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Editorial

Reflections on the unjustified irrelevance of ophthalmology in the MIR exam[☆]



Reflexiones sobre la injustificada irrelevancia de la oftalmología en el examen MIR

The authors of this letter have been involved in MIR teaching for years, (Internal Resident Physician), would like to share with the rest of the ophthalmology community our concern about the progressive loss of weight that the subject of ophthalmology is having in the MIR exam.

There is consensus that the implementation of MIR training is one of the factors that have contributed most decisively to the modernisation of medicine in Spain.^{1,2} Prior to its introduction in 1976, specialised training was conducted in the professional schools of clinical hospitals. These hospitals were attached to the Medicine colleges. Once they had completed their training, doctors could register as specialists with the corresponding professional association without having to take any exams.^{1,2}

In the early years of the MIR programme, each centre had its own selection tests, until 1976 when a centralised theoretical examination was established.^{1,2} This was the advent of the MIR exam which, with its lights and shadows, provides an unquestionable fairness at the beginning of our professional career, which is lost in its later stages given that public job offers are infrequently and irregularly announced, and in many cases without prior transfer competition.²

In spite of this, as far as our speciality is concerned, it is striking to observe how it has been losing presence in said examination. While in the 1990s it was common to find 6 or 7 ophthalmology questions,³ the weight of the subject has been progressively reduced to the point that in the past few examinations ophthalmology questions only make up 1% of the exam,⁴ a situation that we reported in a letter to the editor in this journal a few years ago.⁵

Ophthalmology is quantitatively and qualitatively important in any healthcare system. This fact is probably due to the fact that the visual system is the channel through which human beings receive most of the information from the environment. In its latest report, the WHO estimates that some 2.2 billion people have some kind of visual pathology.⁶

The ophthalmology department of any Spanish hospital handles a very high number of visits. For example, at the Hospital Universitario del Henares, where two of the authors of this letter work, in 2019, the ophthalmology department handled 10.5% of medical consultations and performed 23.3% of surgical interventions (to which we should add 6.3% of outpatient medical procedures, mainly intravitreal injections). In other words, the current MIR exam underestimates 10 times the medical importance and 23 times the surgical importance of our speciality. This analysis is biased because it does not adjust for the complexity of the pathology, but it gives us an idea of the existing disproportion. How is it possible that the most frequent surgical procedure worldwide, i.e., cataract surgery, has only been the subject of a question only once in the last 10 years?

As worrying as the reduction in the number of questions is the loss of quality of the questions. The 2 questions that appeared in this last call, although not challenged, were clearly open to challenge.⁴ One of them gave as the correct option that patients with rhegmatogenous retinal detachment have an improvement in symptoms on waking, which worsen as the day progresses. It is known that supine decubitus is indicated to prevent a superior detachment from progressing, and perhaps this posture may contribute to some improvement in

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the visual symptoms of some patients, but we all know that this is not the norm.

The other question validates that taking oral contraceptives is a risk factor for developing primary open-angle glaucoma. This could be considered doubly incorrect. Firstly, a pharmacologically induced glaucoma is by definition secondary. On the other hand, after almost 60 years on the market, the only paper we have been able to locate in Pubmed that has found such an association is the one published by Wang et al. from 2016, which described a self-reported OR of glaucoma or ocular hypertension of 1.96 (1.22–3.07) in patients taking oral contraceptives.⁷ This is a small OR, and this finding has not been replicated subsequently. Therefore, neither our clinical guidelines nor those of gynaecologists consider this association.

In addition to the unfairness of assessing future specialists with poorly formulated questions of low discriminatory value, there is the added problem that the MIR questions become study material with which the next generations of doctors prepare for the exam, so that their existence contributes to confusing and misguiding future candidates. Let us bear in mind that the mere fact of having appeared in an official exam gives this information a semblance of truth.

We believe that ophthalmology is a relevant medical speciality, which makes a decisive contribution to improving people's quality of life. It is a speciality that is technologically at the forefront and involves a highly prevalent pathology. A minimum grounding in ophthalmology should be part of the background of any medical specialist. For this reason, this speciality must increase its weight in the exam: if not in quantity, the questions must at least be of an acceptable quality.

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