



AUSTRALIAN COLLEGE OF  
**OPTOMETRY**

CLINICAL SERVICES • RESEARCH • EDUCATION



Annual Report 2025

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## 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:

- **Clinical optometry services:** providing high quality public health eye care for communities in need and leading best practice;
- **Research:** undertaking high impact internationally recognised research to improve the understanding of vision science and eye care; and
- **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



## 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.

### Public Eye Care in Victoria

ACO Eye Health is the clinical services arm of the ACO providing high-quality, affordable optometry care. We work closely with the Victorian Government to administer the Victorian Eyecare Service (VES) providing 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. The overarching goal of the NVRI is to identify problems and create



solutions that can improve eye care, access to eye care, and/or vision outcomes. We prioritise expanding capacities for optometry focused clinical, public health and translational research.

### 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 the Wurundjeri people of the Kulin Nations as the Traditional Custodians of the land on which we live, learn and work, and pay our respects to their Elders - past, present and emerging. We reflect on the importance of seeing, knowing and caring for Country, and walking alongside Aboriginal and Torres Strait Islander peoples on the journey to Treaty and self-determined eye health.

### Statement of inclusion



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

# 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

*"ACO Eye Health staff were really, really equipped to deal with autistic kids, and to meet them where they're at."*

- Maddie, patient's mother (see pg 20)

## 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

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

## Rural VES

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



*"As a Medicare provider and as a health practitioner, I think that we should all consider how to better assist people of all backgrounds. We appreciate that there is government funding available to it, and we hope to be able to continue it for a very long time."*

- Mark DePaola, Graham Hill Eyecare (see pg 18)

*"By bringing services on site there are no appointments, no red tape and no barriers. It has created a space of trust where we can help people without referring them on or handing out a pamphlet that goes nowhere."*

- Michelle Pinxt, Transit Soup Kitchen and Food Support. (see pg 22)



## 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

*"Global and local public health initiatives play an essential role in addressing access to eye care and glasses. The impact of optometry, with our ability to deliver refractive care as well to identify, manage and/or refer other eye conditions, is often under-estimated. The NVRI and ACO Eye Health provide a model of how optometry can address inequities experienced by older people, our First Nations communities, low-income families, those experiencing hardship such as homelessness and those living with disability or mental health challenges"*

- Dr Tim Fricke, Director of Research and Education (see pg 35)



### Clinical research

Conducting accredited clinical research to investigate emerging treatment options.

## EDUCATION & TRAINING

Supporting the eye care community with life-long learning.

### Clinical placements

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

*"ACO has exposed me to a different patient base, I definitely saw more pathology and had harder patients here, I saw my skills develop way faster after I saw patients here."*

- Student optometrist (see pg- 32)



### Graduate program

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

*"Myopia Management in Clinical Practice provides a firm grounding to initiate and confidently manage myopia control in clinical practice"*

- Course candidate (see pg 34)



### Professional development

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

Includes:

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



## From the Chair and CEO

We are grateful to have completed another year as Chair and CEO, and we thank all of the ACO's diligent and talented staff, its committed and engaged members, all of our stakeholders and partners for their work with us throughout 2025. On behalf of the ACO Board and Executive, we are thankful for the opportunity to continue our work as custodians of the ACO's unique and meaningful contribution to full-scope public health eye care, education for optometrists and optometry students, as well as sector-relevant public health research.

In 2025 we continued our years-long journey towards financial stability, organisation-wide structural change and operational sustainability. While we are pleased to have brought the organisation into a more balanced financial position after several years of deficits, we remain very conscious that pressure on government funding driven by a challenging fiscal environment continues to affect most public and community health organisations.

We aren't immune from financial headwinds. In particular, our clinically vital, ever-expanding, but very complex and expensive outreach and First Nations service levels are at risk in the current environment. The ACO simply cannot afford to underwrite unfunded programming. In order to preserve all that we can, we continue to work in a collegial, transparent and forthright way with our government and departmental contacts to try and secure durable solutions to these ongoing issues. Alongside this work we are expanding our engagement with industry and sector partners to gauge interest in philanthropic support – where appropriate – to allow us to continue our programming at current and increased levels in line with community needs.

Those challenges notwithstanding, the ACO has enjoyed a very successful year. We hope that you enjoy reading our 2025 Annual Report, which we present for your information. In the pages that follow you will read about, and be reminded of, the outstanding work that we do, and hear from some of

the people who benefit. You will also see the long lists of our supporters and partners, without whom we would not be able to deliver our vision and our mission, or live our values.

We remain mindful that genuine sustainability and ongoing relevance requires perseverance, collaboration, transparency and honesty across the organisation and throughout the profession more broadly. All of the building blocks needed for the ACO's sustained success are in place, but they remain fragile. Our work in 2025 reinforces to us the need for patience and resolve to make sure the people we serve have the benefit of our work for decades to come.

Our commitment to you all is undiminished – knowing that we have your support has meant a great deal to us and we have very much enjoyed speaking with many of you throughout 2025. 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

We are 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



### Friends of ACO Eye Health



### Research & Education



### Donors

Lucy Ainge  
Janice Bastiaan  
Peter Beckingsale  
Colin Chan  
Faye Clarke  
Alex Craig

Nathan Efron  
Suzanne Efron  
Rogan Fraser  
Malcolm Gin  
John Nicola  
Vicky Tranis

Catherine Van Paassen  
Elizabeth Vidor  
A/Prof Richard T. Vojlay

# Our Partners and Collaborators

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

## Affiliations

Royal Victorian Eye & Ear Hospital  
The University of Melbourne

## Partners and Collaborators

### General

Indigenous Eye Health Unit, University of Melbourne  
International Agency for the Prevention of Blindness  
Optometry Australia  
Optometry Victoria South Australia  
Reconciliation Australia  
The Torch  
Vision 2020 Australia

### Clinical

Alfred Hospital  
Austin Health  
AFL Blind  
Commonwealth Government  
cohealth  
Department of Health (Commonwealth)  
Department of Health (Victoria)  
EACH  
Eastern Eye Specialists  
First Nations Eye Health Alliance  
Holstep Health  
Medical Select  
Melbourne Indigenous Transition School (MITS)  
Monash Health  
National Aboriginal Community Controlled Health Organisation  
Peninsula Health  
Paralympics Australia  
Royal Children's Hospital  
Royal Melbourne Hospital  
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  
Montrose  
Mill Park  
Orbost  
Richmond  
Sale  
Sunbury  
Thornbury  
Wyndham Vale

#### Refugee & Asylum Seeker program

EACH  
IPC- Health  
Melbourne Immigration Transit Accommodation (MITA)  
Asylum Seekers Resource Centre (ASRC)

#### Community Outreach

Campbellfield Heights Primary School  
Doveton College  
David Scott School  
The Wellington Centre  
Western Health – Wyndhamvale

#### 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  
BHN- Parkdale  
Transit Soup Kitchen

#### Aged Care Facilities

Arcadia Aged Care  
Arpad Elderly Welfare Society  
Dimboola Nursing Home  
Darlingford Aged Care  
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  
Bunyip Nursing Home  
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  
Sunnyside Retirement Village

#### Supported Residential Services

Aaron Lodge  
Acacia Gardens  
Acacia Place  
Achmore Lodge  
Acland Grange  
Alma House  
Angus Martin House  
Amica Lodge  
Balmorral Lodge  
Bamfield Lodge  
Belair Gardens  
Berwick House  
Brooklea Lodge  
Brown Lee Home  
Brunswick Lodge  
Burwood Lodge  
Caulfield Manor  
Cause SRS  
Central Bayside Community Health  
Chatsworth Terrace  
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 Accommodation House  
Glenville Lodge  
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  
Sunnyhurst Gardens  
Southcare Lodge  
Stewart Lodge  
Surfcoast Accommodation  
Sydenham Grace  
Themar Heights  
Trentleigh Lodge  
Vermont Gardens  
Viewmont Terrace  
Warranvale Gardens  
Westley Gardens

#### Visiting Disability Services

Araluen Disability Service  
Scope  
Life Without Barriers  
Aruma  
Gellibrand  
Melba Support Services  
Yooralla

## Research

Able Australia  
Asylum Seeker Resource Centre  
Australian Eye and Ear Health Survey  
British Contact Lens Association  
Centre for Eye Research Australia  
Centre for Eye Research Ireland  
Cerulea  
Flinders University  
Fred Hollows Foundation  
Global Burden of Disease  
Hanoi Medical University  
International Myopia Institute  
Johns Hopkins Carey Business School  
Lions Eye Institute  
Moorfields Eye Hospital  
Organisation pour la Prévention de la Cécité  
Queensland University of Technology  
Thea Foundation  
Technical University Dublin  
The University of Melbourne  
Ulster University  
University of Alabama at Birmingham  
University of Bradford  
University College London  
University of Montreal  
UNSW Sydney  
Vision Loss Expert Group  
Vision Science Innovation Alliance  
Victorian Lions Foundation

## Education and Training

Bright China  
Deakin University  
Dong Do Hospital  
Flinders University  
Hanoi Medical University  
Optometry Australia  
Optometry Council of Australia & New Zealand  
Optometry Vietnam  
Review of Myopia Management  
Royal Victorian Eye & Ear Hospital  
Shanghai Eye Hospital  
Sri Lankan Optometric Association  
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 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
- Armstrong Creek**  
Spectacle Hub – Armstrong Creek\*
- 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
- Foster**  
Foster Medical Clinic\*
- Geelong**  
GMHBA Eye Care\*
- Gisborne**  
J.C. Merrington Optometry\*  
Simon & Dee Optometrist
- Hamilton**  
Glenn Howell Pty Ltd\*
- Healesville**  
Harris, Blake and Parsons
- Highton**  
Eye Gallery Geelong
- Hopetoun**  
Quinn & Co. Eyecare\*
- Horsham**  
Quinn & Co Eyecare \*  
Specsavers Horsham\*
- Kerang**  
Kerang Optical\*
- Kilmore**  
Ian Wood Optometrist by George & Matilda Eyecare\*
- Korumburra**  
South Gippsland Optical
- Kyabram**  
Horsfalls Optometrists

- Lakes Entrance**  
East Gippsland Eyecare\*
- Lara**  
New Vision Eyewear
- Leongatha**  
Leongatha Optometrists Pty Ltd  
McCartin Street Optometrists
- Leopold**  
GMHBA Eye Care\*
- Lorne**  
Deakin Optometry
- Mallacoota**  
Dyson & Long Optometrists
- Maryborough**  
D P Hare
- Mildura**  
Quinn & Co. Eyecare\*  
Quinn & Co. Eyecare  
Mildura Plaza\*  
Mildura Optical
- Moe**  
Moe Optical\*
- Mornington**  
20/20 Sight 'N Style  
Main St Eyecare
- Morwell**  
Latrobe Eyecare\*
- 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  
MyVision 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\*
- Waurnd Ponds**  
Deakin Collaborative Eye Care Clinic  
GMHBA Eye Care\*
- Wendouree**  
Darryl Wilson Optometrist by George & Matilda Eyecare
- Wodonga**  
Blue Star Eyecare\*  
Michael Smith Optometry  
George & Matilda Eyecare\*  
Wodonga Eyecare
- Wonthaggi**  
Akers Eyewear\*
- Yarram**  
B W Pettitt
- Yarrowonga**  
Sandra Heaney Optometrist\*

# Rebrand of Patient Services

In the 85 years since the Australian College of Optometry was established as a training college, the organisation has evolved significantly, crucially moving away from full time undergraduate training and committing to public health eye care services.

In February 2025 ACO rebranded its clinical services to ACO Eye Health as part of our ongoing effort to clarify our role as a community eye care provider and become a more patient-centric organisation.

This transition has been well received by our patients and stakeholders, helping our eye care services become more visible and better reflect the work we do.

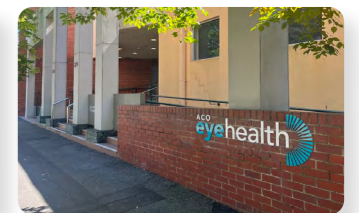
While the name of our clinics has changed, our legal business name remains as the Australian College of Optometry. Our mission to positively impact eye health through patient care, education and research remains the same.



Branded outreach vehicles



Wyndham clinic - signage



Carlton clinic - exterior signage

## New patient-centric website

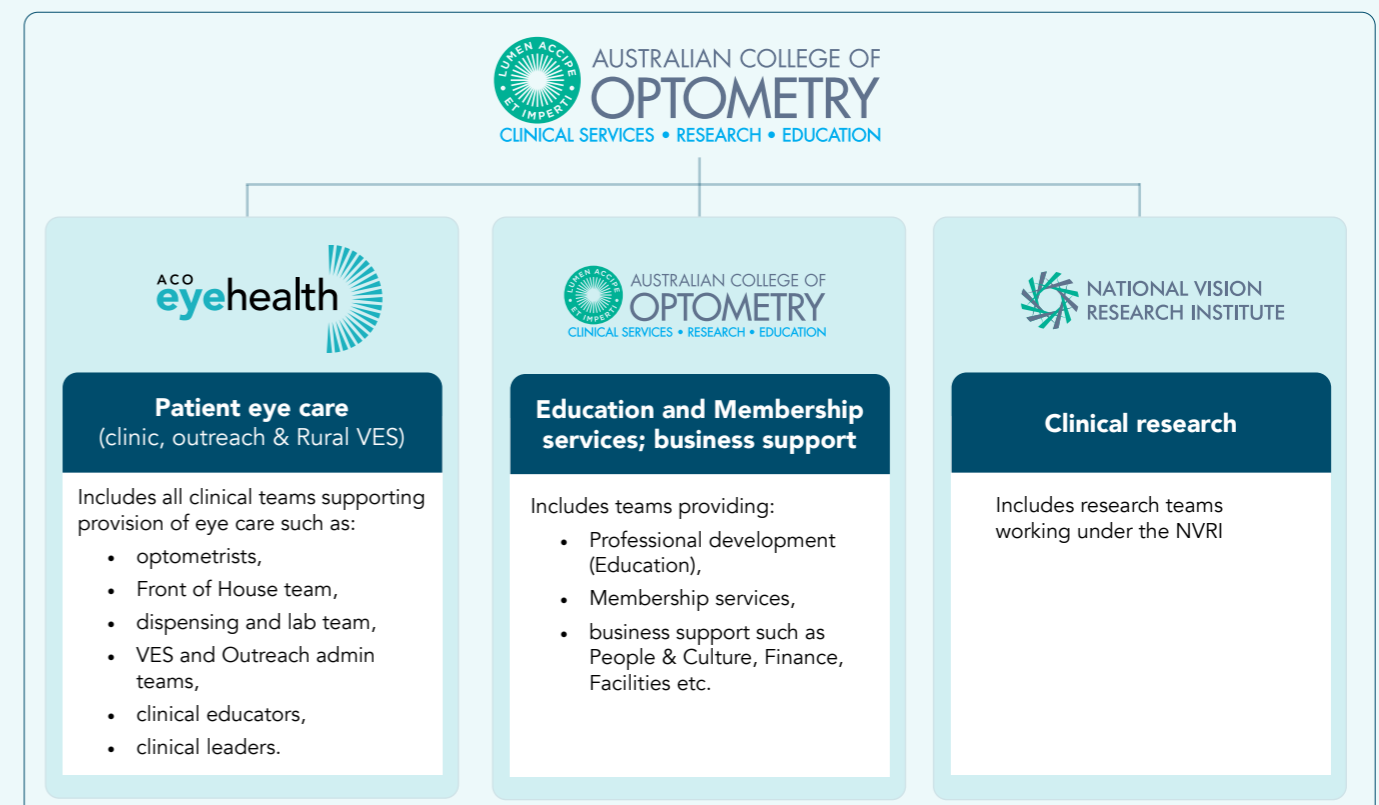
As part of the rebrand project, ACO's new website was also launched to ensure an improved experience for visitors.

For the first time, the website is designed for patients and referrers seeking eye care services as the primary audience, distinct from ACO's CPD offering, research, membership and publications. This move reflects our focus on patient care.



[acoeyehealth.org.au](http://acoeyehealth.org.au)

## How ACO Eye Health fits in



# 2025 at a Glance



# Clinical Services

## 40 Years of VES

In 2025, the Victorian Eyecare Service (VES) marked 40 years of delivering low-cost eye care and visual aids to people across metropolitan and regional Victoria. Each year, more than 60,000 patients access subsidised care through this State Government funded program, designed to improve equity for communities experiencing hardship or other barriers to eye care services.

Over four decades, VES has remained committed to ensuring comprehensive eye tests and affordable visual aids are within reach for all communities. It has become a vital lifeline for thousands of Victorians who might otherwise go without care, reducing the risk of preventable vision loss and supporting better health and wellbeing outcomes.

In Melbourne, ACO Eye Health delivers the VES through its seven clinics while the Outreach team extends this care to some of our most vulnerable communities through nearly 300 outreach locations across metropolitan and regional Victoria. Partner practices in country towns further strengthen this network ensuring comprehensive eye examinations, treatment, and affordable glasses are available closer to home.



*Efficient speedy introduction of the Victorian Eyecare Service was the responsibility of Secretary, Jean Colledge, and Director, Barry Cole.*



As the VES enters its next decade, we proudly reflect on its evolution and enduring impact on communities across the state - helping ensure equitable eye care is within everyone's reach. What began as a program to improve access has grown into a cornerstone of equitable eye care across the state. Looking ahead, ACO Eye Health's commitment remains clear: to deliver timely, innovative, and equitable eye care to all Victorians - no matter their circumstances - and to continue expanding our reach to meet the needs of future generations.

### Early days

In 1984, following discussions with the Victorian Department of Health, ophthalmologists and public health leaders, Professor Barry Cole recognised a critical opportunity: to establish a subsidised optometry service administered by ACO. His vision centered on improving access to affordable eye care for communities experiencing disadvantage, while also easing pressure on the overburdened public ophthalmology system, particularly the Royal Victorian Eye and Ear Hospital. This foresight laid the foundation for what would become one of Australia's longest-running public eye care initiatives.

The following year, the Victorian Government committed \$500,000 to establish the Victorian Eyecare Service (VES). The ACO was entrusted with delivering services across metropolitan Melbourne, as well as administering a statewide network of regional practitioners. The initial planning and roll out was a collaborative effort between the ACO, Royal Victorian Eye and Ear Hospital and the Victorian Division of the Australian Optometrical Association (now Optometry Victoria/ South Australia). The success of the regional VES model was made possible through the leadership of a pioneering group of optometrists including Bryan Fuller (Echuca), Graham Hill (Shepparton), Vincent Penry (Camperdown and Warnambool), Graham Peachey (Wodonga), Barrie Pettit (Sale), Daryl Wilson (Wendouree), Rod Jackson & David Lawry (Leongatha), Trevor Pritchard (Geelong) and John Warren (Traralgon). Their early efforts established a strong, sustainable foundation - one that continues to support equitable access to eye care across Victoria today.

### Evolution of VES

In 2010, the VES mission to improve eye health equity was further strengthened with the introduction of a dedicated subsidy scheme supporting First Nations communities. Through the Victorian Aboriginal Spectacle Subsidy Scheme (VASSS), community members can access culturally appropriate visual aids, with Elder-approved frames, for just \$10. This initiative directly addresses financial barriers and has significantly improved vision outcomes for First Nations people across Victoria.

While early years focused on improving access for healthcare and pensioner concession card holders, as well as wards of the state, the program has evolved in response to the changing needs of the community. The VES now supports a broader and more diverse population, including people facing homelessness, domestic violence, refugees and seekers of asylum, and individuals living with disability or complex physical and mental health challenges.

Today, VES also plays a critical role in expanding access to advanced optometry services. Delivered by ACO Eye Health at significantly reduced cost, these specialised clinics provide care for a wide range of eye conditions including paediatric eye care, complex contact lens fitting, low-vision support, and the management of chronic conditions such as glaucoma, retinal diseases and advanced dry eyes. The continued development of these services reflects ACO's commitment to public health innovation, and to meeting the evolving needs of the community with the highest standard of care.

*"Being able to read your newspaper, medicine bottles, or watch the footy. All the things that we take for granted, we're able to provide for them through VES and at a cost that means patients aren't choosing between glasses and medicine, or glasses and fruit and veg for the week. It's hard to overstate how important it is. VES fills up a niche that is just not provided anywhere else. There is a big chunk of people who simply cannot afford glasses."*

- ACO Eye Health optometrist



*Optometrist Varny with patient in our Dry Eye Disease clinic*

ACO Eye Health's Outreach programs further extend this impact by delivering comprehensive, culturally-safe care to people facing the most significant barriers to access. By bringing services into familiar and trusted environments, such as Supported Residential Services, foodbanks and aged-care facilities, these programs enable earlier diagnosis and treatment of eye conditions. This not only helps prevent avoidable blindness but also protects independence, and restores dignity. Beyond the provision of visual aids, Outreach services act as a vital gateway to the broader health system. For many patients, they represent a first point of connection, supporting access to primary healthcare and helping to address wider health needs.



*Optometrist Christa conducting eye test at a Supported Residential Service*

## VES in regional Victoria

The impact of VES in regional Victoria is made possible by the network of regional partner practices which ensure communities can access subsidised eye care closer to home. Without their collaboration and dedication, many patients would be faced with the difficult decision to travel long distances for basic eye care or delay seeking care altogether.

In South Gippsland, Akers Eyewear has served the community for over 15 years with approximately 80 per cent of their patient base relying on the VES to access eye care and glasses. Practice owner Leonie Akers tells us, "A lot of people do find life challenging, especially these days when everything's so tough. We've had a few people emotional with relief and gratitude when we tell them [about VES]. On a personal level, I feel very proud that I've been able to do this for my community."

Further east in Morwell, Peter Ayers, Managing Director of Latrobe Eye Care emphasises how regular eye tests are crucial for detecting and treating chronic eye diseases.

"Certain eye diseases such as glaucoma, diabetes, cataracts are huge in the country areas. If it's not detected early, sometimes it's irreversible and often the outcome is blindness, very low vision and a lot of irritations for the rest of their life.

The only way to achieve early detection is by encouraging people to come in regularly to have their eyes examined with the knowledge that they won't be financially burdened. Living in the country is more difficult, there are fewer professional services. So if a health problem arises, people tend to hold off because it is difficult to access these services - it's costly, transport is a major problem. If the funds for VES were reduced, many people will just slip under the radar, and they will suffer immensely with their general health, especially when it comes to their eyes."

In northern Victoria, Graham Hill and Associates has provided the VES continuously since its launch 40 years ago. Recently retired founder Graham Hill was instrumental in helping expand the service to regional Victoria. As current practice owner Mark DePaola recalls, "Graham felt the opportunity that was given to pension and healthcare card holders in the city should be available in the country."

*"It just makes you feel good and you can afford to do it. There are so many people financially hurting at the moment, they wouldn't be able to afford to get the eye care that they need. And your eyes are such an important part of your life. We have to look after them, we have to be able to look after them."*

- Michelle (Regional VES patient)



Peter Ayers assisting a patient at his practice, Latrobe Eye Care

For the Graham Hill Eyecare team, access and equity to health care has always been central to their mission. "At heart, there's always been a strong social conscience to make sure that we've got eye care for all. We're certainly conscious of people who feel that cost of glasses is a barrier to receiving eye care. And so, I think that over a long period of time, we've become known as a practice where that barrier has been removed."

With the support of VES, the practice is enabled to support a diverse community, including pensioners, refugees and families suffering long-term financial hardship, helping to build a trusted relationship in the community.

"It's been interesting over the last 20 years despite the introduction of other low-cost commercial optometry models, that there's still an appreciation for quality eye care, where the cost of glasses is achievable. Patients are grateful that there are practitioners who have been here for decades looking after their patients and providing low-cost glasses."

For many of our regional partners the commitment to equitable eye health and caring for their local communities is very important. Mark says, "As a Medicare provider and as a health practitioner, I think that we should all consider how to better assist people of all backgrounds. We appreciate that there is government funding available to it, and we hope to be able to continue it for a very long time."

## Looking to the future

Recognising the evolving needs of Victorians, ACO Eye Health is actively progressing the recommendations arising from the comprehensive VES review conducted in 2024. Informed by detailed analysis and extensive stakeholder engagement, the roadmap ahead (Figure 1) sets a clear direction for the future of the program.

Focused on sustainability, improved access, and strategic expansion, this next phase will strengthen the VES and position it to meet growing demand. It reflects a commitment not only to maintaining the program's impact, but to ensuring equitable, high-quality eye care remains accessible to all Victorians for generations to come.

## Summary of Recommendations

Figure 1

### 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.

### Modify the mix and location of ACO Eye Health sites to enhance access

Review the current mix and location of ACO Eye Health 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.

### Diversify funding streams

Active diversification of ACO funding streams to enable more underprivileged Victorians to receive care.

### Targeted marketing campaign to enhance equity

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

### Refine Program monitoring and reporting

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

### 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 Eye Health services.

## Enhancements of systems and service access

Development has begun on a new VES practice portal, NEMO, to support better service access for both patients and VES regional practice partners. The portal aims to streamline administrative processes and improve efficiency to create a more seamless experience for our partner practices to lodge claims and get support.

*"If 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."*

- Lily (Metro VES patient)

## Advancing Self-Determined Eye Care for First Nations Communities



Victorian Aboriginal Health Service (VAHS) Fitzroy

In July 2025, the Victorian Government extended bridge funding for VASSS to mid-2026, supporting more than 3,000 Aboriginal and Torres Strait Islander people to access culturally appropriate visual aids at low cost.

While this ensures continuity, ACO Eye Health remains committed to working in partnership with First Nations communities to support the transition to self-determined, community-led models of eye care. Ongoing engagement with VACCHO and ACCHOs is shaping this pathway, recognising the time, flexibility and investment required for sustainable change.

The ACO will continue to advocate for long-term solutions that empower Aboriginal and Torres Strait Islander communities to lead and deliver eye care in ways that best meet their needs.

## Supporting Families and Reducing Hospital Wait Times

Our Children’s Clinic expanded its partnership with the Royal Children’s Hospital (RCH) to optimise referral pathways within the public system and patient-centred care. Through careful triage, this model continues to reduce delays, streamline care, and improve outcomes for all paediatric patients, particularly those with complex needs who are most vulnerable to long waiting times.

The collaboration has also seen the implementation of formal co-management protocols between ACO Eye Health and the RCH for children with conditions ranging from amblyopia to pseudo papilledema.

This model has notably improved access for children with additional needs, including ASD, ADHD and developmental delays, who previously faced long RCH wait times due to difficulties accessing care in community optometry.

### Meeting Ashton where he’s at

#### Reducing barriers to eye care for children with complex needs

Nine-year old Ashton has autism with very high support needs (level 3), and he also has an intellectual disability, epilepsy, and complex medical needs. He and his family attended ACO Eye Health’s Developmental and Binocular Vision (DBV) clinic for the first time in 2025, following a referral from the RCH.

Born 10 weeks premature, Ashton experienced brain bleeds until the age of five. Following years of neurology consultations and brain scans, the family transitioned to ophthalmology visits to monitor the pressure in his brain by observing the optic nerve.

In the midst of increasing hospitalisations and competing medical appointments, Ashton’s parents, Maddie and Aaron, opted to discharge themselves from the RCH ophthalmology service before a referral to ACO Eye Health changed their experience of eye care.

“Ashton received an epilepsy diagnosis in the last few years and not a mild form, it’s a life-threatening form; every seizure can be fatal for him. Last year was a real escalation of that and he was rushed in by ambo every month for the second half of the year,” Maddie tells us.

**288**  
children seen

Wait time  
reduced from  
12 months to  
4 weeks

\*Jan-Dec 2025

The collaborative clinic provides families with an accessible pathway to earlier assessment and management without compromising the eye care they receive.

### Sharing learnings with the industry

Zeinab Fakhri, Manager Paediatric and Rehabilitative Services, has been central to this partnership since its launch in late 2024. This year, Zeinab presented details of the project at APSPOS Congress, Brisbane in June and the RANZCO Conference in November, sharing success and learnings, and highlighting the importance of ophthalmology and optometry collaboration.



*“The staff were really, really equipped to deal with autistic kids, and to meet them where they’re at. One key difference was the eye chart which uses shapes instead of letters, because Ashton can’t do letters. This has not been offered to us previously. It’s always a simple accommodation - it’s the lights down, more time. Autistic friendly tools, I guess you’d call that.”*

- Maddie, Ashton’s Mom

“We just had too many other appointments at RCH, and we did our own triage and scratched the bottom one, which at that time was ophthalmology because his other things were immediately urgent, neurology, cardiology, respiratory.. so, we just discharged ourselves from ophthalmology at RCH.”

It’s very traumatic going to a hospital just with the autism, let alone all that PTSD that comes with all of his visits - it’s a double layer of stress for him. A RCH nurse understood this and she was the one who told me about ACO Eye Health’s autism service (DBV). The way she explained it, to be honest, sounded too good to be true.”



Ashton attending an appointment with optometrist Rita

“In my experience, many services that claim they are set up for autistic children are really only familiar with and equipped for those with lower support needs, requiring minimal accommodations. But everything that RCH promised, ACO Eye Health was.

The first thing that made a big difference for us was not having to sit in a waiting room for ages. For an autistic kid, that’s torture. And for the parents, trying to force them to sit still. I don’t think we sat in that wait room for more than 5 minutes, whereas at the Children’s [Hospital] we can sit for up to four hours, regularly.

The optometrist we saw was brilliant. She already had the lighting down low, which is a really big thing for autistic kids, it instantly helps them with regulation by removing the sensory overlays. She had all of the sensory toys ready to go. We come with a duffel bag of toys anyway, but having new ones made the experience fun, he really loved it.

The staff were really, really equipped to deal with autistic kids, and to meet them where they’re at. One key difference was the eye chart which uses shapes instead of letters, because Ashton can’t do letters. This has not been offered to us previously. It’s always a simple accommodation - it’s the lights down, more time. Autistic friendly tools, I guess you’d call that.

The longer appointment here was brilliant too, it gave him the time to just come to the machine. Ashton put his face in the [slit lamp] willingly, which he’d never done at the children’s ever.”

“It’s a big ask, asking him to look at a certain point, you know. You can verbally say to someone else ‘look here’ and they’ll look there”, Aaron explains.

“It’s nice to come into an environment where it’s accepting. There’s a lot of other families that are sort of in the same boat as us, they’re a bit more understanding of autism or intellectual disabilities. Whereas if you went to a regular eye clinic, you know, he might exhibit behaviours that other parents would just be like, ‘What’s going on with that kid?’

And then you’ve got that added, you know, trying to keep him quiet, be normal, so to speak - but coming to an environment where that’s just accepted and it’s not a big deal, was good.”

“Yeah, we felt really met where Ashton’s at. Acceptance is a big thing,” adds Maddie.

“If we were going back to the Children’s [Hospital], I’d probably be trying to find ways to get out of it, because we just have to minimise where we can. But I’ve got no hesitation to come here next June. He’ll be fine.

In the simplest terms, this is a place that just gets it. They’ll meet you and your kid where they’re at. It’s very neuroaffirming here, with a real sense of acceptance and understanding of neurodivergence. It’s made such a positive difference for our family.”

## Outreach Services

ACO Eye Health's Outreach programs have developed over more than 25 years to reach Victorians facing the most extreme financial, social and physical barriers to eye care, by bringing eye tests to spaces that feel safe and familiar to them. Outreach is an essential part of the Victorian Eyecare Service, reducing health inequities and ensuring inclusive, affordable and accessible eye care for people unable to reach mainstream services.

Outreach supports some of Victoria's most vulnerable residents including those experiencing or at risk of homelessness, people in aged care, people living with disability, First Nations communities, refugees and seekers of asylum, children from schools in areas of need and other communities.

679 days of outreach provided

274 outreach sites visited

*"The community attending have a built-in trust [with our partners], and it really does break down the barriers for a vulnerable person, helping to increase the attendance and accessibility for eye care"*

- Tracy Tran, Manager, Community Engagement Outreach & Aboriginal Programs

ACO Eye Health works closely with like-minded organisations that provide trusted spaces for these communities, delivering care where people feel a sense of safety and familiarity, and can feel confident in accessing eye care.

Outreach meets people where they need us - often delivering care in soup kitchens, storage rooms, community basketball courts, or for those living in residential services, at their shared home. It calls for clinician capabilities beyond the traditional training, including trauma-informed communication, cultural safety, de-escalation, and the ability to quickly build trust with people who have experienced isolation, exclusion, or instability.



Andrew picking up his new glasses

## Providing Care with Community Partners

### Transit Soup Kitchen

In August, we added The Transit Soup Kitchen in Narre Warren to our outreach circuit, a food bank offering meals and groceries to approximately 1700 people each week. Every month, ACO Eye Health's outreach team sets up a clinic in the industrial kitchen, offering eye exams for people collecting their groceries.

People are welcomed as guests to emphasise the ethos of belonging and dignity, helping to create a trusted community space. Beyond food support, Transit Soup Kitchen has introduced a wrap-around support initiative that brings essential services onsite to their guests to remove barriers in accessing services, such as eye care and legal support.

"By bringing services on site there are no appointments, no red tape and no barriers. It has created a space of trust where we can help people without referring them on or handing out a pamphlet that goes nowhere," says Michelle Pinxt, Manager, Transit Soup Kitchen and Food Support.

Michelle explains that many Transit guests are disengaged and lack basic resources, such as a phone, making it challenging to seek support or navigate services. The trusted relationships built over numerous meals and conversations help guests to re-engage and identify the support needed.

"Guests trust us and who we bring in. And so, they take another leap of faith and re-engage with a system that they've often felt failed by. By having organisations like ACO Eye Health on board, guests are able to get support that they would never have reached out for alone. The uptake for optometry services has been phenomenal, week after week it is one of our services that fills out the fastest.

*"We are waiting for that demand to shrink and it's not, it just keeps growing. It's amazing seeing the confidence that people have in getting help for their vision - something many have had to delay for years as the cost of living rises and they simply try to stay in survival mode."*

- Michelle Pinxt

"We had one gentleman, Danny, walk in who is homeless. We hadn't met him before. He came in incredibly hungry. As he came in, we were able to get other wrap-around support services for him - shower passes, a hot meal and an eye test! He was sitting getting his eyes checked while having a nice big bowl of spaghetti, which was beautiful to see."

Turns out his vision was below the accepted level for driving, which means it stopped everything. How was he meant to re-engage in employment without these glasses to be able to seek support, to be able to read the pamphlets that may help him get out of the situation that he's in? It's opened so many doors for him. He walked in hoping for some food and instead he's given a whole new lease on life through all these other supports" Michelle recalls.

For another patient, Andrew, the easy access to eye care has made all the difference. A retired truck driver, Andrew has been visiting Transit Soup Kitchen for the past five years.

Since his retirement and onset of health issues, he has been relying heavily on community support services to navigate the health systems and access pension-based support. He is managing a functional brain disorder and remains under the care of a specialist. Due to this, Andrew requires regular eye tests to complete a fitness report in order to retain his license and independence. Although noticing gradually changes to his sight, Andrew had difficulty accessing care.

"I've been waiting 14 months to get to disability services. And when I find out 14 months later I'm still waiting on this, there's nothing being done," Andrew tells us.

One guest had gone eight years without an eye test because he couldn't afford new glasses.

As an avid reader, losing the ability to read was devastating.

When he learned about ACO Eye Health's free tests and subsidised glasses, he made an appointment immediately. He received affordable glasses with a significantly changed prescription, something which seem impossible months earlier.

With his new pair, he's overjoyed to return to reading - a simple hobby that's restored joy and normalcy to his life.

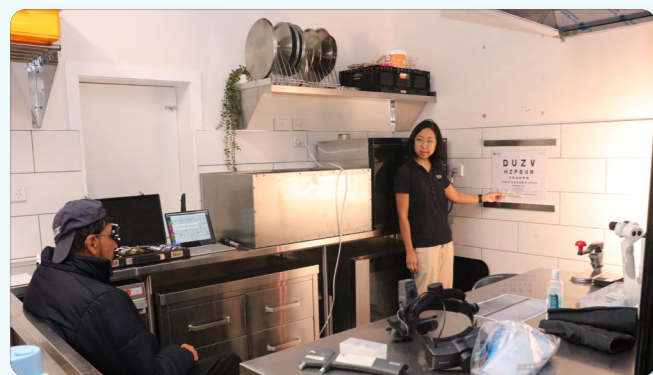
In addition to long wait time, the cost of glasses elsewhere was another significant barrier.

"When you're on a pension, you've got to work out how to survive," he adds.

But with care from ACO Eye Health's outreach optometrists, Andrew's new pair of glasses has had an immediate impact.

"I can see everything! As soon as I take them off, I can't even see the paperwork on the phone - everything's fuzzy," says Andrew.

With his new glasses Andrew is now looking forward to fishing again, a simple but meaningful return to normal life made possible through accessible care.



Optometrist Tracy conducts an eye test at Transit Soup Kitchen





## Strengthening our satellite clinic network

Work began to relocate ACO Eye Health's Dandenong clinic to larger site to meet the growing community demand.

The new site, just a kilometre from the current site, features six consulting and three ancillary testing rooms, complemented by a generous dispensing area.

Renovations began in 2025 and the move scheduled to take place in March 2026.

In 2025, our Frankston clinic closed its doors owing to a lease conclusion. Most Frankston patients have accepted diversion to the Dandenong site, where additional optometry sessions have been scheduled to ensure timely care for our patients.

## Grant Success

In July 2025, the ACO was awarded a \$73,000 grant from Perpetual to help support a research project at our embedded eye care clinic at the Asylum Seeker Resource Centre (ASRC) in Footscray.

This funding supports our research, and clinical teams investigate barriers to care for refugees and seekers of asylum and measure the impact of well-timed culturally responsive care.



Photo credit: ASRC

## Launch of Friends of AC0 Eye Health

As part of our commitment to organisational sustainability, AC0 has begun its philanthropic efforts, in particular to support our vital but costly Outreach programs.

As one of the first initiatives, the Friends of AC0 Eye Health program was launched in 2025, offering a way for colleagues working in private optometry practice to directly support our outreach services. This program was designed with the help of optometry leaders and in response to expressed interest to support AC0 Eye Health's outreach services.

Established separate to Membership or general donations, this initiative offers practices the opportunity to champion their role in supporting public eye care with customers, staff, and peers. Support starts from just \$300 and is tax deductible.

Since the launch of the program, we have been delighted to welcome a growing number of practices who have pledged their support. As Friends, these organisations are helping make quality eye care and glasses accessible to everyone, no matter their background or circumstance.



Seekers Optical



Dyson & Long Optometrists

*"As optometrists we understand the importance of good vision and healthy eyes. We work hard in our own practices to provide our services to our local communities. This program is an opportunity to support the provision of optometry services to those less privileged."*

- Chris Katopodis (Canterbury Eyecare)



## Melbourne Collaborative Sensory Clinic Pilot

In 2025, the Melbourne Collaborative Sensory Clinic was established through a partnership between the University of Melbourne and ACO Eye Health to deliver integrated, expert care for patients with Usher and Stickler syndromes.

The clinic's primary goal is to provide streamlined, collaborative care by enabling patients to access comprehensive assessments across optometry, audiology, speech pathology, physiotherapy, and social work in a single visit. This approach reduces the burden of attending multiple appointments across different locations ensuring that the patients' medical, functional, and psychosocial needs are addressed holistically. A rotational roster of geneticists, genetic counsellors, and tertiary specialists (ophthalmologists, ENT surgeons, rheumatologists) will further enhance delivery of individualised care.

Early feedback has highlighted the great value of this coordinated approach, particularly in reducing outpatient waitlists and improving access to timely care for patients with complex needs. As part of its pilot phase, patient and carers feedback and data will be collated to help the teams assess the model's effectiveness, usability, and acceptability.

The clinic also serves as a valuable teaching platform, with students participating in an observational capacity. This provides opportunities for hands-on learning and interdisciplinary training, equipping the next generation of clinicians with critical skills in managing complex, multisensory conditions.

The pilot showed that improved access to timely care and connecting families with community support networks is vital. This initiative marks a significant step toward improving care for those living with Usher and Stickler syndromes.

*"Working in a collaborative setting has shown me how impactful it is when care is brought together. Patients benefit not just from convenience, but from a more complete and connected approach to their health. Bringing the right clinicians together at the right time can make a profound difference to their quality of life."*

- Diba Rezazadeh



Optometrist Diba with the clinic's first patient

## Improving access to care options

As a public health eye care provider, ACO Eye Health is committed to improving access to high-quality, affordable services that improve equity for communities experiencing barriers to care.

Where possible, we work with industry partners to subsidise treatment options often inaccessible to communities due to cost. In 2025 we welcomed three new initiatives to further improve access to care for children experiencing amblyopia or progressive myopia, and people experiencing dry eye disease.

### Reducing the cost of Stellest lenses

Launched in August, ACO Eye Health was proud to partner with Essilor Luxottica to offer Stellest Lenses at a significantly reduced cost for VES eligible children experiencing progressive myopia. With a cost of \$485 in typical optometry settings, Stellest lenses have been made available at all ACO Eye Health clinics for \$250, a subsidy of almost 50%.

Spear-headed by our clinic leaders, this initiative is a meaningful step in improving equity for children, helping to ensure more children have the opportunity to access the best management option for their condition, regardless of their financial background.

Early intervention in childhood can significantly reduce the risk of vision complications later in life. By making Stellest lenses more accessible and reducing the financial barriers to vulnerable communities, we are enabling more families access to high quality care.

**189\*** \*(from Aug-Dec 2025)  
children accessed Stellest lenses since launch

### Accessible amblyopia management

ACO Eye Health was thrilled to win AmblyoPlay's international public health campaign, receiving 100 AmblyoPlay Vision Therapy boxes to provide free of cost to families who cannot otherwise access this novel option for amblyopia management.

AmblyoPlay is a digital vision therapy program offering an engaging, homebased, and evidence-supported approach to treating amblyopia and convergence insufficiency. Using gamified, binocular and anti-suppression exercises, it aims to improve visual acuity, depth perception, and binocularity all while supporting children's motivation and adherence.



Photo credit: AmblyoPlay

Additionally, we have partnered with AmblyoPlay to ensure VES patients attending our Advanced Children's Clinic in Carlton can access this digital vision therapy with 60% reduction in subscription fees. While this will not replace ACO Eye Health's existing amblyopia protocols, such as patching or atropine penalisation, the team hopes that it will complement current therapy options.

### Lowering the Cost of Low Level Light Therapy

Our dry eye services continued to expand in 2025, including the introduction of a new in-office Low Level Light Therapy (LLLT) to support patients with dry eye disease and eyelid disease. Using a technology often used in medicine, including dermatology and dentistry, LLLT is a non-invasive, painless and evidence-based treatment option which uses low-intensity light to stimulate cellular activity in the meibomian gland structure. It offers rapid improvement of symptoms and is safe for adults and children as young as seven years.

Thanks to the Espansione Group providing the device to ACO Eye Health at a reduced cost in support of accessible eye care, the team has been able to substantially reduce patient treatment costs while maintaining a sustainable service. VES patients can access the treatment for \$100 per session, compared with external providers where treatment typically costs approximately \$220-250 per session.

LLLT joins LipiFlow as another treatment option available at significantly reduced cost through our dedicated public health Dry Eye Disease clinic.



Photo credit: Espansione Group

## Spotlight on Advanced Care

Our advanced optometry services continued to meet the needs of communities in 2025, including the addition of services within our satellite clinic network. This growth ensures that communities can access appropriate eye care locally, reducing reliance on travel to our Carlton headquarters for advanced services.

Strengthening advanced care within our satellite clinics is a key recommendation of the 2024 VES review, which emphasised improving equity in eye care and delivering services where people are.

Earlier this year, ACO Eye Health Hume began delivering advanced myopia services, joining Knox. Looking ahead to 2026, Wyndham will also offer myopia services, while both Hume and Wyndham will join Carlton in offering Royal Children's Hospital collaboration clinics to alleviate public hospital wait lists and deliver care closer to patients.

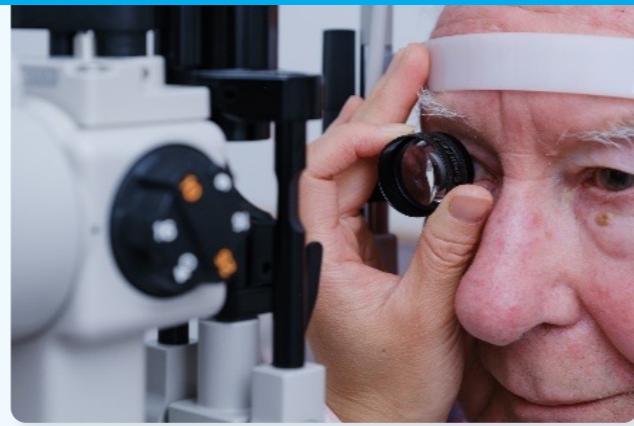
## Glaucoma Community Collaborative Care Program

The Ocular Disease services continued to deliver high-quality, specialised care to Victorians living with, or at risk of, chronic eye conditions such as glaucoma, diabetic retinopathy, and macular degeneration. A key focus of the service has been strengthening partnerships with Victorian public hospital ophthalmology departments to support patients to receive appropriate and timely care, while alleviating demand on busy hospital clinics.

We are particularly proud of our role in collaborative models of care, including the Glaucoma Community Collaborative Care Program (G3CP). Through this initiative, specially trained ACO Eye Health optometrists work in partnership with the Glaucoma clinic of the Royal Victorian Eye and Ear Hospital to provide ongoing care of patients with glaucoma.

By offering this program across all ACO Eye Health clinics, patients are afforded improved accessibility, with enhanced continuity of care and often reduced travel burden and improved convenience.

Upskilling and training staff to deliver this model of care is a key component of the collaborative G3CP. Building expertise within our workforce, alongside training new graduates, is important in strengthening and sustaining the delivery of this model of care.



## Ocular Disease Residency

In 2025, early career optometrist Grace Kennedy successfully completed the first Ocular Disease Residency as part of the Graduate Program. Over the two-years, Grace developed clinical expertise in ocular disease management in a public health optometry clinic through extensive experience and mentorship alongside completing a sponsored ACO's Advanced Certificate in Glaucoma to enhance her skills.

Now in its second intake, the Ocular Disease Residents undertake a two-year program designed especially for graduate optometrists who are passionate about the diagnosis, treatment, and management of complex ocular conditions. Residents commence practicing in the general clinics before progressing to the Retina and Glaucoma Clinics, gaining exposure to a wide range of pathology.

Training is supported through dedicated learning time through one-on-one mentorship by the manager of the Ocular Disease & Diagnostic Services, Janelle Scully, and other experienced clinicians. Through this program, ACO Eye Health continues to invest in developing the next generation of public health optometrists.



Janelle Scully and Grace Kennedy

*"By combining supported hands-on clinical experience with targeted didactic and self-directed learning - including completion of the Glaucoma Certificate - residency participants gain accelerated exposure to diagnosing and managing complex ocular conditions. This integrated approach fosters growth, sharpens clinical skills, and builds the judgment and confidence needed to excel as optometrists managing ocular disease."*

- Janelle Scully (Manager, Ocular Disease & Diagnostic Services)

## ACO in the community

Our team continues to strengthen connections with the community through a wide range of educational and outreach activities. These initiatives create opportunities for communities to learn more about what is accessible to them, ask questions and gain trusted information.

We are particularly focused on reaching communities who maybe face barriers to care and information ensuring they feel supported and empowered to take charge of their eye health.

In January, our team and OD4 students took part in the Rumbalara Health Festival in Mooroopna, connecting with community members to highlight the importance of eye health and to share pathways to accessible optometry care for First Nations peoples.



Tracy Tran, Josephine Li along with OD4 students attended the Western Closing the Gap Day at Wunggurrwil Dhurrung Community Centre taking the opportunity to listen to Elder's stories and engage with attendees through meaningful conversations about eye health, sharing knowledge and supporting greater understanding of eye care pathways.



Our staff attended the Lakes Entrance Aboriginal Health Association and Lake Tyers Health and Children's Services 'Back to School' health promotion days, conducting eye exams for 40 children. It was a valuable opportunity to connect with community and collaborate with other health practitioners.

These visits are part of ACO Eye Health's ongoing commitment to accessible eye care within the Lakes community circuit, supported by RWAV funding.



Staff presented a community talk, 'Importance of Eye Care - See Well to Live Well' at the Djerring Flemington Hub. The community centre provides a space for people from diverse and multi-generational backgrounds to come together.

Our outreach team hosted a talk on the importance of eye health at Fitzroy Learning Network, a place where refugees, migrants, asylum seekers find support, learn and connect. Attended by 60 people, the talk touched upon how the eye works, process of undergoing an eye exam and ways to preserve eye health.



## Development of the OPTO-PREM Tool

The ACO is developing the first Australian optometry-specific Patient-Reported Experience Measure (OPTO-PREM), a project that not only fills a long-standing gap in eye care evaluation but also demonstrates the ACO's unique strength as an integrated, patient-centred organisation.

### Importance of measuring patient experiences

In a country as culturally diverse as Australia, optometry services play a critical role in delivering eye care to communities with differing needs, health literacy levels, socioeconomic challenges, and risk profiles. Yet while we have robust clinical tools to measure visual outcomes and disease progression, we have never had an evidence based way to measure how patients experience their care within an optometric setting. The OPTO-PREM project addresses this gap through a scientifically rigorous process that centres on the voices of patients themselves. Using qualitative methods including in depth interviews and thematic analysis, the questions are generated directly from real patients describing what matters most when they receive eye care. This removes the need for assumptions and reliance on borrowed medical frameworks, creating an evidence-based approach to the continuous improvement of patient care.

Patient experience matters - it drives adherence, trust, and outcomes - yet existing PREMs are built for hospitals and general primary care, not optometry. Ophthalmic PREMs are similarly narrow, focusing on single procedures. Until now, no tool has captured the everyday experience of comprehensive eye care. OPTO-PREM fills that gap.

### Collaboration driving better patient outcomes

This project showcases the power of collaboration across the ACO, uniting research and clinical teams, to advance better patient outcomes and access. Researchers, optometrists, optical dispensers, front of house staff, and the leadership team each brought distinctive insights, ensuring the final measure reflects the complete patient journey: from booking and clinic navigation to care delivery, patient-centredness, understanding recommendations, and accessing follow up support.

This team based approach mirrors the way patient-centred care operates in reality: not as isolated clinical moments, but as a coordinated, human experience delivered by a whole service working in harmony. The resulting 33-item tool spans six major domains: Information and Communication, Care Coordination, Physical Comfort, Provider Interaction, Quality of Clinical Care, and Access to Care. These categories align with established international frameworks for high quality, patient centred healthcare, but what makes them distinctive is that each has been defined and contextualised through the lens of optometry-specific patient input. This ensures OPTO-PREM is not only clinically relevant, but also culturally and practically aligned with the experience of eye care delivery across diverse communities.



OPTO-PREM has been a collaborative effort between members of the research, clinical and operations teams

## Shaping the future of patient-centred eye care

Once validated through modern psychometric testing, OPTO-PREM will be deployed through PROMinsight, a cloud based system enabling real time scoring, analysis, and reporting. ACO Eye Health clinics will be able to administer the PREM via any internet-enabled device, allowing instant feedback that can inform team performance, service planning, communication strategies, and quality improvement initiatives. Beyond ACO Eye Health, public and private optometry clinics will then have the opportunity to access a standardised, evidence based tool to evaluate patient experience, compare performance, identify areas for enhancement, and demonstrate the value of patient-centred care.

This has far reaching implications, from improving equity and access to strengthening trust, supporting funding cases, guiding workforce development, and ensuring services respond meaningfully to community needs. The OPTO-PREM project is more than a research initiative, it is a testament to ACO's leadership, innovation, and commitment to optometry advancement. By placing patient voices at the heart of our approach and by developing the first PREM designed specifically for optometric care, At the ACO, patient voices don't just inform care—they power an evidence based engine of continuous improvement.

### Project Progress

Phase 1	<b>Developing OPTO-PREM content</b> The team commenced the project with a literature review, gathered input from internal teams and interviewed 20 ACO Eye Health patients to help develop the questions for the OPTO-PREM survey.	✓	Completed in 2025
Phase 2	<b>Refining PREM questions</b> This phase included a detailed evaluation of the drafted survey questions - including the language used and using feedback from 15 additional patients to inform the draft further.	✓	Completed in 2025
Phase 3	<b>Pilot testing to determine PREMs reliability</b> The pilot OPTO-PREM extends to 300 ACO Eye Health patients to help evaluate the quality and reliability of the survey before official roll out.	✓	Rolled out at the end of 2025
Phase 4	<b>Real world testing</b> This phase measures OPTO-PREM performance in the real world and allows further adjustments to enhance survey engagement. Tasks include resolving administrative issues, establishing structured processes for technical and operational tasks and developing an interactive dashboard.	□	Expected to roll out in the second half of 2026

# Education and Training

## Clinical Teaching

In 2025, the ACO supported 303 student optometrists from five universities through clinical placements and an additional 96 students participating in clinic observations and workshops. Training opportunities were provided across our general clinics and a range of specialty services, including children's, myopia, contact lenses, retina, glaucoma and low vision. We were also pleased to welcome four students from Hong Kong on exchange to the University of Melbourne.

ACO Eye Health serves a diverse patient base including vulnerable and underserved communities with complex clinical needs and social circumstances. Our unique public eye care environment provides students with invaluable exposure to develop the skills required to recognise and manage eye health issues within a broader context of health inequity and comorbidity. Supported by a diverse team of 60 clinical educators, students benefit from a breadth of expertise and perspectives, gaining practical clinical insights from optometrists with varied specialist interests and experience. During placements, students consistently report strong learning outcomes, particularly valuing the opportunity to encounter a wide range of clinical conditions, and to learn holistic, patient centred approaches to complex care.

*"I was exposed to a lot of ocular conditions and have learnt how to provide a thoughtful consultation. Having set clinics such as glaucoma, children's, contact lens allowed me to delve deeply into investigating and managing ocular conditions associated with each clinic, as well as to meet a wide demographic of patients. I learnt how to personalise a consultation and to problem solve through unexpected scenarios."*

- Student Optometrist



*"ACO has exposed me to a different patient base, I definitely saw more pathology and had harder patients here, I saw my skills develop way faster after I saw patients here."*

- Student Optometrist

## New workshops

We strengthened preparation for paediatric clinics by including a workshop for Year 3 University of Melbourne student optometrists, and a hands-on workshop in Year 4 prior to clinical placements in children's and myopia clinics.

In partnership with the Royal Victorian Eye and Ear Hospital, the ACO also delivered refraction training for first year ophthalmology registrars. The workshop focused on cycloplegic and subjective refraction for seven new registrars and moving forward this will become an annual offering.



Ophthalmology registrars attend training workshop

## Blair Lonsberry visits Australia

While on sabbatical from Pacific University College of Optometry in Oregon, Professor Blair Lonsberry spent time observing our clinics and teaching, noting the complexity of primary care cases. His visit concluded in a collaborative forum, attended by staff from University of Melbourne, Melbourne Eyecare Clinic and ACO Eye Health. A panel with Blair Lonsberry, Andrew Huhtanen and Katrina Wong facilitated interactive discussions around different approaches to clinical teaching and insights we could gain from each other's experiences.



Graduate Showcase

## Graduate Program

In 2025, we welcomed four new graduate optometrists while six second-year graduate optometrists continued to build their skillset as part of the graduate program. We celebrated a big milestone at the end of the year, as the second-year graduate optometrists became the first cohort to complete the redesigned graduate program. They have gone on to become valued members of the ACO Eye Health team, involved in specialty clinics and teaching, reflecting their commitment to the future of public eye care.

Looking ahead to 2026, the program will expand to create an outreach residency position, in addition to the pre-existing paediatric and ocular disease residencies. This new residency is designed to provide a new graduate with support to develop the skills needed to thrive in outreach settings, providing primary eye care to Victoria's most vulnerable groups who face barriers in accessing mainstream services including people who are unhoused, refugees and people seeking asylum, and people living in supported residential facilities. ACO's strong outreach focus means we're uniquely positioned to offer this exciting opportunity.

ACO Eye Health's public health focus includes a unique range of challenges including complex pathology and diverse cultural backgrounds. To meet the needs of our patients, graduates must be adaptable, highly knowledgeable about eye health, and compassionate.



*"Working at ACO Eye Health has been an invaluable experience that has supported both my professional and personal growth. I've had the privilege of learning from exceptionally knowledgeable and passionate mentors, whose support has greatly strengthened my confidence and clinical abilities."*

- Grace Kennedy  
(second year Graduate Optometrist)

The graduate program aims to foster these skills. Features of the program include:

- **Phased transition to practice:** Before they begin seeing patients, graduates are invited to complete a dispensing program during the summer. They then start consulting on 60-minute appointments, before transitioning to 50 minutes.
- **Mentoring program:** Each graduate is paired with a mentor, who meets with them to discuss their journey and provide advice about clinical practice and life as an optometrist.
- **Protected Training Time:** During the first six months of practice, graduates attend regular training sessions run by senior clinicians. These sessions are designed to help them translate their university knowledge to a public health clinical setting. Topics include care for patients with disabilities, navigating Victoria's public health system, low vision, and myopia management.
- **Graduate Showcase:** This evening is the highlight of the graduate program, as it gives our graduates the opportunity to present a clinical case to their peers. In 2025, we heard about advanced keratoconus, radiation induced retinopathy, social factors in glaucoma management, and collaborative care for a child with esotropia.

### 2025 Clinical Teaching activity at a glance

399 Students

4769.5 Clinic Sessions

126 Outreach Sessions

37 Workshops

153 Observation Sessions

### 2025 Clinical Teaching activity by University

UoM	Deakin	UNSW	Flinders	Hong Kong
Clinical Sessions 3094.5	Clinical Sessions 710	Clinical Sessions 508	Clinical Sessions 445	Clinical Sessions 12
Outreach Sessions 76	Outreach Sessions -	Outreach Sessions 4	Outreach Sessions 46	Outreach Sessions -
Workshops 4	Workshops 10	Workshops 16	Workshops 6	Workshops 1

## Continuing Professional Development

The ACO continued to deliver diverse education programs designed to meet the evolving clinical needs of optometrists and address identified gaps in skills and knowledge. Across our courses and events, more than 500 optometrists engaged in our continuing professional development (CPD), reflecting the ongoing demand for high-quality, evidence-based education.

A key highlight of 2025 was the launch of our first short course, Myopia Management in Clinical Practice. This inaugural offering was well received, attracting strong enrolment numbers and positive feedback. Building on this momentum, we commenced development of a new course, the Certificate in Advanced Ocular Therapeutics, set to launch in 2026 and further strengthen ACO's position in optometry education.

Our in-person events continued to be a valued component of our education offerings. The Therapeutics Refresher Day (May), Mini-Scleral Workshop (July), Paediatric Masterclass and Anterior Segment Workshop (September), saw strong attendance and were highly regarded for their practical relevance and clinical depth. In addition, seven online seminars were delivered, providing Members with flexibility to access CPD online that covered a broad range of topics.

The Certificate in Ocular Therapeutics (COT) commenced its fourteenth intake in 2025. To ensure sustainability and maintain high course quality, COT will transition to alternate year delivery, with the next intake scheduled for 2027. The Advanced Certificate in Glaucoma saw a steady increase in enrolments compared with previous years, reflecting growing interest in Glaucoma management. The Advanced Certificate in Children's Vision, Certificate in Advanced Contact Lenses, and the Public Health and Leadership in Eye Care Certificate were delivered successfully, with strong participant engagement and positive feedback across all courses.

Looking ahead, the education team has been actively developing two additional short courses, Therapeutics Refresher for Optometrists and the Dry Eye Short Course, both scheduled for launch in 2026. These programs aim to provide targeted, practical upskilling opportunities aligned with contemporary clinical practice needs.

*"Myopia Management in Clinical Practice provides a firm grounding to initiate and confidently manage myopia control in clinical practice."*

- Course Candidate

175 course enrolments

223 Seminar Series attendees

107 in-person event attendees



Hands on training at Mini-Scleral Workshop

### Paediatric Masterclass

86%

attendees said that they would recommend this event to their peers

### Therapeutics Refresher Day

84%

agreed it provided new learnings to implement in practice

### Advanced Certificate in Glaucoma

100%

agreed course relevant to their clinical practice

### Certificate in Advanced Contact Lenses

100%

agreed scope of practice increased

### Mini Scleral Workshop

100%

agreed they feel confident to manage common complications associated with scleral lens wear

### Anterior Segment Workshop

100%

agreed there was sufficient access and opportunity to ask for advice from the instructors

## Research

The NVRI team's quest is identifying problems and creating solutions that can improve eye care, access to eye care, and/or vision outcomes (both functional and quality of life).

Our ongoing research themes are ophthalmic epidemiology, health economics, improving vision in children, and improving vision in complex/vulnerable communities. NVRI appreciates the guidance of the Research Committee of the ACO Board, and the support of our members, collaborators and supporters. 2025 was the second year of seeking to re-establish public health and clinical research, with our progress described below.

## Project Updates

### Epidemiology

The NVRI has continued its work analysing global patterns in refractive error and setting up a living systematic review to periodically update the data and models. Significant advancements were made throughout 2025 and will result in submission of new papers in 2026. This work will revolutionise global understanding of refractive error epidemiology and how it impacts risks of other eye diseases.

Dr Ling Lee was present in Canberra when Minister Mark Butler launched the [reports of the Australian Eye and Ear Health Survey \(AEEHS\)](#). The team is now busy working with the rest of the Consortium to publish peer-reviewed papers from the data. We expect to publish significant findings over the coming year/s, contributing to improved understanding of vision impairment, ocular morbidities, and their patterns in Australia.

Dr Suhyun Kweon and Dr Kate Kiburg are collaborating with colleagues around the world on a British Contact Lens Association CLEAR paper on epidemiology and impact of astigmatism. The paper will bring much needed clarity to a topic that has been ignored for too long.

The NVRI's highest impact paper of 2025 was a [Global Burden of Disease](#) collaboration published in [Lancet Global Health](#). It described global patterns in effective refractive error coverage (eREC), which is now a World Health Organization mandated reporting variable for all member states. This gives optometry a critical place in public health planning and funding around the world.



Dr Ling Lee (far right) attends the launch of AEEHS

### Health economics of eye care

The NVRI team has pioneered a methodology for estimating the lifetime cost of myopia, facilitating economic comparison of traditional correction of myopia with modern myopia-control options in childhood and beyond. Cost estimates have been published for Australia, China, the UK and France. They published the estimates for the latter two countries in the American Journal of Ophthalmology in 2025 and continue to receive requests to assist additional countries to estimate these costs.

There have been significant advancements in research-readiness of ACO Eye Health data in 2025. By coding eye and vision conditions and setting up processes for ethical research use of our database, we have transformed the clinic's electronic database into a resource that will be able to contribute to health economics estimations of the impact of optometry in the Victorian community and beyond.



### Improving children's vision

Our work to describe lifetime cost of myopia care is more than a health economics estimate. We are committed to translating our research into improving vision for all people. In this case we are assisting families, practitioners, professional bodies, governments, product manufacturers and insurance companies to make decisions that will improve children's vision. Children predicted to experience faster myopia progression derive the greatest economic advantage from myopia control. This study of progression risk, health risks, clinical protocols, and health economics, will inform families facing difficult treatment decisions for young children.

Another example of our work to improve children's vision is a project with colleagues at the Hanoi Medical University to determine the risk of patients presenting to their clinics being incorrectly classified as myopic due to accommodation during non-cycloplegic refraction. This will help determine if any of the Asian myopic epidemic is due to misdiagnosed pseudo-myopia.

### Improving vision in complex communities

The Clinic Research InfraStructure Project (CRISP), our largest internal project, is underway. CRISP will contribute to all NVRI themes but particularly improving vision in complex/vulnerable communities.



CRISP goals are to:

1. Improve the usability of ACO Eye Health clinic data;
2. Use clinic data to justify and improve our services, and contribute to solving eye health problems, and
3. Improve and diversify staff engagement, increase integration across ACO teams and VSIA partners, and improve knowledge translation.

The first objectives of CRISP are to identify all significant ocular morbidities and managements via codes rather than free-text, and to develop and validate a patient reported experience measure specific to Australian optometry (OPTO-PREM). OPTO-PREM is being developed in four phases in collaboration with PROMinsight and the ACO Eye Health team (See Page 30).

## Vision Science Innovation Alliance

The NVRI joined the Vision Science Innovation Alliance (VSIA), which brings together several vision-related areas of the University of Melbourne, Centre for Eye Research Australia, the Cerulea Clinical Trials Centre and affiliate partner The Royal Victorian Eye and Ear Hospital. The new alliance brings together patient care, research, training, and clinical trials to coordinate resources and provide a platform to translate vision science innovations into real-world outcomes for patients.

The NVRI/ACO brings its unique public health lens to this alliance, which aims to address chronic eye conditions. Work will focus on four areas: including building collaborative research, partnering with government and community leaders to drive policy change and health equity, translation and scale-up of new technologies, and talent and training.



Representatives of the Vision Science Innovation Alliance. NVRI is represented by CEO Pete Haydon and Research Committee Chair Prof Lauren Ayton AM

## WHO Study in glasses equity and preventable vision loss

Dr Tim Fricke co-authored a significant study as part of the Vision Loss Expert Group of the Global Burden of Disease group, examining the preventable vision loss suffered by people due to poor access to suitable glasses. The study was supported by the World Health Organization (WHO) along with a range of government and blindness prevention agencies.

Drawing on data from over 815,000 people across 76 countries, the study finds that two out of three people in low-income countries are unable to access the glasses they need to correct refractive errors. Women and older adults are disproportionately affected, often experiencing higher barriers to health care. A target set at the World Health Assembly in 2021 to increase eyeglasses coverage by 40% by 2030 will not be met unless significant action is taken.

### Global inequity

Unmet need for glasses is most pronounced in the African region. There, approximately 70% of people with refractive errors are unable to access prescription glasses, causing avoidable vision loss and impacting their education, work and quality of life. Reassuringly, Australia performs far better than the international average. Use of Medicare to subsidise eye examinations with both optometrists and ophthalmologists, plus state-based spectacles subsidy schemes for people in-need, are valuable for achieving coverage above 90%.

### Local inequity

Disparity in eye care access is not unique to low-income countries, with similar experiences facing low socio-economic and vulnerable populations within Australia. In Victoria, ACO's partnership with the State Government to deliver the Victorian Eyecare Service (VES) works to address access to eye care and specifically improves equity in vision correction in populations facing significant barriers to care, directly supporting over 60,000 people each year.

*"Global and local public health initiatives play an essential role in addressing access to eye care and glasses. The impact of optometry, with our ability to deliver refractive care as well to identify, manage and/or refer other eye conditions, is often under-estimated. The NVRI and ACO Eye Health provide a model of how optometry can address inequities experienced by older people, our First Nations communities, low-income families, those experiencing hardship such as homelessness and those living with disability or mental health challenges"*

- Dr Tim Fricke

## Conferences and Professional Engagements

In 2025 ACO Eye Health and NVRI delivered scientific conference presentations across the globe. Additionally we published and presented at several other forums to promote professional engagement-continuing NVRI's efforts to support ACO leadership and expertise in clinical optometry, to engage with optometry partner organisations, and to translate research findings into clinical practice.

**Brisbane**  
Dr Nellie Deen and Zeinab Fakhri presented at the Asia-Pacific Strabismus and Paediatric Ophthalmology Society

**Adelaide**  
Multiple Sites  
Janelle Scully presented the Victorian Regional Series and the Adelaide Interactive

**Colombo**  
Dr Ling Lee presented to the Sri Lankan Optometric Association

**Perth**  
Mahmoud Haddara, Dzung Tran, Katrina Wong, Erica Barclay, and Scott Panozza published articles in Review of Myopia Management

**Perth**  
Dr Josephine Li and Tracy Tran presented at the National Aboriginal and Torres Strait Islander Eye Health Conference

**Salt Lake City**  
Dr Kate Kiburg, Alice McLennan and Dr Tim Fricke presented at the Association of Research in Vision and Ophthalmology (ARVO) annual meeting

**Hanoi**  
Dzung Tran, Erica Barclay and Dr Tim Fricke presented at the Global Orthokeratology and Myopia Control Conference, plus the Dong Do Hospital Eye Health Conference

**Melbourne**  
Diba Rezazadeh and Dr Tim Fricke presented at the Optometry Clinical Conference

**Multiple Sites**  
Hobart, Tokyo, Bangkok, Boston, Beijing  
Dr Tim Fricke presented at TLC, International Agency for the Prevention of Blindness Myopia Roundtables, American Academy of Optometry, and Bright China

## Our People

Fostering a supportive, inclusive, and growth-oriented work environment is at the heart of everything we do. In 2025 ACO continued to invest in initiatives to strengthen our culture, capabilities and support our people to thrive.



Danika Gasparini,  
ACO's new Reconciliation and Cultural Development Officer

### New Reconciliation Action Plan Focus

Reconciliation is a shared journey, and Reconciliation Action Plans (RAPs) provide a strategic framework for organisations to drive and contribute meaningfully to this important movement.

Following the conclusion of our second RAP, and a short hiatus, the ACO has recommenced work on its third iteration – an innovate RAP – after a period of consultation with Reconciliation Australia to determine the most appropriate next steps.

While a formal RAP has not been in place in recent years, the ACO has continued to progress its commitments, working towards targets and maintaining transparency through ongoing reporting.

In 2025, this commitment was further strengthened through the appointment of a Reconciliation and Cultural Development Officer. This role will lead the development of the new RAP and guide initiatives including cultural safety training and the recognition of significant cultural dates across the organisation.

The innovate RAP will continue to focus on walking alongside Aboriginal and Torres Strait Islander peoples, with plans to expand community representation within the RAP Working Party.

The ACO has also commenced collaboration with The Torch to refresh the artwork for this iteration. The RAP is expected to be finalised in 2026, with publication in 2027.

### Staff Training and Development

Providing employees with meaningful learning opportunities is essential to fostering a respectful and inclusive workplace.

In 2025, the ACO introduced a new learning module within the HR system, delivering eight courses aligned with compliance requirements, role-specific needs, and professional development goals identified through performance reviews. Most modules were launched on significant dates throughout the year, leveraging these occasions to acknowledge their importance and enhance awareness.

Training topics included:

- Psychosocial Hazards on the Workplace
- Mental Health Awareness
- Sexual Harassment and Sex-Based Discrimination Awareness
- Privacy Awareness
- Manual Handling
- Gender Diversity and Respectful Care
- Healthy Discussions in Optometry
- Dealing with Difficult and Aggressive Patients

In addition, seven early career managers completed a two-day foundational leadership program, strengthening confidence and capability in people management.

**8** new learning modules delivered

**7** early career managers completed leadership training

# Financial Snapshot 2025

In 2025, a positive fiscal result was achieved across both profitability and liquidity. The organisation responded to reduced funding for the VES program in 2024 and maintained service delivery across most programs in 2025. In addition, the provision of VASSS bridge funding was able to support key First Nations optometric programs.

Throughout the year considerable focus was placed on analysis and decision making around the ACO's asset masterplan. This was considered vital work to ensure the organisation's financial and operational future. In late 2025 a decision was taken to divest ACO headquarters in Carlton in the coming years, and a plan was approved to communicate this decision to our stakeholders in early 2026.

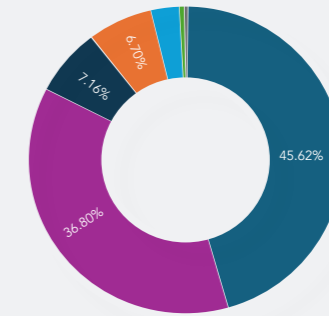
Looking ahead, the ACO will be entering a new strategic planning cycle. The NVRI will continue to evolve and develop its research value proposition while the education program will continue to look for more opportunities to support the sector. The decision around the location of the future ACO headquarters will begin to take shape through consultation, with patient-centred care the key priority. Guided by a new strategic plan the ACO is committed to promoting and supporting equitable access to affordable, high-quality eye health care.

	Consolidated Group		ACO	
	2025 \$	2024 \$	2025 \$	2024 \$
Net Results for the year	68,805	(1,459,370)	373,385	(1,201,648)
Other comprehensive income	258,338	578,980	9,677	33,866
Comprehensive results	327,143	(880,390)	383,062	(1,167,782)

ACO's Full Financial Statements for the year ended 31 December 2025 can be found at <https://profession.aco.org.au/reports-and-policies>

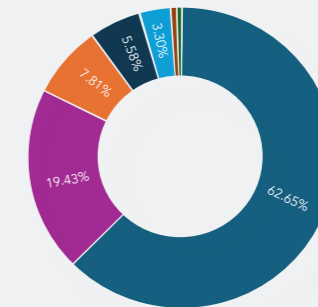
## ACO Income - operating activities

- Government grants
- Non-government grants and donations
- Other
- Optical services
- Membership
- Research and Education
- Interest Revenue



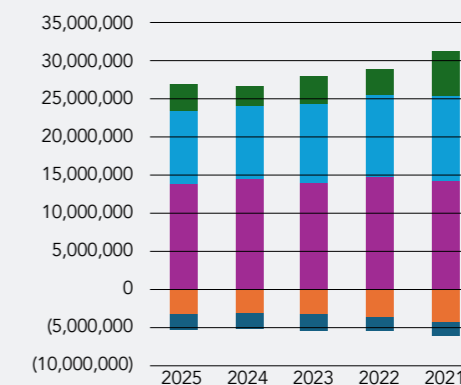
## ACO Expenses - operating activities

- Employee benefits expense
- Cost of sales
- Marketing
- Occupancy expense
- Administration
- Research expense
- Depreciation and amortisation
- Finance costs



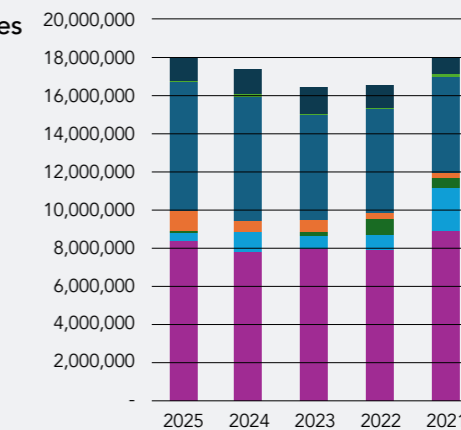
## Balance sheet - Consolidated Group

- Non-current liabilities
- Current liabilities
- Current assets
- Property, plant & equipment
- Financial assets



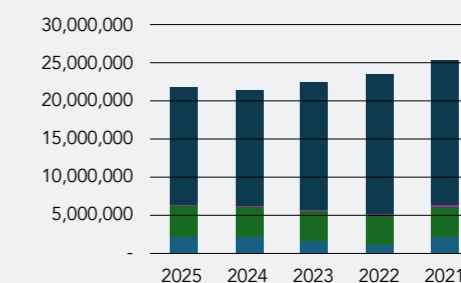
## Income from operating activities - Consolidated Group

- Research and Education
- Optical Services
- Membership
- Other
- Interest Revenue
- Non-government grants and donations
- Government grants



## Equity details - Consolidated Group

- Retained surplus
- Development fund
- Contributed equity
- Asset revaluation-investments



# ACO Community

## Awards

ACO and NVRI Members, supporters, stakeholders and staff joined us for the 2025 Annual General Meeting. The AGM is a key date in our calendar, bringing 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 ACO and/or the profession. Both members and non-members are eligible for this award.



Pam Sutton and  
ACO Chair Sophie Koh

**Pamela Sutton FACO** graduated from the University of Melbourne in 1980. Pamela has worked as an optometrist at Karingal Optical in Frankston for over 20 years, committed to providing optimal patient care by building long-lasting relations in the community.

In addition to her long career as a well-respected optometrist, Pamela began volunteering her time at the Cyril Kett Optometry Museum and Archive as an honorary archivist in 1988. She was an integral part of the team that oversaw the establishment of the Museum Gallery and was a valued donor. For almost 40 years, she has volunteered her time and skills to help preserve and showcase the history of optometry, especially with her knowledge in ophthalmoscopes - all while continuing to be a practicing optometrist. Pamela has been active supporter of the ACO and NVRI since 1981 and received her ACO Fellowship in 2013.

### ACO Outstanding Graduate Award for 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.

#### Rob Pietrini

*"Thank you to all my lecturers and tutors, it has been a great experience gaining my therapeutic qualification. Working regionally has meant I have been able to better help my community and take some of the pressure from our ophthalmologists."*



Rob Pietrini

### ACO Outstanding University Graduate Award

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



Wade O'Brien  
Deakin University



Muhammad Husnain  
Flinders University



Lauren James  
QUT



Madeleine Hunt  
University of Canberra



Miranda Seng  
University of Western Australia



Justin McNamara  
UNSW Sydney



Nancy Huang  
University of Melbourne



## ACO Travel Grant

The ACO Travel Grant supports Members to take on professional travel opportunities around the world. Linking closely with our ethos, this grant provides financial support to Members through their journey of professional advancement or contributing their time and optometry skills to a disadvantaged community around the globe

ACO Fellow Dr Bao Nguyen was invited to present at the Australian and New Zealand Association for Health Professional Educators (ANZAHPE) Conference in Perth. This conference is ANZAHPE's annual meeting for educators and practitioners involved in education and training of health professionals in Australia, New Zealand and the Western Pacific region.

Dr Nguyen's abstract was chosen as an oral presentation in the "Faculty Development" stream for the first day of the conference. The presentation was titled: "Pathways to publication: a global survey of optometry educators" and Dr Nguyen presented it on behalf of her co-authors, Kerryn Hart (Deakin University, Optometry Australia) and Prof James Armitage (Deakin University). In their global survey, they found that optometry educators are highly engaged with evidence-based practice through searching and incorporating publication findings into their teaching. Despite the demand, however, relatively fewer optometry educators have



successfully published their scholarly work within a somewhat fragmented landscape, noting several barriers to publication. For optometry educators to customise their teaching based upon a strong evidence base, the ability to find and contribute to optometry-centric education papers in the literature is key.

The conference brought together several keynote speakers delivering inspiring talks about "embracing the future", the theme of this year's ANZAHPE conference. Of course, no mention of the future is complete without a plenary lecture on artificial intelligence, by fellow Melbourne clinician-researcher, A/Prof Daniel Capurro. A particular highlight for many in the audience, was Hannah McPierzie's keynote lecture as a person with lived experience of being a deaf and blind person, and her passion for accessibility and inclusion.

"Thank you again to the ACO for supporting my travel. I have now found that part of my role in attending these events is to educate others (in this case, the educators themselves!) about the scope of optometry, and what we can do collectively for our patients as part of multidisciplinary care." said Dr Nguyen.

# ACO

## Board of Directors

The ACO is governed by a Board which plays 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. Elected ACO

Members, alongside skill-based appointments, bring their expertise from various walks of life including optometry, education, law, finance and the healthcare sectors.



Sophie Koh  
Chair



Professor Lauren Ayton AM  
Chair of Research Committee



Theodora Elia-Adams, CA  
Chair of Finance,  
Risk and Audit Committee



Darrell Baker  
Deputy-Chair



Sayuri Grady  
Chair of People, Culture &  
Remuneration Committee



Roman Serebrianik



Lien Trinh



Professor Bruce Thompson AM



Dr Michelle Waugh

**Finance, Risk & Audit Committee**  
Theodora Elia-Adams – Chair  
John Delinaoum  
Hayden Imlach  
Prof Bruce Thompson  
Michelle Waugh

**People, Culture & Remuneration Committee**  
Sayuri Grady - Chair  
Holly Custance  
Lien Trinh

**Research Committee**  
Prof Lauren Ayton – Chair  
Rod Baker  
Tim Fricke  
Shane Huntington  
Lisa Keay  
Serge Resnikoff  
Judith Stern

## Our Members

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

### Life Members

- |      |                                  |      |                                |
|------|----------------------------------|------|--------------------------------|
| 1954 | Cyril W Kett                     | 2011 | Graham O Hill OAM FACO         |
| 1955 | George H Giles OBE               | 2012 | Ross Harris FACO               |
| 1960 | Ernest H Jabara                  | 2012 | Prof Hugh Taylor AC            |
| 1960 | William F Johns                  | 2013 | Wolfgang Gartner FACO          |
| 1960 | Josef Lederer                    | 2013 | Anthony Gibson OAM FACO        |
| 1960 | Bertram Nathan                   | 2013 | Assoc Prof Ian Gutteridge FACO |
| 1960 | Leslie RC Werner                 | 2013 | Dr Anthony Hanks OAM           |
| 1961 | Lady Meriel Wilmot-Wright        | 2014 | Prof Ian Bailey                |
| 1962 | Alan Isaacs AM                   | 2014 | Prof Janette E Lovie-Kitchin   |
| 1963 | J Neill Greenwood                | 2015 | Kenneth Bowman AM              |
| 1963 | William D Wright                 | 2016 | Assoc Prof Rodney D Watkins AM |
| 1964 | Dr Jonathon Nathan OAM FACO      | 2018 | Emer Prof Nathan Efron AC FACO |
| 1968 | Geoffrey H Henry                 | 2018 | Margaret Banks OAM FACO        |
| 1970 | Arthur BP Amies CMG              | 2019 | Emer Prof Leo Carney           |
| 1975 | Dr David M Cockburn OAM FACO     | 2019 | Dr Damien Smith FACO FAAO      |
| 1976 | Bruce K Besley FACO              | 2020 | Bryan Fuller FACO              |
| 1980 | Donald H Schultz                 | 2021 | Michael Aitken                 |
| 1981 | J Lloyd Hewett OAM               | 2021 | Prof Sharon Bentley FACO       |
| 1981 | Emer Prof H Barry Collin AM FACO | 2024 | John Cronin                    |
| 1990 | Prof Barry L Cole AO FACO        | 2024 | Jean Walters FACO              |
| 1994 | Miss Jean S Colledge PSM         | 2025 | Pamela Sutton FACO             |
| 2007 | John L Pettit 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  
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Susan Callahan FACO  
Giorgio Campanella FACO  
Kuong Chang FACO  
Luke Xiang-Yu Chong FACO  
Joseph Choi FACO  
Mae Chong FACO  
A/ Prof Heather Connor FACO  
Jenny Cooke FACO  
Sandra Coulson FACO  
Jennifer Currie FACO  
Dr Nelofar Deen FACO  
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Paul Donaldson FACO

Anthony Dowling FACO  
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Prof Erica Fletcher FACO  
Dr Timothy Fricke FACO  
Prof Alexander Gentle FACO  
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Dr Bradley Kirkwood FACO  
Dr Carol Lakkis FACO  
Dr Graham Lakkis FACO  
Sam Lauriola FACO  
Mark Letts FACO  
Dr Josephine Li FACO  
Ka-Yee Lian FACO  
Richard Lindsay FACO  
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Dr Bao Nguyen FACO  
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Sonia Pellizzer FACO  
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Roman Serebrianik FACO  
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Mulan Lin  
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Lilian Maddison  
Julia Mainstone  
Son Ian Mak  
Sanjay Marasini  
Mario Marchionna  
Elly Maruyama  
Parmjeet (Parm) Marwa  
Gerard McCarron  
Neil McCormick  
Andrew Metha  
Christopher Mouser  
Yejin Na  
Chit Long Ng  
Leona Ngo  
Hoang Nguyen  
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Maddison Poon  
George Prassinos  
Martin Rattle  
Stephen Robertson  
Ian Rosser  
Peter Roth  
Frank Salsone  
Alan Schmedje  
Rocky Shi  
Karina Sinclair  
Murray Smith  
Lina Soufi-Sabbagh  
David Southgate  
Jennifer Spicer  
Alison Steer  
Karina Stephens  
Phylicia Suhartono  
Simone Summerfield  
Richard Sutton  
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## ACO Members

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Sonia Ali  
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Benjamin Ashby  
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Darrell Baker  
Jaka Bambang  
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Mario Borazio  
Kirily Bowen  
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Matthew Buckis  
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Kala Coles

Samuel Cougan  
Ly Coveney  
Gemma Cowan  
Nyllah Danesh  
Susan Dang  
Lisa Deacon  
Paul Dini  
Shireen Dunbar  
Jennifer Duong  
Dianne Duong  
Tyra Evans  
Zeinab Fakih  
Richard Faloon-Cavander  
Craig Farmer  
Daniel Farrugia  
Paul Fell  
Kylie Freiberg  
Miranda Friend  
Gladys Fung  
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Ramneet Kaur  
Alex Kaye  
Hana Khoo  
Ji Hye Kim  
Hyunjun Kim  
Andrew Knight  
Sophie Su-Hui Koh  
Jason Ravinay Kumar  
Diana Kurne  
Edwin Lai  
Rosemaree Larosa  
Yien Law

## Associate Members

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Holly Custance  
Theodora Elia-Adams  
Sayuri Grady

Grant Hannaford  
Pete Haydon  
Hayden Imlach  
Arun Muppliyath Raghavan

Zali O'Dea  
Maureen O'Keefe  
Chelsey Seamer  
Amanda Tylee

## Affiliate Members

Jit Ale Magar  
Sasinut Borvonshivabhumi  
Tobin Chittattumannil Eapen

Koon Ching Ip  
Mukesh Kumar  
Danica Mitchell

Sanak Roy Choudhury

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Brian Carney FACO  
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Dawn Odgers  
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Ronald Wrigley

# NVRI Fellows

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 Prof Ian Bailey  
 Emer Prof Peter Bishop AO  
 Dr David Cockburn OAM FACO  
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 Prof Shaun Collin  
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 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

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 Richard Bennett  
 Terence Blake FACO  
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 Prof Sheila Crewther  
 Eugene Dovgan  
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 Ross Harris FACO  
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 Jenny Cooke FACO  
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Sam Lauriola FACO  
 Yien Law  
 Mark Letts FACO  
 Richard Lindsay FACO  
 Julia Mainstone  
 David Southgate

# ACO and NVRI Publications

## Publications

Bourne R, Fricke T, et al. Vision Loss Expert Group. Effective refractive error coverage in adults. *Lancet Global Health* 2025 May 22:S2214-109X(25)00194-9. doi: 10.1016/S2214-109X(25)00194-9. PMID: 40414243.

Cardona M, et al. Lee L. Eye care interventions that reduce access inequities for women, rural residents and older people in low-middle-income countries. *Front Public Health* 2025;13:1578848. doi: 10.3389/fpubh.2025.1578848.

Deen, N., Zhu, Z., Qi, Z., Aung, Y. Y. M., Bulloch, G., Miao, D., & He, M. (2025). Three-Month Interim Analyses of Repeated Low-Level Red-Light Therapy in Myopia Control in Schoolchildren: A Pilot Multi-Ethnic Randomized Controlled Trial. *Ophthalmic Epidemiology*, 1–9. <https://doi.org/10.1080/09286586.2025.2500020>

Lee L, De Angelis L, Barclay E, et al. Resnikoff S, Fricke T. Factors affecting the lifetime cost of myopia and the impact of active myopia treatments in Europe. *Am J Ophthalmol* 2025; 278: 212-221. doi: 10.1016/j.ajo.2025.06.034. PMID: 40545012.

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

## Presentations and Professional Communications

Barclay E. What are Percentile Curves and How They Can Help Manage Juvenile-Onset Myopia, August 2025 clinical theme, available at <https://reviewofmm.com/percentile-curves/>

Barclay E. Optical-based myopia control. Australian College of Optometry session, 24 August 2025, Global Orthokeratology and Myopia Control Conference, Hanoi Vietnam

Chong, Mae FA; National Vision Impaired Classification training, lecture series with Paralympics Australia, June 2025

Dahlmann-Noor A, Lee L, Barclay E, De Angelis L, ... Fricke T. Lifetime cost of myopia in Europe. World Society of Paediatric Ophthalmology and Strabismus (WSPOS) conference, 12 Sept 2025, Copenhagen, Denmark

Dahlmann-Noor A, Lee L, Barclay E, De Angelis L, ... Fricke T. Lifetime cost of myopia in Europe. British and Irish Paediatric Ophthalmology and Strabismus Association (BIPOSA) conference, 1-3 October 2025, Cambridge UK

Dahlmann-Noor A, Lee L, Barclay E, De Angelis L, ... Fricke T. Lifetime cost of myopia in Europe. European Paediatric Ophthalmological Society (EPOS) conference, 9-11 October 2025, Leiden, Netherlands

Deen N Panel Guest on IAPB-SERI Results International Myopia Summit Singapore May 2025

Deen N Presentation Myopia control effect of repeated low-level red-light therapy in Australian children: Multi-Ethnic Randomized Controlled Trial. 3rd Congress of the Asia-Pacific Strabismus and Paediatric Ophthalmology Society Brisbane (APSPoS 2025)

Deen N, Fakh Z, Zhu L, Bulloch G – “Myopia Control Effect of Repeated Low-Level Red-Light Therapy in Australian Children: A Multi-Ethnic Randomized Controlled Trial”, Poster RANZCO Annual Scientific Congress. Melbourne November 2025

Doger, R “Accommodative esotropia in a refugee child: highlighting optometry’s role in complex coordinated care” ACO Graduate Showcase, 8 April 2025

Tran D The Latest in Red Light Therapy. Review of Myopia Management, June 2025 clinical theme, available at <https://reviewofmm.com/the-latest-in-red-light-therapy/>

Fakh Z Prestation Early Outcomes of a Paediatric ophthalmology collaborative clinic: ACO and RCH. 3rd Congress of the Asia-Pacific Strabismus and Paediatrics Ophthalmology Society Brisbane (APSPoS 2025)

Fakh Z, Seth S – “Acute Acquired Convergence Excess in Children: A Case Series Exploring Acute Presentations of Esotropia in the Context of Excess Screen Use” Poster RANZCO Annual Scientific Congress. Melbourne November 2025

Fakh Z, Li J, Niteros E, Tran T, Freir L, Sharma R – “Eye Care for Vulnerable Australians in an Outreach Setting” (Short Film Entry) RANZCO Annual Scientific Congress. Melbourne November 2025

Fricke T. Myopia epidemiology and economics. Invited presentation to International Agency for the Prevention of Blindness (IAPB) roundtable discussion on 10 July 2025, in Tokyo Japan

Fricke T. Myopia epidemiology and economics. Invited presentation to IAPB roundtable discussion on 30 July 2025, in Bangkok, Thailand

Fricke T. Epidemiology of myopia: from prevention to management. Keynote presentation, 23 August 2025, Global Orthokeratology and Myopia Control Conference, Hanoi Vietnam

Fricke T. Changing landscape of myopia: what is the data telling us? Plenary lecture, 23 August 2025, Global Orthokeratology and Myopia Control Conference, Hanoi Vietnam

Fricke T. Does binocular vision matter for myopia management? Lecture in Zeiss session "Overview of interventions", 23 August 2025, Global Orthokeratology and Myopia Control Conference, Hanoi Vietnam

Fricke T. Solving binocular vision problems. Plenary lecture, 20 September 2025, Tasmania's Lifestyle Congress, Nipaluna/Hobart Tasmania

Fricke T, Tahhan N, Resnikoff S, Oliver J, Beranger B, Keay L. Global patterns in refractive error. American Academy of Optometry Annual Meeting, 8-11 October 2025, Boston, USA

Fricke T. Public health and epidemiology. Lecture in the International Myopia Institute White Papers session, 11 October 2025, American Academy of Optometry Annual Meeting, Boston USA

Fricke T. Myopia epidemiology and public health. Lecture in the International Myopia Institute White Papers session, 25 October 2025, Bright China, Shanghai China

Ganesalingam V, Managing complex Dry Eye in patients with autoimmune disease. Therapeutic Refresher Day Australian College of Optometry May 2025

Ganesalingam V, Managing Dry Eye Disease in General Practice. Kings Park Medical September 2025

Haddara M. Efficacy and Safety of Low-Dose Atropine in Pre-Myopic Children. Review of Myopia Management, May 2025 research review, available at <https://reviewofmm.com/low-dose-atropine-in-pre-myopic-children/>

Keay L, Davis A, Fricke T, et al. Effective refractive error coverage in NSW, Australian Eye and Ear Health Survey data. National Aboriginal and Torres Strait Islander Eye Health Conference, oral presentation, 28 May 2025, Boorloo/Perth Western Australia

Kennedy, G "Pigment dispersion glaucoma: management considerations in a public health setting" ACO Graduate Showcase, 8 April 2025

Kiburg K, Li J, McLennan A, Fricke T. The association between self-identified sexual orientation and visual impairment in US NHANES. ARVO Annual Meeting 2025, 5 May 2025, Salt Lake City USA (travel support provided by the Nicola Fund)

Ling Lee. Invited speaker at Sri Lankan Optometric Association Study Circle, presented "Quality of refractive error care", Colombo, Sri Lanka, 22 April 2025

Li CHJL, Tran T, Fricke T, Harris K, Haydon P. Enhancing eye care access for Aboriginal communities through the ACO Eyecare Network. National Aboriginal and Torres Strait Islander Eye Health Conference, oral presentation, 28 May 2025, Boorloo/Perth Western Australia

Mohseni, H "More than just diplopia: complications following medulloblastoma treatment" ACO Graduate Showcase, 8 April 2025

Panozza S. Optical and vision quality assessment of two myopia control contact lenses. Review of Myopia Management, October 2025 research review, available at <https://reviewofmm.com/optical-and-vision-quality-assessment-of-two-myopia-control-contact-lenses/>

Panozza S. Fitting Mini-Scleral Lenses with Confidence: Best Practices & Techniques. Mini-Scleral Contact Lens Workshop Australian College of Optometry July 2025

Reid, A "The importance of recognising keratoconus: diagnosing and managing an advanced case" ACO Graduate Showcase, 8 April 2025

Rezazadeh D, Fricke T. Paediatric binocular vision: from subtle signs to confident care. Invited interactive session at Optometry Clinical Conference, 17 August 2025, Naarm/Melbourne Victoria

Scully J, Oral Medications in the Treatment of Ocular Disease. Regional Series Optometry Australia. Taralgon, Melbourne 24 March 2025

Scully J, "Beyond the drop – oral medications in the treatment of ocular disease" Optometry Victoria South Australia Regional Seminar Series, various locations, March – November 2025

Scully J, "Glaucoma Prescribing in Practice: Case-Based Challenges and Clinical Problem Solving" Adelaide Interactive, 31 October 2025

Tran D, Barclay E, Fricke T. Zeiss "Meet the experts" session. 24 August 2025, Global Orthokeratology and Myopia Control Conference, Hanoi Vietnam

Tran D. Drug- and light-based myopia control. Australian College of Optometry session, 24 August 2025, Global Orthokeratology and Myopia Control Conference, Hanoi Vietnam

Tran D, Barclay E, Fricke T. Binocular vision and its abnormalities. Specialist paediatric optometry clinical teaching for Hanoi Medical University staff at Dong Do Hospital, 25 August 2025, Hanoi Vietnam

Tran D, Fricke T. Non-surgical strabismus. Keynote lecture, 26 August 2025, Dong Do Hospital Eye Health Conference, 26 August 2025, Hanoi Vietnam

Tran D, Fricke T. Eye movement control and nystagmus. Keynote lecture, 26 August 2025, Dong Do Hospital Eye Health Conference, 26 August 2025, Hanoi Vietnam

Wong K. Association of Time Outdoors and Patterns of Light Exposure in Myopic Children. Review of Myopia Management, June 2025 research review, available at <https://reviewofmm.com/time-outdoors-and-patterns-of-light-exposure/>

Yang E, ... Fricke T, .... Vision and hearing impairment and cognitive function in the Australian Eye and Ear Health Survey. ARVO Annual Meeting 2025, 5 May 2025, Salt Lake City USA



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The image shows a two-story brick building under a clear blue sky. The upper portion of the building is made of reddish-brown bricks. A small, square window is set into the brickwork. Below the window, the name 'AUSTRALIAN COLLEGE OF OPTOMETRY' is mounted on the wall in large, dark, three-dimensional letters. A modern architectural feature, consisting of several large, grey, rectangular panels, extends from the left side of the frame towards the center, partially obscuring the brick wall and a larger window with dark vertical bars. In the bottom left corner, there are green leaves of a bush or tree.

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