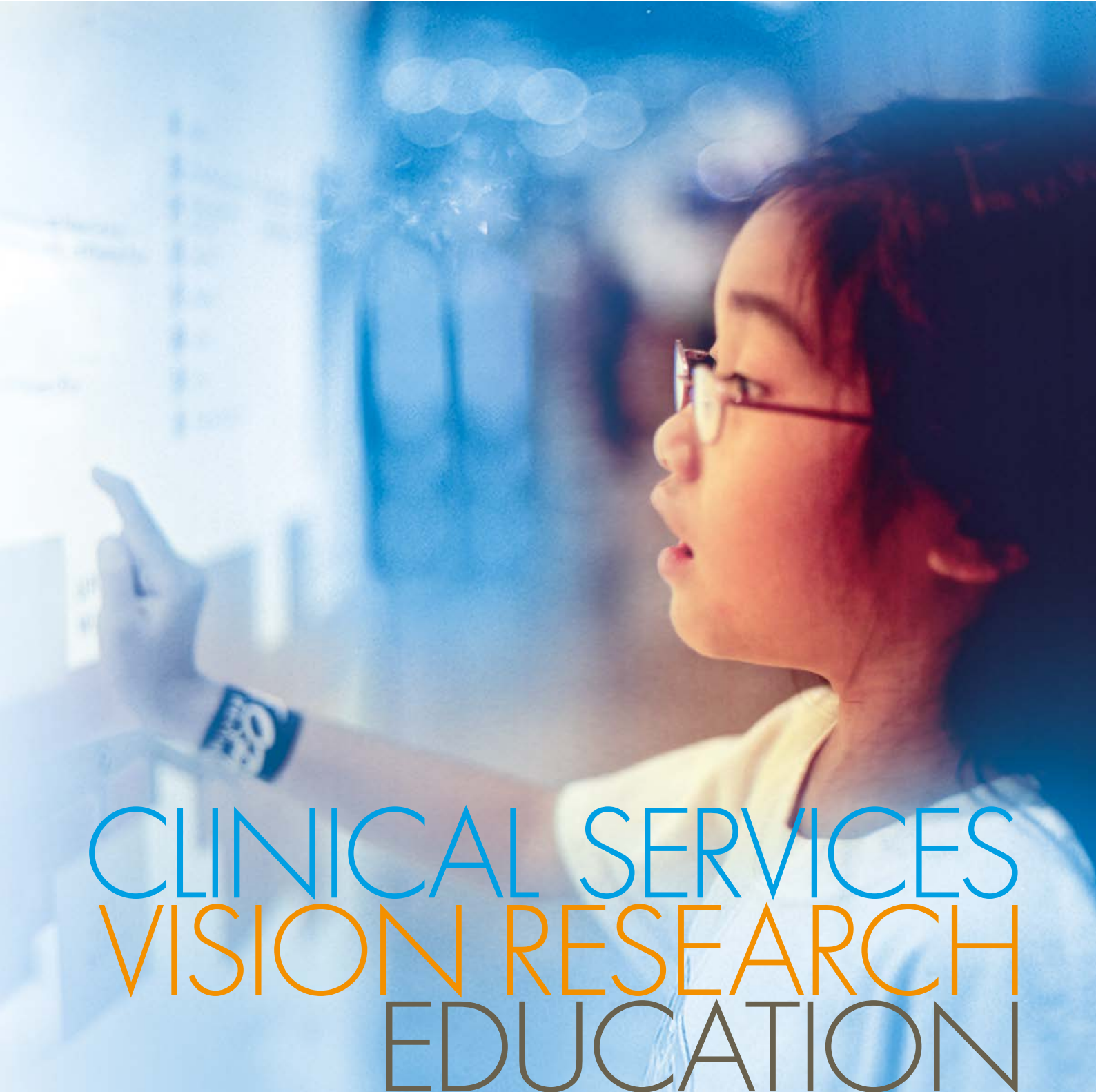




AUSTRALIAN COLLEGE OF  
**OPTOMETRY**

A CLOSER LOOK  
AT WHAT WE DO



CLINICAL SERVICES  
VISION RESEARCH  
EDUCATION



NATIONAL VISION  
RESEARCH INSTITUTE  
OF AUSTRALIA  
A DIVISION OF ACO

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## What we do

**The Australian College of Optometry (ACO) is an independent, not for profit, membership based organisation, dedicated to preserving sight and preventing blindness.** The ACO is the only institution of its kind in Australia. It was established in 1939 and is dedicated to:

- supporting the education and development of current and new generations of optometrists;
- the advancement of eye and vision care through research and graduate education; and
- the care of communities experiencing disadvantage through the provision of comprehensive public health eye care services.

The ACO delivers a major public eye health program for the Victorian government and indigenous health programs for the Commonwealth government, and undertakes basic, clinical and translational research in vision and eye health through the National Vision Research Institute (NVRI), a division of the ACO.

The ACO values its affiliation with the University of Melbourne and its collaborations in research, teaching and higher degree supervision. The ACO's affiliation with the Royal Victorian Eye and Ear Hospital is important as we work collaboratively, to improve outcomes for patients with complex eye care needs, to develop and deliver high quality pathways of care for patients and to explore opportunities to provide teaching for undergraduate and postgraduate students.

The ACO has entrusted to it (since 1985) responsibility for delivering the Victorian Eyecare Service (VES) in partnership with the Department of Health Victoria (Ageing & Aged Care Branch), an important public health eye care initiative for people experiencing disadvantage across Victoria.

The ACO's academic, professional, research and service delivery programs are characterised by innovation and impact and are supported by a team of dedicated staff including optometrists, researchers and educators. The ACO is an independent organisation that aims to be a 'voice of the profession' in partnership with the sector in the area of advocating for ethical practice and standards and inspiring up-and-coming practitioners to pursue a higher level of optometric practice in both specialised and general practice and imbue them with a sense of responsibility



for public health. The ACO also seeks to show leadership in collaboration with ophthalmology, with developing and publishing new models of collaborative and public health care. The ACO collaborates with national bodies with similar goals such as Vision 2020 Australia and Optometry Australia.

The ACO is the only organisation in Australia that specialises in the important area of providing public health optometry care, as well as providing clinic-based and outreach optometric clinical training and observation to undergraduate and postgraduate optometry students in a public health environment.

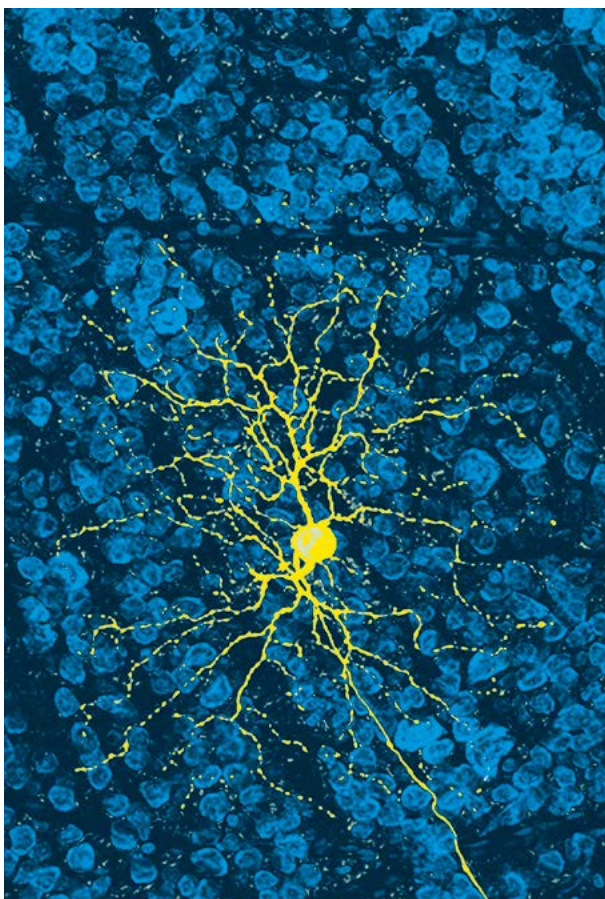
The ACO's ability to give students clinical experience working in a complex and busy public health clinical environment, while exposing them to a comprehensive range of eye disease and disorders and a diverse range of patients with complex needs, ensures that the next generation of optometrists are of the highest quality and have a

strong understanding of the importance of public health eye care.

**The ACO also offers a clinical residency program for new optometry graduates, which is unique in Australia,** and prepares graduates for careers as clinicians, researchers, managers and policy makers, enabling them to play significant leadership roles in the community towards improving eye health outcomes.

The ACO is committed to the importance of translational research and is fortunate to have its research arm, the NVRI, physically co-located with its Carlton Clinic. This helps to foster linkages between the laboratory and the clinic, and the teams of highly skilled clinicians and researchers. The ACO is committed to supporting and encouraging clinical collaborations between clinicians and scientists and encourages clinicians

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**The Australian College of Optometry is committed to the importance of translational research.**  
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to integrate their direct clinical contact with their research programs, so as to facilitate better eye health outcomes.

The Australian College of Optometry seeks to make major and ongoing contributions to:

- the eye health and well-being of individuals and communities;
- the development and implementation of better treatments and models of eye care delivery, based on greater integration of optometry with the broader health and community sector;
- the growth in scientific and medical knowledge in vision and eye care;
- the informing of community debate on vision health, public health research and education;
- the formation of government policy and decision making and economic sustainability regarding provision of eye care;
- the strength and reputation of the not-for-profit sector through good governance and management;
- the development of the future optometry workforce; and
- leadership in postgraduate education and development of optometric care for the profession.

The Australian College of Optometry continues to deliver and develop clinical and vision services, education and training, new knowledge and improved health and economic outcomes to:

- patients, their families and communities;
- clinicians and others involved in care delivery;
- members of the ACO and NVRI;
- our public, private and not for profit health care, education and research partners and collaborators;
- students and university optometry schools;
- government decision makers;
- donors, funders and philanthropists and
- government and industry investors.

## Why this is important

**Visual impairment is a major public health issue globally, with 285 million people visually impaired, of whom 39 million are blind.** Women make up two thirds of the visually impaired population globally and half a million children become blind each year. The implications of these statistics are made worse by the fact that 80% of vision impairment globally can be prevented or treated (World Health Organisation, Oct 2013). Optometrists play a key role in early detection and facilitation of appropriate management for eye health conditions.

In Australia, the number of vision impaired people aged 40 years and older is forecast to rise by 39% to almost 801,000 by 2020 and the number of those who are blind will rise to over 100,000 (Clear Focus The Economic Impact of Vision Loss in Australia in 2009, p.4, a report prepared for Vision 2020 Australia by Access Economics Pty Limited, June 2010). The Australian Government's paper 'Towards a National Eye Health Plan for Australia 2005-2010', observes that as the population ages, vision impairment will emerge as the most prevalent health problem among older people. The five main eye conditions affecting Australians are: age related macular degeneration, cataract, diabetic retinopathy, glaucoma and uncorrected refractive error (including myopia, hyperopia, astigmatism and presbyopia). Vision is extremely important for quality of life regardless of where you live as it enables a person to independently carry out normal everyday activities and to maximise educational, economic and community participation.

The prevalence of eye disease and disorders which could have been prevented or treated can also be greater in some communities, with the blindness rate in Aboriginal and Torres Strait Islander adults being six times the rate in non-indigenous Australians (National Indigenous Eye Health Survey, 2009, p.1). The level of vision loss that is preventable or treatable across Australia is 75%, however this increases to 94% for Aboriginal and Torres Strait Islander people with 35% of adults never having had an eye exam (NIEHS 2009 p.3). Priority needs to be given to addressing this inequity, and optometry can play an important role in achieving this.

**Regular eye examinations are vital in correcting refractive errors and detecting and treating eye disease.** Research conducted by Access Economics in June 2010 estimated that the total economic

cost of vision loss in Australia was \$16.6 billion in 2009 and is forecast to rise significantly without further action. Optometrists perform around 75% of the primary eye examinations in Australia, which is often the first point of detection of diabetic retinopathy, glaucoma, cataract and age-related macular degeneration. It is important as the optometry market changes, that there continues to be access to high quality, affordable eye care and a high priority is given to the importance of prevention, including eye health promotion.

### **The blindness rate in Aboriginal and Torres Strait Islander adults being six times the rate in non-indigenous Australians**

An increasing prevalence of health conditions in the general community, including diabetes, cardiovascular disease, mental health disorders and dementia, is occurring nationally, which can result in an increase in eye health problems either directly and/or indirectly. Community trends such as increasing unemployment and family breakdown can also exacerbate the degree of socio-economic disadvantage, with the incidence of eye and vision disorders highest amongst individuals and communities less able to access and afford full fee paying services offered in a traditional (private practice) clinical environment. In order to reduce eye health inequities, it is critical that subsidised public health eye care and accessible models of care are available to those most in need, including people who are frail and elderly, people experiencing homelessness, people with disabilities, children dependent on parents experiencing disadvantage, indigenous Australians, displaced persons/refugees, and people living in rural and remote areas.

The delivery of high quality, comprehensive eye care to the Australian community requires a well-trained optometry workforce, the quality of which is largely determined by the clinical experience of optometry undergraduate and postgraduate students, the quality of continuing professional education provided, and the strength of partnership between the optometry profession and ophthalmologists and other health care providers.

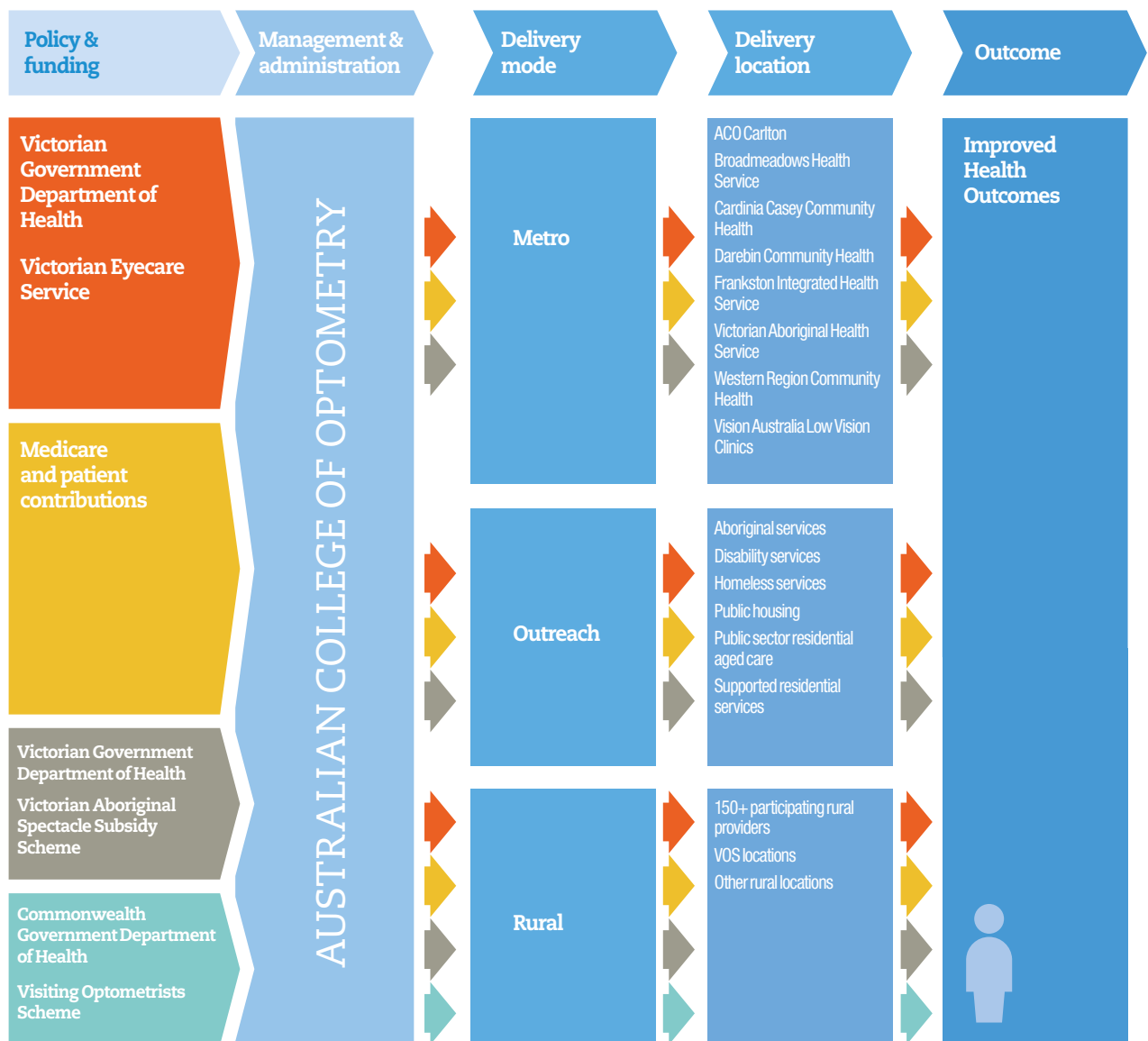
# A closer look

## 1. Clinical Services

The ACO strongly embraces its public service mission of clinical care by providing routine and specialised eye care services for tens of thousands of people each year. **The ACO, in partnership with the Victorian Eyecare Service (VES), funded by the Victorian Government Department of Health (Ageing & Aged Care Branch), provides more than 78,000 public health patient consultations each year in metropolitan, regional and rural areas in collaboration with a network of private practitioners.**

The ACO has successfully delivered these services in partnership with the State Government for 30 years, since 1985. Results from VES client satisfaction surveys consistently indicate satisfaction ratings in excess of 95%.

In conjunction with Medicare and patient contributions, the VES supports all of the ACO's clinical service activity in Victoria and, through this, the ACO's aim is to support those most in need and to provide services not available or accessible elsewhere. The VES is a very important public health program, which provides eye care and subsidised visual aids for people most in need.



## 1.1 Geographic reach

The ACO's head office and main clinic is located in Carlton, in inner city Melbourne, with 6 satellite patient care clinics in metropolitan Melbourne (East Preston, Broadmeadows, Doveton, Fitzroy, Frankston and Braybrook) and an extensive network of outreach and indigenous health programs across metropolitan, rural and regional Victoria.

Through its partnership with a network of participating optometrists in private practice, the ACO delivers eye care services to patients living in rural areas across Victoria.

## 1.2 Primary eye care

The ACO employs 40 full-time and 30 part-time optometrists and specialist staff, in addition to its extensive network of VES practitioners across Victoria. The ACO has developed an integrated service model that includes health promotion and prevention, community education, primary care and specialised optometric care, and referral pathways for ophthalmology and other appropriate health care.

The provision of clinical care is possible due to an extensive and diverse network including fixed sites in Melbourne and metropolitan areas, outreach services and a network of optometric practices in regional and rural Victoria. This allows the appropriate care to be provided in a geographically diverse way that ensures eligible patients have access to our services. The ACO has an ongoing program, supported by the Victorian Government, for acquisition of state of the art imaging equipment and other diagnostic and investigative instrumentation and equipment, which can enhance patient eye health outcomes and education services.

## 1.3 Specialised optometric care

In addition to primary eye care, the ACO is recognised for its specialised clinical services including paediatric optometry, low vision rehabilitation, ocular disease management and diagnostic services, treatment of vision related learning disabilities and specialty contact lenses.

In providing eye care, the ACO works closely with several major hospitals in the Melbourne metropolitan area, including the Royal Victorian Eye and Ear Hospital, the Alfred Hospital, Austin

Health and Dandenong Hospital and is exploring opportunities with other key hospitals. Services provided in partnership include primary care, contact lens services, post-operative cataract co-management and, as part of multidisciplinary teams, provision of support for diabetes/ endocrinology clinics.

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### **(a) Eye care for Aboriginal and Torres Strait Islander communities**

The ACO is committed to decreasing the profound disadvantage of Aboriginal people through provision of quality eye care services in partnership with indigenous communities, through Aboriginal Community Controlled Health Organisations. The ACO has operated a clinic at the Victorian Aboriginal Health Service in Fitzroy since 1998. The ACO now provides extensive optometric services to Aboriginal and Torres Strait Islander community members across Victoria and in other states, through the VASSS program (Victorian Aboriginal Spectacles Subsidy Scheme, funded by the Victorian Government Department of Health) and VOS (Visiting Optometrists Scheme, funded by the Commonwealth Government Department of Health). Particular attention is paid to working in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the peak body for the Aboriginal community controlled health organisations in Victoria.

### **(b) Low vision services**

The ACO is committed to providing high quality, low cost (affordable) rehabilitative optometry care to all Victorians who are blind or vision impaired. Recognising that low vision care is best undertaken in a multidisciplinary environment, the ACO has

partnered with Vision Australia for over 30 years to provide world-class care to those with vision disability. ACO optometrists provide specialised low vision consultation at 13 Vision Australia offices throughout the state. This collaboration enables excellent clinical care, clinical teaching opportunities and access to VES for eligible patients. In 2013 the ACO commenced optometry based vision rehabilitation care at its Carlton site; now run in partnership with Vision Australia. This clinic enables low vision care to be provided alongside primary ocular healthcare. The new service also provides increased opportunity for the ACO to develop a vision disability research programme in partnership with other institutions with expertise in this area (University of Melbourne, Centre for Eye Research Australia, Deakin University).

**(c) Outreach services**

To provide access to some of the most disadvantaged people in the community, the ACO has established a network of metropolitan (satellite) clinics in low socio-economic areas, which provide traditional clinic based care closer to home, thereby reducing geographic barriers. For those people who cannot make it to a mainstream clinic, or who don't feel comfortable doing so, including people who are homeless, frail and elderly, or who have a physical or intellectual disability, the ACO is committed to providing eye care through its mobile visiting outreach service. Through its outreach services the ACO works in partnership with a number of charitable and community based organisations to provide eye care in community settings for these specifically disadvantaged people. The outreach

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**The outreach model improves access to eye care in a setting that is familiar, local and comfortable to the patients that we see.**

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model improves access to eye care in a setting that is familiar, local and comfortable to the patients that we see. As well as for people of significant disadvantage, the outreach model can be used in other community locations, such as in schools, and in community health centres.



**(d) Services for geographically displaced people (migrants & refugees)**

As a result of changing population profile and identified need, the ACO has increased its commitment to provide services for migrants and refugees through facilitated referral pathways into Carlton and metropolitan clinics. Our Doveton clinic is a case in point, receiving increasing numbers of asylum seeker referrals from Monash Health and Adult Multicultural Education Services (Australia's largest provider of humanitarian settlement, education, training and employment services for refugees and newly arrived migrants). We have also developed flexible and culturally sensitive visiting services that work in conjunction with refugee health programs, in partnership with refugee and asylum seeker support agencies including interpreter services, and a refugee health nurse program.



### **(e) Paediatric services**

Paediatric services at the ACO provide comprehensive eye examinations at Carlton and all metro clinic sites as well as reaching out to disadvantaged children in the community. We provide fully comprehensive examinations to children at a number of schools including Sunshine Harvester Primary School (located in one of the most socio-economically disadvantaged areas in Victoria) and Furlong Park School for the Deaf. Pilot studies done through the ACO have shown that children from lower social economic backgrounds do not seek access to eye care services as frequently or as easily as those from less challenging backgrounds. There is in addition an increased prevalence of significant vision impairment in children with other disabilities including children that are hearing impaired. The Paediatric Service also raises awareness and provides education in the community about the importance of eye care in children.

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### **(f) Contact lens services**

The ACO has a long reputation of providing affordable contact lenses to individuals for whom that is the optimal mode of correction. This involves providing everything from daily disposable soft contact lenses to mini scleral shells. The service, which is run by ACO optometrists who are nationally and internationally recognised for their expertise, has recently engaged with secondary care and has assumed responsibility for the Royal Victorian Eye and Ear Hospital's Contact Lens service, a process that involves staffing weekly hospital based clinics.

### **(g) Ocular disease and specialist investigation services**

Our ocular disease and specialised investigation services complement each other in that the detection and monitoring of early disease (Age Related Macular Degeneration, Diabetic Retinopathy,

Glaucoma and anterior surface disease) is enhanced by access to ACO's high quality imaging instrumentation and other equipment capable of assessing multiple aspects of visual functions. We are ideally positioned to assist with care pathway management into secondary care, which is an area destined to grow as demand for secondary care services increases in the community, and places pressure on existing models of care. The ACO also offers specialist colour vision assessment, a referral service for optometrists in private practice and industry.

## **1.4 Clinical Excellence**

**The ACO Clinical Services Division has a strong commitment to clinical excellence.** In so doing we have fostered a collegiate commitment to the delivery of public health optometry, clinical teaching and clinical research. To support this we have developed a clinical excellence program, which consists of a clinical governance group, staff self-directed learning and building an evidence base for clinical optometry. The setting of clinical standards, protocols and guidelines and undertaking of clinical audits are key elements of the program. Staff attend education programs and participate in monthly clinical journal clubs and grand rounds meetings.



## 2. Continuing Education

The ACO was the first organisation in Australia to offer a planned program of continuing education to the optometry profession in recognition of the importance of 'life long learning'. It was also the first to advocate mandatory continuing education by making it a requirement for membership of the ACO many years before it became mandatory for registration as an optometrist in Australia. At that time, the ACO was the sole provider of planned programs of continuing education nationally. Today the ACO provides unique, specialised clinical workshops, short seminars and courses, high quality, specialised webinars, web-based certificate courses and a national conference.

The ACO Certificate in Ocular Therapeutics was designed to be flexible in delivery to meet the needs of optometrists in the workplace nationally, being delivered by flexible methods including online lectures, webinars, forums and local clinical placements.

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The ACO also provides staff and members with access to the Nathan Library and celebrates the history of the optometry profession through its collection of historical books, printed and electronic materials and artefacts in the Cyril W Kett Optometry Museum and Archive. The ACO supports the philosophy of 'life-long learning' and all of its programs are developed based on 'evidence based practice'.

## 3. Clinical Teaching

The ACO has established an **outstanding history of contribution to the clinical training of undergraduate optometry students in Victoria**. We have over many years developed a highly experienced team of clinical educators, including senior sessional staff who work in private practice.

Our clinical educators have access to state of the art diagnostic and investigative instrumentation and equipment. For nearly 50 years, the ACO has hosted clinical placements for University of Melbourne optometry students and we continue to maintain close links with the University's Department of Optometry and Vision Science.

Our major teaching partners today are the University of Melbourne, University of New South Wales and Deakin University. We also host short-term placements for Flinders University and University of Auckland. Links with international universities have been established with Anglia Ruskin University, Waterloo University and Hong Kong Polytechnic.

Each year, the Australian College of Optometry provides more than 5,000 clinical teaching sessions – at least 20,000 hours – to approximately 300 students from Australia's major universities and selected international universities.

The ACO offers students a unique learning environment. Students gain experience in a public health setting and are exposed to a diverse patient base. As our population ages, the need for students to gain experience with older patients is increasingly important, and the combination of patients seen at our Carlton, Metropolitan and outreach clinics ensures that the students we support are prepared for anticipated community need. Students work across a broad range of clinical areas including ocular diseases, specialist contact lenses, paediatrics, low vision, indigenous care and outreach services.

Optometry clinic staff are also involved in providing continuing education for the wider profession via presentations at local, interstate and international conferences, and through publishing case studies and other reports for peer-reviewed optometry literature. This involvement is organised through the ACO's Professional Development division as well as through individual staff initiative.

Skills and patient examinations are also provided for the Optometry Council of Australia and New Zealand international registration examinations.

## 4. Vision Research

**The Australian College of Optometry is committed to discovery and to leading the advancement of the preservation of sight, prevention of avoidable blindness and improvements in vision care and treatment through research.** Research is carried out through the National Vision Research Institute of Australia (NVRI), a division of the ACO, which was established in 1972. The NVRI oversees basic, clinical and translational vision research programs at the ACO, including the supervision of PhD and Masters students in association with university partners.

The NVRI currently has a strong focus on visual neuro-engineering, and carries out research on neural development in the visual cortex, retinal physiology and translational research through its neuro-engineering laboratory. It has been heavily involved in the development of bionic eye devices in partnership with Bionic Vision Australia (BVA) to restore vision in people with retinitis pigmentosa and age-related macular degeneration.

The NVRI has a very strong track record of publication in high-ranking scientific and medical journals and in attracting both federal and philanthropic research grants. Since 2011 it has held five grants from the National Health and Medical Research Council (NHMRC), two special initiative grants from the Australian Research Council (ARC), including BVA, and won five philanthropic grants, including valuable support



### The bionic eye - how it works

Second prototype: High-acuity neurostimulator

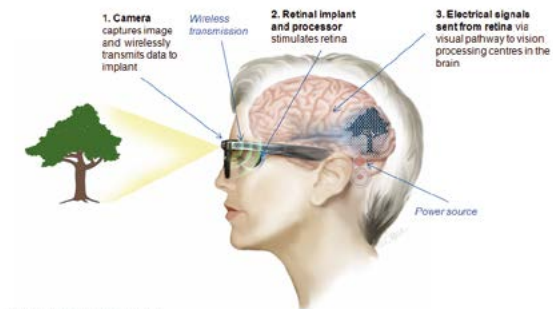


Image courtesy of Bionic Vision Australia

from the Victorian Lions Foundation and the Lions Vision Research Fund.

Since 2014, **the NVRI is also a node of the ARC Centre of Excellence for Integrative Brain Function which places it in a research network with Australia's top six research universities.** The Centre will examine the neural basis of attention, prediction and decision-making through all the senses, with a heavy emphasis on vision.

In recognition of the importance of clinical research, the ACO has made the decision to invest in the establishment of a new clinical research laboratory within the NVRI. This initiative will expand the breadth and depth of research being undertaken at the ACO through NVRI, and will contribute to the development of a strong, vibrant research environment.

Optometry clinical researchers in the ACO's clinic carry out peer reviewed clinical and epidemiological research studies based on the Australian College of Optometry's clinical patient population, towards the goal of improving eye health outcomes for communities. Much of this research is funded by philanthropic/not for profit organisations or is in partnership with other research organisations. Current studies include the evaluation of low vision aid usage, understanding the impact of eye care interventions, investigating how forced vision-induced retirement from driving influences the aged population, and involvement in a glaucoma initial treatment study (in partnership with the Centre for Eye Research Australia (CERA)).

The NVRI is involved in, and supports, the advancement of knowledge through research under contracts with government and industry for clinical research projects.

