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The impact of the 1992 EEC proposal on the European optometric community

Abstract

With the European Economic proposal for 1992 quickly approaching, optometrists should become familiar with changes that will occur in the profession in Europe. This paper briefly covers what the general proposal includes. It also discusses the differences in optometric education between the member countries and the procedures that may be necessary in order to move from one country to another and practice optometry.

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THE IMPACT OF THE 1992 EEC PROPOSAL ON THE EUROPEAN
OPTOMETRIC COMMUNITY

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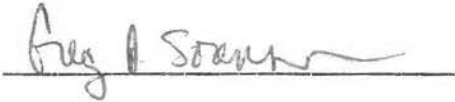
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BIO - PAGE

I recieved my Bachelor of Science Degree in the spring of 1987, majoring in Biology, and minoring in Chemistry. I graduated from South Dakota State University in Brookings, South Dakota. While at Pacific University, I was voted the S.O.A. Student Faculty Representative and was class president in my first year.

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I recieved my Bachelor of Arts Degree in the spring of 1987, majoring in Biology. I graduated Cum Laude from Moorhead State University in Moorhead, Minnesota. At Pacific University College of Optometry I am a member of the Beta Sigma Kappa honors fraternity as well as the AOA.

Greg A. Sorensen

Abstract: With the European Economic proposal for 1992 quickly approaching, optometrists should become familiar with changes that will occur in the profession in Europe. This paper briefly covers what the general proposal includes. It also discusses the differences in optometric education between the member countries and the procedures that may be necessary in order to move from one country to another and practice optometry.

INTRODUCTION:

Europe is in the midst of a great deal of change. By the year 1992, 12 European countries plan to become a unified economic power. With these plans all professions will be subject to change. Optometry will be no exception. Free movement of optometric professionals is expected. This will require a standardization of licensure requirements. The change to meet these requirements will be extensive in some countries, while others will act as models. Benefits from this movement should include a higher standard of care for the population of Europe.

DISCUSSION

EEC OVERVIEW

The Economic Community(EC) was created in 1958. The founding nations set about to create a single, common market in Europe that would give their companies one large market to serve. This also establishes a basis for building up industries that can compete with the rest of the world.

They weren't able to create that common market then. They did eliminate internal tariffs, but they were unable to overcome internal protectionism and fear of competition well enough to get rid of protective

national government procurement rules, protective industrial standards, licensing requirements, and a host of other non-tariff barriers. In order to unify this market, the member states must agree on the abolition of barriers of all kinds, harmonisation of rules, approximation of legislation and tax structures, strengthening of monetary cooperation and the necessary flanking measures to encourage European firms to work together.¹ A single European market never emerged, and we continued to see the markets of European member states instead.

That is what the 1992 program is about. The Europeans are at last trying to eliminate all those internal non-tariff barriers to the movement of goods, people, capital, and services that will create one single market in Europe. The members of the European Economic Community include Belgium, Denmark, Germany, Greece, France, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, and the United Kingdom.²

Europe needs to succeed. Their economic growth has been slowing for a decade and a half, and real Gross National Product growth has averaged only 1.7 percent per year since 1980. Essentially no new net jobs have been created in the EC since 1980. In the United States the figure is about

18 million new jobs. European companies have been falling behind in research and development, in innovation, and in competitiveness. That is why the pressure to complete the single European Market has been coming from European Industry. They are trying to create a single market without internal borders that will allow business to become more competitive.³

As of 1988, the EC commission identified a program of 300 directives, regulations, that would remove the barriers and allow the free movement of economic resources and production. About one-third of these directives have now been implemented, another half have been implemented or introduced for discussion, and one sixth are still being drafted. Fully 90 percent of the directives affecting industrial goods have been introduced. Every area of commerce is affected, and the competitive environment will be fundamentally affected. Closed markets will be opened, and products and services will be free to be sold throughout the community. Opportunities for sales will grow, but so will the competition. Stronger and more innovative European firms will result and will challenge American and other firms not just in Europe, but worldwide.

The stimulus objective to European unity is that of a single internal

market by 1992. When the Single European Act, the first major revision of the Treaties of Rome, came into force on July 1, 1987, the member states of the European Community undertook to achieve the single internal market step by step by 1992. Under 8a of the EC Treaty the internal market is "an area without internal frontiers, in which the free movement of goods, persons, services and capital is assured in accordance with the provisions of this treaty."¹

The common internal market was an uncontested aim of the European Community right from the start. In the early years the concern was to remove customs duties and quantitative restrictions between member states. These efforts were successful, and the customs union was achieved for manufactured goods by mid-1968, 18 months before the end of the 12-year program laid down in the treaty. The complete removal of customs duties in the agricultural sector followed on January 1, 1970, and the main stages after that were the entry of six new member states to the Community.³

Since the oil crisis of 1973-74 the European states have been exposed to great international turbulence, and for a long time financial and agri-

cultural problems - together with conflicting national interests - seemed to dominate the headlines in the Community.

According to the latest surveys conducted by the European Commission, the Community will have to pass 286 different acts of legislation to complete the internal market. By March 1988, 69 of these had been passed, and 15 more had been approved by the EC Council in the first round. Thus far, the timetable to 1992 is not in jeopardy, although there have been some delays.³ However, the most difficult tasks in harmonization are still to come. Considerable resistance needs to be overcome.

The member states still maintain their own national standards and rules, under which they lay down the requirements that individual products have to meet with respect to health and safety, or to protect the environment and the consumer. Such regulations can become trade barriers if they differ from country to country and the member states do not recognize each other's national tests and certification requirements. Experience has shown that safety codes are often misused to seal off national markets. A new method to remove barriers has been developed. The community will merely lay down the essential protection

requirements for broad product areas in its directives, and the technical details will be filled in by the standards organizations (CEN,CENELEC).

This new approach should relieve the Community organs of detail work and companies from over regulation.⁴

EFFECTS ON OPTOMETRY

The goal of the European Economic Proposal would be to allow free movement of professionals in the health care field, this includes optometry. To do this the community must adapt a diploma standard equal to the highest existing in the community, covering the widest possible scope of practice. In order to establish a standardized licensure for free movement of optometrists, one must look at the educational requirements already existing in the separate countries in the EEC.

The skills of the the opticians or optometrists are quite different from country to country. Many cannot use modern instrumentation. Some are university graduates while others are apprentice trained. Some undergo municipal examinations while others take national government examinations. Some are part of a national health service while some are covered by insurance and yet others make their livelihood on marketplace

sales of eyeglasses, binoculars, magnifiers, cameras and telescopes. Then there is Greece where opticians or optometrists cannot work at all.⁵

Of the countries involved, the United Kingdom appears to have the most extensive optometric training requirements. It consists of three years of optometry school after what consists of a high school equivalent education. This prior education requires 13 years of school and a Bachelor of Science Degree is received following completion of the optometry program. A pre-registration clinical year is then required prior to registration for independent practice. Ireland is generally the same as the United Kingdom. Germany also has a lengthy training program for optometry. Most schools require thirteen years of a high school equivalent education and four years of optometric education. In Italy an Optician school diploma is required before three years of optometry school. These programs are three years in length. One program, in Venice, has gone to a four year program patterned after U.S. optometry degree programs. French optometrists must receive a baccalaureat in sciences before two years of optometric training. In Belgium, optometry is considered a paramedical profession and education for optometry consists of a high school

equivalent education plus three to four years. A university orientation plus three years of optometry school is required in Spain. Whereas, Luxembourg requires no school but training on the job. In Denmark nine years of public education plus four years of optometric training is required.^{6,7}

The remainder of the countries involved have requirements less stringent. In countries such as the Netherlands and Portugal the profession of optometry is rapidly undergoing changes to increase the quality and scope of the profession.

The "optometrist" in each country is quite different in skill and knowledge. Therefore, a standardization to practice between countries must be developed in order to insure proper optometric care in all the countries.

The movement for standardization of optometry in Europe at this time consists of a few different requirements. The first of these would establish equivalence on the basis that the optometrist in each state covered by the proposal has completed a full course of upper secondary education and then completed a three-year full-time course leading to a

higher education diploma (an equivalent amount of time spent in part time studies would also qualify for coverage by the Directive). An optometrist who wishes to migrate to another country will have his qualification examined for significant differences such as the use of drugs, or the fitting of contact lenses or the recognition of ocular pathology.⁷ He may then be required to adjust differences by further training or supervised practice and perhaps one or two written examinations. An example of this may be that the optometrist will have to study in modular form those subjects not offered to a sufficient level in their country. Following this a final examination would have to be passed before the European Examination Board. Under these guidelines, a person who has graduated from a 3 year university level program is eligible to migrate to another EC country, irrespective of the host country's level of training in the profession, to practice optometry according to the legal scope of practice in the host country. However, someone from a country which has less than a 3-year university level training program will not be able to migrate to one that has a 3-year level training program. This could create a problem since they may be subjected to highly qualified competition without being

able to migrate elsewhere. If this occurs, political pressures in countries that do not have a three year diploma should encourage them to evolve to that level. This should bring about an upgrading in the overall quality of optometry in Europe.

With professional migration, also comes a variety of training and exam techniques. Because of this, the migrating optometrist has the choice of taking an "aptitude" examination or undertaking a "period of adaptation" in supervised practice. Probably the outcome of this directive, which was formally adopted by the EC in December 1988, will be the evolution of a 3-year university level optometric education throughout the EC countries.

Another impact on the free exchange of optometrists in Europe will be the mutual recognition of diplomas. This impact began in response to the potential that a specific directive would require harmonization of optical education and training, as had occurred in six or seven other professions, including medicine. The concept of a European diploma in optometry is visionary. This project was started by the Association of European Schools and Colleges of Optometry(AESCO) and has been pursued vigorously by Jean-Paul Roosen, General Secretary of AESCO. Recently a

European diploma and syllabus has been endorsed by the Pan European Group (PEG) of the IOOL and GOMAC, a representative body to the EC for optometrists and opticians.

The success of a European diploma with an associated standardized examination that addresses the common elements of all of optometry in Europe is certainly not guaranteed. With recognition of diplomas throughout, there is no pressing need for a European-wide credential. Migration will be possible so long as the migrating optometrist is willing to take an aptitude test in subject areas if an authority determines that the migrating professional's education does not meet the standards of the host country. Alternatively, a period of adaptation through supervised practice is possible. Therefore given that it will be possible to migrate without a common credential, this suggests that the pressures for a European diploma will decrease. A list of countries that have a university level of training would include Great Britain, the Republic of Ireland, Germany, France, Italy and Spain.⁵

The methods of assessing competence in Europe will tend to utilize cognitive and noncognitive testing procedures. The UK professional

qualifying examinations, for example, include both clinical skills assessment and oral examinations, and rely on the "written" examinations of the universities. The final exams in France and Germany include both written and practical skills assessment. The typical written examination in Europe is not composed of multiple choice, typically essay-type papers are expected. In Italy there is no independent assessment of individual competence before being allowed to practice.⁵

Even though each country has its own language, interestingly enough, language is not an issue. Although being able to speak the language will be essential to success, there is no legal requirement for language proficiency.

Because of these more stringent guidelines, the profession of optometry in Europe may advance towards a higher level of care. These advancements will create animosity between ophthalmology and optometry in Europe, similar to the dilemma we are facing here in the United States. Also, the standard of equipment used for diagnosis will also improve. The various goods sold such as spectacle lenses and contact lenses will be of higher quality since it is likely that more stringent

guidelines for standards of lenses will evolve. With the movement towards higher standards, optometrists in Europe should be expanding into a more full scope of practice than is currently being practiced. This advancement will benefit the optometric patient in quality of care as well as cost.

CONCLUSION:

The addition of more countries to the EC is expected. Other countries within the European Free Trade Association are likely to apply before the year 2000. This will create, in all likelihood, an even greater movement towards an outstanding level of care in the profession of optometry. With all the dynamic changes occurring in Europe, the possibilities for optometric advancement are great. The future of the European Economic Community is very exciting and an outstanding opportunity exists for any organization committed to helping optometry in Europe service over 320 million people.

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