Optometry in Europe

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President
The European Council of Optometry and Optics
President Elect
The World Council of Optometry
The European Union

- 25 member states
- Size of Australia
- Ten times the size of Japan
- One third the size of China and USA
- Four time zones
- Population 455 million (USA 290 million)
- Ageing population
The European Union

• Political and economic confederation
• Members share same democratic values
• Working for the common good
• Decisions made at European level
• Migration of workers
• Mobility of professionals
United in Diversity

- Cultural Differences
- Over 200 languages
- Economic variations
Barriers to Movement

- Political – market protection
- Scope of practice – public protection
- Education
- Economics
Eye Care Professionals in Europe

- Ophthalmologists
- Optometrists
- Opticians
- Orthoptists
Ophthalmologists

Medically qualified practitioners who have specialised in ophthalmology and whose scope of practice includes surgery, diagnosis and treatment of disorders of the eye including refraction and the fitting of contact lenses. The profession is harmonised within the EU and ophthalmologists are able to move freely from one country to another. Ophthalmologists may specialise in surgery or work as medical ophthalmologists in private practice.
Optometrists

Optometrists generally complete a higher education course of up to four years. Their scope of practice varies from country to country depending on the legal scope of practice and the level of education and training. Their scope of practice may include, refraction, dispensing, the fitting of contact lenses and low vision aids, the recognition, diagnosis and treatment of ocular and binocular abnormalities, and the use of diagnostic and therapeutic drugs as allowed by national law /
Optometrists

They have a responsibility to refer any abnormality which is outside their competency and scope of practice to an ophthalmologist or medical practitioner. They may also receive referrals from medical practitioners. The profession is not harmonised and movement from one country to another is dependent on the recognition of their qualifications and the legal scope of practice in the host country. Optometry is an independent profession and optometrists work in both private practice and in hospitals.
Opticians

Opticians undergo further education, apprenticeships or special education and are qualified to assemble and fit spectacles. In some countries they are also allowed to refract and to fit contact lenses and low vision aids. The profession is not harmonised and movement from one country to another is dependent on the recognition of their qualifications and the legal scope of practice in the host country. Opticians are an independent profession and may work in private practice or in hospitals.
Orthoptists

Orthoptists receive training at a further or higher education level and specialise in the detection and treatment of anomalies of binocular vision. In some countries they carry out screening tests in support of ophthalmology. Generally orthoptists only work under the supervision of an ophthalmologist.
The Structure of the Profession

- Economic conditions vary from country to country
- Scope of practice varies enormously
- Education at different levels
  - University
  - Hand Craft – Apprentice
- Government payments for care varies
- No harmonisation
The European Dimension

• Regulation
  – By the state
    • Ministry of Health, Education or Labour
    • Specific regulatory body
    • By professional bodies under state licence
  – Self Regulation
    • By professional bodies
  – No regulation
## Regulatory Status of Opticians and Optometrists

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Education

• Historical development through Guilds

• Post secondary education
  – Technical schools
  – Apprenticeships
  – Two years

• Post upper secondary education
  – University
  – Technical university
  – Three to four years
Influence of Ophthalmology

• France and Germany
  – 8-9 ophthalmologists per 100,000

• Italy
  – 10 ophthalmologists per 100,000

• Greece
  – 14 ophthalmologists per 100,000

• UK
  – 2.5 ophthalmologists per 100,000
Breaking Down the Barriers

- Seeking recognition by national authorities
- Seeking increased scope of practice
- Challenging the medical lobby
  - Germany
  - France
- Development of education
  - Italy
  - Poland
- Changes in the delivery of health care
- Setting common standards
The European Council of Optometry and Optics
ECOO
Background

- ECOO formed in early 1990’s from two original organisations PEG and GOMAC
- European confederation of national professional organisations from 24 countries
  - optometrists
  - opticians
  - optical companies
Structure

- Works by consensus
  - facilitates and supports
- Two meetings a year
  - autumn – business
  - spring – seminars (Milan May 2006)
- London based secretariat
- Affiliated to World Council of Optometry
The Work of ECOO

- Four functions
  - Exchange of information
  - Working for the harmonisation of the profession and its education
  - To lobby EU institutions on behalf of members
  - To support individual member organisations
The European Dimension

• The profession varies in every country
  – education
  – regulation
  – scope of practise

• European Directives
Current Projects

- Development of European Diploma
  - more accessible
  - competency based
  - recognition of prior qualification
- Web Site development
- Specialist meetings
- Common platform
- Impact of EU law on the practice of the profession
- Relations with ophthalmology
Scope of Eye Examination

• Subjective refraction
  – 92%
• Objective refraction
  – 88%
• Diagnostic instruments
  – 76%
• Prescribing
  – 80%
Optometry and Ocular Pathology

• Diagnostic drugs
  – 12%
• Use of fluorescein
  – 88%
• Recognition and referral
  – 76%
• Diagnosis, recognition and referral
  – 20%
• Monitoring of ocular pathology
  – 8%
Dispensing of Optical Appliances by Opticians and Optometrists

- Dispense corrective lenses
  - 100%
- Fit contact lenses without restriction
  - 40% (optometrists UK only)
- Fit contact lenses after special training
  - 48% (dispensing opticians UK)
- Fit contact lenses to ophthalmologists Rx
  - 12%
Who Can Sell Optical Appliances

• Sale restricted to professionals by law
  – 75% (UK some restrictions)
• Prescription, sale and fitting of contact lenses restricted by law
  – 75%
Education of Opticians and Optometrists

- Technical school post 16
  - 60%
- Technical school post 18
  - 76%
- University or equivalent
  - 80%
The European Diploma in Optometry

• European syllabus
• Set at highest entry level of any country
• Political value
  – To establish a high standard of optometry
• Educational value
  – To encourage raising of educational standards
  – To meet the expectations of students
Development of the Diploma

• Started in 1988
• Development supported by EU and industry
• First examinations 2000
• Exam cycle every year
• Three part examination nine modules
• Theory (MCQ’s) and Practical
Problems

- Big bang examination
- Lack of preparation of candidates
- Low pass rate
- Private examination – no national recognition
The Future

• Accreditation of prior learning
• Accreditation of national qualifications
• Top up examinations
• Recognition by national authorities
  – General Optical Council (UK)
• Establishment of a European Academy
• Achieving a common platform
What are Competency Standards?

Competency standards list the skills, knowledge and attributes which a person needs to be able to perform the activities associated with a particular trade or occupation to a defined standard appropriate for the workplace.
The Future

- Forward looking business plan
- Web Site launch in early 2006 (www.ecoo.eu)
- Publication of comparative statistics on the optical sector
- Part of WCOE5 World Council education conference Milan, May 2006
- Seeking wide recognition of the Diploma
- Establishment of accreditation agency
- Establishing closer relationships with industry and ophthalmology
European Diploma in Optometry

Objectives

• to achieve a uniform high standard of optometric practice throughout Europe
• to facilitate mobility and employability of optometric practitioners in Europe
• to reinforce representation of the optometric profession in Brussels with national health care departments and higher educational institutions
The European Diploma

- Profession not harmonised in EU terms
- Free movement restricted by national qualifications
- Diploma sets common standard for optometry
- Seeking recognition by UK General Optical Council
- Development supported by optical industry and EU
The European Diploma

• The examination for the European Diploma unlikely to remain in its current form
• The diploma is a “big bang” approach which does not address needs of countries where optometry is still developing
• It is inflexible
• Gives no credit for prior learning
• ECOO members have no sense of ownership
What is the Way Forward

• Accept a common standard of competencies, not just within Europe, but worldwide

• Acceptance of the definition and standard of each competency, irrespective of whether a particular competency is practised in a particular country
The benefits of a competency based approach

• It enables countries to develop at their own pace in manageable stages
• It provides a common language, i.e. we all understand precisely what is meant when we talk about a particular skill, and the standard
• Europe needs a step by step approach
The benefits of a competency based approach

• Each country can then identify which competencies are relevant to it within its current scope of practice

• Each country can then work towards ensuring that its competencies match the defined standard

• Enables countries to match their competencies with those in other states
The Way Forward

• Development of educational standards to train professionals to the defined competency standard

• Gradual development of educational standards will increase the number of competencies

• To practice in another country, in Europe or World-wide, where optometry involves more competencies, only the missing competencies need to be acquired – this recognises prior learning and experience
The Future

- Accreditation of prior learning
- Accreditation of national qualifications
- Top up examinations
- Recognition by national authorities
  - General Optical Council (UK)
- Establishment of a European Academy
- Achieving a common platform
Optometry in the United Kingdom
UK Eyecare Professionals

- 1,500 Ophthalmologists
  - 2.5/100,000
- 8,500 Optometrists (FTE)
  - 14.2/100,000
- 5,000 Dispensing Opticians
  - 8.3/100,000
Past, Present and Future

- Education
- Regulation
- Scope of Practice
Education

• 1890’s
  – Institute technical & craft Northampton
• 20th Century
  – mirrors development in technical education
• 1966 University status
  – BSc Degrees
Education

- 21\textsuperscript{st} Century
- 8 universities
  - 8 BSc Courses of 3 years (4 years Scotland)
  - 1 MOptom (4 Years)
  - 600 graduates a year
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<tr>
<td>• Clinical experience in practice</td>
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<tr>
<td>- for BSc graduates only</td>
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<tr>
<td>• Supervised and assessed</td>
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<td>- supervisor</td>
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<td>- mentor</td>
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<tr>
<td>• Professional Qualifying Examination</td>
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<tr>
<td>- College of Optometrists</td>
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Regulation

- Pre 1958
  - Self Regulation
- Post 1958
  - The Opticians Act
  - Statutory Self Regulation
  - The General Optical Council
Regulation

• General Optical Council
  – 9 optometrists
  – 6 dispensing opticians
  – 4 ophthalmologists
  – 9 lay members
Regulation

• Registration
  – optometrists
  – dispensing opticians

• Education
  – quality of education
  – standard of examination

• Conduct
  – discipline
UK Statistics - 2003

- 8,200 optometrists
- 5,000 dispensing opticians
- 633 ophthalmic medical practitioners
- 16.9 million eye examinations
- 96% by optometrists
  - 66.4% National Health Service
  - 33.6% Private
UK Statistics - 2003

- New or changed Rx: 62%
- No change or no Rx: 28%
- Referrals: 5%
- Contact lenses: 5%
NHS Eye Examinations

- Under 16 or 19 in full time education
- Over 60
- Glaucoma and close relatives over 40
- Diabetes
- Complex Rx over 10.00D
- Low incomes
NHS Vouchers

- Under 16 or 19 in full time education
- Income support
- Low income
- Complex prescription
Scope of Practice

- Dispensing
- Refraction
- Eye examination
- Contact Lenses
- Diagnostic Drugs
- Orthoptics
- Shared Care
Dispensing

• Deregulated
  • ready made readers to +4.00 (no Rx needed)
  - any prescription up to two years old
• Regulated
  – children up to 16
  – partially sighted
Refraction

• Regulated
  - Optometrists
  - Ophthalmologists
  - Dispensing Opticians (under supervision)

• Has to be part of a full eye examination
  - Must include internal and external examination

• Requirement to hand patient written Rx
Eye examination

- Full internal and external examination
  - direct and indirect
  - dilate if necessary
- Tonometry
  - applanation
  - air puff
- Visual Fields
Diagnostic Drugs

- Cycloplegics
- Mydriatics
- Fluroscein and other ocular dyes
Contact Lenses

- Fitting and supply regulated
  - optometrists, medical practitioners
  - dispensing opticians with extra qualification
  - requirement to give specification
  - plano tinted cosmetic lenses
  - internet sales
Orthoptics

- Within optometric scope of practice
- Limited number actually practice
- Mainly referral
Shared Care

- Primary and Secondary Care
  - Local schemes
- Diabetes
- Glaucoma
- Cataract
- Low Vision
The Future
Education

• Four year degree course?
  – therapeutics

• Increased post graduate education
  – Specialist qualifications

• Competency based assessments
Regulation

• Compulsory continuing education
• Specialist lists
• Revalidation
• Code of conduct
• Disciplinary process – human rights
Scope of Practice

• Eye Care Pathways – NHS
  – Glaucoma
  – Cataract
  – Macula Degeneration
  – Low Vision

• Therapeutics

• Specialist Qualifications
SWOT Analysis

- Strengths
- Weaknesses
- Opportunities
- Threats
Strengths

• Organised and regulated
• Virtual monopoly on eye examinations
• De facto primary care provider
• Wide scope of practice
Weaknesses

• National Health Service
  – fees
  – medical power
• Deregulation
  – dispensing
  – contact lenses
• Chains
• Lack of career structure
Opportunities

• Care pathways
  – Inter professional co-operation

• Diagnosis and treatment
  – therapeutics
  – de jure primary care practitioners

• Direct referral
Threats

• Chains and supermarkets
  – 70% of market and growing
• Deregulation
  – contact lenses
  – two tier eye examination
• Scope of practice
  – dispensing opticians
  – nurses
  – orthoptists
The UK Optometrist

- ☑ Health care professional
- ☑ Autonomous
- ☑ Educated
- ☑ Regulated
- ☹ Primary eye care practitioners
  - Comprehensive Care
    - ☑ Refraction/ dispensing
    - ☑ Detection/diagnosis
    - ☹ Disease management
    - ☑ Rehabilitation of visual system