



Submission to the Optometry Board of Australia's consultation on amendments to *Guidelines for Use of Scheduled Medicines*

ACO thanks the Optometry Board of Australia (OBA) for the opportunity to provide comment on the proposed amendments to *Guidelines for Use of Scheduled Medicines*.

About Australian College of Optometry (ACO)

ACO is a not-for-profit organisation established in 1939 with the mission to promote the visual health and well-being of communities it serves, by leading the profession to build its knowledge base, attain and advance clinical skills and deliver the best possible optometric care.

The ACO Clinical Services Division provides quality and affordable eye care services to disadvantaged people, in six clinics throughout metropolitan Melbourne and through visiting Outreach and Aboriginal services. There is also a network of practitioners, who provide services in rural and regional areas of the state through the Victorian Eyecare Service. ACO has general clinics as well as specialty clinics for ocular disease services, paediatric services, contact lens services and low vision services. Clinical Services also assist with the training of optometry students, in partnership with several Australian tertiary institutions. The ACO Professional Development Division conducts education programs for the membership of 660 optometrists from Victoria and interstate, with continuing professional development programs also open to non-ACO members.

ACO is the major public eye care optometry provider in Victoria. The majority of ACO patients are aged pensioners and therefore they are at higher risk of developing glaucoma. ACO clinics are community-based and services are easily accessible. ACO also provides community education about eye care.

Comments

ACO supports the proposed amendments to the Guidelines to enable optometrists endorsed for scheduled medicines to initiate glaucoma treatment, when indicated. This represents a timely change to the current guidelines that will undoubtedly result in improved patient access to care in view of the changing patterns of eye care in the community as well as with the availability of improved diagnostic instrumentation at many of the ACO clinics and greater co-operation between optometry and ophthalmology.

ACO currently manages more than 44,000 patient visits per year including 2,500 patients in our specialist Glaucoma Clinic. ACO employs 74 optometrists, most of whom are endorsed for scheduled medicines. All staff optometrists practice according to NHMRC guidelines and adhere to the principles of evidence-based medicine. Staff optometrists also teach undergraduate optometry students to follow these same guidelines.

All ACO optometrists participate in continuing professional development and our work environment strongly encourages education and clinical development. We have extensive experience in managing patients with glaucoma: we identify patients at risk, we arrange timely referral to public or private ophthalmology services, we work in co-management with ophthalmology to provide care for patients who are currently being treated for glaucoma. ACO optometrists also provide patient education to reinforce recommended treatments and assist in encouraging patient compliance to recommended therapies. ACO optometrists already have established communication pathways with those health professionals who share responsibility for the provision of clinical care for our patients.

ACO is equipped with the most up-to-date instrumentation and provides our optometrists with an ideal environment from which to measure and assess glaucoma risk factors. Optometrists regularly and frequently use our posterior OCTs, anterior OCT, visual field analysers (Humphrey and Medmont), pachymeter, fundus camera, anterior eye camera and tonometers (Goldmann and Perkins). Gonioscopy and fundus lens evaluation are also routinely performed. We use an electronic prescribing database for recording and prescribing prescriptions. Handwritten prescription pads are also used. ACO optometrists have been involved in integrated care with the Royal Victorian Eye and Ear Hospital (RVEEH). We have participated in the ACO-RVEEH collaborative clinic since 2011 and the Community Eye Care Partnership (CECP) since 2008.

Some individual ACO optometrists have specific experience and interest in the field of glaucoma. This experience includes membership of the NHMRC Glaucoma Working Committee, membership of the Prescribing Practice Advisory Committee of ORBV, membership of the OAA (Vic) Education Committee, employment in the Glaucoma Monitoring Clinic at the Royal Victorian Eye and Ear Hospital, honorary academic appointments with the Melbourne University Department of Optometry and Vision Sciences, continuing professional development presentations by staff, and relevant scientific and professional publications^{1,2}.

In our experience of managing patients from disadvantaged backgrounds, we have found that barriers can arise for glaucoma care for patients in some parts of Melbourne and rural Victoria. Possible obstacles include the travel distance or waiting lists for public ophthalmology services and the potential costs of private ophthalmology services for patients of disadvantaged backgrounds for a condition lasting many years. If optometrists are able to initiate glaucoma treatment as part of the proposed changes to the Guidelines then this will improve patient care by facilitating early treatment. We believe and expect that optometrists will maintain collaborative care and inter-professional communication for patients and that the proposed changes will improve flexibility and access.

In summary we support the OBA's proposed changes to the Guidelines so that optometrists will be able to initiate and implement treatment for patients diagnosed with glaucoma, or who are at significant risk of developing the disease. The amendments are in the best interest for the patient and provide greater flexibility for patient care. ACO optometrists will continue working closely with our colleagues in general medical practice and ophthalmology in collaborative care arrangements to facilitate optimal outcomes for patients.

Authors

Jonathan Jackson, PhD, MCOptom FAAO,FBCLA
Neville Turner, BOptom, PGCertOcTher, PGDipAdvClinOptom FACO
Genevieve Napper, BScOptom MScOptom MPH PhD PGCertOcTher FACO
Adrian Bruce, BScOptom, PhD, PGCertOcTher FAAO FACO
Leanne Nguyen, BOptom, PGCertOcTher, PGDipAdvClinOptom

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2. Bruce, Adrian S. Using Imaging for Education and Clinical Excellence. Optom & Vis Sci 89(10):e28-e29, October 2012