptic school in the Royal Victoria Eye and Ear Hospital, Dublin. She stated that 'in calculating the number of Orthoptists desirable to provide an adequate service, consideration should be given to the increasing scope of orthoptics. Screening of pre-school and school children, child development centre work, glaucoma clinic work including visual field recording and possible tonometry..... It would seem that ultimately between 50 to 60 Orthoptists should be available.'

12. While it would be possible on the basis of the foregoing information to make some assessment of the optimum number of Orthoptists likely to be required to operate a service for a total population, there is no possibility of sufficient numbers of Orthoptists being available to staff such a service in the immediate future. It was therefore agreed that the Working Group should concern itself with recommending the minimum number of Orthoptists necessary to establish an acceptable level of service, bearing in mind the shortage of Orthoptists and the need to ensure an adequate geographical spread of such numbers as are likely to be available. It was also agreed that Orthoptists should be travelling officers providing services throughout the area and that appointments should be based on consulting ophthalmic operating centres viz., Dublin, Cork, Limerick, Galway, Waterford and Sligo.
13. The Working Group accordingly recommends a complement of 27 wholetime Orthoptists, or their part-time equivalent, as being the minimum number necessary for the provision of an orthoptic service on a national scale. The number of appointments recommended for each centre and the areas to be covered are listed under. The appointments are inclusive of existing Orthoptists employed in the areas concerned.

Dublin Centre:

A total of 12 Orthoptists, catering for the Eastern, Midland and North Eastern Health Board areas and centred on the Royal Victoria Eye and Ear Hospital and the Mater Hospital, is recommended.

| <u>Centre</u> | <u>No. of Orthoptists</u> | <u>Area Covered</u> |
|---|---------------------------|---|
| <u>South City Centre</u> | | |
| (based at the Royal Victoria Eye and Ear Hospital and serving also St. Vincents. St. James's and Our Lady's Hospital (Crumlin). | 7 | Midland Health Board Eastern Health Board (excluding area covered by North City centre) |
| <u>North City Centre</u> | | |
| (based at the Mater Hospital and serving St. Josephs Hospital, Temple Street, the Charitable Infirmary, Jervis Street, and St. Laurences) | 5 | North Eastern Health Board Eastern Health Board (excluding area covered by South City centre) |

Cork Centre:

A total of 4 Orthoptists, catering for the Southern Health Board area and based on the Regional Hospital, Cork, is recommended.

Limerick Centre:

A total of 3 Orthoptists, catering for the Mid Western Health Board area and based on the Regional Hospital, Limerick, is recommended.

Galway Centre:

A total of 3 Orthoptists, catering for the Western Health Board area and based on the Regional Hospital, Galway, is recommended.

Waterford Centre:

A total of 3 Orthoptists, catering for the South Eastern Health Board area and based on Ardkeen Hospital, is recommended.

Sligo Centre:

A total of 2 Orthoptists, catering for the North Western Health Board area and based on the General Hospital, Sligo, is recommended.

Recruitment of Orthoptists

14. There is no training school for Orthoptists in this country and Irish students must train in the U.K. There are a number of training Schools in the U.K. The training extends over three years. Until such time as a school is established in this country, we must rely for our requirements on recruiting U.K. trained Orthoptists. It is understood that a number of Irish students are at present in training in the U.K. However, the number is small and would make little impact on our requirements, as recommended. It is possible that we may be able to attract other trained Orthoptists from the U.K., especially Irish girls anxious to return home. If the numbers so recruited are inadequate, consideration should be given to the possibility of sponsoring training in the U.K. for a number of Irish students on condition that they take up employment here for a specified period on completion of their studies.
15. It is accordingly recommended that employing authorities in this country with vacancies for Orthoptists should be advised to:-
 1. Advertise vacancies in the U.K., and, depending on the response,
 2. Consider the feasibility of extending the arrangements for sponsoring training in the U.K. on condition that the persons so sponsored take up employment for a specified period on completion of their studies.

Establishment of Training School

Proposals for Establishment of Training School

16. In 1977 the Royal Victoria Eye and Ear Hospital, Dublin approached the Department of Health concerning the possibility of establishing an orthoptists training school and followed this in 1978 with a formal proposal that a school be established at the hospital. It indicated that the requirements for setting up a

training school would not be exorbitant. The requirements listed included the provision of an area of roughly 2,000 sq. ft. which the hospital could provide, and equipment estimated at that time to cost £5,000. The staffing requirements were indicated as a Head of the Department (£7,000 p.a.) and two teachers (£10,000 p. It was envisaged that the total payroll implications would probably not exceed £20,000 p.a.

17. The Irish Faculty of Ophthalmology at its 1978 Annual General Meeting agreed that an Orthoptic training school should be established, that it should be based in Dublin and that the most appropriate place for its siting would be the Royal Victoria Eye and Ear Hospital. The Faculty further agreed that the academic and training standards of the school should be in line with similar schools in the U.K., that a high standard of basic science teaching should be provided and that a practical academic affiliation should be established with a Dublin Medical School.
18. The Irish Association of Orthoptists informed the Department of Health on 30 January 1979 that it favoured the establishment of a training school in this country in the near future, possibly in the Royal Victoria Eye and Ear Hospital, Dublin and in close liaison with either T.C.D. U.C.D. or the Royal College of Surgeons in Ireland. The Association stated that the status of the school and the training provided should be such as to ensure that the profession would maintain parity with Orthoptists in other countries.
19. The proposals for the establishment of a training school which have been outlined to the working group by the representatives of the medical organisations, envisage a school providing a 3 year course of training and having a minimum intake of 3 students into each course cycle. This view is endorsed in a report on the feasibility of establishing a training school in the Royal Victoria Eye and Ear Hospital, Dublin which was recently made by Miss Yapp, Vice-Chairman, Education Committee, British Orthoptic Council - a copy of the report is at Appendix 2.

Need for a Training School

20. If the recommendations made in this report for the development of the Orthoptic services are to be achieved, it will be necessary to recruit a significant number of trained Orthoptists over a relatively short time. We are unlikely to recruit enough of them to meet our expansion needs unless we sponsor the training of Irish nationals in the U.K. Even when these needs have been met, the maintenance of staffing levels is likely to necessitate the continuance of a sponsorship scheme.

The working group is of the opinion that this total dependance on the U.K. should at least be reduced and that a training school should be established here provided it can be done at reasonable cost.

Role of Training School

21. It is estimated that the setting up of a training school would take at least 2 years. Accordingly if the course of training is of 3 years duration the first group of students would not graduate before 1985. Therefore, the immediate role of the training school would be to make good the shortfall in our needs from about 1985 onwards or at least to make a contribution towards those needs. It seems fair to assume that these needs are unlikely to be less than an annual output of 3 graduates as envisaged in paragraph 19 above and that the establishment of a school on that basis would not lead to an oversupply situation.

Requirements for admission to the Training School

22. The working group considers that the minimum educational requirements for admission to the school should be pass Leaving Certificate or Matriculation standard in at least five subjects which include mathematics and a science subject.

Curriculum

23. The working group considers that the training provided should be at an equivalent level to that provided in the U.K. and of the same duration viz; 3 years.

Professional Qualifications

24. The working group considers that arrangements should be sought with the British Orthoptic Council which would enable students of the Irish school to sit the examinations for the U.K. diploma.
25. The group is in favour of ultimately awarding an Irish qualification to graduates of an Irish school and recommends that the possibility of establishing such a qualification should be explored with the Higher Education Authority. If such a qualification is created, reciprocity should be sought with the Diploma of the British Orthoptic Council.


Location of Training School

26. The Irish Faculty of Ophthalmology and the Irish Association of Orthoptists have recommended the Royal Victoria Eye and Ear Hospital as the location for a training school. The hospital has itself indicated its interest in having the school. (See paras. 16, 17 and 18). The proposals for the establishment of a training school as outlined to the working group by the representatives of the medical organisations also favour this hospital for the location of a training school.
27. The Royal Victoria Eye and Ear Hospital put forward proposals to the Department of Health in 1978 for the establishment of a training school at the hospital (see para. 16). The possibility of locating the school within the existing premises was more recently explored by the Hospital in consultation with Miss Yapp Vice-Chairman, Education Committee, British Orthoptic Council. Miss Yapp visited the hospital in November 1979 and a copy of her report is attached at Appendix 2. Her report states that a suitable area on the lower ground floor of the hospital at present used as a medical storeroom could be converted to fulfil the needs of the teaching area for a training school. She estimated the cost of alterations as being in the region of £5,000 and the cost of furnishing coming to about £4,000. The cost of clinical equipment was put at between £11,000 and £12,000. Miss Yapp does not consider the existing clinical area adequate for training school use and suggests that this difficulty could be overcome by the conversion of two portakabins which are at present occupied by the x-ray Department. Dr. Crookes has confirmed that the conversion of the medical storeroom has been discussed by the Council of the hospital and that the Chairman of the Planning Committee has agreed that other accommodation could be provided for the stores at no additional cost. An independent estimate obtained by the hospital puts the cost of the building works at approximately £10,000, of which some £7,000 would be required for the conversion of the storeroom for use as a teaching area.
28. Miss Yapp's proposals were subsequently examined on site by Mr. C. O'Tierney, Architect, Department of Health. Subject to a number of minor alterations, he agreed that the conversion of the accommodation to provide a teaching area could be carried out for approximately £7,000.

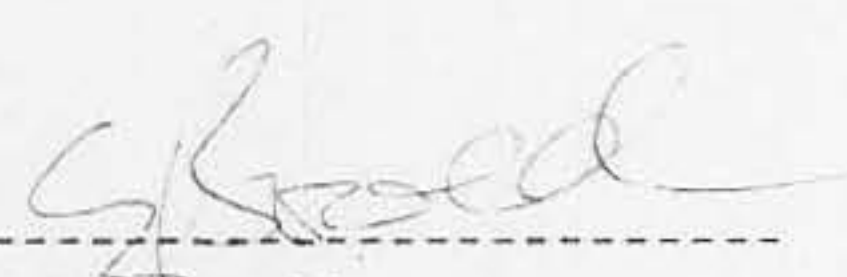
29. It would seem to the working group that the capital cost of adapting premises in the Royal Victoria Eye and Ear Hospital is reasonable for a project of this nature. The working group accordingly recommends that the school should be located in that hospital.

Expenditure on Running of School

30. Before a training school is established it will be essential to get precise information on likely running costs. The working group has been advised that the cost of staffing and running the school would be of the order of £27,000 p.a. viz; £15,000 p.a. for two teachers, £4,000 p.a. for a secretary, £4,000 p.a. for fees etc., to visiting lecturers and a further £4,000 p.a. for other running expenses. Some of this expenditure could be recouped by student fees. The extent of the service commitment of the teaching staff and the more senior students can also be offset against the running costs of the school. It is estimated that about half of a teachers time could be spent in the actual treatment of patients.




Dr. A. Walsh, Chairman



Dr. R. Howell




Mr. C. Conway



Dr. G. P. Crookes



Miss M. O'Carroll



Miss A. McManus, Secretary

The following problems need to be solved:-

Is it intended that Irish students should take the examinations of the British Orthoptic Council?

If this is so, then the facilities for training must comply with the requirements of the British Orthoptic Council and also the Council for the Professions Supplementary to Medicine. This may provide problems as Eire is outside the U.K. All training schools in the U.K. are subject to regular inspections by the C.P.S.M. and are obliged to act on the recommendations of this body. Advice may be given by the Secretary of the C.P.S.M. Dr. Donald on this problem.

Is it intended that an Irish Orthoptic Council be set up, and a diploma in orthoptics awarded by this Council?

This would necessitate comparability with the British Diploma, and negotiation to ensure reciprocity of qualification. It would be totally unacceptable to train Irish orthoptists who would be unable to practice anywhere other than in Eire.

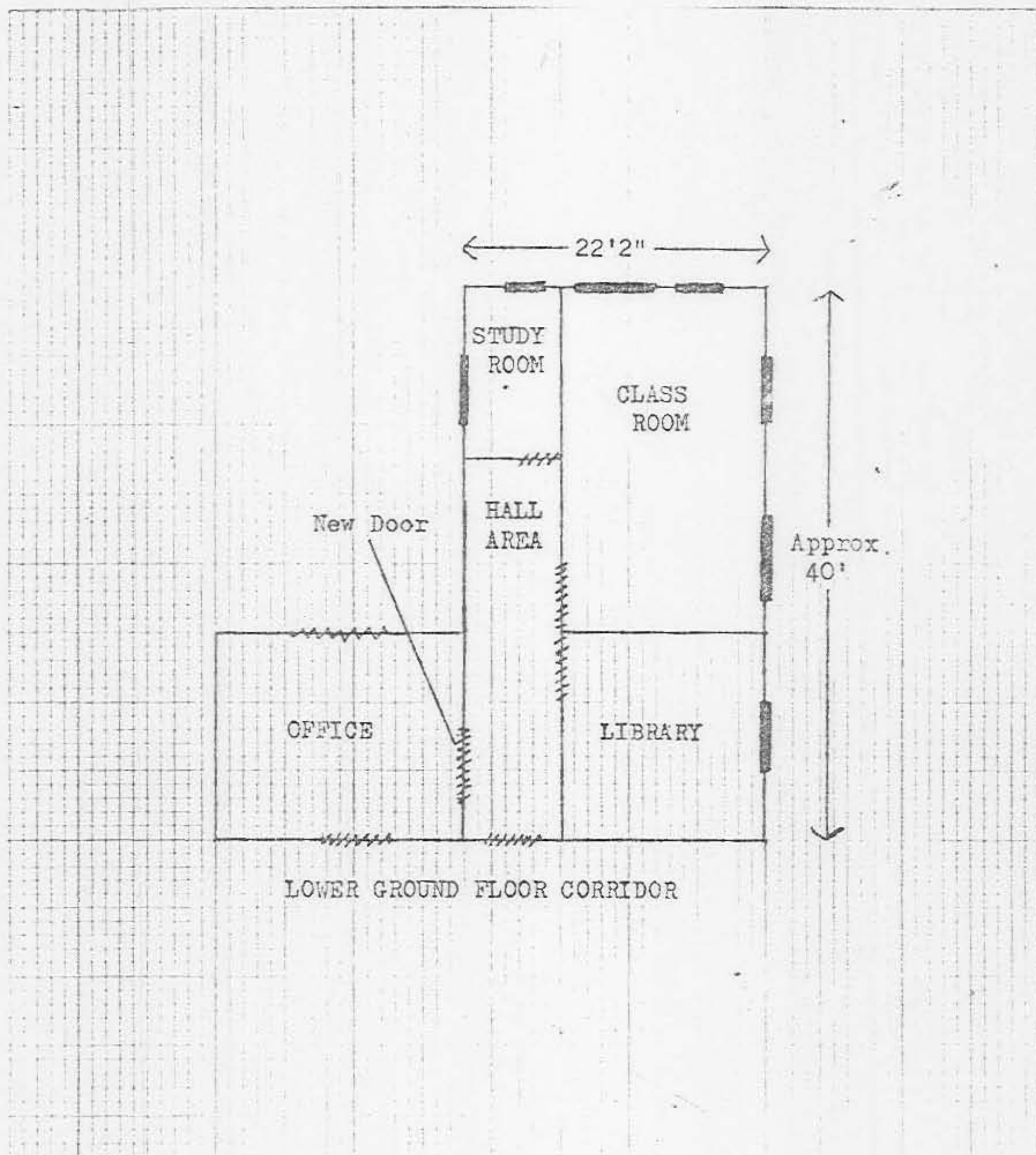
A careful assessment of the orthoptic requirements of the country must be made before embarking on the establishment of a training school:-

- i) in order to prevent 'over-training' and flooding the market with qualified orthoptists unable to find employment.
- ii) in order to ensure that sufficient orthoptists are trained to provide the appropriate service. Posts must be created and be available for qualified orthoptists.

In calculating the number of orthoptists desirable to provide an adequate service, consideration should be given to the increasing scope of orthoptics. Screening of pre-school and school children, child development centre work, glaucoma clinic work including visual field recording and possibly tonometry, and in certain controlled circumstances, supervised refractions. It is possible that some ophthalmologists are still unaware of the comprehensive nature of orthoptic training.

It would seem that ultimately between 50 and 60 orthoptic posts should be available in Eire.

For economic reasons an annual intake of 3 to 4 students seems to be the optimum. With no wastage at all the full complement of orthoptists would be provided in 12 to 16 years, but as this is most unlikely a long future for a school would seem ensured.



Number of Orthoptists EmployedPresent Situation

A total of 14 wholetime and 1 part-time (half-time) posts have been approved. The distribution of these posts and the numbers currently working in them are as follows:-

| | <u>No. of posts approved</u> | <u>No. Employed</u> |
|--------------------------|----------------------------------|---|
| <u>Dublin</u> | | |
| Hospital: Mater | 1 | 1 wholetime |
| Temple Street | 1 | 1 wholetime |
| St. Laurence's | 1 ($\frac{1}{2}$ time) | None |
| Royal Victoria Eye & Ear | 4 | *3 wholetime) 1 part-time ($\frac{1}{2}$)) |
| Our Lady's Crumlin | 2 | 3 part-time (equivalent of 2 wholetime) |
| St. Vincent's | 1 | 1 part-time 3 sessions per week |
| <u>Elsewhere</u> | | |
| Hospital: Cork Regional | 1 | None |
| Cork Eye, Ear and Throat | 1 | None |
| Ardkeen, Waterford | 1 | 1 wholetime |
| Limerick Regional | 1 | 1 part-time ($\frac{1}{2}$) |
| Sligo General | 1 | None |

*The orthoptists employed by Royal Victoria Eye and Ear Hospital also do sessions in Jervis Street Hospital, Dublin and in Kildare.

PROPOSED SCHOOL OF ORTHOPTICS IN DUBLIN

(Report prepared for the Royal Victoria Eye & Ear Hospital Dublin by Miss Yapp, Vice-Chairman, Education Committee, British Orthoptic Council)

ACCOMMODATION

Failing purpose-built accommodation, a suitable area on the lower ground floor corridor of the Eye and Ear Hospital could be converted to fulfil the needs of the teaching area for the training school.

Necessary alterations would demand sub-dividing the large room into four areas, by sound-proof floor to ceiling partitions.

Library - approx. 15' x 15'

Class room - approx. 25' x 15'

Study room - approx. 9' x 15'

Hall area - approx. 9' x 25' with exit door to main corridor and communicating door to office.

Office accommodation would be ideally situated in the adjoining room at present occupied by the medical stores.

Furnishings would include full carpeting (to help in sound-proofing) curtains, glass-fronted bookshelves, desks, tables, chairs, cupboards, lockers, wall-mounted blackboards.

Office furnishings would include desks, filing cabinet, chairs, book-case, cupboard, carpet and curtains.

Economical alterations to the above site would favour removal of the school to the more suitable site of the casualty department when this is vacated in several years time. The close proximity of the casualty department to the existing orthoptic clinic is significant in favouring this site for the school of orthoptics

EXISTING ORTHOPTIC CLINIC is totally inadequate for training school use. There is insufficient working space, and lack of privacy so essential for the examination of young easily distracted patients. The new room is a great improvement but there is need for further expansion. The two Mobile units at present occupied by the X-ray department, would be a fairly satisfactory solution if these units can be sited in close proximity to the existing department. If they have to be erected a distance from the department, a covered way would be desirable. Fully equipped, these units would provide four examination areas, with at least two vision testing channels.

Approximate cost of alterations would be in the region of £5,000 (excluding carpets and curtains and redecoration)

Approximate cost of furnishing the schoolrooms and office £4,000 (excluding library books)

Approximate cost of additional clinical equipment £11,000/£12,000.

