



EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

TREATMENT & MANAGEMENT OF OCULAR DISEASE

Effective November 29, 2017

Revised April 14, 2021

Revised June 16, 2021



Treatment & Management Of Ocular Disease Clinical Practice Guideline

The objective of this Clinical Practice Guideline (CPG) is to provide guidance to Doctors of Optometry on the assessment, diagnosis, treatment, co-management, independent management and referral of patients with ocular disease; or, who exhibit ocular signs and symptoms of systemic disease.

This CPG is based on the best available and most current optometric and medical clinical evidence and research. It is not intended to replace professional discretion and judgment; nor is it intended to be used as an all-encompassing clinical manual. Clinicians must base their assessment, diagnostic, management and treatment regimens on the specific needs of the patient at that point in time.

Goals

When considering the treatment and management of ocular disease, every optometrist should strive for the following goals:

- 1. Identify and diagnose those patients at risk for developing ocular disease as early as possible to minimize the damaging effects of ocular disease and preserve a patient's vision for as long as possible.**

- 2. Collaborate and communicate with patients, legal guardians and/or other health care practitioners in order to:**
 - Increase access to competent vision care services,**
 - Maximize a patient's visual status and quality of life,**
 - Improve patient compliance and outcomes,**
 - Reduce the possibility of duplication of tests and services, and,**
 - Provide vision care services in the most efficient and effective manner.**

General Guidelines

All optometrists licensed with the ACO and practicing in Alberta must be Therapeutic Pharmaceutical Agent (TPA) and Advanced Scope certified. The requirements for achieving certification for both are as follows:

- 1. TPA certification is defined as:**
 - Passing the entire OEBC, CACO or CSAO Exam for practitioners who graduated after January 1, 1996 from an accredited School of Optometry.**

- **Registering in another Canadian province with the NBEO and being declared TPA certified by that province before transferring to Alberta.**
- **Completing a separate TPA Certification Course (minimum of 100 hours long of which 60 hours are didactic and 40 hours are clinical) for practitioners who graduated before January 1, 1996.**
- **Completing appropriate therapeutic care clinical hours and patient experiences for graduates of non-accredited Schools of Optometry in addition to passing the OEBC, CACO or CSAO Exam.**

2. Advanced Scope certified is defined as:

- **Graduating after January 1, 2015 and passing the entire OEBC or CACO Exam.**
- **Graduating after January 1, 2015 and registering in another Canadian province with the NBEO and passing the Alberta Advanced Scope Certification Course Final Exam before transferring to Alberta and registering with the ACO.**
- **Graduating before January 1, 2015 and registering in another province with the NBEO must pass the entire Advanced Scope Certification Course (or equivalent) before transferring to Alberta and registering with the ACO.**
- **Graduating in 2012 to 2014 and passing the CACO exam; and passing the Alberta Advanced Scope Certification Course Final Exam.**
- **Graduating in 2011 or earlier and passing the complete Alberta Advanced Scope Certification Course or similar course.**
- **Being registered and certified in a jurisdiction with similar legislation and certification requirements and passing the Alberta Advanced Scope Certification Course Final Exam.**

3. TPA certified optometrists are authorized to treat disorders and conditions (within the practice of optometry) by sampling, prescribing, dispensing, providing for sale or selling, incidental to the practice of optometry, a topical or oral Schedule 1 or Schedule 2 drug.

4. Advanced Scope certified optometrists are authorized to:

- **Provide all activities that TPA certified optometrists are authorized to provide.**
- **Provide independent diagnosis, treatment and management of glaucoma. All optometrists are still allowed to co-manage or refer glaucoma patients to other certified optometrists or ophthalmologists.**
- **Order laboratory tests.**
- **Order and provide ultrasound procedures.**

5. **Optometrists who choose to co-manage patients with another optometrist or ophthalmologist must provide the following:**
 - **Agreement and discussion of protocols from both practitioners to enter into a co-management model of care.**
 - **Appropriate sharing of test results.**
 - **Appropriate communication of any changes to patient management or advice to patient.**
 - **Agreement on patient follow-up (which practitioner and timeline).**
 - **Appropriate communication and follow-up of any changes to disease status, patient compliance and/or complications.**

6. **Optometrists must refer patients to an appropriately trained and certified practitioner when the patient presents with:**
 - **Potential ocular disease conditions that require additional diagnostic testing or treatment that the optometrist does not provide.**
 - **Ocular disease conditions considered to be outside their scope of practice or level of competence.**

7. **Optometrists must report all suspected adverse drug reactions or medical device problems to Health Canada.**

8. **Optometrists may issue pharmaceutical prescriptions via written script, FAX, electronically or directly verbalized to a pharmacy.**

9. **Pharmaceutical prescriptions must contain the following:**
 - **The name, address, telephone number, license number and signature of the optometrist.**
 - **The given name and surname of the patient.**
 - **The date that the prescription was issued.**
 - **The scientific or trade name and concentration of the drug.**
 - **Whether generic substitution is allowed or not.**
 - **The amount to be dispensed.**
 - **The instructions for dosing – frequency and duration of treatment.**
 - **The number of repeats authorized.**

10. **Optometrists shall only prescribe, dispense, sample, provide for sale or sell a Schedule 1 or Schedule 2 drug incidental to the practice of optometry.**

11. **Optometrists shall not prescribe, dispense, sample, provide for sale or sell any narcotic or controlled substance.**

12. In order to ensure appropriate sharing of information with other health care practitioners:

- a. Optometrists shall record all internal dispensing, sampling or selling events of Schedule 1 and 2 drugs on provincial databases.**
- b. Pharmacists will continue to be responsible for recording all optometric prescriptions that they fill on provincial databases.**

13. Optometrists shall consider and initiate treatment and intervention procedures that most effectively reduces the time course and potential sequelae of the disease/condition. It is incumbent upon each optometrist to consider the patient's personal history, family history, allergies and sensitivities, current medications and current health status in order to make an appropriate and informed decision.

14. Optometrists shall:

- Instruct and counsel the patient on the correct use of the prescribed agent.**
- Advise the patient on potential adverse effects.**
- Schedule appropriate follow-up appointments for those conditions and diseases that require it.**

15. Optometrists shall communicate with staff, patients, care givers, legal guardians and/or other members of the patient's health care team as per Section 1.8 of the ACO Standards of Practice.