

ICO Position on Training Teams to Meet Public Needs

Position

The International Council of Ophthalmology (ICO) advocates for and encourages **Training Eye Care Teams** as an essential strategy to achieve Universal Eye Health. Transitioning from traditional clinical, institutionally-based training for ophthalmologists to a wider team-based training approach embracing all cadres, including allied ophthalmic personnel, will both optimize performance and contribute to accessible, affordable, comprehensive eye care for the betterment of our patients and communities.

There is evidence that patients receive higher quality care and are safer when services are provided by effective teams.¹ Training as a team promotes better communication, coordination, and cooperation.

The ophthalmologist-led eye care team includes a broad cadre of closely-aligned eye care personnel, including: ophthalmologist, optometrist, ophthalmic nurse, ophthalmic assistant/technician/medical technologist, refractionist, ophthalmic photographer, orthoptist, contact lens fitter, optician, and ocularist. Eye health stakeholders must commit to team-based training of eye health team members to ensure all cadres receive adequate attention, instruction, and deployment within the health systems of their countries.

Context

The World Health Organization (WHO) defines universal health coverage as “ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services.”² The same definition can and should be applied to eye health.

Delivery of services can require different cadres of eye health teams depending on the local system. Team functions vary between horizontal and vertical health schemes. The roles and members within a horizontal system, such as providing clinical services through a clinic, or vertically across referral points through levels of a health system will be different, but should be well integrated to achieve effective care pathways.

The main elements to achieve Universal Eye Health are:

Comprehensive Eye Care Services: Offering a breadth of services covering the range of vision impairment causes, from eye health protection, promotion and prevention, to curative care and rehabilitation.

Eye Health Integrated into Health Systems: The six building blocks of health system development are emphasized in Resolution WHA66.4 Universal eye health: a global action plan 2014-2019.³

According to the WHO these building blocks are:

- Governance
- Health financing
- Service delivery
- Human resources
- Medicines and technologies
- Information

To enhance availability and to be effective, eye health systems need a range of expertise, provided by a range of personnel. These include ophthalmologists, optometrists, and allied ophthalmic personnel as well as managers, accountants, pharmacists, equipment technologists, and medical records personnel.

Access for Everyone: All people should enjoy access to the best quality health care without risk of impoverishment.

At the point of care, payment should not prevent access: it should be free for everyone who cannot afford service. Access for everyone, regardless of age or gender, including people in underserved or rural communities, minority groups, and the disabled (including vision impaired), requires:

- Adequate health outreach and health promotion
- Appropriate technologies
- Addressing of barriers (mainstreaming + targeted programs)
- Clear referral pathways and mechanisms
- Equitable health financing systems.

The ICO's position on team training correlates to other relevant processes and documents, such as:

- The work on core competencies of eye health cadres by the World Health Organization Regional Office for Africa (WHO AFRO)⁴
- The International Agency for the Prevention of Blindness (IAPB) document on "Effective Practices for Eye Care Team"⁵
- The International Joint Commission on Allied Health Personnel's (IJCAHPO) curriculum and accreditation standards.⁶

Rationale

1. Need for "Training Teams" Models and Practice

A 2010 survey indicates that despite over 200,000 ophthalmologists worldwide, there is a widening gap between need and supply of ophthalmologists.^{7,8} There is a significant shortfall of ophthalmologists in low resource countries. In high resource countries, the population aged 60+ is growing at twice the rate of the profession. The authors conclude that to meet this increasing need for care, "it is necessary to aggressively train eye care teams now to alleviate the current and anticipated deficit of ophthalmologists worldwide."

Training

There is a need for team training models that could readily be integrated into existing training curricula for eye care professionals. While team training exists in various forms and levels globally, professional standardized models for training teams should be integrated within training curricula to motivate individuals to relate to their role in the team for the benefit of patients and their community.

Need for Continuous Professional Development (CPD) for Teams to Achieve High Quality Eye Care

Currently, CPD largely focuses on ophthalmologists or optometrists as individual entities without considering or including other eye health cadres. Existing accreditation systems within training programs perpetuate "silos," and do not bridge the formal and informal training alignment opportunities that are essential for developing effective teams.

Effective Practice

Definition of what constitutes "Training Teams Practice" (see below) is required to address quality of training and performance. Task-sharing and skills delegation should be aligned within team models, and the potential to scale up cost effectively should be assessed.

In eye health, a change of training approach is required to ensure that the competencies required for effective team work are also included in training and CPD. Those competencies include skills in leadership, listening, shared decision making and motivation, as well as attitudes that promote sharing knowledge, perspectives and responsibilities, and willingness to learn together. Please also refer to the Royal College of Physicians and Surgeons of Canada CanMEDS framework and description of the "Collaborator" role.⁹

Training Teams Examples

Two fruitful examples of training teams are provided by the L V Prasad Eye Institute and the Aravind Eye Care System. The successful pyramidal model of eye care delivery proposed by L V Prasad Eye Institute demonstrates that a health guardian, vision technicians, and community eye health manager working with a physician effectively take care of the eye health needs of a community of 500,000.¹⁰ The Aravind Eye Care System trains the team together with hospital managers to improve their efficiency and effectiveness, which has benefits for the institution as well as patients.

Further research is needed to identify good team practice in different contexts.

2. Problems with Current Training of Individuals in Eye Health

The different cadres within eye care should not be viewed as competing disciplines.

To achieve Universal Eye Health, an approach geared towards comprehensive eye care demands us to think more broadly. The reluctance to embrace shifting tasks that require less training to less-trained cadres will need to be addressed.

As part of comprehensive eye care teams, our interrelation, collaboration and referral structure must be reviewed and amended according to the best of interests of our patients.

In this regard, training eye care teams by thinking "outside the box" is required to nurture a better way of joint attention on eye patients and utilizing different fields of competencies within comprehensive eye care teams.

Recommendations

Good "Training Teams Practice" includes:

- Latest standard techniques on how best to teach and provide training of trainers (TOT) by experts in medical education.
- Ophthalmology residency programs specifically include competencies in leadership and communication skills, transferring the skills required to be a health advocate, communicator, and scholar.
- Developing training modules on "Training Teams" for ophthalmologists and allied ophthalmic personnel, defining their respective roles and responsibilities within the eye care team.
- Providing a common understanding of universal access and universal eye health.
- Preparing eye health cadres to work as part of a comprehensive eye care team with the ophthalmologist as the leader.
- Addressing CPD comprehensively for eye care teams, not only focusing on ophthalmologists.
- Governmental recognition and job descriptions for all members of the eye care team.

Conclusion

To achieve Universal Eye Health, the International Council of Ophthalmology advocates for and encourages comprehensive team training. Eye health stakeholders must commit to training eye health teams so that all cadres receive adequate attention, training, and deployment within health systems of their countries *contributing to accessible, affordable comprehensive eye health for all.*

Endorsed, Board of Directors, International Council of Ophthalmology (ICO), June 2018.



Endorsed, Board of Directors, International Agency for the Prevention of Blindness (IAPB), April 2018.

Endorsed, Board of Directors, Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) and International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO) April 2017.

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