Consumer consultation guide

Review of the *Registration standard: Endorsement for scheduled medicines* and *Guidelines for use of scheduled medicines*

The Optometry Board of Australia (Board) protects the public by regulating optometrists. The Board's endorsement, standard and guidelines outline the Board's expectations of optometrists.

As a patient or consumer, you have the right to choose your health practitioner for safe eye care. The Board is putting forward a proposal that may affect you, by providing more choice about which health practitioner you choose to see for an eye condition.

This consultation guide will help you understand the main proposed changes in the public consultation documents.

We want to hear what you think about the proposed changes.

What are the proposed changes?

Currently, endorsed optometrists are recognised by the Board as qualified and trained to prescribe topical eye drops and eye ointments.

The main proposed changes are to:

- expand what endorsed optometrists are qualified to do, so that optometrists can prescribe topical and oral medicines (taken by mouth) for common eye conditions
- change the endorsement, standard and guidelines to keep them up to date, to support consistency across registered health professions and so that everyone knows what optometrists are qualified and expected to do
- remove clinical guidance from the regulatory guidelines to future proof them, and
- move the medicine lists from the appendices of the Board's guideline to its website, so that everyone will easily see what optometrists are qualified to prescribe. This will make updates to the lists timelier, while continuing to keep safety checks in place.

These proposed changes would give you the choice of visiting an optometrist or your general practitioner (GP), for the same eye condition. This may reduce waiting times and out of pocket GP consultation costs. The Board believes this will help patients access the right care at the right time.

With this proposal, an optometrist would be endorsed as qualified to prescribe oral medicines (taken by mouth) for eye conditions such as:

- antibiotics for people with bacterial eye infections
- antihistamines for people with eye conditions caused by allergy
- antiviral medicines for viruses effecting the eye, and
- emergency treatment for acute angle closure, a blockage in the eye that can cause blindness if not treated within a few hours.

The Board would publish the proposed medicine lists (Appendix F and G) on its website, so that everyone will easily see what optometrists are qualified to prescribe.

What the change might mean for you

This proposal would mean you have more choices about the health practitioner you choose to see to treat eye conditions. Your right to choose your preferred health practitioner for eye care is important.

The proposed changes would allow your optometrist to prescribe a wider range of medicines for eye conditions. This can help you get the right care at the right time, without having to travel or wait to see another health professional. Your optometrist would work within the limits of their skill and continue to collaborate with or refer to a GP or ophthalmologist outside of these limits.

The Board has found that optometrists are often more accessible compared to ophthalmologists, especially in rural and remote areas. See figure 1 of the public consultation paper for a detailed location comparison.

Depending on where you live, the proposed changes could reduce delays in receiving treatment, save travel and waiting time, provide faster eye care, and could even prevent you from losing your eyesight.

This proposal is aiming to increase consumer access and affordability to eye care. Most optometrists bulk bill via Medicare and your optometrist's billing is not likely to change. The proposed medicines will not be covered by the Pharmaceutical Benefits Scheme but may be covered in the future. While consumers may notice a small increase in cost, for most people it will be minimal. Optometrists will continue to check that they have your financial consent as part of their service.

Occasionally optometrists may need to order pathology tests as part of your treatment. The cost of pathology tests is paid by the you, the consumer, as optometry requests are not currently covered by the Medicare Benefits Scheme.

The proposed changes may help to relieve some of the pressure on GP and ophthalmologist waiting times. The changes also support the National Medicines Policy to optimise health outcomes for all Australians through timely access to medicines in line with Quality Use of Medicines principles.

To read what has changed from the current versions of the standard and guidelines, please see Appendix H of the public consultation paper.

What does the change mean in practice?

Optometrists work in the community in a wide range of primary care settings, from private practice, low vision clinics, and residential aged care facilities, through to the Visiting Optometrist Scheme in rural and remote areas and via Aboriginal Community Controlled Health Services. They are often the first health professional in the healthcare system to identify eye problems in the community.

The proposal's potential benefits may affect people differently, depending on where you live in Australia and your situation. The following scenarios are adapted from real life examples provided by endorsed optometrists.

Scenario one

Kirra, a 60-year-old woman, had a painful, red, light-sensitive right eye. Kirra went to the local Aboriginal Medical Service (AMS) and was able to see a visiting endorsed optometrist.

The optometrist found an ulcer on Kirra's right cornea at the front of her eye, and a rash around her eye and on the tip of her nose. After discussing her medical history, the optometrist diagnosed that the ulcer was a complication of shingles, called herpes zoster keratitis, which can cause blindness. Evidence-based treatment for this condition is oral antiviral therapy.

The optometrist prescribed oral antiviral therapy for seven days after considering contraindications and allergies. The optometrist advised Kirra's Aboriginal and Torres Strait Islander Health Practitioner and the GP of the diagnosis and treatment plan. At a telehealth review two days later, the optometrist confirmed that Kirra's eye had responded well to the oral antivirals. At the follow-up review seven days later, the symptoms had cleared, and she was feeling and seeing much better. No follow-up therapies were required.

Visiting Optometrist Services, Aboriginal Community Controlled Health Services or local optometrists may offer a timely, accessible, affordable and culturally safe way of receiving primary health eye care for Aboriginal and Torres Strait Islander people living in rural or remote Australia. Being able to get treatment for common eye conditions by an optometrist where it's difficult to access multiple health professionals can improve eye health outcomes. Optometrists work collaboratively with GPs, nurses, Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal and Torres Strait Islander Health Workers.

Under the current endorsement, Kirra would have needed to wait until a GP or ophthalmologist were available or attended a hospital emergency room to obtain optimal treatment for her painful red eye, which means she would have been in pain longer and the final outcome on her vision may have been worse.

Scenario two

Hamzah, a nine-year-old boy, had a red, swollen right eyelid that started the day before and seemed to be getting worse. His parents took him to their usual endorsed optometrist who saw him the same day. The optometrist diagnosed Hamzah with a mild preseptal cellulitis, a bacterial infection of his eyelid. The optometrist prescribed a course of oral antibiotics in line with best available evidence and after considering other important factors, such as paediatric tolerance, dosage, contraindications, allergies and antimicrobial stewardship. The optometrist advised Hamzah's parents to monitor him closely, and if his symptoms do not improve, or worsen, including any nausea, vomiting, headache, or fever, that they should urgently present to Hamzah's GP or emergency department. The optometrist also wrote to Hamzah's GP updating them on Hamzah's condition, diagnosis and treatment.

At a follow-up the next morning, Hamzah and his parents reported that the swelling and redness in his eyelid had improved, which was confirmed by the optometrist. The optometrist reinforced the importance of completing the course of antibiotics and to return if the symptoms came back again. The optometrist updated Hamzah's GP on the treatment plan.

The proposed changes may also increase convenience and choice for people living in urban areas. This may be particularly helpful when it is difficult to access a GP within an acceptable waiting time.

Under the current endorsement, Hamzah would have been referred to his GP, and would have waited in pain until he could either get an appointment or attend a hospital emergency room. His family may also have had additional out-of-pocket costs if his GP clinic does not bulk bill.

For more scenarios about how the proposal could benefit patients, see the section titled 'Scenarios where the proposal may benefit the community' in the public consultation paper.

What has brought about this consultation and proposed change?

The Board's current standard is due for review. The profession, via the peak optometry professional association Optometry Australia, requested a change to the Board's endorsement to recognise that endorsed optometrists in Australia are qualified to prescribe oral medicines. The Board has strong evidence to progress and consult on the proposal.

Why is the Optometry Board of Australia progressing this proposal?

The Board's primary purpose is to ensure safe and professional optometrists in Australia, by ensuring registered optometrists are suitably qualified and trained. The Board also has a role in strengthening accessible and sustainable healthcare.

The Board has carefully considered Optometry Australia's submission and commissioned its own research. The research found strong evidence that optometrists are qualified and trained to prescribe scheduled medicines for the purposes of the practice of optometry, including topical and oral medicines.

The Board believes the proposed change would be low risk, and that there are sufficient existing safeguards in place to allow optometrists to safely prescribe oral medicines.

To read more about the reasons and evidence for the proposal read Appendix K of the public consultation paper. For more information on the regulatory role of Ahpra and the Board, see the Ahpra website.

Has patient safety been considered in the proposal?

The safety of the public is the highest priority for the Board and is the basis for its decision making on all regulatory standards and guidelines. To ensure safe and professional optometrists in Australia, it has considered a broad range of issues including:

- educational and training requirements for optometrists
- the history of complaints against optometrists (known as notifications)
- the current minimum requirements optometrists must have to practise. This includes their skills, knowledge, abilities, and attributes needed to perform safe and competent work with their patients
- continuing professional development for optometrists, which keeps their clinical skills up-to-date
- what optometrists in similar countries are qualified to prescribe, and
- the risks and benefits of the proposal.

The Board requires optometrists to recognise and work within the limits of their skills and competence and refer a patient to another practitioner, when this is in the patient's best interests.

To better understand the Board's considerations around safeguarding the safety of the public, please see the background paper in Appendix K.

What medicines can optometrists overseas prescribe for their patients?

New Zealand has a similar health regulatory system to Australia, and optometrists there have been able to prescribe oral and topical medicines for eye conditions without a Board approved list since 2014.

Currently optometrists who graduate from an Australian university can automatically gain registration in New Zealand and prescribe oral medicines for eye conditions within their scope of practice. However, the same optometrists can't prescribe oral medicines in Australia.

Qualified optometrists in New Zealand, the United Kingdom, most of the United States of America and some of Canada can prescribe oral medicines to their patients.

For more information on international examples, please see Appendix K.

What happens if we don't make these changes?

If we don't make these changes, the existing regulatory barriers preventing patients from accessing optometry care at the right time will remain in place. Patients will have less choices and may miss out on the benefits outlined in the 'Potential benefits' section of the public paper.

Why should I make a submission?

As a patient or consumer, you are a critical stakeholder for this review, as this affects your eyes, your care and your health. The Board invites you to provide input into decisions that affect you.

The Board wants to hear from a broad range of consumers about their views and what the proposed changes would mean to you.

How do I make a submission?

You may provide your feedback in the short two to five minute survey or by emailing the template provided to optomconsultation@ahpra.gov.au

What will you do with my submission?

Once you send us your survey answers or submission, we will review it and ensure your feedback is considered as part of our consultation process.

We will be publishing submissions to our website. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

It is important to note that the Board is part of a broader health regulatory environment which consists of several organisations with different areas of responsibility. This means that we sometimes receive submissions with feedback that is beyond our role, and cannot be addressed as part of the consultation.

For more information on the roles of different organisations regulating prescribing in Australia, see the background paper in Appendix K.

If you have any questions or comments about your submission, please contact us optomconsultation@ahpra.gov.au.