

The crisis in ophthalmology residency training programs

Dear Editor,

The article by Thomas *et al.*,^[1] on the state of the residency training program was very illuminating.^[2] As Grover puts it in his editorial, this is *the crisis* we face today which should be tackled in all seriousness.^[3] The slackness in many of our residency training programs is responsible for most of the problems in eye care we face today.

Studies show that even though the sheer volumes of cataract surgery has increased in India, the quality of these surgeries for sight restoration still leave a lot to be asked for. The quality of many of these is questionable.^[4] The practice of clinical audits is not being followed. Senile cataract still forms a large chunk of avoidable blindness in the country. Poor service and the fear of surgery are put forth as a major barrier for uptake of service by researchers.^[5]

A recent case control study done by us showed that eye care practitioners had missed many cases of advanced glaucoma. The lack of comprehensive eye care examination was responsible for that, and these skills can be taught and acquired only in a good residency program. The mushrooming of so many short-term training courses and the willingness of young ophthalmologists to work at dismal pay packets can all be attributed to this deficiency.

A study done by us to gauge the perspective of ophthalmology residents in Maharashtra, India had shown that the resident doctors were aware of this lacuna.^[6] They wanted to be taught basic examination skills. There was a great mismatch between their perspective of surgeries needed to be done to master them and the actual numbers being performed by them. Murthy's survey was directed to the heads of department and the residents' perceptions differed widely from the department heads.^[7] Non-cataract surgery was also neglected. Our patient expects more from ophthalmologists than just being good cataract carpenters.

We need to structure our residency training programs if Indian Ophthalmology has to be truly world class. Some of the best and the brightest medical graduates choose ophthalmology as their subspecialty. The training programs should nurture this talent rather than stunting it. One swallow does not make a summer; similarly, few world-class quality institutions do not make Indian ophthalmology.

The National Board of Examinations and the Academic and Research Committee of the All India Ophthalmology Society have taken some steps to this end. This overhaul is needed if the goals of Vision 2020 to eliminate blindness are to be met and if Indian Ophthalmology has to be truly quality driven. Few journals, conferences and continuing medical education programs (CMEs) cannot do that.

The All India Ophthalmology Society and the Indian Journal of Ophthalmology can take the lead in this in producing a preferred practice pattern, monitoring of structured residency training and standardization of the exit examination. The focus should be on the outcomes (what the resident learns) and not just the output (the amount taught/demonstrated) and the outlay (the money spent). We have the people (trainees and trainers), the resources (equipment and instruments), but we need to muster, as Grover aptly puts it, the will, and the desire to improve our system.

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