



香港眼科視光師學會

The Hong Kong Society of Professional Optometrists

T.S.T. P.O. Box 98603, HK

Voice mail system: 3126 9938

Fax: 3126 9980

Website: www.hkspo.org.hk

LC Paper No. CB(2)505/10-11(02)

Dr. Hon Leung Ka-Lau
Chairman
Legislative Council Panel on Health Services

3 December 2010

Dear Dr. Leung,

Re: Health Care Reform Second Stage Consultation

In response to the 2008 Health Care Reform consultation document, a paper was jointly submitted by 3 major parties of the optometry profession: The Hong Kong Society of Professional Optometrists, School of Optometry, The Hong Kong Polytechnic University and The Hong Kong Association of Private Practicing Optometrists.

We regret that in the second stage consultation, there is little mention of strengthening the role of related primary health professional group such as optometry that could render much efficient health services.

We are re-submitting the document for your information. The views of the profession remain unchanged.

Yours Sincerely,

Rufina Chan
President

The Hong Kong Society of Professional Optometrists

President 會長

陳天欣女士

Ms. Rufina Chan

Vice President 副會長

黃震漢先生

Mr. John Wong

Internal Secretary 內務秘書

陳罡先生

Mr. Chan Kong

External Secretary 外務秘書

伍麗兒眼科視光學博士

Dr. Helen Eng

Treasurer 司庫

黃偉雄先生

Mr. Jack Wong

IPP 前任會長

胡志城教授

Prof. George Woo

Councillors 委員

梁文基先生

Mr. Keith Leung

譚永堅博士

Dr. Anderson Tam

徐芸生先生

Mr. Vincent Chui

關智強先生

Mr. Jason Kwan

吳耀輝博士

Dr. Forrest Ng

伍孝仁眼科視光學博士

Dr. Larry Ng

譚秉鈿先生

Mr. Benny Tam

譚勤意先生

Mr. Kenny Tam

胡妙嫻眼科視光學博士

Dr. May Wu

余倩盈女士

Ms. Bibiana Yu

In Response to the Health Care Reform Consultation Document:
Your Health Your Life

Joint Submission from
The Hong Kong Society of Professional Optometrists
School of Optometry, The Hong Kong Polytechnic University
And
The Hong Kong Association of Private Practicing Optometrists

May, 2008

CONTENT

Summary of Recommendations

Introduction

Recognition of the Profession

The Existing System – A Costly System

Early Diagnosis Saves Costs, and Life

Better Primary Eye Care, Less Social Costs

An Independent Self-Regulatory Body for Optometrists

SUMMARY OF RECOMMENDATIONS

- promote the need of regular eye check for the public, especially for the high risk group; e.g., diabetics (10% of the HK population has diabetes)
- place optometrist on the first point of contact for eye patient
- utilize the full competency of the optometrist
- have referrals by the optometrist accepted by the Hospital Authority
- provide regular eye examination for the elderly
- provide affordable eye care with visual correction for the elderly
- to provide universal annual eye examination for children once they start schooling
- train teacher to identify children with vision problems
- provide for an independent self-regulatory body for optometrists

INTRODUCTION

We commend the government's vision "to achieve a health care system that improve the states of health and quality of life of its people, and provides healthcare protection for every member of the community".

We also support the government's intention to enhance primary care and its emphasis on preventive care. However, we see that the recommendations in this consultation document fall short of recognizing the role that health care professionals other than medical doctors can play in the delivery of primary health care.

We regret to see that there is little mention of strengthening the role of related primary health professional group that could contribute to minimize duplication of health services and could render much efficient health services.

For the purpose of timely treatment for the patient, and elimination of double health care costs, we propose that functions and duties of health care professions that promote and provide preventive, curative and rehabilitative care should be recognized in accordance to the training and qualification attained in tertiary education. A review on law and policy is much desired for more efficiency in the delivery of primary health care in Hong Kong.

We will speak, in this paper, on what and how the competency of the optometrist could be utilized more fully in primary eye care and serve the community better.

RECOGNITION OF THE PROFESSION

In advanced economies, the status of the optometrist as a primary care practitioner has been recognized more than 20 years ago. The role of optometrist as primary care providers was formally evaluated by the Department of Preventive Medicine and Biostatistics, Faculty of Medicine, University of Toronto in 1980, in a study entitled "Vision Care: A Survey of optometrists in Ontario". This study concluded that optometrists met the criteria for primary care practitioners. The Institute of Medicine of USA defined primary health care and included optometry as a primary health care profession in 1996.

The Hong Kong Polytechnic established Optometry training in 1978. To date this institution has trained over 600 optometrists. Its academic award is recognized world wide. The Hong Kong Polytechnic became The Hong Kong Polytechnic University in 1994. Today, research, education and training at its School of Optometry is considered top notch internationally.

According to the consultation document, optometrists are, *Health professionals trained to provide comprehensive eye and vision care, such as eyesight correction and diagnosis of common conditions related to the eyes or vision. They are not medical doctors but may refer patients to an ophthalmologist for treatment when needed.*

We welcome the recognition by the Bureau that the optometrist is qualified to refer his patient directly to an ophthalmologist. However, we question why the public health care sector run by the Hospital Authority deviates from the Bureau's view and refuses direct referral from an optometrist to its eye departments.

We are obliged to emphasize that the World Council of Optometry has widely publicized that optometry is an independent primary health care profession, which encompasses the prevention and remediation of disorders of eye and visual system through examination, diagnosis and treatment of eye and visual disorders and the recognition and diagnosis of related eye and systemic manifestations of disease.

THE EXISTING SYSTEM – A COSTLY SYSTEM

In the private sector, an optometrist is “a first contact primary health care practitioner”. When a patient has blurred vision or discomfort in the eye, he may consult the optometrist directly. The optometrist will give him a comprehensive eye check and identify the problem and decide whether the patient should be treated with vision correction or should be referred to a specialist. The patient does not have to run around. His time and money is saved. And more importantly, he gets timely treatment.

Eye care in the current public system is fragmented among optometrist, general practitioner and ophthalmologist. For the grassroot who cannot afford

private health care for the eye, he goes to the public health care sector. Even though he has the diagnosis rendered by an optometrist, he has to go to GOPC or a private GP to get a referral letter before he could secure an appointment with the HA eye department. This results in double health costs and treatment could be delayed.

We recommend streamlining the process to cut costs and time. Taking UK and Canada as examples, the optometrist is the first point of contact for patients. He will conduct a comprehensive eye examination that includes refraction and evaluation of the visual system. He will then refer the patient to the appropriate specialist should systemic disease be detected, or an ophthalmologist for surgical eye care; meanwhile, he copies the information to the family doctor.

The Hong Kong government allows the streamlined procedure in private sector. An ophthalmologist in private practice would accept referral from an optometrist. We question why the Hospital Authority will not accept referrals from an optometrist. This double standard is a waste of precious public resources and cause unnecessary delay in treatment.

EARLY DIAGNOSIS SAVES COSTS, AND LIFE

Impaired eyesight could be a sign of systemic disease, for instance, diabetes, high blood pressure, or some brain trauma or tumours. According to statistics in Australia, where people go for regular comprehensive eye examinations, 5% of the examined is found to be in need of referral for further investigation. Early diagnosis prevents further damage to vision and calls for timely treatment of systemic disease.

We recommend the following actions:

1. promote the need of regular eye check for the public, especially for the high risk group; e.g., diabetics (10% of the HK population has diabetes)
2. place optometrist on the first point of contact for eye patient;
3. utilize the full competency of the optometrist;
4. have referrals by the optometrist accepted by HA;

BETTER PRIMARY EYE CARE, LESS SOCIAL COSTS

Eye sight is a major sensory faculty for people to communicate with the world. Continuous exclusion is detrimental for physical and mental health.

As elderly people are not as capable in keeping up with the world due to degenerative changes in vision and hearing, they are not aware of hidden dangers in the physical surrounding and consequently, are prone to accidents.

Poor vision turns the elderly off from social and cultural activities which are crucial for the elderly to keep an active life. In face of an ageing population, we should, by all means, help the elderly at the primary care level to maintain good vision to stay in touch with the community. That would save the elderly from distress and consequential physical illness.

We recommend the following:

1. provide regular eye examination for the elderly;
2. provide affordable eye care with visual correction for the elderly;

The lack of proper primary eye care for children goes further than damage on health. It discounts the resources we put into education. Studies suggest that as much as eighty percent of a child's learning process is acquired through their vision. School kid with imperfect eyesight is handicapped from learning. If the teacher is not trained to spot the problem, the child is often mistaken as a lazy student even though he is trying his best. He will lose his self esteem and distance himself from learning.

While vision screenings are undertaken in some primary schools by nurses from the Department of Health, these checks are often confined to the most basic tests. A comprehensive eye examination which includes a series of visual functions such as visual integration, visual skills and eye health, rather than screening is therefore vital for good vision. Early primary eye care for detection of vision related problems is crucial for the academic success of Hong Kong children.

We recommend the following:

1. provide universal annual eye examination for children once they start schooling;
2. train teacher to identify children with vision problems

AN INDEPENDENT SELF-REGULATORY BODY FOR OPTOMETRISTS

The legislation in Hong Kong puts the optometry profession under an umbrella ordinance that regulates five healthcare professions, namely, physiotherapy, radiography, medical laboratory technology, occupational therapy and optometry. Each of these professions is progressing at its own pace and direction. Each deserves recognition of its specialization. The existing ordinance, as it stands, is not flexible enough to deal with changes in each profession with the same provisions. Consequently, advancement of the professions is hindered, and protection for the public delayed.

We need a separate mechanism to regulate the profession with updated rules and regulations catered for the best interest of the public. We urge the Administration to present a bill to provide for an independent self-regulatory body for optometrists.