

Reviewer's report

Title: Narrowing the gap between eye care needs and service provision : the service-training nexus.

Version: 1 **Date:** 17 April 2008

Reviewer: Clare Gilbert

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'Narrowing the gap between eye care needs and service provision : the service-training nexus

The author addresses an important area in relation to eyecare delivery in low income settings where in some places lack of adequately trained personnel limit eyecare delivery and the prevention of blindness. He proposes an interesting paradigm shift in approaches to training. However, in much of sub-Saharan Africa existing services, including those with highly trained clinical staff, are often grossly under-utilised. This is a complex area but one the author should acknowledge. The key cadre that is missing in most countries is the primary level, where preventive activities can be undertaken in the community, where diagnosis and treatment can be initiated, and where those needing more advanced care need to be referred to centres with more expertise and equipment. Perhaps the author could emphasise this point.

The idea of modular training is not new, as the author states, but this paper gives some further thought on what this might entail, and some of the implications and challenges. Modular training in eyecare is already being practiced in a few places e.g. northern Pakistan, but only for mid level personnel – there is no progression in any programme of training through to being an ophthalmologist, as far as I am aware,

One of the key challenges as I see it relates to appointments, salaries and cost. If someone does some extra modules and reaches the desired level of competency then they will expect their job description to change, with a commensurate increase in salary. While there may be flexibility within non-government eyecare services to accommodate these changes it will be a challenge in the less flexible government system.

Another very real challenge, which the author alludes to, is professional rivalry. Does he think that modular training would decrease or increase this?

Did the author talk to any representatives from Ministries of Health to ascertain their reactions to modular training? It would require fundamental and wholesale changes to curriculae, so they can become standardised. This would be a good thing but very challenging to implement.

In summary, the model presented by the author illustrates the potential benefits

of modular training while highlighting some of the challenges. This approach may be something the non-government organizations who support training would want to adopt in the first instance, which could then serve as an example to training within government institutions.

I have the following comments on the script.

- It is well written and clear

Major Compulsory Revisions

1. Please add some further comments on primary eyecare training
2. Please comment on the ease or otherwise of how this modular approach might be introduced into non-government training programmes as opposed to non-government training
3. The numbering of the Figures in the text is not logical – the first figure to be referred to is Figure 4.
4. In the abstract the 3rd sentence is truncated
5. In the introduction, the global estimates of the number who are blind is now 8 million from refractive errors and an additional 37 million from other causes (total 45 million). The author should check and update figures for visual impairment using the 2 publications from WHO.
6. Sentence 5 in the introduction should be made clearer.
7. The author should let the reader know whether the discussions he had within a "particular country" were with the government and/or the non-government sector.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.