Introduction

I used to work at University Hospital in Japan for 12 years. During 12 years of my career, I had opportunities to meet students who studied ophthalmology from overseas. This experience led me having interested in overseas orthoptics especially European continent because orthoptics were created from the UK.

At that time I thought that my English skills could not deserve this program, hence I have been taken English lesson for a year before request.

Moorfields Eye Hospital

Moorfields Eye Hospital is the most historical and largest eye hospital in Europe. The Hospital is old street station in London where is central zone. City center hospital is convenience for patient, on the other hand it might confuses the low vision patients because of busy town. But the patients are unlikely to lost way to the hospital because there has been devised to compensate for it. In a train, there is an announcement which is notice to get off next station for Moorfields patients. At station there has been provided green line in order to guide for Hospital. And also in the Hospital, there has many devices as support for disability vision which are number and colour display and guide line.
The difference between the UK and Japan

The biggest different point is the work area of orthoptists.

In the UK, the work area has been separated between optometrist, orthoptist, technician and optician. Those works are independent and each works would be taken deeply. The separate works manage to do eye exam more specific and special. I could imagine easily that the UK orthoptists need to have responsibility for patients more than us. Because they must decide how to way orthoptics without ophthalmologist. Japanese orthoptists always make plans for treatment with ophthalmologist.

Experiences in Moorfields Eye Hospital

*Orthoptics of children
*Orthoptics of adults
*Squint treatment by Botulinum Toxin injection

Conclusion

Many things stimulated my motivation for orthoptics in this experience. Moorfields orthoptists shows me how to care of patients their orthoptics skills. It was impressed that they made quickly decision for treatment by themselves. In my experience with in Japan, it is not easy to focus on orthoptics during a work because my work is not only orthoptics which are including refract, visual field, electronic and fundus examination. Some of Japanese hospital might be able to focus on orthoptics as the UK style, but is really minority.

Obviously the UK and Japan, there are two factors which are health care system differ and orthoptist role differ. Both of systems are respectable but I have not had an experience to decide treatment way by myself. It always happened to do with Ophthalmologist.

Interacting with orthoptists of the UK was my precious experience. I am deeply appreciative to Ms. Katherine J. Fray and the IOA Exchange Program for giving me this opportunity. And all of the Moorfields staff are warmed and welcomed me. I would like to great thankful them especially Ms. Leena Patel, Ms.Kelly Mackenzie, Ms. Clementine Casafina and Ms. Natasha Shah.

Tomoyo Kobayashi