



## CORRESPONDENCE

# Response to: Is undergraduate ophthalmology teaching in the United Kingdom still fit for purpose?

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**TO THE EDITOR:**

I read the Editorial 'Is undergraduate ophthalmology teaching in the United Kingdom still fit for purpose?' with interest [1]. In my experience, undergraduate medical teaching does not allow enough time for clinical skills training for most students to develop an interest in ophthalmology. Having initially trained in optometry and now being a foundation trainee, there was a stark contrast in my educational experience from one course to the other. My total exposure to ophthalmology at medical school amounted to 2 weeks and like many others, was reduced by the COVID-19 pandemic [2]. Although technology can make up for some of this shortfall, as a learning tool, it still renders learning somewhat passive, and is not representative of clinical practice in the UK.

Competency in basic clinical skills complements and cements the understanding of ocular anatomy and pathophysiology [3]. Medical students miss out during observerships compared to their optometry counterparts in that respect. We ought to advocate for clinical skills, especially ophthalmoscopy, to be incorporated right from the early years of study onwards. It is a skill that requires time to hone, with regular practice and remains equally relevant to ward-based trainees as well as primary care doctors [4].

Technology-enhanced learning methodologies have good evidence as effective learning tools and are useful adjuncts to what can often seem like variable clinical experiences [5]. However, these are not all readily implemented or standardised across medical schools. Blended learning styles provide the necessary stimulation to promote engagement in the traditional classroom. But in my opinion, students also require familiarity and confidence to use resources likely to be at their disposal once in clinical practice. It helps to pair up with peers for mock sessions, a useful way of developing skills after participating in clinical workshops headed by faculty members, including the wider multi-disciplinary team, such as orthoptists and optometrists.

In answer to the article's question, I believe the UK undergraduate ophthalmology teaching curriculum has the potential to

be optimised for prospective medical students. We ought to incorporate new ways of learning as well as involve our multi-disciplinary team in teaching basic clinical skills more consistently.

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**AUTHOR CONTRIBUTIONS**

AIJ was responsible for writing this correspondence article, conducting the search for references, and updating the reference list.

**COMPETING INTERESTS**

The author declares no competing interests.

**ADDITIONAL INFORMATION**

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