



# Optometrists Board of the Northern Territory

## Ocular Therapeutic Protocol for Therapeutic Authorised Optometrists

March 2007

## Background

The *Poisons and Dangerous Drugs Act* authorises optometrists to sell or supply a Schedule 2, 3, or 4 substance for the treatment of a condition of the eye subject to the conditions and restrictions imposed by the Optometrists Board. In accordance with the authority granted under Section 31 of the *Health Practitioners Act*, the Optometrists Board of the Northern Territory has declared the sale and supply of ocular therapeutics a restricted practice area and established the conditions for this under its Authorisation to Practise in a Restricted Practice Area – Ocular Therapeutics policy (Appendix A) and this protocol.

The protocol, which includes clinical pathways and an approved formulary, provides the framework for the professional use of ocular therapeutics by optometrists in the Northern Territory. Over time, as available prescription drugs and standards of care evolve, the Protocol will be reviewed with the aim of ensuring it continues to be consistent with current knowledge and practice. Without appropriate training this Protocol is insufficient to successfully treat ocular disease. The clinical pathways are intended as guidelines and general principles to assist the optometrist in safely and effectively using certain drugs. They do not take the place of skilled clinical judgment.

## Ocular therapeutic authorisation

Practitioners meeting the Optometrists Association of Australia's entry-level practice Competency Standards should be competent in the use of diagnostic substances. Optometrists who can declare such competency when seeking or renewing registration will be authorised to supply substances listed under the Optometrist Board of the Northern Territory Formulary Schedule A (Appendix B).

Optometrists must not supply substances listed under Schedule B of the Formulary unless they are authorised by the Optometrists Board of the Northern Territory to do so.

Section 34 of the *Health Practitioners Act 2004* states that an applicant is entitled to be granted authorisation to practise in a restricted practice area if the relevant Board is satisfied that the applicant

- (a) is eligible to apply for the authorisation; and
- (b) is competent and has the capacity to practise in the restricted practice area.

To be eligible to apply to the Board for ocular therapeutics authorisation applicants must:

- Be registered as an optometrist and hold a current practising certificate issued by an Australian or New Zealand Optometry Registration Board; or  
Eligible to register as an optometrist (if seeking restricted practice authorisation at the time of applying for registration);
- Provide documentary evidence of having completed a course in ocular therapeutics accredited by the Optometry Council of Australia and New Zealand, (OCANZ); and
- Make a statutory declaration that they practise in accordance with the Optometrists Association of Australia (OAA) therapeutic competencies.

When seeking registration and therapeutics authorisation renewal, optometrists will be required to complete a declaration stating that they meet the ocular therapeutics competency standards and confirm they have participated in continuing professional education related to ocular therapeutics.

### **Supply or sale of ocular therapeutics by authorised optometrists**

Only those optometrist granted ocular therapeutics restricted practice authorisation by the Optometrists Board of the Northern Territory in accordance with Board policy are permitted to sell and supply those substances listed under Schedule B of the Optometrists Board of the Northern Territory Approved Formulary.

Under section 29 of the Poisons and Dangerous Drugs Act "supplying" includes administering and having in possession for the purpose of supplying or administering; "selling" includes issuing a prescription for and selling restricted drugs.

Optometrists may supply a registered restricted drug without charge. Optometrists must not sell registered restricted drugs *except* in the following circumstances:

- in an emergency situation;
- in unusual clinical situations, in remote areas or after hours, or wherever access to a pharmacy is likely to be difficult.

In such circumstances, optometrists may charge reasonable provision costs.

### **Prescribing of ocular therapeutic substances**

Authorised optometrists must take all reasonable steps to ensure a therapeutic need exists and prescribe/supply only for the ocular treatment of patients under their care. They must not write a prescription for use by anyone other than the patient named on the prescription. Prescriptions must be in written form, signed by the optometrist and include the following information on the front of the prescription and must comply with the relevant parts of section 33 (1) of the *Poisons and Dangerous Drugs Act* as summarised in the following paragraph.

Every prescription shall include:

- The prescriber's name, professional qualifications and address;
- The date it is written;
- The name and address of the person for whose use it is prescribed;
- The description of the drug and the quantity or volume of the drug;
- Adequate directions about the use of the drug;
- The dose to be taken or administered;
- The route of administration;
- A direction stating the number of times (after the first) the drug may be dispensed;
- Name, strength, dose and frequency of the drug;
- Adequate directions about the use of the drug
- Must be labelled "For the treatment of conditions of the eye only".

Optometrists must not give verbal prescriptions to the pharmacist (all prescriptions must be written).

## **Storage of scheduled drugs**

Storage of scheduled substances must comply with sections 18, 24 and 51 of the *Poisons and Dangerous Drugs Act*. For example, drugs must be kept in a cupboard, dispensary, drawer, storeroom or other part of the place to which the public does not have access.

## **Records of use of registered restricted drugs**

Patient record cards must show the patient's name and address, the date and the medication administered or supplied. Computer based records may be used.

## **Monitoring of prescribing**

Authorised optometrists must also maintain a prescribing report in the approved form (Appendix C) detailing substances prescribed and the outcomes of treatment for submission to the Board on a quarterly basis.

## **Expectations of therapeutically authorised optometrists**

The Board expects a standard of best practice from authorised optometrists in the diagnosis and management of eye disease. The Board has endorsed the OAA Patient Rights and all practitioners should practise in accordance to the Patients Rights.

## **Knowledge and skills**

All optometrists who use and prescribe scheduled substances are expected to have a clear understanding of microbiological and pathological processes relevant to eye disease, typical presentation of eye disease, their differential diagnoses and identification of risk factors.

All optometrists using and prescribing scheduled substances are expected to have a sound knowledge of the pharmacology of these preparation, including:

- Normal clinical response to their use;
- Indications and contraindications to use;
- Their potential side effects (topical and systemic);
- Their interactions with other drugs; and
- How such complications can be avoided or managed.

Consulting room equipment should be commensurate with the ability to diagnose and monitor disease states. It is expected that optometrists should have access to equipment required for thorough assessment of anterior and posterior segments of the eye. The Board expects that authorised optometrists will ensure their standard of care is appropriate. Their knowledge of relevant disease states and processes, together with diagnosis and management of ocular disease, is expected to be current.

## **Clinical assessment**

Prior to initiating a patient on a course of scheduled substances, a thorough patient history must be taken to identify any factors that might predispose that individual to known side effects of drug use. This should be complemented by a thorough clinical examination to identify any factors that might contraindicate the use of such drugs.

## **Selection of appropriate scheduled substances**

Selection of an appropriate drug requires consideration of many factors, including:

- Clinical history, signs and symptoms of condition;
- Medical history; (including current medications and known drug allergies);
- Purpose of drug (prophylaxis vs. therapeutic);
- Available preparations and their relative risk, benefit and efficacy;
- Potential drug interactions; and
- Alternative (non-pharmaceutical) treatments, and their relative benefits and efficacy.

Practitioner must ensure that they do not use scheduled substances unless clinically indicated.

## **Patient information and review**

Optometrists commencing patients on a course of scheduled substances should:

- Advise patients of the nature of the preparation, the recommended dosage and when their optometric review appointment is scheduled;
- Perform regular reviews to monitor treatment efficacy;
- Identify any side effects and/or complications as they develop;
- Institute the necessary course of action to manage the patient's condition appropriately; and
- Implement the plan after agreement with the patient.

## **Indications for referral for specialist medical treatment**

Optometrists managing eye disease must be mindful of the potential complications of such conditions, have a clear understanding of when referral for specialist medical treatment is required and ensure, when such referral is indicated, that this occurs in a timely fashion.

## **Clinical pathways**

The Board has endorsed the "Clinical Pathways for Optometric Management of Ocular Conditions" developed by the Queensland University of Technology <http://www.optomboard.qld.gov.au/Optometric%20Clinical%20Pathways%20June23%202005.pdf>. The clinical pathways now form part of the Optometrists Code. The clinical pathways are intended as guidelines and general principles to assist the optometrists in safely and effectively using certain drugs, they do not take the place of skilled clinical judgement.

**Acknowledgements**

Optometrists Board of Queensland – Ocular Therapeutic Protocol for Therapeutical Drug Use by Optometrists April 2005

Optometrists Registration Board of Tasmania – Guidelines and Protocols for Therapeutic Drug Use by Authorised Optometrists April 2005