

# Roles, titles, and the healthcare scientist

BY ROSALYN PAINTER

Within the typical eye unit, there are lots of ‘Ophth’ job titles. We as ophthalmic professionals mostly know what these titles mean, but do our patients and junior staff?

**D**uring my career I have had many and varied job titles, including ‘ophthalmic assistant’, ‘glaucoma technician’, ‘senior assistant ophthalmic imaging technician’ and ‘ophthalmic imager’. Some of these titles are downright confusing and probably misleading. Over the last few years as I have progressed into leadership roles, it has become clear that there is a fractured view of the profession I know and love as ophthalmic imaging. Titles can be confusing to junior members of staff and can sometimes feel like they lead to silo working. There is also a lack of consistency across ophthalmology for what we know as the staff group that does diagnostic ophthalmic imaging. Let’s get back to basics to try to bring some clarity, not just for other professionals within ophthalmology but for our patients as well.

## Do you know the difference between an allied health professional (AHP) and a healthcare scientist (HCS)?

NHS England defines 14 allied health professions [1] and more than 50 healthcare science careers [2]. The difference between the AHP and HCS groups comes down to professional registration and the protected titles. To use the title ‘orthoptist’, you must be registered with the Health & Care Professions Council (HCPC, [www.hcpc-uk.org](http://www.hcpc-uk.org)) – this is the regulatory body for AHPs, whereas the Academy for Healthcare Science (AHCS, [www.ahcs.ac.uk](http://www.ahcs.ac.uk)) holds the accredited professional register for Ophthalmic and Vision Science (as well as the other physiological sciences). The AHCS register is not statutory, meaning that it is advisable for someone working in this profession to register, but it is not a legal requirement in the same way as orthoptists and the HCPC register. Optometrists are regulated by the General Optical Council (GOC) which falls outside of both AHP and HCS groups, leading to further confusion for patients, however the optometrist’s title is more recognisable to patients.

Healthcare science is broken down into four categories of which we will focus on the physiological sciences. There are 11 physiological sciences, with a broad job purpose – “Healthcare science staff who

work in the physiological sciences use specialist equipment, advanced technologies and a range of different procedures to evaluate the functioning of different body systems, to diagnose abnormalities, and to direct and in some case, provide therapeutic intervention and long-term management and care” [3]. Ophthalmic imagers fall into the category of physiological sciences within healthcare science.

You cannot call yourself a healthcare scientist unless you are professionally registered, demonstrating a specific level of education through the Scientist Training Program (STP) or going through STP equivalence with the AHCS. There is a new apprenticeship route for ophthalmic imagers which allows AHCS registration as ophthalmic healthcare science practitioners, upon completion of the end point assessment of the BSc Healthcare Science (Ophthalmic Imaging) degree programme, provided by the University of Gloucestershire. Ophthalmic healthcare science practitioner is the stage before ophthalmic healthcare scientists. For those of us working within the physiological sciences profession of ophthalmic and vision science, please consider registering. This helps the profession become recognisable for patients.

## Why is this significant?

How many of us have tried to explain our roles to patients, carers or families only to be met with a blank expression or a comment like, “Oh, I thought you were a nurse or doctor.” Raising awareness amongst staff and patients is not only important for our sense of self and recognition amongst the many staff groups that work within ophthalmology, but it also informs our practice. Policies and procedures that define what we are able to do are informed by the professional bodies we associate with, who draw guidance from the regulatory bodies who hold the registers. That is not to say that we should be precious about who does certain tasks, but that we should be using policies and procedures to inform our work. And in turn, this allows our patients to understand the many job titles within ophthalmology and what that means for them.

The lack of synergy for titles across the NHS probably affects our support staff even more as wage banding can be defined by title – I personally don’t think it’s fair that someone doing the same job in two different trusts can be paid anywhere from a band two to band five. There is work going on in the background to define the job roles and titles for our support staff, but as we all know the NHS is a very large ship to steer and needs tugboats to help navigate on occasion.

## Own your role, and its title

Professional registration is important no matter what type of registration that is. Patient understanding matters, and we should be proud of our professions and shouting about them until our patients (and colleagues) understand the differences between an ophthalmologist, optometrist, orthoptist, ophthalmic nurse and ophthalmic healthcare scientist.

This column aims to better recognise the variety of roles within ophthalmology. If you are an AHP or HCS or anyone else within the sphere of ophthalmology who wants to get involved, please do consider submitting your articles, letters and papers for publication within this section of *Eye News* or one of the other fantastic sections.

## References

1. Allied Health Professions. *NHS England*. <https://www.england.nhs.uk/ahp/role/>
2. Make a difference in more than 50 healthcare science careers. *NHS Health Careers*. <https://www.healthcareers.nhs.uk/explore-roles/healthcare-science>
3. Physiological Sciences. *NHS Health Careers*. <https://www.healthcareers.nhs.uk/explore-roles/healthcare-science/roles-healthcare-science/physiological-sciences>

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## SECTION EDITOR



**Rosalyn Painter,**

Ophthalmic Healthcare Science Education Manager, Gloucestershire Research & Education Group, Gloucestershire, UK.  
[rosalyn.painter@nhs.net](mailto:rosalyn.painter@nhs.net)