International Joint Commission of Allied Health Personnel in Ophthalmology (IJCAHPO®) and the Joint Commission of Allied Health Personnel in Ophthalmology (JCAHPO®) 
Recommendations to the 
Global Health Workforce Alliance 
Health Workforce 2030: Towards a Global Strategy on Human Resources for Health 

Introduction
There is an increasing need in developed and developing countries to strengthen the use of mid-level ophthalmic providers to support the need for access to quality eye care. In a survey by the International Council of Ophthalmology, the results show that there are approximately 200,000 ophthalmologists worldwide and that there is currently a significant shortage of ophthalmologists in developing countries. While the number of practitioners is increasing in developed countries, the aging population is growing at twice the rate of the profession. The gap between need and supply requires an aggressive initiative to train eye care teams in order to lessen the current and projected deficit of ophthalmologists worldwide.

The Joint Commission of Allied Health Personnel in Ophthalmology (JCAHPO®) and the International Joint Commission of Allied Health Personnel in Ophthalmology (IJCAHPO®) are dedicated to the mission of the advancement of mid-level ophthalmic personnel (providers) through the development and implementation of standards to ensure quality of education, training, certification, and accreditation.

In Canada and the United States, the ophthalmologist has an average of three (3) mid-level ophthalmic providers. Yet, the ophthalmology profession has a significant shortage of mid-level ophthalmic providers with research showing that 61% of the ophthalmologists had difficulty in finding trained and qualified mid-level ophthalmic providers and 26% to 33% indicating that they need to hire additional eye care team members immediately. They also indicated that 82% preferred trained, qualified, and certified mid-level ophthalmic providers. To ensure that the eye care profession has a cadre of qualified mid-level ophthalmic providers, we must work towards developing strategies to implement training, competency development, significant clinical experience opportunities and formal recognition of the profession.

Overall, we support the Global Health Workforce Alliance’s synthesis paper on Health Workforce 2030: Towards a Global Strategy on Human Resources for Health. Specifically, we recommend the following focuses in support of advancing the role and education of mid-level ophthalmic personnel worldwide by:
1. Developing a common definition of mid-level ophthalmic personnel
2. Recognition of the profession
3. Developing models of scope of practice and education

The following outlines JCAHPO and IJCAHPO’s position on the global need in the profession of mid-level ophthalmic providers.

Need for a Common Definition of Mid-level Ophthalmic Providers
Mid-level ophthalmic providers currently play an important role in the delivery of eye care in both developed and developing countries. Scope of practice is often defined by appropriate regulation and governments to meet the needs of the specific country environment. However, in various countries, this level of health care
providers is classified under many different names and titles. Ophthalmologists, governments, and educational institutions may classify them as para-ophthalmic professionals, ophthalmic assistants or technicians, refractionists, ophthalmic medical personnel, or as other medical professional’s classifications.

How to best utilize mid-level ophthalmic providers requires agreement on responsibility and accountability. Mid-level ophthalmic providers are health care professionals who are not doctors or nurses, but are health care associates acting under direct supervision or standing orders of others or who only provide a supportive role to those who directly engaged in curative and preventive care. In addition, their training is not as extensive and thus mid-level providers can be produced far more rapidly and at lower cost. It is critical to have a consensus on the common definition of mid-level ophthalmic providers that includes roles, qualifications and training requirements, responsibility, accountability, as well as a need to define scope of practice.

With the lack of an encompassing definition for mid-level ophthalmic providers that spans the globe, it is challenging for ophthalmologists and these providers to organize globally, advocate for their profession or be appropriately counted and included in occupational census or routine surveys, which is a critical step towards recognition and professional visibility. For practical reasons, some consensus on a common definition is needed of mid-level ophthalmic providers, given that the term “mid-level providers” is widely used in the literature.

The ISCO-2008 is positioned to be the worldwide standard labor information for many national occupational classifications and applications in specific domains for reporting, such as the healthcare workforce. The ISCO-2008 provides a base for charting the various cadres of mid-level healthcare providers who include direct providers of curative, preventive and promotive care, and health associate professionals who perform the tasks necessary to support diagnosis and treatment of illness. ISCO-2008 provides a means to aggregate data and information regardless of differences in training requirements, regulations and nomenclature.

Variations in nomenclature exist amongst countries and we suggest that a consensus of mid-level ophthalmic providers is needed and for countries to use the classification afforded by ISCO-2008 to enable comparison across countries. A definition of a mid-level ophthalmic provider is needed that encompasses the following:

a. Training, authority, and work regulations;

b. Education levels required to enter the profession;

c. Scope of practice

Need for Recognition of Mid-level Ophthalmic Providers

International recognition of the scope of practice of doctors and nurses can vary from country to country. Curricula and length of training and education also can vary. However, governments and the public understand the reference point of the scope and role of such health care providers.

While there are differences in the understanding and perceptions regarding mid-level ophthalmic providers, there is general agreement on the need to increase the number in the available workforce, standardization of their scope of practice and education and training, and international recognition of mid-level ophthalmic providers who have played a major role in the provision of eye care for decades. Additional engagement and decision-making of various stakeholders and political leadership is needed to effect such changes.

Mid-level ophthalmic providers strengthen the concept of a team approach to eye health care provision. As a continuum of eye health care provision and members integrated into the eye care team, mid-level ophthalmic providers play a significant role in the context of task-shifting from physician to the non-physician. This facilitates two key ideas regarding the role of mid-level ophthalmic personnel in: a) providing seamless patient care; and b) playing an important role in supporting and supervising other health workers and integrate with each other.
Standardization and international recognition must be addressed in-depth and broadly as issues. The fundamental issues being:

a. Can mid-level ophthalmic providers have a standardized “international” recognition to be perceived as an integral part of the eye care health system?

b. Can international institutions, such as WHO, increase their role in the advocacy for mid-level ophthalmic providers to strengthen the recognition of these health care workers?

**Need for a Models of Scope of Practice and Education of Mid-level Ophthalmic Providers**

Adequate training capacity for education is an important component in the development and recognition of mid-level ophthalmic providers. Across many countries, capacity for training mid-level ophthalmic providers is inadequate in terms of facilities, faculty, and clinical practice opportunities. Other key issues such as entry requirements, duration of training and education, competencies, assessments also may impact the quality of eye care.

Criteria and mechanisms for the identification of competencies must be an integral component in the development of the education and qualification of the mid-level ophthalmic provider. Using subject matter experts to conduct an analysis of what tasks need to be performed, what sets of skills are needed, and how to go about doing them can provide the leadership in the development of the training, education, and assessment of mid-level ophthalmic providers to ensure their competency.

Training dedicated training faculty takes time and resources that most countries cannot afford. Increasing the training of faculty who practical experience to ensure training is continuously relevant and updated is a critical component in the development of training for mid-level ophthalmic personnel. Additionally, there needs to be a proper balance between theoretical, classroom-based teaching and practical learning. Assessments (formative, during training; and summative, at the end of training) are also critical elements to ensure that required competencies are being met during training and have been acquired at the end.

A final evaluation process to ensure quality training and education of mid-level ophthalmic providers is the establishment of standards for assessment of the health care provider and the training program and/or institution. A critical requirement for achieving the intended impact of quality regulation and recognition of this eye care provider is to initiate systems and mechanisms to ensure that the desired performance or competence is sustained over time. Licensing and certification are one method to ensure sustainability, and accreditation of the academic program is another.

Outcomes are also measured on the merit of mid-level ophthalmic providers offering quality eye health care and their employability. Working under the direct supervision of the physician also ensures a level of quality care is precise, timely, and all patients are treated equitably.

**Summary**

Mid-level ophthalmic providers are a valuable component of the eye-care team. Their international recognition and standardization are needed to facilitate development of this crucial cadre to ultimately meet the world’s eye care needs. A process of individual certification and program accreditation is essential to assure appropriate quality and societal acceptance.
References


