THE NETHERLANDS (ROTTERDAM)

Eye Care with Optometrists

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The Netherlands (Rotterdam) – Eye Care with Optometrists

Background and context: Demand for ophthalmic care in the Netherlands is projected to surge through 2040, leaving Rotterdam Eye Hospital (REH)'s specialist clinics crowded with follow-up patients who no longer need an ophthalmologist's expertise. To safeguard capacity for complex cases, the REH launched an intermediate Optometrist Centre —aligned with the national "right care in the right place" policy—where advanced optometrists independently monitor selected patient groups, expanding their scope while easing the hospital's workload. This Center shifted routine monitoring of vitreoretinal-surgery (VR) and glaucoma patients to independently practicing, advanced-trained optometrists. Delegating follow-up care of stable glaucoma and VR patients frees ophthalmologists to treat more complex new cases, and the first evaluation shows high satisfaction among patients, optometrists, and ophthalmologists, though optometrists note challenges balancing duties between the centre and hospital.

Organization and requirements: The Optometrist Centre embedded within REH serves as an "in-between" layer of care: eye-doctors refer stable glaucoma and vitreoretinal-surgery (VR) patients who meet strict, protocol-based criteria—e.g., VFI > 80 % and > 6-month review window for glaucoma, or uncomplicated post-VR cases—to advanced-trained clinical optometrists working entirely on their own licence.
To guarantee quality and continuity, these optometrists rotate through REH subspecialty clinics, use the same diagnostic equipment and electronic patient record as ophthalmologists, and can obtain instant e-consults from a specialist to prevent unnecessary re-referrals. They assume full legal responsibility, follow the Dutch OVN (Optometrists Association of the Netherlands) code of conduct and national practice guidelines, and are certified to administer diagnostic pharmaceuticals.
The system frees specialist capacity for complex cases while maintaining research integrity (all follow-up data stay in the shared EHR), supports the national "right care in the right place" agenda, and offers optometrists an enriched career path with greater clinical autonomy.

Scope of the pilot: The overall goal is to monitor patients in a dedicated centre led by trained optometrists, reducing specialist load. Moreover, shifting more stable follow-up patients from REH to its Optometrist Centre is framed as a "win-win" situation with several advantages for different stakeholders:

- **Patients** get one small, familiar location, shorter waits for scans, and uninterrupted high-quality care—while freeing slots for new complex cases.
- **Insurers** see better specialist access at lower per-patient cost without sacrificing quality.
- **REH** gains capacity for advanced treatments, advances its "care closer to home" strategy, and keeps experienced optometrists engaged.

- **Ophthalmologists** can focus on cases that truly need their expertise.
- **Optometrists** enjoy broader, more autonomous roles that boost variety and job satisfaction.

Task analysis: Optometrists independently manage patients under strict referral and monitoring protocols. Legal and clinical standards ensure safety. The Optometrist Centre operates strictly within Dutch legal boundaries for optometrists: (1) screening patients for eye conditions and referring them appropriately, and (2) conducting follow-up exams for chronic eye-disease patients sent by a GP or ophthalmologist. Optometrists may not perform surgical or laser procedures, nor alter drug regimens themselves; they must seek an ophthalmologist's advice and have the GP issue prescriptions. Required skills include administering pharmaceuticals (tropicamide, oxybuprocaine, cyclopentolate); collaborating across disciplines, especially for file management and handover practices; clear patient communication; autonomous clinical decision-making, and proven competence in glaucoma, ocular hypertension and related risk diagnosis and assessment.

Learning needs: Optometrists must maintain skills via rotation through hospital departments, with emphasis on diagnostic competence and multidisciplinary collaboration. Their greatest learning opportunity comes from embracing the challenges of a dual role—splitting time between the Optometrist Centre and the REH—which amplifies the value they bring to both settings.

A concrete example of task shifting: Task shifting at REH is no longer experimental: the Optometrist Centre now runs routine follow-up clinics thanks to supportive ophthalmologists, government "right care in the right place" policy, and insurers seeking lower-cost care. Optometrists value the autonomy of seeing patients without waiting for doctor sign-off, yet note the work can become repetitive and the profession faces staffing shortages, especially for roles that demand independent practice. A next step, which will make optometrists "gatekeepers" who triage new eye-care referrals, has a clear clinical framework but meets resistance from senior ophthalmologists concerned about case mix, payment models, and trust in paramedical expertise, though younger doctors and GPs are more open. Success will require a fixed reimbursement rate for optometrist consultations, stronger inter-professional trust, wider awareness of task-shifting's necessity for accessible, affordable eye care, and the sharing of best-practice examples from other regions and specialties.

Opportunities and limitations: A one-year review of the Optometrist Centre highlighted the following points:

- **Organisation & staff confidence:** It took several months to streamline workflows, but optometrists gradually gained self-confidence and now regard the centre as "their own shop."
- **Clinical collaboration**: Revised referral/consultation protocols removed early confusion; VR and glaucoma ophthalmologists now trust the process and feel it frees up their time.
- **Workload issues**: Optometrists report higher effort and longer hours; two additional experienced optometrists were hired to ease the load.
- **Patient acceptance**: A few patients initially preferred an ophthalmologist, yet most were won over after their first visit.
- **Patient experience**: PREM scores average 9 / 10, zero complaints, and the majority intend to continue follow-up at the centre.

To sum up, the model offers better access, career development and greater autonomy for optometrists, resource optimization, improved specialist capacity and high patient satisfaction. On the other hand, limitations include start-up learning curve, heavier optometrist workload, and the need for ongoing protocol clarity and patient reassurance.

Key findings:

- Both optometrists and ophthalmologists have collaborated on a multidisciplinary agreement to regulate task shifting initiatives.
- This agreement endorses a **Code of Conduct** for optometrists, including protocols that define the tasks optometrists are authorized and qualified to take over from ophthalmologists, as well as those they can **independently decide on and perform**.
- **Referral protocols** have been developed for the dedicated optometrist center within the Rotterdam Eye Hospital. These protocols clearly outline the division of tasks and responsibilities during and after the handover from ophthalmologists to optometrists.
- The **monitoring protocol** for the optometrist center focuses both on the specific activities and on the required skills and responsibilities of the optometrists, ensuring that all tasks remain within their scope of expertise. It also includes guidelines for consultations, prescriptions, and proper documentation in the patient record.
- **Clear communication and information-sharing** ensured that patients and citizens were made aware of the changes in roles and responsibilities.

teamcare

THE NETHERLANDS (TWENTE REGION)

Expanded Eye Care Collaboration

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The Netherlands (Twente Region) – Expanded Eye Care Collaboration

Background and context: Ophthalmologists and optometrists in the Twente region explored models for collaborative care to manage increasing demand. Demand for eye care in Twente—and across the Netherlands—is set to double or triple within three years as the population ages, overwhelming already-scarce GPs and ophthalmologists and lengthening waiting lists. Because most Dutch GPs lack specialist training and diagnostic equipment, they routinely refer eye-complaint patients to hospital ophthalmologists; however, audits at Medisch Spectrum Twente (MST) and Hospital Group Twente (ZGT) show many referrals are unnecessary and that qualified optometrists could safely handle most non-complex cases.

Organisation and requirements: In Twente, the GP umbrella organization THOON, together with ophthalmologists from MST and ZGT, created a task-shifting pathway that channels uncomplicated eye complaints from GPs to nine OVN-accredited, bachelor-trained optometrists. Patients need a digital GP referral, are seen within about two weeks, and pay no deductible; the optometrist reports back to the GP and refers on to an ophthalmologist only when necessary. The Dutch eye-patient organisation backs the initiative as a model for high-quality, quick-access eye care that relieves pressure on both GPs and hospital specialists.

Scope of the pilot: The overall objective is to establish shared-care pathways allowing optometrists to manage stable patients, with ophthalmologists handling complex cases. Key benefits of the GP-optometrist pathway in Twente include:

- eye-care delivered closer to home by specialists, namely experienced optometrists, at no out-of-pocket cost to patients;
- fewer hospital referrals and shorter waits, so ophthalmologists focus on genuinely complex cases;
- streamlined “common-language” communication among GP, optometrist and specialist, with routine feedback to the GP;
- quicker, lower-burden visits for patients;
- and an option for GPs to bill a second consultation after the optometrist’s diagnostic report—all exemplifying “right care in the right place.”

Task analysis: The tasks are focused on visual impairments and diagnosis, with optometrists managing low-risk cases using structured guidelines. GPs send patients with gradual vision loss, red /dry eyes, paediatric orthoptic issues (age 8-12), or high intra-ocular pressure to seasoned, OCT-equipped (Optical Coherence Tomography) optometrists. These optometrists perform full slit-lamp and OCT assessments and (while always forwarding serious cases) decide locally on most common complaints;

in practice, over 75 % of referrals are resolved without involving an ophthalmologist (e.g., hygiene advice for red eye, lubricant drops for dry eye). All participating optometrists are Paramedics Quality Register members and hold regular case-review meetings to keep quality high.

Opportunities and limitations: In 2022, GPs in Twente had already redirected more than 4,200 eye-care cases to participating optometrists; roughly 80 % were fully managed in primary care. Most referrals involved gradual vision loss, floaters/flashes, or chronic dry eye. Ophthalmologists report that this frees hospital slots for genuinely complex cases while GPs can secure appointments within two weeks. Insurer backing and shorter future waiting lists are additional gains. Remaining barriers include sub-optimal GP triage and some patients' discomfort with seeing an unfamiliar professional, underscoring the need for better referral guidelines and patient education on the optometrist's role.

Key findings from the Dutch national survey: Following interviews with staff and patients at the Rotterdam Eye Hospital and in the Twente region, a **national survey** was conducted among Dutch optometrists (July–September 2023), in collaboration with the Optometrist Association. The survey, based on tools developed for the TaSHI pilots in Lithuania and Italy, aimed to enable cross-country comparison. It gathered **112 responses**, representing approximately **11%** of all practicing optometrists in the Netherlands. The main results were the following:

- **69%** of optometrists have direct experience with task shifting from ophthalmologists.
- **94%** view task shifting positively within their practice.
- **41%** report a reduction in patient waiting times.
- **70%** believe task shifting can help reduce the national shortage of ophthalmologists.
- **52%** note an increase in their workload.
- **56%** report an improvement in the quality of care delivered.

Main References:

- TaSHI Project. *The Project – Empowering EU Health Policies on Task Shifting.* Available at: https://tashiproject.eu/the-project/).
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- TaSHI Project - D5.2 GUIDEBOOK ON TASK SHIFTING Available at: D5.2-Guidebook-on-task-shifting_revised_final_ISBN.pdf