



Carrying out direct ophthalmoscopy in medical student training during COVID-19

This guidance has been developed by The Royal College of Ophthalmologists in response to the pandemic and may be subject to change.

As COVID-19 continues to impact the way healthcare services are delivered across the UK, it also has an effect on the training and education of future ophthalmologists and medical students. An element of this specialist training is direct ophthalmoscopy. ***The GMC's expectation that competency in direct ophthalmoscopy is achieved by graduation is noted (in the GMC's document, 'Practical Skills and Procedures' ¹). The gold standard is to practice on as many patients as possible. However, at this time, the RCOphth recommends caution.***

The RCOphth commends the commitment by the medical schools to ensure the safety of their students, whilst balancing the needs and hopes of medical students to complete their medical training. ***As of August 2020, national and regional differences exist within the UK, and between medical schools on COVID related restrictions in general, but social distancing advice still applies UK-wide.***

Thus, the RCOphth strongly recommends each nation's government guidance and measures ³ in place during the pandemic must be followed, and that clinical students have the same level of protection as healthcare workers in similar settings. Personal protective equipment (PPE) is especially important between students and patients, or between students themselves when practicing direct ophthalmoscopy. Specifically fluid resistant surgical masks are recommended.

The risk of COVID-19 transmission during direct ophthalmoscopy is unknown, but risk comes from close proximity to exhaled breath, and particularly for a prolonged time.

Medical schools should consider safeguards where students are practising direct ophthalmoscopy on patients or on each other:

1. Risk assess carrying out training in direct ophthalmoscopy on patients or fellow students based on local COVID-19 related prevalence and transmission data

2. Employ mitigating measures and the use of PPE as recommended by local trusts/ infection control team guidance (via the local educational provider) or RCOphth guidance⁴
3. Stratify students risk of acquiring COVID19, or of severe illness if acquired
4. Completing COVID-19 risk questionnaires prior to the teaching sessions
5. Deploy small student bubbles within which students may practice on each other and even breath holding during the examination
6. Ensuring examinations are conducted for short a durations

Other examination skills, including testing visual fields by confrontation, pupillary reflexes, extra ocular movements and best corrected visual acuity do not require quite the same closeness, but risk assessments and PPE recommendations should still be considered.

Direct ophthalmoscopy is an important skill for students to learn for various reasons. As such, imaginative ways for students to learn the different steps involved are encouraged, such as using simulated heads or higher technology solutions. In addition, recognition of fundal signs is obviously important and can be carried out using photos, simulating real life referrals.

All COVID-19 guidance is subject to change. Please visit the [RCOphth COVID-19 web page](#) for regular updates.

References

1. https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf
2. <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence>
3. <https://www.gov.uk/coronavirus>
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<https://gov.wales/coronavirus>
4. <https://www.rcophth.ac.uk/about/rcophth-covid-19-response/>