

To: Optometry Board of Australia

By email: [optomconsultation@ahpra.gov.au](mailto:optomconsultation@ahpra.gov.au)

### **RANZCO Comment on 'Consultation – Endorsement for scheduled medicines'**

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) welcomes the opportunity to comment on the proposed revised endorsement for scheduled medicines registration standard and related guidelines.

RANZCO's mission is to drive improvements in eye health care in Australia, New Zealand and the Asia Pacific Region through continuing exceptional training, education, research and advocacy. Underpinning all of the College's work is a commitment to best patient outcomes, providing contemporary education, training and continuing professional development, evidence-based decision making, collaboration and collegiality. RANZCO also seeks to educate the general public in all matters relating to vision and the health of the human eye and advocates for accessible ophthalmology services for patients.

RANZCO opposes the amendment proposed by the Optometry Board of Australia (OBA) which "removes the list of medicines from the standard and instead refers to classes of topical medications used in the practice of optometry. The classes proposed are schedule two (S2), schedule three (S3) and schedule four (S4) topical eye medications, being classes of topical medications that endorsed optometrists are currently qualified to use for the treatment of conditions of the eye". In proposing the amendment, the OBA claims this will "facilitate the delivery of eye health services" and will "establish a simpler, more responsive and more efficient way to ensure that patients of endorsed optometrists can access current topical eye medications from S2, S3 or S4 classes." There is no evidence that this change will enhance delivery of eye care. It will simply remove any opportunity for the medical profession and health authorities to check the appropriateness of new drugs being added to the list.

Since optometrists have extremely limited training in the administration of medicines, a blanket approach that allows a medication to be added to their scope of practice just because it is in the same class as other medications would be inappropriate. Drug classes are very diverse, and each drug within each class has a unique range of effects and side-effects. Further to this, there are varying potential interactions with systemic medications. If a patient has an eye condition that requires prescription of medications, especially medications that are not currently approved for endorsed optometrists, it is of utmost importance that the patient consults with an ophthalmologist. The ophthalmologist can make a proper diagnosis, explain to the patient the possible treatment options considering the patient's full medical history, prescribe appropriate medications, and arrange for proper follow-ups, based on the highest level of medical training and education, and incorporating the latest relevant scientific evidence.

Attempts at improving the effectiveness and efficiency of the standard should not compromise patient safety. Therefore, we oppose the removal of the list of medicines from the Standard, and propose that assessment should follow the process as outlined in the Australian Health Ministers' Advisory Council (AHMAC) - *Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law - 27 October 2016*. Stakeholder assessment, including consultation with RANZCO as the accepted premier authority in ophthalmic therapeutics and treatments, is essential to ensure the drug is safe and appropriate for optometry to use within their scope of training. This is particularly pertinent for the vast majority of glaucoma patients who are more elderly and thus more likely to have one or more general health issues for which they consume a range of systemic medications.

As the leader in collaborative eye care RANZCO reserves the right to comment on each ocular medication prior to it becoming available for use, and prior to its listing as a therapeutic option for appropriately endorsed optometrists.

Further to the above, RANZCO would like clarification on what is meant by 'supply' of medications. Our concern relates to the potential inclusion of 'selling' in the definition of 'supply'. Enabling optometrists to sell all medications in relevant schedules may have serious implications. It is a long held principle amongst all medical and allied health professions that those prescribing should not also be allowed to sell a medication. This clearly leads to a conflict of interest that will inevitably cause problems, despite the best intentions and regulations or guidelines.

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