

**Minutes of 2<sup>nd</sup> meetings of the Committee of Experts held On 8th November, 2010**  
**to formulate the revised duties of Ophthalmic Assistants under the National**  
**Programme for Control of Blindness (NPCB)**

The Duties of Ophthalmic Assistants were formulated at the time of introduction of the National Programme and available in the printed form in the official booklet “National Programme for Prevention of Visual Impairment and Control of Blindness India” brought out in 1978 as under:-

**Original Duty Chart of Ophthalmic Assistant**

- Train staff at peripheral level in eye-care
- Treat the patients for eye ailments
- Test vision and prescribe glasses
- Assist Mobile Units in conducting eye-care camps
- Survey the community for early detection of eye defects
- Organise community education.

The original duty chart of Ophthalmic Assistants was modified in subsequent years. The modified duty chart as appeared in the booklet of NPCB “Present Status of National Programme for Control of Blindness (NPCB) 1992 is as under:-

**Modified duty chart of Ophthalmic Assistants**

- Test vision and prescribe glasses
- Assist Medical Officer PHC in providing primary eye-care including treatment for trachoma, conjunctivitis and associated infections
- Assist Mobile Unit in conducting eye-care camps.
- Survey the community for early detection of eye defects.
- Organise community eye-care education activities.
- Train staff at peripheral level.

This change in Original Duty Chart has created a lot of resentment and agitation among Ophthalmic Assistants over the years. Ophthalmic Assistants have been stressing that the Original Duty Chart of Ophthalmic Assistants was a part of the National Health Policy and therefore, the same cannot be modified at other levels. Since, the issue has been lingering for years and Ophthalmic Assistants have been pressing hard for restoration of their Original Duty Chart, it has been decided to revise the duty Chart, in a high level committee involving technical experts, representative of Ophthalmic Assistants and

others concerned to consider and decide the duties of Ophthalmic Assistants under NPCB.

In the same context the first meeting of the Committee of Experts constituted under the Chairpersonship of Ms. Shalini Prasad, Joint Secretary, Ministry of Health and Family Welfare was held on 1.9.2010 at the Resource Centre, Room No.445/A, Nirman Bhawan, New Delhi to consider and formulate the revised duties of Ophthalmic Assistants under National Programme for Control of Blindness (NPCB). The meeting was chaired by Prof. Madan Mohan, former Adviser (Ophthalmology) and Chief, Dr. R.P. Centre for Ophthalmic Sciences, AIIMS, New Delhi as due to some unavoidable circumstances, chairperson of the Committee could not reach and she advised to continue the meeting.

**The minutes of the first meeting and the list of the participants is annexed.**

**This was followed by a 2<sup>nd</sup> meeting of the Committee of Experts which convened on 08.11.2010 at 03.00 PM under the chairpersonship of Ms. Shakuntala D. Gamlin, Joint Secretary, Ministry of Health and FW in her office chamber, Room No.343-A, Nirman Bhawan, New Delhi.**

As per decisions taken in the first meeting that only two members from each group will attend the 2<sup>nd</sup> expert committee, accordingly the following members attended the meeting

**Group-I**

1. Sh. R.S.Berwal, General Secretary, National ophthalmic Association
2. Sh. Mohanjit Singh, Member, National Ophthalmic Association

**Group-II**

1. Dr. R.D.Ravindran, Chairman, Aravind Eye Care System, Madurai
2. Dr. Ashok Potdar, State Programme Officer (NPCB), Maharashtra

Chairperson Ms. Shakuntala D Gamlin welcomed the experts of the committee and sought the background information from ADG(O). She also emphasised the importance of health care workers at grass root level where the medical officers and specialists are not available.

Dr.N.K.Agarwal, DDG(O), Dte.GHS emphasized that in view of the latest developments in the field of ophthalmology like new specialized hospitals in eye care and increase in number of eye specialists in the country, there is a need for revision in the duties and role of Ophthalmic Assistants.

Dr. A.S. Rathore, ADG(O) and member secretary of the expert group briefed the group with the background and objectives of the meeting . He also told that the first meeting ended with the formulation of duty chart by both group and now out of those

recommendations only, experts have to finalize the final duty chart of the Para Medical Ophthalmic Assistants.

Sh. Mohanjit Singh and Sh. R.S Berwal from National Ophthalmic Association presented the demands and grievances of Ophthalmic Assitants who are working at grass root level. They also emphasised that despite of delivering their services to the country for more than 10 years successfully, their duties and responsibilities have been reduced. In view of this they requested the members of expert committee that their experience should get recognition and persons who have sufficient experience should be allowed to continue the jobs which they are already doing.

After a brief discussion with both the groups Ms. Shakuntala D. Gamlin, Joint Secretary, Ministry of Health and FW agreed upon the need of ophthalmic assistants in the country like India where there is scarcity of trained manpower. Both the groups were given an hour to discuss among themselves and formulate a final duty chart. This was followed by group discussion to formulate the final duty chart. Both the groups deliberated in detail and finalised the final duty chart as below:

### **ROLE AND RESPONSIBILITY AT PRIMARY LEVEL**

1. Screening and identification of eye diseases at Primary level:
  - a) Cataract
  - b) Uncorrected refractive errors
  - c) Glaucoma
  - d) Childhood blindness
  - e) Diabetic retinopathy
  - f) Squint
  - g) Trachoma
  - h) Corneal opacity
  - i) Uveitis
  - j) Screening for colour vision (not for issuing certificate)
  
2. Treatment/ Medical intervention at Primary level (PHC) of the following common eye diseases
  - a) Trachoma
  - b) Conjunctivitis
  - c) Allergies of eye lids and conjunctiva
  - d) Dry eye
  - e) Eyelid problems (blepharitis, stye, chalazion)
  - f) Vitamin A Deficiency
  - g) Lacrimal system Disorder,
  - h) Superficial corneal abraision

3. Usage of following medications
  - a) Mydratics
  - b) Cycloplegics drugs for refraction
  - c) Topical anaesthetics for diagnostics
  - d) Basic antibiotics, pain killers, antihistaminics, antialergics
4. Refraction & prescription of spectacles,
5. Dispensing of spectacles
6. Identify, initiate primary medical treatment (as per the protocol) and refer to an Ophthalmologist immediately in the following emergency cases:
  - a) Chemical burns
  - b) Perforating injuries of eyeball or lids
  - c) Corneal infections
  - d) Glucoma
7. Minor surgical procedures
  - a) Epilation for Trichiasis
  - b) Superficial foreign body removal

***In view of the experience of some of the senior ophthalmic assistants in performing eye lid procedures for entropion and chalazion, it was decided to send a letter to the state program officers stating that Ophthalmic Assistant who has a 15 year experience as on 8.11.10, can be allowed to perform Chalazion and Entropion surgery after approval from District eye surgeon. Such surgery/ procedures must be carried out under the overall supervision of the District Eye Surgeon. This need not be part of the duty chart that will be circulated.***

8. Enucleation of the eye in cornea donation after proper training
9. Follow up of post operative cases
10. Referral
11. Health education and training at Primary level:  
For all Primary level functionaries and Volunteers
12. Organization and management at Primary level
  - a) Documentation
  - b) Counseling
  - c) Screening camps
  - d) School eye health
  - e) Health education sessions
  - f) Coordination with other departments (ICDS, social justice, primary health)
  - g) Tele-ophthalmology
  - h) Epidemics

## **Role & Responsibility at Secondary Level**

### **In the out patient department**

1. Record complaints, history, preliminary anterior segment eye examination
2. Assessment of vision
3. Refraction : Manual & automated
  - a. Dilatation for refraction
  - b. Prescription of glasses
4. Tonometry (shiotz, applanation, non-contact tonometry)
5. Evaluation of lacrimal duct patency
6. Visual fields testing
7. Diplopia and hess charting
8. Binocular vision testing
9. Contact lens fitting, Low vision aids trial after getting appropriate training
10. Non invasive investigating techniques after training from a recognised institute
11. Prosthetic eye implant fitting
12. Coordination with primary level

### **13. Pre-operative work up**

1. Slit lamp examination
2. Biometry: A Scan, Keratometry
3. Blood pressure
4. Checking blood sugar

## **Operation Theatre & Wards**

### **14. Independently**

1. Administration of pre and post operative medications and counselling
2. Sterilization of instruments, equipments
3. Setting up of surgical trolley and other equipments

### **15. Under Supervision**

1. Administration of local anaesthesia under supervision of ophthalmic surgeon
2. Intramuscular and intradermal injections
3. Assist in surgery: draping of the patient, handing over instruments and handling surgical supplies

The meeting ended with the full satisfaction of both the group followed by thanks to the chair.