

we feel the validity of this methodology cannot be assumed and cannot be uniformly applied to all tasks.

It is likely that as training systems progress that the definition of competency of performance for an individual will not just include being able to perform a task to a high level, but also demonstrate that this can be done consistently (with low variability). The authors feel that this is a very important question and significantly more work will be required in this field to best define methods for increasing consistency of performance.

References

- 1 Swampillai AJ, Waqar S, Park JC, Modi N, Kersey TL, Sleep TJ. The development of a virtual reality training programme for ophthalmology. *Eye (Lond)* 2014; **28**: 503.
- 2 Saleh GM, Theodoraki K, Gillan S, Sullivan P, O'Sullivan F, Hussain B *et al.* The development of a virtual reality training programme for ophthalmology: repeatability and reproducibility (part of the International Forum for Ophthalmic Simulation Studies). *Eye (Lond)* 2013; **27**(11): 1269–1274.
- 3 Elliot A. *Is stereopsis essential to be a competent ophthalmic surgeon?* Royal College of Ophthalmologists: London, 2008. Available at: <http://www.rcophth.ac.uk/page.asp?section=172§ionTitle=Information+from+the+Visual+Standards+Sub-Committee>.
- 4 Eastridge BJ, Hamilton EC, O'Keefe GE, Rege RV, Valentine RJ, Jones DJ *et al.* Effect of sleep deprivation on the performance of simulated laparoscopic surgical skill. *Am J Surg* 2003; **186**(2): 169–174.

GM Saleh^{1,2,3}, K Theodoraki², S Gillan², P Sullivan², F O'Sullivan³, B Hussain², C Bunce² and I Athanasiadis²

¹NIHR Biomedical Research Centre at Moorfields Eye Hospital, NHS Foundation Trust, UCL Institute of Ophthalmology, London, UK

²Clinical Tutorial Complex, Department of Education, Moorfields Eye Hospital, London, UK

³School of Ophthalmology, The London Deanery, London, UK

E-mail: george.saleh@moorfields.nhs.uk

Eye (2014) **28**, 503–504; doi:10.1038/eye.2014.23; published online 21 February 2014

Sir, Awareness of sight-testing entitlements in patients referred for suspected glaucoma

Awareness of sight-testing entitlements and costs incurred by new patients attending a glaucoma clinic has not been previously reported.

In all, 335 consecutive new patients who attended a glaucoma clinic in a semirural setting completed an anonymous questionnaire that addressed several of the dimensions developed by Gerteis and the eight Picker

principles.^{1,2} The questionnaire explored the reasons for attending the optometrist, awareness at the time of sight testing of eligibility for free sight tests, what a sight test entails and travel arrangements including cost.

The most common reason for attending an optometrist was in response to a reminder letter (44%), followed by the patient subjectively feeling new glasses were required (18%), and not being able to see clearly (13%). Ninety-five per cent of patients knew that attending a sight test appointment involved an examination of the health of the eye. Eighty per cent of patients were aware that sight tests are available at no cost to those aged 60 years and older, and 61% of patients were aware that this was also the case for those aged 40 years and older with a family history of glaucoma. Ninety per cent of patients travelled to the hospital appointment by car, 5% by public transport, 3% by foot, 1% by motorcycle and 1% by hospital transport. In comparison, 76% of patients travelled to the optometrist appointment by car, 6% by public transport, 15% by foot and 3% by bicycle. The mean patient-reported cost to travel to the hospital was £2.08 and £0.91 to the optometrist (permutation paired *t*-test, $P < 0.001$).

The mean distance travelled by patients to attend the hospital appointment was 9.4 miles compared with 5.5 miles for the optometrist (permutation paired *t*-test, $P < 0.001$).

Comment

Reasons for attending a sight test are complex and multifactorial. Experience from Scotland suggests that universal free sight testing does increase attendance although the under-privileged are still under-represented.³ The Royal National Institute of Blind People (RNIB) Community Engagement project had identified limited community awareness of eye health and symptom-led demand for eye examinations as barriers for uptake of sight testing, a finding supported by this study.⁴ The results of this study highlight the need to increase awareness and promote patient education about free sight testing, particularly in those with a family history of glaucoma. This will facilitate more effective opportunistic glaucoma case-finding in the absence of a cost-effective national screening model.

Conflict of interest

The authors declare no conflict of interest.

References

- 1 Gerteis M, Edgman-Levitan S, Daley J *et al.* *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. Jossey-Bass: San Francisco, 1993.
- 2 Shaller D. *Patient-Centered Care: What Does it Take?* The Commonwealth Fund, 2007. Available at <http://www.commonwealthfund.org/Publications/Fund-Reports/2007/Oct/Patient-Centered-Care--What-Does-It-Take.aspx>.

- 3 Dickey HID, Norwood P, Watson V, Zangelidis A. Utilisation of eye-care services: An examination of the effect of Scotland's free eye examination policy. *Health Policy* 2012; **108**(2-3): 286–93.
- 4 Hayden C, Trudinger D, Niblett V, Hurrell DL, Donohoe S, Richardson I *et al*. The barriers and enablers that affect access to primary and secondary eye care across the UK. RNIB and Shared Intelligence, 2012. Available at http://www.rnib.org.uk/aboutus/Research/reports/prevention/Pages/CEP_barriers_enablers.aspx.

G Ratnarajan¹, J Somner¹, E Coombes², A Jones² and R Bourne¹

¹Vision and Eye Research Unit, Postgraduate Medical Institute, Anglia Ruskin University, Cambridge, UK

²Norwich Medical School, University of East Anglia, Norwich, UK

E-mail: g.ratnarajan@gmail.com

Eye (2014) **28**, 504–505; doi:10.1038/eye.2014.9; published online 7 February 2014