

Study about challenges in optometry in India

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Abstract:

Blindness and vision impairment continue to be significant public health issues in India. The National Programme for Control of Blindness has emphasized the need for cataract surgical services and refraction services to be augmented, both in quantity and quality, in order to achieve the goal of eliminating avoidable blindness by 2020.[1] Cataract continues to be the leading cause of blindness in India with three out of every four people, above the age of 50 years, blind due to cataract.[1] However, uncorrected refractive error remains a major cause of avoidable vision impairment and the second most common cause of blindness in India. The World Health Organization (WHO) estimates that approximately 39.3 million, including 1.6 million children in India, are blind or visually impaired due to uncorrected refractive error.

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Introduction

India has a proud tradition of blindness prevention, being the first country in the world to implement a blindness control programme which focused on a model to address blinding eye disease. However, with 133 million people blind or vision impaired due to the lack of an eye examination and provision of an appropriate pair of spectacles, it is imperative to establish a cadre of eye care professionals to work in conjunction with ophthalmologists to deliver comprehensive eye care. The integration of highly educated four year trained optometrists into primary health services is a practical means of correcting refractive error and detecting ocular disease, enabling co-managed care between ophthalmologists and optometrists. At present, the training of optometrists varies from two year trained ophthalmic assistants/optometrists or refractionists to four year degree trained optometrists. The profession of optometry in India is not regulated, integrated into the health care system or recognised by the majority of people in India as provider of comprehensive eye care services. In the last two years, the profession of optometry in India is beginning to take the necessary

steps to gain recognition and regulation to become an independent primary health care profession. The formation of the Indian Optometry Federation as the single peak body of optometry in India and the soon to be established Optometry Council of India are key organisations working towards the development and regulation of optometry.

Review of literature

(De Souza et al., 2012) studied “The role of optometrists in India: An integral part of an eye health team” and found that the training and scope of practice of optometry in India has been somewhat fragmented in the past but has, in the last two years, made tremendous progress toward the establishment of a unified, standardized, and regulated profession that will meet its responsibilities for vision care, eye health, and provision of optical services to all those needing vision correction. Progress has included the formation of the IOF, the adoption of the Common Minimum Optometry Curriculum, the development and adoption of the Delhi Declaration, the commitment to a four-year degree program for all optometry registrants from 2020, and the establishment of a peer review Optometry Council of India to oversee education and educational institutions and to register optometrists. This augurs well for the elimination of the blindness and impaired vision due to uncorrected refractive error that affects 133 million Indians at a societal cost of over I\$23 billion in lost productivity and for 456 million Indians requiring vision correction to go about their daily lives. Indian optometry awaits approval from the Government of India to grant an independent healthcare professional status to optometrists. This will benefit the people of India, providing eyecare services for all, regardless of their economic status or geographical location.

(Thite, Gogate, Jaggernath, & Kunjeer, 2016) studied “Adequacy and relevance of Indian optometry curricula to practicing optometrists” and found that to ensure that future optometry graduates receive appropriate knowledge and skills to provide comprehensive primary eye care, it is important to evaluate the current optometry curricula. Aim: To evaluate the relevance of optometry curriculum in India by assessing the perceptions on the curriculum strengths and lacunae by practicing optometrists. Setting and Design: Questionnaire-based survey in India. Materials and Methods: A questionnaire was used to elicit the opinions of purposively selected, 4-year trained optometrists, on the adequacy, and relevance of the optometric curriculum subjects offered in the optometric institutions. Statistical Analysis

Used: Descriptive analysis was used to show reported frequencies of single responses to questions. The Cronbach's alpha test was used to measure consistency of responses to questions. Results: One hundred and three valid complete responses were received. Fifty eight (56%) participating optometrists were females. The most adequately covered optometry subjects as reported by the participating optometrists were contact lenses (n = 87, 85%), refraction (n = 86, 84%), ocular investigation (n = 75, 73%), and ocular disease (n = 75, 73%). Ocular diseases, low vision, and dispensing optics were, reportedly, covered sufficiently in theory, but the participants lacked adequate practical exposure. Basic optics had a maximum score regarding practical exposure, among support subjects while communication skills, computer skills, and community optometry were rated very low. Business aspect and legal aspect were inadequately taught. The optometry curricula in India are considered as being adequate and relevant, some subjects need more practical demonstrations and teaching of support subjects needs amendments.

(Rai, 2019) studied "Challenges of Optometry in SAARC" and found that acted by both governmental and non-governmental organizations forming joint collaborations with international organizations regarding the upliftment of the profession and basic eye care exams. The regulation of the profession is must for the overall management and development of this profession. The number of academic institutions providing optometry education should be increased proportionally to address the increasing demands. The attention of the government is must in terms of allocating sufficient budget for the overall development of this profession. The regulatory board constitutionally established for the regulations of the profession is must so that the overall professional and clinical aspects will run smoothly. In order to stop the illegal clinical work up by unqualified practitioners, there should be the strict formulations and effective implementation of laws. There should be a system of obtaining license by the qualified practitioners. The practitioners should be legally registered with the constituent boards as in developed nations. Furthermore, the decentralization of the optometric services is must for the proportional management and availability of the services.

(Krishankumar, et.al, 2016) studied "Role of Optometrist in Eye Hospitals" and found that optometrists are important members of the eyecare team in an eye hospital. They take care of a predominant portion in the outpatient services. The role of the optometrist in the hospital

set-up has expanded since its inception. In the early 1980s, the principal role of the optometrist in the hospital set-up was the performance of clinical refraction, while the ophthalmologist would pre- scribe the glasses. The period from mid-1980s to the early 1990s saw the evolution of optometry education into a degree programme that looked beyond basic refraction into other aspects of outpatient management. Today, optometrists play a complementary role to ophthalmologists in the tertiary eye care setup. With the addition of many more dimensions, it has developed into a multi-faceted role with ever increasing scope and responsibility.

Challenges in optometry

The two big challenges that are adversely affecting eye care in India are inadequate facilities and lack of access. There are only an estimated 15,000 ophthalmologists in India and only 45,000 optometrists against a required 125,000. With a population of more than 1.32 billion people, this means, a serious shortage of medical professionals leading to severe handicap in both screening and treatment of eye ailments in the country. The United States averages 1 ophthalmologist for every 15,800 people, which is recognised as an adequate ratio. In contrast, India has one ophthalmologist for every 1,07,000 people. While there are regions which have a ratio of 1:9000 (largely urban centres), some regions have as low a ratio as 1:608,000. The uneven distribution of surgeons and under utilization of their skills, because of unavailability of optometrists for basic procedures, has resulted in an unabated increase in blindness despite all the efforts made so far.

The reasons behind this sorry state of affairs are not far to seek. India, with a per capita public expenditure on health of just over 1 per cent of GDP, lags behind its South-Asian neighbours in the area of healthcare spending. The World Health Organisation recommends that countries should spend 4-5 per cent of their GDP on health to achieve universal healthcare.

The other big reason is awareness. Public perception is highest for health problems such as cancer and cardiac problems or lifestyle diseases such as diabetes. In cases of cataract, which is the leading cause for blindness in India (accounting for close to 63 per cent of vision impairment cases), a report revealed that 59 per cent of senior citizens incorrectly believed that cataracts could be prevented. In many cases, evidence shows that, even when services

are readily available, the population in rural areas is far less likely to access them due to such misconceptions. Even though loss of vision is a disability that is far more limiting to a patient than suffering from most other diseases, eye care remains at the lowest rung when it comes to listing India's healthcare challenges for policy makers in the country. The problem intensifies when combined with a broad lack of public understanding of eye health and its relationship with general physical health.

The opportunities

- **Comprehensive approach:** Focus on eye care needs among all levels of health services. Primary, secondary and tertiary levels need to rise to the challenge if avoidable blindness is to be eliminated. All the data and findings point towards the impending need of bringing focus on increasing access, better training of human resources and driving awareness among the masses to get their eyes checked at regular intervals, the absence of which has immediate and long-term consequences (both personal and economic).
- **Investments in access:** Eye care must be made available, accessible and affordable by identifying and addressing the factors which are acting as barriers. Resources in terms of upgrading existing infrastructure, upskilling ophthalmologists and optometrists and building a community health programmes and behaviour change communications should be directed towards the development of areas most in need, to successfully eliminate preventable and curable causes of blindness.
- **Investments in manpower:** To address the lack of human resources authorities should look at increasing the seats for ophthalmology in medical colleges to encourage medical students to opt for this speciality. Technology can also be effectively used to revolutionise eye health services. For example, through the use of telemedicine in public health centres, doctors can perform remote diagnosis. With increasing internet usage across the country, health apps have also emerged as a possible option to create awareness about the symptoms of eye diseases.

The Future of Optometry in India

Regulating optometry and defining the scope of practice for an optometrist While optometry is not recognized by the Government of India as an independent healthcare profession, the

Optometry Council of India will be a self regulating body to accredit practitioners and optometry schools against a set of guidelines. Initially, the Optometry Council of India will register those with less than a four-year degree, providing mechanisms for any such candidate to reach the requisite level of skills and knowledge of a four-year trained professional. This will be achieved through the development and implementation of bridging courses and lateral entry into optometry training programs by schools and colleges of optometry. By 2020, it is envisaged that the Optometry Council will only accept new registrations from four-year qualified optometrists. With input from the Association of Schools and Colleges of Optometry and Indian Optometry Federation, the Optometry Council of India will develop a national system for the accreditation of optometry schools, colleges and training institutions through the implementation of a Common Minimum Optometry Curriculum and have competency skill level evaluations and assessments for each level of optometry. Registered practicing optometrists will be required to participate in continuing education courses to encounter the new challenges of changes in technology and practice spectrum.

Conclusion

The integration of eye care into the government's primary healthcare ecosystem will be required to achieve India's Vision 2020 goals. In countries, where primary healthcare development is strong and functional, eye care programmes have achieved success. Blindness imposes not only lost quality of life and well-being for the affected individuals, but also a significant economic burden on society. As 80 per cent of blindness is preventable, one can imagine the larger impact of timely, better eye care of society and economy. Nearly 10 million people can enter the mainstream of life resulting in adding many more millions to the labour market, as even care givers now can concentrate their full energies in economic activity. By curing and preventing blindness, India can dramatically improve its productivity and reduce the overall burden of healthcare on families as well as economy at large.

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