



Executive summary:

Quality Use of Medicines for Optometrists

2024

Acknowledgement of Country

Optometry Australia acknowledges the Traditional Custodians across the lands and waterways where we work, learn and live. We pay our respects to Elders past, present and emerging and express our gratitude for their continuing custodianship.

Optometry Australia also acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

We honour the unique cultural and spiritual relationships that Aboriginal and Torres Strait Islander peoples, as well as Māori, have with knowledge, education and the land.



Development of this guide

Optometry Australia has created this Clinical Practice Guide series in consultation with an interdisciplinary expert working group comprised of academics from Australian university optometry schools, experienced endorsed optometrist prescribers, and pharmacists.

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All health professionals have a responsibility to be familiar with the principles of Quality Use of Medicines, as medicines are the most common clinical intervention. Australian optometrists must have the knowledge and skills to safely and effectively prescribe medicines for the practice of optometry. This requirement is within the current level of training and knowledge of therapeutically qualified Australian optometrists.¹ Even if an optometrist is not therapeutically endorsed, they must be able to apply the principles of quality use of medicines.

Optometrists' prescribing authority is currently limited to topical treatments, however, Optometry Australia believes the ability to prescribe oral medications is a key component of providing equitable, comprehensive care to all Australians, particularly for those in remote and vulnerable communities who face barriers to access. Including oral prescribing in the Clinical Practice Guide aligns with the *Trans-Tasman Mutual Recognition Act 1997*, which allows Australian optometrists to practice in New Zealand and vice versa. This ensures the Guide reflects the full scope of modern optometry practice and meets international standards for optimal patient care.

Optometry Australia created this guide in 2024 and supports the various modes of optometry practice. Optometry Australia advises adherence to the Australian Health Practitioner Registration Agency shared Code of Conduct.

This document provides a summary of Quality Use of Medicines principles and outlines key resources that can be used by optometrists to integrate QUM into their practice. It should be used in conjunction with the [Quality Use of Medicines for optometrists Clinical Practice Guide](#).

Please refer to the [Clinical Practice Guides webpage](#) on the Optometry Australia website for specific information on various eye conditions.



Introduction to quality use of medicines and optometry

Quality Use of Medicines (QUM) and medicine safety is a National Health Priority Area. QUM is defined as the safe and effective use of medicines to achieve the best possible health outcomes, where 'medicines' refers to all therapeutic substances, including prescribed and non-prescribed pharmaceuticals and complementary products.^{2,3} QUM principles are designed to support health professionals, such as optometrists, in decreasing inappropriate prescribing, promoting non-medicine strategies, and heightening quality prescribing when a medicine is indicated.³

Key principles

Quality Use of Medicines mean patients receive the most appropriate, effective and safe clinical intervention to decrease medicines-related harm, treatment failure and preventable hospital admissions.^{2,3} The National Strategy for Quality Use of Medicines defines core concepts described in **Table 1**.

Table 1: Concepts of quality use of medicines	
Core concept	Overview
Selecting medicine management options wisely.	<ul style="list-style-type: none">• Balancing the intended benefits (disease progression, risk reduction, symptom management) and risks, including adverse drug events.• Considering patient ability to appropriately administer the medicine and remain adherent.• Non-pharmacological interventions should always be considered (including observation only) before initiating or continuing a medicine.
Choosing medicines appropriately when pharmaceutical intervention is indicated.	<ul style="list-style-type: none">• Comprehensive assessment of the individual.• Determination of diagnosis and differential diagnoses.• Determine appropriate drug, dosage, formulation and duration of treatment within the clinical context.• Determine appropriate monitoring required.• Economic implications of medicines use for both the individual and broader health system, including Pharmaceutical Benefits Scheme eligibility.
Using medicines safely and effectively.	<ul style="list-style-type: none">• Assessment of the impact of treatment.• Detection of any adverse effects or inadequate responses that may require reconsideration of the initial diagnosis and treatment plan.• Preventing misuse, overuse, or underuse of medicines.• Empowering patients to actively engage in solving problems related to their medicines.
References: ^{2,3}	

Prescribing competencies

The NPS MedicineWise Prescribing Competencies Framework conceptualises a four-stage model of prescribing, which are underpinned by enabling knowledge (e.g. clinical pharmacology) and global attributes (e.g. self-reflection on prescribing).^{4,5,6} This model is summarised in **Table 2**. Prescriptions written as part of the prescribing process must be written according to best practice.⁷ This includes active ingredient prescribing and accepted [terminology and abbreviations for prescribing](#). (Australian Commission on Safety and Quality in Health Care, 2022 #34)^{8,9}

Table 2: Prescribing skills and competencies
(adapted from Teoh et al, adapted from Lum, Mitchell and Coombes)

Stage of prescribing		Skills and competencies
1	Information gathering (history-taking and clinical assessment)	<p>The prescriber needs to consider the role of medicines in the management of eye conditions, both for treatment and considering the possibility that the presenting symptom is a medicines-related effect.</p> <ul style="list-style-type: none"> The prescriber should gather and record all relevant information about the patient (e.g. age, gender, diagnoses, allergies, previous adverse drug reactions) and their medical treatment. This includes completing a Best Possible Medication History, remembering to consider potential medicines that were previously used that may be relevant (e.g. historical amiodarone) and undertake further examinations or investigations where appropriate. The prescriber should assess adherence to medicines, including the patient's ability to administer and store them appropriately, manage devices, and consider risk factors for non-adherence.
2	Decision-making	<p>After forming a diagnosis, the prescriber should consider the most appropriate treatment option(s) in collaboration with the patient/carer (shared decision-making).</p> <ul style="list-style-type: none"> Consider treatment options (including non-pharmacological options such as cold/warm compresses or lifestyle behaviour modification), including actual and potential precautions and contraindications to use and the potential for interactions with other medicines. The anticipated benefits of the treatment need to be weighed with the potential risks of treatment and the treatment burden. Consider the appropriate medicine and the required formulation (e.g. oral, injection, eye gel, eye drop), administration frequency and the anticipated treatment duration.

Table 2: Prescribing skills and competencies
(adapted from Teoh et al, adapted from Lum, Mitchell and Coombes)

Stage of prescribing		Skills and competencies
3	Communicate decision	<p>Agree on and develop a management plan with the patient and communicate prescribing decision.</p> <ul style="list-style-type: none"> • Communication with patient and caregivers: Once the shared decision is made, it is important to provide patient education about the medication, possible adverse effects, what to do if they occur, and the importance of adherence to the regimen. • Communication with other health professionals: Safely and effectively communicate treatment decisions (with patient consent) to other health professionals. This communication includes the written (or electronic) prescription, which must be a legally compliant, legible and accurate prescription for a pharmacist to dispense.
4	Monitor and review	<p>A clinically appropriate timeframe should be identified for follow up to monitor and review.</p> <ul style="list-style-type: none"> • Check that the patient has stored and taken the medication as agreed upon, and that the desired clinical outcome is being achieved and whether any actual side effects are identified. Factors to consider are the patient reported outcomes (including side effects and any treatment burden), perceived adherence and administration technique. Balance these factors with the anticipated or actual benefits.
References: 5,6,10		



Medicines in optometry

Ophthalmic formulation doses vary according to indication, therefore prescribers should refer to medicine resources, such as the Therapeutic Guidelines and the Australian Medicines Handbook for dosing instructions. The Therapeutic Guidelines is also considered a gold standard evidence-based reference when prescribing antimicrobial agents.¹¹

Due to the Trans-Tasman Mutual Recognition Act, Australian optometrists must also know how to prescribe oral medications safely and effectively, and monitor their usage. New Zealand optometrists have been prescribing oral medicines since 2014,¹² with the most commonly prescribed medicines being antibiotics, antivirals, antihistamines, analgesics and acetazolamide.¹³

Medicine safety resources and tools

Continuing professional development supports quality use of medicines as it helps to prevent medication errors, enhance adherence, and promote safe and effective use of medicines, ultimately improving patient outcomes.^{14,15} NPS MedicineWise is an online platform providing resources and courses on courses covering evidence-based prescribing, medicines safety, therapeutic guidelines and disease management.^{16,17}

Useful resources	NPS MedicineWise resources and publications Guiding Principles for Medical Management in the Community Medication Safety Standard Pharmaceutical Society of Australia QUM guideline Oral medicine guidelines for NZ optometrists Services Australia: Writing PBS Prescriptions Therapeutic Goods Administration Pharmaceutical Benefits Scheme for Optometrists
Other resources (subscription services)	Australian Medicines Handbook Therapeutic guidelines MIMS

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