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AUSTRALIAN MEDICAL ASSOCIATION

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Mr Colin Waldron Chair Optometry Board of Australia GPO Box 9958 Melbourne VIC 3001

via email: optomconsultation@ahpra.gov.au

Dear Mr Waldron

Draft guidelines for use of scheduled medicines - consultation

Thank you for the opportunity to comment on the Optometrist Board's amended *Guidelines for Use of Scheduled Medicines* which provide guidance to registered optometrists endorsed to prescribe medicines.

AMA opposes the removal of the requirement for endorsed optometrists to refer a potential glaucoma patient to an ophthalmologist for confirmation of the diagnosis and the development of a management plan.

The AMA does not share the Board's interpretation that the NHMRC 2010 glaucoma guidelines support independent diagnosis and treatment of glaucoma by optometrists. These guidelines, as acknowledged in your rationale, emphasise the importance of collaborative and shared care arrangements.

The AMA does not agree with the Board's rationale that shared care arrangements impede access to timely care for patients living in rural or remote areas or that dropping shared care arrangements will provide savings to the health care system. Further, the Board's position is out of step with the outcomes of a recent review by Pharmaceutical Benefits Advisory Committee of PBS prescribing by optometrists outside shared care arrangements with ophthalmologists. PBAC determined that the current PBS collaborative arrangements with medical practitioners should continue.

Neither the Board or the Optometrist Association of Australia has provided evidence that patients are missing out on appropriate treatment and management of glaucoma under the current shared care arrangements because they live in rural or remote communities. The

current guidelines for optometrists in the use of scheduled medicines provide practical advice to optometrists in situations where a review by an ophthalmologist cannot be done quickly. The current recommendation – to seek initial advice on the management of the patient from the ophthalmologist by telephone or other means – should remain.

The guidelines should also retain advice to optometrists to consult with the patient's general practitioner before initiating or modifying treatment with a beta-blocking agent.

Please direct any queries or requests for further information to Georgia Morris, Senior Policy Advisor, on 02 6270 5466 or gmorris@ama.com.au in the first instance.

A copy of this submission has been provided to the Medical Board of Australia.

Yours sincerely

Professor Geoff Dobb

Vice President

Chair, Therapeutics Committee

4 February 2013

gd:gm