

Four events, one vision

Where else would you have the chance to meet a university lecturer from Greece who had not been paid since January and a former museum curator planning to more than double the number of trained optometrists in India?

Under the mantle 'Four events, one vision: a global forum for eye care', Malaga 2013 offered plenty of networking opportunities and much more. This unique gathering saw more than 300 optometrists and opticians from over 40 countries meet up in Spain last month (April 18-21).

The European Academy of Optometry and Optics' annual conference, the European Council of Optometry and Optics' general assembly and the World Council of Optometry's general delegates' meeting all took place alongside the national conference of the Spanish General Council of Optometry.

The central event, the Academy's fifth annual conference, featured a multi-track programme of lectures, clinical workshops, discussion forums and case studies, with presentations from over 30 international experts. Posters were also a key part of the proceedings with more than 100 on display.

Global challenges

Some of the most interesting presentations highlighted the contrasting status of optometry and scope of practice around the world, and discussed the different approaches to meeting the challenges facing global optometry.

In a keynote speech **Brien Holden** described the Vision Institute that bears his name as 'the largest social enterprise in vision care and eye health', employing more than 300 people across all its organisations worldwide. Refractive error, eye disease, health and lifestyle disorders were the major issues and attention was now turning to the role of technology in tackling them.

Among instruments being developed were the BHVI Light Logger to monitor light exposure during outdoor activity, the BHVI Eye Mapper to measure refractive error across the retina and the BHVI Lens Mapper which would map the power of a contact lens or intraocular lens across

Malaga 2013 brought together eye care professionals from around the world for four major meetings in optometry and optics over the same weekend. **Alison Ewbank** reports



the optic zone.

The institute was also working with its partners on a retinal camera to bring affordable disease detection and diagnosis to a range of settings, especially remote and areas with high rates of undetected eye disease. The system was capable of interpreting signs and symptoms to indicate one of three options: 'recommended referral', 'recommended monitoring' or 'see you again soon'.

Another instrument, the Neuro Ophthalmic Device, enabled the detection and measurement of neurological disorders by measuring pupil size, responses and eye movements. 'Monitoring diseases is what we'll be doing, with user-friendly instruments,' said Holden.

One intriguing development was refractive tests based on a mobile phone, such as the NETRA device from the MIT Media Lab (<http://web.media.mit.edu/~pamplona/NETRA/>), which he said was currently being tested around the world. Elsewhere at this meeting **George Woo** (Hong Kong Polytechnic University) demonstrated the Instant Vision Assessment Device, a stenopaic slit refraction system with a binocular telescopic optometer.

For Holden, technology was critical for public health and under-served populations should have no barriers to adopting it. The spin-off from BHVI's commercial developments such as these would be invested back into humanitarian projects, he added.

Revealing contrasts

Other presentations at Malaga 2013 revealed the gap between the practice of optometry in the world's richest countries and in the developing world.

Roger Kamen (Ferris State University, Michigan) described a journey of 22 years for US optometry, from the passing in 1965 of legislation creating Medicare, the first national public health insurance programme in the US, to the classification of optometrists as 'physicians' in 1987. Today, only a handful of states do not allow optometric prescribing of oral therapeutics.

A policy of 'educate first, then legislate, and finally implement' had led to this success, said Kamen, who advised using public health issues to argue the case elsewhere. Retaining professionals in rural areas remained a challenge, and not just in the Western world.

For **Vinod Daniel** (India Vision Institute, Hyderabad, www.indiavisioninstitute.org), the aim was simple: to develop the resources required to enable excellent vision care and position India as a world leader in vision care within 20 years. Getting there meant tackling the problem of 131 million people deemed unnecessarily blind or visually impaired, which cost the country an estimated \$34bn per year. Manufacturing in India also needed to be developed rather than relying heavily on imports.

Here, as in other countries, there was a need not just for more schools and more educators to train more optometrists but to raise the level of practice of those already working in the sector, such as via cost-effective online educational and CPD platforms.

Kovin Naidoo (Brien Holden Vision Institute) discussed the potential for social enterprise to increase access, affordability and quality of eye health services, especially in countries with limited resources. Part business, part NGO, these enterprises used market mechanisms to solve social problems. Driven by a social agenda, they also needed to be financially sustainable. ▶

Conference report

UK and Irish presence

Speakers from the UK and Ireland also played a prominent part in the EAOO programme, which offered a great opportunity for young researchers to present their work.

Aoife Phelan and Stephen Thompson (Dublin Institute of Technology) described the collaboration between DIT, UniLúrio Mozambique, the University of Ulster, BHVI and others to implement the Irish Aid funded Mozambique Eyecare Project (www.mozeyecare.org).

Mozambique ranked 185 out of 186 countries on health, education and living standards index and life expectancy was just 50.7 years. In one rural province, Nampula, there were 4.7 million people and no optometrists. UniLúrio established the first optometry degree programme in the country, with 80 students now enrolled and nine optometrists had already graduated.

DIT's **Carmen Gonzalez-Alvarez** had evaluated the Moorfields Motion Displacement Test in Mozambique, the first study of the instrument in an African setting. The test uses a laptop computer to provide affordable and portable community glaucoma screening.

Based on her own experiences, Phelan had this advice for the audience: 'Get involved in national and international bodies to shape optometry in the developing world and in your own country.'

Former City University student **Priya Morjaria** (London School of Hygiene and Tropical Medicine) had done just that. Her group was working with the Kenyan Ministry of Health to develop a national strategic plan for eye care. In-depth interviews with major stakeholders showed the need for public-private partnerships, such as optical shops within government hospitals. The private sector was already carrying out outreach clinics in rural areas and charging lower prices there than in urban settings.

One of the key themes of the meeting was new technology, and not just for use in developing countries. **Zahra Jessa** (City University, now Anglia Ruskin University) described studies using a computerised vision screener (CVS) for elderly people that measures monocular visual fields as well as high and low contrast distance visual acuities and binocular near acuities. Results were compared against a full eye examination.

CVS could detect correctable visual impairment with a sensitivity of about



Awarded Academy Fellowship: (from left) Caroline Christie, Andrea Müller-Treiber, Rossella Fonte, Gerhard Gschweidl, Markus Gschweidl, Mireia Pachecho-Cutillas and Dr Cindy Tromans

80 per cent and specificity of about 70 per cent, but glaucoma detection remained problematic. Jessa stressed that vision screening did not replace the need for regular eye care.

Her former City colleague **Priya Dabasia** described the use of non-contact methods to screen for shallow anterior chamber depths, with potential for use in community optometric practice.

Elsewhere on the programme, there was more evidence of UK involvement on the international stage. **Dr Paul Murphy**, who recently left Cardiff University for the University of Waterloo, Canada, took over as Academy president and **Dr Julie-Anne Little** began a two-year term as president of ECOO.

Caroline Christie and Dr Cindy Tromans were among seven EAOO members awarded Academy Fellowship in recognition of their commitment to the profession. **Pádraig Mulholland** of the University of Ulster took the prize for the best oral presentation at the conference.

Wider view

Malaga 2013 was an excellent meeting with an emphasis different from other optometry conferences. It provided the opportunity to meet and learn from practitioners from other countries and hear about the contribution that colleagues are making to international eye care.

For those interested in optical politics at a national, European or global level, this was an essential event. EAOO is an increasingly important annual forum for researchers and academics too. But it also has much to

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offer all interested practitioners, with topics such as dry eye diagnosis and management, slit-lamp techniques, ocular photography, and dietary advice on AMD.

Some of the business sessions and committee meetings were closed to non-members but there was still the chance to appreciate that what happens in Europe matters. Today, about 80 per cent of national legislation has its origin in Brussels, and many topical issues in our own small field originate in Europe.

From driving standards to data protection regulations, and from cross-border movement of optometrists and opticians to the most recent issue, fluorescein, it was clear that ECOO has an important role to play.

Unusually, Malaga 2013 offered delegates a wider, global view of the profession's role in public health. Who would (dare) argue with Holden's assertion that optometry is 'a wonderful profession that does immense good for millions of people around the world'. Not an opinion heard often nowadays but many of those who went along to this particular event would agree. ●

● EAOO 2014 will take place in Warsaw, Poland from May 15-18