

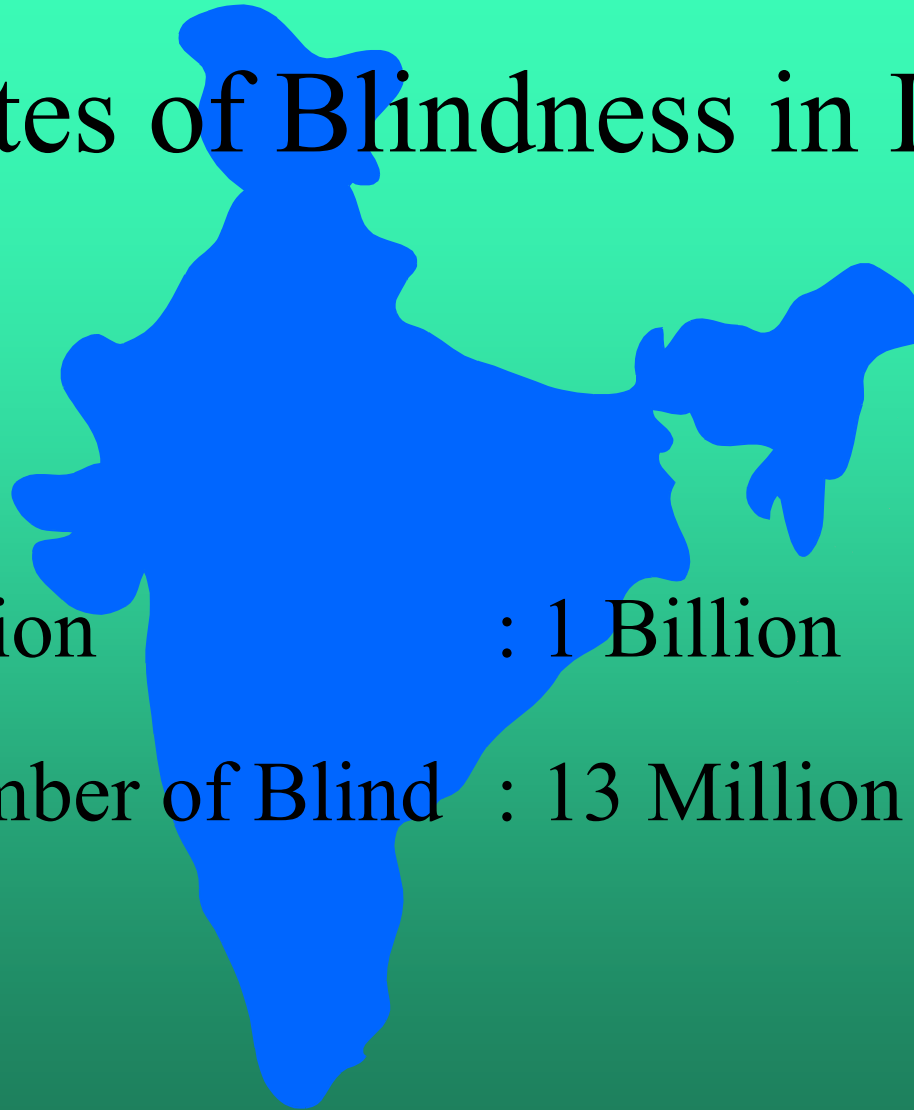
Strategies for production of middle and primary level workers

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Aravind eye care system

Madurai

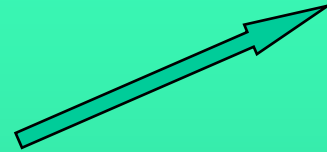
Estimates of Blindness in India



Population : 1 Billion

Est. number of Blind : 13 Million

Available
Ophthalmologists



In Govt. - 3000



In private - 7000

Ophthalmologists: distribution

| | Popln. | Oph. | Pop/Oph |
|--|--------------|------------|-----------------|
| In 23 cities with Popln.>1m | 8.4% | 43% | } 21,000 |
| In 33 cities with Popln. 0.5 to 1 m | 2.5% | 14% | |
| | <u>10.9%</u> | <u>57%</u> | |
| Rest of the country | 89.1% | 43% | 219,000 |

Transition of eye care providers in India

**Doctor – Clinic
focused**



**for better
efficiency**



**Skilled personnel to
handle technological
advancements**

**Doctor - Community
focused**

VISION 2020-Indian priorities

- Cataract backlog
- +
- Diabetic retinopathy
- Glaucoma
- Corneal opacity

*Ophthalmologist
can handle*

*Refractive errors
and minor eye
ailments*

*Trained
personnel
can handle*

What is the option and why?

MLOPs

- Available in the local community
- Cost effective

Mid level ophthalmic personnel

Non doctor professionals working only in eye care

Facility based

- Ophthalmic assistant
- Optometrist
- Ophthalmic technician
- Optical dispensing
- Instrument technician
- Camp organiser

Community based

- Independent worker
- Community based rehabilitation worker

Role of MLOP

- Patient evaluation
- Monitoring
- Diagnostic tests
- Surgical assistance
- Counselling
- Proper direction/referral

Impact on the Ophthalmologist

- More surgery
- Improve quality
- Training

Ideal Ratio:
4 MLOPs per
ophthalmologist
(hospital setting)
One per 25,000 population
Community based

Current Status (Private)

- **Very few trained refractionists / optometrists**
- **ON THE JOB TRAINED** with very diverse skill levels

Current Status (Government)

- A small number of trained optometrists
- Nurses posted on rotation to eye department without any special ophthalmic training and are then often transferred to other departments

Training programs available

Govt formal
programs -PHC
level

Private formal
programs –
institutional needs

based on individual
practice **On the job**
training

*Variation in
quality of
training*

India has

196 Universities
8111 colleges
887 polytechnics

Only 3000
optometrists

Requirement for a Million Population

| | What we have | What we need |
|-----------------------|---------------------|---------------------|
| Ophthalmologist | 10 | 20 |
| Hospital based MLOPS | 10-20 | 80-100 |
| Community Based MLOPS | 10 | 30-40 |
| CBR Workers | ? | 15-20 |

Desired Ratio of MLOPS

- Hospital based - Ideal ratio of MLOPS per ophthalmologist : 4 to 5 to carry out all repetitive skill based activities
- Community based - independent workers: One worker per 25,000 population to provide refraction, primary eye care and referral services

What can hospital Based MLOPS do?

- In the OPD carry out all measurements – VA, tonometry Fields, Biometry, Refraction, contact lens fitting
- In the OR – anaesthesia, patient preparation, dressing, assisting, sterilisation
- In the ward – administer drugs, identify problems early
- Counseling at all stages

Community Based Independent Worker

- More under the government
- Deal with common eye ailments in the community
- Refraction and prescription of glasses
- Provide Better coverage and enrich the work of hospital based staff

Community Based Rehabilitation worker

- Rehabilitation of the blind
- Identification and referral of treatable blindness
- School eye screening

Primary health workers

- Integrate primary eye care into health care
- Cater to 5000 population

•Unskilled
workers,volunteers

•Community health workers

Eye health promotion
Register maintenance
Identification of blind

Instruments maintenance technicians

- Installation of equipment , testing,Routine care
- Preventive maintenance,Repair

Role of Camp Organizer

- Plan for eye camps in his area
- Approach sponsors
- Provide physical facilities
- Coordinate the medical team
- Create awareness
- Arrange for transport of patients

Needs for the existing MLOPS

- **Uniformity in nomenclature**
- Re emphasise basics and re-orient to current technologies(through CME)
- New skills development and upgrading skills(through short term training programmes)

Enhancement

- Uniformity in teaching
- Uniformity in evaluation
- Uniform certification procedures

Immediate focus

- Review the current status
- Analyse the MLOPS in relation to needs,demand,
- Placement
- Identify needs for voluntary and private sector
- Consider various models
- Accredit training programmes

Need of the hour

- **Para medical council at national level**
- **Categorise as hospital based and community based**
- **Short term Certificate courses for in house MLOPS**
- **Develop detailed curriculum, duration teaching methods and aids**
- **Develop criteria for training centres and accredit**

Conclusion

- Trained MLOPs are required in large numbers for efficient eye care system
- Realisation of their contribution is crucial to fulfil the Vision 2020 goals