

What is happening in Sweden?

Sweden has witnessed significant, fast, and sustainable evolution in the optometry profession over the past 3 decades. We recommend a visit to the webpage of Sancta Lucia Gilles for a fantastic compilation of the history of optometry in Sweden — <https://www.santaluciagille.se/optikeryrkets-historia>. In this editorial we share some exciting news about the optometry education and extended responsibilities for optometrists.

After about 20 years of solid first-cycle bachelor education, Linnaeus University opened a new master program in optometry and vision sciences in 2021 (Linnaeus University, 2022). From September 2023 the bachelor education at Linnaeus University will be available from Campus Kalmar and Campus Gothenburg. That means an annual intake of about 75 first-cycle students and up to 25 second-cycle (masters) students per year. With an annual intake of 100 new students Linnaeus University will be a big player in optometry in the Nordic countries. In parallel, the responsibilities of Swedish optometrists are expected to be extended by the Swedish authorities. We aim to shed some light on the impact of these developments on optometry education in Sweden and the rest of the Nordic countries.

Recognising the evolving healthcare landscape and, probably, appreciating optometrists as a major asset for the chain of eye care, Socialstyrelsen (the Swedish National Board of Health and Welfare) is planning to extend optometrists responsibilities. Socialstyrelsen is an agency under the Swedish Ministry of Health and Social Affairs (Socialstyrelsen, 2019; 2020) and is responsible for ensuring the quality, accessibility, and equity of healthcare and social services.

From January 2024 the main planned changes to the law that controls optometric practice are: (a) optometrists will be allowed to perform eye exams and prescribe refractive correction to children of any age (currently Swedish optometrists cannot prescribe to children under the age of 8 years), (b) the text “optometrists cannot touch the eye” will be removed from the law, and (c) the “contact lens license” will cease to exist as a speciality, that is, all optometrists will be licensed to work with contact lenses. In addition, despite it not being mentioned in the law, the current consensus amongst all eye care professionals is that optometrists must be more selective when referring patients to hospital care. In many cases, optometrists can follow up their patients themselves instead of referring them to hospital. This seems particularly relevant for conditions such as non-exudative age-related macular degeneration and glaucoma (Landgren & Peters, 2021). The law will also include some updates about the vision assessment for driving licenses, but that has less impact on the scope of practice.

What does this mean for education?

The extended responsibilities for optometrists in Sweden represent a significant advancement in the profession’s role within the healthcare system. However, the successful integration of these expanded responsibilities relies heavily on adapting the optometry education to equip current and future optometrists with the necessary knowledge and skills. Curriculum development, clinical training, continuing professional development, and interprofessional collaboration are key areas that require attention to ensure the optimal preparation of optometrists in meeting the evolving demands of eye care.

Now, more than before, standardising optometry education

in the Nordic countries seems highly relevant. But why standardisation?

- Quality assurance — standardisation ensures a consistent level of quality across different optometry programmes. It establishes a baseline of knowledge and skills that all graduates should possess, ensuring that they are adequately prepared to provide high-quality care to patients. This consistency helps build trust among healthcare professionals, patients, and employers.
- Mobility and recognition — standardised education facilitates professional mobility across international borders. When education programmes follow similar curricula and standards, it becomes easier for optometrists to seek employment, pursue further education, or gain licensure in different Nordic countries. It also enhances the recognition of the profession both regionally and globally.
- Professional identity — standardised education helps shape a strong professional identity for optometrists. Consistent curriculum and training provide a common foundation of knowledge and skills, reinforcing the professional identity. This unity strengthens professional solidarity, collaboration, and advocacy efforts.
- Research and advancement — standardisation can foster collaboration and research initiatives among different optometry institutions. Common educational standards allow for easier sharing of knowledge, best practices, and research findings. This collaboration can contribute to advancements in the field, promote evidence-based practice, and drive innovation in optometry.
- Public health impact — optometrists play a crucial role in promoting public health through early detection and management of common eye conditions. Standardised education ensures that optometrists are equipped with the necessary skills to provide comprehensive services, including the detection of ocular diseases and timely referral to other healthcare professionals. Consistent training and competencies help optimise patient outcomes and public health impact.

While standardisation brings several benefits, it should also allow for flexibility to address regional variations, cultural aspects, and evolving healthcare needs. Striking a balance between standardisation and adaptability is crucial to ensure that optometry education meets the specific requirements of each Nordic country while maintaining a cohesive framework across the region. We urge the players, some authors in this editorial, at the education institutions to reflect about these points and start a dialogue — the sooner the better!

In this issue you can read about prevalence of keratoconus in Sweden (Binder & Sundling, 2023), as well as a new report from Swedish optometric practices that adds to the evidence that there appears to be no myopia epidemic in Scandinavia (Bro & Brautaset, 2023; Demir et al., 2022). You will also find further evidence for the need to use cycloplegic drops to ensure that hyperopia is detected in adolescents and young adults in Scandinavia (Hagen et al., 2023). Visual science is a scientific discipline that entails utilisation of quantitative methodologies, with qualitative methodologies only starting to emerge. A particular qualitative method, namely framework analysis, is presented in the context of optometry and visual science (Somerville et al., 2023).



The lecturers at the optometry education at Linnaeus University during graduation day, 2nd June, 2023, celebrating the qualification of 36 new optometrists. From left to right, Bertil, Peter G., Kabilan, Karin, Ida, Anna-Maria, Jenny, Ellen, Peter L., Carina, Pelsin, Karthikeyan, Antonio, Pablo, Maria, and Oskar. The photo was taken at Kalmar Castle, which is very symbolic because it was here that, in 1397, the Kalmar Union was formed — a union of Denmark, Norway, Sweden, and Finland, organised by Queen Margaret I of Denmark (Kalmar Castle, 2020; Kalmar Union, 2020). Maybe this can inspire us to the message of this editorial.

On behalf of SJOVS, we wish you all a Happy Summer!

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