Ophthalmic medical assistants: response

The commentary on ophthalmic medical assistants (OMAs) by Webber and Jeffrey\(^1\) opens up an important topic. We recall a suggestion made a few years ago to create a new technical post to replace many of the duties normally undertaken by nurses and orthoptists. This generated much discussion but the issue eventually subsided leaving the status quo. The health service climate is now very different so this new proposal for the widespread introduction of OMAs needs to be given every consideration.

The job description of the OMA includes “cataract preoperative counselling, clerking, biometry measurements, compilation of operating lists, postoperative examinations, and even discharge from the clinic . . .(and) can include all other aspects of ophthalmology.” This is an impressive range of tasks especially for one with such a basic level of training, and certainly both trivialises and seriously underestimates the depth and breath of ophthalmic care patients deserve to receive. With the OMA on board one wonders what is left for anyone else to do? It also begs the question of whether ophthalmologists are merely surgical technicians and do not need to be medically qualified? The authors frequently compare UK and US ophthalmology, a limited analogy as the two health systems differ so greatly.

According to the authors a key feature is the one to one relationship between OMA and ophthalmic surgeon. This is fine for mobile phones, which do not require much in the way of breaks for meals, holidays, or leave for professional development, and are even cheaper after hours and at weekends. But is it appropriate for humans? Is there an ophthalmic marriage broker who can match perfectly one OMA with one ophthalmologist until death (or retirement) do them part? Indeed, is this a desirable working relationship, and is it sustainable in the long term? Webber and Jeffrey state that one to one improves communication and bypasses the “restrictive rules and regulations”, which they say govern nursing practice, and allows the OMA to “be able to carry out any task his or her consultant requests”. The mind boggles—is this impeachable? Such an odd mixture of patriarchy and old fashioned “union speak”. 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