

EXPANDING THE SCOPE OF PRACTICE TO INCLUDE OCULAR THERAPEUTICS

A SOUTH AFRICAN CASE STUDY



1st group of optometrists who underwent the ocular therapeutics course in South Africa with the SUNY team

1. BACKGROUND AND RATIONALE FOR SCOPE EXPANSION

The Universal Declaration on Human Rights states that “everyone has the right to medical care” and thus, in this context a *right to vision care*. However, the professional regulatory body in South Africa (*The Professional Board for Optometry and Dispensing Opticians – PBODO*) noted with concern, that most of the people of this country lacked access to basic eye health services, thus being denied one of their fundamental human rights.

The PBODO believed that Optometry had a responsibility to try to improve access to comprehensive eye care services, which included appropriately managing anterior segment ocular diseases, for all South Africans. To this end it compiled a comprehensive *Human Resource Strategy for Eye Care Document*, and made input to the National Department of Health (NDoH) who had a vision of rendering accessible, appropriate, high quality care at all levels.

At this point optometrists in South Africa were already licensed to use diagnostic drugs for more than 10 years, which was the prerequisite for further training in ocular therapeutics.

2. ROAD TO THERAPEUTICS LEGISLATION

The task was a huge challenge requiring, committed optometrists with the tenacity to stay the course, as opposition from ophthalmology will be intense at every step. The cardinal principle used in this participatory planning initiative was to ensure that the **visual and ocular health needs of the population supersede narrow professional interests of any stakeholder group**.

Some of the work involved:

- The task team had to be schooled in all the policy documents that related to the “transformation of the health system in South Africa”. There was a need to maximize the use of available human resources which included reviewing the scope of practice of some professions, including Optometry and Nursing. These initiatives were to help increase access to health services for all.
- In addition to reading national health and human resource policies, an extensive benchmarking exercise was done on the scope of practice expansion in countries globally, focusing specifically in other developing nations. Our submission was informed by models such as those of the American Optometric Association and Optical Councils in the United Kingdom (UK), Australia, Nigeria and Colombia. Information was also gathered from discussions with Primary Health Care (PHC) staff, ophthalmologists, ophthalmic nurses, optometrists, general medical practitioners as well as hospital and district managers. We researched the provision of therapeutic services by other eye care

professionals, besides ophthalmologists, and considerable positive impact was noted.

- All the counter arguments put forth by our detractors from within and outside of the profession were considered. Some of these were:
 - *There is an oversupply of optometrists*

At the time of motivating for a scope expansion, there were 3 032 optometrists registered with the HPCSA, the majority (~2 800) of whom served the 7 705 420 people in the private sector (~1: 2 751). The concentration of optometrists in the cities gave the impression of an oversupply. However, in the public sector, only 150 optometrists serviced the 37 620 567 patients (1: 671 795). Therefore, the claim of an oversupply was inaccurate, as it ignored the needs of the majority of the population using the public health services. As with many professions the maldistribution remained a critical issue, thus also questioning the value of national averages.
 - *Ophthalmic Nurses can provide therapeutic services where there is no ophthalmologist.* The task team highlighted the current status:
 - Erosion of the limited base of nurses in the country.
 - Ophthalmic nurses, lacked a career pathway, many eventually leaving to go into other disciplines.
 - Many ophthalmic nurse training programs in our country had closed down.
 - *OPTOMETRISTS ARE INADEQUATELY TRAINED FOR THE MANAGEMENT OF OCULAR DISEASES.*
 - Most optometrists who did not do ocular diagnostics in their undergraduate programmes had in recent years undergone additional training to use diagnostic agents in a 2 year training programme (~ 220 hours contact time). They will do an additional year programme to prescribe therapeutic agents.
 - Optometry schools had already begun to incorporate a significant portion of the ocular diagnostics course into the undergraduate programme to allow graduates to exit with ocular diagnostics within the current time-frame.
 - Ophthalmologists suggested that the general medical practitioner (who did a maximum of 12 weeks in their training programme) can do the job.
 - *Patients will be put at risk if the optometry scope of practice is expanded?*
 - International studies indicated that in countries like the USA, Australia, Nigeria etc, where the scope of optometry was expanded, there was no history of repeal or diminishment of such a scope of practice.
 - A brief analysis of adverse events in the USA over a 16 year period indicated that 215 713 transgressions were recorded against medical professionals and only 514 against optometrists.
 - In South Africa, the preliminary committee of the PBODO lists no complaints of clinical incompetence lodged against optometrists at the HPCSA since the introduction of diagnostic agents.

STATING OPTOMETRY'S CASE TO RELEVANT AUTHORITIES

The task team prepared extensively and lobbied the ministry of health highlighting:

- that only 25 ophthalmologists in the public sector were taking care of the needs of the 36,5million uninsured people whilst 270 were in the private sector taking care of the needs of 7,5million insured patients.
- the waiting period for ophthalmic surgery ranged between 1 and 2 years in various settings and the cataract surgery rate, was incapable of getting rid of this backlog.
- millions of people in the developing world, and Sub-Saharan Africa in particular, continue to carry the largest burden of preventable blindness globally.
- that the profession of optometry represents an untapped resource, which could assist in freeing the surgical hands of ophthalmologists if the scope of practice was changed as suggested.
- The possible impact of the therapeutically qualified optometrist:
 - Create access in rural areas and underserved clinics and hospitals where ophthalmologists are not available.
 - Prevent blindness by the early detection and treatment of conditions such as glaucoma, particularly in outlying areas.
 - Decrease the workload at surgical and ophthalmological centers by freeing the staff to focus on more advanced management of patients as well as surgical work.
 - Ensure follow up and management of patients, as often patients are lost because of the long distances and costs that they incur to travel to sites where an ophthalmologist may be located.
 - Provide effective care for less serious conditions such as conjunctivitis with little cost to the patient and state thereby preventing conditions from advancing to more serious complications with enormous costs to the state.

There was engagement over many years with the Health Ministry, ophthalmology representatives, regulatory structures, academic institutions etc. The national minister made a declaration that eye care services in South Africa, which is based on the “ophthalmology centered system of eye care delivery”, is inaccessible to the majority of our population and the formal steps to update the scope of practice occurred.

NEED TO EDUCATE BEFORE LEGISLATION

The PBODO engaged in an extensive process to define the curriculum/outcome competencies and steps to follow to get therapeutics licensure. The training programme must be accredited by the regulatory body who must also approve providers. The provider of a course must be appropriately qualified and competent to deliver the didactic and clinical components. When getting local ophthalmologists to agree to offer a course as defined by the PBODO, the State University of New York were approached and agreed to assist with offering the programme.

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF OPTOMETRY AND DISPENSING OPTICIANS (R. 879 8 September 2006)

The regulations defining the scope of the profession of Optometry and Dispensing Opticians were promulgated in 2006. These regulations outline the professional acts that fall within the scope of the profession of Optometry. According to these regulations, the acts which fall within the scope of profession of profession for Optometry include the following:-

- (1) The performance of eye examinations on patients with the specific purpose of detecting visual errors in order to provide clear, comfortable and effective vision;*
- (2) the correction of errors of refraction and related factors by the provision of spectacles and/or lenses and/or spectacle frames and/or contact lenses and/or the maintenance thereof, or by any means other than surgical procedures;*
- (3) the use of scheduled substances which is approved by the Professional Board for Optometry and Dispensing Opticians and the Medicines Control Council and subject to the –*
 - (a) conditions determined by the Professional Board for Optometry and Dispensing Opticians and the Medicines Control Council;*
 - (b) provisions of the Medicines and Related Substances Control Act, 1965 (Act No. 101 of 1965); and*

The PBODO has established a separate register for Optometrists who will successfully complete the course. This register is crucial to enable the public, patients, funders and, employers to identify those Optometrists who are permitted by the HPCSA to prescribe ocular drugs.