

Conflict of interest

The author declares no conflict of interest.

References

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Sir,
Comment on: 'Direct ophthalmoscopy should be taught to undergraduate medical students'

We read with interest the controversy surrounding direct ophthalmoscopy.^{1,2} Purbrick and Chong suggests substituting direct ophthalmoscopy with fundus photography.¹ Non-mydriatic fundus photography remains expensive and therefore difficult to disseminate internationally and smartphone applications such as PEEK require more detailed assessment. Although these technologies may hold promise for the future, they do not replace the need for clinical ophthalmic assessment. Perhaps rather than replacing direct ophthalmoscopy, fundal photographs could be used to supplement and aid the teaching of this important clinical skill.

We have shown by using a simple patient assessment tool that in-patients referred to neurology were not appropriately examined—in particular, omission of ophthalmoscopy—before referral.³ We feel this data should not be used as an excuse to stop examining patients. Instead we agree with Yusuf *et al*² that despite advances in non-mydriatic fundus photography, basic skills in ophthalmic assessment are essential and advocate that there is no substitute for appropriate clinical examination.^{4,5}

It is unrealistic to expect undergraduates to be competent at direct ophthalmoscopy at the end of their short ophthalmology attachment. Instead, these skills should be taught early in the clinical curriculum so that they can be practised, reinforced, honed, and (most importantly) assessed during further attachments in neurology and general medicine. This requires the support and collaborative efforts of ophthalmologists, physicians, and educators at undergraduate and

postgraduate levels to ensure these important clinical skills are engrained for the benefit of our patients.

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Sir,
Response to: 'Direct ophthalmoscopy should be taught to undergraduate medical students'

We would like to respond to the recent controversy regarding the relative merits of teaching direct ophthalmoscopy to undergraduate students.^{1,2}

At the University of Nottingham, direct ophthalmoscopy is considered to be a life-saving examination that all medical students must acquire competency in. It is a widely held view that, direct ophthalmoscopy is an essential skill in the undergraduate ophthalmology curriculum.³ This is reflected in the universal teaching of this skill at an undergraduate level in the UK.³ Indeed, ophthalmoscopy is considered a fundamental competency of the Foundation Programme.⁴

Although it is true that physicians lack confidence in performing direct ophthalmoscopy, the reasons for this are multifactorial. The brevity of undergraduate ophthalmology rotations combined with the lack of practice of ophthalmic examinations by peers (GPs, hospital doctors and so on) may discourage trainees from using an ophthalmoscope when the need arises. The scenario of GPs sending patients with eye complaints to the friendly high street optometrist for evaluation and guidance is also familiar. As ophthalmologists we must