

Annual Report 2024

### **Our Vision**



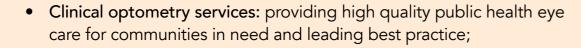
To achieve world leading eye health outcomes for all

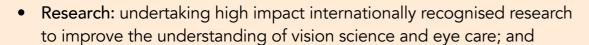


### **Our Mission**



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.

### **Our Values**

We are led by the following values and principles:

- We deeply care about eye health
- Everything we do drives this purpose
- 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

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### Who We Are

The Australian College of Optometry (ACO) is a not-for-profit organisation dedicated to improving eye health outcomes for all communities. We are Victoria's only public eye care service and the largest public health optometry organisation in Australia.

Guided by the principle of equity, the ACO delivers culturally responsive, community-based eye care to people often underserved by mainstream services. We are proud to be the only organisation in Australia combining public health optometry with vision research and optometry education, each creating meaningful impact in eye health and well-being.



In addition to the provision of high-quality, affordable optometry care, the ACO administers the Victorian Eyecare Service (VES) on behalf of the Victorian Government. VES provides subsidised eye care and visual aids, including glasses and contact lenses, to eligible patients through our network of Melbourne clinics, outreach services, and regional partner practitioners.

Our clinics are located in areas of high need across metropolitan Melbourne and provide both general and advanced optometry care. Outreach services extend our reach, helping to support Victoria's most vulnerable communities.

### **Evidence-Led Research**

Through the National Vision Research Institute (NVRI), the ACO conducts research that drives innovation in clinical



and public health eye care. Following a strategic review in 2023, the NVRI is now sharply focused on applied and translational research that directly improves patient outcomes and healthcare delivery.

### **Education and Professional Development**

The ACO plays a key role in shaping the future of optometry through high-quality clinical placements and innovative continuing professional development (CPD) programs. These efforts ensure the profession remains equipped to respond to emerging public health challenges and evolving models of care.

Together, our work across patient care, research, and education ensures that no one is left behind when it comes to accessing quality, affordable eye care.

### 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.

#### What We Do **Equitable** eye care **Affordable** In-house advocacy eye care dispensing solutions **Outreach** Routine to **Administration** services **Approach** advanced of VES across optometry & VASSS Victoria care subsidies **Innovative Public health CPD** clinical programs research **Patient-centric** Culturally approach to care safe, inclusive for all patients environments **Strategic** hospital partnerships (RVEEH & RCH) Seeking out **Fostering** Highly skilled, communities clinical experienced experiencing innovation Personalised staff barriers to care treatment plans **Trusted** Language Our community support and sector **Robust clinical Impact** collaboration governance Advancing public health models of eye care +60,000 **Promoting** patients cared independence Using 40+ years for each year for older of public health people through experience to **Enhancing** improved provide eye care **Bridging the** children's vision to the state's most Improving eye gap between learning through vulnerable people care access primary and improved vision through our +16,000 pairs tertiary of subsidised approx. 300 eye care outreach sites glasses Reducing Access to wait time and provided local ocular annually cost in the disease care healthcare Serving system refugees, asylum seekers **Caring for Enhancing social Building health** and people people who inclusion and literacy with disability otherwise community would not connection receive it Strengthening **Improving** optometry access to care profession in regional Advancing through communities eye care education equity for **First Nations** communities

# **How We Help**

### **In-clinic care**

#### Routine eye care

- Comprehensive eye testing
- Full diagnostic imaging
- High quality affordable glasses & contact lenses
- Ocular disease diagnosis & management
- Dispensing & lab services

#### Advanced clinical services

- Contact lens clinic
- Dry eye clinic
- Myopia services
- Glaucoma clinic
- Low vision clinic
- Children's clinic
- Disability clinic
- Retinal Diseases clinic

"Being able to talk directly to the person providing the care in my own language put me even more at ease."

Lily\*, ACO patient (see pg 17).



PUBLIC HEALTH OPTOMETRY

Providing high-quality, accessible eye care to all

communities delivered by leading optometrists with

public health expertise. Working to improve equity and

prioritising culturally safe, inclusive care for all patients.

### Outreach eye care Rural

Caring for communities most in need of accessible eye care.

#### Services include:

- First Nations community eye care
- Homeless Persons Eyecare Program
- Refugee & Asylum Seeker Program
- Aged Care Facilities
- Supported Residential Services (SRS)
- Visiting Disability Service (VDS)
- Flying Doctor Mobile Eye Care Service
- Community Outreach



"With my eyesight and having type two diabetes, I need my glasses to help me see the everyday things. [Without glasses] I get headaches, I get migraines."

Wendy, Outreach patient, Salvation Army (see pg 23)

### **Rural VES**

Partnering with rural practitioners to deliver VES and VASSS subsidies to regional Victorian communities.

> "I get my glasses for less than \$20. Prior [to VASSS] I was paying \$300, so I kept putting it off. And I would dare say the whole community does that, a lot just don't come up with prices like that."

Lloyd, Rural VASSS patient (see pg 19)

### **RESEARCH**

Improving eye health outcomes of communities through research.

### **Public health research**

Conducting research to improve the delivery of eye care and positively impact eye health outcomes.

#### Priorities include:

- Vision in complex/vulnerable communities
- Economics of eye care
- Refractive epidemiology

"The overarching goal of NVRI's work is to identify problems and create solutions that can improve eye care, access to eye care, and/or vision outcomes."

Tim Fricke, Director of Research and Education (see pg 32)





### Clinical research

Conducting accredited clinical research to investigate emerging treatment options.

### **EDUCATION & TRAINING**

Supporting the eye care community with life-long learning.



### Graduate program

Two-year program offering expansive opportunity to develop clinical and professional skills within a supportive, learned environment.

### **Clinical placements**

Providing six-week to six-month clinical placements for student optometrists.

"There are various demographic of patients and I had a good chance to see many pathological eye diseases. I learnt cultural and social diversity and how to manage language barrier."

Optometry student (see pg 28)

### "Being able to learn from a variety of health care professionals and take away some of their clinical pearls of knowledge was an excellent opportunity."

ACCV Graduate (see pg 30)

### **Professional development**

Providing expert-led, evidencebased CPD programs to support practicing optometrists, ophthalmologists-in-training, school nurses and others.

#### Includes:

- Certificate courses
- In-person CPD events
- Online seminar series

# From the Chair and CEO

On behalf of the ACO Board, we thank the ACO's dedicated staff, members, and stakeholders who help us to take the organisation forward. All of us are proud to continue the legacy of those who came before, as we strive to evolve and build on the organisation's strong history. The ACO has been, and remains, a provider of wonderful, full-scope public health eye care – especially to those most disadvantaged. This sits alongside our place as a respected leader and partner in public health research and education for optometrists and students.

In 2023 we began an organisation-wide structural change. We are pleased to say that those changes have bedded down in 2024 and are providing us with a fighting chance of being the sustainable, relevant organisation we want to be. Our renewed, experienced, reinvigorated management team supports a stable and focused Board. These groups, alongside the broader ACO staff are fully aware of the operational challenges we will need to tackle so we can deliver the organisation's ambitious strategic vision.

Following a comprehensive external review of the Victorian Eyecare Service (VES) in early 2024, we were better able to frame, and then progress the development and execution of operating models that best serve the needs of our patients, partners and stakeholders. Nonetheless, addressing stubborn operating deficits remains our critical priority. Long-term sustainability is essential to ensure that the ACO continues to thrive.

Throughout 2024 we communicated openly with staff, members and stakeholders about our budget position. In mid-2024 our challenges were exacerbated by funding reductions that impacted the Victorian health sector, through which we received a significant cut to our block VES funding. While this was a setback, the ACO's improved internal business metrics and strong collegial relationship

"In 2024 we have been reminded again that real change takes time, patience, resolve, courage and togetherness. We remain determined to position the ACO for sustainable long-term success."

with our Department of Health colleagues allowed us to present a persuasive and compelling case. We made it clear that these funding cuts threatened the delivery of essential services to Aboriginal and Torres Strait Islander communities.

It was very pleasing that our case, augmented by strong advocacy from the Board and staff, succeeded in securing an additional \$500,000 payment to support the Victorian Aboriginal Spectacle Subsidy Scheme (VASSS) for 2024-2025. We are grateful to the Victorian Minister for Health and our Department of Health colleagues for this positive outcome.

This success notwithstanding, we must continue to engage actively and creatively in securing additional funding and revenue streams that supplement cost-cutting to address budget shortfalls. If we do not, our capacity to deliver our broad range of services will be compromised.

In addition to financial resilience, 2024 saw significant governance advancements at the ACO. Members overwhelmingly endorsed a Special Resolution to redraft and modernise the ACO Constitution, aligning our governance with contemporary best practices. These significant governance changes will position the ACO for long-term excellence.



We would also like to acknowledge the contributions of outgoing Board Directors (Councillors) Rodney Hodge (2018-2024) who served a term as President during the challenging period from 2020 to 2022, and Denise Gronow, who served as Treasurer and Chair of Finance & Risk committee between 2017-2023. Their dedication has left a lasting impact on the organisation.

Meanwhile, under the leadership of our new Director of Education and Research – Tim Fricke – our education program continued to develop to suit a saturated and everchanging CPD environment, while our new focus on Public Health research began to take shape. More information on these programs is available in this Annual Report, which we are delighted to present to you.

In 2024 we have been reminded again that real change takes time, patience, resolve, courage and togetherness. We remain determined to position the ACO for sustainable long-term success. We are committed to the challenging path we are on. We will continue to embrace all of the obstacles in our path, with confidence, knowing that we have the support of our passionate community. As always if you wish to discuss any matters with us, please feel free to reach out.

Sophie Koh Chair Pete Haydon CEO

# Our Funders, **Supporters and Donors**

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

#### **Clinical Services**















The Lionel & Yvonne Spencer Trust



### **Research & Education**











































#### **Donors**

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Alex Craig

Janice N. Bastiaan

Jennifer Spicer

John Nicola

Nikki May

A/Prof Richard T. Vojlay, FACO

Rogan Fraser

Stephen Pennells

Vanessa Smith

Vicky Tranis

Catherine Van Paassen

Elizabeth Vidor

Lions Dingley Village

Malcolm Gin

### **Our Partners**

The ACO collaborates with 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**

Indigenous Eye Health Unit, University of Melbourne International Agency for the Prevention of Blindness

Optometry Australia

Optometry Victoria South Australia

Reconciliation Australia

Vision 2020 Australia

#### Clinical

Alfred Hospital

Austin Health

AFL Blind

Commonwealth Government

Department of Health (Commonwealth)

Department of Health (Victoria)

EACH

Medical Select

Monash Health

National Aboriginal Community Controlled Health Organisation

Peninsula Health

Paralympics Australia

Royal Victorian Eye & Ear Hospital

Royal Flying Doctors Service Victoria

Rural Workforce Agency Victoria

Tennis Australia

Victorian Aboriginal Community Controlled Health Organisation

Victorian Aboriginal Health Service

Victorian State Government

Vision Australia

Your Community Health

#### Outreach

### First Nations community eye care

(ACO partners with local First Nations led organisations to deliver eye care in the following regions)

Ararat Ballarat

Brunswick

Dandenong

Fitzroy

Footscray

Gippsland

Halls Gap

Healesville

Lake Tyers Lakes Entrance

Mill Park Orbost

Richmond

Sunbury

Thornbury

Wyndham Vale

#### Refugee & Asylum Seeker program

FACH

IPC- Health

Melbourne Immigration Transit Accommodation (MITA)

Asylum Seekers Resource Centre (ASRC)

#### **Community Outreach**

Campbellfield Heights Primary School

The Wellington Centre

#### **Homeless Persons Eyecare Program**

cohealth Footscray Cornerstone Centre

Hope City Mission

Frankston Community Support (City Life)

The Living Room Launch Housing

Matts Place Cheltenham and Chelsea MOSS

Ozanam Community Centre

Sacred Heart Mission

Salvation Army St Kilda Drop In

St Mary's House of Welcome

Womens Rooming House

Gateways

#### **Aged Care Facilities**

Arcadia Aged Care

Arpad Elderly Welfare Society

Heathcote Health

Ingenia Gardens

James Barker House

Mclean Lodge Hostel

Olivet Care

Prague House

RALAC Aged Care

Little Sisters of The Poor

San Carlo Homes for the Aged

Brotherhood of St Laurence Aged Care SHM Community Aged Care

Wintringham Hostel

Wintringham Aged care Goongerah Community Hall

Cann Valley Bush Nursing Home

Ensay Bush Nursing Home

Dargo Bush Nursing Home

Murrayville Gelantipy Bush Nursing Centre

### **Supported Residential Services**

Aaron Lodge

Acacia Gardens Acacia Place

Achmore Lodge Acland Grange

Alma House

Angus Martin House

Arnica Lodge

Balmorral Lodge

Bamfield Lodge

Belair Gardens

Berwick House

Brooklea Lodge

Browen Lee Home

Brunswick Lodge

Burwood Lodge

Caulfield Manor

Cause SRS

Central Bayside Community Health

Chatsworth Terrace

Chaisworth lenac

Chippendale Lodge Chiron

Coorondo Home

Corandirk House

Cranhaven Lodge

Crystal Manor

Daisy Home (Heathmont Lodge)

Darebin Lodge Dunelm SRS

Eagle Manor

Edwards Lodge

Elgar Home

Eliza Park SRS Ferntree Gardens

Fermont Lodge

Ferntree Manor

Finchley Court Footscray House

Galille Special Accomodation House

Glenville Lodge

Gleriville Loage

Glenwood Assisted Living

Gracedale Lodge Gracevale Lodge

Greenhaven Lodge

Hambleton House

Hampton House

Harrier Manor

Hawthorn Victoria Gardens

Hazelwood Heathmont Lodge

Hollydale Lodge

Janoak Villa

Kallara Care Kilara House

Kooralbyn Retirement Lodge

L'abri

Lilydale Lodge

Manalin House

Maroondah House

Mayfair Lodge Melton Willows

Merriwa Grove

Mornington House

Northern Terrace

Parkland Close

Queens Lodge

Reservoir Lodge

Royal Avenue

Sandy Lodge

Southcare Lodge

Stewart Lodge

Surfcoast Accommodation

Sydenham Grace

Themar Heights

Trentleigh Lodge Vermont Gardens

Viewmont Terrace

Warranvale Gardens

Westley Gardens

#### **Visiting Disability Services**

Scope

Life Without Barriers

Aruma

Gellibrand

Melba Support Services

Yooralla

#### Research

Araluen Disability Services

Australian Eye and Ear Health Survey

Australian Research Council

Brien Holden Foundation

Brien Holden Vision Institute

BioMelboune Network

Bionics Institute

Carbon Cybernetics

Centre for Eye Health

Centre for Eye Research Australia

Centre for Eye Research Ireland Global Burden of Disease

International Myopia Institute

Lions Eye Institute

Monash University

Moorfields Eye Hospital

National Health & Medical Research Council

Organisation pour la Prévention de la Cécité

Thea Foundation

Technical University Dublin

The University of Melbourne

The University of Queensland

Ulster University University of Bradford

University College London

**UNSW Sydney** 

Vision Loss Expert Group

Victorian Lions Foundation

### **Education and Training**

Deakin University

Flinders University

Optometry Council of Australia & New Zealand RMIT University

Swinburne University of Technology

The University of Auckland

The University of Melbourne

**UNSW Sydney** 

### **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.

#### **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\*

Hamilton

### Glenn Howell Pty Ltd\*

**Healesville** Harris, Blake and Parsons

Simon Leong Optometrist

### **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

### McCartin Street Optometrists **Leopold**

Mallacoota

GMHBA Eye Care\*

#### **Lorne** Deakin Optometry

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\*
Somer Toprak Optometrist

### Warrnambool Eyecare\*

Waurn Ponds
Deakin Collaborative Eye
Care Clinic

**GMHBA Eye Care\*** 

### **Wendouree**Darryl Wilson Optometrist by

Wodonga
Blue Star Eyecare\*
Michael Smith Optometry
George & Matilda Eyecare\*

George & Matilda Eyecare

### Wodonga Eyecare Wonthaggi

Kaye McCraw Optometrist **Yarram** 

Akers Eyewear\*

### B W Pettitt Yarrawonga

Sandra Heaney Optometrist\*

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### 2024 at a Glance

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### Clinical Services

### Victorian Eyecare Service

Since its establishment in 1985, the Victorian Evecare Service (VES) has been central to the ACO's public health mission. Originally designed to improve access to subsidised eye care for all Victorian healthcare cardholders - who previously had to travel to the Royal Victorian Eye and Ear Hospital, regardless of where they lived – the VES has evolved alongside Victoria's growing and diverse population.

Today, Victoria's population has surged to nearly seven million, with significant growth in outer-metropolitan areas and increasing demand for affordable, comprehensive, and culturally appropriate eye care. The ACO now operates from its Carlton base, seven metropolitan satellite clinics, nearly 300 outreach locations, and through 80 rural and regional practice partners ensuring vulnerable populations including those facing homelessness, domestic violence, and mental health challenges—receive essential eye care and high-quality visual aids.

The VES remains unique in Australia. Each year, more than 60,000 patients seek subsidised care through the program, many of whom would face overwhelming costs in the private sector. Delivering this level of care is complex and expensive, particularly as our services continue to expand to meet the needs of vulnerable populations.

Our advanced care clinics provide specialised treatment for paediatric patients, contact lens wearers, and those with chronic eye diseases such as retinal degeneration and glaucoma—services that require significant investment in expertise and resources. As demand grows, so do the financial pressures of delivering high-quality care that bridges the gap between community optometry and tertiary outpatient services. Without the VES, many patients would be forced to travel long distances or forgo treatment altogether, increasing the strain on Victoria's already stretched public hospital system.

With this responsibility in mind, in 2024 the ACO partnered with Larter Consulting to assess the future of the VES, undertaking a full review of the program, including conducting 360 stakeholder interviews. The resulting roadmap is shown in Figure 1, and prioritises sustainability and expansion. Though recent funding cuts pose challenges, the ACO is committed to advancing key recommendations and in particular strengthening outreach and rural programs.

As we approach 40 years of the VES next year, we look forward to building a future where high-quality, accessible eyecare remains a reality for all Victorians.

Patient selects new frames at their local VES partner practice



### **Summary of Recommendations**

### Modify the mix and location of ACO

Review the current mix and location of ACO services aiming to increase advanced services outside of Carlton. Important growth corridors were identified in Melbourne's southeastern, northern, and western suburbs, and suggestions provided for preferred locations.

#### **Extend outreach services in Rural Victoria**

Increased focus on strategic partnerships with organisations already providing services to target patient cohorts and extend the reach of ACO services.

### **Refine Program monitoring and**

Review and recalibrate program metrics, shifting the focus to consumer perspectives and data analytics, and to allow for the shift in patient demography.

### Better explain choices available to those eligible for the VES

Widen VES eligibility criteria and remove waiting periods for to access to care. Provide patients with options to upgrade their choice of visual aids.

### Targeted Marketing can

Increase awareness of the VES, targeting those experiencing homelessness, living in rural or remote areas or who are culturally and linguistically diverse.

#### **Diversify Funding Stream** Active diversification of ACO funding streams to enable more underprivileged Victorians to

Figure 1

### Lily's Story:

### The importance of accessible, culturally inclusive care

referred to the ACO by her local optometrist for further testing. After her first visit, she was so impressed with the quality of care that she chose to return to the ACO for ongoing eye care.

Lily recalled feeling nervous during her initial appointment, unsure if she would fully understand clinical advice in a language she wasn't fluent in. However, the optometrist reassured her that next time, they would try to arrange either a Cantonese-speaking optometrist or provide a free interpreter.

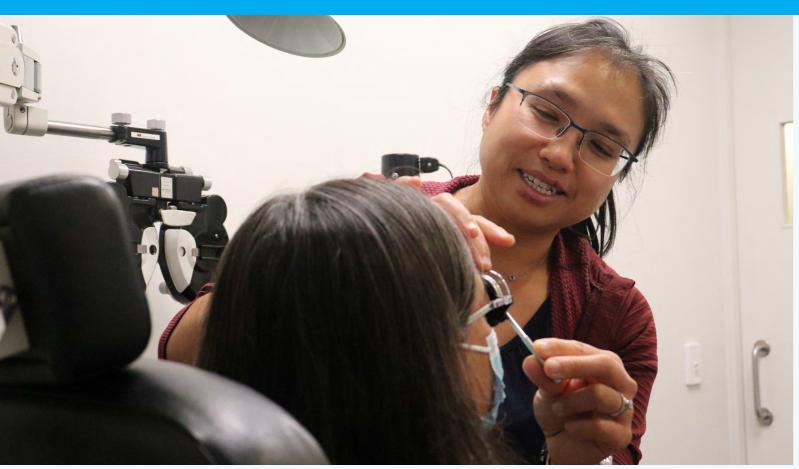
"I was very happy because being able to talk directly to the person providing the care in my own language put me even more at ease," she says.

The ACO's commitment to inclusive and culturally safe care, places patient comfort at the forefront. Since Lily's second appointment, all her care has been provided by

Seven years ago, Lily\*, a Cantonese-speaking patient, was a Cantonese-speaking optometrist. This accommodation, as well as the thorough and compassionate care she has received, has made a deep impression.

> "The optometrist is very caring, detailed, and considerate. They never drag the test and never push me to buy glasses, they always let me make the decision myself," Lily explains. When advised to get both reading and distance glasses, she chose to get her reading glasses through the Victorian Eyecare Service (VES). These glasses allow Lily to keep up with her favourite pastime, reading.

> With bulk billing available through VES, Lily is able to maintain regular eye care. "If one day this is not bulk billed, I will need to think carefully about coming. I really can't afford it. Then I would just wait again at the public hospital—even for simple problems. But the wait is so long. Once I waited so long that I thought the hospital reception had forgotten about me."



Dr Josephine Li with patient Lily

Lily was on a waiting list for cataract surgery for over three years. During this time, ACO played a critical role in monitoring her eye health, particularly as she also lives with glaucoma. This continuity of care not only safeguarded her vision, but also helped reduce pressure on an already overburdened public ophthalmology system. Without ACO, patients like Lily may rely on hospital systems for routine eye checks, further delaying care for urgent cases.

"If ACO wasn't here and people didn't have access to the VES, it would be a very concerning situation. We need the support and if it disappears, we won't know where to go and what to do. It would be a struggle. From the bottom of my heart, I am very thankful to the ACO for its services."

\*name changed for patient privacy

### **VASSS Funding Advocacy**

The ACO is committed to working alongside First Nations People in achieving equitable eye health. For decades we have been proudly serving and collaborating with Aboriginal and Torres Strait Islander communities as part of our mission to provide accessible eye care for all.

To help with this commitment the Victorian Aboriginal Spectacles Subsidy Scheme (VASSS) was established in 2010. VASSS provides glasses at a cost of \$10 to Aboriginal community members. As part of this scheme all Aboriginal patients can choose from a range of frames approved by community Elders.

Despite the program's success, VASSS funding has long fallen short of meeting community needs, often relying on VES funding to underwrite the program. When the VES grant was reduced in 2024, the ACO was concerned about the sustainability of vital eye care services for Aboriginal and Torres Strait Islander communities across Victoria.

Following strong advocacy by the Board and teams across the ACO, the state government provided an additional \$495,000 bridging payment for the VASSS for 2024–25. This payment allows the ACO to continue to deliver VASSS until mid-2025. We continue to advocate for adequate funding for First Nations eye care, and for the ACO's decades -long commitment to First Nations eye care to evolve alongside the needs of some of the state's most marginalised people.

### Lloyd's Story:

### Impact of VASSS in regional communities

To reach regional communities across Victoria, ACO partners with practices to deliver VES and VASSS. Together, we work to improve equity in eye care for all communities. Aboriginal Elder, Lloyd, has been attending Latrobe Eye Care in Morwell for 20 years and has seen the impact of VASSS firsthand.

"I myself am a diabetic, so I constantly come in to have my eyes checked and see if I need to upgrade the glasses. [Latrobe Eye Care optometrists] ask 'How am I going with that?', 'what are my levels like?' or I [am told to] go back to the GP and have another chat about this.

A lot of other Aboriginal people come here as well from parts of Gippsland because there's a subsidy in glasses. Ordinarily they wouldn't be able to afford it. I also work for the Gunaikurnai Land and Waters Aboriginal Corporation (GLaWAC), taking young Aboriginal men out in the river to talk to them about culture. I talk to them about the diabetes that they may have and talk to them about the subsidies they would get here.

For some, [their diabetes] is picked up here and they get a referral to the doctor. Ordinarily that wouldn't happen because the prices of glasses puts a lot of Aboriginal people out. If you know Aboriginal people, you know they

won't come if the price is too high, then rather go without. I've been around in the Latrobe Valley for 60 years, and I've seen people just go without the basic things like glasses.

"I get my glasses for less than \$20. Prior [to VASSS] I was paying \$300, so I kept putting it off. And I would dare say the whole community does that, a lot just don't come up with prices like that."

The subsidy brings [people] back, makes their life a lot easier and prevents a lot of issues up the track. But the relationship is important and [Latrobe Eye Care] do this well. That's why I kept coming back; they know who I am when I walk in the door.

I feel good as an Aboriginal leader in this community. I sit on the courts and I've seen them coming out of the system and they can hardly see. They can't see in front of them. So I say that they should go tell the solicitor, go back and make sure they get glasses. I feel good when I hear about young kids, the mothers made the effort and said, 'there's a subsidy, you're going to get glasses'.

[VASSS] just makes your life a lot better. This is a great service. We talk about close the gap, and this is part of that "



Lloyd with Latrobe Eye Care owner Peter Ayers



### **Dispensing Improvements**

A major focus of 2024 has been improving ACO's dispensing offering. Glasses are an integral part of eye care and often what patients look forward to the most. By improving our frame range, our pricing packages and our processes, we aim to provide patients with a truly satisfying experience at the ACO.

#### **New Pricing Structures**

In August, new frame pricing packages were introduced to facilitate anti-reflective and transition lenses, as well as an optional second pair of frames starting from \$79 for VES patients. This move followed patient feedback which outlined financial barriers to accessing these upgrades through courtesy pricing. The new pricing structure aims to improve equity among patients, ensuring better access to quality glasses and has been very well received by patients.



ACO team select new frame options.

#### **Hong Kong International Optical Fair**

With the generous support of the Nicola Family Fund, staff members Kylie Harris, Lisa Lisperguer and David Leeming had the opportunity to attend the Hong Kong International Optical Fair in 2024. They explored a range of new frames and built valuable relationships within the optical supply chain, all with the goal of bringing fresh style, quality, and value to patients of the ACO.



Lisa Lisperguer, Kylie Harris & David Leeming at Hong Kong International Optical Fair

### Patient-centric Dispensing Solutions

Ensuring accessibility and affordability while maintaining high-quality care remains a key priority for the ACO. Our in-house laboratory, staffed by experienced technicians, enables us to deliver customised solutions and achieve the best dispensing outcomes for our patients.

ACO's lab technician David Leeming explains, "We can have those conversations directly following a patient's appointment and explain the impact of their frame selection on lens thickness or fit from a practical perspective. For challenging prescriptions, which is very common among our patients, that makes a big difference. At the ACO we have a lot more flexibility and far more options for the patient."

"We are solutions driven and want to provide patients with options best suited to them and their situation, to make sure people can see and live their lives - from students needing to study to elderly patients maintaining independence. If we can provide a repair, a temporary solution, or a long-term one that keeps someone seeing and living fully, that's a win."



Cornelia Scripcaru, Duty Manager, Dispensing & Patient Services,

"Just because we provide public eye care doesn't mean frames have to be unfashionable and lack quality. Our goal is to offer shapes and styles people love that are classic and made with reliable materials that are built to last and maintain affordability. The recent discovery trip to Hong Kong International Optical Fair allowed us to access a wider range of materials and styles that suit our patients, not just what local importers decide to bring in.

With these new insights, it's exciting to see the improvements we can make to our frame offering and ensure that all patients can access glasses that they will love to wear."

David Leeming fitting lenses in the lab



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### **Outreach Partnerships**

ACO's outreach programs care for our community's most vulnerable people, providing comprehensive eye tests and heavily subsidised glasses to those who otherwise could not access services. This work is only possible through the partnerships with like-minded organisations across Victoria which provide familiar, safe settings for individuals to access our outreach eye care services.

Through our outreach programs, we support people experiencing or at risk of homelessness, people in aged care, people living with disability, refugees and seekers of asylum, children from schools in areas of need and other vulnerable communities.

These programs not only improve access to essential eye care, but also address untreated eye health issues early, enhancing well-being and empowering individuals to navigate daily life with greater dignity and independence.

"Delivering outreach eye care can be challenging, but it's incredibly rewarding work. Crucially, this care wouldn't be possible without our community partners who open the door and help us reach patients in need"

Dr Josephine Li, General Manager Outreach Programs and Rural VES.

In April 2024, ACO formed a new walk-in optometry clinic at the Salvation Army's Project 614 site in Melbourne's CBD. Here, the Salvation Army provides support to people experiencing homelessness, mental health issues, addiction or social poverty.

300 outreach sites visited



659
days of outreach care provided





Optometrist Joe Waterman prepares for an outreach clinic at Sacred Heart Mission



Tracy Tran examines Wendy's eyes

### **Providing Care with Community Partners:**

### Salvation Army Project 614

The Salvation Army's Project 614 is proud to welcome everyone to its Bourke Street site, particularly those who are marginalised or cut off from mainstream services.

Approximately 500 people visit the site each day to access meals, health and social support services and to make social connections.

Every second Wednesday, the ACO Outreach team conduct a full day clinic at Project 614, providing patients with comprehensive eye testing and glasses as required.

"A lot of the guys we look after are literally on the cusp of society. They don't know how to ask for help when they need it. When people heard we had optometrists around, they wanted to get that help," explains Project 614 Café Manager, Matthew.

In an effort to improve equity for vulnerable communities, the ACO provides heavily subsidised glasses through the Homeless Persons Eyecare Program ranging from \$10 to \$35, including multifocal lenses. In a setting outside of ACO, multifocal lenses can start from \$250 to \$300, proving inaccessible for the community attending Project 614. Fortunately, through the Salvation Army's partnership with the Collingwood Football Club Foundation, glasses are provided at no cost to Project 614 attendees.

Wendy is currently unhoused and regularly attends Project 614 for meals. Living with diabetes, she understands the importance of regular checks, but she is unable to access mainstream services due to cost.

"We have beautiful services that come and help [at Project 614], and I'm grateful to everyone involved," shared Wendy. "With my eyesight and having type two diabetes, I need my glasses to help me see the everyday things.

[Without glasses] I get headaches, I get migraines. If I can't see two feet in front of me, it's going to be a very difficult lifestyle and that's not the type of life I want to live. It's hard enough being homeless to be honest."

Tracy Tran, Manager of Community Engagement, Outreach & Aboriginal Programs, is mindful of the difficulties patients like Wendy experience daily.

"It is really important to have eye care services at locations such as Project 614. The community attending have a built-in trust with the Salvos, and it really does break down the barriers for a vulnerable person," explained Tracy.

"They might not attend the appointment for various reasons. They might have different priorities, perhaps they don't have a mobile phone where they can get a reminder. So having the service at a partner site really does increase the attendance and accessibility for eye care."

When fellow Project 614 attendee Andrew visited the site for the first time in a couple of years, an opportune meeting led to a new pair of glasses two weeks later.

"[The optometrist] caught me on the stairs and asked me to go for one of the tests. I'm glad he did! He explained it was free and that appealed to me because money is a bit of an issue.

Years ago, I was diagnosed with something called macular degeneration. Over the years, I've basically ignored it, and it's certainly got worse over time. I didn't realise how bad my vision was until two weeks ago, but with the glasses, it's a lot better."

The impact of accessible eye care services has been felt not only by Project 614 attendees, but also its staff.

"[One person] said to me, 'Matthew, I didn't actually know I needed glasses to begin with'. They struggle to see long distances, words and letters. But [with glasses], not only could they see from long distances, they can now see colour. They said they could see textures for the first time," shared Matthew.

"I think the value is that we're telling people that they matter and that they are cared for. And that's what ACO is doing every single Wednesday they come into our service."

Project 614 Café Manager, Matthew

Elenna Niteros, Daily Operations Manager, Outreach and Aboriginal Services, affirms that the outreach eye clinic is affording opportunity and helping to protect patients' long-term health.



Elenna Niteros conducts an eye test at Project 614

"Being able to provide glasses to people who are at risk or currently experiencing homelessness, is just life changing for their day-to-day abilities. It gives them an opportunity to read, to fill out paperwork, to access other services - it gives them the opportunity then to help their situation. And being able to do an eye health assessment and identify eye diseases early for a lot of people, changes the course of their eye health for the future."

### **Salvation Army Project 614 Partnership**

in 4. patients referred for further care - 60% to Ophthal/ GP
- 40% ACO fixed clinic

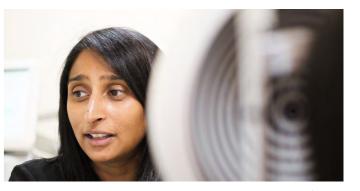
### Review of Contact Lens and **Dry Eye Services**

After 30 years with the ACO, Dr Adrian Bruce made the decision to transition to part-time and step back from the role of Manager of Contact Lenses and Cornea. During his tenure, Adrian demonstrated commitment, expertise, and a true passion for his work, particularly in the area of contact lenses, which he led for 17 years.

As Adrian stepped back from the position, it was decided to separate the contact lens and dry eye services into distinct areas to better support growth in this evolving clinical space.

ACO was delighted to appoint Scott Panozza in the position of Manager of Contact Lens Services, and Varny Ganesalingam in the position of Manager of Cornea and Dry Eye Services effective from 2025.





Varny Ganesalingam

### **ACO** in the Community

ACO staff visited local communities and invited collaborators onsite to raise awareness about the importance of eye care and the high-quality accessible services available at the ACO. Here is a glimpse of some of these interactions.

Dr Josephine Li presented lectures on the importance of eye care to over 100 students at Kangan Tafe, Broadmeadows



Dr Nellie Deen and Zeinab Fakih welcomed school nurses at our Carlton site to discuss the importance of early intervention and accessible eye care.

Michael Yen, caught up with the Point Cook Seniors Group to discuss older eye health issues as well as how they can help support their grandchildren's eyes.

ACO team met with First **Nations** community members at the Mullum Mullum Gathering Place's Health Pathway expo

to provide information on eye conditions, ACO's services, and local eye care pathways.

University of Melbourne students joined ACO staff at Family Day at Derrimut Weelam **Gathering Place** 

to share information

on the Victorian Aboriginal Spectacle Subsidy Scheme offered at the ACO.

### **Spotlight on Advanced Services**

ACO continued to provide tailored services to meet community needs, from advanced eye care to inclusive support for diverse individuals.

### Caring for Additional Needs

The Developmental and Binocular Vision (DBV) service provides care for children and adults with complex binocular vision issues. This can include a turned eye, patients who have had a stroke or had a nerve palsy and also children with developmental disabilities who might need extra care during an eye examination.

Staffed with experienced optometrists, the service also provides longer appointment times to best meet the needs of patients.

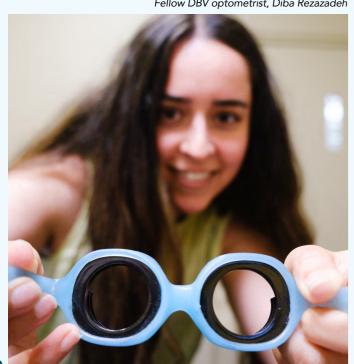
DBV optometrist, Alice McLennan understands that patients may require a different approach.

"I saw a little boy recently with autism; he had significant support needs. His mother was a bit nervous bringing him in because that day, he said he was a dinosaur and only wanted to roar. She didn't know whether we would be able to test his eyesight.

I told her, "It's lucky we test dinosaurs here!" I started talking about my favourite dinosaur with this little boy and he actually started talking to me and we were able to do the eye test without incident."

"I think this highlights how by spending a bit of time with children with neurodiversity and developmental differences, we can provide better health care and better outcomes for eye health."







Gary with Dr Diane Vue

### Local Glaucoma Care

When Gary underwent cataract surgery at the Royal Victorian Eye and Ear Hospital (Eye and Ear) his vision improved almost overnight, but there was a new diagnosis discovered - glaucoma. This meant Gary was required to travel to the Eye and Ear regularly for monitoring and treatment, something he no longer feels able to do.

"Before my wife died, she would drive me into the city to the Eye and Ear; I've driven all my life but I would never drive to the city myself. At times, you can spend up to five hours at your appointment at the hospital," Gary shared.

Gary was recommended to visit ACO Broadmeadows for monitoring and treatment, as part of the Eye and Ear's Glaucoma Community Program which links local optometrists with the Eye and Ear's ophthalmology department, easing pressures on the public health hospital services and facilitating care in the community.

Dr Diane Vue, Regional Manager - North West, is one of many ACO optometrists that have been accepted into the program and she cares for Gary at his six-monthly check-

"With local ACO services Gary was able to keep on top of his treatment plan. When his glaucoma worsened, he was quickly referred for surgery. This co-management program saved valuable sight by preventing delays and ensuring timely, expert treatment close to home."

### Rebrand

In 2024, ACO worked towards a rebrand of  $\begin{tabular}{ll} A\begin{tabular}{ll} C\begin{tabular}{ll} O\end{tabular}$ its patient services to 'ACO Eye Health' which will launch in early 2025. This refreshed brand for our clinic and outreach care is an important step in clarify our role as a community eye care services and ensuring our services are more visible to those who need them.

This exciting new chapter comes eighty-five years after the ACO first launched as a training college. Today, 90 per cent of our work is attributed to delivering publicly funded optometry care to vulnerable communities across Victoria.

"Carving out an identity that better reflects our role as a public health eye care provider is an important step in ensuring our services are accessible and helping us form deeper connections within the communities we serve," explained Kylie Harris, ACO Director of Operations.

As part of the development process, staff and patients contributed through surveys and idea submissions. In addition to the rebrand, the ACO will also launch a new website designed to better support patients and referrers seeking eye care services.

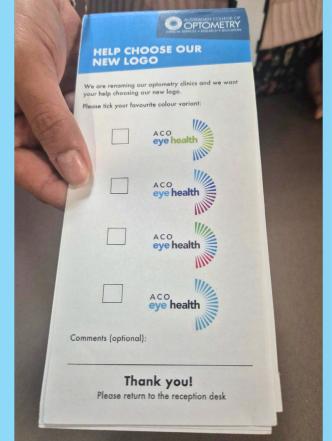


"Although the name above our clinics and our outreach programs has changed, our mission is the same: to impact eye health outcomes at a local, national and international level through clinical care, education and research," said Pete Haydon, ACO CEO.

"We are really excited about this next chapter for the ACO. Across our organisation, we are evolving to better support our mission and reach the communities that need us. This has meant adjusting our structure, improving our systems and refocusing our research. ACO Eye Health is an important part of this journey as there is a need to clarify our position as Victorian's public health eye care provider."

surveys conducted across patients & staff

> 226 patients provided feedback



Patient survey to decide new ACO Eye Health brand colours.

# **Education** and Training

### **Clinical Teaching**

In 2024, ACO hosted over 300 students for clinical placements, providing the unique opportunity to receive hands-on training in a public eye care setting across general, contact lens, paediatric, low vision and ocular disease clinics. More than 100 students had observations in ACO's Carlton clinic and 25 students were involved in our Outreach and First Nations sites.

For the first time, two University of Melbourne (UoM) students participated in a rural outreach trip visiting Beaufort and Skipton, supported by Going Rural Health. Meanwhile, final year UoM student placements at ACO's Knox site were expanded to week-long postings, offering deeper integration into a community-based setting.

Public health optometry is at the heart of ACO's teaching. Students gain valuable insight into barriers that impact access to care including financial, cultural, psychological and language-related challenges. All second-year UoM Optometry students receive an introductory lecture on public eye care and ACO's role in supporting equitable access.

In 2024, we also began involving students in community health promotion activities, such as First Nations health events, to underscore the importance of community engagement in advancing public health initiatives.

By equipping the future generation of optometrists with the clinical knowledge and cultural insights, we hope to shape a workforce committed to quality, inclusive eye for all.



"I firmly believe that this ACO

- Optometry Student

"There are various demographic patients and I had good chances to see many pathological eye diseases. I learnt cultural and social diversity and how to manage language barrier"

- Optometry Student

placement block has been the best placement block for me ... I have gained so many insights on how to do things from multiple supervisors ... I will look to implement the different skills I have learnt into my own practicing style to become the best clinician that I can be"



### **Graduate Program**

In 2023 a thorough review of ACO's graduate program identified opportunities to improve the recruitment and retention of talented graduate optometrists. This prompted a redesign and reimagining of what a graduate optometrist seeks from their first role and how the ACO can better support and shape these future leaders in public health optometry.

The revamped graduate optometry program was launched in 2024 with several new features, including a Graduate Showcase, self and peer record audits and protected training time.

As part of the Graduate Program, the ACO also offers a Residency focused on advanced services. We welcomed our second Paediatric Resident and our first Ocular Diseases Resident in 2024. In addition to the core graduate experience, residents completed Advanced Certificates in Children's Vision and Glaucoma respectively and participated in research and advanced care clinics. Our second-year Paediatric Resident also undertook our first observership with the Royal Children's Hospital (RCH), learning directly from the RCH ophthalmology team.

ACO's unique patient base presents many and varied challenges including language barriers, health literacy and complex co-morbidities. To provide effective care to these communities, our graduates must develop a distinct public health optometry skillset, combing flexibility, compassion, creativity, as well as exceptional clinical skills.



"Working at the ACO as an early career optometrist has been challenging yet incredibly rewarding. I believe strongly in providing affordable and accessible eye care to Australia's vulnerable communities, and feel a sense of satisfaction knowing that the ACO is at the forefront of this"

Rumeysa Doger (second year Graduate Optometrist)

### • Graduate Showcase

ACO graduates present standout cases from their first year of practice. The graduate showcase evening is a triumph, attracting university students and faculty, ACO members and many staff optometrists to share in their

#### **Record Audits**

The introduction of twice-yearly graduate record audits has allowed records of their peers to develop a shared plan for development of their clinical expertise and our patient

#### **Protected Training Time**

The ACO plays a major role in as they translate their university knowledge into clinical practice. In given protected training time led by of topics pertinent to ACO's clinical



29

of Melbourne 6138

Deakin

91

**Flinders** 

42

62

UNSW

# Continuing Professional Development

The ACO remains dedicated to providing high-quality education programs for eye care professionals, continuously evolving and enhancing its certificate courses, in-person events and seminar series with emerging industry practices and developments

The Certificate in Ocular Therapeutics (COT) successfully completed its 13th intake in 2024. Due to the reduced demand for this qualification among Australian-training optometrists, starting from 2025 COT will be offered every second year. ACO is excited to develop a Certificate in Advanced Ocular Therapeutics to support therapeutically endorsed practitioners.

In 2024, four in-person events were curated and delivered, including Therapeutics Refresher Day (May), Paediatric Masterclass (June) and Orthokeratology Masterclass (August) and Anterior Segment Workshop (September). Presenters delivered lectures and the interactive sessions were well received.

The Member-exclusive Seminar Series covers a range of topics to support optometrists in provision of best-practice care. Professor Michael Kalloniatis seminar was the highest attended seminar in 2024, and focused on optometry's unique role to assess and manage ischaemic events.

ACO designs CPD programs with evidence-led clinical knowledge and flexible learning formats to support eye care professionals. In 2024, the ACO began preparations for two new courses in the coming years: the Myopia Management in Clinical Practice short course, a five-week fully-remote program, and the Certificate in Advanced Ocular Therapeutics.

431 Seminar Series attendees

147 In-person event attendees

250 CPD hours offered

153 Certificate course enrolments

"This was fantastic - detailed, thorough but well sign-posted so you got a framework to hang it on before you got a whole bunch of details; useful and current resources. Loved it."

-Seminar Series Attendee



aediatric Masterclass interactive session moderated by Rod Ba

Therapeutics Refresher Day

agreed interaction with peers & educators added to educational content

Orthokeratology
Masterclass
gained
a better
understanding
of speciality
hokeratology equipment
already in their practice

Paediatric Masterclass
100%

Anterior Segment Workshop

"The speaker was very informative; the clinics and equipment were very useful for a hands-on workshop.

# Our People

At the ACO fostering a supportive, inclusive, and growth-oriented work environment is at the heart of everything we do. In 2024 we made significant strides in enhancing our employee experience through strategic investments in professional development, well-being, and workplace culture

### **Inclusivity and Respect**

We believe that fostering inclusion and promoting respect begins with empowering staff with meaningful resources and education. In 2024, we launched pronoun training, an initiative by the Rainbow Working Group. This training module was an important step in recognising workplace diversity, particularly in sexual orientation and gender identity. It reinforced the role each employee plays in ensuring patients and staff feel welcome at the ACO. Additionally, we introduced Respect@Work resources and training, aligned with the published standards, to increase awareness and understanding of workplace sexual harassment and appropriate responses.

## Employee Growth and Career Development

The ACO is dedicated to cultivating a culture of growth and professional development. Investing in our employees is a core part of our strategy, ensuring that talent is recognised, nurtured, and provided with opportunities to advance.

In 2024, targeted training opportunities were provided to employees in alignment with their roles and the organisation's strategy. This included but was not limited to, Leadership Development, WorkSafe training, Aboriginal Eye Health Conference attendance, participation in an International Women's Day event and organisational-wide Cultural Safety Training.



Staff at the International Women's Day event hosted by UN Women

#### **Cultural Safety Training**

A key priority for 2024 for the ACO was the roll out of a Cultural Safety Training as part of our Reconciliation Action Plan. This initiative aimed to enhance cultural awareness and inclusivity, extending beyond full-time staff to include casual employees, Board and Committee members.

Across eight in-person sessions, more than 140 employees engaged in training led by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). These sessions provided foundation knowledge and awareness on Aboriginal and Torres Strait Islander peoples, identities, and cultures, fostering a deeper understanding of lived experiences and cultural interaction. Employees were also provided with supplementary learning resources to reinforce their knowledge.

As the ACO continues to close the gap in eye health, we recognise our responsibility to better understand the factors contributing to the disparities in healthcare outcomes between First Nations and non-Indigenous Australians. This commitment is central to ensuring equitable, culturally appropriate care for all.

96% of full time and fractional full time employees completed the cultural safety training

30 31

### Research



The overarching goal of the National Vision Research Institute's (NVRI) work is to identify problems and create solutions that can improve eye care, access to eye care, and/or vision outcomes (both functional and quality of life related). We prioritise expanding capacities for optometry-

focused clinical, public health and translational research, aligning with the ACO's 2023-2026 Strategic Plan. Our themes are refractive epidemiology, health economics of eye care, children's vision, vision in complex/vulnerable communities, and eye care education.

### Understanding refractive epidemiology

Following Tim Fricke's work with the Brien Holden Vision Institute team estimating that 50% of people would have myopia by 2050, new work has elaborated on global patterns in refractive error and ocular accommodation. The popularity and usefulness of our previous work stems from the way we built a workable model explaining how myopia prevalence was increasing in different places over time. Our current modelling – which we hope to publish in 2025 – is suggesting that rather than simply time, or anything as specific as digital device usage, community-level socioeconomic development is the best proxy variable to explain refractive changes around the world.

Additionally, our work with the Australian Eye and Ear Health Survey is suggesting a small improvement in effective refractive error coverage rates since the previous national survey eight years ago.





#### Health economics of eye care

Health economics can quantify the burden vision conditions place on a community at a point in time, or alternatively, cost of a condition to an individual over a period of time. We have been refining ways of estimating both burden and cost to help individuals and communities to decide whether a prevention or a treatment is valuable. One example is our work on lifetime cost of myopia, which will help families decide which myopia control option/s to invest in and when.



### Improving vision in children and complex/vulnerable communities

ACO's clinical services are centres of optometric excellence focusing on accessibility for complex communities and vulnerable individuals. We see our clinics as a source of data that could help find patterns in vision loss and eye conditions that could guide potential solutions. However, despite changing to electronic records a decade ago, data has remained mostly as free-text, which is difficult to use for research purposes. We have been working on three related projects that could solve this usability problem:

- Data coding that will specify conditions and managements
- 2. Capturing of patient-reported experience measures (PREMs)
- 3. Targeted capturing of patient-reported outcome measures (PROMs)

These projects are intended to generate usable clinical data that will assist evolution into a sustainable, patient-centred, united ACO that is better able to help the communities it serves both directly and indirectly

### **Funding**

We are grateful for the generous support of the NVRI Trusts, Victorian Lions Foundation, Lions Vision Research Fund, International Myopia Institute, Thea Foundation, the Nicola Family Fund, the Australian government, Dementia Australia Research Foundation, the University of Melbourne, and all Members and supporters.

The NVRI public health team also submitted two significant competitive grant applications in 2024, plus multiple smaller grant applications. The largest was entitled "Designing, optimizing and measuring eye care interventions and their impacts in the humanitarian settlement journey in Victoria", in collaboration with the Asylum Seeker Resource Centre, Fred Hollows Foundation, Nossal Institute of Global Health, and various refugee advocate networks and agencies.

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### Conferences and Professional Engagement

presentations across the globe. In addition to this we also published and presented in many forums to promote research, and to engage with partner organisations.

In 2024 NVRI delivered eight scientific conference professional engagement – a specific effort to re-establish NVRI leadership and expertise in clinical/public health

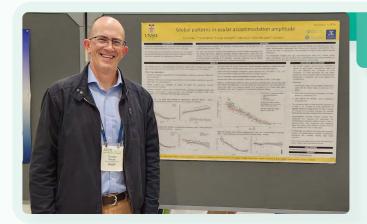
#### Conferences

### Alzheimer's Disease International Conference

**April 2024** 1 presentation

At the Alzheimer's Disease International Conference in Krakow, Poland, Marianne Coleman co-presented on the development of the team's dementia-friendly eyecare training course for optometrists, alongside Dementia Australia Advisory Committee member and Dementia Advocate Natalie Ive, who is an educator and has been involved with multiple dementia research projects.





### May 2024 3 presentations

**ARVO** 

Tim Fricke and Marianne Coleman presented research posters at the Association for Research in Vision and Ophthalmology (ARVO), the world's biggest ophthalmology conference. Tim presented his global review of accommodation amplitudes and Marianne presented an overview of her dementia-friendly evecare work.

### International Myopia Conference

September 2024 4 presentations

Tim Fricke, Nellie Deen, Zeinab Fakih, Diba Rezazadeh, Catherine Tay, and Ling Lee attended the 19th International Myopia Conference in Hainan, China. Alongside 1000 delegates from around the world, they engaged with leading experts to explore the latest advancements in the pathogenesis, diagnosis, management, and public health aspects of myopia. Ling and Tim delivered well-received lectures, while Nellie, Zeinab, and Diba's poster presentations sparked valuable discussions.



### **Professional Engagement**

articles in **Review of Myopia** Management

Melbourne's

**Seeing Beyond** 

series

online interactive

workshops for

**Optometry** Australia



article in Journal of Dementia Care



**Contributions to** the optometry program at **UNSW Sydney** 

2≡ A presentation in University of



1 presentation at the World Council of **Optometry** 



articles in Insight

article in **Review of** 

**Optometry** 

presentation at the **IACLE Global Virtual** Conference



Keynote speech at the Sri Lankan Optometric **Association's Annual Scientific Sessions** 

invited presentation at Orthoptics Australia's 80th **Annual Conference** 

invited presentations at the Vietnam **National Optometry** Conference

34 35

### **Financial**

# Snapshot

The ACO continues to face a structural deficit, with comprehensive financial losses recorded over consecutive years. These ongoing shortfalls reflect the challenge of aligning recurring income with operating expenditure, compounded in 2024 by an unexpected reduction in Victorian Eyecare Service (VES) government funding. The decline in VES funding has placed additional pressure on the organisation's financial position and further contributed to the structural imbalance.

Despite these challenges, the financial results for the 2024 year show a narrowing of the deficit, indicating early signs of improvement and the positive impact of initial corrective measures. The Board and CEO maintain a strong and proactive focus on financial performance and are working closely with the leadership team to address these issues much work remains to be done.

Returning the ACO to a break-even position is a key priority, with continued emphasis on attracting and retaining high calibre talent, our culture, strengthening revenue streams, managing costs, improving technology, operational efficiencies, and building long-term financial sustainability to support the ACO's mission.

Looking ahead, the ACO remains focused on delivering key programs and generating successful outcomes for its diverse patient base and stakeholders. Guided by our strategic plan and vision of "One ACO", we are committed to promoting and supporting equitable access to affordable, high-quality eye healthcare.



ACO's Full Financial Statements for the year ended 31 December 2024 can be found at https://profession.aco.org.au/reports-and-policies

#### ACO Income - operating activities Optical services Government grants Membership Non-government grants and donations Research and Education Interest revenue Other ACO Expenses - operating activities Employee benefits Administration expense Research expense Cost of sales Depreciation and Marketing Occupancy expense Finance costs 35,000,000 Balance sheet 30,000,000 - Consolidated Group 25,000,000 20,000,000 Non-current liabilities 15,000,000 Current liabilities 10.000.000 Current assets Property, plant & equipment 5.000.000 Financial assets (5,000,000 (10,000,000) 2024 2023 2022 2021 2020 Income from operating activities 20,000,000 18,000,000 - Consolidated Group 16,000,000 • Research and Education 14,000,000 Optical Services 12,000,000 Membership 10,000,000 Other 8,000,000 Interest Revenue 6,000,000 Non-government grants and donations 4,000,000 Government grants 2,000,000 2024 2023 2022 2021 2020 30.000.000 Equity details 25,000,000 - Consolidated Group 20,000,000 Retained surplus 15,000,000 Development fund 10,000,000 Contributed equity 5,000,000 Asset revaluation-investments 2024 2023 2022 2021 2020

# **ACO Community**

### **Awards**

ACO and NVRI Members, supporters, stakeholders and staff joined us for the 2024 Annual General Meeting. The AGM is a key date in our calendar as it brings many of our supporters and collaborators together, to celebrate and recognise their contributions to profession.

### **Honorary Life Membership Award**

The Honorary Life Membership is ACO's most prestigious award and is awarded to individuals who have made a significant contribution to the Australian College of Optometry and/or the profession. Both members and non-members are eligible for this award.



lean Walters and ACO Chair, Sophie Koh

Jean Walters FACO graduated from Melbourne University in 1977 and developed a passion for children's vision early in her career. She has worked in both public and private practice, published research, and provided professional development and clinical supervision. Jean co-owns Eyecare Plus Bundoora and has been an ACO Fellow since 1985, working as a sessional optometrist since 1996, focusing on teaching in the children's clinic. She demonstrated leadership by publishing research in 1984 on optometric care for children at the Lord Mayor's Country Children's Camp and completing a Graduate Diploma in Child Development in 1991, promoting interdisciplinary care.

John Cronin devoted over 33 years to providing exceptional eye care to Maffra and Gippsland communities, with a special focus on children's vision. As the founder of Maffra Vision (formerly John Cronin Optometrist), he earned a strong reputation for clinical excellence. He was a VES partner, delivering services from 1990-2009. Outside of his practice, John contributed to school and kindergarten eye screenings across Gippsland and supported the Vanuatu Eye Program. His legacy was honored through a nomination backed by fellow practitioners, and the award was accepted by his children at the AGM after his passing in February.

John Cronin

### **ACO Fellowship**

The ACO Fellowship is presented to members who have made a significant contribution to the practice and profession of Optometry and to the community.



Dr Nellie Deen with

Dr Nellie Deen graduated from SUNY College of Optometry before relocating to Australia in 2005. Since joining the ACO in 2007, Nellie has held various leadership roles, including Lead Optometrist for Clinical Teaching and Lead Optometrist of Paediatric Services, before taking over as the Head of Specialist Services and Clinical Care. Nellie now serves as General Manager of City Clinics, supervising 70 optometrists across 27 rooms.

### **Certificate in Ocular Therapeutics**

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

#### Sarah Edwards:

"After 19 years in practice I was apprehensive about returning to study and undertaking the Certificate in Ocular Therapeutics. I found the course content and delivery highly motivating, and I grew considerably as both an optometrist and a person



through this valuable experience. Thank you for this award, and for providing a wonderful course."

### **ACO Outstanding University Graduate Award**

The ACO is proud to recognise and support the future of the profession with this award. Five Australian optometry schools nominate one outstanding graduate based on a combination of academic excellence and professional commitment.



Feier Yang





### **ACO Travel Grant**

The ACO Travel Grant supports members who wish to take on professional travel opportunities, no matter where in the world they arise. These grants are accessible year-around, enabling members to pursue professional advancement or to volunteer their time and expertise to underserved communities across the globe.

In 2024, ACO Fellow Dr Bao Nguyen was invited to present her work at the at the Australian and New Zealand Association for Health Professional Educators (ANZAHPE) conference, held in Adelaide. ANZAHPE is the annual meeting for educators and practitioners involved in education and training of health professionals in Australia, New Zealand and the Western Pacific region and is a diverse and inclusive community to present educationbased research.

Dr Nguyen's team research was selected from over 600 abstracts to be presented orally on the first day of the conference. The presentation was titled: "Self-reported behaviour change during patient interactions by optometry students after receiving feedback about their online interpersonal skills" and was presented on behalf of her co-authors and team in the Department of Optometry and Vision Sciences at The University of Melbourne (Dr Marianne Coleman, Dr Jonathan Ng, A/Prof Anthea Cochrane and A/ Prof Daryl Guest).

Their work generated a lot of interest, and they were able to positively report on perceived usefulness of the activity by students, and subsequent self-reported student behaviour changes as a result of their novel optometry teaching initiative.

"It was a wonderful opportunity to meet and network with other health professional educators (including medicine, nursing, allied health) and collaborate and learn new ways to teach our optometry students. I have left with new ideas and opportunities to collaborate, with a focus on developing interpersonal and "soft skills" for students to succeed in patient-centred care. Thank you again to the ACO for supporting my travel, as it is important that we keep optometry on the radar as leaders in health professional education both nationally and worldwide." said Dr Nguyen.

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### **ACO**

### **Board of Directors**

The ACO is governed by a Board, playing a vital role in shaping the strategic direction of the ACO and fostering an environment in which the vision and mission of the organisation is achieved.



Chair



Professor Lauren Ayton AM Chair of Research Committee



Theodora Elia-Adams, CA Chair of Finance. Risk and Audit Committee Chair of NVRI Board (until Nov 2024)



Darrell Baker Vice-Chair



Sayuri Grady Chair of People, Culture & Remuneration Committee



Denise Gronow, CA (until May 2024)



Rodney Hodge (until May 2024)



Roman Serebrianik



Lien Trinh (from May 2024)



Professor Bruce Thompson AM



Dr Michelle Waugh

### Finance, Risk & Audit Committee Theodora Elia-Adams - Chair John Delinaoum Hayden Imlach

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People, Culture & Remuneration Committee Sayuri Grady - Chair Theodora Elia-Adams Holly Custance Sophie Koh **Bruce Thompson** Michelle Waugh

#### Administration (dissolved November 2024) Theodora Elia-Adams – Chair Sandra Calvert Tim Fricke Pete Haydon

**NVRI** Board of

Sophie Koh

#### Research Committee (established March 2025) Lauren Ayton - Chair Rod Baker Tim Fricke Shane Huntington Lisa Keay Serge Resnikoff Judith Stern

### In Memorium



**Margaret Banks OAM** 8 April 1926- 11 February 2024

Margaret Banks OAM was one of the first female optometrists in Victoria. A pioneer in her field, Margaret began her optometric journey as a student in 1944 and was an integral part of the ACO from contributing as a clinician, lecturer, and Councillor.

Margaret worked at country and city practices before setting up a home practice focusing on developmental optometry. This particular field was not considered mainstream at the time, as it was not recognised for its holistic approach.

Throughout her career Margaret believed helping children overcome their learning difficulties was the most valuable outcome of her time as an optometrist.

In 2005, she was awarded the Medal of the Order of Australia (OAM) for her contributions to children's vision care and the development of behavioural optometry.

Margaret was an ACO Honorary Member and Fellow as well as a life member of the Australian College of Behavioural Optometrists (ACBO), Margaret's influence extended beyond her practice. She hosted monthly study groups in her home, where she mentored optometrists, fostering knowledge and collaboration in children's vision care.

Margaret created the Banks red-green rings, a cornerstone of vision therapy, for over fifty years. She leaves behind a devoted family and a grateful optometric community that honors her pioneering work and lasting legacy.



Susan Kalff

11 April 1950 - 19 August 2024

Susan Kalff was a community optometrist with a passion for working with the elderly and vulnerable.

Susan gained her Bachelor of Optometry in 1972 from the University of Melbourne. Her career began in private practice at Bell Optometry, Coburg, Victoria, and by the mid-70s, she was running her own practice.

Susan completed a postgraduate course on the Rehabilitation of the Partially Sighted in 1993, and in the same year started working at the Low Vision Clinic, now known as Vision Australia in Kooyong, Victoria. In 2000, she was one of the first Australian optometrists to receive a Certificate of Ocular Therapeutic Endorsement (run at the time from Boston, USA).

For over 25 years, Susan specialised in working with the elderly and vulnerable, identifying a huge unmet need of these patients. Her holistic approach provided domiciliary visits to residential aged-care facilities and patients in their homes. Her first facility visit was in 1994, and her practice grew to many sites around metropolitan Melbourne. At the time, very few practitioners provided this service to patients.

Susan was elected Governor (in 1995) and then Chairman of the NVRI (1997-2010). She was awarded a Fellowship of the ACO in 2008, was a two-time recipient of the ACO Member Award for Outstanding Service (2011 and 2019) and nominated for the "Hero in Eye Health" in 2020.

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### **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.

John L Pettit, FACO

### **Life Members** 1954 Cvril W Kett

1/5	Cym W Kett	2007	John Er ettit, i Aco
1955	George H Giles OBE	2011	Graham O Hill OAM, FACO
1960	Ernest H Jabara	2012	Ross Harris, FACO
1960	William F Johns	2012	Prof Hugh Taylor AC
1960	Josef Lederer	2013	Wolfgang Gartner, FACO
1960	Bertram Nathan	2013	Anthony Gibson OAM, FACO
1960	Leslie RC Werner	2013	Assoc Prof Ian Gutteridge, FACO
1961	Lady Meriel Wilmot-Wright	2013	Dr Anthony Hanks OAM
1962	Alan Isaacs AM	2014	Prof lan Bailey
1963	J Neill Greenwood	2014	Prof Janette E Lovie-Kitchin
1963	William D Wright	2015	Kenneth Bowman AM
1964	Dr Jonathon Nathan OAM, FACO	2016	Assoc Prof Rodney D Watkins AM
1968	Geoffrey H Henry	2018	Emer Prof Nathan Efron AC, FACO
1970	Arthur BP Amies CMG	2018	Margaret Banks OAM, FACO
1975	Dr David M Cockburn OAM, FACO	2019	Emer Prof Leo Carney
1976	Bruce K Besley, FACO	2019	Dr Damien Smith, FACO, FAAO
1980	Donald H Schultz	2020	Bryan Fuller, FACO
1981	J Lloyd Hewett OAM	2021	Michael Aitken
1981	Emer Prof H Barry Collin AM, FACO	2021	Prof Sharon Bentley, FACO
1990	Prof Barry L Cole AO, FACO	2024	John Cronin
1994	Miss Jean S Colledge PSM	2024	Jean Walters, FACO

#### **ACO Fellows**

Dr Carla Abbott FACO Mitchell Anjou AM FACO Dimitrios Athanasakis FACO Prof Lauren Ayton AM FACO Nicole Baines FACO Rod Baker FACO Ian Bluntish FACO Dr Adrian Bruce FACO Susan Callahan FACO Giorgio Campanella FACO Kuong Chang FACO Jeffrey Chibert FACO Joseph Choi FACO Mae Chong FACO Luke Xiang-Yu Chong FACO A/ Prof Heather Connor FACO Jenny Cooke FACO Sandra Coulson FACO

Paul Croucher FACO Jennifer Currie FACO Dr Nelofar Deen FACO Dr Paris Deliyannis FACO Paul Donaldson FACO Ian Douglas FACO Anthony Dowling FACO Prof Laura Downie FACO John Farmer FACO Prof Erica Fletcher FACO Timothy Fricke FACO Prof Alexander Gentle FACO Malcolm Gin FACO David Hare FACO Kerryn Hart FACO Tania Hartung FACO Elizabeth Hatfield FACO Elisse Higginbotham FACO

Suit Maya Ho FACO Glenn Howell FACO Petra Hurleston FACO A/ Prof Robert Jacobs MNZM FACO Chris Katopodis FACO Dr Bradley Kirkwood FACO Dr Carol Lakkis FACO Dr Graham Lakkis FACO Sam Lauriola FACO Dr Nicole Leong FACO Mark Letts FACO Dr Josephine Li FACO Ka-Yee Lian FACO Richard Lindsay FACO Peter Martin FACO Kurt Mechkaroff FACO

Dr Kwok Hei Mok FACO

Paula Monaco FACO

Dr Bao Nguyen FACO Leanne Nguyen FACO Peter Nixon FACO **Brett Parsons FACO** Sonia Pellizzer FACO Prof Konrad Pesudovs FACO Francoise Rateau FACO Anne Russell FACO

Janelle Scully FACO Roman Serebrianik FACO Kent Snibson FACO Dr Margaret Squires FACO Gregory Strachan FACO Pamela Sutton FACO Kenneth Thomas FACO Dr Stephen Vincent FACO

Leonidas Vlahakis FACO A/ Prof Richard Voilay FACO Natalie Watt FACO Rosemary Wilson FACO Eva Wong FACO Dr Zhichao Wu FACO Dr Yota Yoshimitsu FACO

Murray Nagle

Vincent Nguyen

Ronald Nguyen

Mukund Pant

Jim Papas

Kate Pecar

Joseph Paul

Thi My Na Pham

#### **ACO Members**

Stuart Aamodt Lauren Gaskell-Kharsas Andrew Knight Miriam Abd Elmesseh Lori Gaterell Katrina Koenig Constantine Gekas Sophie Su-Hui Koh Sonia Ali Vito Anzelmi **Sherry Gerges** Catherine Kubale Johanna Arendsen Mirella Giorlando Isabella La Rocca Benjamin Ashby Alan Greenhill Selinda Lai Con Athanasiou Anne Greeves Monique Lao Constantine Atzemakis Peter Grimmer Heather Law Yabkal Aweke Shuang Guo Yien Law Hok Man Law Ahmed Azzam Muneeba Hamid Darrell Baker Monica Hanna Christopher Law Kirsty Banfield Thanh Da-Thao Hannaford Steve Lee Colin Bates Damon Hannay Jeesoo Lee Helen Lee Daniel Beech Jacob Hansen David Leong Mario Borazio Kieran Harduwar Kirily Bowen Kylie Harris Mei Po Leung Yun-Fei Harwood Jun Chen Lin John Boyle Katherine Liu Riona Brennan Ella Hawthorne Matthew Buckis Michael Loughlin Sandra Heaney Graeme Mackenzie Debra Bunting Suzanne Heaps Julia Mainstone Elizabeth Cawley Amy Higginbotham Kwok Yan Chan Richard Ho Son Ian Mak Phillipa Mary Charteris Rodney Hodge Mario Marchionna Theo Markos Judy Chau Tasmiyah Hoosen Karryn Cheah Nayha Hopkins Parmjeet Marwa Hui-Wen Huang Michelle McCambridge Po Chen Ching Pui Cheung Razmeena Hussein Robert McQualter Daniel Chew Annie Hwong Annie Meney Raelene Christ Smaha Jahangir Andrew Metha Andrew Christiansen John Jalowicki Josie Mills Janelle Coates Marvin Janet Oliver Mojica Jordan Collins Monique Jankovski Mariam Morkous Christopher Mouser Gemma Cowan Maggie Jeng Bill Cutler Daniel Juhn Rachel Muyco

Michael Kalloniatis

Chris Karanasio

Alex Kaye

Susan Kelly

Hana Khoo

Helen Kim

Lisa Kingshott

Reyhan Kirca

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Lisa Deacon

Shireen Dunbar

Daniel Farrugia Deena Gad

Christopher Gale

Carolyn Galloway

Haroula Fantaoutsakis

Paul Dini

Shirley Pho Elise Pocknee-Clem Nicky Poly Timothy Powell George Prassinos Jenalle Pye Giada Raffan Fatima Rahimi Deeksha Rao Martin Rattle Jeremy Richards Stephen Robertson Ian Rosser Michaela Rossi Peter Roth Andrew Salloum Frank Salsone Samantha Scarlett

Beila Schutz Malcolm Scott Alan Sher Sumit Shevade Maureen Sim Alek Sims

Alan Schmedie

Paul Schoneveld

Karina Sinclair Colleen Skiffington Julia Sloan Rachel Smeal Murray Smith Ismael Sorefan David Southgate Jennifer Spicer Karina Stephens Leanne Stokes Richard Sutton Hugo Tang Pasquale Tascone Melinda Toomey Minh Tran Vicky Tranis

Nicholas Travassaros Lien Trinh Tien Trinh Kim Chi Truong Aaron Tse Hasini Udawattage Sekar Ulaganathan Barend Van Der Vyver Catherine Van Paassen Margaret Vaughan

Babara Vermeulen Elizabeth Vidor Wrania Vlahos Stephen Wakeling Richard Wales Jayson Ward John Warren Joseph Waterman Michelle Waugh Maxwell Webb Matthew Wells Gaynor Whitehead Dinali Wijewickrama John Williams Sarah Wilson Anthony Wong Thomas Wong Jacky Wu Junchen Xu William Yip

Rachael Yuile Konstantinos Zagoritis Tania Zanatta Yuting Zhang

### **Associate Members**

Hugh Adams Alexander Adams Theodora Elia-Adams Sayuri Grady

Denise Gronow Grant Hannaford Pete Haydon Arun Muppliyath Raghavan Maureen O'Keefe Chelsey Seamer Jared Slater Amanda Tylee

### **Affiliate Members**

Ka-Yin Chan Vaishali Dodah Koon Ching Ip Udomchai Jittarawadee Calvin John Edna Palomares

Chaitali Naik Yu Pan Pang Jenny Stewart

### **Honorary Members**

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Anne Gibson FACO Donald Jessop, FACO Francis Keogh Geoffrey Leunig FACO Robert Loutit FACO **Prof Ted Maddess** Prof Geoffrey McColl John McGibbony

Dawn Odgers Donald Owen FACO Dr Gad Trevaks AM Peter Turner FACO Duncan Waite Dr George Woo FACO Ronald Wrigley

### **NVRI Fellows**

Prof Robert Augusteyn Prof Ian Bailey Emer Prof Peter Bishop AO Dr David Cockburn OAM FACO Prof Barry Cole AO FACO Prof Shaun Collin **Edmund Coote** Emer Prof Nathan Efron AC, FACO A/Prof Ulrike Grünert

Dr Geoffrey Henry Prof Abbie Hughes Prof William Levick Prof Paul Martin Prof Donald Mitchell Prof John Pettigrew Prof Jan Provis Prof Allan Snyder **Emer Prof David Vaney** A/Prof Rodney Watkins AM FACO Prof Robert Weale Dr Gerald Westheimer

Prof Rachel Wong

### **NVRI** Members

### **Honorary Life Members**

Jean Colledge PSM

#### **NVRI Life Members**

Max Astri FACO Richard Bennett Terence Blake FACO **Ewen Clemens** John Clemens Prof Barry Cole AO FACO

David Crewther Prof Sheila Crewther Eugene Dovgan Peter Dwyer OAM

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Henry Kruszewski Michael McCabe FACO Peter Milhinch Dr Jonathan Nathan OAM FACO Prof John Pettigrew John Pettit FACO Robert Sigmont Gavin Smyth Penrhyn Thomas Gwynfor Williams

### **NVRI Members**

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Tania Hartung, FACO Elizabeth F. Hatfield, FACO Sam Lauriola, FACO Yien Law Mark B. Letts, FACO Richard G. Lindsay, FACO

Julia C. Mainstone Jenni M. Sorraghan, FACO David C. Southgate Pamela R. Sutton, FACO A/Prof Richard T. Vojlay, FACO Thomas W. Wong

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### **ACO** and **NVRI** Publications

#### **Publications**

Markoulli M, Fricke TR, Arvind A, et al. BCLA CLEAR Presbyopia: Epidemiology and impact. Cont Lens Anterior Eye 2024;47(4):102157. doi: 10.1016/j.clae.2024.102157.

Piano (Coleman) M, Nguyen, Hui, Pond. Access to primary eye care for people living with dementia: a call to action for primary care practitioners to 'think vision'. Aust J Prim Health. 2024 Mar;30:PY23200.

Samuels I. Hamm LM. Silva JC, et al including the Indigenous Eve Health Research Consortium. Use of the CONSIDER statement by eye health researchers when conducting and reporting research involving Indigenous peoples: an online survey. Eye (Lond.) 2024;38(11):2187-2194. doi: 10.1038/s41433-023-02881-6.

Little, Vision Loss Expert Group, et al. Global estimates on the number of people blind or visually impaired by uncorrected refractive error: A meta-analysis from 2000 to 2020. Eye (Lond.) 2024;38(11):2083-2101. doi: 10.1038/s41433-024-03106-0.

Furtado, Vision Loss Expert Group, et al. Global estimates on the number of people blind or visually impaired by age-related macular degeneration: A meta-analysis from 2000 to 2020. Eye (Lond.) 2024;38(11):2070-2082. doi: 10.1038/s41433-024-03050-z.

Bourne, Vision Loss Expert Group, et al. Global estimates on the number of people blind or visually impaired by glaucoma: A meta-analysis from 2000 to 2020. Eye (Lond.) 2024;38(11):2036-2046. doi: 10.1038/s41433-024-02995-5.

Kha, Macken, Mitchell, Liew, Keay, Waddell, Yang, Do, Fricke, et al. The Australian Eye and Ear Health Survey (AEEHS): Study protocol for a population-based cross-sectional study. PLoS One. 2024;19(5):e0301846.

Truong, P., Mack, H., Metha, A., Deen, N., Hickey, D., Huq, A., Britten-Jones, A., & Ayton, L. (2024). Forty-year odyssey to Refsum disease diagnosis: impact of diagnostic delay on effective treatment. Clinical and Experimental Optometry. doi: 10.1080/08164622.2024.2401509.

Wang H, Masselos K, Tong J, Connor HRM, Scully J, Zhang S, Rafla D, Posarelli M, Tan JCK, Agar A, Kalloniatis M, Phu J. ChatGPT for Addressing Patient-centered Frequently Asked Questions in Glaucoma Clinical Practice. Ophthalmol Glaucoma. 2025 Mar-Apr;8(2):157-166 Epub 2024 Oct 16

### **Presentations and Professional Communications**

Aller, T, Fricke T (2024) Creating effective treatment protocols for myopia control. Review of Optometry

Barclay E (2024) How to manage pre-myopia. Rev Myopia

Chong MFA (2024), Podcast interview for Studio 1 – Vision Australia Radio

De Angelis L, Fricke T (2024) Accommodation disorders: Recognising, assessing and managing. Insight

Deen N (2024) When to stop the drop Navigating Atropine Treatment for Amblyopia and Myopia Control. ACO Therapeutics Refresher Day

myopia management: learnings from an Australian public health optometry clinic. Internation Myopia Conference, Sanya, China

Deen N, Fakih Z (2024) Efficacy of repeated low-level red-light therapy in myopia control in schoolchildren: a randomized controlled trial - 6 months interim analysis. International Myopia Conference, Sanya, China

Deen N (2024) Webcast presentation: Optometry Australia: New and emerging therapies in myopia control.

Doger R (2024) Atropine Monotherapy vs. Combined with MiSight 1 Day Contact Lenses. Review of Myopia Management.

Fakih, Z (2024) Myopia Maculopathy: What is it and how is it treated? Review of Myopia Management

Fakih Z and Efem Ebru E (2024) Paediatric optometry beyond

Fakih Z, Efem E, Baker R (2024) ACO Paediatric Master Class Fakih Z, Chong MFA (2024) Optometry Insights into Albinism. Albinism Fellowship Conference

Forward L (2024). Parental Myopia as a Non-Modifiable Risk Factor: How Important Is It? Review of Myopia Management

Forward L (2024) Regional/ethnic differences in ocular axial elongation and refractive error progression in myopic and nonmyopic children. Rev Myopia Management

Fricke T (2024) Global patterns in myopia prevalence. International Myopia Conference, Sanya, China

Fricke T, Tahhan N, Resnikoff S, et al (2024) Global patterns in ocular accommodation amplitude. ARVO Annual Meeting, Seattle

Fricke T. An exploration of refractive error epidemiology (All models are wrong, but some are useful). Oral presentation on 30 April 2024 to the Department of Optometry and Vision Sciences, University of Melbourne

Fricke T. Grand and simple plans in optometry - presentation, Department of Optometry and Vision Sciences, University of Melbourne, Seeing Beyond lecture series, 4 September 2024

Fricke T. Paediatric Grand Rounds – a series of four online, interactive discussions presented for Optometry Australia, 18 September, 2 and 9 October, plus 13 November 2024

Fricke T. Undergraduate lecture at the School of Optometry and Vision Sciences, "Development and epidemiology of refractive errors", UNSW Sydney, 16 October 2024

Fricke T. Keynote speaker at Sri Lankan Optometric Association Annual Scientific Sessions, presented "Problem-solving in paediatric refractive error", Colombo, Sri Lanka, 27 October 2024

Fricke T. Invited speaker at 80th Orthoptics Australia Annual Conference, presented "Lifetime cost of myopia and the impact of anti-myopia treatments in Australia", Adelaide, Australia, 3 November 2024

Fricke T. Invited speaker at World Council of Optometry Global Webinar, presented "Elevating the standard of presbyopia care mitigation", online, 8 November 2024

Fricke T. Invited speaker at International Association of Contact Lens Educators Global Virtual Conference, presented "BCLA CLEAR Presbyopia - epidemiology and impact", online, 30 November 2024

Fricke T. Keynote speaker at Optometry Vietnam Annual Conference, Hanoi, Vietnam, 7-8 December 2024

Keay L, Fricke T, Kha R, et al (2024) Effective refractive error coverage (eREC) in NSW Australia. ARVO Annual Meeting, Seattle

Lam E (2024). Variation of Orthokeratology Lens Treatment Zone (VOLTZ) Study. Review of Myopia Management

Lee L, ... DeAngelis L, Barclay E, Fricke T (2024) Factors affecting the lifetime cost of myopia and the impact of anti-myopia treatments in Europe. International Myopia Conference, Sanya,

Li JCH, Tran T (2024) Improving LGBTQIA+ sensitivity in Outreach Eye Care: a case study

Piano (Coleman) M, Ive N (2024) Development of a dementiafriendly eyecare training course for optometrists. Alzheimer's Disease International, Krakow Poland.

Piano (Coleman) M, Nguyen B, Conrick J, et al (2024) Improving the eye test experience for people living with dementia. ARVO Annual Meeting, Seattle USA

Piano (Coleman) M. Dementia-friendly eye care. Three separate oral presentations in April 2024 to students at Plymouth, Glasgow-Caledonian, and Ulster Universities, UK

Piano (Coleman) M. Dementia-friendly dispensing. Webinar presented for ODA, accredited for optical dispensers in Australia and New Zealand

Rezazadeh D (2024). Five-Year Results of Atropine 0.01% Efficacy in Myopia Control in a European Population. Review of Myopia Management

Rezazadeh D (2024) Optometry Australia SRC Mini: Myopia control in children with topical low-dose Atropine

Scully J, Wang, B (2024) Avoiding Atlantis: Detection and Management of Progressive Glaucoma

Stankovic-Mowle E, Chong MFA, Frame L, Tapper M (2024) Wellbeing in Classification – panel- Paralympics Australia national classifiers conference

Tay, C (2024) Which myopic children will benefit from low-dose atropine? Rev Myopia Management

### **Neurotechnology publications**

The NVRI/ACO continued to support Prof Michael Ibbotson's neurotechnology team throughout 2024, following their move to the University of Melbourne in mid-2023. The team published four peer-reviewed papers in 2024:

Falahatdoost S, Prawer YDJ, Peng D, et al. Control of Neuronal Survival and Development Using Conductive Diamond. ACS Appl Mater Interfaces. 2024 Jan 31;16(4):4361-4374. doi: 10.1021/

Stoddart PR, Begeng JM, Tong W, et al. Nanoparticle-based optical interfaces for retinal neuromodulation: a review. Front Cell Neurosci. 2024 Mar 20;18:1360870. doi: 10.3389/ fncel.2024.1360870.

Almasi A, Sun SH, Jung YJ, et al. Data-driven modelling of visual receptive fields: comparison between the generalized quadratic model and the nonlinear input model. J Neural Eng. 2024 Jul 12;21(4). doi: 10.1088/1741-2552/ad5d15.

Castro D, Grayden DB, Meffin H, Spencer M. Neural activity shaping in visual prostheses with deep learning. J Neural Eng. 2024 Jul 25;21(4). doi: 10.1088/1741-2552/ad6186.







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