FUNDOSCOPY IS FUNDAMENTAL

S.KING AND B.MACDONALD
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Views of junior doctors and physician's associates (n=17):

- 52.9% feel unconfident or very unconfident about performing fundoscopy
- The majority did not own their own ophthalmoscope (65%)
- Many barriers to fundoscopy included:
  - Lack of equipment
  - Feeling unconfident about one's ability
  - Anxiety about missing an abnormal finding
  - Unable to visualise the retina without dilated pupils
  - The room/space not being dark enough
- Better training, availability of equipment, more time per patient and an expectation that it is performed routinely, would help to increase the frequency of their fundoscopy assessments

Views of consultants and consultant neurologists (n=7):

- 85.7% had confidence in their fundoscopy skills
- The majority of consultants (71.4%) owned an ophthalmoscope
- Many felt that their were **no barriers** to performing fundoscopy but others mentioned:
  - Lack of functioning ophthalmoscopes on the wards
  - Too bright rooms/wards
  - Doubt in their own skill to get a proper look
- The majority of consultants (71.4%) felt that junior doctors did not have the adequate training or skills to perform fundoscopy safely. More training and practice is required
- Many felt that fundoscopy is a key competency for physicians
- They refer very few patients (<10%) to ophthalmology/orthoptics for further review
- Smartphone fundoscopy or other gadgets may be helpful

Views of ophthalmologists (n=4):

- All felt that referrals could be avoided if other clinicians were able to perform fundoscopy to a better standard
- The majority (75%) felt that this was causing a strain on their services
- They suggested the following advice for junior doctors:
  - Use of dilating drops
  - Examine in a dark room
  - Practice regularly
  - Arrange for face-to-face teaching in eye clinic
  - Get really close to the patient
- One suggested that Arclight and Peek are useful alternative tools

Arguments for referring to a specialist service to visualise the retina:

- Doctors with inadequate skills or training may miss a serious diagnosis which could cause patient harm
- Avoidance of doubt
- Avoidance of litigation if a significant finding was missed
- The patient gets a thorough and reliable assessment which can aid decision making
- Reducing burden on general clinicians within the confines of the NHS where time per patient is limited and there is a lack of functioning equipment

Supporting and developing fundoscopy skills in all clinicians will help with:

- Timely assessments for patients with symptoms of raised ICP; reducing delay in diagnosis and preventing visual loss or death
- Supporting safe decision making if discharging patients
- Avoiding inappropriate referrals to ophthalmologists which reduces the burden on these clinics and avoids patients having to re-attend
- Reducing inappropriate brain imaging (burden on radiology services, radiation exposure and discovering incidental findings)
- Increasing the confidence and skills of doctors (avoid de-skilling)
- There are also options for tools/gadgets to help visualise the retina competently

CONCLUSIONS:

GENERAL CLINICIANS NEED MORE TRAINING AND PRACTICE IN FUNDOSCOPY
THIS WILL BENEFIT PATIENTS AND REDUCE THE BURDEN ON OTHER NHS SERVICES

Ideas for change:

· Yearly fundoscopy workshops
· Compulsory attendance to ophthalmology clinics during training
· Introduce this as a competency into the Foundation/IMT portfolio
· Resources – functioning ophthalmoscopes, dilating eye drops, areas for examination
· Trial smartphone technologies
· Made mandatory before request for brain imaging, enforced by radiologists