

June 24 1999

Medical Dominance in Health Care

The Harvard team in drafting its report consulted a number of organizations in Hong Kong. They belong to different categories and they are listed in Appendix B of the Report. Under Health Care Professional Groups and Associations consulted by the Harvard team, several health care professions are conspicuously missing. They include Dentistry, Optometry, Occupational Therapy, Physiotherapy, Prosthetics and Orthotics, and Speech Therapy.

The Report states that in the health care scene, there has been strong medical dominance. The Harvard Report also reflected medical dominance by interviewing predominantly medical personnel. It is regrettable indeed that primary health care professions such as Dentistry and Optometry are excluded. Under academic institutions, the team consulted only The Chinese University of Hong Kong and The Hong Kong University. I would like to point out that The Hong Kong Polytechnic University is responsible for the education and training of the largest number of Health Care Professionals. A list of programs offered by the Faculty of Health and Social Studies of the University is attached herewith for your information (attachment 1). The Harvard team should have recognized that there are Clinical Faculties beyond Medicine.

Some health care professions in Hong Kong are designated as paramedical professions. The term 'paramedical' is no longer acceptable to any health care professional. In the US, paramedicals are ambulance drivers! The University Grants Committee in 1998 officially changed 'Other Paramedical' to 'Other Health Care Professions' as one of its Cost Centres. The Government of Hong Kong should adopt the same term and get rid of the unacceptable antiquated term immediately. The Supplementary Medical Professions Ordinance should also be replaced with an Ordinance for each individual profession. If Chiropractors are allowed to have their own Ordinance in Hong Kong, other larger health care professions deserve to have their own separate Ordinances as well. At present, five health care professions are governed by the Supplementary Medical Professions Ordinance. Four out of five Boards are still chaired by physicians. As early as 1989, this anomaly was pointed out by Ms Vicky Wong of Sunday Morning Post (attachment 2). There has been no change in spite of many petitions to the contrary by different health care professions.

Medicine in Hong Kong tends to compare its standards of medical education and care with those in the US and the UK. They serve as yardsticks or benchmarks. However, other health care professions are not given the same sort of freedom in following similar patterns of their counterparts' development because of medical opposition. Unfortunately, the Government has been siding with Medicine time and again.

The Harvard Report identified and described a number of weaknesses in medical care in Hong Kong. I believe the medical profession and the Government should bear full

responsibility The Medical profession with full support of the Government has been responsible for the quality of medical practice in Hong Kong.

Primary Health Care/Eye Care

The five major primary health care professions are Dentistry, Medicine, Optometry, Nursing and Pharmacy. My submission has to do with Optometry only.

Status of Optometry in Hong Kong

In 1989, the Hong Kong Society of Professional Optometrists presented to the then Working Party on Primary Health Care, a comprehensive brief on the role of Optometrists as primary health/vision care providers. In its final report entitled 'Health for All the Way Ahead' published in 1991, there was no mention of Optometry having any role in the primary health care domain. Ten years later, we are invited to respond to the Harvard Health Care Report. I would respectfully request each panel member to revisit the ten year old report submitted by the Hong Kong Society of Professional Optometrists. It appears to be still valid ten years later, perhaps due to the absence of any progress by Optometry in Hong Kong in the ten year period. Optometry in other countries, on the other hand, has forged ahead in the same period on many fronts including the scope of practice.

In 1993, the Second World Conference on Optometric Education was held in Hong Kong. Mrs. Elizabeth Wong, then Secretary for Health and Welfare confirmed the Government's position on the role of Optometrists as primary health care providers and referral of disorders to other practitioners (attachment 3). I am, therefore, bewildered when I read the written reply of Mrs. Katherine Fok, Secretary for Health and Welfare to Mr. David Chu, member of the Legislative Council, on the policy and measures in place to shorten the waiting time in public hospitals and on the provision of ophthalmic services for senior citizens (see attachment 4). It was dated May 12 1999. There was simply no mention of Optometrists in providing primary eye care in public hospitals. Instead, she promises to increase training of General Practitioners in eye care and increase the number of Ophthalmologists. Neither measure has been proven to be cost-effective in many countries. The perceived shortage of Ophthalmologists in Hong Kong by certain sector of the community needs to be examined very carefully by an independent body. It is meaningless to study the manpower requirement in eye care services in Hong Kong when the services of Optometrists are not being taken into account.

Role of Optometrists in Hong Kong

Let me take this opportunity to describe the role of Optometrists in the Eye Hospital of Hong Kong. Optical technicians were employed at the Government Ophthalmic Centres before the Hospital Authority was set up. They were trained by Government Ophthalmologists at the then Ophthalmic Centres. After the establishment of the Optometry program at the then Polytechnic in 1978, the graduates gradually took over these positions. In the earlier years, they were Higher Certificate graduates. Today, all posts are filled by Part I registered Optometrists. In spite of the change of the position

from Optical Technician to Optometrist, the scale of pay has not changed and remains to be the lowest of all health care professions. Thus a graduate in Optometry from PolyU after 4 years of study is receiving approximately half the pay of a Pharmacist in the same Hospital Authority! Incidentally, Pharmacy is a three year degree programme at The Chinese University of Hong Kong. Both Optometry and Pharmacy are fully funded by the University Grants Committee of Hong Kong. The pay scales of selected health care professionals in the UK and Hong Kong are provided for your reference (attachment 5).

Scope of Practice

The scope of practice of Optometry at the Eye Hospital, however, is severely restricted largely due to Management's view of Optometry. Management certainly is not well informed of what optometrists can do and how they are trained, etc.....As a result. hospital optometrists are told to perform 'refraction' only and they must complete their assigned task within a certain period of time. Afterwards, the prescription determined by the optometrist is given to a trainee or an Ophthalmologist to sign and then give to the patient. This type of practice is totally unacceptable. It is unethical for a physician to sign on somebody else's prescription. It gives the patient the false impression that it is the trainee or the Ophthalmologist who determined the prescription. Nowhere else in the world except Hong Kong is an Optometrist subjected to the above practice imposed by Management of the Eye Hospital under the Hospital Authority.

Waiting Times

According to the Harvard Report, the patient's waiting period for an appointment at the Eye Hospital is 21 weeks. It is actually a lot longer if you care to pick up the telephone and try to have an appointment. On the day of the appointment, the patient sees either an Ophthalmologist or a trainee first in the presence of a Nurse. The patient of course is not aware of the qualification of the medical practitioner. The role of the Nurse in the examination room is unclear. After consulting the medical practitioner, often what the patient requires is an eye examination. The patient is then asked to go to the waiting room again until he/she can see the Optometrist. The Optometrist's job is to determine the patient's refraction. Afterwards, the patient is then asked to wait to see the same medical practitioner again when the patient is given the prescription determined and prescribed by the Optometrist but signed by the trainee or the Ophthalmologist. The total amount of time that the patient needs to stay in the Eye Hospital is anywhere from 90 minutes to 3 hours.

To provide more efficient and cost effective service to patients, there is a need to engage Optometrists in providing primary eye care services under the Hospital Authority and the Department of Health. The Optometrist should be the first one to see the patient and provide primary eye care services to the patient. If the patient requires medical eye care or medical opinion or if the patient's eye health is at risk, then the patient is referred to a trainee or an Ophthalmologist for consultation. Often the visual needs of the patient include assessment of eye health; determination of refraction and vision; assessment of binocular vision coordination; contact lens evaluation and fitting and low vision therapy. These are tasks within the scope of practice of Optometry. Other visual function tests may be deemed to be necessary

subsequent to the primary eye examination. At present, PolyU has been educating and training optometry students to provide primary eye care in the Optometry Clinic (attachment 6). However, referrals are restricted to private Ophthalmologists since all eye care units under the Hospital Authority will not accept referrals from Optometrists. This policy needs to be reviewed urgently.

Concluding remarks:

- Separate Ordinances for distinctly different health care professionals.
- Overhaul eye care services under the Hospital Authority and the Department of Health.
- Manpower planning on eye care services must include optometric services.

Submitted by

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Programmes Offered in 1998/99

| | | |
|---|--|--|
| Department of Applied Social Studies | <ul style="list-style-type: none"> Master of Art/Postgraduate Diploma in Social Work Bachelor of Social Work (Hons) Higher Diploma in Pre-primary Education Diploma in Social Work Higher Certificate in Pre-primary Care & Education Certificate in Pre-primary Education | <ul style="list-style-type: none"> 社會工作文學碩士/深造文憑 社會工作(榮譽)學士 學前教育高級文憑 社會工作文憑 學前教育高級證書 學前教育證書 |
| Department of Nursing and Health Sciences | <ul style="list-style-type: none"> Master of Science in Nursing Postgraduate Diploma in Nursing Education Bachelor of Science(Hons) in Nursing Bachelor of Science(Hons) in Biomedical Science Higher Diploma in Biomedical Science Higher Diploma in Nursing Post-experience Diploma in Nursing Post-experience Diploma in Nursing Management | <ul style="list-style-type: none"> 護理學理學碩士 護理學教育深造文憑 護理學(榮譽)理學士 醫療生物科學(榮譽)理學士 醫療生物科學高級文憑 護理學高級文憑 護理學進修文憑 護理行政學進修文憑 |
| Department of Optometry & Radiography | <ul style="list-style-type: none"> Bachelor of Science(Hons) in Optometry Bachelor of Science(Hons) in Radiography | <ul style="list-style-type: none"> 視光學(榮譽)理學士 放射學(榮譽)理學士 |
| Jockey Club Rehabilitation Engineering Centre | <ul style="list-style-type: none"> Bachelor of Science(Hons) in Prosthetics and Orthotics | <ul style="list-style-type: none"> 義肢矯形學(榮譽)理學士 |
| Department of Rehabilitation Sciences | <ul style="list-style-type: none"> Bachelor of Science(Hons) in Physiotherapy Bachelor of Science(Hons) in Occupational Therapy | <ul style="list-style-type: none"> 物理治療學(榮譽)理學士 職業治療學(榮譽)理學士 |
| AND | | |
| Master of Science in Health Care with eight specialisms | <ul style="list-style-type: none"> Biomedical Science General Studies in Health Care Nursing Medical Imaging & Radiation Technology Occupational Therapy Physiotherapy Rehabilitation of People with Developmental Disabilities Rehabilitation Technology | <ul style="list-style-type: none"> 醫療生物科學 醫療護理學 護理學 醫學造影及放射技術學 職業治療學 物理治療學 發展障礙人士復康 復康科技 |

The Polytechnic University is the sole provider of programmes in the areas of Optometry, Biomedical Science, Physiotherapy, Occupational Therapy, Radiography and Prosthetics & Orthotics.

Faculty of Health and Social Studies

醫療及社會科學院

Dean : Professor George Woo 胡志城講座教授
Chair Professor of Optometry, OD, MSc, PhD, LOsc, FAAO, FVCO

Departments

Department of Applied Social Studies 應用社會科學系

應用社會科學系是一個培養專業社會工作者、幼稚園教師和幼兒工作者的主要中心，亦是香港唯一一所可以全面提供從文憑到學士學位、以至博士學位的社會工作人員培訓課程的學系。學系致力於發展及融合教育、研究及社會服務各方面的工作。

Department of Nursing and Health Sciences 護理及醫療科學系

理大是第一所發展護理學士學位課程的大學。經多年來的努力，理大的護理及醫療科學系已為護理學教育建立了穩固的基礎，而且更是全港唯一一所引進虛擬現實實驗室的專上學院。此外，理大圖書館擁有全港最齊備的護理學藏書和期刊，為修習護理學的同學提供豐富的知識來源。

Department of Optometry and Radiography 視光學及放射學系

理大是本港唯一提供視光學及放射學學位課程的大學。視光學及放射學系的課程十分著重臨床訓練，以符合嚴格的專業要求。學系轄下的眼科診所對視光學學生的學習及課程運作非常重要，既可作臨床前培訓，亦可作為實驗課堂。眼科診所除了為學生提供訓練外，亦為理大教職員、學生以及公眾人士提供眼科保健服務。學系最近更獲大學撥出內部資源成立《預防近視研究中心》，作為大學的策略性學術發展領域之一。

Jockey Club Rehabilitation Engineering Centre 賽馬會復康科技中心

賽馬會復康科技中心成立的基本目的是設計、製造、及改裝復康器材。這類器材包括傷殘人士所用的輔助器材，及供治療師進行病人評估、治療及訓練的器具。作為輔助器材的主要供應者，中心致力提供器材測試、評估及諮詢等服務，更不時與各大醫院合作，提供服務。為培訓更多復康專業人才，中心更舉辦不同課程，例如義肢矯形學(榮譽)理學士課程及復康工程理學碩士/深造文憑課程等。

Department of Rehabilitation Sciences 康復治療科學系

康復治療科學系致力推動本港康復治療以及在教育及科研方面追求卓越。學系的職業治療及物理治療(榮譽)學士學位課程，以及研究課程，均以結合中國治療法及西方康復治療法為課程目的。課程並採用多元化及創新的教學方法，包括使用互聯網和多媒體科技，培養學生的判斷力和終身不斷自學的能力。學系最近亦獲大學撥出內部資源成立《集中西精華之康復治療科學中心》，作為大學的策略性學術發展領域之一。

No. of Students/Graduates in 1997/98

| | | |
|-----------|-------------------|-------------------|
| Students | Full Time - 1,824 | Part Time - 1,650 |
| Graduates | 625 | 507 |

SUNDAY MORNING POST, DECEMBER 10, 1989

Doctors' 'monopoly' makes working party vulnerable

HONGKONG

Vicky Wong

MEDICAL monopoly is a phrase being increasingly heard these days, as murmurs abound on why the territory's doctors dominate so many areas where their views should only comprise a part of a larger matrix.

Take the Government's working party on Chinese medicine, which, among other matters, is supposed to "examine the present practice of the principal forms of traditional Chinese medicine in Hongkong, including herbal medicine, acupuncture, bone-setting and the forms of training given to the practitioners".

This working party, however, comprises no one who actually practises Chinese medicine, or anybody who teaches its theory and practice, although several medical doctors are represented.

Given the very different philosophies and practices of Chinese and Western medicine, such an unbalanced membership is akin to asking aviators to consider how mariners should operate.

Perhaps this explains why one of the first acts of the working party, in its search for data on the use and practice of traditional Chinese medicine, was to write to professional associations of practitioners of Western medicine.

Instead of soliciting information from the various Chinese traditional medicine societies which exist in Hongkong, the working party asked Western medical doctors what views they had for the "integration" of the two widely different disciplines.

It is to be hoped that the practitioners of Chinese traditional medicine will not in future be dominated by the medical profession, as optometrists are in danger of becoming under the Supplementary Medical Professions (Amendment) Bill which goes before the Legislative Council on Wednesday.

This bill is meant to provide the legislative framework for paramed-

ics to self-regulate themselves, but one can well wonder why, of the five paramedic professions which will be coming under this ordinance, optometry has been included.

In other countries, this is considered a fully-fledged profession, certainly not supplementary to any other, including the medical one, which is regulated by its own body.

Equally ludicrous is that although the coming law is meant to provide a self-regulatory framework for paramedic professions, four of the five boards to be set up under the legislation governing optometrists, physiotherapists, radiographers and occupational therapists are chaired by medical doctors.

As one observer noted, this is akin to a non-lawyer becoming the chairman of either the Law Society or the Bar Association.

Perhaps this medical domination partly explains why four out of the five paramedic boards have agreed to include in their code of practice that their members must not provide a service to anyone except on a medical and, in some cases, a dental referral.

This has been made ostensibly to safeguard the public against misdiagnoses, but the medical profession's vested interests cannot be disregarded because patients will in future have to see a doctor even if they just need a physiotherapist's service for a twisted ankle.

There is no assurance that the doctor will give the needed referral for the patient to go elsewhere, particularly since the law permits him to offer such services himself through the practice of delegation. Under this, doctors can delegate specialised services such as physiotherapy, or even the taking of X-

rays, to totally untrained personnel.

Hongkong's pharmacists have also been chaffing under the medical yoke for years, and many of their suggestions for making the territory's system of selling and dispensing drugs safer for the public have been frustrated by the Poisons and Pharmacy Board — another body dominated by doctors.

Then there is the Government's working party on primary health care, which is supposed to examine the way the territory should go.

This working party is again dominated by Western medical doctors and none of the other professions which play a role in providing primary health care are represented.

This is despite the fact that the majority of the population still patronise traditional Chinese medicine practitioners.

To date, however, there are no signs that this working party will be consulting any of their non-medically orientated colleagues.

As Legislative Councillor Mr Ronald Chow noted, one of the biggest problems in Hongkong is that the public still regards doctors as "gods" who are experts in every field of health, when the truth is otherwise.

The Government appears to be in an invidious position in this tug-of-war between the medical and other health professionals.

The bodies which advise the administration on health matters are largely dominated by doctors, including the Medical Council, the Medical Development Advisory Committee, the Department of Health, and the Hospital Services Department.

Even if some members of the administration may see the dangers of having a medical lobby that is too powerful, there is little they can do, caught between an ill-informed public and the lack of a non-medically dominated advisory infrastructure.

Transactions of the Second World Conference on Optometric Education, # Hong Kong 1993

I. Opening and plenary sessions

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CONFERENCE OPENING

Professor Roost, President,
International Optometric and
Ophthalmic League
In opening a conference of this
kind, it is customary to use
expressions such as historical or
traditional. At the opening of the
Second World Conference on
Optometric Education, I have a
problem with both of these expressions.
An event that is held for the second
time can hardly be called 'traditional',
and it can be called 'historical' because
the first meeting already belongs to the
past. So I examined the program of this
World Conference and there certainly are two
sessions that very easily can serve as
candidates for 'historical' and
'traditional'. They are the attributes
'significant' and 'highly essential'.
The list of participants to this
conference shows that some people
will participate for the second time
and for them it may well be an historical
event, but for all of us, whether we are
present for the first or second time, it
means that we are participating in one

of the most significant conferences for
the development of our profession.

I have been in the fortunate position
to look at the world of optometry over
the past few months. At the end of last
year, I visited several countries in West,
South and East Africa. Last week I was
in Slovenia, the young republic, the
former Yugoslavia. The week before I
visited an optometric congress in
Greece and another week before that I
attended a congress in Portugal.

All of these places, whether they are
south or north of the equator, show one
common and decisive character.

Optometry, as a primary eye and vision
care profession, is badly needed. It is a
goal that was declared by the World
Health Organisation, WHO. This goal
with the program title of 'Health for all'
is one of the most important social and
political aims for the year 2000. It
cannot be achieved without optometry.

In a time when freedom of thinking
is becoming more and more a generally
accepted fact and the freedom of
teaching the common rule, for
education to have a closer look at how
to establish the linkage between
education and practice, as well as to
examine the perceived barriers that
obstruct optometric education, is
certainly a very worthwhile task. It is a
very worthwhile task for optometric
education, especially in respect to total
freedom of teaching, to accept the
responsibility of establishing and
determining the identity of optometry
as it relates to the needs of our
community. It is my privilege in the
name of world optometry to thank you
for your efforts to be present at this
meeting. It is a great honour to
welcome you on behalf of the IOOL.

It is also my wish to express my
deepest gratitude to all of the people
who took part in the preparation of this
meeting. This includes all of the
members of the program committee,

which involves famous names in
optometric education from around the
world and which played a decisive role
in preparing for this conference.

Our gratitude also goes to Bausch &
Lomb which, for the second time in the
history of the IOOL, has sponsored and
funded the World Conference on
Optometric Education. IOOL and
everybody taking part either at this
conference or in optometric education
in general, highly appreciates this
outstanding example of a real
partnership between the profession and
its supporting industry.

Partnership as you all know should
mean give and take. We are all
convinced that the ophthalmic industry
will be able to participate in harvesting
what has been planted and cared for in
a serious and well-educated profession.

Luckily, William Shakespeare created
the words 'last but not least' and with
the authority of William Shakespeare, I
hope that everybody believes me when I
say last but not least, I want to salute
Professor Willard Bleything as program
chairman of this conference.

As president of the IOOL and as
general chairman of this event, I was
faced with one great and immense job.
This was to find a program chairman
with the personality, the capability and
the competence to challenge this
tremendous task of preparing such an
important colloquium.

It was always very clear to us who
could and should do that job and we
have been extremely lucky that our
choice, Professor Bleything, actually did
accept this enormous job. Even before
the first words are spoken at this
meeting, we can be sure of an absolutely
and totally successful outcome of this
event. Thank you Professor Bleything
and also your wife Karen.

It is now a great honour and a great
pleasure for me to declare the Second
World Conference of Optometric

Education as opened and I ask Professor Bleything to take the microphone and address the audience.

Professor Willard Bleything, Chairman, Program Committee
We welcome you as citizens of the world of optometry. You are a special group of people and you are gathered here for a very special purpose to enhance the goals of optometry through world-wide quality optometric education.

However, I don't think our quest is to self serve. As health care professionals, our ultimate aim is to serve the peoples of the world through quality optometric care and this is our common bond as we sit here today.

We are going to gather over these next few days to conduct a forum, to reap the benefit of views that will be different, with English with an international accent. This is not a 'my way is better' forum. It is an exchange of ideas, one nation to the next, one colleague to the next, to identify common issues which impact on optometric education wherever you are.

More specifically we are here to discuss those strategies that we might employ together and apply towards various barriers to our growth, which seem to exist. Collectivity often has strength. Let these next few days be your chance to contribute to that collective strength.

We have an important common agenda—'better eye and vision education' for the various peoples we serve. I now invite Peter to return to the microphone. He has the privilege of introducing our very special guest.

Mr Roost

Ladies and gentlemen, I have the real pleasure and the honour of welcoming the Honourable Mrs Wong. She is Secretary for Health and Welfare, the Government of Hong Kong. She will speak to us under the title of 'the challenge of optometric education'. This lady is an extremely busy lady as I have just been informed. Obviously, the whole world that is dealing with eye care and eyes is meeting in Hong Kong. I can't blame them, it is a lovely place to meet. We are really honoured and feel

very privileged to have you here. Thank you so much for coming to us.

KEYNOTE ADDRESS

The Honourable Mrs Elizabeth Wong, ISO, JP, Secretary of Health and Welfare, Hong Kong

Dr Bleything, friends from overseas, ladies and gentlemen, let me first welcome you to Hong Kong. I am delighted that you have chosen our exciting city for the Second World Conference on Optometric Education. The participation of so many leading professionals and educators from around the world will ensure stimulating discussions on optometry in the next few days and will help define more clearly our goals in further developing optometric education.

Over the years, optometry has developed into a key health care profession providing much needed services to our public. Gone are the days when people requiring the aid of eyeglasses had to fumble in a tray of spectacles, trying to find the right shape or colour for their use. Gone, too, are the days when the only job for opticians (for they could not truly be called optometrists) was to help the customers in choosing the right pair of spectacles. As a profession, optometrists are now responsible for prevention, diagnosis and treatment of the whole range of non-medical disorders of the visual system. And since vision remains the most vital human sense, we are all eager clients.

As the profession has developed, so has the technology available to it. I remember the days of staring at a simple eye chart wearing a heavy and cumbersome pair of metal spectacle frames, into which an optician placed lenses of differing strengths. Now optometrists have a wide range of 'high-tech' equipment available to them: ultrasound scans, computerised perimeters, equipment for the measurement of contrast sensitivity—the list goes on. Eye care products and procedures have also advanced apace. The advent of the contact lens has given virtually everybody the opportunity to enjoy and excel at sports, including

contact sports. New types of lenses are constantly being produced to extend the range of those who can wear them. Not being a rugby player or a movie star, I prefer to stick to glasses.

Whatever equipment he uses, however wide the range of his duties and the products available to him, the optometrist, like other health care professionals, engages in a relationship of trust with his clients. He asserts his clinical judgement, a combination of knowledge, skill and experience for the direct benefit of his patients to give them the best possible use of that most important of their senses—sight. He also preserves sight through the early detection and referral of medical disorders of the visual system. As the world becomes more aware of the importance of primary health care, so the role of the optometrist becomes more prominent.

This highlights the importance of maintaining a high standard among all practitioners, both to protect the public and to further develop the profession. It is through the effective promotion and protection of public health that optometry will further establish itself as a vital and respected health care profession. At the same time, the profession will be better equipped to serve the public if it continues to strive for professional excellence. In achieving this dual goal, education has a pivotal role to play, especially as the discipline becomes ever more sophisticated.

Let us now briefly examine the development of professional education in Hong Kong. It demonstrates our commitment to enhance training for optometrists. It also illustrates how we in Hong Kong respond to the major scientific and technological advances in optometry.

Apprenticeship was the predominant mode of training for optometrists, or to be more exact, opticians, before any formal training was introduced locally. The initiative to establish specific courses was made by the profession itself, when the Hong Kong Optometric Association in the 1960s started running bi-annual part-time courses for its members.

Since 1978, training in optometry has been provided by the Hong Kong Polytechnic, an institution mainly funded by the Government through the University and Polytechnic Grants Committee. At the beginning, a certificate course in optometry was offered primarily to improve the skills of those already in practice. Attendance at the course required the sponsorship of employers and it was not rare for them to see it merely as a means for their employees to gain the skills needed to set up their own practices.

This was followed by the introduction of Higher Certificate in Optometry for those already holding the basic certificate.

Looking back, these courses were more remedial than anything else, and covered only the most basic needs of the profession and, by extension, the community. This was clearly an inadequate state of affairs given the evolution of the profession, advances in technology, increasing specialisation, the demand from the public for higher quality services and the need to catch up with international standards. Thus,

In 1984, a three-year course leading to a Professional Diploma in Optometry was established, requiring university entrance qualifications for admission.

As optometry is essentially a clinically based course, a three-year system still felt much to be desired: with the discipline fast expanding and growing in complexity, students simply need more time for classroom instruction before practising in the clinics. A four-year degree program in optometry was first introduced in 1990.

In addition to the Degree in Optometry, a part-time two-year conversion course commenced in 1992 to enable graduates with a Professional Diploma to earn a degree. The graduation of the first batch of local degree holders in optometry next year, the phasing out of the Professional Diploma, mark the beginning of a new era in the development of optometric education.

Further challenges lie ahead. Changes are taking place with growing emphasis on continuing education. A number of our Professional Diploma in

Optometry graduates are pursuing further studies for master degrees or doctorates either at home or abroad.

Education leads to an enquiring mind, which in turn leads to research. I am delighted that research into the eye and vision is flourishing here in Hong Kong. Over the past two or three years, there have been over 40 publications in international optometric and vision journals as a result of research conducted by the Polytechnic's Department of Optometry. There has been special emphasis on research into the Chinese eye and 25 of the department's publications have been in this area. Considering one pair of every five pairs of eyes in the world is Chinese, this is not surprising.

Research is important in itself. It also helps raise the standards of education. An institution known for its research is more likely to attract and retain high quality staff. The better the staff, the greater the attraction to potential students. The greater the demand for student places, the higher the level of those students who are successfully admitted. This chain of events then starts working in reverse. An institution known for the high academic standard of its students is more likely to attract good staff and so on back up the chain.

I have talked much about optometry within the local context. What we have been doing in this field echoes our wider commitment to improve health services for Hong Kong. With the cost of medical care sky-rocketing, the worldwide trend in the delivery of medical services places increasing emphasis on primary health care, that is, preventive and promotive care. A report of the Working Party on Primary Health Care was published in late 1990, providing clear and comprehensive guidance for formulating a long-term health care strategy for the coming decade. Major initiatives are now underway. For example, we have set up a District Health System, which provides a framework for the networking of services. We are about to open the first of several 'well-woman' clinics and a health centre for elderly persons to provide health screening and primary health counselling.

All these initiatives confirm our commitment to promote public health by prevention and prevention can be truly successful only through public education. Optometry also constitutes preventive care. According to the Blind Registry, high refractive error has been a major cause of blindness in Hong Kong alongside cataracts and glaucoma in Hong Kong. In other words, proper assessment of refractive status and the appropriate remediation might, in some cases, prevent disabilities. In addition, by referring patients to medical practitioners once pathology is detected or suspected, optometrists ensure that patients can get prompt treatment of diseases that may not have obvious symptoms in early stages. Optometrists are part of the primary health care system. We are in this together.

One of the major challenges we face is to educate the public to lead a healthy lifestyle, to create awareness of potential health problems and to take advantage of screening and other available preventive and promotive health measures. This is your responsibility as eye care professionals, just as it is the responsibility of others in the health care field. We in Hong Kong take very seriously the stated goal of the World Health Organisation—'Health for all by the year 2000'.

When I was invited to attend this conference, I was asked to challenge the delegates within the context of the conference theme, which is optometric education. So my challenge is this. I hope that during the course of this conference, you will focus not only on professional optometric education, but also on how you can use that education, that expertise, that level of research, to educate and to bring maximum benefit to the public. In other words, how optometry can become a vital and integral part of the health care network, which every country in the world needs to establish.

I hope I have provided a challenging focus for the conference and look forward very much to seeing the results.

I am truly delighted that this conference is being held in Hong Kong. The world has grown so small, and the various problems that face it are so

great, that international trust, friendship and co-operation are more necessary now than ever before. I hope that you will learn much while you are here. I know that we will learn from you. And when you return home, I hope that you will continue to keep in touch and to exchange information and expertise on this most important subject. It is an exciting world we live in and we all want to see it better!

Mr Roost

Mrs Wong, I thank you warm heartedly for this address that you have given to us. I think that it was very rewarding to hear the trust that you have in our profession and one of the reasons for this conference is to bring over a stimulus and momentum that is meant to improve this profession to fulfil your demands. All I can say is that optometry is here to take part of the responsibility of the challenge that we are facing towards community health. The description that you have given to us of what is happening here in Hong Kong might well be such that all of us, when we go back, remember the excellent Hong Kong model. Thank you very much again for your presentation

LEGCO QUESTION NO.7
(Written Reply)

| | | | |
|-----------|---------------|-------------------|----------------------------------|
| Asked by: | Hon David CHU | Date of meeting : | 12 May 1999 |
| | | Replied by : | Secretary for Health and Welfare |

Question:

It is reported that one in every five senior citizens suffers from eye diseases. In this connection, will the Government inform this Council of :

- (a) the existing average waiting time between a senior citizen's first treatment on eye diseases in a public hospital or a Health Department clinic and his/her admission to hospital for ophthalmic operation or treatment;
- (b) the policy and measures in place to shorten the above-mentioned waiting time; and
- (c) its long term policy on the provision of ophthalmic services for senior citizens?

Reply:

Madam President,

(a) The general outpatient clinics under the Department of Health (DH) provide treatment on general eye diseases, and will, when necessary, refer patients to the ophthalmology departments of the Hospital Authority's (HA's) specialist outpatient clinics for further treatment. In March 1999, the average waiting time for first attendance for ophthalmic services at HA's specialist outpatient clinics is 15 weeks. These clinics have implemented a triage system to assess the conditions of patients referred to the clinics, and patients with urgent or emergent eye problems will be accorded priority treatment or operation. Patients suffering from eye diseases requiring elective operations will have to await their turn. Cataract is a common non-acute eye disease among the elderly. In March 1999, the average waiting time for cataract operation is about 11 months.

(b) HA is all along well aware of the community's increasing need for ophthalmic services. It will open 40 inpatient beds and two additional operating theatres in the Hong Kong Eye Hospital in mid 1999 and a new eye specialist outpatient clinic in Tseung Kwan O Hospital in end 1999. In addition to these, HA has implemented various improvement measures, including internal deployment of resources and manpower, commencement of evening operating sessions and streamlining of workflow, in order to efficiently deal with more patients requiring treatment. We hope that these measures can help to shorten the waiting time for first attendance for ophthalmic services at specialist outpatient clinics and for cataract operations.

(c) At present, public primary and specialist eye care services are provided by DH and HA respectively. In 1999-2000, DH will increase the number of elderly health centres from 12 to 18. These centres provide for the elderly comprehensive primary health care services, including eye examinations and visual tests, and will refer patients to HA for further treatment when necessary. For specialist eye care services, HA plans to meet the continuous increase in demand through the following measures -

- (i) To train more eye specialists to ensure that sufficient eye specialists are available for providing quality eye care services;
- (ii) To provide training in ophthalmology for Family Medicine trainees to empower family practitioners to provide better eye care for patients;
- (iii) To plan for expansion of facilities for ophthalmic services in areas of rising demand, e.g. the New Territories;
- (iv) To collaborate with primary care doctors to ensure provision of proper ophthalmic care for patients before and after referral to eye specialists; and
- (v) To collaborate with other health care providers and the community in educating the public on proper eye care.

Comparison of Salaries of Different Professions in
Medical Health Care in the UK

| | Clinical Scientists | Hospital Optometrists | Dietitians | Midwifery | Orthoptists | Physiotherapists | Radiographers |
|----|------------------------|--------------------------|------------|-----------|-------------|------------------|---------------|
| 0 | 12298 | 12298 | 14180 | 8315 | 13655 | 13655 | 13665 |
| 1 | 12790 | 12790 | 14715 | 8615 | 14180 | 14180 | 14180 |
| 2 | 13302 | 13302 | 15250 | 8915 | 14715 | 14715 | 14715 |
| 3 | 13833 | 13833 | 15785 | 9215 | 15250 | 15250 | 15250 |
| 4 | 14386 | 14386 | 16465 | 9525 | 15785 | 15785 | 15785 |
| 5 | 14962 | 14962 | 17225 | 9845 | 16465 | 16465 | 16465 |
| 6 | 15561 | 15561 | 17990 | 10170 | 17225 | 17225 | 17225 |
| 7 | 16181 | 16181 | 18755 | 10500 | 17990 | 17990 | 17990 |
| 8 | 16830 | 16830 | 19665 | 10850 | 18755 | 18755 | 18755 |
| 9 | 17504 | 17504 | 20575 | 11210 | 19665 | 19665 | 19665 |
| 10 | 18203 | 18203 | 21485 | 11590 | 20575 | 20575 | 20575 |
| 11 | 18931 | 18931 | 22090 | 11990 | 21485 | 21485 | 21485 |
| 12 | 19688 | 19688 | 22700 | 12420 | 22090 | 22090 | 22090 |
| 13 | 20475 | 20475 | 23320 | 12855 | 22700 | 22700 | 22700 |
| 14 | 21296 | 21296 | 24940 | 13290 | 23320 | 23320 | 23320 |
| 15 | 22145 | 22145 | 26770 | 13755 | 24120 | 24120 | 24120 |
| 16 | 23033 | 23033 | 26610 | 14225 | 24940 | 24940 | 24940 |
| 17 | 23953 | 23953 | 27490 | 14705 | 25770 | 25770 | 25770 |
| 18 | 24910 | 24910 | 28390 | 15190 | 26610 | 26610 | 26610 |
| 19 | 25908 | 25908 | 29390 | 15725 | 27490 | 27490 | 27490 |
| 20 | 26945 | 26945 | 30390 | 16310 | 28390 | 28390 | 28390 |
| 21 | 28022 | 28022 | 31400 | 17030 | 29390 | 29390 | 29390 |
| 22 | 29143 | 29143 | | 17775 | | 30390 | 30390 |
| 23 | 30308 | 30308 | | 18495 | | 31400 | 31400 |
| 24 | 31522 | 31522 | | 19240 | | 32520 | |
| 25 | 32782 | 32782 | | 19985 | | | |
| 26 | 34094 | 34094 | | 20735 | | | |
| 27 | 35458 | 35458 | | 21495 | | | |
| 28 | 36876 | 36876 | | 22255 | | | |
| 29 | 38350 | 38350 | | 23025 | | | |
| 30 | 39885 | 39885 | | 23795 | | | |
| 31 | 41479 | 41479 | | 24580 | | | |
| 32 | 43140 | 43140 | | 25375 | | | |
| 33 | 44866 | 44866 | | 26170 | | | |
| 34 | 46660 | 46660 | | 26965 | | | |
| 35 | 48528 | 48528 | | | | | |
| 36 | 50468 | 50468 | | | | | |

Comparison of Salaries of Different Professions in
 Medical Health Care in Hong Kong
 (Salaries in Hong Kong Dollars Per Month As At June 1996)

| | Hospital Optometrists | Dietitians | Midwifery | Orthoptists | Physiotherapists | Radiographers | Pharmacists | Dental Officer | Speech Therapists |
|----|--------------------------|---------------------------|-----------|-------------------------|--|--|----------------------------------|----------------------------------|----------------------|
| 0 | 18,140 | 23,170 | 14,300 | 18,140 | 19,055 | 19,055 | 35,285 | 40,500 | 23,170 |
| 1 | 19,055 | 24,320 | 15,160 | 19,055 | 20,010 | 20,010 | 36,940 | 42,405 | 24,320 |
| 2 | 20,010 | 26,805 | 16,095 | 20,010 | 21,010 | 21,010 | 40,500 | 48,485 | 25,530 |
| 3 | 21,010 | 28,075 | 17,100 | 21,010 | 22,075 | 22,075 | 42,405 | 50,190 | 26,805 |
| 4 | 22,075 | 29,395 | 18,140 | 22,075 | 23,170 | 23,170 | 44,395 | 52,520 | 28,075 |
| 5 | 23,170 | 30,785 | 19,055 | 23,170 | 24,320 | 24,320 | 47,970 | 55,000 | 29,395 |
| 6 | 24,320 | 32,190 | 20,010 | 24,320 | 25,530 | 25,530 | 50,190 | 60,190 | 30,785 |
| 7 | 25,530 | 33,705 | 21,010 | 25,530 | 26,805 | 26,805 | 52,520 | 62,780 | 32,190 |
| 8 | 26,805 | 35,285 | 22,075 | 26,805 | 28,075 | 28,075 | 57,525 | 65,490 | 33,705 |
| 9 | 28,075 | 36,940 | 23,170 | 28,075 | 29,395 | 29,395 | 60,190 | 68,310 | 35,285 |
| 10 | 29,395 | 38,695 | 24,320 | 29,395 | 30,785 | 30,785 | 62,780 | 71,240 | 36,940 |
| 11 | | 40,500 | 25,530 | 30,785 | 32,190 | 32,190 | 65,490 | 72,815 | 38,695 |
| 12 | MPS 13-23 | 42,405 | 26,805 | 32,190 | 33,705 | 33,705 | 68,310 | | 40,500 |
| 13 | | 44,395 | | 33,705 | 35,285 | 35,285 | 71,240 | MPS 30-44 | 42,405 |
| 14 | | 46,485 | MPS 9-21 | 35,285 | 36,940 | 36,940 | 72,815 | | 44,395 |
| 15 | | | | 36,940 | 38,695 | 38,695 | | (efficiency bar after MPS 37) | 46,485 |
| 16 | | MPS 18-33 (Omit pt 20) | | 38,695 | 42,405 | 42,405 | MPS 27-44 | | |
| 17 | | | | 40,500 | 44,395 | 44,395 | | (Omit pts 32, 34 & 38) | MPS 18-33 |
| 18 | | | | 42,405 | 46,485 | 46,485 | (efficiency bar after MPS 35) | | |
| 19 | | | | 44,395 | 47,970 | 47,970 | | | |
| 20 | | | | 46,485 | | | (Omit pts 29, 33 & 37) | | |
| | | | | MPS 13-23 (Grade II) | MPS 14-24 (Grade II) | MPS 14-24 (Grade II) | | | |
| | | | | MPS 24-33 (Grade I) | MPS 25-33(A) (Grade I) | MPS 25-33(A) (Grade I) | | | |
| | | | | | (efficiency bar after MPS 28) (Omit pt 30) | (efficiency bar after MPS 28) (Omit pt 30) | | | |

MESSAGE FROM THE DEAN

By Professor George Woon *Chair of Optometry, Faculty of Health and Social Studies*

Vision care services at The Hong Kong Polytechnic University have been available to the public for some twenty years. It is a unique service frequented not only by staff and students of the University but also by the community at large. In 1989, we celebrated the relocation of the Eye Clinic to the present site. Today, some ten years later, we are here to unveil the state of the art diagnostic equipment throughout the Clinic. The first phase of the project was completed in time for the teaching semester in 1998-1999. I would like to take this opportunity to thank senior management of the University for approving the budget to update the Clinic, and the Optometry staff who implemented the refurbishment plan diligently. The equipment of course are used for rendering quality eye care services to the patients, for teaching students in pre-clinical years as well as for some laboratory sessions. They are indeed essential to the operation of our 4 year BSc (Hons) degree programme in Optometry. In addition, there are a number of ongoing research projects being carried out in the Clinic by our MPhil, PhD students and staff members. It is indeed a cost effective primary eye care unit in Hong Kong. *Perhaps our model of operation could also be studied by the Hong Kong Eye Hospital with the view of employing more optometrists who can provide primary eye care services readily within the Hospital Authority.*

One of our future plans is to develop specialist services within the Clinic. Specialist services in the areas of electrophysiology, orthokeratology, orthoptics and low vision will be made available to the public through referrals by optometric and medical practitioners. The University has also rendered strong support to the newly established *Centre for Prevention of Myopia*. Shared resources provided by the Clinic will definitely enhance the successful undertaking of the Centre in the next few years.

On this very special occasion, may I congratulate members of staff for implementing the first phase of developing the Clinic possibly into an Area of Excellence in Hong Kong and beyond. I wish you good luck in your important collective endeavor.

