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Editorial

Educating global contact lens practitioners with different levels of training

It is often said the world is getting smaller, and it is true to say we are more connected to colleagues, friends and relatives in other parts of the world. Social media has a played a massive role in helping with our communication. Through connecting with global colleagues we have a better understanding of the type of contact lenses practice around the world. There are papers that suggest the types of lenses fitted, or the types of problems encountered [1] or how one country deals with certain contact lens related complications [2].

I saw an interesting table on the International Council of Ophthalmology web site where it presented information on the number of ophthalmologists in countries where data was available. One of the additional bits of information was how many ophthalmologists were involved in eye surgery and how many would be classed as 'medical'. (http://www.icoph.org/ophthalmologists-worldwide.html) According to their figures there are over two hundred thousand ophthalmologists serving a global population of around 7.4 billion people. That is roughly one ophthalmologist per 29 million people. What surprised me was that around 40% of these are non-surgical ophthalmologists. It is not surprising perhaps that cataract remains the global leading cause of blindness (cataract surgery also remains one of the most common surgical procedures in the world). In many countries optometrists work in a diagnostic or even therapeutic capacity akin to 'medical' ophthalmologists. In some parts of the world opticians are allowed to refract and issue a spectacle prescription but in many countries they are not. It would be interesting to see figures for the number of optometrists and opticians around the world and how may are involved in contact lens practice, diagnostic and therapeutic work. Or what are the different approaches to paediatric contact lens practice [3].

In the case of routine contact lens practice, opticians engage in an additional course of training that is usually undertaken as part time study alongside work based learning. In most countries optometrists learn their contact lens skills during their full time study programmes although this is often supplemented in their work based training. Ophthalmologists who fit contact lenses usually do not undertake formal training and instead rely more heavily upon work based learning as part of their 'apprenticeship' with a senior colleague. The differences in the type of training is likely to have an effect on the contact lens market in countries where one group is more involved in contact lens practice. In the UK there are not many ophthalmologists who are actively engaged in routine contact lens practice and most routine contact lens fitting is undertaken by optometrists and contact lens opticians, although it would be difficult to estimate what the split would be as often in larger optical shops and practices a team approach is adopted. In Brazil contact lens work is largely in the realm of ophthalmologists and a similar situation exists in France for example. Japan also would have a lot of contact lens practicing ophthalmologists and data on prescribing trends in countries like this show differences in what types of lenses are prescribed compared to countries where the contact lens work is mainly performed by optometrists. Japanese data suggests that daily disposable soft lens fitting is around half of new fits, similar to other parts of the world [4] but toric and multifocal contact lens fitting is lower than other countries that have a similar contact lens market penetration [5]. Orthokeratology is pretty much non-existent in Japan [6]. Middle East countries have a lot of cosmetic contact lens fitting, and often through non-regulated sellers. Globally there seems to be an increased interest in scleral lens fitting although the overall volume of fits remains small in comparison to other modalities [7].

Each country will have an approach to eye care and contact les practice which has come about through what types of training or types of professions existed there. In the case of India for example, a former British colony, the training and professions are similar to those in Britain. There is no single approach to eye care and contact lens practice that will work globally and working with existing structures is more effective perhaps. Especially if training can be targeted to the right people. Organisations such as IACLE (International Association of CL Educators) is essentially a 'train the trainer' type of organisation and works with whoever offers CL education regardless of if they are ophthalmologists or optometrists or opticians [8]. Furthermore, in countries like the UK or USA, Australia, New Zealand and Canada the contact lens trainers at universities are usually full time academics, whereas in Asia-Pacific countries the teachers are often part time teachers but also have their own contact lens or primary eye care practice. The different approaches to educating contact lens practitioners and the different levels of practice certainly influence the types of lenses prescribed and worn but also offer fresh challenges to educators and manufacturers. Certainly one approach will not suit all parts of the world. However, it is fair to say that as contact lens practitioners overall we could all try harder, because ultimately we believe in the product and we believe it is of benefit to our patients so this should be our push forward for the future [9].

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