



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

Guidelines for Teaching in Developing Countries According to Good Development Practice

Approved by: Board

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1. Purpose

To outline good practice for RANZCO Fellows who are involved in teaching ophthalmology in developing countries.

2. Background

RANZCO's development approach¹ is modelled on that of both the Australian and New Zealand governments' aid bureaucracies.^{2,3} RANZCO supports the concept of sustainable development to improve the situation of people living in developing countries, and accepts the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008),⁴ which commit donors, partner governments and multilateral development organisations to undertake actions to accelerate progress towards improved aid effectiveness. RANZCO is committed to contributing to the realisation of the Millennium Development Goals⁵ and the subsequent Sustainable Development Goals,⁶ particularly those related to achieving good health and wellbeing.

3. Teaching ophthalmology in developing countries

The elimination of avoidable blindness and vision impairment in developing countries^{7,8,9} requires the deployment of a competent, well-resourced workforce appropriate to local need and circumstance. Depending on evidenced clinical need, geographic considerations, availability of suitable candidates for training, and government policy and regulation, a local workforce may include a mix of practitioners: ophthalmologists,^{10,11} eye doctors, cataract surgeons,¹² specialist ophthalmic nurses,¹³ refractionists,¹⁴ ophthalmic technicians,¹⁵ "mid-level workers",^{16,17} managers,¹⁸ and community eye health workers.^{19,20}

Current good development practice recommends that ophthalmologists from developed countries teach developing-country eye care practitioners,^{10,11} rather than just provide one-off clinical services that create no legacy of ongoing care. Such teaching is usually a mutually rewarding way of making an enduring contribution to the development and maintenance of eye care services, with long-term benefits for local eye health.

To maximise the impact of the time and effort invested, ophthalmologists should carefully vet the organisations and projects to which they contribute.²¹ When that contribution includes teaching, ophthalmologists should ensure that any assignment undertaken meets standards of good practice.^{21,22,23} Although not comprehensive and no substitute for experience, Table 1 provides a checklist ophthalmologists may use to determine if those standards are likely to be met, and disappointment avoided.²⁴

Table 1: Checklist for the assessment of the teaching content of assignments offered to developed-country ophthalmologists who wish to contribute to international ophthalmology / blindness prevention activities in developing countries

Check item for a teaching assignment:	Comment:
<p>The cadre of eye health practitioner to be trained has a recognised role in local eye care</p>	<p>At a minimum, this means the cadre:</p> <ul style="list-style-type: none"> • and its functions are specifically recognised in government policy and enshrined in legislation and regulation; • has an appropriate job description requiring specific agreed competencies, with agreed responsibilities and reporting; • has or is part of a clearly defined career structure that has minimum entry requirements (for example: education, previous experience) and recognises, promotes and rewards qualification; • is specifically mentioned in local blindness prevention and Vision 2020 plans.^{7,8}
<p>The trainee and her/his employer commit to post-training deployment and activity²⁴</p>	<p>At a minimum, this requires:</p> <ul style="list-style-type: none"> • a binding, enforceable commitment for a defined reasonable (in proportion to the training given) period; • evidence of the financial and workplace (management and supervision, equipment, space) ability to absorb new employees and sustain those returning after training;¹ • opportunities and a requirement for ongoing professional development.^{7,21,22}
<p>Training should be endorsed</p>	<p>Teaching, whether ad hoc in-service or part of a qualification course, should be delivered under the auspices of a recognised local education institution responsible for the training, examination and certification of the cadre taught.</p>
<p>Training should be according to a formalised curriculum^{1,18,22,25,26}</p>	<p>Teaching content and method of delivery should be determined by an endorsed curriculum that:</p> <ul style="list-style-type: none"> • meets requirements for professional qualification; • has clear learning objectives in line with the job description for the cadre; • is competency-based, and can only be passed when competency has been demonstrated; • embodies principles of adult education; • provides clear lesson plans; • comes with or provides guidelines for learning materials;

	<ul style="list-style-type: none"> • outlines appropriate standardised assessment content and techniques.
<p>Training should occur in circumstances that reflect the realities of everyday work of the cadre</p>	<p>Where possible, training should occur in or as close to the usual work conditions the trainee will be faced with on graduation.</p> <p>There is little benefit to be had from training in alien clinical circumstances, on equipment unavailable, about diseases unseen or for which there are no resources to investigate and treat. Similarly, observerships have repeatedly been demonstrated to be ineffectual as a training modality.</p> <p>Competency-based training requires supervised practical activity.</p>
<p>Training must occur in a language in which the trainee is fluent</p>	<p>It is preferable that training occurs in the trainee’s native tongue, or at least one in which she/he is competent. An interpreter is essential if the expatriate ophthalmologist is not fluent in this language. The interpreter should have previous experience working in the circumstances prevailing because knowledge of technical terms and their translation is essential. This is especially so for clinical teaching. Otherwise, the ophthalmologist will spend her/his time teaching the interpreter and not health practitioners.</p>
<p>There should be opportunity for appropriate formal debriefing at assignment end</p>	<p>This should involve assessment and comment by and of the training program/course, its trainees and the ophthalmologist. Fair appraisal with positive and negative assessments presented in a nonthreatening manner is essential. The aim should be improvement of training and outcomes for trainees, and of any future contribution the ophthalmologist may make to the same or similar projects.</p> <p>A satisfactory experience of the ophthalmologist’s input and outcomes should encourage the training organisation and ophthalmologist to commit to recurring contribution by the practitioner. This is likely to be all the more productive and rewarding if that commitment is to the same project. This opens the possibility of the ophthalmologist being a resource and mentor for course graduates.</p>

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5. Record of amendments to this document

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