

Nicola Mountford

B.App.Sci (Optom), Grad.Cert.Oc.Ther

Optometrist- QLD

LOOK scholarship

Looking abroad and looking ahead at lasers and surgery in optometry

Optometrists in an increasing number of US states have a scope of practice that extends far beyond ours in Australia; their advancements for the profession have been nothing short of trailblazing. What was once a creative sidestep in interpretation of legislation later became written law, common practice, admired progression, and the beginning of a new era for optometry.

I was honoured and inspired to receive the LOOK Scholarship from Optometry Australia. What started as an examination of Oklahoma's optometry landscape soon became much more, particularly research into laser utilisation that spanned multiple countries. I had the privilege of learning from renowned overseas colleagues who have been innovators in these fields, and virtually attended an engaging and complex course on advanced procedures hosted in Tahlequah, Oklahoma.

This research focussed on optometrists performing Selective Laser Trabeculoplasty, Nd:YAG Capsulotomy, Laser Peripheral Iridotomy, and minor surgical procedures, particularly the removal of benign lid lesions with periocular local anaesthetics. Currently, around 20% of Oklahoman optometrists routinely perform advanced procedures. Many of these occur in private practice settings, university clinics, and community outreach programs. There have now been almost 30 years of successful, commonplace use of lasers and minor surgical procedures by optometrists without any reported adverse outcomes or increases in litigation.² This has been interspersed with challenges from the medical profession and staunch opposition from ophthalmology.³ However, collaboration between the professions is becoming increasingly evident, and change is sweeping throughout the nation. Optometrists in eight US States are now legislated to perform advanced procedures.⁴

Sweeping changes

This year the ground swell of change within optometry has been particularly formidable. Since the drafting of this report in early 2020, three states in the USA have obtained laser and surgical scope of practice expansions. This momentum was gained after years of advocacy from within the profession, supported by a recent US government assessment of inefficiencies in the healthcare system. This assessment referred to the ability of "optometrists to effectively provide some of the same healthcare services as physicians".⁵

It is an imperative that further clinical studies directly compare the safety and efficacy of advanced procedures between optometry and ophthalmology practitioners, as it is obvious that the existing data is lacking and at times politically motivated.⁶ A literature review uncovered convincing evidence emerging in the UK, where hospital-based training of specialised optometry clinicians is resulting in excellent safety and efficacy outcomes from laser procedures.^{7, 8} Education and training

are key; optometrists in the US undergo intensive theoretical and practical training in order to become accredited in advanced procedures. This education is now being incorporated into primary optometry degree programs. In this way, scope expansion in the US has mirrored some of the change that has occurred in the Australian landscape since the introduction of therapeutic prescribing rights.

Australia has several steps to make prior to leaping into lasers. In most US states, oral therapeutic prescribing often preceded laser rights – a steppingstone which makes fundamental clinical sense and is highlighted as a key objective in Optometry 2040.⁹ The stark public health need of an ageing population requiring overwhelming resources and skill for anti-VEGF therapies is currently directing the focus of scope expansion in Australia to justifiably assist in this burden.¹⁰ From any perspective, the way must be forward.

The most imperative outcome of this research has been that Australian optometrists must continue to progress and adapt in a rapidly evolving international professional climate. As we inevitably expand scope, each practitioner should ask themselves, "even if I myself do not wish to perform these procedures, could willing and well-trained colleagues of mine do so with skill and utmost patient care?" •

1. Lighthizer, N. Interview via Zoom. 3rd December 2020.

2. Cooper SL. 1971-2011: Forty-year history of scope expansion into medical eye care. *Optometry* 2012; 83: 64-73.

3. Kekevan, B. Expanding Scope of Practice: Lessons and Leverage. *Review of Optometry* 2018; October.

4. Lighthizer, N. Email Communication. 16th June 2021.

5. American Optometric Association. Report reflects AOA input to enhance health care access and choice for Americans. *State Advocacy* 2019; January.

6. Stein JD, Zhao PY, Andrews C, Skuta GL. Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma. *JAMA Ophthalmol* 2016 Oct 1;134(10):1095-1101.

7. Chadwick O, Chia SN, Rotchford A. Establishing an allied health professional delivered selective laser trabeculoplasty service in Scotland. *Ophthalmic Physiol Opt* 2019 May;39(3):216-223.

8. Jones L, Konstantakopoulou E, Gazzard G. Selective laser trabeculoplasty (SLT) performed by optometrists for patients with glaucoma and ocular hypertension: a scoping review protocol. *BMJ Open Ophthalmol* 2020 May 25;5(1).

9. Optometry Australia. Optometry 2040: Key Findings and Priority Commitments. 2020. Available from: https://www.optometry.org.au/wp-content/uploads/optometry_2040_-_key_findings__priority_commitments.pdf

10. Australian Institute of Health and Welfare. Eye Health. 2021; February. Available from: <https://www.aihw.gov.au/reports/eye-health/eye-health/contents/treatment-and-management>