

## FAQ

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### 2014 revised Guidelines for use of scheduled medicines

2 February 2015

#### Background

At a meeting on 24 November 2014, the Optometry Board of Australia (the Board) in collaboration with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Australian Society of Ophthalmologists (ASO) agreed to modify the March 2013 *Guidelines for use of scheduled medicines*. The Board formally approved the amended 2014 *Guidelines for use of scheduled medicines* (the guidelines) on 27 November Board 2014.

The amended guidelines aim to make sure that optometrists, as the providers of primary eye care, utilise clear referral pathways to support patient safety and wellbeing in the management of chronic glaucoma.

The Board has developed these frequently asked questions (FAQ) to guide applicants, registrants and their employers. The FAQ aim to answer common queries you might have about the amended 2014 *Guidelines for use of scheduled medicines*.

#### 1. Who needs to use the revised guideline for scheduled medicines?

The guideline applies to all optometrists who use scheduled medicines. The amended sections refer to treatment of patients with chronic glaucoma; and accordingly apply to optometrists with an endorsement for scheduled medicines.

#### 2. When will these guidelines apply?

These guidelines take effect on 8 December 2014

#### 3. What has changed?

- The change requires that an optometrist who has commenced treating a patient for chronic glaucoma must provide a referral to an ophthalmologist within four months for ophthalmological assessment and advice. The patient must be provided with a copy of the referral.
- In the section describing the circumstances when a referral must be made to an ophthalmologist, a new referral trigger has been added for the patient experiencing side effects of treatment for chronic glaucoma.

#### 4. What does referral mean?

A referral means providing a referral letter to the patient and sending a copy to the ophthalmologist or ophthalmology service.

A referral must take place if:

- the anti-glaucoma treatment does not stabilise the patient's condition
- a patient needs assessment by an ophthalmologist or ophthalmology service for possible surgical intervention or laser treatment, or
- a patient experiences side effects of initial treatment.

In any event, the optometrist must provide the patient with a referral to an ophthalmologist or ophthalmology service within four months of commencing treatment for chronic glaucoma.

**5. What if a patient does not act on the referral to the ophthalmologist and continues to elect to have their glaucoma managed by an optometrist?**

The guideline defines a referral as providing a referral letter to the patient and sending a copy to the ophthalmologist or ophthalmology service.

In any collaborative care arrangement, patients must consent to the arrangement and be clearly informed about who is responsible for their primary eye care and when they are required to attend reviews with each practitioner.

**6. I am managing patients with chronic glaucoma without a referral to an ophthalmologist under the March 2013 version of the guideline. What do I have to do now?**

It is advised that a patient currently being treated by an optometrist for chronic glaucoma who has not previously been referred to an ophthalmologist should be referred in accordance with this change at the next scheduled review, or prior, if the next scheduled review is later than 8 April 2015.

**7. What happens if a patient is transferred to my care or presents who has received initial treatment for chronic glaucoma from another optometrist?**

The relevant clinical records should indicate that a referral to an ophthalmologist or ophthalmology service has been made within four months of commencing initial treatment for chronic glaucoma. If there is no evidence of a referral or the patient is unable to confirm or provide evidence that a referral has been made, a referral must be completed.

**8. What happens if a patient is transferred to my care or presents who has received initial treatment for chronic glaucoma from another treating health professional such as a general medical practitioner?**

If there is no evidence of a referral to an ophthalmologist or the patient is unable to confirm or provide evidence that a referral has been made, a referral must be completed within four months of presentation to the optometrist.

**9. What happens if a patient has been referred to a public ophthalmology service within four months of commencing treatment for chronic glaucoma and the patient has yet to be seen by an ophthalmologist?**

A clinical record is to be made that confirms the patient is still awaiting consultation by an ophthalmologist and treatment for chronic glaucoma can continue.