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The attainment of therapeutic prescribing rights for New Zealand optometrists has been a gradual process. Numerous legislative changes have occurred over the past 30 years leading up to the gaining of these rights.

Early legislation
The original act that governed the practising of optometry in New Zealand contained a section that specifically prohibited the use of cycloplegic agents in measuring refractive status, or the use of any drug for the treatment of ocular diseases (Section 44, Optometrists and Dispensing Opticians Act 1976).1 The Medicines Act of 19812 gave optometrists the right to use cycloplegics for the purpose of refraction; however, gave optometrists the right to apply local anaesthetics ‘for the use in his practice as an optometrist’.

In 1996, an amendment to the 1976 Optometrists and Dispensing Opticians Act gave optometrists the right to use cycloplegics for the purpose of refraction;3 however, it was not until 1998 that cyclopentolate was published in the Gazette for use by optometrists. Prior to 1998, the use of cycloplegics by optometrists had to be under the direction of or a prescription from a medical professional (GP or ophthalmologist).

Current legislation
Changes in legislation began with the New Zealand Government’s introduction of the Medicines Amendment Bill in 1998, and in 2002 led to the New Prescribers Advisory Committee hearing applications for the extension of prescribing rights to new groups of health practitioners.

The process of acquiring optometric prescribing rights was gradual. Submissions were made on behalf of optometrists by the Department of Optometry and Vision Science at The University of Auckland and the New Zealand Association of Optometrists (NZAO). Unlike the attainment of nurse prescribing, for which a dedicated team of Ministry of Health staff had been working on the process, optometry had only the NZAO.

The initial submission to the New Prescribers Advisory Committee was rejected as the committee would accept only applications from health professional registration bodies and not from the professions themselves; however, the legislation that covered the Optometrists and Dispensing Opticians Board (ODOB) at that time did not provide avenues for promoting or furthering the profession. After much lobbying the NZAO and the Department of Optometry and Vision Science, with the support of the ODOB, were finally permitted to submit an application in May 2002.

The decision on the question of which classes of medicines optometrists could prescribe was made independently of the development of the guidelines for the use of the different classes of medicine. The application was accepted and optometrists were included as registered health practitioners in the 2003 Health Practitioners Competence Assurance Act.5 The act was passed on 11 September 2003 and came into full effect on 18 September 2004.

Within the act, the ODOB is required to specify the Scope of Practice for optometrists in New Zealand and the qualifications required to attain these scopes. The scope defines what an optometrist can do, compared with the old act that defined what optometrists could not do. Optometrists with therapeutic pharmaceutical agents (TPA) endorsement are allowed to prescribe therapeutic agents as detailed in the Gazette.

Undergraduate therapeutic training
The New Zealand ODOB prescribes the qualifications necessary to register as a TPA endorsed optometrist. From 1999, the Optometry Council of Australia and New Zealand required that existing education programs in optometry begin the process of including training in therapeutic pharmaceutical agents in their courses as a condition of maintaining their accredited status. The Department of Optometry and Vision Science at The University of Auckland began the process of changing its undergraduate Bachelor of Optometry course to incorporate therapeutic training in 2000. The first students eligible to be selected into the modified BOpptom program began their university studies in 2002. Since 2006 all newly graduated optometrists have had TPA endorsement.

Postgraduate therapeutic training
Postgraduate training in ocular therapeutics was initially provided by The Auckland Program in Ocular Therapeutics (TAPIOT). This program was designed in 2002-2003 to meet the accreditation requirements of the Optometrists Registration Board of
for anti-glaucoma drugs

The profession has come a long way since winning the right to use topical anaesthetics in 1984

Victoria, the only board able to accredit any therapeutic courses in Australasia. TAPIOT was modelled after the established course at The University of Melbourne. The first cohort of optometrists completed this postgraduate level program in 2004. In 2006 the program was restructured by dividing the content into three standard postgraduate courses. This enabled government funding to support the training.

On-going competence in ocular therapeutics
All TPA-endorsed optometrists are required to maintain competence through biannual requirements for continuing professional development hours, many of which are facilitated though seminars provided by local ophthalmologists.

Optometrist numbers
As of 31 March 2010, there were 685 optometrists holding practising certificates from the ODOB, of whom 276 were TPA endorsed (40.29 per cent).6 This was an increase from 225 of 675 registered optometrists (33.33 per cent) at 31 March 2009.

Current medications
Since 1998, registered optometrists have been able to use diagnostic pharmaceutical agents within their practice (topical local anaesthetics, mydriatics and cycloplegics). Since 2004, TPA-endorsed optometrists have been able to prescribe a number of therapeutic agents.

Initially, optometrists were able to prescribe 22 medications covering antiviral (acyclovir), antibacterial (chloramphenicol, ciprofloxacin, framycetin, fusidic acid, gentamicin, gramicidin, neomycin, polymixin B, tobramycin and trimethoprim), anti-inflammatory (betamethasone, dexamethasone, dicyclonfen, fluorometholone, flubiprofen, ketorolac and prednisolone), anti-allergy (olopatadine at subsidised prescription rate), and cycloplegic (atropine, homatropine, and hyoscine) modalities.

In August 2007, tropicamide and cyclopentolate were added to the list of medicines able to be prescribed by TPA-endorsed optometrists. In April 2009, chloramphenicol was reclassified by the government to a restricted medication, meaning that both pharmacists and registered optometrists could maintain stock and sell it to patients without having to write them a prescription.

Early prescribing
When optometrists first began prescribing, the New Zealand legislation did not cover the prescriptions under the HealthPac subsidy scheme available to other health practitioner prescribers. This meant that a pharmacist could not claim back part of the cost for subsidised medicines prescribed by an optometrist, and patients were forced to pay the full cost of the medication. The same prescription coming from an ophthalmologist was covered under the subsidy scheme. This duality was the result of the way in which the pharmaceutical budget was independently managed by PHARMAC, the Pharmaceutical Management Agency of New Zealand.

PHARMAC agreed to review the process of patient access to subsidies and changed its protocol to base access on patient and clinical attributes instead of being based on prescriber status as it had been. In March 2006, the Ministry of Health changed the HealthPac payment and claiming system to allow pharmacists to claim the subsidies against scripts prescribed by optometrists and from 1 October, 2007 PHARMAC allowed access to subsidised eye preparations for all prescribers.

One of the conditions associated with the granting of prescribing rights to optometrists was that a record of all steroid preparations made was kept by each prescribing optometrist. These were collected by the Ministry of Health for monitoring purposes to ensure steroids were not being over-prescribed. This requirement was abolished in March 2006. The latest annual report from the ODOB8 found that ‘optometrists are prescribing responsibly with no excessive use of antibiotics or steroids’.

The number of prescriptions written by TPA-endorsed optometrists has increased since the board first began collecting reports from the HealthPac reporting system in 2006. The majority of prescriptions in the quarter to 31 March 2010 were for antibacterial drugs (45 per cent), closely followed by anti-inflammatory drugs (19 per cent for steroids and 16 per cent for non-steroidal anti-inflammatory drugs).8

Future medications
The class of medicines that was absent from the initial list of allowed medicines was the anti-glaucoma preparations. The accreditation requirements of both the graduate and undergraduate TPA courses means that optometrists trained in New Zealand have the knowledge, skills and observational experience in the use of these medications that satisfies boards in Australia. The profession is still keen to have this class added to the therapeutic scope of practice. The on-going discussions about the addition of the anti-glaucoma class of medicines to the TPA-endorsed scope of practice are again occurring independently of the discussions about the guidelines for the use of this class.

While still in its infancy, ocular therapeutic prescribing by optometrists in New Zealand has grown rapidly from the desire to provide the highest quality primary eye-care service possible to our patients.