European ophthalmology from a British perspective

Colin M Kirkness

Series editor: David Taylor

In this brief overview of ophthalmology, I will inevitably oversimplify and omit some details which others may regard as important. Ophthalmology as a specialty is probably practised in a more diverse fashion throughout the European Union than any other medical subspecialty.

In Britain, ophthalmology is essentially a consultant led practice of ophthalmic surgery. We can work this way because of the presence of approximately 7000 optometrists in the United Kingdom in both hospital and private practice. In many parts of the European Union, however, ophthalmic opticians or optometrists do not exist and opticians are restricted to dispensing spectacles and contact lenses. By the Clausus Medicus or L’Acte Medicale, which restricts examination, diagnosis, and treatment to medically qualified people, European opticians are banned from carrying out many of the practices that are commonplace in the United Kingdom or United States.

STRUCTURE OF EUROPEAN OPHTHALMOLOGY

First, let me make it clear, there are some very fine eye units in other parts of the EU, but the average ophthalmologist in the rest of Europe should not necessarily be equated with the average ophthalmologist in the United Kingdom. In Germany and France, there are each nearly 8000 ophthalmologists but no optometrists. There is nothing remotely equivalent to SWAG (Specialist Workforce Advisory Group) and no central effort is made to control numbers. There are many agreements between small towns in Germany, with populations of no more than 10,000, that can boast at least three ophthalmologists. Clearly, their potential to medically qualified people, European opticians are banned from carrying out many of the practices that are commonplace in the United Kingdom or United States.

In many ways, the board was addressing the wrong problem. EUPO (an association of European Professors of Ophthalmology) recognised that there were greatly varying standards of teaching throughout Europe. In an effort to begin to address this lack, an annual week long teaching course was established which proved to be hugely popular, attracting as many as 500 or more trainees. However, five days of intensive lectures is no substitute for a year’s practical teaching. The EBO encouraged units to achieve minimal standards of good practice broadly in keeping with the Royal College of Ophthalmologists’ guidelines for BST (basic specialist training), but as yet only a handful of the approximately 500 departments in the EU have asked to be inspected. European ophthalmology unfortunately lacks any cohesive body that could encourage the development of standards.

In spite of the disparity in training between the UK and Europe, trainees who complete training under their own national regulations and, by virtue of the fact that they are on their own specialist register, are eligible for entry to the British register. It is important that this is recognised and understood by those drawing up job descriptions and by appointment committees if they wish to avoid costly lawsuits by disgruntled European candidates.

CONCLUSION

Europe does not lack talent but it does lack a cohesive structure for ophthalmol-
ogy that results in a lack of major research funding and a differential delivery of health care throughout the EU. Some of these problems are insoluble in our loose political alliance but many could at least be improved at a supranational level by greater cooperation and willingness to accept new standards.

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doi: 10.1136/bjo.86.2.128

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