



## **Inclusion criteria for the HKSPHO referral list 2012**

The major objective of the HKSPHO referral list is to encourage the practice of primary eye care amongst members. There are two sections to the inclusion criteria. Section I contains mandatory requirements while Section II describes acceptable modes of practice.

*This issue of the referral list will be published Mid of May 2012. Only full members who have paid up for 2012 would be listed.*

### **Section I            Mandatory requirements**

Members must satisfy *all of the following*. If there is a delay in the delivery of instrument on order, proof of order *placed before 1 May 2012* must be provided.

1. Current registration to practise Optometry in Hong Kong.
2. Acquisition of professional indemnity insurance with cover beyond 31 Dec 2012.
3. Successful completion of at least 10 hours in any approved continue education courses in the last executive year of HKSPHO (i.e. 1st January, 2011 to 31st December, 2011)
4. Instrumentation (the following instrument, in working condition, must be available at the site of practice at all times):
  - a. Direct ophthalmoscope
  - b. Retinoscope
  - c. Slit lamp biomicroscope
  - d. Keratometer
  - e. Trial frame and complete trial lens set (with plus & minus spheres, minus cylinders, pinholes, slits, prisms and colour filters)
  - f. Tonometer (prefer applanation, but non-contact tonometers are acceptable)
  - g. Lens meter
  - h. Colour vision test (prefer Ishihara & D-15 tests)
  - i. Stereopsis test
5. Diagnostic drugs
  - a. For all members: fluorescein sodium chloride
  - b. For Part I registrants: local anaesthetics, mydriatics and cycloplegics

## **Section II      Acceptable modes of practice**

A detailed description of basic primary eye care (PEC) services is contained in an annex to this document. Members on the referral list must practise PEC in one of the following modes. These modes of practice are listed in an order of escalating standard. The HKSPO encourages its members to aim at gradually achieving the highest standard, i.e. mode 5. *It is the responsibility of listed members to actively offer PEC services to their patients whenever possible.*

1. Provide PEC services upon demand from patients.
2. Offer PEC services to patients upon clinical indication (e.g. presented signs and symptoms, poor visual acuity that cannot be improved by optical means, past or family history of ocular diseases, history of systemic diseases known to have ocular manifestations, high myopia).
3. Provide routine PEC services to patients who are willing to pay service fees.
4. Offer routine PEC services whenever time and circumstances allow.
5. Offer routine PEC services upon all initial visits and recommend comprehensive eye examinations at appropriate intervals thereafter.

### **Service fees**

The HKSPO strongly recommends that members charge appropriate service fees *separate from* charges for products. Owing to the many different modes of practice, what constitutes an ‘appropriate fee’ is difficult to define. However, factors such as the time involved, the technique involved and the cost of instrumentation should be considered in formulating a fee. As a reference, in the PolyU, optometry students charge \$200 for a comprehensive eye examination (including dilated fundus examination) while staff optometrists charge \$500 for the same.

### **Appointment system**

To enable provision of quality services, an appointment system is crucial. Members who do not have such a system should seriously consider implementing one, at least on a part-time basis. For instance, if a complete examination or detailed explanation is not possible during the initial visit, follow-up examination procedures could be carried out at a later appointed time. This is particularly important for contact lens practice, where the teaching of handling techniques and the explanation of lens care procedures are of paramount importance.

### **Clinical records**

In compliance with the Code of Practice for Optometrists, adequate records must be kept for all patients. In cases where patients refuse clinical tests suggested by an optometrist or refuse to abide by certain professional instructions, these should be recorded clearly and preferably signed by the patients involved.

## **Annex to 'Inclusion criteria for the HKSPPO referral list 2012**

A detailed description of basic primary eye care (PEC) services:

1. Basic clinical routine to be carried out on *ALL* new cases and at appropriate intervals thereafter:
  - a. History taking
  - b. Habitual vision assessment
  - c. Pupillary distance measurement
  - d. External (slit lamp biomicroscope) examination
  - e. Cover tests, motility tests and near point of convergence (NPC) tests.
  - f. Visual field screening (confrontation test or kinetic or static perimetry)
  - g. Internal examination (direct ophthalmoscopy or BIO or slit lamp fundus lens)
  - h. Retinoscopy or other objective assessment of refractive errors.
  - i. Subjective refraction & aided visual acuity
  - j. Appropriate prescription and advice
2. Tonometry *MUST* be done upon indication (e.g. Signs & symptoms &/or family history of glaucoma). Routine tonometry on all new cases is recommended.
3. Dilated fundus examination (DFE) on indication (e.g. Myopia above 5D, floaters & light flashes, personal & family history of retinal detachment, physically or functionally monocular patients). *Members who are unable to use diagnostic drugs should make appropriate referrals to other eye care professionals who perform DFE and request for a report for record purposes.*
4. Binocular vision assessment (including phoria tests, vergence reserves, AC/A ratio, NPC, ocular motility, stereopsis, tests for suppression etc.) upon indication (e.g. Diplopia, headaches, asthenopia, positive and significant findings during cover tests).
5. Recommend regular aftercare eye examinations to contact lens patients. The suggested frequency is once every six months.
6. Recommend yearly or more frequent eye examinations to other patients, as clinically appropriate.