



AUSTRALIAN COLLEGE OF
OPTOMETRY
CLINICAL SERVICES • RESEARCH • EDUCATION



NATIONAL VISION
RESEARCH INSTITUTE

ANNUAL REPORT 2023





CONTENTS

3	Who We Are	29	ACO at O=MEGA23/WCO4
4	2023 at a Glance	30	A Case for Change
6	From the President and CEO	31	Diversity and Inclusion
8	Reshaping the ACO	32	Supporting Our Staff to Upskill
10	Our Funders, Supporters and Donors	34	NVRI 2023 and Beyond
11	Our Partners	35	Research Focus
12	25 Years at Victorian Aboriginal Health Service	36	Funding Agreement with Victorian Lions Foundation
14	200th Glaucoma Collaborative Care Clinic	37	Dementia Friendly Eyecare Research
15	Victorian Eyecare Service	38	University of Hokkaido Collaboration
16	10 Years of the Flying Doctor Mobile Eye Care Service	39	Neurotechnology
18	Relocation of Broadmeadows Clinic	39	Red-Light Therapy Trial
19	Changing Face of Patient Services	40	Finance Snapshot
20	Bulk Billing for All Children's Appointments	42	ACO Awards
20	Melbourne Indigenous Transition School Partnership	43	ACO Travel Grant 2023
22	Meet the Raffoul Family	44	ACO Council
24	Clinical Teaching	45	In Memoriam
26	Certificate Courses	46	Our Members
28	In Focus	49	NVRI Members
		50	VES Locations and Practices
		52	ACO and NVRI Publications

OUR VISION

To achieve world-leading eye health outcomes for all



Clinical optometry services

Providing high quality public health eye care for communities in need and leading best practice

OUR MISSION

To improve the eye health and well-being of communities through innovation, partnership and leadership in:



Education

Providing best practice clinical learning pathways for optometrists from pre-registration through to professional practice



Research

Undertaking high impact internationally recognised research to improve the understanding of vision science and eye care



We deeply care about eye health



Everything we do drives this purpose

OUR VALUES

We are led by the following values and principles:



Mutual respect guides our expectations



We foster excellence through collaboration with our patients, partners and teams



Our commitment to innovation pushes us to question and find better ways



We deliver what we promise to patients, partners and each other

WHO WE ARE

The Australian College of Optometry (ACO) is a not-for-profit organisation committed to improving the eye health of communities through public eye care services, clinical research and optometry education. Underpinned by the belief that equal access to care is a basic human right, the ACO aims to assist diverse communities often underserved with culturally appropriate eye care. The ACO is proud to be the only Australian organisation specialising in public health optometry, vision research and student and professional education, each driving improvements in eye health and community well-being.

OUR STORY

First brought to life in 1940 as a teaching clinic, the ACO was the country's first not-for-profit membership institution to teach a four-year full optometry course in 1941.

Since its inception, the ACO has continued to build on its commitment to education. It offers students across Australia with the opportunity of clinical training in a public health setting and designs professional development resources to support the growing needs of the wider optometry profession.

While our education programs continued to evolve, a growing focus on public health emerged in 1955 as the ACO received its first Victorian State Government grant to deliver optometry care to underserved communities. This commitment to the provision of eye care to vulnerable communities was cemented in a pivotal move 30 years later, when the ACO become an integral partner in the state government's newly coordinated public health eye care program, Victorian Eyecare Service (VES).

VICTORIAN EYECARE SERVICE

The ACO continues to administer the Victorian Eyecare Service (VES) on behalf of the Victorian State Government through its own network of clinics, outreach services and in collaboration with partner practitioners across regional Victoria. The VES plays a crucial role in delivering eye care and visual aids to some of Victoria's most vulnerable communities.

OUR WORK IN THE COMMUNITY

Today, the ACO delivers public eye care across its network of clinics, mobile eye care service and outreach programs. In addition to its main Carlton clinic, it operates seven optometry clinics in metropolitan Melbourne that are embedded into communities with an identified need for accessible and affordable eye care.

In 1998, ACO began its Visiting Disability Service to provide eye care to those living with disability in a familiar and safe setting. Since then, ACO's outreach services have expanded to reach other vulnerable communities experiencing barriers to mainstream care. The ACO provides a coordinated program of clinic and outreach services across Victoria, including services for the aged, Aboriginal and Torres Strait Islander communities, refugees and asylum seekers, children from disadvantaged schools, people experiencing homelessness and other high-risk groups.

HIGH IMPACT RESEARCH

Over five decades, the NVRI has expanded to conduct basic, applied, and clinical vision research. Throughout this journey, the institute has reinforced its unique role within the Australian vision science landscape and actively collaborated with several academic and corporate partners to advance eye health.

2023 marked a significant period of transition for the NVRI. Aligned with the launch of the 2023-2026 ACO Strategic Plan, the institute underwent a thorough review, prompting a realignment of its priorities. Consequently, the NVRI has refocused its efforts on clinical and public health research.

Acknowledgement of Country



We acknowledge and respect the Traditional Custodians of the land on which we live, learn and work. We also pay our respects to their Elders – past, present and emerging.

Statement of inclusion



We are committed to creating a safe and welcoming environment that embraces all backgrounds, cultures, sexualities, gender identities and abilities.

2023 AT A GLANCE



143

certificate course graduates



42,228km

travelled to provide outreach care

200th

Glaucoma Collaborative Clinic in partnership with



the royal victorian eye and ear hospital

25

years of embedded clinic at



VICTORIAN ABORIGINAL HEALTH SERVICE
"Caring for the Community"



Launched Myopia Training Pilot for student placements

10

years partnering with



Royal Flying Doctor Service
VICTORIA

Dementia Friendly Eyecare course launched in collaboration with UoM



Extended bulk billing to all medicare eligible paediatric patients



Welcomed first women-led Council



57 new hires



30% increase in calls received by new Contact Centre



Launched Journal Club with UoM and Melbourne Eyecare Clinic



4736 student placement sessions

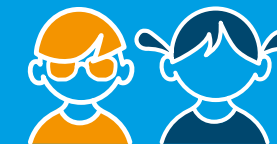
Student placements facilitated across

7

clinical areas



2 CPD workshops delivered



Established new Graduate Paediatric Residency



New partnership with Melbourne Indigenous Transition School



Broadmeadows clinic relocated to larger site

FROM THE PRESIDENT AND CEO

It is a pleasure to be delivering our joint President and CEO Report for the year 2023 on behalf of the ACO Council and Executive Team. In this Annual Report we outline our strategic and operational performance throughout a testing 2023, and briefly cast forward to reveal plans for the evolution of our organisation in 2024 and beyond.

The organisation faced significant headwinds as we moved into – and through – 2023. We will outline these in detail below and throughout the 2023 Annual Report. However, it is important to note the extraordinary contribution of the ACO staff that serviced our thousands of patients, our dozens of external stakeholders, and our hundreds of Members across the year. We thank all of the dedicated ACO team for their hard work under very difficult circumstances.

As we developed the 2023 budget and business plan it became evident that the ACO's structure was not setting us up for success and sustainability. Persistent financial deficits, sub-optimal modes of work, lingering difficulties with acquisition and retention of quality staff, and poor workplace culture were clearly preventing us from achieving our ambitious strategic plans. Longstanding underinvestment in people, relationships, and infrastructure led the Council and the CEO to believe that the viability of the ACO was in question.

It was in this environment that the Council rejected the initial draft of the 2023 budget, and instructed the CEO to immediately develop and deliver a comprehensive workplace transformation project. This involved a significant reworking of the organisational structure alongside the presentation of a pathway returning the ACO to a sustainable surplus. This new structure was accepted by Council in February 2023 and the workplace transformation project was completed on June 30, 2023.

Naturally, this restructure was a significant challenge for the organisation. Throughout, we tried very hard to be as transparent with staff and stakeholders as possible. We tried to act compassionately and ethically. We endeavoured to convey both what we were doing and why, consistent with internal and external communications over the last two years as the depth of our issues became apparent. We believe no engaged stakeholder would be surprised that a restructure was required. We offer our thanks to those staff who departed the organisation as part of the restructure – some after very lengthy careers with the ACO.

Over the last two years we have been forthright about the serious, unsustainable financial position situation the ACO is in. Unfortunately, poor budget settings, unhelpful organisational performance metrics, understaffing, and operational inefficiencies – alongside the costs associated with the

restructure – have led us to deliver a significant deficit again in 2023.

We can state with confidence that 2023 will be the low point for our financial performance. All decisions taken throughout the last year were made with a view to delivering our strategic plan and building back towards a surplus position, we believe in 2025. A summary of our finances is available within this Annual Report, and our audited financial statements have been published in line with requirements. As always, we are available to speak with any interested stakeholders about this process.

As 2023 progressed we began to see the hoped-for 'green shoots' of transformation. We were delighted to welcome Roman Serebrianik to the Council, alongside Kylie Harris and Tim Fricke to the Executive in the new roles of Director of Operations and Director of Research and Education respectively. Most ACO stakeholders will be well aware of Roman's significant contribution to our clinical work over many years – already he is making a strong contribution to our Council work. Kylie will examine, evolve, and improve our operations and lead a large team of dedicated professionals who deliver our clinical programs. Tim will align the NVRI's exciting new research program with our strategic plan, and will enhance our teaching relationships, education services, and clinical governance.



It is important to note the extraordinary contribution of the ACO staff that serviced our thousands of patients, our dozens of external stakeholders, and our hundreds of members across the year.



In 2023 we facilitated the departure of Prof. Michael Ibbotson's neuroscience team to the University of Melbourne. Throughout 2023 and 2024 the NVRI and the ACO will continue to financially support Prof. Ibbotson's work in collaboration with the university, and of course the NVRI will continue to benefit from any scientific output achieved as part of Prof. Ibbotson's program. This collaboration is just one example of strong improvement achieved in our external relationships as a consequence of the restructure.



More broadly, as the year drew to a close we welcomed many new staff across the organisation, in particular a large group of graduate and experienced optometrists who will help fill our consulting rooms in 2024.

We're sure we can all agree that the ACO does special, unique, and vital work in support of improving the health and well-being of our most disadvantaged people. We knew that financial insecurity, poor structures and metrics, workplace silos and old-fashioned systems were holding us back from becoming the progressive leader in eye health that we strive to be.

Therefore, we have acted decisively. We are supporting optometrists to care for patients and advance eye care. We have brought together research, teaching and training as well as education in support of our clinical delivery. We are becoming a lean, high-functioning workplace – a collaborative, modern employer of choice that values well-being, supports and develops our people and rewards performance.

We are strengthening our governance and evolving our asset masterplans to ensure our decisions serve our patients and help us become sustainable. We commenced a Constitution Review Committee (Sayuri Grady (Chair), Sophie Koh, Elisse Higginbottom and Ian Bluntish), to examine whether there are aspects of this blueprint document that

is holding us back from being the most contemporary organisation we can be. We are addressing historic underinvestment in facilities, technology and new business systems to support the structural, cultural and technological transformations we are making.

The future of the ACO holds great promise, but there is much to do. We have acted to ensure our future for our people, the profession and for the communities we serve. We hope you enjoy reading our 2023 Annual Report, and we hope you continue to engage with us in 2024 as we continue the work of organisational transformation.

Sophie Koh
President

Pete Haydon
Chief Executive Officer

RESHAPING THE ACO

Launch of 2023-2026 Strategic Plan

In 2023, we set an ambitious path for organisational transformation with the aim to be a global leader in primary public health eye care, as a re-energised ACO.

While acknowledging the evolving landscape of optometry, changing stakeholder expectations and growing needs of diverse and ageing populations, this strategic plan also addresses the distinctive challenges encountered by the ACO, including sub-optimal infrastructure and constrained future-ready decision making.

Our new strategy addresses opportunities and risks to ensure the ACO is equipped to generate long-term sustainable value that aligns with the expectations of patients, employees, key stakeholders and our broader community. Central to this is the removal of silos between our clinical, research and education work, to emerge as *OneACO* with a clear focus on patients at the heart of our operating model. To achieve this, we have set our priorities to lead integrated patient-centred care, evolve our organisation capability, sustain our finances and strengthen our culture of care.



New structure

As we set our course to become *OneACO*, it became clear that our structure hindered the path to sustainability. Although streamlining leadership into a leaner arrangement provided the environment required for growth, it was not without significant challenge for the ACO team. Throughout this year, staff have navigated difficulties with an unwavering commitment to patient care.

Crucially, our research, education, teaching and training work have been brought together within the reimagined 'Research and Education' function. Led by Tim Fricke, the NVRI has

refocused on clinical, public health and translational research in support of our new Strategic Plan. Additionally, we will work to enhance our relationships with university departments and evolve our education offering to maintain relevance in a competitive CPD market.

The redesigned Director of Operations position will address our need for improved, sustainable, progressive operating models. Held by Kylie Harris, this broad portfolio includes our clinical networks, infrastructure, procurement, IT and organisational risk.

In addition to director-level changes, the roles of General Manager of Patient Services, General Manager of Dispensing Services and Manager of Clinical Governance and Training have been established. These positions, alongside others, will lead patient-centred care and improved patient experience.

Welcoming new Directors

Kylie Harris, Director of Operations

Beginning her healthcare career as an optometrist, Kylie leveraged her strong clinical background to develop a diverse skillset with a focus on improving patient experience and outcomes. Kylie has held several leadership roles within eye health and is respected for her collegiality, acumen, project management skills, and ability to cultivate positive workplace dynamics.

Tim Fricke, Director of Research and Education

Tim has held diverse clinical, teaching, research, and leadership roles in private, public, hospital and refugee camp settings. Informed by extensive clinical experience, Tim has contributed significantly to eye care education, vision development research and global eye care systems development. Tim is an honorary senior fellow at the University of Melbourne and is completing a PhD in ophthalmic epidemiology at UNSW Sydney.



Q&A with Kylie Harris and Tim Fricke

Kylie, with your experience in business development, operations, and communication, what are some of the things you hope to bring to the ACO?

KH: I think the evolution of the ACO depends on having a strong understanding of the demographics we aim to serve and building on the models of care to improve access to our services. Networking with key stakeholders, improving our service models and telling our story are concepts with which I'm extremely comfortable, and I think the ACO is the perfect opportunity to use those skills to improve access to care, and ultimately present the ACO as a leader of public eye care.

Tim, your extensive experience in the eye care sector included various ACO roles over the years. What drew to you the position of Director of Research and Education?

TF: The ACO has some enduring features – a collegiate spirit, a desire to contribute to the community through better eye care, education and research – clearly imparted from its founders, including Barry Cole most prominently. But change is a necessary part of staying relevant, and both the ACO and I have changed over time. So, each return is not just coming back, it's also coming forward. Leading the research and education programs at this exciting time offers a wonderful opportunity to honour the ACO spirit, and progress optometry and community eye care in new, evidence-driven and innovative ways.

What are some of the biggest challenges faced by the organisation and how can we fill these gaps?

KH: Without a doubt the biggest challenge is ensuring our limited financial resources reach and make a difference to as many people as possible, that we can capitalise on emerging technologies and adapt to the social changes which will place different demands on ACO services.

The demography of Victoria has also radically changed, and the population we service has shifted with it. Many of the people we serve face barriers to care, so we need to partner with organisations who can assist us to reach these populations.

What are the key priorities you're looking forward to working on to support the 2023-2026 Strategic Plan?

KH: I'm really looking forward to embedding a structured approach to delivering high-quality patient care and improving access for our diverse patient base. Having worked in the hospital sector for nearly 20 years, I am a strong believer in using patient feedback to build a culture of continuous improvement, which focuses on creating patient-centric models of care.

By focusing on the important role each of us plays in caring for our patients, we can identify how to optimise our workforce and service delivery models to allow us to better service more patients. By actively engaging with like-minded organisations, the ACO can create strong symbiotic relationships which drive collaborative care models aimed at improving access to care.

TF: As part of our plan to lead integrated patient centred care, our core research concept is to identify problems and create solutions that can improve eye care, access to eye care, and/or vision outcomes. Within this, I am keen to recognise refractive error as the core component of optometry's contribution to health care. Not that we don't make other contributions – including but not limited to detection and management of eye disease, amblyopia and strabismus, rehabilitation, occupational care.

I have deep respect for all 51 years of achievements at the NVRI. But I also want to honour and respect optometry, and its context in the world. The impact of eye care on the lives of our patients, and the efficiency and efficacy of the health systems we work within, will also be priorities.

Looking to the future, what are some of your aspirations for the ACO so we stand as a global leader in public eye care and clinical research?

TF: I would like to help the ACO build a creative commons of exploration, teaching, learning, and collegiality – aligning with our strategic plan, but otherwise without boundaries. It may link in various ways with colleagues anywhere in the world, but importantly embraces the expertise of our Fellows, Members and partners. It may contribute to improved optometry services for Aboriginal people in Darebin, or development of optometry in Malawi, or better understanding of refractive error development in children.

KH: I feel incredibly privileged to work alongside Tim and an extremely talented clinical team as we build our capabilities and turn our everyday patient interactions into leading public healthcare models. The ACO is a unique public service organisation. I want to honour the ACO legacy by ensuring the organisation is strong and sustainable into the future.



I want to honour the ACO legacy by ensuring the organisation is strong and sustainable into the future.



OUR FUNDERS, SUPPORTERS AND DONORS

The ACO and NVRI are extremely grateful to all of our funders, donors and supporters. Their support allows us to continue the work that we do across clinical services, research and education.

Clinical Services



Research and Education



Donors

- | | | |
|-----------------------------------|---------------------|-----------------------------|
| Michael Aitken | John Nicola | Vicky Tranis |
| Janice Bastiaan | Rachel Denham, FACO | A/Prof Richard Vojlay, FACO |
| Emer Prof H Barry Collin AM, FACO | Jennifer Spicer | |

OUR PARTNERS

The ACO collaborates with some of the leading health, education, research and not-for-profit organisations from across Australia. It is through these strong partnerships that ACO continues to have a meaningful impact on the community, and we thank them for these partnerships.

Affiliations

- Royal Victorian Eye & Ear Hospital
- The University of Melbourne

Partners and Collaborators

- Alfred Hospital
- Asylum Seeker Resource Centre
- Austin Health
- Australian Blind Bowlers Association
- Australian Eye and Ear Health Survey
- Australian Research Council
- Barossa Hills Fleurieu Local Health Network Inc
- BioMelbourne Network
- Bionics Institute
- Brien Holden Foundation
- Brien Holden Vision Institute
- Broadmeadows Health Service
- Carbon Cybernetics
- Centre for Eye Research Australia
- Centre for Eye Health
- cohealth
- Commonwealth Government
- Deakin University
- Department of Health (Commonwealth)
- Department of Health (Victoria)
- Eastern Access Community Health
- Flinders University
- Gawler Health Service
- Global Burden of Disease
- Indigenous Eye Health Unit, University of Melbourne
- International Agency for the Prevention of Blindness
- International Myopia Institute
- Monash Health
- Monash University
- National Aboriginal Community Controlled Health Organisation
- National Health & Medical Research Council
- Northern Health
- Nunukwarrin Yunti of South Australia Inc
- Optometry Australia
- Optometry Victoria South Australia
- Optometry Council of Australia & New Zealand
- Paralympics Australia
- Peninsula Health
- Reconciliation Australia
- RMIT University
- Royal Flying Doctor Service Victoria
- Royal Victorian Eye & Ear Hospital
- Rural Doctors Workforce Agency
- Rural Workforce Agency Victoria
- Swinburne University of Technology
- Tennis Australia
- Thea Foundation
- The University of Auckland
- The University of Melbourne
- The University of Queensland
- The University of Wollongong
- Think Impact
- University of Canberra
- UNSW Sydney
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Aboriginal Health Service
- Victorian Lions Foundation
- Victorian State Government
- Vision 2020 Australia
- Vision Initiative
- Vision Loss Expert Group
- Watto Purrinna Aboriginal Primary Health Care Service
- Your Community Health

25 YEARS AT VICTORIAN ABORIGINAL HEALTH SERVICE

The ACO and Aboriginal Community Controlled Health Organisation, the Victorian Aboriginal Health Service (VAHS) celebrated a significant milestone in 2023, marking 25 years of dedicated optometry services for Aboriginal and Torres Strait Islander peoples. Established in 1998, ACO's embedded clinic at the VAHS site at Fitzroy aims to address the barriers to eye care experienced by Aboriginal and Torres Strait Islander peoples in mainstream services which systematically fail them and drive health disparities.

While the ACO's involvement within communities across Melbourne runs deep, our relationship with VAHS is particularly special. Being welcomed into the community-controlled space has allowed the ACO to provide collaborative and culturally safe care with the guidance of our VAHS colleagues, resulting in significant improvements in eye health engagement and outcomes for Aboriginal and Torres Strait Islander peoples. The embedded clinic has become an integral part of the larger eye health service at VAHS, which also includes ophthalmology services from the Royal Victorian Eye and Ear Hospital (Eye and Ear) and an Aboriginal Eye Health Worker.

To celebrate this 25-year milestone, ACO and VAHS staff were joined by colleagues from the Eye and Ear, Fred Hollows Foundation, the Indigenous Eye Health Unit (University

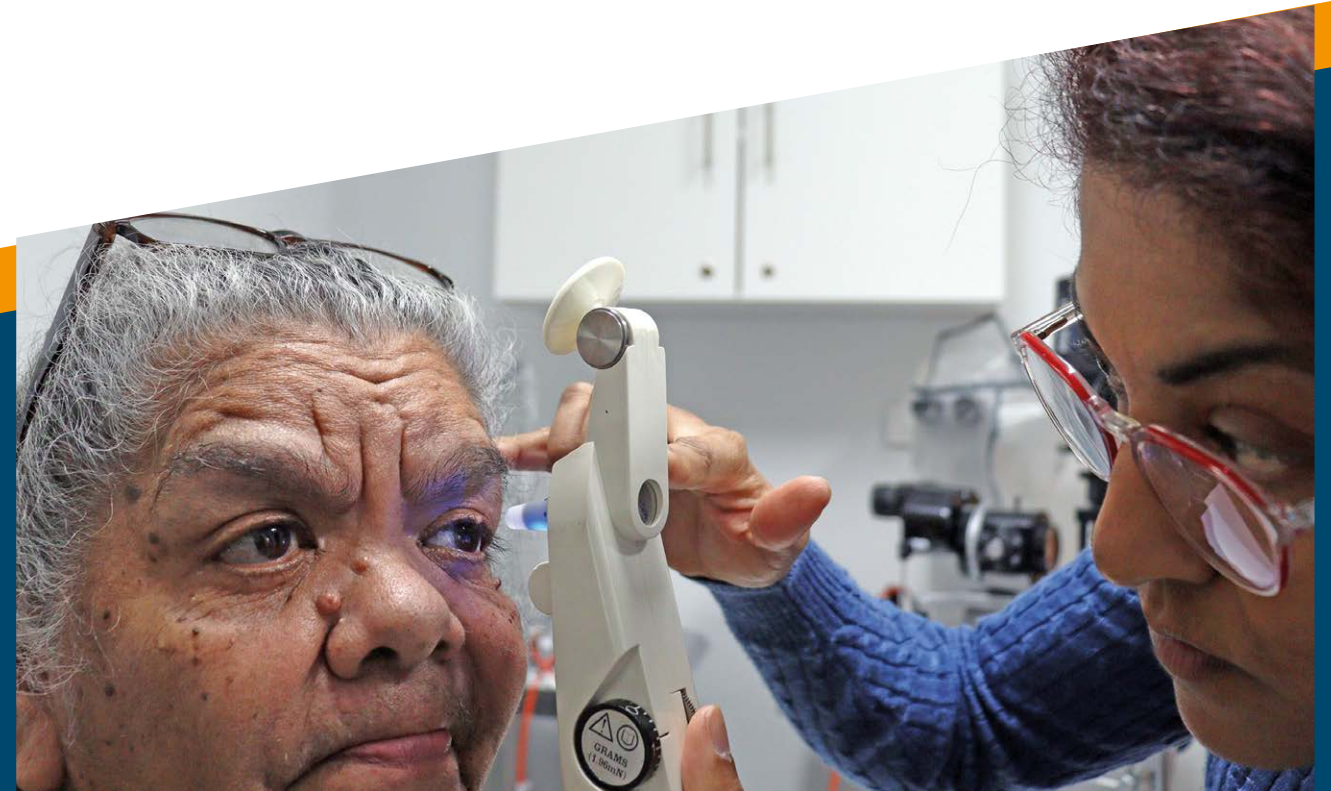
of Melbourne) and Optometry Australia. We were also delighted to be joined by May Ho, Optometry and Primary Health Advisor at Fred Hollows and the first ACO optometrist assigned to the VAHS clinic in 1998.

The Need for Community-Controlled Eye Care

At the time the service was established, blindness was occurring up to ten times more frequently among Aboriginal and Torres Strait Islander people than in non-Indigenous people, due in large part to treatable diabetic retinopathy which disproportionately affects Aboriginal and Torres Strait Islander communities. Following recommendations set out by the National Aboriginal Health Strategy, the ACO and VAHS sought to improve community eye health outcomes through community control and participation in service delivery. Associate Professor Mitchell Anjou, ACO Clinic Director at the time, alongside VAHS leadership including Chief Executive Officer Tony McCartney and VAHS Board Chair, Allan Brown, worked together closely to establish the arrangement of optometry services at VAHS.



(L-R) Gavin Brown, VAHS COO; Zoe Hallwright, Fred Hollows Foundation; Natalie Tieri, Eye and Ear; Kylie Harris, ACO; Tim Fricke, ACO; Nilmini John, ACO; Kelli McGuinness, VAHS; Tracy Tran, ACO; Lyn Hsieh, Optometry Australia; May Ho, Fred Hollows (previously ACO).



(L-R) Aunty Rieos attends her regular appointment with optometrist Nilmini John.



When working with First Nations patients, it's important they feel they are ultimately making decisions for themselves. This is self-determination at its core.

– Nilmini John

25 Years On

Today, the optometry clinic at VAHS continues to deliver culturally safe eye care to community members with sessions running twice a week. Led by ACO Manager of Aboriginal Services, Nilmini John, a group of optometrists work closely with the VAHS team to ensure community eye health needs are met.

"Often, an Indigenous person's health care experience or beliefs are shaped by their personal experiences or inter-generational trauma such as the Stolen Generation, so there can be a natural hesitancy or suspicion of health care institutions and workers. Our role is to help community members understand as much about their health so they can make informed decisions that will close the gap in eye care," Nilmini said.

In 2018, the VAHS eye health service evolved significantly with the addition of ophthalmology services provided by the Eye and Ear, with regular clinics running fortnightly. This

addition has ensured that community members can access a full suite of eye health services ranging from primary optometry consults to post-operative care.

More recently in 2022, VAHS Aboriginal Health Worker Kelli McGuinness was appointed to the newly created role of Aboriginal Eye Health Worker to specifically support the eye health service delivery. This role was created in consultation with ACO optometrists and Eye and Ears' Dr Rosie Dawkins, with funding from the Fred Hollows Foundation.

Gavin Brown, VAHS Chief Operating Officer commented, "There is a strong synergy by all those involved in improving the eye health in our communities as we continue to be committed to enabling the gift of sight."

The Future for First Nations Eye Health

While much success has come from the dedicated eye care services at VAHS Fitzroy, the challenges facing equitable eye health for Aboriginal and Torres Strait Islander communities are many. In 2020, an annual update on the implementation of the Roadmap to Close the Gap for Vision reported that the rate of blindness among Aboriginal and Torres Strait Islander adults had halved nationally, but still stood at three times that of other people.

Providing care under the guidance of our colleagues at VAHS has proven to be instrumental for meaningful impact on Aboriginal and Torres Strait Islander health outcomes. Through collaboration with other community-controlled groups and health care providers, there is much left to do to bridge the gap in eye health. We look forward to continuing this work into 2024 and beyond.

200th GLAUCOMA COLLABORATIVE CARE CLINIC

During Glaucoma Week, the Glaucoma Collaborative Care (GCC) clinic, delivered by The Royal Victorian Eye and Ear Hospital (Eye and Ear) and the ACO, marked a significant milestone – its 200th clinic.

Initiated by the Eye and Ear in 2016 in response to the rising levels of glaucoma and the need to alleviate pressure on public health ophthalmology, the GCC clinic offers diagnostic and ophthalmic review services for low-risk and glaucoma suspect patients. The program is informed by the Royal Australian and New Zealand College of Ophthalmology's (RANZCO) new model of collaborative glaucoma care guidelines and focuses on facilitating appropriate community-based follow-up and improving access to hospital-based care for patients at higher risk of disease progression.

Operating fortnightly from the ACO's Carlton clinic, the glaucoma clinic's team-based approach evidences how involving ophthalmologists, optometrists and orthoptists is integral to supporting positive eye care outcomes for patients. "This collaboration has made a difference to many patients by providing them with timely diagnosis, treatment

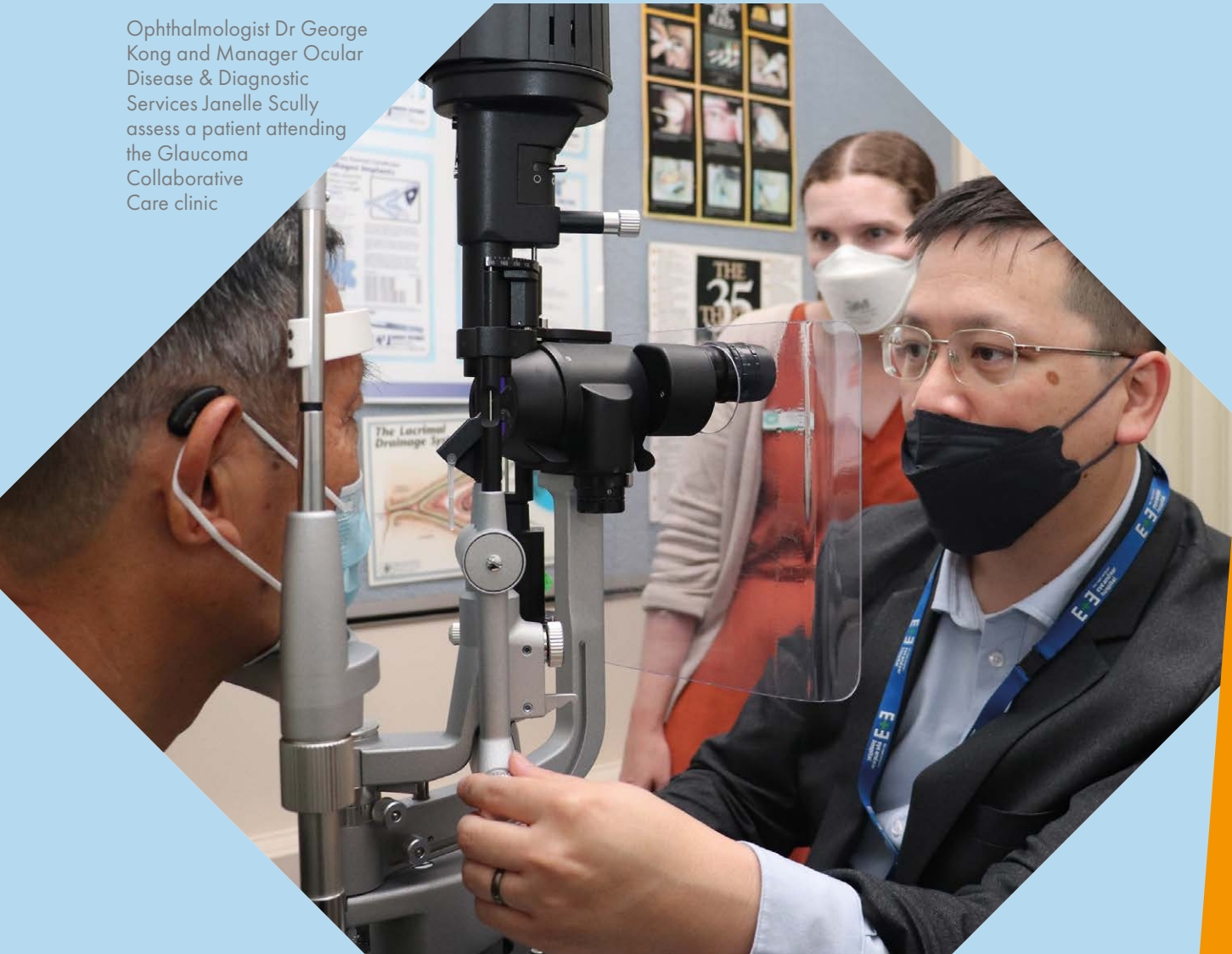
and ongoing care of their glaucoma. It allows patients to be safely managed in the community until further intervention is needed," shared A/Prof George Kong, Eye and Ear ophthalmologist.

Over the past 20 years, the Eye and Ear has seen a 29 per cent increase in surgical patients with glaucoma and estimates that across Australia glaucoma will increase from 208,000 in 2005 to 379,000 in 2025, due to an ageing population.

ACO Manager Ocular Disease & Diagnostic Services Janelle Scully commented, "The demand for public glaucoma services has been steadily rising due to our ageing population and increasing cost of living pressures. The Glaucoma Collaborative Care clinic is uniquely positioned to offer patients access to suitable care while also easing the demand on Eye and Ear's ophthalmology services."

This 200th milestone represents a significant accomplishment in fostering meaningful collaborative care with our ophthalmology colleagues, placing patient eye health at the forefront of efforts.

Ophthalmologist Dr George Kong and Manager Ocular Disease & Diagnostic Services Janelle Scully assess a patient attending the Glaucoma Collaborative Care clinic



VICTORIAN EYECARE SERVICE

The Victorian Eyecare Services (VES) forms the backbone of the organisation, supporting thousands of Victorians each year to access subsidised eye care and visual aids at our Carlton and seven satellite clinics. In addition to the clinics, the VES is delivered to some of Victoria's most vulnerable communities through ACO's Outreach network.

The commitment of ACO teams, including the optometrists providing care and the teams who dispense visual aids and co-ordinate access to care for supporting some of Victoria's most vulnerable people and communities, is an integral part of the ACO story.

The VES network is extensive:

- **Over 80 ACO optometrists** provide VES services daily at our Carlton and seven satellite clinics across Melbourne
- **20 ACO optometrists** provide outreach services across 82 Supported Residential Services, 20 Aged care facilities, 16 Homeless Persons Community centres, 96 homes for people with disabilities, 21 First Nations community sites, including 15 in partnership with Rural Workforce Agency Victoria, 33 community housing, and 13 locations in partnership with the Royal Flying Doctor Service Victoria
- **77 rural VES partner practices**
- **We are supported through** collaborations with a number of dedicated and like-minded organisations, including Rural Workforce Agency Victoria, Victorian Aboriginal Health Service, Asylum Seekers and Refugee Centre, Sacred Heart Mission, Salvation Army, Wintringham, EACH, Scope, Do-Ability, and Life Without Barriers



STAFF PROFILE

Vinay Latchman

Staff Optometrist

Vinay's passion for public health was rooted long before he joined the ACO. Although he graduated from the University of Melbourne in just December 2022, Vinay has quickly become an active member of the ACO Outreach team.

"During my fourth year I opted to do an elective outreach placement with the ACO. I was with Joe Waterman and then Austin Tang, who shaped my understanding of outreach and how it's done.

Since joining in January, I have delivered care to homeless shelters, SRS facilities, a nursing home and have completed two regional trips with Rural Workforce Agency Victoria. Through this work at a grassroots level, I can really see the impact a simple pair of glasses can have for the individual.

This is where VES and VASSS really shine – being able to read your newspaper, medicine bottles, or watch the footy. All the things that we take for granted, we're able to provide for them through VES/VASSS and at a cost that means they're not choosing between glasses and medicine, or glasses and groceries for the week.

It's hard to overstate, when you're on the ground providing the VES, how important it is. It fills up a niche that is just not provided anywhere else. There is a big chunk of people who simply cannot afford glasses.

Overall, I am grateful to everyone who has helped me along my journey so far; I am keen to continue to do as much outreach as I can."

10 YEARS OF THE FLYING DOCTOR MOBILE EYE CARE SERVICE

The Royal Flying Doctor Service Victoria (RFDS Victoria) and ACO celebrated ten years of the Flying Doctor Mobile Eye Care service in 2023. This partnership helps deliver comprehensive optometry services to remote and rural communities throughout Victoria, which would otherwise face significant barriers to care. Over the decade-long partnership, the mobile service is estimated to have saved patients 5,032 hours of travel time.

For many living in remote communities without fixed services, the time and cost of travelling hundreds of kilometers for optometry care is challenging. Despite the fact that more than 90% of vision impairment is preventable or treatable, missing regular eye health checks or treatment is too often a reality of rural living, and risks more serious future health concerns. Established by RFDS Victoria, the Mobile Eye Care service is an integral element in their mission to deliver preventative care to rural communities.

The mobile service liaises with community nurses to organise an optometrist visit, typically visiting two communities on a five-day trip. These consultations provide bulk-billed eye exams, referrals for advanced care, and glasses which are prepared at the ACO's dispensing lab and dispatched by post. The cost of glasses is covered by the Victorian Eyecare Scheme (VES) with a modest contribution from the patient. In a 2023 survey, 100% of patients reported that the service made it easier for them to access care and 90% reported they received care at no cost or at a more affordable cost.

"There is often an emphasis on hospital care and proximity to hospitals when discussing rural healthcare. RFDS is known for taking people to hospital, but we also know the importance of keeping people out of hospital by providing services that people can access in their own community; that's where our primary health services step in," said Dr Melanie Trivett, RFDS Victoria General Manager of Health.



Transport is a real thing here...
If they don't drive, which many people don't, we can't order a non-urgent ambulance"

– Community Nurse



She continued, "When we began development of rural services, eye care was immediately identified as a much-needed service and it was clear that the ACO was the right partner for this program. The ACO's experience with their own diverse outreach programs meant they were uniquely positioned to support the challenges off-site remote consultations while providing uncompromising, comprehensive care."

General Manager of Outreach and Rural VES, Dr Josephine Li believes the Mobile Eye Care service is a lifeline for remote communities, "Partnering with the RFDS Victoria to deliver our shared mission of equitable care has been hugely rewarding. The accessible intervention provided by this program including affordable glasses, appropriate treatment and pathways to advanced ophthalmology care, has a significant impact on eye health outcomes."



12 Month Snapshot

14 communities visited



80 new glasses delivered



147 script changes



253 occasions of service



512 hours of travel saved for patients



Recorded July 2022 - June 2023



STAFF PROFILE

Liesl Forward

Staff Optometrist

Liesl joined the ACO in 2023 after years of practising in regional Victoria, so when she heard of ACO's involvement with the RFDS Mobile Eye Care service she knew it was the perfect opportunity to continue her passion to serve the regional populations.

"Each RFDS trip is for a week, and testing is within a local Bush Nursing Centre or hospital. Patients have a range of needs, from new glasses to annual diabetic screening. In the evenings I visit local sights (Lake Tyrell was very pretty!) or get a pub dinner.

RFDS Vic are experts in providing remote health care and keep in close contact during the trip in case any hiccups arise. On the ACO's part, we provide low-cost glasses under the Victoria Eyecare Scheme (VES), which is key as a lot of the patients face financial barriers on top of living remotely.

Practicing in remote settings does have its challenges. I need to think ahead and anticipate difficulties patients may have and adjust my management accordingly. For example, usually we might wait until after cataract surgery to update glasses, but a patient living regionally and dependent on driving may need a new pair just to travel to the ophthalmologist safely.

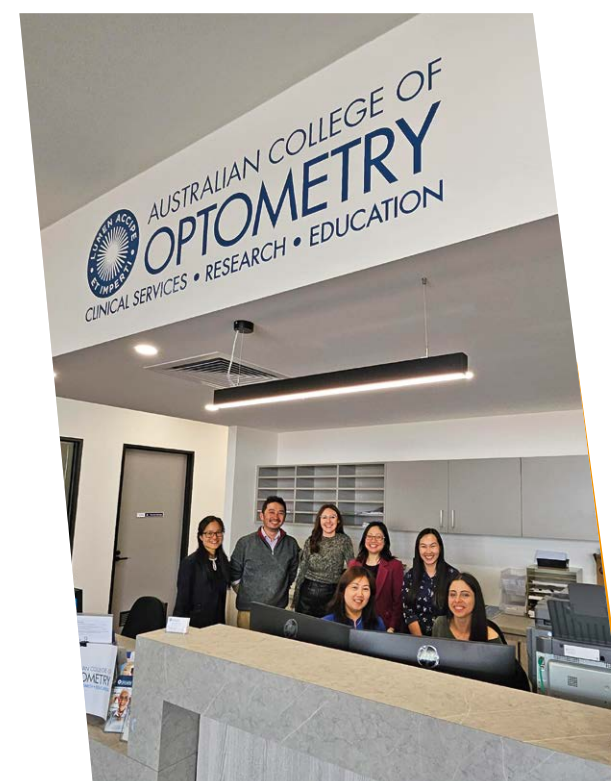
Fortunately, I've been able to work alongside fantastic local nurses who know the patients well and are always ready to help. The patients are also some of the most grateful I've ever had – they love living in the country and appreciate having health care brought to them so they can stay there for years to come."

RELOCATION OF BROADMEADOWS CLINIC

A significant step to improving access to care in Melbourne's north, was the relocation of our Broadmeadows satellite clinic to Coolaroo. The clinic opened its doors in October and its new rooms have markedly improved access to care for VES patients and their carers. This modern, attractive facility has three consulting rooms, and a dedicated frame room in the heart of the practice.

The move involved a furiously busy week, transferring over 30-years of history to a new location. Our teams worked tirelessly together, ensuring minimal interruption to services and appropriate communications to patients and referrers.

Co-located with a GP practice, and neighbouring a Chemist Warehouse, the new location provides ample free parking and the opportunity for future growth. The focus in 2024 will be on building networks with these and other relevant local community stakeholders to further improve patient access, encourage attendance, and build a stronger local profile with the underprivileged in this area.



CHANGING FACE OF PATIENT SERVICES

The introduction of the new Strategic Plan provided a chance to reflect on the way ACO delivers eye care - looking at ways to strengthen the infrastructure to enable clinical service efficiency, expand on our most effective care models, and create an organisation that is truly patient-centric.

Some major changes include the introduction of an internal contact centre to reduce patient wait times and expedite appointment scheduling. Utilising technology to increase accuracy and efficiency, investments have been made in updating patient management systems. Latest technology makes it possible for patient data, electronic health records, and appointment reminders to be seamlessly integrated, facilitating smoother workflows and better coordination of care. Improved patient safety, care continuity, and operational efficiency result from this.

Further, as part of our commitment to enhancing service delivery, we have made major investments in our IT infrastructure, which has enabled us to improve our patient management system and provide care in a reliable and easily accessible IT environment.

Bringing in fresh viewpoints and ideas, recruitment has been a key focus to help ACO strengthen our skill set in dispensing, patient administration as well as optometry.

With the scale of ongoing changes to our operations, the ACO aspires to transform team collaboration in the future to guarantee that patients receive evidence-based, culturally appropriate, cost-effective, and high-quality eye care.



BULK BILLING FOR ALL CHILDREN'S APPOINTMENTS

The ACO was proud to extend bulk billing to all eye examinations for children from October 2023, helping remove any financial barrier to eye care. This change to billing applies to all Medicare eligible paediatric services and sites, including Myopia and Binocular Vision clinics.

As a clinical leader in paediatric eye care, the ACO Children's Clinic is led by optometrists with expert training in their field and employs state-of-the-art equipment and techniques to assess each case. Treatment plans are always tailored to individuals based on the best evidence practice to achieve the optimal health outcome.

This dedication to clinical excellence is matched only by its commitment to public health optometry and the ACO understands the risks to children's eye health are increasing, particularly with the rising prevalence of myopia. With a strong belief that cost should not be a deterrent to accessing care and by making this transition, the ACO hopes to create a space where every child receives the care they need despite their circumstances.

In addition to removing financial barriers, the Children's Clinic team support children with complex needs, including those with developmental or health conditions, who may otherwise struggle to access care in other optometry settings.



STAFF PROFILE

Diba Rezazadeh

Staff Optometrist

Driven by a passion for public health and paediatric care, Diba recognised the ACO as the perfect fit to pursue her optometric aspirations after graduating from the University of Melbourne in December 2022.

"A career in public eye care means that I'm able to provide comprehensive and quality eye care to those who may otherwise not have access to it, which is an incredible way to give back to the community and put my years of training to good use."

Following her love of paediatric care, Diba successfully secured the ACO's new Paediatric Residency.

"There is something so rewarding about being part of a child's developmental journey and being able to play a role in supporting their needs, or even just reassuring caregivers that things are tracking well in terms their child's eye health."

ACO's Children's Clinic is such a welcoming space, from the child-friendly consult rooms to state-of-the-art equipment required to perform comprehensive testing. We are also fortunate to have great mentorship under clinical leaders who are always willing to impart their wisdom.

In my time here, I've had the opportunity to be involved in array of paediatric offerings including Myopia and DBV Clinics, clinical aspects of the repeated low-level red light therapy research and more recently I am undertaking an observership at the Royal Children's Hospital.

I've had much more exposure to paediatric optometry care, compared to my colleagues who joined alongside me, which has helped me feel much more confident in a much shorter amount of time."

MELBOURNE INDIGENOUS TRANSITION SCHOOL PARTNERSHIP

In 2023, we welcomed students from the Melbourne Indigenous Transition School (MITS) to Carlton as part of a new ongoing collaboration to improve access, delivery, and opportunity for involvement in eye care.

The Aboriginal co-educational boarding school supports children from remote and rural communities to pursue schooling in Melbourne and plays a crucial role in nurturing academic excellence and cultural enrichment among Indigenous youth.

As part of this initiative, Year 7 students will visit the ACO Carlton site for an annual comprehensive eye test with cultural safety at the core of each appointment. This is just one of many health and well-being assessments MITS arrange for their students.

Led by Nilmini John, Manager of Aboriginal Services, and Zeinab Fasih, Manager Paediatric and Rehabilitative Services this collaboration reinforces ACO's commitment to closing the gap in eye care with early intervention and preventive care for First Nations communities.

Prior to the inaugural visit, Zeinab was also invited to deliver a presentation as part of MITS' 'life skills' program, igniting aspirations for potential future optometrists or ophthalmologists within the student cohort.

The success of this collaboration is greatly attributed to ACO's Outreach and Paediatric Services teams' commitment to fostering crucial partnerships and providing ongoing support for students' eye care needs.

MEET THE RAFFOUL FAMILY

About the Myopia Clinic

ACO's Myopic Clinic was established in 2021 in response to growing prevalence of myopia. It brings together experienced paediatric optometrists with state-of-the-art equipment and techniques, such as axial measurement to provide tailored myopia control options, including spectacle lens options, orthokeratology and therapeutic management.

Dad of four, Leo Raffoul, attends the ACO's Myopia Clinic with his sons Charles (16), Julian (15), Pierre (14), and Leon (12) for myopia control. The family first visited ACO 8 years ago for a routine eye test.

"We thought we'd get their vision and hearing checked before starting primary school, that routine stuff. There were no obvious signs of

eye issues at all until it was picked up here. I hadn't heard much about myopia before [the boys were diagnosed] and the optometrists started to tell us about shortsightedness."

Today, Charles, Julian, Pierre and Leon are managed for myopia with check-ups every six months and receive individualised treatment to best meet their needs.

Zeinab Fakh, Manager Paediatric and Rehabilitative Services, leads the Children's and Myopia clinics and is assigned to provide care for each of Leo's sons.

"There is no one size fits all approach to myopia control. Many factors weigh into the development of a tailored management plan for each child.

The ACO Myopia Clinic is constantly listening and responding to advances in clinical research. The clinic prides



The myopia treatment is protecting their vision, their education, their safety – it's very important.

- Leo Raffoul



itself on delivering evidence-based practice. One of the advantages of a public health clinic is the capacity for evolving protocols that are evaluated by peers and critiqued to ensure they stay abreast of the latest developments in myopia management."

While Charles, Julian and Leon are managing their myopia with glasses, Pierre has shown great improvement with atropine treatment.

"Pierre's myopia showed rapid progression from 2018 to 2021, but his refraction and axial length has been stable since commencing low dose atropine in 2021. Pierre's myopia control had to be tailored to ensure that his binocular visual system was not compromised. Specific attention was placed on regular evaluation of

his convergence and accommodation system to ensure that management with atropine was controlling his myopia without affecting his visual system at near," Zeinab explained.

For Leo, he is clear that following treatment plans and lifestyle advice is imperative to protecting his children's well-being into the future.

"The myopia treatment is protecting their vision, their education, their safety – it's very important. My oldest son, Charles, he's sixteen now and learning to drive. It makes a lot of difference when he puts those glasses on, he notices right away.

My experience with the ACO's Myopia Clinic has been very positive, very assuring."

As the incidence of myopia continues to accelerate, the need for accessible paediatric public eye health grows too. In October 2023, the ACO announced its decision to extend bulk billing to all Medicare eligible paediatric services, including its advanced myopia services.

"The ACO's move to ensure that all paediatric services are bulk billed means that children, just like the Raffouls' face no additional financial barriers to accessing required care."



(L-R) Pierre Raffoul (14), Zeinab Fakh, and Leo Raffoul



CLINICAL TEACHING

The ACO was pleased to host students from four universities across the country, welcoming over 280 individuals. These students received guidance from more than 60 experienced clinical educators within ACO's unique public eye care settings.

We continue to strengthen our clinical teaching program to help educate the next generation of optometrists in providing overall patient centred care. This is demonstrated not just in the consult rooms, but also across equipment, pretesting, and dispensing training to enhance students' overall learning experience.

At our main site in Carlton, students practiced across paediatric, ocular disease (glaucoma and retina), contact lens, myopia, low vision and general clinics. Clinical placements at ACO satellite clinics expanded to include

Wyndham, joining the Dandenong, East Reservoir, Knox and Broadmeadows locations. A group of students had the opportunity to provide care through our unique Outreach and First Nations programs. This experience to learn in non-traditional clinic settings and broaden their scope of practice with diverse populations were highly valued by students.

In 2023, we piloted a new program welcoming students to participate in ACO's Myopia Clinic, including performing pre-testing for paediatric patients. This initiative was very well received by students who gained insights into the emerging myopia epidemic and the challenges involved in myopia control in a public health setting, as well as gained confidence in clinical care for children. Following the success of this pilot, all University of Melbourne students will be rotated through this clinic beginning in 2024.



I learnt to be flexible and to adapt my consult to the patient in my chair, whether that be because of language barriers, physical barriers or time constraints, etc. Placements at ACO have exposed me to a wide patient base and helped me consolidate classroom content with real world experience.

- UoM Student



STAFF PROFILE

Zeinab Fakhri

Manager Paediatrics & Rehabilitative Services

Zeinab Fakhri joined the ACO as a sessional optometrist in 2011 and now leads ACO Paediatrics & Rehabilitative Services.

"Roughly 50% of my week involves clinical teaching and these are certainly my favourite sessions. Clinical placements at the ACO are very rewarding. Not only are the students building their clinical knowledge, but the delivery of equitable care is at the centre of their learning experience. The diversity and complexity of patients seen at the ACO greatly increases students' awareness of public health issues and barriers to accessing eye care."

While ACO's Myopia Clinic serves to meet the growing public health need for myopia care, it also affords student optometrists a unique learning opportunity. Guided by clinical educators this year the Myopia Clinic Teaching Pilot allowed students to consult on cases attending the clinic.

"Although students are aware of the increasing prevalence of myopia, their exposure to myopia management is varied depending on their placement sites. During their time in the Myopia Clinic, students see children with progressive myopia, varying between first time myopia management to the final stages of tapering of their myopia control. Because the teaching is taking place in a functioning clinic, the decisions students make with their clinical educator directly impacts that child's eyecare and myopia control.

The most rewarding aspect of being an educator is seeing students' growth of clinical knowledge and confidence. Being an educator is not a role I take for granted. It is a great privilege to be involved in the training of the next generation of optometrists."



3003

University of Melbourne: placement sessions across satellite, advanced and outreach clinics

95

Deakin University: observations for second year students

388

Flinders University: clinical placement sessions

69

UNSW Sydney: workshops

CERTIFICATE COURSES

The ACO continues its commitment to deliver high quality education programs for eye care professionals, marking milestones and updates across the range of its certificate courses.

In 2023, the Advanced Certificate in Childrens Vision achieved its highest enrolment numbers, reflecting the growing interest in this area of practice and the importance of additional skills required to meet the needs of young patients. Additionally, a new interactive oral case presentation component was introduced in the Advanced Certificate in Glaucoma, fostering a space for knowledge sharing among peers, which has received widespread appreciation.

The decision was made to pause the Public Health and Leadership in Eye Care Certificate in 2023 and reevaluate its curriculum offerings. The updated version of the course will be rolled out in 2024 and will include an option to undertake clinical placement in a public health setting or pursue a module on leadership. Meanwhile, the Certificate in Advanced Contact Lenses continued to draw high interest from the profession attesting to its popularity and the relevance of enhanced scope of contact lens practice in the industry.

The ACO continues to be the only education provider offering an online pathway to therapeutic endorsement through the Certificate in Ocular Therapeutics. This unique course experiences variations in trends each year, but despite candidate fluctuations, has seen an increasing number of overseas qualified optometrists enrolling into the course and it continues to maintain a strong reputation in Australia and New Zealand.

The success of the certificate courses is a collaborative effort of the education team, lecturers, clinicians and candidates who actively contribute towards advancing eye care practices and standards.



Meet Optometrist Andrew McMillan

While working alongside therapeutically endorsed colleagues, Andrew was exposed to the broader level of care they could provide patients. In particular, he identified that his colleagues' better understanding of disease and treatment afforded them greater confidence when confronted with a 'red eye' patient. This prompted his interest in the Certificate in Ocular Therapeutics.

"The course brought me up to speed with the current understanding of ocular diseases and highlighted the importance of remaining up to date with my therapeutic education.

The topics I enjoyed the most were regarding inflammation and glaucoma. This afforded me a better understanding of the inflammation process which has proven invaluable in my day-to-day assessment of my patients' signs and symptoms. By improving my glaucoma knowledge and therefore changing the way I practice, I now feel competent in the diagnosis and provision of appropriate care for patients with more progressive types of glaucoma.

I had placement with four local ophthalmologists and in the public hospital. Through this, I was able to understand how to make patient care decisions efficiently and with safety nets in place to ensure correct diagnosis and treatment.

Gaining the privilege of prescribing scheduled medicine allows improved triage and timely care of patients, reducing the workload on ophthalmologists. The emergency clinic at the local hospital refers patients to our practice for appropriate care and the local ophthalmologists are more than happy for co-management of patient care when necessary.

My main take-away is that there is no 'cookbook' to follow when treating a patient. After noting the patient's ocular signs and symptoms, I use my knowledge and clinical experience to make an informed decision regarding treatment options and review, review, review!"



IN FOCUS

Seminar Series

Curated by ACO's Clinical Education Coordinators and delivered by healthcare leaders, the Seminar Series offers ACO Members a range of topics covering current best practice, research trends and collaborative work in the health sector.

The July seminar delivered by Elisse Higginbotham FACO witnessed the highest attendance of the year. Elisse shared her expertise in the management of amblyopia subsequent to the initial diagnosis, and explored how factors such as age at diagnosis and compliance with treatment impact the final outcome of amblyopia therapy.

The ACO also became the first optometry CPD provider to delve into the impact of climate change on the provision of public health eye care from both a clinical and policy perspective. The March seminar was presented by Mitasha Yu, the Co-Chair of the Climate Action Work Group at International Agency for the Prevention of Blindness (IAPB). Mitasha discussed the potential challenges posed by climate change for population based eyecare.

In-Person Workshops

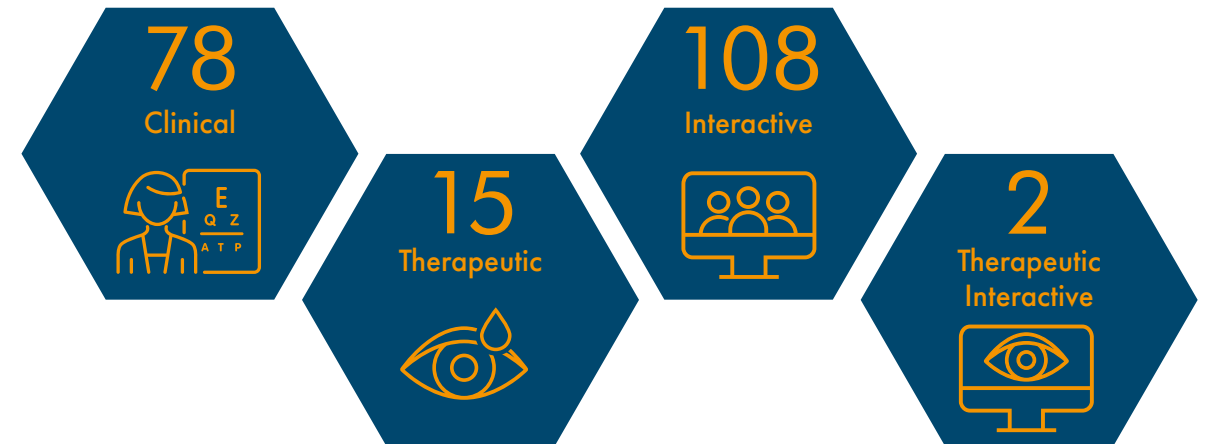
In 2023 the ACO hosted three in-person events – Therapeutics Refresher Day, Dry Eye Workshop and Orthokeratology Workshop. The highly regarded Therapeutics Refresher Day course returned in May and featured a diverse therapeutics program delivered by renowned speakers such as A/Prof Mark Roth and Zeinab Fakh. A/Prof Roth presented his combined didactic and interactive session on the role of oral therapeutics in optometry, while Zeinab discussed the management of pre-myopia. Attendee feedback praised the chosen topics, with 100% of surveyed optometrists agreeing they were valuable to incorporate into their everyday clinical practice.

Following a Clinician Workshop hiatus since 2019, a double-bill of Dry Eye and Orthokeratology workshops marked a successful return in July 2023. Dr Leigh Plowman and Varny Ganesalingam presented their sessions on dry eye disease, followed by a hands-on demonstrations of treatments. A/Prof Richard Vojlay conducted the Orthokeratology workshop, sharing his expertise in specialty lens fitting. The session was highly rated, particularly the live demonstration showcasing the fitting of orthokeratology lenses using an inventory-style fitting system.



A/Prof Richard Vojlay demonstrated an Orthokeratology clinical workshop

CPD hours produced



ACO AT O=MEGA23/WCO4

ACO clinical leaders stepped into the spotlight at O=MEGA/WCO4 in September, delivering presentations, posters and workshops to eye care professionals from around the world. International delegates also visited the ACO's Carlton clinic to attend a slit lamp technique and fundus lamp workshop organised by Deakin University.

The ACO made a notable mark at the conference, with many attendees expressing admiration for the public eye care initiatives undertaken by the organisation within the community. The strong presence of the ACO underscored its commitment to advancing eye care practices and promoting public health on a global scale.



"Vision Impaired Athlete Classification – Public Health Optometry Collaboration to Enable Inclusion" poster by Mae Chong



"Integrated Allied Healthcare for Healthy Ageing: Interprofessional Collaborative Practice, Education and Research" poster by Dr Marianne Coleman



"Importance of eye care amongst Asylum Seekers and Refugee communities" presentation by Tracy Tran and Dr Josephine Li



"Learnings from implementing a Myopia control clinic in a public health optometry setting" presentation by Zeinab Fakh

A CASE FOR CHANGE

As we reflect on the accomplishments of the past year, we extend our deepest gratitude to our employees, who experienced change within the organisation, and whose dedication, passion, and talent continue to drive our organisation forward.

Our people and patients always have, and always will be at the heart of what we do. In 2023, the ACO was faced with a window of opportunity to refocus and re-energise the organisation, to secure its longevity and financial stability. By acting decisively, with consideration and purpose, the ACO began the process for a management-focused restructure.

The approach of the restructure was to develop a new model with a greater focus on enhancing the patient experience and bringing together the ACO's Strategy, *OneACO*. This saw the amalgamation of Research and Education, and the redesign of two key Director positions, among many other crucial changes through the restructure.

Since the launch of this new structure, we have focussed on fostering growth and ensuring long term sustainability, interrogating systems and processes and exploring ways to further support the patient journey. This has included the continued operation of our Contact Centre, a small team of staff appropriately trained to interact with our patients efficiently and effectively, reducing overall wait times as well as focussing on our booking capacity.

In 2023 there were 57 new staff appointments across the ACO. A total of 39 of these positions were post-restructure appointments. Increasing our optometrist headcount was a priority for 2023, with 24 optometrists appointed throughout the year.



Newly appointed General Manager Patient Services Luke Gouge and General Manager, Dispensing & Laboratory Services Lisa Lisperguer



The approach of the restructure was to develop a new model with a greater focus on enhancing the patient experience and bringing together the ACO's Strategy, *OneACO*.



DIVERSITY AND INCLUSION

In a rapidly evolving global landscape, the ACO remains steadfast in its dedication to cultivating a workplace environment that celebrates diversity, fosters collaboration, and promotes continuous learning and development.

ACO's Rainbow Working Group ensures that our organisation is an inclusive and safe environment for member of the LGBTQIA+ communities. Through regular engagement with staff, we are building on signs of allyship and ensuring we are providing education snippets to our employees to progress conversations. In 2023, we officially added the progress pride flag to the ACO website footer and other ACO materials to show staff, patients and the wider community that we are committed to creating a safe and welcoming environment for members of the LGBTQIA+ communities.

The Workplace Gender Equality Agency (WGEA) reporting program is a mandatory program for all 'relevant employers'

under the Workplace Gender Equality Act 2012. Each year, the ACO submits organisation information by way of structured reporting, to meet compliance obligations and to contribute to the agency's dataset on gender equality in Australian workplaces. Within the 2023 report received, it is clear we give effort and energy to the important role this reporting plays. While our gender pay gap appears to have remained stable, our work continues to reduce this. A notable female presence is evident across the organisation, including 60% of our Council members and 78% of our total workforce. Additionally, ACO parental leave offerings are currently surpass the industry comparison average.

In September the Reconciliation Action Plan (RAP) Impact Survey was completed, an annual requirement for members of the RAP network. This survey provides an important mechanism to measure annual performance and progression against core RAP commitments, and to ensure ACO remains accountable in tracking and reporting of ongoing RAP commitments.

Our second Innovate iteration of the RAP ended in November 2023. The ACO is now beginning the process of renewing the RAP and anticipate greater success for 2024.



Some key RAP accomplishments to report for 2023:

- The ACO took a public position favouring the YES case for the referendum on the Voice to Parliament.
- Celebrated and acknowledged days and events across the ACO.
- Continued to engage our services through MoUs and more informal arrangements.
- Continued to support employees through Cultural Safety Training, with all ACO employees to attend refreshers in early 2024.
- Continued to induct our employees with the requirement for all to read both our Cultural Protocol and Ask the Question documents.

SUPPORTING OUR STAFF TO UPSKILL

With the support of government funding, the ACO has been positioned to support employees in pursuing the *Certificate IV Optical Dispensing traineeship* with the Australian College of Optical Dispensing (ACOD), including staff member Griffin Banfield who completed the course in 2023.

As Griffin progressed through various modules of the course, his interest in

the cutting and edging of lenses was strengthened. Fortunately, Griffin was able to receive hands-on experience in aspects of dispensing and front-of-house as well as in our laboratory, all under one roof, to support his studies and broaden his skillset.

In November 2023, Griffin successfully completed his Certificate IV, demonstrating his work ethic, focus and

great resilience. We are proud to be a supportive partner in Griffin's pursuit of his qualification and look forward to witnessing his development within the ACO lab.

Currently, two other ACO employees are enrolled in the *Certificate IV Optical Dispensing traineeship* and we look forward to supporting other team members achieve their qualifications.



ACO employees are our greatest assets, and we are committed to providing them with a supportive and inclusive work environment.

– Chelsey Seamer, General Manager
People and Culture



STAFF PROFILE

Griffin Banfield

Dispensing Technician

Griffin's journey in the optical industry began in 2020 with a work experience placement at the ACO. Inspired by his mother Anne-Marie's work in eye care, he found himself drawn to the world of eye health.

After high school, Griffin joined the ACO as an Optical Dispenser and swiftly realised his passion lay in the technical intricacies of fitting and lens technology. With an in-house lens fitting lab at the ACO, he was able to delve deeper into the technical aspects of his craft.

"I enjoy fitting lenses because I find it fun to make the best looking fit for the lenses into the frame. My new role as Dispensing Technician involves providing crucial technical information to dispensers and optometrists about lenses and coating to find the best solution for each patient. I am also responsible for fitting lenses into frames and quality checking for best vision outcomes for our patients."

On completion of the Certificate IV in Optical Dispensing, Griffin also received a 'Special Recognition Award' from ACOD for his dedication to his studies while working full time.

"Optometrist Joe Waterman helped me with some of my assignments and the ACO provided study time in the library for me to complete assignments. The course has provided the base knowledge of everything and is now helping me better explain solutions to patients."

The mentorship he received working alongside the ACO team has profoundly influenced his approach to optical dispensing.

"Most of my dispensing knowledge was quite general, however over my time working I have realised our patients need more personal care and my colleagues have helped me gain that knowledge."

With a solid foundation in optical dispensing, Griffin looks forward to furthering his career in the dynamic world of eye care.





**NATIONAL VISION
RESEARCH INSTITUTE**
OF AUSTRALIA

NVRI 2023 AND BEYOND

2023 has been a year of significant transition for the NVRI. With the 2022 celebration of 50 years of its research achievements fresh in mind, and the 2023-2026 ACO Strategic Plan in place, a review of the NVRI was undertaken. A re-alignment of priorities was agreed, resulting in a new NVRI focus on clinical and public health research. In turn, this led to the transition of Professor Michael Ibbotson's neurotechnology team to the Department of Biomedical Engineering at the University of Melbourne. NVRI has continued to fund Professor Ibbotson's work during 2023 and will continue to do so for the remainder of the transition (2024).

Tim Fricke commenced as the new Director of Research and Education in August 2023, with a core aim to conduct research that identifies problems and creates solutions that can improve eye care, access to eye care, and/or vision outcomes. Aligning with the 2023-2026 Strategic Plan, optometry and broad public health impacts are central.

We start by recognising that a staggeringly high proportion of vision impairment in Australia and around the world is correctable or preventable.¹ That is, we have the skills and products to fix most vision impairment, but services are not accessible for a variety of reasons. In Australia²⁻⁶:

- 62% of vision impairment is due to uncorrected refractive error, correctable with regular eye tests and spectacles;
- 14% of vision impairment is due to cataract, correctable with eye tests, surgery, and spectacles;
- A proportion of vision impairment from macular degeneration, diabetic retinopathy, and glaucoma is preventable with current technology if we can improve access to services;
- Correctable and preventable vision impairment is more common in marginalised communities, including Aboriginal and Torres Strait Islander peoples.

The World Health Organization specifically recognises refractive care and cataract surgery as critically important to universal health coverage and sustainable development.^{7,8}

The implication is that improving our understanding of the distribution of vision impairment, its major causes, and accessibility to eye care has potential to profoundly impact quality of life, productivity, equity, educational success, and social cohesion. This type of research has tangible, direct, beneficial impacts that are complementary to technological innovations.

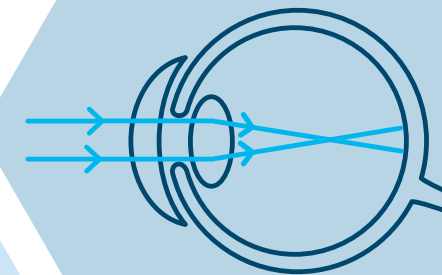
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RESEARCH FOCUS

The NVRI's new research themes are refractive error, eye care impact, improving children's vision, improving vision in older people, models of care, and eye care education.

Our refractive error research investigates global patterns in refractive error and accommodation, including prevalence estimates, and differences occurring over time, between places, between sexes



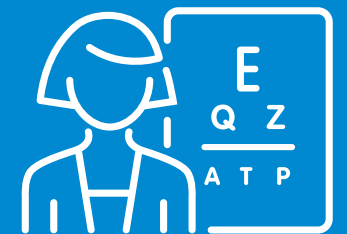
Our children's vision research investigates eye development and the interaction of vision and learning



Our eye care education research investigates the development of optometry education around the world, and development of advanced practice skills in optometry.

Our older people's vision research investigates dementia-friendly eye care, epidemiology, and models of eye care delivery

Our eye care impact research investigates the health economics of anti-myopia management and glaucoma care, and quality of life measures in response to eye care



FUNDING AGREEMENT WITH VICTORIAN LIONS FOUNDATION

In November 2023, the NVRI secured a new three-year funding agreement with Victorian Lions Foundation (VLF). The pledge of support is the latest in a long history between our two organisations, which first began in 1974 and progressed to the official establishment of the Lions Vision Research Fund in 1979. Lions' funding has been critical to the NVRI's ability to pursue five

decades of research across amblyopia, visual development, low vision rehabilitation, vision chart design, comparative neuroscience, optic nerve structure, crystalline lens biochemistry, retinal function, and neurotechnology. It continues to facilitate our new focus on epidemiology, impact, refractive error, and models of care.



With the generous support and trust from Lions, the NVRI is well positioned to develop vision research that will have direct public health impacts. Lions support is foundational to the development of our re-focused research program, but we also look forward to leveraging their support to expand funding avenues. The NVRI's path ahead is exciting.

- Tim Fricke.



(L-R) Director Research & Education Tim Fricke and VLF Chairman John Beale

DEMENTIA FRIENDLY EYECARE RESEARCH

Clinical Research Fellow at the NVRI and the University of Melbourne, Dr Marianne Coleman's research into eye care services for people with dementia continued to evolve. Throughout this research, Marianne worked closely with people living with dementia, family, caregivers and eye care professionals to identify and remove barriers to eye care, with the aim to positively impact eye health of those with dementia and protect their independence.

This research produced valuable resources to support both optometrists and those living with dementia to ensure improved patient experience, including

a Dementia-friendly Eyecare training course and information booklet for patients and their caregivers.

Launched in mid-December, the online Dementia-friendly Eyecare training course has welcomed 60 optometrists to date. Ethics approval for an evaluation study was granted in December 2023, with 36 optometrists committed to participate. At the time of writing, 28 optometrists across Australia, including many from the ACO, have updated their Optometry Australia member profiles to signify provision of dementia-friendly eye care.

Designed in consult with dementia advocates, the information booklet addresses the benefits of disclosing a dementia diagnosis with an optometrist. This resource enables patients and caregivers to communicate the diffi-

culties they may face during an eye examination, such as spatial navigation issues or concentration problems.

Throughout this research project, Dementia Australia were an integral partner, providing funding and facilitating engagement with people living with dementia, their families and caregivers, and advocates. As a result of this research, Dementia Australia now offer eye health information featuring project outputs, accessible by dementia care professionals, people living with dementia and carers across Australia and beyond.

Marianne and team presented at several academic conferences in 2023 to reach primary care and dementia care professionals and have delivered CPD lectures through Optometry Australia. This project was profiled by the University of Melbourne as a research impact case study at its associated research impact festival in September, and was profiled at Melbourne Leadership Conference in August.



UNIVERSITY OF HOKKAIDO COLLABORATION

As part of the Hokkaido University-University of Melbourne Joint Research Workshop Fund, Dr Marianne Coleman visited Sapporo with Faculty collaborators in February 2023, touring research and clinical facilities in the aged care space in Hokkaido.

This visit was reciprocated in September by a delegation from the Hokkaido University Faculty of Health Sciences, leading to a signing of a memorandum of understanding between Hokkaido University Faculty of Health Sciences and Melbourne School of Health Sciences, to facilitate collaborative research and placements.

In a visit funded by the John Nicola Family Fund, Marianne returned to Sapporo in October to represent the University of Melbourne at the Hokkaido University International Faculty of Health Sciences Conference to present the team's work in the interprofessional learning in geriatrics space. A subsequent University of Melbourne Global Classrooms grant allowed Marianne to continue her collaborative work and co-design an interprofessional learning module for integrated allied health and nursing care for older adults, for delivery at Hokkaido Summer Institute in September 2024.



(L-R): Pete Haydon, Dr Nellie Deen, Prof Daisuke Sawamura (Hokkaido University), Dr Marianne Coleman and Tim Fricke at ACO's Carlton clinic

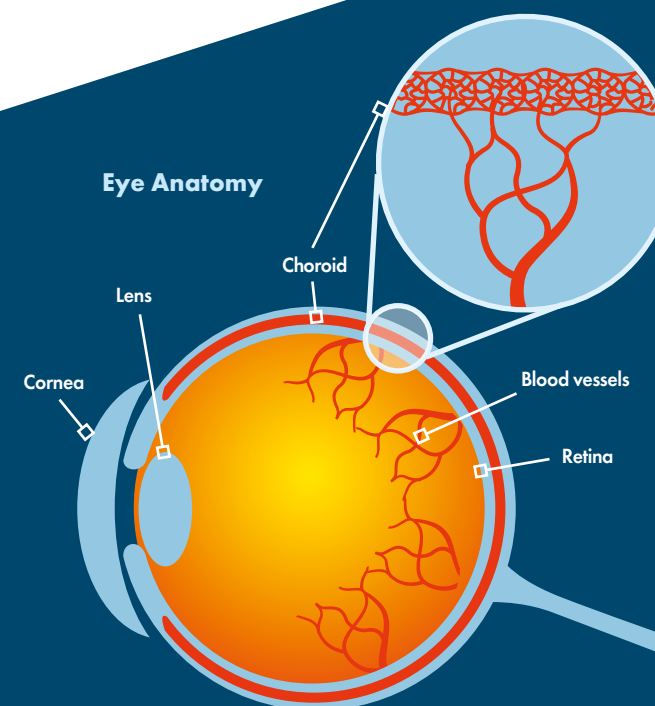
NEUROTECHNOLOGY

The NVRI is continuing to fund Professor Michael Ibbotson's neurotechnology team during 2023 and 2024. The team transitioned to the Department of Biomedical Engineering at the University of Melbourne with projects including development of new retinal implant electrodes, and visual evolution research.

The team re-located in June and the ex-vivo laboratory was functional the following week from the move. The cortical laboratory renovations were complete in August. In September, an additional specialist laboratory in the Biosciences precinct was allocated for their use.

Dr Jason Jung, the Lions Fellow, continues his work on visual cortical physiology and with the international impact of his work, he was invited to give a presentation in Göttingen, Germany by Professor Fred Wolf. Dr Jung has also been invited to present in Paris by Professor Daniel Huber, which will occur in 2024.

Dr Wei Tong secured a Victoria Fellowship and used those funds to travel to the USA for three months from July to September. During this extended visit, Wei provided multiple presentations, most notably at the Mayo Clinic in Minnesota.



RED-LIGHT THERAPY TRIAL

The ACO's Myopia Clinic is an accredited site in a clinical trial of "Repeated Low-Level Red-Light" therapy, which aims to slow myopia progression by increasing choroidal blood flow. The prospective randomised controlled trial of red-light therapy has now closed recruitment and is expected to complete by the end of 2024. Over 30 children were recruited to the trial and interim results were presented at World Council of Optometry/O=MEGA in September 2023.

FINANCE SNAPSHOT

The ACO continued to transform key operational and governance structures throughout 2023. We believe that these changes will resolve the financial, structural and cultural challenges the organisation has faced in recent years.

In 2023 we undertook a significant workplace transformation project. We expected that delivering this work would necessitate a deficit result. Organisational change of the size and scope we are executing takes time, and absorbs financial resources. So, the 2023 result was largely anticipated.

Our organisational capability is being modernised by investing in systems that support new models of patient-centred care enabled by research, technology and cross-professional collaboration. We continue to prioritise building a culture of

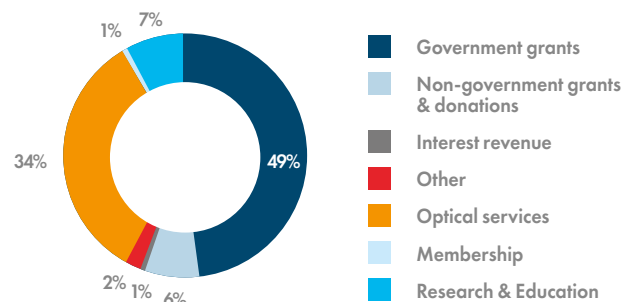
care – for each other, and for the community – by funding projects that shape a safe, inclusive, and socially responsible workplace.

We are continuing to work hard to rebuild our structure, our relationships, and to attract quality optometric talent in a very tight labour market. In this regard we are not immune from headwinds all organisations are currently facing. However, while there remains much to do, we are increasingly confident that strengthened financial management, alongside a robust and harmonious relationship between the Council and the new Executive Team means we will successfully complete the course we have charted through our new strategic plan.

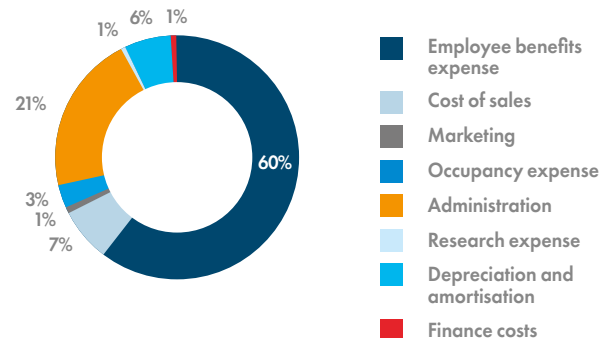
Results for the year

	CONSOLIDATED GROUP		ACO	
	2023	2022	2023	2022
	\$	\$	\$	\$
NET RESULTS FOR THE YEAR	(1,514,499)	(662,223)	(1,466,050)	(702,364)
COMPREHENSIVE INCOME	641,905	(1,172,418)	(16,878)	(75,167)
COMPREHENSIVE RESULTS	(872,594)	(1,834,641)	(1,482,928)	(777,531)

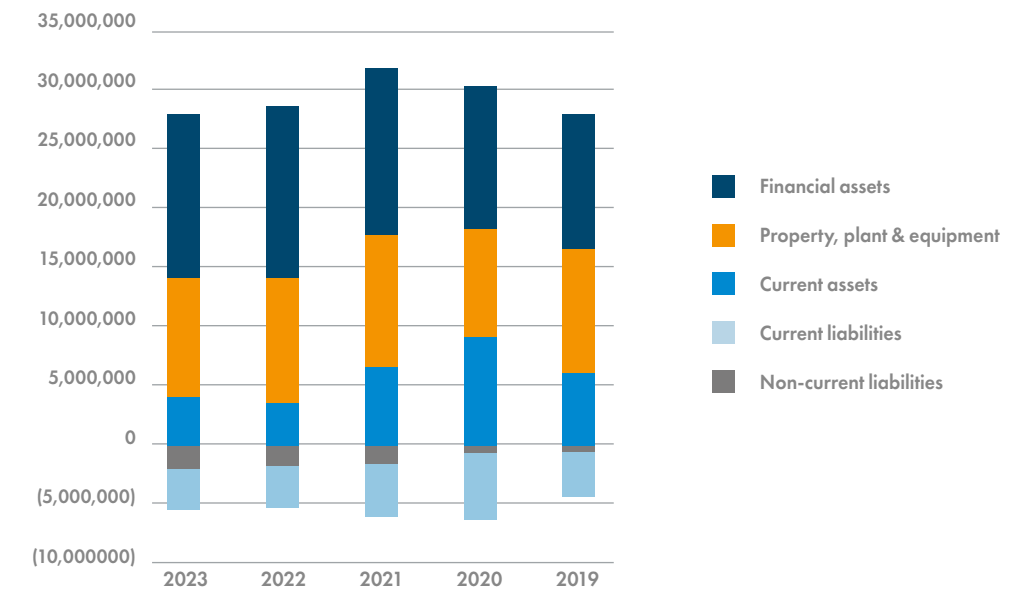
ACO Income – operating activities



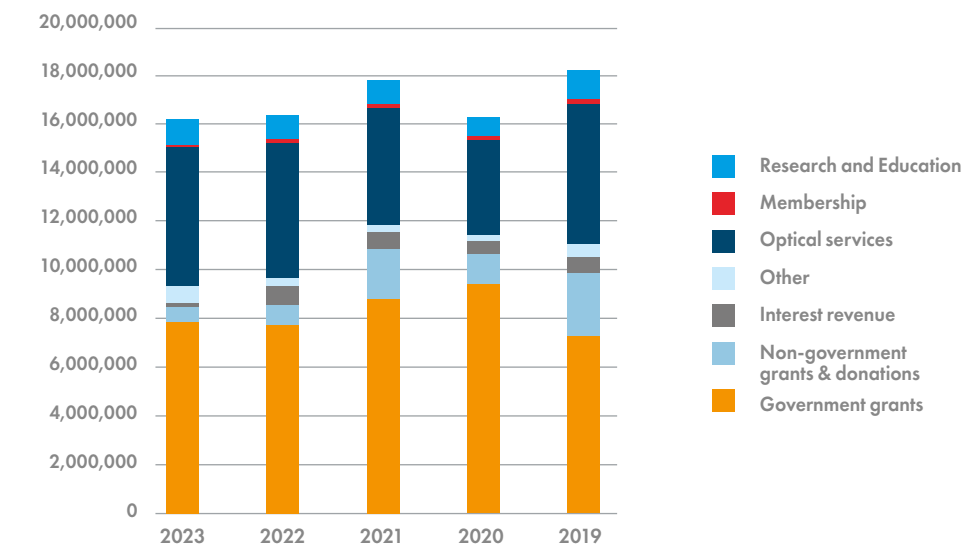
ACO Expenses – operating activities



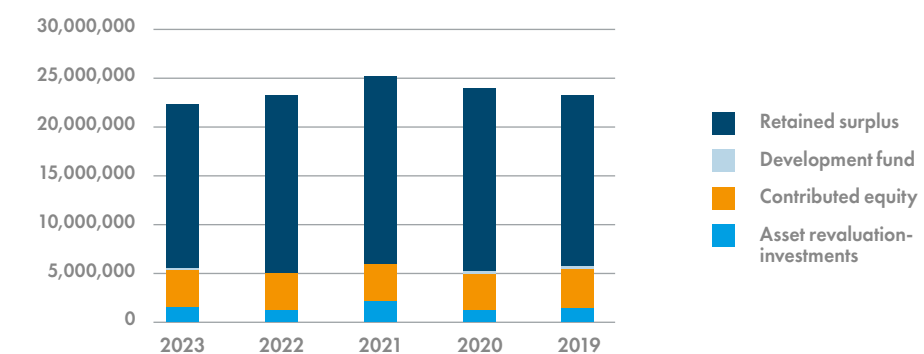
Balance sheet – Consolidated group



Income from operating activities – Consolidated group



Equity details – Consolidated group



ACO's Full Consolidated Financial Statements for the year ended 31 December 2023 can be found at www.aco.org.au/aco-publications

ACO AWARDS

Each year, the ACO recognises industry professionals and students for their commitment to optometry. Here are our 2023 award winners:



ACO Outstanding Graduate Award for Certificate in Ocular Therapeutics

Awardee:
Hetal Dagar

Awarded to the candidate who has achieved the highest score across all assessments for their graduating year in the ACO Certificate in Ocular Therapeutics.

"I am truly honoured and humbled to be accepting this award in recognition of my efforts during the ACO Ocular Therapeutics Course. Having seen the impact I have made on my patients' lives by successfully diagnosing and treating various ocular pathologies, has made the whole experience highly rewarding."

ACO Outstanding University Graduate Award

Awardees:



Kayla Adams
Deakin University

The ACO is proud to recognise and support the future of the profession with this award. Each Australian Optometry school nominates one outstanding graduate based on a combination of academic excellence and professional commitment.



Amy Ricks
Flinders University



Vyasa Bliss Queensland University of Technology



Johnson Tran
UNSW Sydney



Mahmoud Haddara
University of Melbourne



Assessing the influence of stimulus size on defect detectability in the central visual field
(Luke Chong¹, Gery Lee², Collins Ojokwu-Obasi³, Baki Cunningham⁴, Thomas Collins⁵, John Flanagan⁶)

PURPOSE

- It has been previously demonstrated that a Goldmann size V visual field stimulus (1.72° diameter) was comparable to size III (0.63° diameter) when flagging S4 limit defects with the 24-2 test pattern in early glaucoma, whilst increasing the clinically-useful dynamic range and improving repeatability [1].
- This ongoing, prospective clinical study aims to build upon this previous work by comparing the diagnostic utility between size III and V stimuli with the 10-2 test pattern on a sample of participants with glaucoma.

METHODS

- Visual fields (VFs) were acquired using a HFA3 Model 840 (ZEISS, Dublin, CA) perimeter over two visits for size III 10-2 Full-Threshold (FT) and size V 10-2 FT strategies.
- 30 glaucomatous eyes were included in the study (size III: 10-2 Mean Deviation (MD): mean = -7.80 dB; standard deviation (SD) = 7.65 dB; range = -29.18 to 1.18 dB).
- Topographic plots (Figure 1) were used to investigate the total number of flagged locations at the P<5% level for both total deviation (TD) and pattern deviation (PD) across the central 10 degrees of the VF. We also investigated the correlation and agreement of the number of times each location was flagged as defective between size III and V using scatterplots and Bland-Altman plots respectively (Figure 2).

RESULTS

- Bland-Altman analyses revealed that there was good agreement between size III and V for both TD and PD (mean difference = 0.29, SD = 2.31).
- There was a strong correlation observed between III and V for both TD (r² = 0.85) and PD (r² = 0.72, paired t-test) and PD (α = 0.13, paired t-test).

CONCLUSIONS

Results from this preliminary study suggest that the diagnostic utility of size V is comparable to that of size III when detecting glaucomatous VF defects within the central 10 degrees of the VF.

REFERENCES

[1] Flanagan et al. IOVS 2016;57(12)

Figure 1: Topographic plots illustrating the total number of TD and PD flagged locations at the P<5% level across all 30 glaucomatous eyes for Goldmann size III and V. The top row provides a visual illustration, where larger and darker circles indicate more flagged locations. The bottom row provides the corresponding numerical values.

Size III TD	Size V TD	Size III PD	Size V PD
791	153	605	169

Figure 2: Venn diagrams illustrating similarity of locations flagged at the P<5% level for TD (left) and PD (right).

ACO TRAVEL GRANT 2023

The ACO Travel Grant provides support to Members who wish to take on professional travel opportunities, no matter where in the world they arise. These grants are accessible year-round, enabling Members to pursue professional development or to lend their expertise to underserved communities across the globe.

In 2023, Luke Chong FCO, Senior Lecturer in Optometry and Vision Science at Deakin University, was awarded the ACO Travel Grant, enabling his attendance at the Association for Research in Vision and Ophthalmology (ARVO) annual meeting in New Orleans, USA. ARVO is the largest gathering of international eye and vision researchers in the world, with over 10,000 attendees.

Luke was invited to present a poster titled "Assessing the influence of stimulus size on defect detectability in the central visual field." The poster investigated whether the benefits associated with a larger Goldmann size V visual field stimulus, compared to size III, in the 24-2 test pattern, could also be observed in the 10-2 test pattern among individuals with glaucoma. Preliminary results from the study indicated that the diagnostic efficacy of size V was comparable to size III in detecting glaucomatous visual field defects within the central 10 degrees, while maintaining advantages in precision and clinical usefulness.

Attending the ARVO conference provided Luke an invaluable opportunity to share his findings on a global scale with peers.



It was particularly encouraging to receive such positive feedback and interest in my work. Moreover, presenting at ARVO allowed me to connect with prominent researchers in my field and gain valuable insights from them. I would like to thank the Australian College of Optometry for awarding me the Travel Grant, which allowed me to attend ARVO and showcase my research.



ACO COUNCIL

The ACO is governed by a Council which plays a vital role in shaping the strategic direction of the ACO, fostering an environment in which the vision and mission of the organisation is achieved. Elected ACO Members, alongside skill-based appointments, bring their expertise from various walks of life including optometry, education, law, finance and the healthcare sectors. They are elected to ACO Council for a two-year term.



Sophie Koh,
President



A/Prof Lauren Ayton
(Vice President from June 2023)



Darrell Baker



Theodora Elia-Adams, CA
(Honorary Treasurer from June 2023)



Sayuri Grady



Denise Gronow, CA
(Honorary Treasurer up to May 2023)



Rodney Hodge



Tim Powell
(ceased as Vice President on 31 May 2023)



Roman Serebrianik
(from May 2023)



Bruce Thompson AM
(University of Melbourne appointee to
Council from Jan 2023)



Dr Michelle Waugh

IN MEMORIAM

Ross William Harris

6 Jun 1941- 7 June 2023

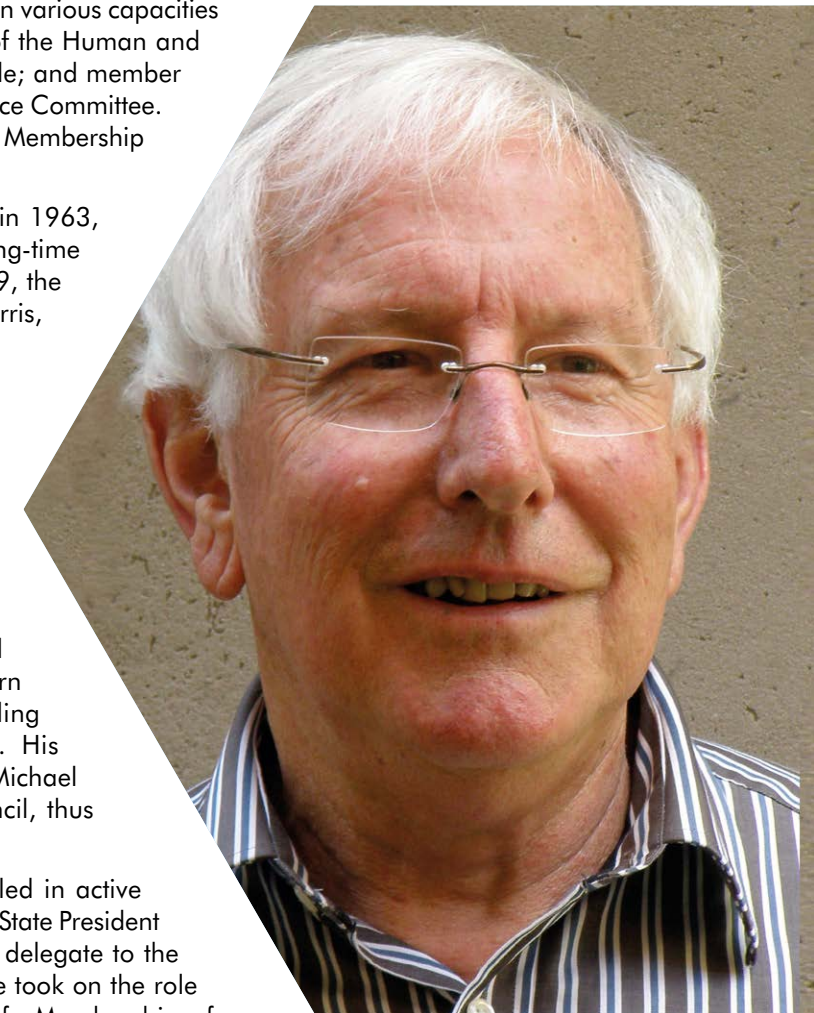
Ross played an instrumental role in the ACO serving in various capacities over 35 years, including Clinical Instructor; Chair of the Human and Animal Research Ethics Committee for over a decade; and member of the National Vision Research Institute (NVRI) Finance Committee. Ross was granted ACO Fellowship in 1985, NVRI Life Membership in 2002 and ACO Life Membership in 2012.

After graduating from the University of Melbourne in 1963, Ross went into practice with Wolfgang Gartner, a long-time ACO contributor and one of Ross' lecturers. In 1969, the pair were joined by Terry Blake and later became 'Harris, Blake & Parsons Optometrists'.

Alongside other optometry leaders, Ross was part of the generation which pushed the profession to expand its scope and competence, building optometry a new standing as a primary eye care profession. He pursued optometry at a challenging time for the profession; the average age of an optometrist was 63 and people turned to ophthalmologists for their care due in large part to discriminatory health fund rebates. Ross played an integral part in the organisation of the Southern Regional Congress, where he faced difficulty finding ophthalmologists willing to lecture optometrists. His enthusiasm caught the attention of OA Councillor Michael Aitken, and he was encouraged to stand for Council, thus beginning a long career in professional affairs.

His dedication to the broader profession was fulfilled in active service to the Optometry Australia as a Councillor, as State President 1975-77, and as Victoria's National Vice President delegate to the National body for over a decade. From 1983-86 he took on the role of National President. Ross was honoured with Life Membership of Optometry Australia.

Ross was an early supporter of the vision research undertaken by the organisation and was both a Foundation Member of the NVRI and a NVRI Governor. In 2002, Ross was awarded a NVRI Life Membership. He spent ten years actively involved in the NVRI Board of Administration in various capacities, serving as the Deputy Chairman from 1989-1996 and continued to contribute by chairing several of their committees thereafter until 2001. In addition to the Ross' official interactions with the ACO and NVRI, he thoroughly enjoyed the collegiality and company of ACO and NVRI Members, staff and researchers.



OUR MEMBERS

We thank all our Members for their continued support of the ACO and NVRI. Each one of our Members form an integral part of ACO's public health eye care endeavours.

Life Members

1954 Cyril W Kett	1968 Geoffrey H Henry	2011 Graham O Hill OAM, FACO	2015 Kenneth Bowman AM
1955 George H Giles OBE	1970 Arthur BP Amies CMG	2012 Ross Harris, FACO	2016 Assoc Prof Rodney D Watkins AM
1960 Ernest H Jabara	1975 Dr David M Cockburn OAM, FACO	2012 Prof Hugh Taylor AC	2018 Emer Prof Nathan Efron AC, FACO
1960 William F Johns	1976 Bruce K Besley, FACO	2013 Wolfgang Gartner, FACO	2018 Margaret Banks OAM, FACO
1960 Josef Lederer	1980 Donald H Schultz	2013 Anthony Gibson OAM, FACO	2019 Emer Prof Leo Carney
1960 Bertram Nathan	1981 J Lloyd Hewett OAM	2013 Assoc Prof Ian Gutteridge, FACO	2019 Dr Damien Smith, FACO, FAAO
1960 Leslie RC Werner	1981 Emer Prof H Barry Collin AM, FACO	2013 Dr Anthony Hanks OAM	2020 Bryan Fuller FACO
1961 Lady Meriel Wilmot-Wright	1990 Prof Barry L Cole AO, FACO	2014 Prof Ian Bailey	2021 Michael Aitken
1962 Alan Isaacs AM	1994 Miss Jean S Colledge PSM	2014 Prof Janette E Lovie-Kitchin	2021 Prof Sharon Bentley FACO
1963 J Neill Greenwood	2007 John L Pettit, FACO		
1963 William D Wright			
1964 Dr Jonathon Nathan OAM, FACO			

ACO Fellows

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Dr Paris Deliyannis FACO			

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NVRI Life Members

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Ewen Clemens
John Clemens
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A/Prof Ian Gutteridge FACO
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Penrhyn Thomas
Gwynfor Williams

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John M Kingshott, FACO
John M Cartwright, FACO

NVRI Members

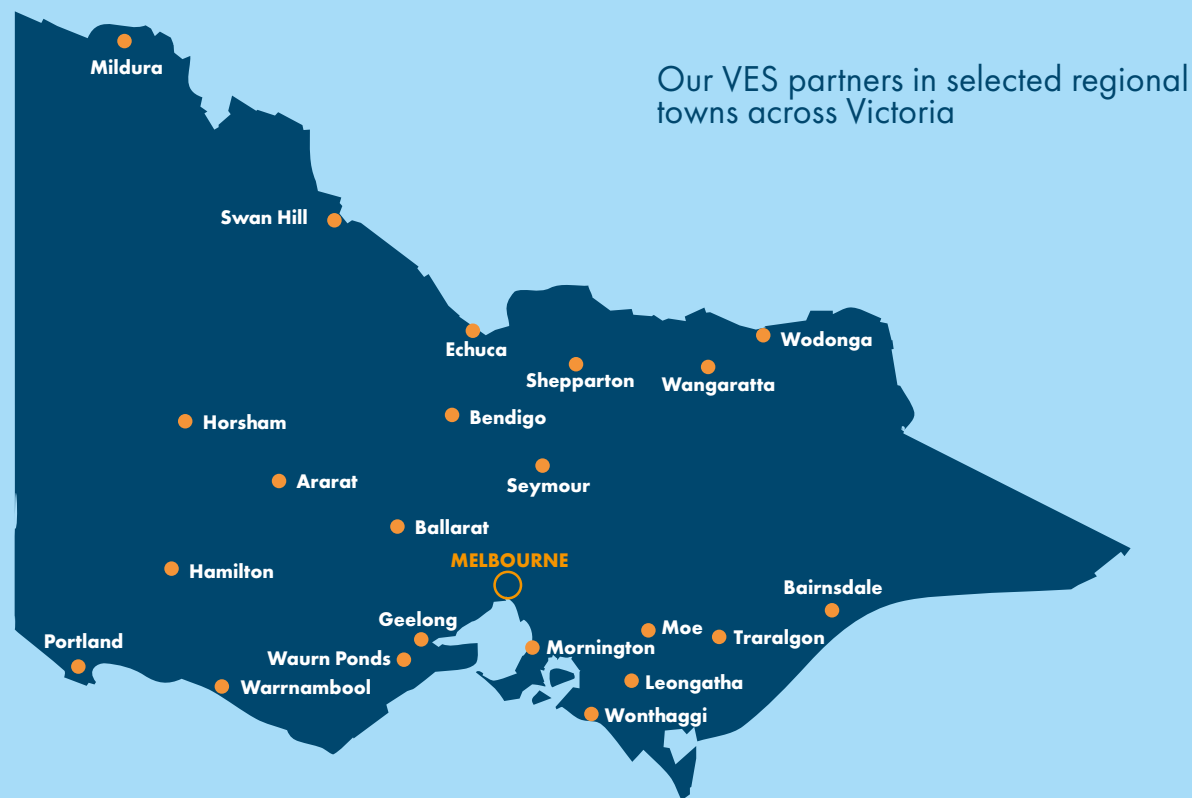
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FACO
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Daniel Farrugia
Elizabeth Hatfield, FACO
Glenn Howell, FACO
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Sam Lauriola, FACO
Yien Law
Mark Letts, FACO
Richard Lindsay, FACO
Ashley Madeira
Julia Mainstone

John McGibbony
Jenni Sorraghan, FACO
David Southgate
Pamela Sutton, FACO
A/Prof Richard Vojlay, FACO
Thomas Wong

VES LOCATIONS AND PRACTICES

Victorian Eyecare Service (VES) Rural Practices & Victorian Aboriginal Spectacle Subsidy Scheme (VASSS) Practices*

Spread across metropolitan and regional Victoria, the ACO acknowledges the ongoing care and commitment provided by our VES and VASSS partner practices. The impact and extended reach of these services would not be possible without their dedicated participation.



Our VES partners in selected regional towns across Victoria

- Ararat**
Quinn & Co. Eyecare
- Bacchus Marsh**
Darryl Wilson Optometrists by George & Matilda Eyecare
- Bairnsdale**
Eyecare Plus Bairnsdale*
- Ballarat**
GMHBA Eyecare
- Belmont**
Robinson Family Optometrists*
- Bendigo**
Cartwright & Associates Eyecare Plus
- Bright**
Eyes of Bright
- Bunyip**
Bunyip Optical*
- Camperdown**
Penry Routson Optometrists*
- Castlemaine**
Eyeworks
- Cobram**
Cobram Optical
- Curlewis**
Spectacle Hub Optometrists
- Daylesford**
Darryl Wilson Optometrists by George & Matilda Eyecare
- Dromana**
Eyes on Dromana
- Echuca**
Horsfalls Optometrists*
Quinn & Co. Eyecare
- Edenhope**
Quinn & Co. Eyecare
Horsham
- Euroa**
Graham Hill & Associates
- Foster**
Foster Medical Clinic
- Geelong**
GMHBA Eye Care*
New Vision Eyewear
- Gisborne**
J.C. Merrington Optometry
Simon Leong Optometrist
- Hamilton**
Glenn Howell Pty Ltd*

- Healesville**
Harris, Blake and Parsons
- Highton**
Eye Gallery Geelong
- Hopetoun**
Quinn & Co. Eyecare*
- Horsham**
Quinn & Co Eyecare*
Specsavers Horsham
- Kerang**
Kerang Optical*
- Kilmore**
Ian Wood Optometrist by George & Matilda Eyecare*
- Korumburra**
South Gippsland Optical
- Kyabram**
Horsfalls Optometrists
- Lakes Entrance**
East Gippsland Eyecare
- Lara**
New Vision Eyewear
- Leongatha**
Leongatha Optometrists Pty Ltd
McCartin Street Optometrists
- Leopold**
GMHBA Eye Care
- Lorne**
Deakin Optometry
- Mallacoota**
Dyson & Long Optometrists
- Maryborough**
D P Hare
- Mildura**
Quinn & Co. Eyecare*
Quinn & Co. Eyecare
Mildura Plaza*
Mildura Optical
- Moe**
Moe Optical
- Mooroopna**
Graham Hill & Associates
- Mornington**
20/20 Sight 'N Style
Main St Eyecare
- Morwell**
Latrobe Eyecare
- Murchison**
Graham Hill & Associates
- Myrtleford**
Alpine Eyecare
- Nathalia**
Horsfalls Optometrists
- Nhill**
Quinn & Co. Eyecare
- Norlane**
Winks Eyecare
- Newtown**
Dresden Vision Geelong
- Mallacoota**
Dyson and Long Optometrists
- Ocean Grove**
Bellerine Eyecare
- Pakenham**
Pakenham Optical
- Portland**
Portland Eyecare
- Rosebud**
Eyes on Rosebud
Rahimi Optometry
- Sale**
B W Pettitt
- Seymour**
Focus on Laurimar
- Shepparton**
Graham Hill & Associates*
Shepparton Optical Services
- Somerville**
Eyes On Somerville
- Stawell**
Quinn & Co. Eyecare
- Swan Hill**
Swan Hill Optical
Quinn & Co. Eyecare
- Traralgon**
Kay Street Eyecare
- Wangaratta**
Wangaratta Eyecare*
- Warracknabeal**
Quinn & Co. Eyecare*
- Warrnambool**
Penry Routson Optometrists*
Sommer Toprak Optometrist
Warrnambool Eyecare*
- Waur Ponds**
Deakin Collaborative Eye Care Clinic
GMHBA Eye Care
- Wendouree**
Darryl Wilson Optometrist by George & Matilda Eyecare
- Wodonga**
Blue Star Eyecare*
Michael Smith Optometry
George & Matilda Eyecare*
Wodonga Eyecare
- Wonthaggi**
Akers Eyewear*
Kaye McCraw Optometrist
- Yarram**
B W Pettitt
- Yarrowonga**
Sandra Heaney Optometrist*

ACO AND NVRI PUBLICATIONS

Publications

Piano M, Diemer, Hall, Hui, et al (2023). A rapid review of challenges and opportunities related to diversity and inclusion as experienced by early and mid-career academics in the medicine, dentistry and health sciences fields. *BMC Med Educ* 23(1):288

ACO (2023) Impact report - *Delivering high quality eye care services for asylum seekers and refugees. The impact of the Partnership between the Australian College of Optometry and the Asylum Seeker Resource Centre.*

Fricke TR, Keay L, Resnikoff S, Tahhan N, Koumbo O, Paudel P, Ayton L, Britten-Jones A, Kweon S, Li JCH, Lee L, Wagner P, Went R, Beranger B, Olivier J (2023). Improving population-level refractive error monitoring via mixture distributions. *Ophthalmic Physiol Opt* 2023. Ma; 43(3): 445-453

Fricke TR, Metha AB, Anderson AJ, Lea A, Anderson J. Does vision therapy for visual information processing improve academic performance? A randomised clinical trial. *Ophthalmic Physiol Opt* 2023;43(6):1326-1336

Piano M, Nguyen, Gocuk, Joubert, et al. Primary eyecare provision for people living with dementia (Invited Review). *Clin Exp Optom* 2023;106(7):711-725

Fricke TR, Sankaridurg P, Naduvilath TJ, Resnikoff S, Tahhan N, et al. Establishing a method to estimate the effect of antimyopia management options on lifetime cost of myopia. *Brit J Ophthalmol* 2023;107(8):1043-1050. doi: 10.1136/bjophthalmol-2021-320318

Wolffsohn, Whayeb, Logan, Weng; IMI Ambassador Group. IMI-Global Trends in Myopia Management Attitudes and Strategies in Clinical Practice-2022 Update. *Invest Ophthalmol Vis Sci.* 2023;64(6):6. doi: 10.1167/iovs.64.6.6

Scully, J (2023) Acute sixth cranial nerve palsy in primary care optometry. *Case Report Optometry Connection* July 2023 8-10

Posters and Presentations

Bruce A, Nguyen C (2023) *Thinking Beyond Glaucoma to the Brain*

Fricke TR (2023) *Accommodation deep dive*

Fricke TR, Lea A, Jalbert I (2023) *What do struggling learners need from their optometrists?*

Chong MFA, Turner NW (2023) *Vision impaired athlete classification – Public health optometry collaboration to enable collaboration*

Coleman M (2023) *An Important Role for Optometrists in Routine Dementia Care*

Coleman M (2023) *Integrated Allied Healthcare for Healthy Ageing: Interprofessional Collaborative Practice, Education and Research*

Deen N, Papas J (2023) *Myopia Control- Repeated Low-Level Red-Light Therapy*

Deen N, Coleman M (2023) *Preliminary Results On Effect Of Repeated Low-level Red-light Therapy In Myopia Control In Australian Children: A Randomized Controlled Trial*

Fakih Z, Deen N (2023) *Learnings from Implementing A Myopia Control Clinic in a public health optometry setting*

Tran MA, Alemu H, Narayanan A, Keay L, Fricke TR (2023) *Developing Optometry and Optometry Education Around the World*

John N, Zwolak R (2023) *Taking Eyecare to Community, how Budja Budja Co-operative overcame challenges posed by the pandemic*

Li CHJ, Carozzi PC, Haydon P, Turner N (2023) *Challenges in providing outreach eye care service during and post covid 19 pandemic*

Scully J (2023) *Twenty Years of Ocular Therapeutic Prescribing at The Australian College of Optometry: An Audit*

Scully J, Coleman M, Deen N, Turner N, Kong G, Green C, Siggins T, Mancuso C (2023) *Adapting A Collaborative Model Of Glaucoma Care To The Covid Pandemic With Telehealth Consultation*

Tran T, Li CHJL, McMahon J, McShane S, Trevaskis J, Carozzi P, Haydon P, Turner N (2023) *Importance of eye care amongst asylum seeker and refugee communities*

Fricke TR. Keynote presentation: *Grand and simple plans in optometry.* Optometry Doctorate Student Conference, University of Melbourne, Australia, 2023

Keay L, Stapleton F, Huang-Lung J, Sorbello S, Do V, Liew G, Fricke TR, Gopinath B, Yang E, Mitchell P (2023) *Dry eye disease in older people participating in the Australian Eye and Ear Health Survey.* Annual meeting of the Association for Research in Vision and Ophthalmology, New Orleans, USA

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Neurotechnology publications

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Begeng JM, Tong W, del Rosal B, Ibbotson MR, Kameneva T, Stoddart P. (2023) Activity of retinal neurons can be modulated by tunable near red-infrared nanoparticle sensors. *ACS Nano* 17 (3) p2079-2088. doi: 10.1021/acsnano.2c07663

Zarei Eskikand P, Grayden DB, Kameneva T, Burkitt AN, Ibbotson MR (2023). Understanding visual processing of motion: Completing the picture using experimentally driven computational models of MT. *Rev. Neurosci.* Sep 20. doi: 10.1515/revneuro-2023-0052; arXiv e-prints, pp.arXiv-2305

Falahatdoost S, Prawer Y, Peng D, Chambers A, Zhan H, Pope L, Stacey A, Ahnood A, Al Hashem H, Garrett DJ, Fox K, Clark M, Ibbotson MR, Prawer S, Tong W (2023). Control of Neuronal Survival and Development Using Conductive Diamond. *ACS Applied Materials & Interfaces.* Manuscript ID: am-2023-146802

Lemaire W, Benhouria M, Koua K, Tong W, Martin-Hardy G, Stamp M, Ganesan K, Gauthier L-P, Besrouer M, Ahnood A, Garrett D, Roy S, Ibbotson MR, Prawer S, Fontaine R (2023). Feasibility Assessment of an Optically Powered Digital Retinal Prosthesis Architecture for Retinal Ganglion Cell Stimulation. *J. Neural Engineering.* JNE-103502



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Photo taken at Victorian Aboriginal Health Service, Fitzroy