

Ms. Doris Chan
Clerk to Panel
Legislative Council
Hong Kong Special Administrative Region
Of the People's Republic of China
Legislative Council Building
Central Hong Kong

February 25, 2000

Dear Ms. Chan,

Enclosed please find a copy of our submission as requested by the Chairman of the Panel of Health Services to support our stance that optometrists are competent to make direct referral of patients who need secondary eye care (ophthalmological services) from The Hospital Authority (HA).

Please refer to the flow chart in Appendix 1 for our proposed referral route for patients in need of HA public eye services.

We enclose additional evidence to support our justification.

1. The B.Sc (Hons) in Optometry programme

Optometry education in Hong Kong is as good as in Australasia and UK. Appendix 2 includes documents such as background of the Optometry programme, curriculum outline, syllabus, QA processes for the programme, external examiners list, Advisory Board membership list and Departmental Assessment membership list.

2. Curriculum content of "Abnormal Ocular Conditions" in the Optometry programme

Prior to the learning of abnormal ocular conditions, students take basic science subjects such as Ocular Anatomy, Ocular Physiology, General Pathology, Applied Microbiology, Cell Biology and Biochemistry and Ocular Pharmacology. Please refer to the syllabus for details of each subject.

A comparison of eye-related subjects in the Optometry programme and the Medicine programme run at Chinese University of Hong Kong is shown in Appendix 3. This includes the learning of ocular diseases and clinical rotation in hospitals.

- **Optometry students learn far more in the diagnosis and management of eye problems than medical students.**
- **Optometrists are fully capable to detect eye diseases.**
- **The majority of general medical practices lack the equipment for the investigation of eye related problems.**

3. *Evidence from international journals that shows optometrists can make competent referrals.*

Appendix 4 includes a table summarizing the reports and journal articles with both English and Chinese abstracts. There are three main categories:

- a. Papers on general referral patterns and capabilities of optometrists at making referrals
- b. Papers on the mode and effectiveness of glaucoma referral made by optometrists
- c. Papers on the detection of diabetic retinopathy by optometrists

There are 13 journal papers in total and covers a period from 1982 to 1999. The full articles are also attached in Appendix 4.

4. *Support of direct referral from ophthalmologists*

Optometrists in the USA, Australia, Canada, New Zealand and UK can refer directly to hospital eye departments. Ophthalmologists in these countries recognize the different but important role of optometrists in the health care delivery system. We submit 2 letters from well-known UK ophthalmologists to support our stance (Appendix 5).

5. *Clarification of misconceptions during the meeting on 10th January*

There was incorrect information provided by the Hong Kong College of Family Physicians, the Association of Private Eye Surgeons of Hong Kong and the College of Ophthalmologists of Hong Kong. We would like to take this opportunity to present the facts:

- a) *The panel was misinformed that UK optometrists have to refer via the GPs.*
Optometrists **do not** have to refer through a GP and this is effective from 1st Jan 2000. Appendix 6 includes the letter from the British College of Optometrists confirming this fact.
- b) *The panel was misinformed that there were no existing referral system between private ophthalmologists and optometrists.*
A referral system has been established between the Association of Private Eye Surgeons of Hong Kong and the Hong Kong Society of Professional Optometrists in 1996. The referral forms and correspondence are included in Appendix 7.
- c) *The panel was misinformed that there was no existing professional indemnity for current practicing optometrists.*
All optometrists and optometric interns at PolyU are covered by a specific insurance policy provided by the University.

A letter from the Sun Hung Kai Insurance Consultants Limited confirms that the Hong Kong Society of Professional Optometrists has arranged professional indemnity insurance scheme for its members (Appendix 8).

The panel was misinformed that ^{the} Optometry programme does not provide coverage on systemic medical illnesses that present with visual disturbances. The subject "Abnormal Ocular Conditions" includes topics such as headaches, ocular manifestations of systemic disease. Ophthalmologists from the Hospital Authority have been involved in the delivery of this subject for many years up to 1997. See page 69-70 of the Syllabus.

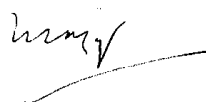
They were subsequently replaced by practicing ophthalmologists.

If there are any further queries on this issue, please do not hesitate to contact us.

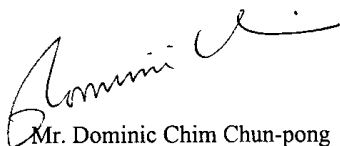
Yours sincerely,



Professor George Woo
Dean, Faculty of Health & Social
Studies
Chair Professor of Optometry
The Hong Kong Polytechnic
University



Professor Maurice Yap
Head and Professor
Department of Optometry and
Radiography
The Hong Kong Polytechnic University



Mr. Dominic Chim Chun-pong
President
The Hong Kong Society of
Professional Optometrists

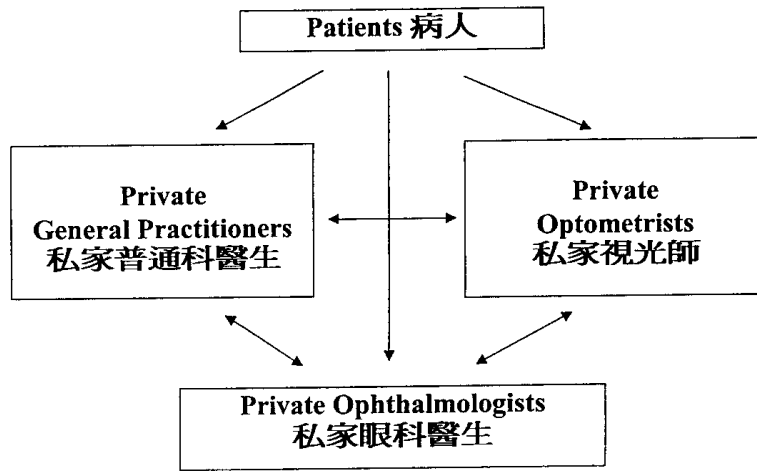


Mr. Greg Wu Chor-nam
President
The Hong Kong Association of
Private Practice Optometrists

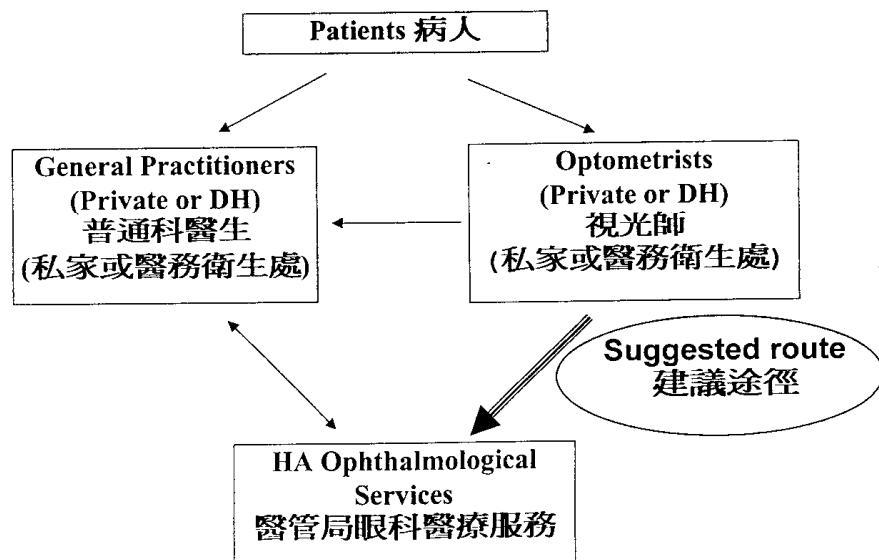


Dr. Ada Cheng Sau-kuen
Optometrist (Private Practitioner)

Private Eye Care System 私家眼科醫療體制



Public Eye Care System 公共眼科醫療體制



Background of the Optometry Programme

Background

The B.Sc. (Hons) in Optometry was established in 1990. Prior to that, the Department offered a Certificate, Higher Certificate and Professional Diploma in Optometry (Table below).

The B.Sc. (Hons) in Optometry is a four-year programme with a student intake of 30 per year. The primary aim of the programme is to prepare students to be theoretically sound and professionally competent optometrists, and to be independent professionals able to provide full-scope primary eye care to the Hong Kong community.

Optometry Programmes offered by the Department in past years

Programmes offered	Year Started	Year terminated	Total number of graduates
Certificate in Optometry	1978	1988	218
Higher Certificate in Optometry	1984	1991	121
Professional Diploma in Optometry	1984	1992	190
BSc(Hons) in Optometry	1990	On-going	156
MPhil	1992	On-going	6
PhD	1994	On-going	8

The programme was validated by the CNA(UK) in April 1990, and initial approval was obtained for four intakes commencing 1990/91. A successful interim revalidation was conducted in 1993 to address issues raised at the time of the initial validation.

A full re-validation was conducted in March 1995 and the programme was given approval without conditions, for five years from 1995/96.

The followings are extracts from the report:

"The Panel congratulated the course committee in running a professionally sound course and was impressed with its efforts in making continual improvements to the curriculum of the course. The Panel also expressed its appreciation of the strong level of

scholarly activities which had now developed and which successfully underpinned the teaching of the course."

"The Panel has visited the University Optometry Clinic and the Hong Kong Eye Hospital and considered that the two training units provided good clinical education for the students. The adequacy of facilities and quality of equipment are considered to be satisfactory. The clinic manuals are comprehensive and suitable for the use of students."

Management of the programme

When a programme is approved for implementation, a programme committee is formed to monitor the implementation of the curriculum. The **programme team** comprising the optometry staff forms the core for the administration of the programme on a routine basis and reports to the head of department. An **external examiner** is appointed to monitor the standard of the programme in the structured programme while in the credit-based system, an academic adviser is invited to advise the department in all aspects of curricular implementation.

The **programme committee** is responsible to review the curriculum from time to time with feedback from other channels such as from current students, graduates, teaching colleagues from other department serving on the programme and the **advisory committee** which includes external peers, professional association and industry.

QA processes

A number of formal processes and surveys are used to ensure that the taught programme remains relevant and in line with the needs of the professional community, that teaching and learning initiatives match the required learning outcomes, and that assessment formats appropriately measure the learning outcomes.

- Course/Programme committee
- Board of Examiners
- Student Feedback Questionnaire
- Peer review of teaching
- Annual subject reports
- Annual programme report
- Student-staff consultative group meeting
- Clinical supervisors consultative group meeting
- Graduates survey
- Employers survey
- Graduates interview

List of External Examiners during 1986-1999

Period	External Examiner	Position at the time of appointment
1985 - 1987	Professor George Woo	Professor of Optometry, School of Optometry, University of Waterloo, Ontario, Canada.
1987 - 1990	Professor Michel Millodot	Head Department of Optometry, UWIST, UK.
1990 - 1994	Professor David Pickwell	Head Department of Optometry, University of Bradford, UK.
1994 - 1997	Professor Leo Carney	Head School of Optometry, Queensland University of Technology, Australia.
1997 - 1998	Professor Leon Garner	Head Department of Optometry & Vision Science, University of Auckland, New Zealand.
1998 - present	Professor Jerald Strickland	Dean College of Optometry, University of Houston, USA.

Members list of Advisory Committee

- Chairman : Professor Joseph Lee
formerly Dean of Medicine
Chinese University of Hong Kong
- Ex-officio member : Professor George Woo
Dean, Faculty of Health and Social Studies
- Convenor : Professor Maurice Yap
Professor and Head
Department of Optometry and Radiography
- Department members : Professor Marion Edwards

Dr. Carly Lam
Dr. Andrew Lam
- Members : Professor Guy Chan
Department of Ophthalmology
HK Sanatorium and Hospital
- Dr. Tan Kah Ooi
General Manager
Ciba Vision (Hong Kong) Ltd.
- Mr. Daven Ngai
Director
Hong Kong Optometric Group
- Mr. Greg Wu
The Vision Care Consultants
Asia Pacific Optometric Research Consultants Ltd.
- Ms. Elke Wu
Wu & Partners Optometry Clinic
- Mrs. Grace Chan, JP
Director
HK Society for the Blind
- Dr. Osbert Chan
Professional Services Manager (Asia Pacific)
Bausch and Lomb (Hong Kong) Ltd

Departmental Assessment Panel membership list

Chairman : Professor A.K. David
Chair Professor and Head
Department of Electrical Engineering
The Hong Kong Polytechnic University

Members : Dr. Cheung Kwan-hin
Head
Department of Chinese & Bilingual Studies
The Hong Kong Polytechnic University

Professor Frankin Shin,
Department of Applied Physics
The Hong Kong Polytechnic University

Professor Anthony Adams
Dean, School of Optometry,
The University of California (Berkeley)
USA

Professor Leo Carney
Head, School of Optometry
Queensland University of Technology
Australia

Mr. Wu Chor-nam, Gregory
Director
The Vision Care Consultants
Hong Kong

Dr. Lily Chiu
Chief Executive
Princess Margaret Hospital
Hong Kong

Comparison of eye-related subjects in PolyU Optometry and CUHK medicine

	Optometry in HKPU			Medicine in CUHK	
	Lecture (hours)	practical/ laboratory work (hours)	Tutorial (hours)	lecture / tutorial (hours)	practical/ laboratory work (hours)
Ocular Anatomy*	26	10	6	6.5	4
Ocular physiology	38	14	5	1	
Basic ocular examination**	9	15	1.5	1.5	1.5
Ocular manifestation of systemic diseases + vitreous and retinal diseases	5 + 8			1.5	
Corneal & external eye diseases	18			1.5	
Ocular emergencies	2			1.5	
Glaucoma + cataract	6 + 4			1.5 + 1	
Observation of eye diseases in eye hospital / eye unit		69***			35#
Method of assessment	3 hours written examination (60%) and coursework (40%)†			2 hours examination with sixty multiple choice questions and case report as coursework ‡	
Duration and nature of training in eye diseases	A subject (abnormal ocular conditions) taught in Year 3 during the training of optometry students			A comprehensive training of medical students last for 2 weeks	

* Ocular anatomy is one of the major topic in the subject "Anatomy for optometry".

** Basic ocular examination include the assessment of vision acuity, screening of abnormal binocular vision (e.g. squint), the evaluation of pupil response...etc.

*** 15 hours in Hong Kong Eye Hospital, 14 hours in ocular health clinic of the Optometry Clinic, 40 hours in Zhongshan Eye Hospital.

35 hours include surgery observational sections.

† According to the subject "Abnormal Ocular Conditions" in the Optometry Programme.

‡ According to the 2 weeks' training in the Department of Ophthalmology.

Since optometry deals with all aspects of the eye and vision, other subjects such as binocular vision, electrophysiology of the visual system, ocular pharmacology with systemic/ocular side effects of drugs are included in the Programme. Please refer to the syllabuses of the degree programme in Optometry at the Hong Kong Polytechnic University.

Summary of journal articles supporting optometrists can make competent referrals with English and Chinese abstracts.

Glossary:

Optometrist = Ophthalmic optician (視光師) Medical practitioner = Physician (醫生) General practitioner (普通科醫生)
 Ophthalmologist (眼科醫生) Diabetes (糖尿病) Glaucoma (青光眼) Hypertension (高血壓)

1. Papers on general referral patterns and capabilities of optometrists at referrals

Paper code & title	Author(s)	Abstract
General 1 An extended role for the hospital optometrist (UK 1999)	Oster (Optometrist) Culham Daniel (Ophthalmologist)	This paper recognises the capability of optometrists in the detection of eye diseases, notably diabetic retinopathy and glaucoma. It was found that optometrists made correct diagnosis in 80% of the cases studied. The findings of this study confirm the contribution of optometrists as part of a multidisciplinary hospital team. Further, it was proposed that the role of optometrists should be extended to other aspects of patient evaluation. 這份文獻肯定視光師診斷眼疾的能力，尤其在糖尿病視網膜病變和青光眼方面。視光師正確診斷了 80% 的研究個案，他們在醫療隊伍中的貢獻得到肯定。這份文獻進一步提議讓視光師參與其他方面的病人評估。
General 2 Referrals and notifications by optometrists within the UK: 1988 survey (UK 1989)	Port (Optometrist)	This paper reports the amount of referrals by optometrists in the UK during 1988. Overall referral rate was 6%, 80% of those referred were over 40 years of age. The author notes that the optometrist is in an unusual position in terms of health screening because people over 45 years old would usually visit an optometrist for reading glasses. As a result optometrists can screen ocular and systematic conditions known to affect this group. 這份文獻報告了英國視光師在 1988 年的轉介量。整體轉介率是 6%，當中 80% 病人年逾四十。作者指出，在保健機制裏，視光師處於特殊地位，因為大多數年逾四十五的人都會因老花而向視光師求診。是故影響這類人士的眼疾都可能因視光師檢驗而發現。

<p>General 3 Referral patterns to an ophthalmic outpatient clinic by general practitioners and ophthalmic opticians and the role of these professionals in screening for ocular disease (UK 1988)</p>	<p>Harrison (Ophthalmologist) Wild & Hobley (Optometrists)</p>	<p>Statistics given by this paper indicate that optometrists are far more likely than general practitioners to refer patients with suspected glaucoma correctly. In addition, optometrists are more likely than general practitioners to diagnose diabetic retinopathy requiring photocoagulation. 這份文獻指出，視光師在正確轉介青光眼方面，比普通科醫生優勝。此外，與普通科醫生相比，視光師診斷須要接受激光治療的糖尿病視網膜病變的能力亦較高。</p>
<p>General 4 Effective referral decisions (UK 1987)</p>	<p>Meeting report (The fifth annual one-day meeting organised by the Faculty of Ophthalmologists)</p>	<p>During this meeting, the vice president of the Faculty of Ophthalmology in the UK, Patrick Holmes Sellors, stated that optometrists are more than capable of detecting ocular diseases. He also pointed out that the training of ophthalmology offered to medical undergraduates is so inadequate that general practitioners often referred patients unnecessarily to hospital eye departments. He went on further to thank optometrists for their appropriate and prudent referrals. 在一次會議中，英國眼科教學會副會長 Sellors 醫生指出，只容許視光師診斷眼疾，是侮辱了他們的嚴格培訓。他進一步指出，由於醫科畢業生只受過皮毛眼科訓練，普通科醫生經常錯誤轉介病人到眼科醫院。他又感謝視光師們正確而嚴謹的轉介。</p>

2. Papers on the mode and effectiveness of glaucoma referrals made by optometrists

Paper code & title	Author(s)	Abstract
Glaucoma 1 Accuracy of referral to a glaucoma clinic (UK 1997)	Bell & O' Brien (Ophthalmologists)	Over a six-month period, optometrists made 96% of all the referrals to a glaucoma clinic. It was found that, when optometrists based their referrals on both tonometry and perimetry, positive detection rate was up to 78%. 這份文獻分析英國一間青光眼專科診所，六個月內所接受的轉介個案。當中 96% 是來自視光師的轉介。報告指出，若視光師先考慮病人的眼壓和視野才轉介，正確診斷率可高達 78%。
Glaucoma 2 The cost of monitoring glaucoma patients by community optometrists (UK 1995)	Spencer, Coast, Spry, Smith & Sparrow (Ophthalmologists and medical practitioners)	The monitoring of glaucoma patients by optometrists and other non-medical personnel increased cost effectiveness and eased off long queues in hospitals. The authors noted that optometrists are responsible for over 85% of glaucoma referrals in the UK. 這份文獻報告，由視光師和其他非醫學界人士監察青光眼病人的病情，不但更有效益，亦舒緩了醫院的輪候壓力。作者又指出，英國 85% 以上的青光眼轉介，是來自視光師。
Glaucoma 3 Efficiency of referral for suspected glaucoma (UK 1991)	Tuck (Economist) Crick (Consultant ophthalmologist)	Studied glaucoma referrals from 241 optometrists' practices in the UK over six months. 704 referred cases were followed. It was found that 72% of these were either confirmed glaucoma or considered to require further monitoring. 這份文獻分析英國 241 間視光診所六個月內所作的青光眼轉介。報告跟進了其中 704 個被轉介的病人，發現當中 72% 是患上青光眼，或者須要進一步監察。

<p>Glaucoma 4 The "Who" and "how" of detecting glaucoma (UK 1982)</p>	<p>Steinmann (Medical practitioner)</p>	<p>Analysed over 500 glaucoma cases referred to the Oxford Eye Hospital. It was found that optometrists made the most referrals and they were more accurate in diagnosis compared with general practitioners (88% vs. 25%). It was also noted that general practitioners relied largely on presenting symptoms for referrals while optometrists correctly detected glaucoma even on asymptomatic patients. 這份文獻分析英國牛津眼科醫院 500 多個青光眼個案。報告指出，大多數個案由視光師轉介。與普通科醫生相比，視光師的診斷更為正確（88%比25%）。報告又指出，普通科醫生的轉介，主要基於症狀。相對地，視光師卻能在缺乏症狀的情況下，正確診斷青光眼。</p>
<p>Glaucoma 5 Referral routes to hospital of patients with chronic open-angle glaucoma (UK 1982)</p>	<p>MacKean (Research fellow) Elkington (Senior lecturer in ophthalmology)</p>	<p>Analysed the referral routes of 191 glaucoma patients in a UK hospital. 121 of these patients sought advice for ocular symptoms or because they had a family history of glaucoma and were subsequently referred. Seventy patients were identified by chance, mostly by optometrists (32) and by ophthalmologists (26). This paper noted that optometrists and ophthalmologists were equally important and effective in identifying glaucoma by chance. It was further noted that general practitioners referred glaucoma mainly based on presenting symptoms and family history. 這份文獻分析英國一間醫院 191 個青光眼個案。報告指出，當中 121 位病人得到轉介，是因為他們基於症狀或家族有青光眼歷史，自行求診。其餘 70 位，是在缺乏症狀之下，無意中被發現患上青光眼的。當中 32 人由視光師發現，26 人由眼科醫生發現。作者認為，視光師和眼科醫生，在無意中發現青光眼方面，是同樣重要和有效。報告又指出，普通科醫生的青光眼轉介，主要基於症狀和家族歷史。</p>

3. Papers on the detection of diabetic retinopathy by optometrists

Paper code & title	Author(s)	Abstract
<p>Diabetes 1 The Kettering Diabetic Monitoring Programme: twelve months experience of an optometric practice-based scheme (UK 1998)</p>	<p>Pointer (Medical practitioner) Baranyovits (Ophthalmologist) O' Malley (Medical practitioner)</p>	<p>This paper reported on the success of a share-care program between optometrists and a hospital for diabetic patients. It pointed out the inability of general practitioners to detect diabetic retinopathy. It noted that the routine fundus examination carried out by optometrists and their adequate instrumentation helped in the accurate detection of diabetic retinopathy. This paper further pointed out that, compared to hospitals, optometric practices are easily accessible to patients, meaning a saving of time, transportation and energy for many elderly patients.</p> <p>這份文獻報告了一個視光師和醫院一起照顧糖尿病人的成功合作計畫。報告指出，普通科醫生往往不能診斷糖尿病視網膜病變。相對地，由於視光師經常性為病人作眼底（視網膜）檢查，再加上充足的設備，令視光師能正確地診斷糖尿病視網膜病變。報告又指出，對年紀老邁的糖尿病人來說，往視光診所比往醫院更方便省時。</p>
<p>Diabetes 2 Comparison between an ophthalmic optician and an ophthalmologist in screening for diabetic retinopathy (UK 1996)</p>	<p>Hammond (Ophthalmologist) Shackleton, Flanagan, Herrtage & Wade</p>	<p>This paper recognised the ability of optometrists in the detection of diabetic retinopathy. It suggested that optometrists with suitable training would be an effective body to screen for diabetic retinopathy.</p> <p>這份文獻肯定視光師診斷糖尿病視網膜病變的能力。作者更提議，在診斷糖尿病視網膜病變方面，視光師可提供一個有效的機制。</p>

<p>Diabetes 3 Detection of diabetic retinopathy by optometrists (USA 1987)</p>	<p>Kleinstein (Optometrist) Roseman & Herman (Medical practitioners) Holcombe & Louv</p>	<p>Studied the ability of optometrists in the detection of diabetic retinopathy. Participating optometrists correctly diagnosed over 75% of cases. When compared with a previous report that studied the same ability of general practitioners and general ophthalmologists, it was found that optometrists made less error than general practitioners and about the same amount of errors as general ophthalmologists. 這份文獻研究視光師診斷糖尿病視網膜病變的能力。參與研究的視光師正確診斷了 75% 以上的個案。作者將結果與另一個研究比較，發現視光師診斷糖尿病視網膜病變的能力，比普通科醫生優勝，與普通眼科醫生相若。</p>
<p>Diabetes 4 Screening of diabetics for retinopathy by ophthalmic opticians (UK 1985)</p>	<p>Burns-Cox (Consultant physician) Dean Hart (Consultant ophthalmologist)</p>	<p>This study has shown the ability of optometrists to detect and correctly refer diabetic retinopathy at a treatable stage. 這份文獻肯定了視光師診斷糖尿病視網膜病變的能力。報告又指出，視光師能在病變仍可醫治時，正確地將病人轉介。</p>

Springbank House
Menston Old Lane
Burley in Wharfedale
Ilkley
West Yorkshire
LS29 7QQ

8th January 2000.

Professor Maurice Yap
Head
Department of Optometry and Radiography
Hong Kong Polytechnic and University

Dear Maurice

I am pleased to support your campaign for direct referral of patients from optometrists to hospital eye departments. Optometrists are trained to identify those patients who require investigation and treatment by medical practitioners. These patients can be divided into three categories.

- (1) Those requiring urgent treatment.
 - (2) Those requiring specialist ophthalmic treatment in which any co-existing medical condition is of minor importance.
 - (3) Those who have an ophthalmic condition which does not require urgent treatment and in whom their general medical and social background may well be relevant.
- (1) This group includes patients with retinal detachment, acute glaucoma and intraocular malignancy. If any of these conditions is suspected the patient should be referred immediately to an eye department where, if the diagnosis is confirmed the patient will be treated by the appropriate specialist. The general medical practitioner cannot add any further useful information in these cases and any delay in treatment may have grave consequences.
- (2) The commonest condition in this category is open angle glaucoma. I accept that urgent referral is rarely indicated in these cases and the patients own practitioner may wish to choose a particular ophthalmologist. Also general medical conditions can affect the choice of treatment and so information on these should be made available to the eye department. On the other hand the general medical practitioner is in no position to refute or confirm the diagnosis as this requires specialist equipment and invariably these patients are assessed in the glaucoma unit
- (3) In this category I would place cataract, mild infections and allergies. These are some of the commonest conditions in ophthalmic practice and hospital referral is not always appropriate.

I was a consultant ophthalmologist in Bradford for 25 years and during that time a close relationship was built between the University, optometrists, general medical practitioners and the eye department. We accepted direct referrals from the optometrists who were also involved with diabetic retinopathy screening and glaucoma monitoring.

A further advantage of this co-operation was that general medical practitioners would refer patients to the local optometrist to help them to decide whether a hospital referral was necessary.

As a result of these arrangements which were initiated by you we found that the number of unnecessary referrals to the eye department were reduced and that there were no inappropriate referrals.

I have no doubt that increased co-operation between the health professionals responsible for eye care can only result in benefits to patients, optometrists and hospital eye departments and I strongly recommend your proposals to the Health Panel

Yours Sincerely,

John Weatherill, FRCS, FRCOphth.

6th January 2000

Mr. John Woathrill

Thank you for showing me the letter from Assistant Professor Chiho To. I am glad to have the opportunity to express an opinion which you are most welcome to forward to him if you think it suitable.

The position in this country is quite clear. The law requires the Optometrist to refer for medical advice any patient showing evidence of injury, disease or abnormality during the course of an eye examination. That advice is normally provided by the General Practitioner, who has the advantage of being aware of the patient's current and former state of health (both physical and mental), family history, and so on. Though I do not have the relevant statistics to hand, I am aware that most optometric referrals to General Practitioners do result in referral to an Ophthalmologist or to the Hospital Eye Service. However, in some areas, local referral criteria (agreed by Optometrists, General Practitioners and Ophthalmologists) determine that Optometrists refer directly to the Hospital Eye Service, and I have every reason to believe that these arrangements function satisfactorily.

As from the beginning of this year, the General Optical Council's rules, which govern the activities of every registered Optometrist and Dispensing Optician in this country, incorporate a revised Rule on Referral which allows Optometrists to exercise discretion in the referral process. In my view, what is envisaged is that trivial or insignificant' abnormalities will not need to be referred at all, and, more importantly, that Optometrists will be empowered to deal with conditions that they judge themselves to be within their competence to manage, until such a time as the condition resolves or an unequivocal need for referral becomes apparent. I feel that this new provision sets the stage for the development of the role of the Optometrist as a provider of primary care in the community.

For my own part, though I am not fully aware of the issues that the Medical Committee of the Hong Kong Government will discuss on 10th January, I wish my Optometric Colleagues well. I hope that they will be able to convince the meeting that the excellent standard of training of Optometrists in Hong Kong fits them for a higher profile in the provision of primary eye health care; I can envisage that this might include direct referral by Optometrists to eye hospitals.

Yours sincerely,

Roger

Roger J Buckley MA FRCS FRCOphth
Professor of Ocular Medicine

Department of Optometry and Visual Science
City University
Dame Alice Owen Building
311-321 Goswell Road
London EC1V 7DD, UK

Consultant Ophthalmologist
Moorfields Eye Hospital
City Road
London EC1V 2PD, UK

Best contact address, telephone and fax:

57A Wimpole Street
London W1M 7DF, UK
Tel.: +44 171 486 8959
Fax: +44 171 935 5429

Email address: RJBCity@aol.com

**Letterhead of the COLLEGE OF
OPTOMETRISTS**

23 December 1999

Our ref: HMS/sb/6/1/8

Dr Marion Edwards PhD
Department of Optometry & Radiography
The Hong Kong Polytechnic University
Kowloon
Hong Kong

Dear Dr Edwards

Thank you for your e-mail of 22 December concerning direct referrals.

The legislative situation in the UK currently requires the optometrist to refer the patient for appropriate medical advice whenever he or she observes a sign or symptom of injury, disease or abnormality during an eye examination. The legislation does not stipulate the route of referral. However, the importance of the General Medical Practitioner's role as the holder of the patient's complete medical history is recognised and the College's Guidelines for Professional Conduct advise that referral should be via the GMP except in urgent cases. We advise that in emergencies the practitioner should refer the patient direct to the hospital eye department, notifying the GMP of the action taken.

This does not prevent local referral criteria being agreed between optometrists, GMPs, ophthalmologists and the Health Authority and I understand that in some areas optometrists refer direct to the hospital eye service in accordance with locally agreed referral protocols. You may also be interested to know that new Referral Rules come into effect in the UK on 1st January 2000. These will give optometrists the right to exercise discretion in their referrals and thus recognise optometrists' competence to manage patients until the appropriate time for referral.

I hope this is helpful.

Yours sincerely

HELEN STANFORTH
Assistant Secretary (Professional)

Letterhead of Hong Kong Association of Private Eye Surgeons Limited

21st December 1996

Dr. Albert Ho Cho Chak
Vice President
The Hong Kong Society of Professional Optometrists
T.S.T. P.O. Box 98603
Hong Kong

Dear Dr. Ho,

It was a pleasure meeting you and your colleagues and thank you for your interest in our suggestions. I am enclosing a list of members of our Society in geographic order.

Enclosed please find a copy of the Memorandum and Articles of Association of our Society for your reference. We very much look forward to working with your respectable Society to promote and improve eye care for the people in Hong Kong.

Yours sincerely,

Dr. John Chang Jr.
Honorary Secretary

Hong Kong Association of Private Eye Surgeons Limited

List of Members

(For internal circulation)

To: Mr.
Consultant Optometrist

.....
Fold along this line

STAMP

To: Dr.
Consultant Ophthalmologist

Date:

Mr.
Consultant Optometrist

Dear Sir,

Re: ()

The patient mentioned above is referred to you for:

1) Spectacles Rx	<input type="checkbox"/>
2) Contact Lens Rx	<input type="checkbox"/>
3) Low Vision Management	<input type="checkbox"/>

Ophthalmic Pathology:

Yours truly,

Tel: Fax:

Ophthalmologist - fold along this line *Optometrist - tear off when reply*

Date:

Dr.
Consultant Ophthalmologist

Dear Dr.

Re: ()

Thank you for your referral. Patient has been prescribed with:

Follow-up management required: Yes No
Yours truly,

Tel: Fax:

To: Dr.
Consultant Ophthalmologist

STAMP

To: Mr.
Consultant Optometrist

.....
Fold along this line

Letterhead of SUN HUNG KAI INSURANCE CONSULTANTS LIMITED

January 12, 2000

Private and Confidential

To whom it may concern

Dear Sir,

**Voluntary Professional Indemnity Insurance Scheme for
Individual members of Hong Kong Society of Professional Optometrists**

We are the insurance consultant of HKSPPO and would hereby to confirm that we have arranged a voluntary professional indemnity insurance scheme for the members in individual basis since 15 August 1996 with the coordination of HKSPPO. The policy will indemnify every insured member for breach of professional duty in the capacity of optometrists subject to normal terms and conditions of a professional indemnity insurance policy.

Trust the above will serve your purpose. Meanwhile, please feel free to contact the undersigned at 2802-2515 if you need further information.

Yours sincerely,

Andy Wong
Assistant Manager