



# Thoughts on establishing mid-level ophthalmic personnel for VISION 2020 in India



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Mid-level ophthalmic personnel (MLOP) are dedicated ophthalmic paramedics and nurses in ophthalmic departments. In 1980, a WHO Task Force on training such auxiliaries identified three levels of workers in India, with varying levels of training. MLOP might be hospital-based (nurses, refractionists, ophthalmic technicians/assistants, theatre personnel etc.), or community-based personnel.

One of the targets recommended at the National Conference on Primary Eye Care to support VISION 2020 (Coimbatore, April 2002) was to post one MLOP per 50,000 population throughout the country by 2020. In 2003, the National Working Group on VISION 2020 recommended a ratio of three to four MLOP per ophthalmologist in hospitals.

There is no recent data on the number of MLOP working in this capacity, or of their distribution across the country. In 2003, an estimated 6,000 community ophthalmic assistants and 18,000 hospital ophthalmic paramedics had been trained. These numbers were projected to increase to 10,000 and 30,000 respectively by the year 2005.

## Training of MLOP

Training courses are conducted by the government and the private non-governmental sector. There is no standardised duration, curriculum, accreditation status or intake. Few training centres have data on the work their graduates go on to do.

Available information identifies 50 training institutions across the country for MLOP, with an annual output of 1,200 community ophthalmic assistants, and 1,500 hospital ophthalmic paramedics.

## Concerns

A number of concerns arise from the present situation:

- non-standardised training, with no accreditation requirements,

results in the need for retraining personnel who change jobs

- no guarantee of a job (except in the governmental sector) results in attrition of trainees and of trained personnel
- no clear career structure, and very little continuing education, results in demotivation
- ophthalmologists, trainee ophthalmologists and optometrists spend a significant proportion of their time doing jobs that could be done by an MLOP. Job satisfaction is often low, consequent to an inappropriate job-skills match.

## Proposed solutions

1. A national meeting of experts from training centres is planned for early 2006 to create a curriculum. If planned in a modular format, this curriculum could be relevant to training MLOP in specific roles.
2. The career aspirations of experienced MLOP should be taken into account while formulating a career path for these cadres of staff. The modular curriculum will help the worker in deciding which path to opt for.
3. Standardised training will help create a common platform for employment, and encourage new entrants into the field.
4. Continuing education and updates should be planned.
5. Services can be made efficient and the morale of staff improved if personnel perform the highly skilled tasks for which they are trained.
6. True decentralization of the National Programme for Control of Blindness will occur if MLOP who show initiative are included in planning for the district through the District Blindness Control Society (DBCS). This will provide a career path option for MLOP, as well as improving the functioning of the DBCS.

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## Submissions to the *Community Eye Health Journal*

*Community Eye Health Journal* is published quarterly. It addresses the problem of avoidable blindness and focuses on countries where the burden of preventable blindness is greatest. Articles combine clinical issues with public health approaches, which include disease control, research, planning and management, appropriate technology, human resource development, advocacy, social sciences and health communication. Attention is also paid to programmes for people who are blind or living with low vision. The principle aim of the journal is educational, to ensure that up-to-date and relevant information reaches eye care and general health workers of all levels in a reader-friendly format that can easily be adapted for training. The journal is also published on-line and on CD-ROM. Selected articles are published in special French and Chinese editions. The Indian edition includes a four page supplement containing articles relevant to Indian readers and managed by the Indian Supplement Editorial Board.

Contributions are considered in two broad categories:

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Each issue is based on a theme for which all articles are commissioned. The editorial committee maintains a database of authors who are specialists in their field and able to provide a synthesis of relevant research and best practice, with reference to the realities of work in countries where most preventable blindness occurs. Invited authors are provided with a detailed brief for their article in a commissioning letter, and work closely with the Editor on the format and

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