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Faculty of Medical and Health Sciences

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Chair, Mr Colin Waldron
Optometry Board of Australia
GPO Box 9958
Melbourne, Victoria

optomconsultation@ahpra.gov.au

Dear Colin

Accompanying this cover letter is a submission from the Department of Optometry and Vision Science, The University of Auckland, New Zealand, in response to your public consultation on amendments to Guidelines for use of Scheduled Medicines in Australia.

In particular, we address the inclusion of Section 7 (new) which enables optometrists endorsed for scheduled medicine to initiate and implement management (in the form of eye drops) of patients diagnosed with chronic glaucoma, or who are at high risk of developing the disease.

Yours sincerely

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THE UNIVERSITY OF AUCKLAND
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Department of Optometry and Vision Science, The University of Auckland response to the Optometry Board of Australia's invitation to comment on:

Public consultation on amendments to Guidelines for use of Scheduled Medicines

Summary

The Department of Vision Science (DOVS), the University of Auckland (UoA), New Zealand, supports the Optometry Board of Australia's proposed amendments to the *Guidelines for Use of Scheduled Medicines*, including the addition of Section 7, which will enable endorsed optometrists to initiate and implement management of patients diagnosed with chronic glaucoma, or who are at high risk of developing the disease.

The DOVS considers that the consultation document draws comprehensively on the recommendations of the *National Health and Medical Research Council Guidelines for the Screening, Prognosis, Diagnosis and Prevention of Glaucoma, 2010* (NHMRC Guidelines)[1] to provide evidence-based management guidelines for optometrists involved in the treatment of patients with glaucoma, and to support the continued development of collaborative care networks *"between primary health care providers [such as optometrists] and ophthalmologists, to ensure best quality comprehensive care is provided to patients suspected of having, or diagnosed with glaucoma"*[1].

The DOVS notes that the intent and rationale for the inclusion of therapeutic glaucoma management under Section 7 of the consultation document parallels a similar consultation document released by the NZ Optometrists and Dispensing Opticians Board regarding Prescribing in Glaucoma: Guidelines for NZ Optometrists[2] which also draws on the findings of the NHMRC Guidelines[1] in its proposal.

The DOVS is responsible for the only undergraduate (BOptom) and postgraduate (PGDipSci) therapeutic optometry programmes in NZ, which are registrable with both the NZ Optometrists and Dispensing Opticians Board and the Optometry Board of Australia, and accredited by the Optometry Council of Australia and New Zealand (OCANZ) for training in ocular therapeutics[3]. The diagnosis and management of glaucoma is an integral part of both courses[4], from an understanding of normal ocular structure and function, through to training in the therapeutic management of glaucoma.

[1] National Health and Medical Research Council Guidelines for the Screening, Prognosis, Diagnosis and Prevention of Glaucoma, 2010. www.nhmrc.gov.au/guidelines/publications/cp113-cp113b

[2] NZ Optometrists and Dispensing Opticians Board Consultation – Prescribing in Glaucoma: Guidelines for NZ Optometrists, 2012. www.odob.health.nz/cms_show_download.php?id=257

[3] Optometry Council of Australia and New Zealand (OCANZ), Accredited courses, training in ocular therapeutics: www.ocanz.org/accreditation/26

[4] Department of Optometry and Vision Science Handbook: www.optometry.auckland.ac.nz/uoa/home/about/our-courses/optometry-and-vision-science-handbook

Commentary on Amendments

Section 2.5

- a new section (2.5) that reminds optometrists of the need to report adverse events to Therapeutic Goods Administration.

The DOVS supports this amendment and has no specific commentary on it.

Section 6

- section 6 of the Guidelines refers to collaborative care arrangements and *continues to support* optometrists entering into collaborative care arrangements with ophthalmologists for the care of patients with glaucoma.

The DOVS supports this amendment, and the intent of it to encourage clearly defined collaborative care arrangements in order to ensure optimal patient care.

The DOVS endorses the NMHRC Guidelines which state that "*the Working Committee recommends that the professional roles, responsibilities and referral pathways are best determined in individual cases based on location, resources, skill-base of local health care providers and patient choice*".

Therefore the role of the optometrist in the management of glaucoma may vary depending on location (particularly access to ophthalmology speciality care), access to appropriate imaging technology, through a credentialing process[5] where the optometrist demonstrates their knowledge of glaucoma management at an appropriate level, and by informed patient choice.

Section 7

- section 7 (new) enables optometrists endorsed for scheduled medicines to initiate and implement management (*in the form of eye drops*) of patients diagnosed with chronic glaucoma, or who are at high risk of developing the disease.

The DOVS supports this amendment and agrees with the Board's rationale as outlined in Attachment B of the consultation document.

The rationale in Appendix B is divided into five broad areas: Introduction & Background, Education & Training, NHMRC Guidelines, Collaborative Care Arrangements, and Public Interest. This submission will comment on these areas in turn.

[5] NZ Optometrists and Dispensing Opticians Board Consultation – Prescribing in Glaucoma: Guidelines for NZ Optometrists, 2012, p2. www.odob.health.nz/cms_show_download.php?id=257

1. Introduction and Background

The consultation document states that "*Endorsed optometrists have the education, training and authority to prescribe topical anti-glaucoma medicines and are in a position to treat and monitor patients with chronic glaucoma thus facilitating timely stabilisation of glaucoma and increased compliance with treatment*".

As Appendix C Table C1 demonstrates, endorsed optometrists have access to obtain, possess, administer, prescribe or supply some 13 anti-glaucoma schedule 4 poisons/medications currently, therefore there is no issue regarding their authority to prescribe these medications. The debate therefore centres on whether endorsed optometrists have sufficient education and training to appropriately prescribe topical anti glaucoma medications. This submission will address these issues with regard to the therapeutic education provided by the DOVS within its BOptom and PGDipSci programmes.

2. Education and Training

The DOVS submits that both its undergraduate BOptom programme and postgraduate therapeutic PGDipSci programme ensure that the graduating optometrists are competent to prescribe the full range of topical ocular agents (Table C1) available to therapeutically endorsed optometrists registered in Australia. This is supported by the accreditation of the courses by OCANZ[6], which in turn allows students with these NZ DOVS qualifications to register as therapeutically-endorsed optometrists in Australia.

The undergraduate BOptom(Hons) programme[7] is of 5 years duration and was granted OCANZ therapeutic accreditation in 2006 (renewed in 2010). The first year (Part I) is a general biomedical science programme, which provides an introduction to human biology with particular emphasis on organ function including the structure and function of the nervous, cardiovascular, respiratory, digestive, renal, endocrine and musculo-skeletal systems.

Part II includes courses in mechanisms of disease (MEDSCI203 – 15 points), visual science including ocular anatomy, physiology and psychophysics (OPTOM272 – 30 points), clinical imaging and evaluation techniques (OPTOM220 – 15 points) and optics. These courses provide a solid grounding in the normal structure and function of the eye and visual system, as well as an introduction to pathophysiology. Students are also introduced to the use and theory behind clinical imaging techniques including optical coherence tomography (OCT), scanning laser ophthalmoscopy (SLO/HRT) and nerve fibre layer polarimetry (GDx), which have application in the diagnosis and monitoring of progression in glaucoma.

[6] Optometry Council of Australia and New Zealand (OCANZ), Accredited courses, training in ocular therapeutics: www.ocanz.org/accreditation/26

[7] Department of Optometry and Vision Science Handbook: www.optometry.auckland.ac.nz/uoa/home/about/our-courses/optometry-and-vision-science-handbook

In Part III, the emphasis shifts to the clinical application of skills and knowledge. Standard fundus examination techniques including slit lamp indirect ophthalmoscopy and binocular indirect ophthalmoscopy are taught in OPTOM313 Optometry (45 points), along with the fundamentals of automatic static perimetry (e.g. Humphrey Visual Field Analysers). The principles of ocular pharmacology are taught both by qualified therapeutic optometrist academics and staff from the Department of Pharmacology. The pathophysiology and clinical presentation of ocular pathology is presented in OPTOM353 (15 points). This course emphasises not only the recognition of ocular disease, such as glaucoma, but the mechanisms of the disease. Aspects of microbiology and immunology are taught in MEDSCI202 (15 points) by staff of the Faculty of Medical and Health Sciences. In Visual Science (OPTOM375 – 15 points) concepts such as threshold measurement by adaptive psychophysical protocols (as used in automated static perimetry) and the mechanisms of spatial, temporal and colour vision are addressed.

Part IV provides the interface between clinical practice and vision science. The students practice then apply the optometric skills that they have learnt in previous part under supervision in the University of Auckland Eye Clinics[8]. These clinics are full service public optometry clinics where optometry students see patients under clinical supervision. As the patients are members of the public drawn from the wider Auckland community, the students are exposed to a wide range of ocular pathologies, including the various forms of glaucoma, as would be found in a standard optometric practice. The detection, diagnosis and management of ocular disease are further addressed in the full year course OPTOM450 (45 points). This course uses a combination of didactic lectures, problem-based learning seminars and practical laboratories to advance the students' skills in differential diagnosis and management of diseases of the eye and visual system. The prescribing of ophthalmic medications listed in Table C1 Appendix C of the Guidelines is considered with regard to their appropriate use, contraindications and side effects (both ocular and systemic). The detection, diagnosis and management of glaucoma is specifically addressed in a series of eight lectures by both therapeutically qualified optometrist staff (6 lectures) and glaucoma sub-specialty ophthalmologists (2 lectures). The students also undertake problem-based learning assignments in glaucoma diagnosis and management (36 hours) which include the interpretation of visual field, OCT and GDx assessments.

In Part V the students continue with their clinical training under supervision in the university clinics; however a greater emphasis is placed on areas of specialisation within general optometry practice including ocular pathology, contact lenses, paediatrics/binocular vision and low vision. Students rotate through these series of specialty clinics where patients are referred either internally from the general clinics, or externally from optometrists in the wider community. In particular patients may be referred to the Ocular Health clinic for a Glaucoma work-up. This consists of a series of targeted investigations aimed at detecting and diagnosing patients at suspicion of glaucoma. The glaucoma work-up follows the best practices recommended in chapter 7 of the NMHRC guidelines[9].

[8] The University of Auckland Optometry Clinics: http://www.clinics.auckland.ac.nz/uoa/home/about/our-services/optometry

[9] National Health and Medical Research Council Guidelines for the Screening, Prognosis, Diagnosis and Prevention of Glaucoma, 2010. www.nhmrc.gov.au/guidelines/publications/cp113-cp113b

As the use of anti-glaucoma medications such as the "beta-blockers" can have adverse systemic outcomes (e.g. Timolol is contraindicated in patients with asthma, chronic obstructive pulmonary disease, bradycardia or significant heart disease) students are required to complete a resuscitation course provided by the Faculty of Medical and Health Sciences, Department of Anaesthesiology Simulation Centre for Patient Safety.

3. NHMRC Guidelines

The NHMRC Guidelines for the screening, prognosis, diagnosis, management and prevention of glaucoma 2010[10] already inform the teaching around the disease glaucoma in the BOptom programme, and therefore we can confirm that our graduating optometrists will be familiar with, and be able to refer to the guidelines with respect to the management of glaucoma in their future practice.

4. Collaborative Care Arrangements

While a formal model of collaborative care for the co-management of glaucoma does not currently exist in New Zealand, less formal arrangements already exist between private optometrists and private ophthalmology clinics. The DOVS supports the concept of the continuation of collaborative care for glaucoma.

5. Public Interest

The DOVS agrees with the comment that *"[a]ssessment for glaucoma is a cornerstone of optometry practice, and optometrists represent by far the largest proportion of eye care practitioners with the equipment, knowledge, therapeutic qualification, and training to both diagnose and manage chronic glaucoma*".

In New Zealand, a similar conclusion was reached by the Health Workforce New Zealand (HWFNZ) review[11] which concluded that "*optometrists could be better utilised in the screening, treatment and management of patients with eye health issues – particularly* ***glaucoma****, age related macular degeneration, and diabetes".*

Conclusion

The Department of Vision Science (DOVS), the University of Auckland (UoA), New Zealand, supports the Optometry Board of Australia's proposed amendments to the *Guidelines for Use of Scheduled Medicines*, including the addition of Section 7, which will enable endorsed optometrists to initiate and implement management of patients diagnosed with chronic glaucoma, or who are at high risk of developing the disease.

[10] National Health and Medical Research Council Guidelines for the Screening, Prognosis, Diagnosis and Prevention of Glaucoma, 2010. www.nhmrc.gov.au/guidelines/publications/cp113-cp113b

[11] NZ Optometrists and Dispensing Opticians Board Consultation – Prescribing in Glaucoma: Guidelines for NZ Optometrists, 2012. www.odob.health.nz/cms_show_download.php?id=257