



AUSTRALIAN COLLEGE OF  
**OPTOMETRY**  
CLINICAL SERVICES • RESEARCH • EDUCATION



NATIONAL VISION  
RESEARCH INSTITUTE

# ANNUAL REPORT 2021



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# WHO WE ARE

THE AUSTRALIAN COLLEGE OF OPTOMETRY (ACO) is committed to improving the eye health and quality of life of communities through clinical optometry practice, research, and education. We proudly deliver public eye care services, drive vision research and lead optometry education. The ACO serves a diverse community and wide range of stakeholders. Our focus is to meet the equally diverse expectations and needs of these communities showcasing leadership through innovation and best practice. The ACO is proud to be the only organisation in Australia specialising in the areas of public health optometry, vision research and optometry student and professional education, each driving improvements in eye health and community wellbeing.

## BUILD ON OUR HISTORY

### From humble beginnings

From a teaching clinic on the 4th floor of Kurrajong House on Collins Street, Melbourne, the ACO has continued to grow. Incorporated in 1940, the ACO was the first not for profit membership institution in Australia to teach a 4-year full time optometry course, with its first students enrolled in 1941.

### Clinical learning pathways

Over the past 80 years the ACO has continued to build on its commitment to education, through provision of clinical training in a public health setting to optometry students from across Australia, and through expansion and innovation of education programs to meet the needs of Members and the wider optometry profession.

### Focus on the disadvantaged

Our commitment to the provision of eye care services to underserved communities began in 1955, when the ACO first received a grant from the Victorian State Government. 30 years later, the ACO became an integral partner in the Victorian State Government's newly coordinated public health eye care program, the Victorian Eyecare Service (VES). We continue to work closely with the Victorian State Government to manage, administer and deliver the VES.

### Victorian Eyecare Service

Since 1985, the ACO has been responsible for administering this important initiative on behalf of the Victorian Government. Under this service, more than 2 million Victorians in need have benefited from quality eye care consultations and services aimed at correcting refractive error and preventing eye disease. In 2021, in partnership with rural practices, more than 60,000 consultations and 40,000 visual aids were provided through the VES to 50,000 patients across the state.

### Victoria and beyond

Today, our main clinic is in Carlton with a network of clinics in metropolitan Melbourne and a mobile eye care service. Beginning in 1998, our Outreach services focused on patients with disabilities that could not access mainstream services, and later expanded in 2003 to support Indigenous Australians, people experiencing homelessness, and other vulnerable Victorians. The ACO provides a coordinated program of clinics and outreach services across Victoria, including services for the aged, Aboriginal and Torres Strait Islander communities, refugees and asylum seekers, children from disadvantaged schools, homeless and other high-risk groups. Going forward, the ACO seeks to adapt and expand this important public health eye care model to benefit more Australians experiencing disadvantage. We proudly opened our first permanent clinic outside of Victoria in 2019 in Elizabeth, South Australia. In 2021, with the support of the Victorian State Government, we established two new clinics in outer Melbourne, Wyndham Eye Care and Knox Eye Care.

### High impact research

In 1972 the ACO was proud to establish its research arm, the National Vision Research Institute (NVRI), to pursue research in vision and the disorders of vision. The NVRI was made possible through donations from the optometry community and later strengthened in 1979 and 2001 through a generous donation followed by an even more generous bequest from the Schultz Laubman Schultz Endowment Fund Trust. For nearly 50 years, the NVRI has carried out basic, applied, and clinical vision research. Current research priorities include: neurotechnology, with a strong focus on the development of prosthetic vision devices (or bionic eyes), clinical optometry, and public health, to improve the understanding of vision science, vision care and treatment.

# OUR VISION

## To achieve world leading eye health outcomes for all



### Clinical optometry services

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



### Research

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



### Education

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



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

## OUR VALUES

We are led by the following values and principles:



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

# 2021 at a Glance



19,597

visual aids delivered



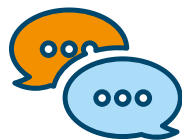
10

NVRI publications



41

new staff recruited



128

languages other than English  
preferred by our patients



40%

patients born outside of  
Australia



5

NVRI Phd candidates



253

days of outreach  
services

LAUNCH

of our Innovate 2 –  
Reconciliation Action Plan



15

active NVRI  
collaborations



2,513

visual aids delivered under the Victorian  
Aboriginal Spectacles Subsidy Scheme



978

primary health care workers trained under  
the Provision of Eye Health Equipment and  
Training Project



698

Online Seminar Series  
attendees



46,141

clinical appointments



2

2 new clinics opened  
in Victoria



3074

student clinical placement  
sessions



412

COT graduates since course  
commencement





## FROM THE PRESIDENT

The year of 2021 has not been kind to most of Australia. As a Western Australian I have watched from a distance in a safe and prosperous environment the challenges being faced by the rest of Australia and the world. I would think most people who read this annual report, live in comparatively good spaces. Bearing that in mind, is it worthwhile on occasions to reflect on how lucky we are?

Our profession and by intimation our College is moving into new space. The number of optometrists being trained is increasing, the skill sets of optometrists are widening and the demographics of the disadvantaged communities the ACO serves seems to be changing. In general, research funding is becoming more difficult to secure. There is the "Great Resignation" which is confronting so many organisations.

Our College Council has changed over the past year with the loss of long serving Councillor Mitchell Anjou AM. Mitchell contributed substantially to the ACO both as an employee and Councillor. The Council has gained the expertise and insights of Dr Michelle Waugh and Assoc Prof Lauren Ayton. We will lose John Chaney as his term expires, understandably he wants to spend more time with his family, so we have advertised for another Councillor with legal skills. I would like to thank Mitchell and John for their very positive contributions to the College.

I would like to formally acknowledge the outstanding work done by Professor Michael Ibbotson, interim CEO, during the transition from our long-term CEO Maureen O'Keefe with whom I had the pleasure to work with to Pete Haydon who we recruited during a robust process in 2021. I have found conversations with Maureen, Michael and now Pete to be thought provoking and positive for the ACO and its work.

It seems to me that your ACO needs to have diverse thinkers at senior management and Council level who can openly

discuss matters to better understand the needs of the various communities and stakeholders with whom we interact. The Council needs to look at how to provide the organisation and infrastructure to meet those appropriately prioritised needs. An interesting task that I think needs Member and stakeholder engagement at various levels, including from our internal stakeholders, our valued employees.

The constitution is the blueprint to our organisation and has not shifted significantly since it was first written. In 2022, the ACO Council intends to review the constitution to ensure it is contemporary and further strengthens our governance. The creation of a broad-based subcommittee to consult with Members and stakeholders regarding the development of an appropriate, more contemporary constitution for recommendation to Council would seem to be an appropriate inclusive process.

Your Council will also enter a new strategic planning phase in 2022. This will include examining the mission and values to ensure they are relevant to the goals of the ACO and in line with the ongoing development of good workplace culture.

There is a growing need for education and clinical research facilitating ongoing competencies as our profession becomes broader in scope. The ACO is, and will continue to be, an integral part of that process.

I would like to thank all of my colleagues on the Council. I am very grateful for their diversity of thought, wide range of skills, openness and acceptance.

**Rodney Hodge**  
President ACO Council



## FROM THE CEO

I'm excited to be writing to Members at the conclusion of the 2021 reporting year. Having just commenced in the role in late November I'm clearly very new to the organisation, but I have been a keen observer of the ACO's work over many years and it's truly an honour to be here.

The ACO has just concluded our second year of working with the coronavirus pandemic. Undoubtedly COVID-19 has presented the organisation with some of the most challenging operating conditions we have faced in our long and distinguished history. I want to pay tribute to Council, to Maureen O'Keefe and to Michael Ibbotson for their stewardship of the ACO as the operational sands shifted – sometimes daily – beneath our feet.

Equally importantly I want to say a heartfelt thankyou to the ACO staff – across all sections of the organisation – for their steadfastness, diligence, professionalism and commitment to excellence during 2021. They allowed the ACO to achieve a continuity of service for patients – some of them members of acutely vulnerable community groups – that must have seemed impossible on some days. On top of this we continued to deliver on behalf of our Members; continued to provide excellence in education and training to qualified and student optometrists and continued to pursue our wonderful research goals through the NVRI.

I'm humbled and energised to be working alongside people with such a sense of purpose and such genuine support for the community's health through great eye health outcomes. I hope staff are proud of what they achieved in 2021 under incredibly trying circumstances – they should be.

As outlined in your Annual Report, the ACO remains in solid financial health, and continues – COVID-19 notwithstanding – to deliver against its mission, vision, values and strategic objectives. Looking forward, though, I do think that the ACO is

at somewhat of a fork in the road. I am eagerly anticipating the opportunity to talk with Council, staff, Members, and our stakeholders and allies about those significant existential questions we face. What type of an organisation do we want to be? How do we deliver more effectively, more often, in more places than we do now? How do we collaborate better with our partners? How do we enhance our Member value proposition, and our employee value proposition, so that people want to join us and remain with us? How do we survive and thrive despite the financial headwinds that buffet us, and our sector?

In order for the ACO to honour our heritage properly and prosper, these questions must be addressed openly and optimistically. The time is now to establish the framework that will take us towards 2040. In my very brief time here I get the sense that our stakeholders are as eager as I am to have this conversation. The passion and ambition many people have for the organisation is obvious. I share that passion and that ambition, and I can't wait to get started.

**Pete Haydon**  
Chief Executive Officer  
Australian College of Optometry  
National Vision Research Institute

# Quality, affordable eye care for all communities



**86%**  
of patients eligible for  
the VES

34,064  
patients seen



2021 was a year of two halves. We had a strong start to the year as we recovered from the impact of COVID, with service provision increasing, outreach recommencing and teaching programs up and running. This was followed by a sense of déjà vu with further lockdowns and restrictions on the delivery of care. During this time our focus remained on providing care to patients that needed it most, with active patient triage across all services to ensure timely access to eye care.

The work undertaken in 2021 is a great platform to continue our services in 2022 and once again I thank all staff for their commitment and hard work during these challenging times.

**Neville Turner** FCO  
Director of Clinical Services

Year	East Reservoir (Your Community Health)	Broadmeadows (Broadmeadows HS)	Dandenong	Braybrook (cohealth)	Frankston (Frankston IHC)	Victorian Aboriginal Health Service	Elizabeth (SA)	Knox	Wyndham	Total
2007	2,500	3,500	2,000	2,000	1,000	0	0	0	0	11,000
2008	3,000	3,500	2,500	2,500	1,500	0	0	0	0	12,500
2009	3,000	3,500	3,000	2,500	2,000	0	0	0	0	14,000
2010	3,000	3,500	3,000	2,500	2,000	0	0	0	0	14,000
2011	3,000	4,000	3,500	3,000	2,500	0	0	0	0	16,000
2012	3,000	4,000	3,500	3,000	2,500	0	0	0	0	16,000
2013	3,000	4,000	3,500	3,000	2,500	0	0	0	0	16,000
2014	3,500	4,500	4,000	3,500	3,000	0	0	0	0	18,500
2015	3,500	4,500	4,000	3,500	3,000	0	0	0	0	18,500
2016	4,000	5,000	4,500	4,000	3,500	0	0	0	0	21,000
2017	5,000	5,000	5,500	4,000	4,000	0	0	0	0	23,500
2018	4,500	5,000	6,000	4,000	4,000	0	0	0	0	23,500
2019	5,000	5,000	6,000	5,000	5,000	0	0	0	0	26,000
2020	3,000	3,000	5,000	4,000	3,000	0	0	0	0	18,000
2021	3,500	3,500	4,500	4,000	3,000	0	0	0	0	18,500



## INTRODUCING OUR TWO NEW VICTORIAN CLINICS

Over the last few years, the demand for healthcare has seen a shift from large, centralised services, to providing local community-based services.

Seeing the need to bridge the gap in community eye care, the ACO opened two new clinics in Bayswater (Knox Eye Care) and Hoppers Crossing (Wyndham Eye Care) providing better local access to quality and affordable eye care, particularly to those experiencing disadvantage. The ongoing support of the Victorian State Government was vital in the establishment of these clinics which has now considerably improved the access to Victoria Eyecare Service (VES) in the outer east and outer west regions of Melbourne. The new clinics both offer full scope optometry care, dispensing and imaging services, as well as providing additional access for clinical placements for optometrists to support student development. We look forward to providing care and building relationships in these communities.

Wyndham Eye Care



### Knox Eye Care

Knox Eye Care is in a newly completed medical facility in Bayswater. Co-located with Eastern Eye Specialists, the clinic has the potential for 4 consulting rooms and will offer patients in the outer eastern suburbs of Melbourne access to public eye care and the VES. The co-location with ophthalmology will provide opportunity to develop new patient care pathways. Knox Eye Care will also support the significant outreach work we do in the region, offering a more accessible location for any further follow-up that is required.

### Wyndham Eye Care

Wyndham Eye Care is located on Heaths Road, Hoppers Crossing in a stand-alone facility and offers three consulting rooms with the potential to provide over 7000 services a year to the fast-growing community in the south-western growth corridor of Melbourne. We are working to establish connections with local GP's, community health organisations and welfare and support agencies, to improve access to the VES in the west.

Knox Eye Care



(L-R): Knox Eye Care Manager Iris Huang and Kim Doake



(L-R): Wyndham Eye Care Manager Michael Yen and Mirela Mesic

Both my son and I attend the ACO. My son had not had his vision checked for many years due to past difficult experiences in health settings. His experience at ACO, in contrast, was extremely positive, and for this, I am deeply grateful. I wish your service well in the important role you play in the community.

ACO Patient



## MYOPIA CLINIC



Elisse Higginbotham with a young patient

The ACO provides several advanced clinical services to patients with progressive and complex conditions. In February we launched a myopia control clinic to ensure best care for patients at risk of myopia progression. The prevalence of myopia (short-sightedness) is expected to increase over coming years, with many parents not understanding what myopia is, nor the increased risk it brings for the development of future eye health complications.

A team of staff, led by Elisse Higginbotham (Lead Optometrist Paediatric Services), has provided care to over 220 patients, many of whom experiencing disadvantage and unable to access this care privately. Staff with an interest in this evolving area of clinical care have undertaken additional training. This service provides patient advice, development of personalised treatment plans incorporating therapeutic management with Atropine, specialised spectacle lenses, contact lenses and orthokeratology.

PATIENTS  
SEEN

227

12

AVERAGE  
AGE



Noel McPyke

## Meet patient Noel McPyke

Noel McPyke has been a long standing ACO patient visiting the Frankston clinic for many years. It was the clinic's accessibility that first made him book an eye test with the ACO. In 2021 Noel attended a consultation, with staff optometrist Luke Burns, as he needed some intervention with his long-standing glaucoma. During the consult, Luke found a Hollenhorst plaque (cholesterol embolus) in an artery in Noel's eye. He was advised that this was associated with a high risk of stroke and would need further investigation. When we subsequently met Noel he recalled, "Luke organised for me to go see my doctor who in turn suggested I go see a specialist." Upon further testing, his carotid artery was found to be heavily blocked and Noel underwent a lifesaving procedure within a few months. Stressing on the impact this has had on him he said, "had I not had the eye consult done I probably would have died, simple as that."

Noel has subsequently visited the clinic and now needs some further treatment for his glaucoma which we arranged with a local specialist. He unfortunately has developed macular degeneration in one eye.

When asked what he liked the most about the care he received, he was quick to respond, "Luke is very good. Doing his job, he was just fantastic."



# 20 years of the Homeless Persons Eyecare Program

2021 marks twenty years of ACO's Homeless Persons Eyecare Program (HPEP). Our visiting service started with the Visiting Disability Service in 1997 and slowly evolved into various programs assisting disadvantaged communities across Victoria.

In 2001 the ACO in partnership with the Royal District Nursing Service (now Bolton Clarke) developed a model of eye care that involved providing eye care by visiting community-based sites which are safe spaces for people experiencing homelessness. Over the years, it has become evident that providing care at many of these accessible and familiar sites can play a vital role for those who may find it difficult to access mainstream optometry services.

This collaborative model of care highlights the role for public health care measures intended to identify potential ocular health issues before they manifest into something more complicated and perhaps, debilitating.

Delivery of care at clinics that have better equipment and resources is the preference for many clinicians. However, the ACO strongly believes that if people are unable to access this, they should still be provided the opportunity for quality eye care.

Josephine Li



*Our team has the passion, motivation and skills required to travel to people who cannot visit us for eye care services. Outreach optometry has changed a lot of people's lives by having appropriate visual aids, improving quality of life as well as connecting communities together. It also teaches us, our optometrists and support staff about complexity of life, its challenges and how people overcome these in our communities.*

Dr CH Josephine Li, Acting Head, Rural VES and Community Eyecare Services

# A day at Sacred Heart Mission

Set up in a multipurpose room at Sacred Heart Mission (SHM) in St Kilda, with an eye chart propped up behind the door and spectacle frames set out on a physiotherapy table, ACO staff optometrist Joseph Waterman commenced his consultations for the day.

His first patient, an elderly gentleman from the Sacred Heart Mission Aged Care Hostel, made his way with his carer for an eye check. This gentleman had mature cataracts that were rendering him clinically blind. He expressed a desire to be able to read once more. These atypical presentations are not common but can be more prevalent in our disadvantaged communities. Providing the remainder of the ocular health is normal, normal vision would be expected to be restored with a simple short operation. With support from SHM staff, a referral to the local public ophthalmology service was facilitated with the expectation his vision is either restored fully or drastically improved.

Another patient to come by is a person in his 70's who has been living in his car since the early 1990s. Though not suffering from significant pathology, he benefited significantly from this opportunity to have his eyes checked. His last eye test was approximately eight years ago and the glasses he received then are long gone. The patient ideally required multifocals, which he immediately reported would be 'very expensive'. Fortunately, through the Homeless Persons Eye Care Program, these could be provided in a frame of his liking, for just \$30. He also received some free sunglasses that had been donated to the ACO. The consultation was a great outcome for him but perhaps even more valuably, the reassurance that his eyes were healthy, the changes easily remedied, and that he could come and see us at any time.



A consultation at Sacred Heart Mission, St Kilda

# Our Partnerships



(L-R): Liu Ponomarew  
and Joseph Waterman

The provision of eye care at many of ACO's partner sites is impossible without the collaboration between ACO staff and the staff who work at these organisations. Their knowledge and guidance have been invaluable for the extended reach of the Homeless Persons Eyecare Program.

We met up with Liu Ponomarew the Coordinator of the Wellness Place, Sacred Heart Mission St Kilda who spoke about the importance of such partnerships.

## Tell us a little about the partnership between ACO and Sacred Heart Mission?

The optometry service has always been in high demand and continues to be heavily booked. In addition to internal referrals within SHM, other local services have referred their clients too. It has been a mutually supportive and respectful partnership where we have facilitated the referrals, appointment scheduling and support structure for clients to attend, and the ACO provided the staffing, clinical expertise and referrals. We value this partnership and can see that it makes a practical difference in our clients' lives.

## Would you say this program has made a difference in the lives of people who are experiencing homelessness?

Chris Middendorp, the Program Manager at Sacred Heart Central, says, "We know that many of our clients can't fill in forms or read documents and mail sent to them. Illiteracy is often assumed until we realise the issue is the person's vision or eye health. Since reading is a critical way for disadvantaged and isolated people to occupy themselves, glasses are not just

important for getting daily tasks done, they are vital for mental health and participation in culture". The other issue is ease of access to eye care services in a place that is local, familiar and feels safe for the client. We know that our clients can struggle to access mainstream services and often find it difficult to keep track of and attend appointments.

## Can you recall a patient experience where this service left its mark?

I have seen on more than one occasion, a client literally skipping out the door after collecting their glasses, in genuine excitement that they could see well enough to read. I imagine most of us would take this most basic capacity for granted. For one client, access to replacement glasses broken during domestic violence incidents, has enabled her to maintain her independence and dignity during very distressing times.

## Has this collaboration helped enhance the impact you have on the communities you work with?

Yes – there are many people who simply would not have accessed appropriate eye care had it not been for this collaboration. Accessible, high quality eyecare can have a profound impact on a person's quality of life and their capacity to participate in the most basic of human activities.

## What does appropriate healthcare (and specifically eye care) mean for people experiencing homelessness?

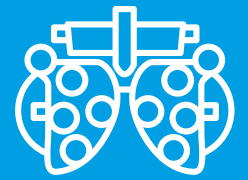
People experiencing or at risk of homelessness are a diverse group. It's probably stating the obvious to say that healthcare needs to be tailored to the individual's unique circumstances. It can take a long time to engage people, to build trust and to grow a sense that change – for a person's health and life – is possible. Appropriate healthcare/eye care needs to be accessible, flexible and trauma informed and it needs to open up choices for people.

## VICTORIAN EYECARE SERVICE

Since 1985 the Victorian Eyecare Service (VES) has provided Victorians with a coordinated program of eye care and subsidised visual aids. The VES is a key public eye care service in Victoria, ensuring access to eye care and visual aids to Victorians experiencing disadvantage, and is funded by Victorian Government Department of Health.

Whilst the ACO is responsible for the administration and management of the VES, the success of the VES comes through its partnership with community organisations, public hospitals, patient support groups and rural private practices. The VES is available through the ACO network of eight clinics across metropolitan Melbourne, strengthened by the reach of our outreach programs and the network of private practices across the state that ensure local and targeted access.

It is only with these strong relationships with aged care facilities, support agencies such as the Salvation Army, Sacred Heart Mission, refugee support agencies, as well as the commitment from practices across Victoria, that allows the VES to provide up to 75,000 services annually and target communities and people most in need of care.

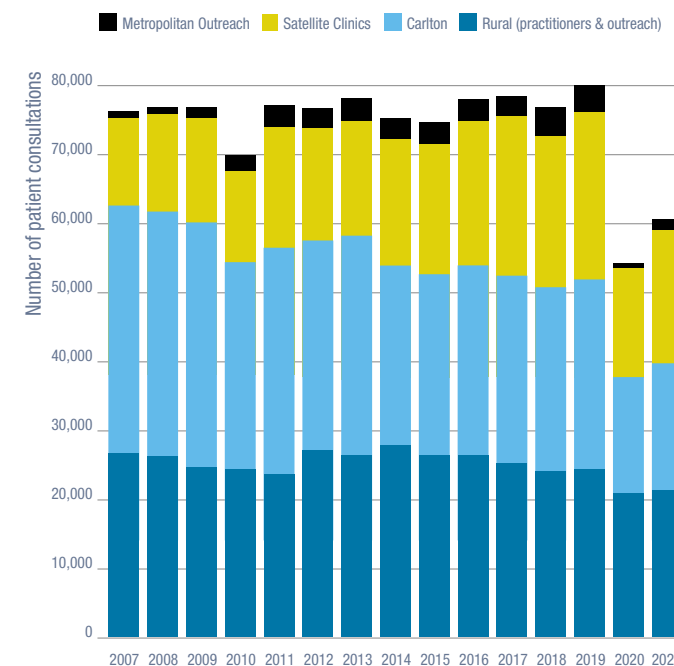


60,000  
consultations



40,000  
visual aids provided  
through the VES

## VES Visits





# Eyecare Sunraysia

The participation of local regional and rural practices enables local communities across Victoria to access the VES. It is through these local services that thousands of patients are able to access affordable eye care. One of our many partners, Eyecare Sunraysia, is locally owned and operated and has served the Mildura and Sunraysia district in northwest Victoria since 1984.

The practice decided to join forces with the VES in 1996 after they identified a need to provide affordable spectacles in the community they were serving. Mildura and the surrounding region have high number of retirees and low-income families. Approximately 30% of Eyecare Sunraysia's spectacle jobs are subsidised by the VES which clearly showcases the

importance of VES in the region. Being able to bring such a service to many of these patients is vital to the community and their practice.

Patients rely on good vision so they can travel to shop, see family and attend medical appointments. With support of ACO and the Victorian Eyecare Service they have been able to provide that good vision with low-cost spectacles.

Manager Clinton Williams adds, "Good vision is vital to the health and wellbeing of all our patients. The ability to offer low-cost spectacles to help the disadvantaged with simple tasks like watching TV, reading the newspaper and keeping in touch with family via Zoom, especially in the past few years, makes a huge difference to their life."



## VES LOCATIONS AND PRACTICES

### Victorian Eyecare Service (VES) Rural Practices & Victorian Aboriginal Spectacles Subsidy Scheme (VASSS) Practices \*

Spread across metropolitan and regional Victoria, the ACO acknowledges the ongoing care and commitment provided by our VES and VASSS partner practices.

#### Ararat

Quinn & Co Eyecare Ararat

#### Bacchus Marsh

Darryl Wilson Optometrists  
by G&M Baccus Marsh

#### Bairnsdale

Eyecare Plus Bairnsdale \*

#### Ballarat

GMHBA Eyecare – Ballarat

#### Belmont

Robinson Family Optometrists

#### Benalla

Focus on Laurimar

#### Bendigo

Cartwright & Associates \*  
Eyecare Plus Bendigo

#### Bright

Eyes of Bright

#### Bunyip

Bunyip Optical \*

#### Camperdown

Penry Routson Optometrists \*

#### Castlemaine

Eyeworks Castlemaine

#### Cobram

Cobram Optical

#### Curlewis

Spectacle Hub Optometrists

#### Daylesford

Darryl Wilson Optometrists  
by G&M Daylesford

#### Dromana

Eyes on Dromana

#### Echuca

Horsfalls Optometrists \*

#### Edenhope

Quinn & Co Eyecare  
Horsham

#### Euroa

Graham Hill & Associates

#### Foster

Foster Medical Clinic

#### Geelong

GMHBA Eyecare  
– Geelong \*  
New Vision Eyewear

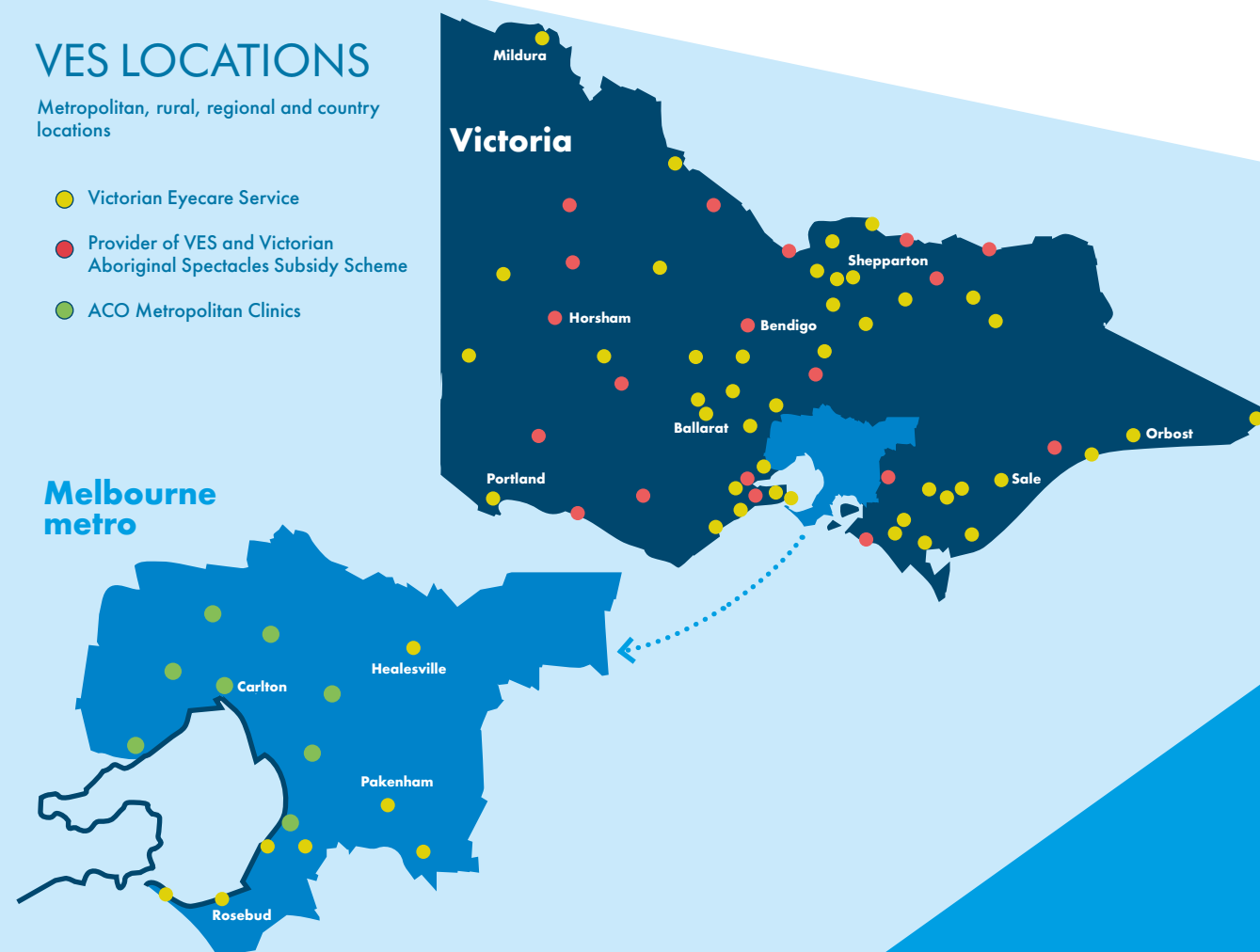
#### Gisborne

J.C. Merrington Optometry  
Simon Leong Optometrist

## VES LOCATIONS

Metropolitan, rural, regional and country locations

- Victorian Eyecare Service
- Provider of VES and Victorian Aboriginal Spectacles Subsidy Scheme
- ACO Metropolitan Clinics



**Hamilton**

Glenn Howell Pty Ltd \*

**Healesville**

Harris, Blake and Parsons

**Highton**

Eye Gallery Geelong

**Hopetoun**

Quinn &amp; Co Eyecare \*

**Horsham**Quinn & Co Eyecare \*  
Specsavers Horsham**Kerang**

Kerang Optical \*

**Kilmore**Ian Wood Optometrist by G  
& M Eyecare \***Korumburra**

South Gippsland Optical

**Kyabram**

Horsfalls Optometrists

**Lakes Entrance**

East Gippsland Optical

**Lang Lang**

Lang Lang Eyecare

**Lara**

New Vision Eyewear Lara

**Leongatha**Leongatha Optometrists  
McCartin Street Optometrists**Leopold**

GMHBA Eye Care – Leopold

**Lorne**

Deakin Optometry

**Mallacoota**

Dyson &amp; Long Optometrists

**Maryborough**

D P Hare

**Mildura**Eyecare Sunraysia  
Eyecare Sunraysia – Plaza  
Mildura Optical**Moe**

Moe Optical

**Mooroopna**

Graham Hill &amp; Associates

**Mornington**20/20 Sight 'N Style  
Main St Eyecare**Morwell**

Latrobe Eyecare

**Murchison**

Graham Hill &amp; Associates

**Myrtleford**

Alpine Eyecare

**Nathalia**Horsfalls  
Optometrists- Echuca**Nhill**Quinn & Co Eyecare  
Horsham**Norlane**

Winks Eyecare

**Ocean Grove**

Bellerine Eyecare

**Orbost**

Eyecare Plus Bairnsdale

**Pakenham**

Pakenham Optical

**Portland**

Portland Eyecare

**Rosebud**Eyes on Rosebud  
Robert P Zent**Sale**

B W Pettitt

**Seymour**

Focus on Laurimar

**Shepparton**Graham Hill & Associates  
Shepparton Optical Services**Somerville**

Eyes on Dromana

**Stawell**

Quinn &amp; Co Eyecare Stawell

**Swan Hill**Swan Hill Optical  
Quinn & Co Eyecare Swan  
Hill**Torquay**

GMHBA Eyecare- Geelong

**Traralgon**

Kay Street Eyecare Traralgon

**Wangaratta**

Wangaratta Eyecare \*

**Warracknabeal**Quinn & Co Eyecare  
Horsham \***Warrnambool**Penry Routson Optometrists \*  
Somer Toprak Optometrist  
Warrnambool Eyecare \***Waurun Ponds**Deakin Collaborative Eye  
Care Clinic  
GMHBA Eyecare – Waurun  
Ponds**Wendouree**Darryl Wilson Optometrist by  
G&M Wendouree**Wodonga**Blue Star Eyecare \*  
Michael Smith Optometry  
Peachey Optometry Clinic \*  
Wodonga Eyecare**Wonthaggi**

Akers Eyewear

**Yarram**

B W Pettitt

**Yarrawonga**

Sandra Heaney Optometrist \*

## PARTNERSHIP BREAKING DOWN BARRIERS TO EYE HEALTH

The Provision of Eye Health Equipment and Training Project, an Australian Government funded initiative, concluded in December with a sustainability model in place beyond the life of the project.

The ACO worked in a consortium with Brien Holden Foundation, Aboriginal Health Council of South Australia, Centre for Eye Health and Optometry Australia for the procurement, distribution and training of retinal cameras and slit lamps to Aboriginal and/or Torres Strait Islander led health settings.

Through this collaboration, practitioners at many of these sites can further the goal to support increased primary-level access to retinal photography for First Nations People with diabetes. We had the opportunity to talk to colleagues at Mallee District Aboriginal Services about the reach and impact of this project in the community.



Tahlia checks MDAS Kerang Aboriginal Health Worker Hack Webster's eyes

Taylah Baird and  
Tahlia Newman's  
training is making a  
difference



The partnership with Mallee District Aboriginal Services (MDAS) to provide training to Aboriginal Health Workers at Swan Hill and Kerang clinics is breaking down barriers for First Nations People in accessing timely and appropriate eye care.

The goal was to aid the Aboriginal health workforce to use retinal imaging equipment as a frontline tool during health checks. "It's making a real difference, despite the challenges we've had over the past year with COVID-19. Our health screening process identifies clients whose eye health might be at risk, with Type Two Diabetes patients being one of the target groups," said Aboriginal Health Worker Georgina Johnson, who was one of those trained.

"This program has addressed a lot of barriers, because the equipment is right here, in our clinic, and we are able to use it. If we see a client for another health matter and they're due, or almost due for an eye screening, we often do it at the same time. It makes it so easy," says Georgina. She further adds that the training has equipped several staff with the experience to operate the retinal imaging machine provided to the clinic, and to recognise some of the initial concerns in the images.

"When we have further training, we will have even more expertise, but at the moment, this is making a huge difference," adds Georgina. She believes while most testing was targeted at risk groups; all community members could potentially benefit from the early intervention the program offered.



## OUTREACH AND ABORIGINAL PROGRAMS

With the aim to reduce avoidable blindness amongst disadvantaged populations, ACO's Outreach Services work in partnership with numerous charitable and community-based organisations to provide eye care in community settings. This program is designed to improve access to those who find it difficult to access mainstream optometry. The reason for this may be varied, and includes homelessness, poverty, mental illness, social isolation, frailty, poor health, lack of independent means and disability. In a typical year, the team visits over 240 sites (and many multiple times in a year). However due to COVID restrictions in place, outreach services came to a pause between May and September. During this time we kept in contact with all our visiting sites to screen for patients that required essential care, with these patients were seen at our closest fixed clinics. However, we were able to resume some outreach services in between lockdowns, providing much needed care to these vulnerable groups.

Below is the summary of the different programs offered by the ACO:

### Aboriginal and Torres Strait Islander Program

Visiting services provided to improve access to eye care for Aboriginal and/or Torres Strait Islander led communities.

### Community Based Outreach Services

Provision of eye care at established community health organisations that are easily accessible for many vulnerable communities in their local areas.

### Homeless Persons Eyecare Program

Providing eye care by visiting community-based sites where infrastructure for services to people experiencing homelessness exists, such as meal kitchens, crisis accommodation, material aid, health services, counselling, a drop in centre.

### Older Person's High Rise Program

Providing eye care to senior residents who have unmet support requirements and live in government funded high-rise accommodation.

### Residential Aged Care Services

Delivering eye care to the senior communities at various residential aged care facilities

### Royal Flying Doctors Service

In partnership with the Royal Flying Doctor Service' Mobile Eye Care program, ACO optometrists travel to various districts in regional Victoria to provide eye care to rural communities.

### Rural Workforce Agency Victoria / Visiting Optometry Scheme

Funded by the Rural Workforce Agency Victoria, the ACO works with Aboriginal Community Controlled Health Organisations and several community health services in urban and regional Victoria. This scheme improves access to eye health for Aboriginal and/or Torres Strait Islander communities living in regional and remote areas.

### Supported Residential Services

Supported residential services (SRS) are privately operated homes that provide accommodation and support for Victorians who need help with everyday activities. An SRS falls under the "tertiary" level of homelessness, – experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding housing and caravan parks).

### Visiting Disability Services

Providing optometry services to Victorians with physical and intellectual disabilities at community residential units or day facilities.

## RESEARCH

Leading innovation  
in research through  
collaboration



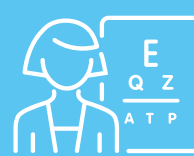
# 153

sites visited



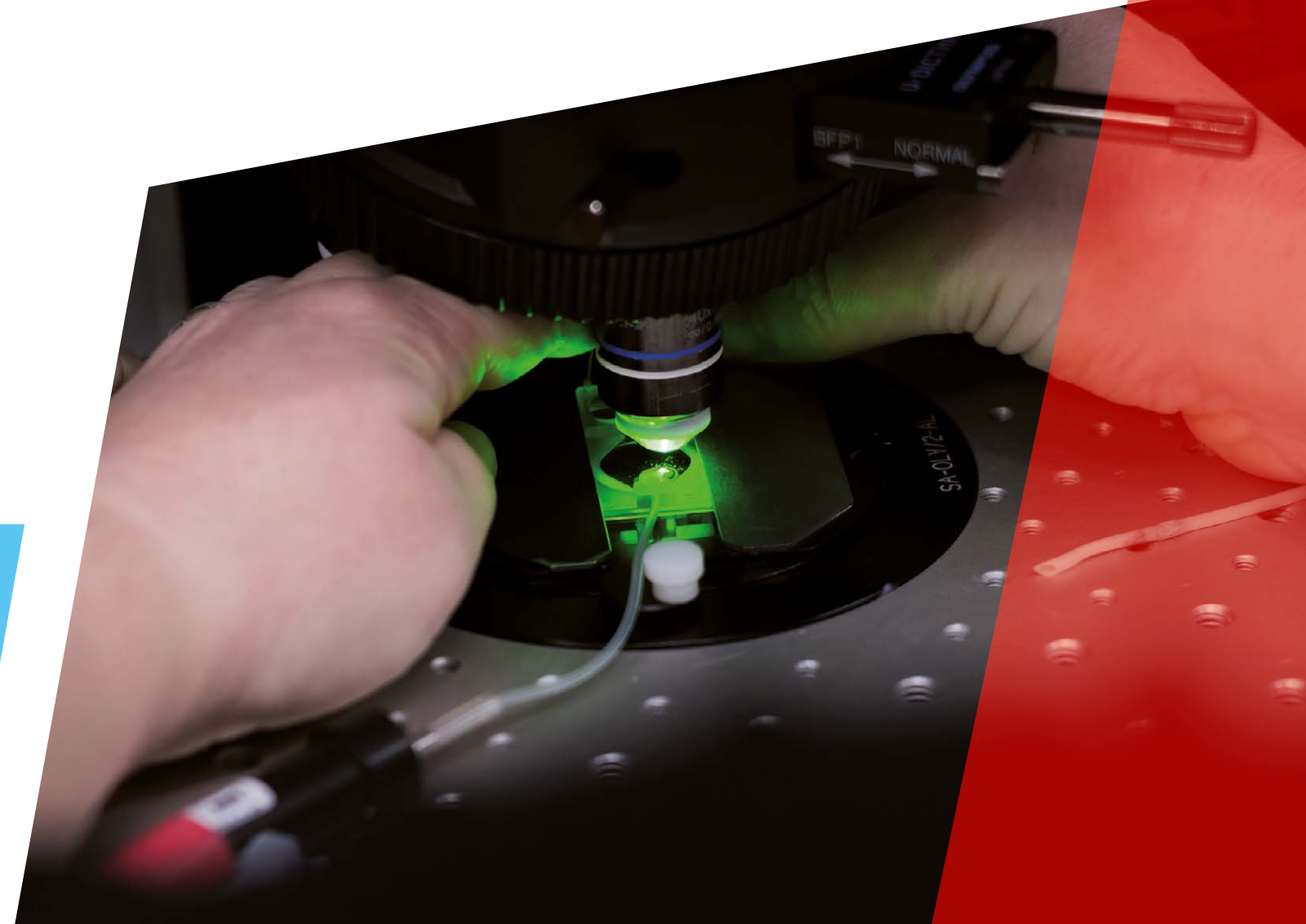
# 253

days of outreach  
services provided



# 15

optometrists involved  
with these services





Professor Michael  
Ibbotson  
NVRI Director

## DIRECTOR'S REPORT

In years past, researchers were largely independent, working with their own equipment in their own laboratories. Those simpler days are now mainly in the past as technology has made it necessary to share very expensive pieces of equipment, and to tap into a wide range of skills, which one person alone cannot master.

The result is a far more collaborative environment where most projects use shared resources across multiple institutions. It was also the case that scientists typically had little to do with industry, but this has now changed considerably as "translation" is the new buzzword in the research environment. In line with these changes, the NVRI now operates in a complex collaborative environment, as shown in Figure 1. The NVRI itself conducts three types of research: retinal, cortical and clinical. Each one of these research areas is supported by NVRI funds, NVRI grants and through financial agreements and collaborations with other institutions and industry.

By far the largest collaborator is the University of Melbourne. NVRI collaborates with five areas of the University: Department of Optometry and Vision Sciences, the Veterinary School, Biomedical Engineering, Biosciences and the School of Physics. We are also heavily engaged in multiple projects with Monash University, RMIT and Swinburne University of Technology. In addition to our connections with Universities, we are conducting joint projects with the Bionics Institute and the Centre for Eye Research Australia (CERA). Finally, we have a very robust relationship with Carbon Cybernetics, a company specialising in developing neural implants designed to assist in a range of neural disorders, ranging from blindness to epilepsy. It is not uncommon for the NVRI's corridors to be filled with staff and students from different organisations simultaneously, all getting on very harmoniously. Keeping this complex collaborative organisation working is a difficult task for me but also for all the support staff that have to deal with multiple finance and purchasing departments. I thank them all.



10  
Publications



15  
Active collaborations



5  
Post-Graduate Student Candidates

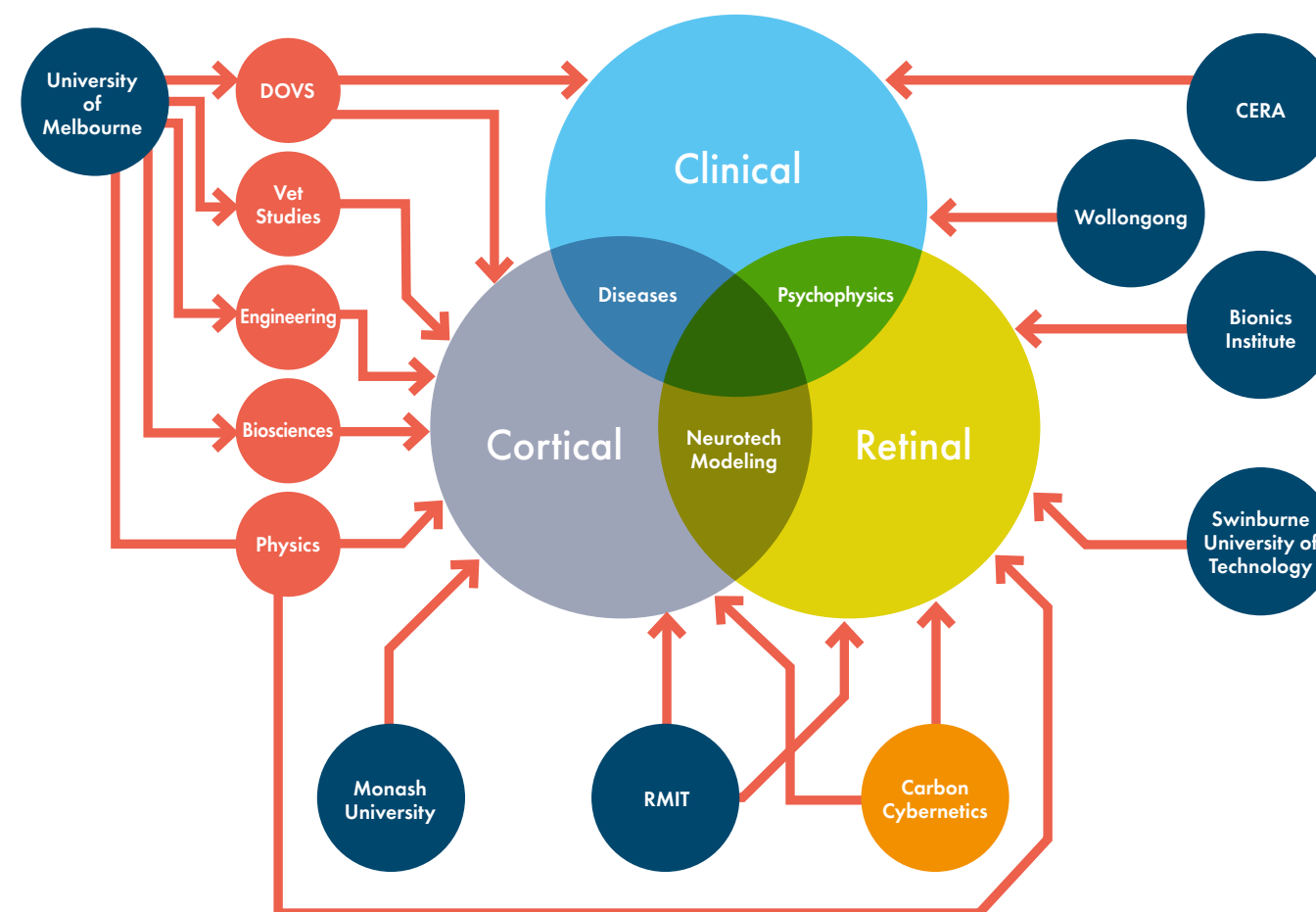


1  
Pre-clinical trial

Every year of NVRI operation requires us to apply for very large numbers of grants. Along with the writing process, much effort is expended building new and ongoing collaborations. I spent a considerable amount of time working with a large multi-institute team to win an Australian Research Council Centre of Excellence, which would have commenced in 2023. Despite all the hours of work, we failed to win the 7-year grant. We did, however, have success in winning funds from the National Health and Medical Research Council and from several other smaller granting agencies. The reality of scientific research is that success rates for external funding are low and the effort to submit grants often outweighs the rewards, but you've got to be "in it to win it!"

In addition to connections with Australian institutions, NVRI maintains several healthy international collaborations. We submitted a major grant in collaboration with the Salk Institute in California, worked closely with colleagues in Canada and initiated discussions to collaborate with the Federal University of Rio Grande do Norte in Brazil.

In 2021, the NVRI was put under additional pressure when I moved into ACO's Interim CEO role for six months. Needless to say, the COVID crisis, along with the opening of new clinics, kept me very busy and I relied very heavily on other NVRI staff to keep the ship on course. The team did a great job and I thank every member of the team for the extra effort they had to put into the year due to my temporary absence.



**Figure 1.** NVRI's connectivity with other institutions. The three circles at the centre show the three main focuses of the NVRI. Dark blue circles show institutes, red circles departments within those institutes and the orange circle commercial companies. The NVRI is heavily interconnected with multiple organisations.



There are some achievements from 2021 that deserve special mention:



1

NVRI was part of the shortlisted nomination for the 2021 Australian Museum Eureka Prize for Interdisciplinary Scientific Research for our collaborative brain implant project with Carbon Cybernetics. It was an honour to be one of three finalists from all around Australia and a huge acknowledgement of our collaborative spirit.

2

Dr Wei Tong won a prestigious ARC DECRA fellowship highlighting her talents in the field of neurotechnology and biomaterials. Wei is a fantastic advocate for women in STEM and has a big future in the field.



3

Dr Jason Jung was appointed the Lions NVRI Vision Research Fellowship. The three-year position aligns the aims of the NVRI and Victorian Lions Foundation to restore sight to the blind. Jason is part of the collaborative efforts to produce flexible carbon-based electrodes that can record and stimulate the visual brain simultaneously.



4

Clinical research efforts are increasing each year as a result of the Clinical Research Fellow jointly funded by the NVRI and University of Melbourne. Dr Marianne Coleman built some exciting collaborations with CERA during 2021 and two projects are scheduled to commence in 2022.

## HIGHLIGHTS

As we reflect on two years of pandemic workplace conditions in the 'world's most locked down city', I am very grateful to the NVRI team of researchers, graduate students and support staff for their unwavering dedication and commitment to the Institute. I also extend a big thank you to our collaborators who recognise the specialised skills and infrastructure the NVRI offers the vision research community. The team appreciates the NVRI Board, ACO Council and many Members and friends who kindly donate money and time to our efforts.

Looking ahead we are all hopeful that we can re-enter the international scientific community and present our research at in-person events to reap the benefits of networking and ensure the NVRI is high on every one's research radar.

**Professor Michael Ibbotson**

Director, National Vision Research Institute

- Professor Shaun Collin became a Fellow of the NVRI. He started his career at NVRI and went on to become the Chief Scientist for Western Australia. He is now a Dean and Head of School at La Trobe University.
- Expansion of our studies of carbon-based implant devices aimed at returning sight to the blind.
- Investigations of the retina and its interactions with electrical stimulation, the aim being to improve visual prosthetic implant technologies.
- Conducted several simultaneous projects designed to understand the mechanisms that bridge the gap between the detection of light in the eye and perception. These complex mechanisms occur in the visual cortex.
- Major strides in understanding the evolution of the visual cortex.
- Embarked on the development of cell culture and organoid technologies.
- Grown clinical research along multiple paths.



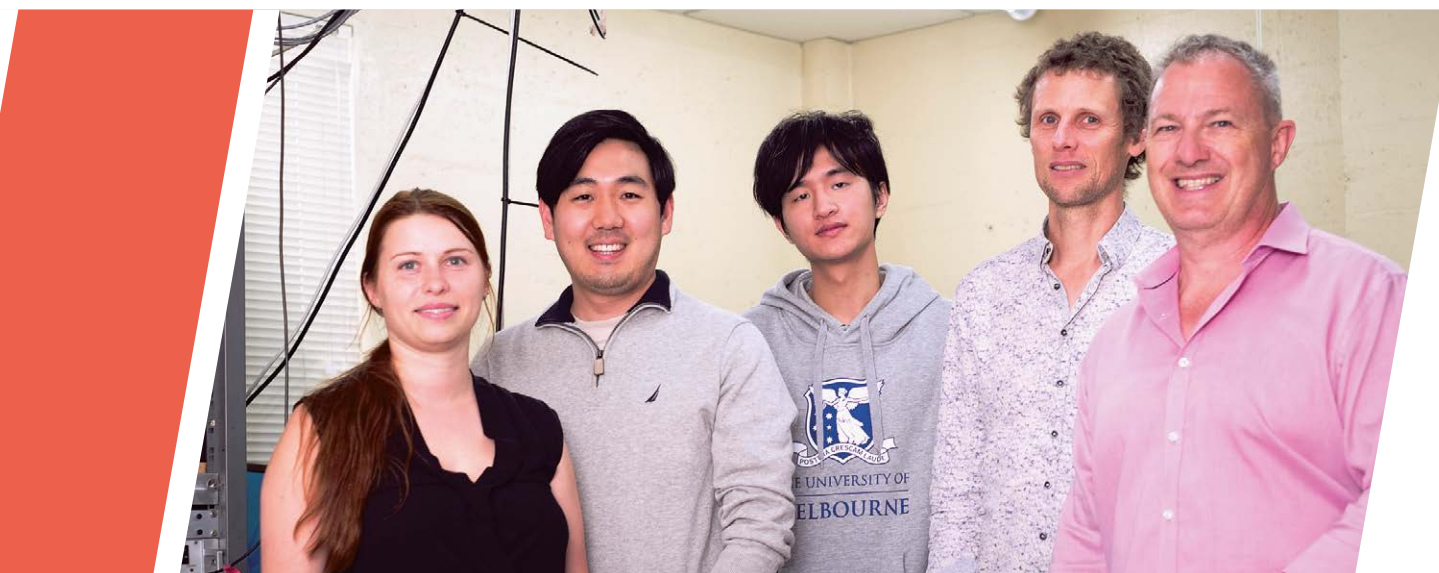




Carbon fibre penetrating electrode array, mounted on a planar base plate. The electrodes are each 8 thousandth of a millimeter in diameter.



L-R: Dr Wei Tong, Dr Emma Brunton, Assoc Prof Rachael Richardson & James Begeng



L-R: Anna Brzostowska, Dr Jason Jung, Zuitan Tao, Assoc Prof Hamish Meffin and Prof Michael Ibbotson

## Carbon-based Brain Implants

The NVRI provides the main pre-clinical research platform for the Melbourne-based company Carbon Cybernetics. Along with colleagues at the University of Melbourne and RMIT, we are collectively developing carbon-based electrodes designed to be placed into the brain for an entire lifetime. Traditionally, brain implants are made from thick metal electrodes with base diameters of 80 microns, but these have been found to have long-term negative impacts on the brain. NVRI's carbon-based electrodes are much thinner than metal electrodes and are far more compatible with the carbon-based matter that makes up brain tissue. Human hair is often used as a descriptor for something that is thin. Fair hair is 20-60 microns in width, while black hair is usually 60-180 microns in thickness. The electrodes are just 8 microns in width, and the team has had many challenges in the last two years working out how to insert these very thin, flexible, carbon-based electrodes into brain tissue. NVRI is glad to report that it has successfully achieved the aims set and are likely to transition in the near future out of pre-clinical trials into clinical trials. These electrodes can be used in a range of neurological devices, e.g. for prosthetic vision, deep brain stimulation and epilepsy control.

### References

1. Hejazi M, Tong W, Ibbotson MR, Prawer S, Garrett DJ (2021). Advances in carbon-based microfiber electrodes for neural interfacing. *Frontiers in Neuroscience*. Apr 12;15:658703 doi: 10.3389/fnins.2021.658703 (eCollection 2021)
2. Mani N, Ahnood A, Peng D, Tong W, Booth M, Jones A, Murdoch B, Tran N, Houshyar S, Fox K. (2021) Single-Step Fabrication Method toward 3D Printing Composite Diamond-Titanium Interfaces for Neural Applications. *ACS Applied Materials & Interfaces* 13:27 pp31474-31484 doi: 10.1021/acsami.2c07318

## Bionic Eyes

When the NVRI started in the business of building bionic eyes (prosthetic vision devices), there was one prevailing view of how to do it: you needed to simply develop a small array of stimulating electrodes that could be implanted onto the retina and fed information from a digital camera. This approach was successful in many ways and a number of such designs are still under development and, in some cases, are being marketed as devices that assist the blind in their daily lives. However, one of the most important things that has happened since efforts began is to learn far more about how the retina responds to electrical stimulation. Understanding the relationship between biology and electronics has been the main, if largely ignored (by the media), aspect of this great endeavor. The NVRI continues to conduct basic research on the retina to understand how to improve visual stimulation, as listed below.

- In collaboration with University of Melbourne, development of devices that allows simultaneous recording and stimulation.
- Development of algorithms that allows the usage of the recorded information in the retinas to improve the quality of the stimulation.
- The NVRI has developed new recording and stimulating electrodes that use exotic materials, such as diamond coated carbon nanotubes.
- In collaboration with the Bionics Institute, a major NHMRC grant was commenced, learning how to combine light and electrical stimulation to improve bionic eye performance (so-called Hybrid stimulation).

- A highly novel new concept that uses metal "dust" deposited in the retina to stimulate cells via laser stimulation, instead of using large implants has been commenced in collaboration with Swinburne University

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2. Spencer MJ, Kameneva T, Grayden DB, Burkitt AN, Meffin H (2021). Neural activity shaping utilizing a partitioned target pattern. *J Neural Eng*. Mar 8 doi: 10.1088/1741-2552/abec4
3. Richardson RT, Ibbotson MR, Thompson AC, Wise AK, Fallon JB (2020). Optical stimulation of neural tissue. *Healthcare Tech Letters* 7:3 pp56-58 doi: 10.1049/hlt.2019.0114

## Understanding the Visual Brain

As part of learning how the brain interprets visual signals, and how to record and stimulate from the brain for use in prosthetic devices, the NVRI conducted a range of projects.

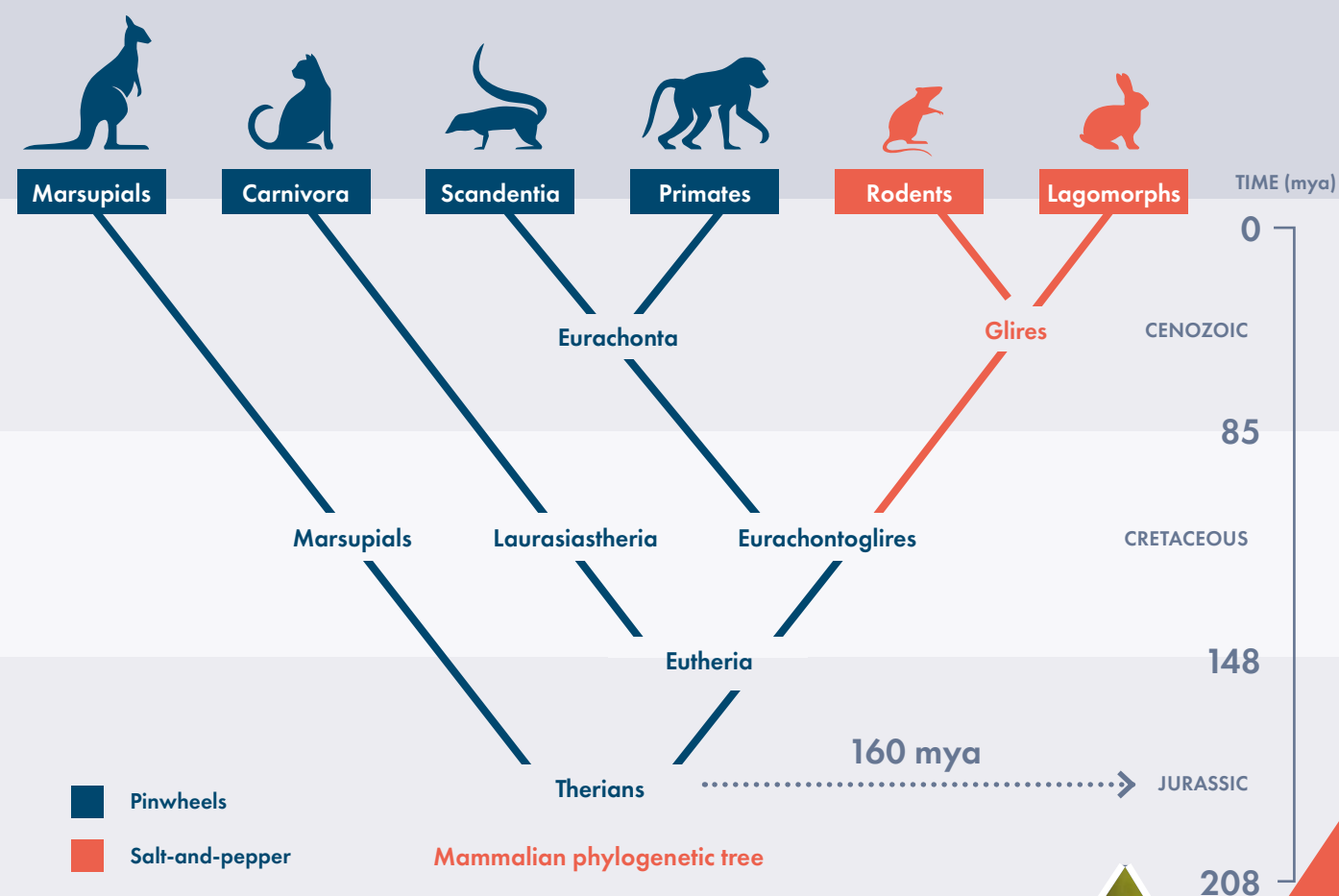
- Using state-of-the-art computer algorithms, the team was able to extract signals from individual nerve cells from mass cell recordings. This allows recording of large numbers of cells simultaneously but extract each cell's individual contribution, which has led to considerable increases in understanding the cell-to-cell communications in the brain that lead to perception.

- Research is ongoing in our core area of understanding how higher cortical brain regions are able to interpret and recognise visual objects.
- The team is also conducting research in collaboration with RMIT to work out how the brain develops in the early post-natal period. This is critical for understanding how to best record and stimulate the brain with an aim to develop treatments for a wide range of medical conditions.

### References

1. Sun SH, Almasi A, Yunzab M, Zehra S, Hicks DG, Kameneva T, Ibbotson MR, Meffin H (2021). Analysis of extracellular spike waveforms and associated receptive fields of neurons in cat primary visual cortex. *J Physiol*. Apr;599(8):2211-2238 doi: 10.1113/JO280844
2. Lian Y, Almasi A, Grayden DB, Kameneva T, Burkitt AN, Meffin H (2021). Learning receptive field properties of complex cells in V1. *PLoS Comput Biol*. Mar 2;17(3):e1007957 doi: 10.1371/journal.pcbi.1007957
3. Almasi A, Sun S, Yuzab M, Jung J, Meffin H, Ibbotson MR (2022) How stimulus statistics affect the receptive fields of cells in primary visual cortex. *J Neuro Science* (under revision)





## Evolution of the Visual Cortex

A long-standing interest of the NVRI, and one that stems from the earliest work in the institute by Profs Mitchell, Hughes and Pettigrew, is how the visual cortex evolved into the complex form it now takes. Along these lines, the NVRI has conducted research on marsupial visual cortex and have revealed for the first time that marsupials use the distinctive cortical design normally associated with sophisticated Eutherian mammals (including humans), rather than the more primitive design observed in rodents and rabbits. The finding that marsupials, which diverged from the Eutherian mammals some 160 million years ago, have a design more like that in primates has opened up a completely new field of international interest. It was previously believed that marsupials had primitive brains, but the truth is far more interesting and is generating a great deal of excitement in the field of evolutionary neuroscience.

### References

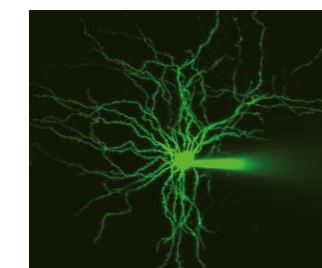
Young Jun Jung, Ali Almasi, Shi Sun, Molis Yunzab, Shaun L. Cloherty, Sebastien H. Baquier, Marilyn Renfree, Hamish Meffin, Michael R. Ibbotson (2022). Orientation pinwheels in primary visual cortex of a highly visual marsupial. Science Advances (under revision)



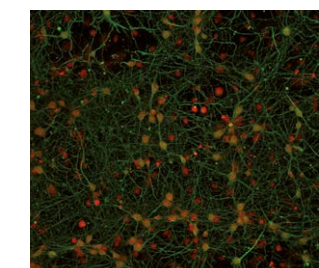
*The finding that marsupials, which diverged from the Eutherian mammals some 160 million years ago, have a design more like that in primates has opened up a completely new field of international interest.*

## Neuronal Cell Cultures and Organoids

The NVRI has started new projects using neuronal cell lines and organoids. These projects aim to develop manufactured, living cell structures that can mimic human tissues and organs (organoids), and provide potential alternatives to animal testing. There are plans to use these models for assessing brain implant performance and for understanding brain functions. Organoids can be used to test the compatibility of neural tissue with implants prior to pre-clinical and clinical trials, thus improving the efficiency of implant development. These projects are in their infancy and are progressing steadily.



Recording and staining of an individual cultured nerve cell, conducted at the NVRI. The thick green bar shows the electrode entering the cell body.



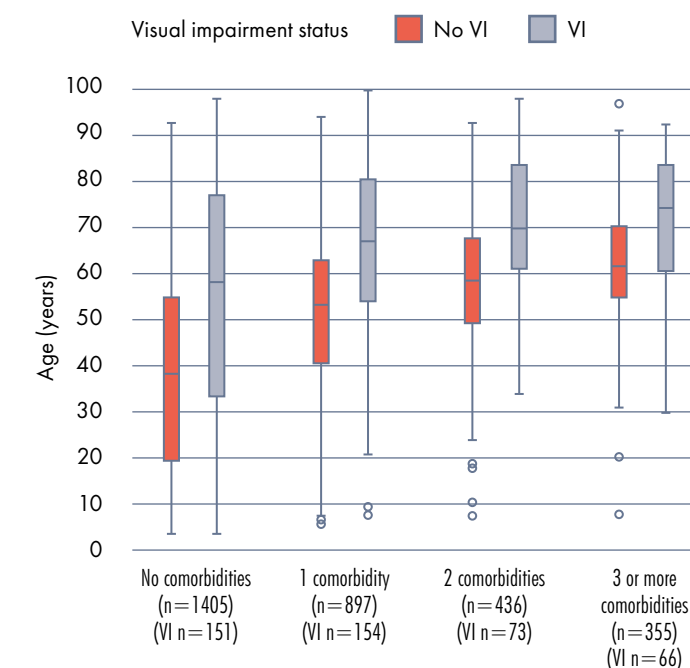
Immuno staining of nerve cell cultures grown at the NVRI

## Clinical Research

Dr Marianne Coleman (Piano), as NVRI's clinical research leader, continued her efforts to build the NVRI clinical research program. The team assessed the ACO eye care service users and commenced a project to establish a paediatric dataset of retinal OCT images which was launched in collaboration with colleagues at the University of Melbourne (UoM) and Centre for Eye Research Australia (CERA). The dataset will support inherited retinal disease research undertaken by A/Prof Lauren Ayton at CERA and UoM, supplying normative central retinal thickness values for use in the growing Myopia Clinic. By the end of 2021 this project had successfully recruited 75% of its target sample size. Work was also done to establish a new clinical trial at the ACO for a myopia control device, representing the first paediatric clinical trial to be hosted by the organisation. An interview study was conducted exploring the experiences of optometrists that have discussed driving cessation with older adults, along with a study testing a new method of assessing distorted vision in people with keratoconus. A research collaboration with CERA with de-identified ACO records was initiated to help inform the design of a new algorithm to predict cardiovascular health risks from OCT imaging data. Considerable effort was put into writing grants to fund clinical research, and to date \$100,000 has been won.

### References

Piano M, Dehghani C, Turner N, McKendrick AM, Ibbotson MR (2021). Eye health profile of affordable eyecare service users. Clinical and Experimental Optometry. doi: 10.1080/08164622.2021.1949243



Visual impairment status by age based on the number of co-morbidities. Older adults are more likely to have multiple co-morbidities and poorer best corrected visual acuity, meeting the definition of visual impairment (6/12 or poorer)

## PUBLICATIONS BY NVRI STAFF AND STUDENTS

### Neurotechnology Publications

1. Sun SH, Almasi A, Yunzab M, Zehra S, Hicks DG, Kameneva T, Ibbotson MR, Meffin H (2021). Analysis of extracellular spike waveforms and associated receptive fields of neurons in cat primary visual cortex. *J Physiol. Apr*;599(8):2211-2238 doi: 10.1113/JO280844
2. Peng D, Tong W, Collins DJ, Ibbotson MR, Prawer S, Stamp ME (2021). Mechanisms and applications of neuromodulation using surface acoustic waves - a mini-review. *Frontiers in Neuroscience*, Jan 27;15:629056 doi: 3389/fnins.2021.629056
3. Spencer MJ, Kameneva T, Grayden DB, Burkitt AN, Meffin H (2021). Neural activity shaping utilizing a partitioned target pattern. *J Neural Eng.* Mar 8 doi: 10.1088/1741-2552/abcc4 (online ahead of print)
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### Clinical Publications

8. Carey N, Stenner K, Coleman M, Edwards E, van Evan S (2021). Optometrist therapeutic prescribing: A rapid review of the literature. Independent report commissioned and funded by the UK General Optical Council. Submitted 4 June 2021.
9. Piano M, Dehghani C, Turner N, McKendrick AM, Ibbotson MR (2021). Eye health profile of affordable eyecare service users. *Clinical and Experimental Optometry*. doi: 10.1080/08164622.2021.1949243
10. Callwood A, Gillam L, Chistidis A, Doulton J, Harris J, Piano M (2021). Feasibility of an automated interview grounded in multiple mini interview (MMI) methodology for selection into the health professions: an international multimethod evaluation. *BMJ Open* 2022;e050394 doi: 10.1136/bmjopen-2021-050394

### Research Dissemination

The ongoing pandemic and lockdown arrangements has had an impact on scientific conferences and research dissemination. However, opportunities have been maximised where possible:

1. Digital health Colloquium, University of Melbourne, 30 June 2021 Coleman M, The ACO's journey towards participation in the Data for Decisions programme.
2. Australian Dementia Forum, 30 May – 1 June 2021 Piano M, Nguyen B, Joubert L, McKendrick AM. Breaking down barriers to accessing dementia-friendly eyecare: Protocol for a qualitative phenomenological study involving people living with dementia, caregivers and optometrists. 30th May – 1st June 2021. [Poster]
3. DOVS Seminar Series, 27 July 2021 Coleman M, What's dementia got to do with my eyes? [online presentation]
4. 14th National Allied Health Conference, 9-12 August, 2021 (online conference) Coleman M, Exploring the experiences of Australian optometrists providing eyecare for people living with dementia: A qualitative phenomenological study. [Poster]
5. Optometry Australian Southern Regional Conference, 2-4 September 2022 (online conference) Coleman M, Exploring the experiences of Australian optometrists providing eyecare for people living with dementia: A qualitative phenomenological study. [Poster]
6. Triple R Radio: Einstein-a-go-go Interview, 12 September 2021 Ibbotson MR, Discussing shortlisting of NVRI for 2021 Eureka Prize for brain implant project
7. 2021 Australian Museum Eureka Prizes, 7 October 2021 Ibbotson MR, Jung YJ, Tong W, Finalists for Eureka Prize for Excellence in Interdisciplinary Scientific Research as part of collaboration with Carbon Cybernetics team.

# EDUCATION MEMBERSHIP & MARKETING

## Our learning community







Jane Trevaskis  
Director Education,  
Membership and  
Marketing

## DIRECTOR'S REPORT

2021 was a gratifying year for the Education, Membership and Marketing team, despite the complexities in the environment.

The team continued to work predominantly from home, but when permitted under government restrictions, we quickly took the chance to come into our offices in Carlton. I want to thank the team for their dedication, creativity, and resilience over a very complex year.

Now in its eighth year, we have seen over 400 optometrists across Australia and New Zealand become qualified to prescribe ocular medications through the ACO's Certificate of Ocular Therapeutics. A major piece of work for 2021 was the successful OCANZ reaccreditation of this course. Not only did it involve enormous effort from the team, we also were grateful that lecturers, assessors, topic leads and past and present students got involved in the process.

**412**  
COT graduates since  
course commenced

**698**  
seminar series attendees

**256**  
students involved in  
clinical placements

**3074**  
student placement sessions

**30.5**  
average age of Advanced Certificate  
in Children's Vision candidates

**Our certificate programs** are the cornerstone of our education offerings and in the second half of 2021 we commenced a review of the courses to ensure they are current and reflect best practice in education and optometry. The Advanced Certificate of Children's Vision review was undertaken by Elisse Higginbotham and has clearly benefitted from her expertise. We are pleased that the next delivery of this course will include six new lectures. There were also significant improvements made to some of the assessment activities and support materials. We have undertaken minor reviews of our glaucoma and contact lens certificates, with new lectures planned for 2022 delivery.

Whilst we experienced another year where face-to-face education was not possible, we continued to run our seminar series online. The program in 2021 was innovative and current, and we pushed some boundaries. I want to thank all of the presenters for sharing their knowledge with our Members and staff.

We consolidated our team with three highly accomplished optometrists joining us as Clinical Education Co-ordinators – Mary Travis, Laura De Angelis and Vanessa Tang. They are all experienced clinicians that bring with them their own set of unique skills and knowledge. I feel very honoured to have them as part of our team. We also bid farewell to Dr Michelle Waugh who had been a key member of the education team for over 5 years and I want to thank her for her critical thinking and her ongoing support.

With the opening of two new clinics in 2021, the marketing and communications team were kept very busy. We have worked closely with GP's, community groups, existing ACO patients and the general community to grow awareness of the services offered at both Knox and Wyndham. It is exciting to be part of the journey of service expansion in these communities.

**Our Members** continue to be at the heart of the ACO and we thank them for their ongoing support of the work that we do. In 2021, we revamped our Member e-news to be more informative and to really capture our public health work. Our 2021 AGM was conducted online and whilst we missed the opportunity to see our Members face to face, many logged in from all over Australia and abroad. The AGM was the last event for our outgoing CEO Maureen O'Keefe. During her presentation, she reflected on her eight years at the helm and what it had meant to her to lead such a remarkable organisation.

As I look forward to 2022, I do so with a sense of optimism. We are about to enter a new strategic planning phase, setting the objectives and goals of the organisation over the next 5 years. We are re-energised by the appointment of a new CEO and I am proud to be part of an executive team that is committed to ensuring that we evolve and adapt to ensure that the ACO is relevant now and into the future.

**Jane Trevaskis**  
Director Education, Membership and Marketing



## MEET OPTOMETRIST ALEX KAYE

ACO Member Alex Kaye enrolled into the Advanced Certificate of Glaucoma in 2021. He started out his professional career in South Gippsland and moved to his current practice in regional Western Australia two years ago. He firmly believes that communities living in regional areas should have access to the clinical care.

Alex chose to pursue further studies in the management of glaucoma to provide optimal care to the range of patients he sees. "Glaucoma is a common and complex condition, and we encounter patients at all stages of the disease spectrum. Pursuing the ACO's Advanced Certificate of Glaucoma was a way to better care for these patients as well as serve my curiosity. Diagnosis and management require multiple elements. In order to see how these elements fit together and have a better understanding of a patient's risk of glaucoma or risk of progression is very rewarding. Having 6 months dedicated to one topic provides plenty of opportunities to identify areas of weakness and address them through the various learning experiences." With keen interest in further developing his clinical skills he was able to focus on, "identifying subtle glaucomatous progression through OCT. I also had interest in the indication for the use of selective laser trabeculoplasty (SLT) as a first-line treatment. While these treatments are implemented with the ophthalmologist, gaining new insights allowed me to be more confident in caring for my glaucoma patients."

Recalling an instance when a diagnosis of normal tension glaucoma stood out Alex said, "Without putting together a thorough examination, I feel the diagnosis may have been easily missed. I think seeing these patients whilst doing the course really highlighted the value of building a glaucoma risk profile for an individual as you examine them."

Alex found the course structure to be ideal for those working full time, optometrists can upskill at their own pace and the course structure being laid out at the commencement helps to plan for the major milestones.

Having successfully completed two certificate courses from the ACO, Alex continues to see a wide range of clinical cases and through enhancing his knowledge he is delivering the best patient care to regional communities in WA.



Alex Kaye



I feel the ACO has been leading the way with certificate courses. The course gives you opportunity to dig a little deeper, and I like that the ACO delivers clinically relevant CPD by optometrists for optometrists.



Simon Chen

## IN FOCUS – SEMINAR SERIES 2021

Highlighting optometry leadership in the provision of eyecare and related research remains an ongoing focus for the Education team.

In addition, drawing on the expertise of other professions such as ophthalmology ensure ACO Members and staff are provided with unique and high quality continuing professional development opportunities.

The diversity of practitioners relevant to eye health was highlighted by our August webinar "Ocular Syphilis". This included a presentation on uveitis and other ocular complications of syphilis by ophthalmologist Dr Robyn Troutbeck, which was complimented by Dr Janet Towns (sexual health physician) and Ms Sheranne Dobinson (registered nurse) both discussing the practicalities of sexual health relevant to optometrists.

Renowned cataract and retinal surgeon Dr. Simon Chen presented clinical case studies initiating a discussion about the retinal conditions commonly seen by optometrists.



## CLINICAL TEACHING

The ACO's capacity to provide state-of-the-art care to a diverse range of patients creates an excellent ground for a clinical teaching program.

Students provide care in a wide variety of our clinics including general, contact lenses, low vision, ocular disease, and paediatric clinics. They were also a part of metropolitan site work at Broadmeadows, Dandenong and East Reservoir. Students are involved throughout the patients journey including in dispensing and with ocular diagnostic and imaging equipment. Patient care remains the utmost priority and they work under the supervision of and cooperatively with clinical educators to provide excellent care.

Our experienced clinical educators provide support to students seeing their first patients, all the way to mentoring students just prior to graduation. Committed to lifelong learning, our educators keep abreast of current literature whilst setting an example for students as they start their journey into clinical care provision.

Clinical Educator  
Katrina Wong with  
a University of  
Melbourne student

Innovations in the clinical teaching space in 2021 included equipment inductions for year three students to better prepare them for their placements, and an updated pilot low vision placement for selected final year students.

We work closely with our partners at the University of Melbourne, Deakin University, UNSW Sydney and Flinders University to provide a contemporary, academically sound clinical placement, appropriate to the level of the students and always with the priority on patient care. The ACO is proud of its on-going role in clinical teaching and is committed to educating the next generation of optometrists.



My experience at the ACO as a student was enriching and eye opening – it allowed me to deep dive into the real-world of healthcare and build those skills that only new (and sometimes stressful) experiences can ever allow for. From this, I felt better prepared to practice as a graduate optometrist.

UoM student

Final year clinical placements at the ACO were by far the most informative as I was able to see a diverse range of patients, as well as pathology, under the guidance of several different teaching clinicians. The patients were some of the most challenging I had ever come across, which really drove me to problem solve and work upon my clinical competency. As a final year student, it was difficult to determine how I wanted to practice after graduating but observing different supervising clinicians at the ACO gave me the opportunity to draw upon practicing styles that worked best for me.

UoM student

## CYRIL W KETT OPTOMETRY MUSEUM AND ARCHIVE

The Cyril Kett Optometry Museum and Archive, named after the Melbourne optometrist whose donations formed the foundation of the collection, was established in 1970. The Museum acquires and preserves items of importance in the history of optometry, including books, ophthalmic equipment, spectacles and lenses, photographs and videos, archival papers, works of art and ephemera.

The museum and archive continues to grow and remain a world class optometry museum under the diligent work of our honorary archivists, Michael Aitken, Colin Bates, Joseph Chakman AM, Kate Doherty and Pamela Sutton.

Two significant events occurred in 2021 involving our longest serving archivist Michael Aitken, who was honoured with

the Honorary Life Membership of the ACO for his long and substantial service to the organisation and the profession. Michael was also recognised by the Australian Museums and Galleries Association, Victoria with a Lifetime Achievement Award. Both honours were well deserved.

A collection of vintage phoropters is the latest addition to the display in the Schultz foyer, the majority of which were donated by William Law last year.

Joe Chakman assisted in the writing of a history of a prominent optometric firm in Western Australia (Mr B The Optician) and the publication of his history of optometric legislation in NSW will be launched in April 2022.

In January 2021 we mourned the death of our colleague and friend Emeritus Professor Barry Cole who, among many other things, was a great supporter of the Museum from the time of its inception, and a leader in his role as an honorary archivist on his retirement.

The archivists sincerely thank everyone who has contributed to the collection over time. The Friends of the Kett Museum, formed to promote the work of the Museum, has over 120 members from around Australia and overseas. There is no subscription fee to join and new members are welcome. Members receive an electronic newsletter, back copies of which can be read on the Museum website: [museum.aco.org.au/friends/newsletters](https://museum.aco.org.au/friends/newsletters)

### From our archives

These decorative opera glasses were made by the Parisian optician Jules Carpentier in the early 20th century. The brass body is embellished with white guilloché enamel with floral swags and mother of pearl covers the eye rims. Size: 93 x 30 x 48 mm. Cat No 3748.

## ACO 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.

### ACO Life Members

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

### ACO Fellows

Dr Carla Abbott FACO	Mae Chong FACO	Andrew Harris FACO	Kurt Mechkaroff FACO
Hans-Peter Abel FACO	Christopher Chong FACO	Kerryn Hart FACO	Dr Kwok Hei Mok FACO
Mitchell Anjou AM FACO	Dr Gillian Cochrane FACO	A/Prof Leo Hartley FACO	Paula Monaco FACO
Prof James Armitage FACO	Dr Gillian Cochrane FACO	Tania Hartung FACO	Leanne Nguyen FACO
Max Astri FACO	A/Prof Heather Connor FACO	Elizabeth Hatfield FACO	Dr Bao Nguyen FACO
Dimitrios Athanasakis FACO	Jenny Cooke FACO	Dr Charlotte Hazel FACO	Peter Nixon FACO
A/Prof Lauren Ayton FACO	Darren Couch FACO	Elisse Higginbotham FACO	Russell Oldham FACO
Nicole Baines FACO	Jeffrey Coulson FACO	Dr Suit May Ho FACO	Brett Parsons FACO
Rod Baker FACO	Sandra Coulson FACO	Dr Edwin Howell FACO	Sonia Pellizzer FACO
Kristina Barnhill FACO	Paul Croucher FACO	Glenn Howell FACO	Prof Konrad Pesudovs FACO
Terence Blake FACO	Jennifer Currie FACO	Petra Hurleston FACO	Francoise Rateau FACO
Ian Bluntish FACO	Dr Paris Deliyannis FACO	A/Prof Robert Jacobs FACO	Helen Robbins FACO
Dr Adrian Bruce FACO	Rachel Denham FACO	Dr Alan Johnston AM FACO	Anne Russell FACO
Susan Callahan FACO	Paul Donaldson FACO	Stephen Jones FACO	A/ Prof Mark Roth OAM FACO
Giorgio Campanella FACO	Ian Douglas FACO	Susan Kalff FACO	Norman Russo FACO
Jennifer Caulfield FACO	Anthony Dowling FACO	Chris Katopodis FACO	George Sahely FACO
Kuong Chang FACO	Dr Laura Downie FACO	John Kingshott FACO	Janelle Scully FACO
Jessica Chi FACO	Sally Doyle FACO	Dr Bradley Kirkwood FACO	Roman Serebrianik FACO
Jeffrey Chibert FACO	Jane Duffy FACO	Dr Carol Lakkis FACO	Kent Snibson FACO
Joseph Choi FACO	John Farmer FACO	Dr Graham Lakkis FACO	Jenni Sorraghan FACO
Luke Chong FACO	Prof Erica Fletcher FACO	Sam Lauriola FACO	Dr Margaret Squires FACO
	Timothy Fricke FACO	Dr Nicole Leong FACO	Susanne Strachan FACO
	Prof Alexander Gentle FACO	Mark Letts FACO	Gregory Strachan FACO
	Malcolm Gin FACO	Dr Josephine Li FACO	Pamela Sutton FACO
	Michael Hare FACO	Ka-Yee Lian FACO	Kenneth Thomas FACO
	David Hare FACO	Richard Lindsay FACO	Neville Turner FACO
		Peter Martin FACO	Dr Stephen Vincent FACO
		Ross McDowell FACO	Leonidas Vlahakis FACO



A/Prof Richard Voylay FACO  
Jean Walters FACO  
Natalie Watt FACO  
David West FACO  
Rosemary Wilson FACO  
Eva Wong FACO  
Dr Yota Yoshimitsu FACO  
Konstantinos Zagoritis FACO  
Robert Zent FACO

### ACO Members

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Fady Abraham  
Brianna Adcock  
Dr Uday Kumar Addepalli  
Ilham Aden  
Mehir Alameddine  
Mary Andreou  
Carole Anjou  
David Antonios  
Dr Benjamin Ashby  
Con Athanasiou  
Constantine Atzemakis  
Kirsty Banfield  
Emily Banks  
Colin Bates  
Natalie Beardsworth  
Daniel Beech  
Louisa Betlehem  
Janet Binesh  
Dean Binns  
Christopher Blanch  
Mark Bonham  
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Shuvagata Bose  
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Kirily Bowen  
Riona Brennan  
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John Buckley  
Debra Bunting  
Deborah Burgess  
Edward Burgin  
Clare Campitelli  
Joanne Cerruti  
Kwok Yan Chan  
Hoi Him Chan  
See Wai Chan

Vivian Chan  
Phillipa Mary Charteris  
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Sylvia Chau  
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Jingyi Chen  
Po Chen  
Claire Cheshire  
Daniel Chew  
Raelene Christ  
Dr Michael Christian  
Derek Chu  
Graham Chuck  
Esther Chung  
Simon Clark  
Janelle Coates  
Alexandra Coffey  
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Jennie Cooke  
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Dr Isaac Curkpatrick  
Bill Cutler  
Alyse D'Agostini  
Wayne D'Agostini  
Lisa Deacon  
Dr Nelofar Deen  
Simon Della Vedova  
Allan Dennis  
Mark DePaola  
Salvatore Di Falco  
Sophia Dillon  
Kieren Do  
Minh-Chau Doan  
Lawrance Dove  
Shireen Dunbar  
Cameron Dyson  
John Evans  
Simone Fanoy  
Haroula Fantaoutsakis  
Michael Farrell  
Daniel Farrugia  
Dr Shi Yue Feng  
Priyanka Fernandes

Gregory Fielder  
John Fitzgerald  
Emma Flynn  
Dr Christopher Fonseca  
Anton Frank  
Christopher Gale  
Carolyn Galloway  
Lauren Gaskell-Kharsas  
Lori Gaterell  
Yeghia Gharibian  
Stephen Giacon  
Mirella Giorlando  
Rory Gordon  
Rodney Gordon  
Megan Grant  
Alan Greenhill  
Anne Greeves  
Peter Grimmer  
Paula Gu  
Harriet Haasbroek  
Thanh Da Thao Hannaford  
Jacob Hansen  
Sandra Heaney  
Suzanne Heaps  
Amy Higginbotham  
Richard Ho  
Rodney Hodge  
Ngaire Hogwood  
Beilei Hong  
Stephanie Huang  
Terence Hung  
Hans-Peter Abel  
Dr Mandy Huynh  
Annie Hwong  
Emma Ingram  
Leesa Jagers  
John Jalowicki  
Phillip Jansen  
Adele Jefferies  
Paul Johnstone  
Mark Joung  
Prof Michael Kalloniatis  
Chris Karanasio  
Dr Ritika Kataria  
Manleen Kaur  
Alex Kaye  
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Greig Kennedy-McKain  
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Muhammad Hafi Khan  
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Sophie Su-Hui Koh  
Catherine Kubale  
Rahul Kumar  
Jason Ravinay Kumar  
Andre Kupfer  
Isabella La Rocca  
Dr Chelsea Lane  
Heather Law  
Yien Law  
Dr Christopher Law  
Helen Lee  
Ronald Lee  
Anna Lee  
Ka Wing Lee  
Sally Lee  
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Teagan Lehmann  
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Xinghao Li  
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Katherine Liu  
Chai-Hoon Lo  
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Theo Markos  
Jennifer Martin  
Timothy Martin  
Florence Matemadombo  
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Paul McCann  
Gerard McCarron  
Stewart McConnell  
Robert McLroy  
Jeanine McKenzie  
Kenneth McLaren  
Robert McQualter  
Anna Melrose  
Dr Peter Merrington  
Dr James Merrington  
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Adrian Moore  
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Sallyanne Morrison  
Christopher Mouser  
Elizabeth Muller  
Nelly Munchhof  
Lachlan Munro  
Samuel Musuku  
Murray Nagle  
Shalini Nanayakkara  
Victoria Nankervis  
George Nasser  
Sarah Claire Nersessian  
Richard Newson  
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Van Phuong Kim Ngo  
Ronald Nguyen  
Huy Nguyen  
Sarah Nicholls  
Andrea Nicola  
Brendan Norden  
Alexandra Nucifora  
Kevin O'Brien  
Patricia O'Connor  
Sabine Ostrowski  
Dr Moleshri Paliwal  
Arthur Panagiotidis  
Jim Papas  
Jessica Perri  
Michael Peter

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Lilly Psomadelis  
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Alan Sher  
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Karina Sinclair  
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Felicity Sklavos  
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Rachel Smeal  
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Bregan Soh  
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Sharon Warwick  
Joseph Waterman  
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Maxwell Webb  
Matthew Wells  
Gaynor Whitehead  
Trevor Williams  
Wendy Wiltshire  
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Ashleigh Wong  
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Cana Xu  
Jessie Ye  
Dr William Yip  
Catherine Young  
Michael Zammit

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Grant Hannaford  
Prof Michael Ibbotson  
Arun Muppliath Raghavan  
Dr Millie Nakatsuka  
Maureen O'Keefe  
Tenille Ryan  
Chelsey Seamer  
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Romika Chhetri  
Amy Daly  
Angeline Shalli Benjamin  
Koon Ching Ip  
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Ronda Beer  
Miriam Bergman  
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 Prof Barry Cole AO FACO  
 Edmund Coote  
 Dr Geoffrey Henry  
 Prof Abbie Hughes

Prof William Levick  
 Prof Paul Martin  
 Prof Donald Mitchell  
 Prof John Pettigrew  
 Prof Jan Provis  
 Prof Allan Snyder  
 Emer Prof David Vaney

A/Prof Rodney Watkins AM FACO  
 Prof Robert Weale  
 Dr Gerald Westheimer  
 Prof Rachel Wong  
 A/Prof Ulrike Grünert  
 Prof Shaun Collin

## NVRI MEMBERS

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### NVRI Life Members

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 Richard Bennett  
 Terence Blake FACO  
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 Prof Sheila Crewther  
 Eugene Dovgan  
 Peter Dwyer OAM  
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Dr Jonathan Nathan OAM FACO  
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 Robert Sigmont  
 Gavin Smyth  
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 Gwynfor Williams

### Governors

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 Christopher Chong FACO  
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 Rachel Denham FACO  
 Lawrance Dove  
 John Farmer FACO  
 Daniel Farrugia  
 Elizabeth Hatfield FACO  
 Glenn Howell FACO  
 Josef Krusche

Graham Lakkis FACO  
 Sam Lauriola FACO  
 Yien Law  
 Mark Letts FACO  
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 David West FACO  
 Thomas Wong  
 Steve Zantos  
 A/Prof Ulrike Grunert  
 Robert McIlroy  
 Stephen Ryan

CELEBRATING  
 OUR PEOPLE  
 & OUR  
 SUPPORTERS



## AWARDS

ACO and NVRI Members, supporters, stakeholders and staff joined us for the 2021 Annual General Meeting via zoom from across the country. The AGM is a key date in our calendar as we bring many of our supporters and collaborators together, to celebrate and recognise their contributions to the industry and the ACO.

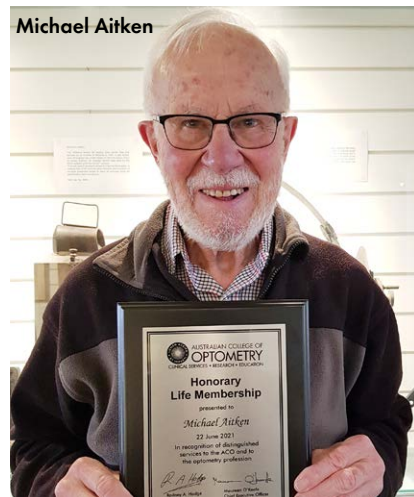
### Member Awards

#### Honorary Life Membership Award

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

#### AWARDEES

Michael Aitken and Professor Sharon Bentley FACO



Michael Aitken's commitment and contributions to the ACO started back in 1961 when he commenced working as a clinician at the ACO while being actively involved in educating the next generation of optometrists. He has made significant contributions to the wider profession through his passion and commitment to preserving the history of optometry for future generations.

Michael has spent a large portion of his career in helping establish and curate Australia's only optometry museum, The Cyril Kett Optometry Museum, and making a meritorious contribution towards preserving and showcasing the history of optometry and optometric education. The Aitken Gallery opened in 2019 at ACO Carlton and is named after Michael in recognition of his work. Through its exhibitions and displays, it tells the story of the evolution of optometry providing a better understanding of eye health and function to the modern era.



Professor Sharon Bentley has a long successful career as an educator, a clinician, and a researcher. Previously the Head of the School of Optometry and Vision Science, she is now the Deputy Dean of the Faculty of Health and the Director of the Centre for Vision and Eye Research at Queensland University of Technology.

Sharon was the Director of Clinical Services at ACO from 2014 – 2018. During that time she made significant contributions to the ACO with an emphasis on building a collaborative and collegiate culture amongst the staff group. As a leader in the profession, she currently sits on the Board of Vision Australia, has been the Chair of the Vision 2020 Australia Independence and Participation Committee, the Chair of the Low Vision Working Group at Optometry Australia as well as a Diplomat of Low Vision Section at the American Academy of Optometry.

Having a keen interest in research and being a recipient of a Churchill Fellowship, Sharon has produced papers on topics including the impact of vision impairment on functional performance and quality of life, vision and driving, Indigenous eye care and public health.

*"I have been a proud Member of the ACO since I graduated, and I am very grateful for that tremendous sense of professional belonging and that steady guidance that has been offered by the ACO"*



#### ACO Member Award for Outstanding Service

The Australian College of Optometry Member Award for Outstanding Services recognises the valuable contribution of Members towards the ACO, generously providing support, time and advice beyond the expectations of a Committee/Council.

#### AWARDEE

Dr May Ho FACO

Dr May Ho has dedicated her optometry career to public health in eye care. She is passionate about building capacity and developing sustainable eye health services through education. May is currently the Optometry and Primary Care Adviser at The Fred Hollows Foundation. Prior to this she worked for the Brien Holden Vision Institute, where she worked towards improving eye care through education in several developing countries.

A long standing ACO Member, May was also a clinician at the ACO until 2005. In more recent years May has contributed her public health knowledge to the development and delivery of the ACO's Certificate in Public Health and Leadership in Eye Care. She is a member of the course course advisory committee and is the principal assessor of candidate's capstone projects.



#### ACO Fellowship 2021

The ACO Fellowship is presented to members who have made a significant contribution to the practice and profession of Optometry and to the community. Our fellowship program recognises outstanding individuals who are held in high esteem within the profession.

#### AWARDEE

Natalie Watt

Natalie Watt completed her Bachelor of Optometry from the University of Melbourne. She has since pursued ACO's Certificate in Ocular Therapeutics and a Graduate Certificate in Higher Education, Learning and Teaching to supplement her educator role at Deakin and the ACO. Natalie has over 20 years of clinical experience, both in the public and private sector. In the last few years, she has moved towards using her clinical expertise to teach budding optometrists. She is currently the Manager of the Deakin Pre-Clinic and an Associate Lecturer in Optometric Clinical Skills at Deakin University helping train the next generation of optometrists.



## Research Awards

### NVRI Fellowship

The NVRI Fellowship is awarded to researchers who have made a significant contribution in the field of vision science and research and are held in high esteem by their peers.

#### AWARDEE

##### Professor Shaun Collin

Professor Shaun Collin completed his studies at the University of Melbourne, and soon after joined the NVRI as a research assistant to further develop his keen interest in sensory neurobiology. After concluding his postdoctoral studies, he took up some of the world's most prestigious research fellowships.

Shaun was Head of the School of Biomedical Sciences at the University of Queensland and the Director of the Oceans Institute in Perth. He is currently the Dean and Head of the School of Life Sciences and the Co-Director of the AgriBioscience Centre at La Trobe University. He heads a Neuro-ecology Group that studies the neural basis of behaviour in both invertebrates and vertebrates, with special emphasis on sensory systems and vision.



Professor Shaun Collin

*I am very glad to see the continued support of the NVRI and particularly the ongoing platform for support and training for PhD students and early career researchers. This level of training was instrumental in my career and is something I will always be grateful for.*

##### Professor Shaun Collin

### Nicola Family Fund Travel Grant Award

The Nicola Family Fund is a capital fund that exists in perpetuity to be a permanent reminder of the family's support of vision research to support young researchers as they begin their career in vision research.

#### AWARDEE

##### Dr Marianne Coleman

Dr Marianne Coleman joined the NVRI in March 2020 as part of a joint clinical research appointment with the University of Melbourne. She has been building a programme of clinical research involving patients, clinicians and clinical data. She has already made a mark by winning a prestigious grant from Dementia Australia Research Foundation.



Dr Marianne Coleman

### ACO Outstanding Graduate award for ACO Certificate in Ocular Therapeutics

The Outstanding Graduate award for the Certificate in Ocular Therapeutics is awarded upon graduation to the candidate who has achieved the highest score across all assessments during the course.

#### AWARDEE

##### Andrew McMillan

Andrew completed the ACO's Certificate in Ocular Therapeutics in 2020, having graduated as an optometrist 40 years earlier. He enrolled into the course to gain further education necessary in providing more comprehensive eye care to his patients.



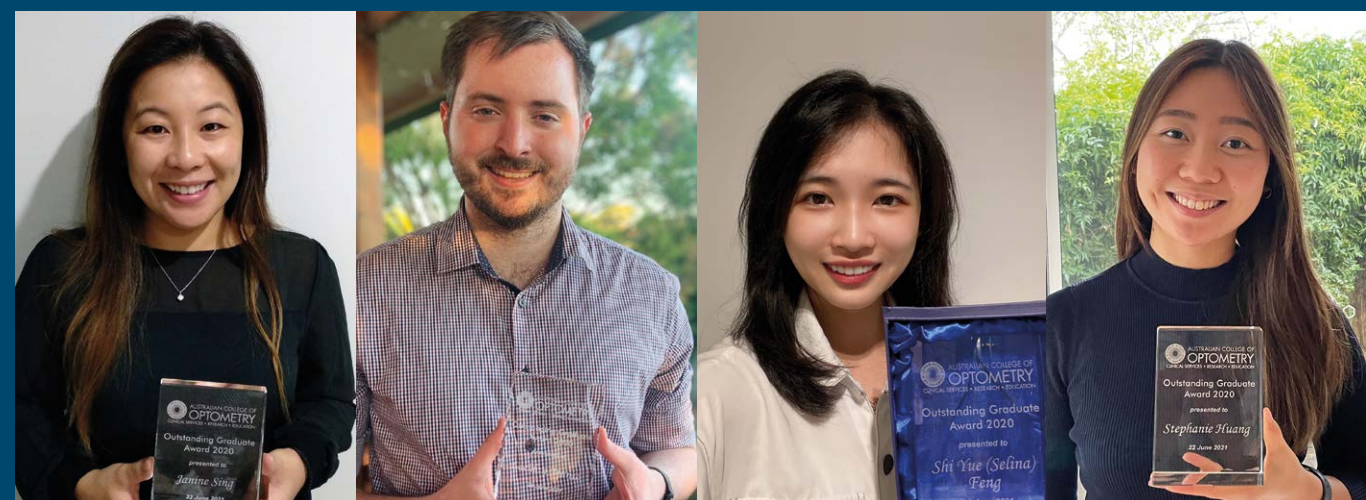
Andrew McMillan

### ACO Outstanding University Graduate Award

Each year the ACO invites the Australian optometry schools to nominate one outstanding graduate based on a combination of academic excellence and professional commitment. The ACO is delighted to recognise the commitment of the following graduates:

#### AWARDEES

Deakin University – **Janine Sing**  
 Flinders University – **Esmeralda Stefanopoulos**  
 Queensland University of Technology – **Lachlan Munro**  
 University of Melbourne – **Shi Yue Feng**  
 UNSW Sydney – **Stephanie Huang**



Janine Sing

Lachlan Munro

Shi Yue Feng

Stephanie Huang



## OUR FUNDERS, SUPPORTERS AND DONORS

The Australian College of Optometry and National Vision Research Institute are extremely grateful to all of our funders, donors and supporters. Their support allows us to continue the work that we do across clinical services, research and education.

### Clinical Services



The  
Department  
of Health



### Research- NVRI



optiqueline



Schultz Laubman Schultz  
Endowment Fund



The Nicola  
Family Fund

Beresford  
Cambridge Fund

NVRI Governors  
Endowment Fund

### Donors

Michael Aitken	Dr Colin Chan	Minh-Chau Doan	Yu Min Lin	Dr Jon Ruddle
Margaret Banks OAM	Romika Chhetri	A/Prof Ulrike Grunert	Optique Line	A/Prof Richard Voilay
Ms Janice Bastiaan	Emer Prof Barry Collin AM	Dr Graham Lakkis	Anne Russell	
	Jennie Cooke	Teagan Lehmann	Stephen Ryan	

## OUR PARTNERS

The ACO is proud to partner and collaborate with some of the leading health, education, research and not for profit organisations from across Australia. It is through these strong partnerships and collaborations that ACO continues to have a meaningful impact on the community.

### Affiliations

Royal Victorian Eye & Ear Hospital  
The University of Melbourne

### Partners and Collaborators

Aboriginal Health Council of South Australia  
Alfred Hospital  
ARC Centre of Excellence for Integrative Brain Function  
Asylum Seeker Resource Centre  
Austin Health  
Australian Research Council  
BioMelbourne Network  
Bionics Institute  
Bionic Vision Technologies  
Brien Holden Foundation  
Brien Holden Vision Institute  
Broadmeadows Health Service  
Carbon Cybernetics  
Centre for Eye Research Australia  
Centre for Eye Health  
cohealth  
Commonwealth Government  
Deakin University  
Department of Health (Commonwealth)  
Department of Health (Victoria)  
Eastern Access Community Health  
Flinders University  
Indigenous Eye Health, University of Melbourne  
International Agency for the Prevention of Blindness  
Monash Health  
Monash University  
National Aboriginal Community Controlled Health Organisation

National Health & Medical Research Council  
Northern Health  
Nunkuwarrin Yunti of South Australia Inc  
Optometry Australia  
Optometry Victoria South Australia  
Optometry Council of Australia & New Zealand  
Peninsula Health  
Reconciliation Australia  
RMIT University  
Royal Flying Doctor Service Victoria  
Royal Victorian Eye & Ear Hospital  
Rural Doctors Workforce Agency  
Rural Workforce Agency Victoria  
Swinburne University of Technology  
The University of Auckland  
The University of Melbourne  
University of Canberra  
UNSW Sydney  
Victorian Aboriginal Community Controlled Health Organisation  
Victorian Aboriginal Health Service  
Victorian Lions Foundation  
Victorian State Government  
Vision 2020 Australia  
Vision Australia  
Vision Initiative  
Watto Purrunga Aboriginal Primary Health Care Service  
Your Community Health

# CORPORATE SERVICES

A strong, effective and sustainable organisation



Renaldo Tomasiello  
Director of Finance &  
Corporate Services

## DIRECTOR'S REPORT

The Corporate Services team continues to provide strong support across all service areas of the ACO. One of the key achievements in 2021 was the establishment of two new metropolitan clinics in Hoppers Crossing and Bayswater. Corporate Services provided expert project management support, instrumental in the commissioning and roll out of both Wyndham and Knox Eye Care. We continue to work closely with the teams at the two sites to provide the required support to deliver eye care to the communities.

Through the team's risk management expertise, we were again able to steer the organisation through the ever-changing complexities of the pandemic response.

The year also saw the beginning of a digital transformation process for the organisation with the information technology managed services contract put out for tender, the first time in eight years. A new provider was on board by the end of 2021 and we are confident that they will play a pivotal role in supporting the ongoing digital transformation and long-term IT strategy for the ACO. We farewelled some key staff members in 2021. Paola Fernandez and Tenille Ryan both moved on to take up opportunities with other organisations. Jess Sloan and Addie Jiang, both long term members of the finance team took up opportunities for their career progression. We thank them for all their contributions over the years.

The Corporate Services team put in an outstanding year of effort and achievement considering all the challenges imposed throughout the year. The leaders in Pat Huen in Finance and Thomas Hobson across Facilities and Risk as well as our staff are to be commended for their remarkable efforts.

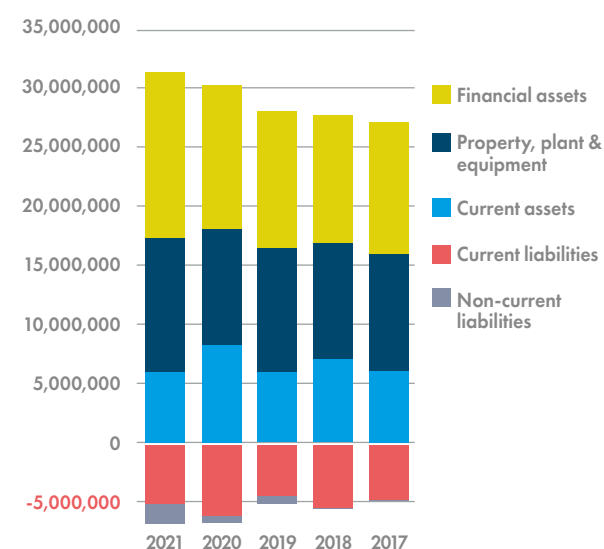
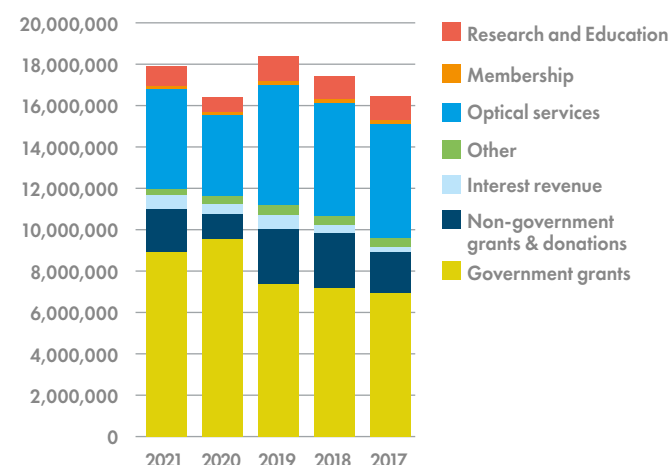
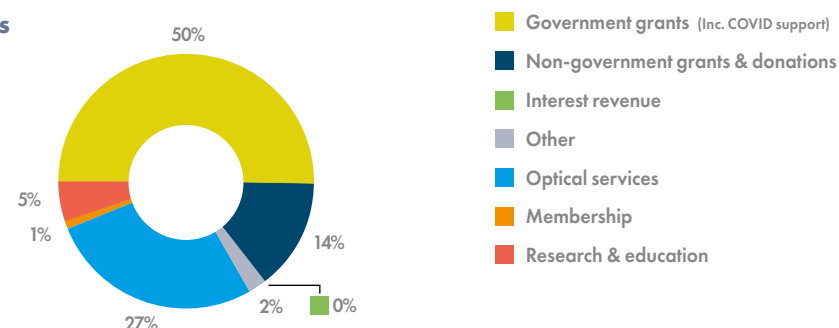
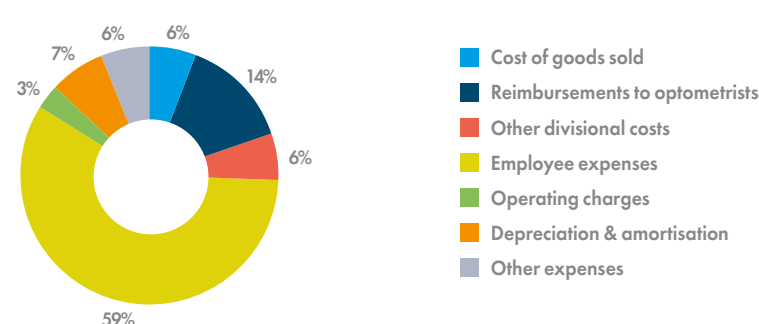
**Renaldo Tomasiello**  
Director of Finance and Corporate Services

AUSTRALIAN COLLEGE  
OF OPTOMETRY



## Results for the year

	CONSOLIDATED GROUP		ACO	
	2021	2020	2021	2020
	\$	\$	\$	\$
NET RESULTS FOR THE YEAR	10,559	709,038	62,767	469,355
COMPREHENSIVE INCOME	1,153,905	(30,895)	67,216	(26,057)
<b>COMPREHENSIVE RESULTS</b>	<b>1,164,464</b>	<b>678,143</b>	<b>129,983</b>	<b>443,298</b>

Balance Sheet Breakdown \$  
(2017 – 2021) CONSOLIDATED GROUPIncome from Operating Activities \$  
(2017 – 2021) CONSOLIDATED GROUPIncome from Operating Activities  
(2021) ACOExpenses  
(2021) ACOChelsey Seamer  
Head of People &  
Culture

## HEAD'S REPORT

As we enter what we all anticipate being a better year, it gives us pause to reflect on the year that was — 2021. I am pleased to report on a successful year of projects with a wonderful People and Culture team by my side, not to mention the great working relationships and effective collaborations across the ACO.

Working arrangements have significantly changed since the beginning of the pandemic. What felt like a short-term solution, is now the norm. We have introduced long-term remote working policies for those staff that are able to work from home.

Throughout the year we continued to provide support to our staff. We undertook some in-house holistic wellness initiatives like Mindful May to encourage staff to engage in practices to help with mental resilience.

In late 2020 we conducted a staff culture survey with results obtained in January 2021. Insights from the survey helped to identify the avenues for strengthening the ACO. As an overall response to the survey, we continue to work toward a high-per-

formance culture that will make the ACO 'a great place to work that does great work'.

An Employee Value Proposition review was undertaken which provided additional valuable insight into how we can enhance the direction of the organisation with a focus on our employees — their voice and their experiences. With some initial effort already in the works, this project will be a focus in 2022.

Staff coaching and development opportunities were expanded, with managers undertaking leadership development while members of our dispensing staff were supported to gain formal qualifications with a Certificate IV in Optical Dispensing.

Workplace behaviour profiles were initiated for all leaders in the organisation. The objective to help managers improve their coaching and leadership skills, building a culture that harnesses the best qualities within teams. In 2022, we anticipate a rollout of these profiles throughout the whole organisation. This facilitates high yield conversations between employees and managers opening the lines for mentoring and regular coaching. By embedding a coaching culture into the organisation, and making it fundamental for managers and supervisors at all levels, we will build an environment with strengthened support, development opportunities, trust, and respect.

**Chelsey Seamer**  
Head of People and Culture

The ACO is a great learning environment with such a variety of clinical presentations and lot of support from colleagues, especially as an early career optometrist.

It has been rewarding and valuable experience to see how I can apply my knowledge and skills to protect and improve patients eye health.

ACO Optometrist

## CONCISE FINANCIAL STATEMENTS

For the year ended 31 December 2021

### COUNCILLORS' REPORT

The Responsible Persons (the Councillors) present their report on the Australian College of Optometry (ACO) and its controlled entities (collectively the consolidated group) for the financial year ended 31 December 2021.

#### Councillors

The names of the Councillors of ACO in office at any time during, or since the end of the financial year are:-

R Hodge  
M Anjou (until 22 June 2021)  
D Gronow  
M O'Keefe (until 30 June 2021)  
J Chaney  
M Waugh (from 22 June 2021)  
L Ayton (from 22 June 2021)  
S Koh  
L Denehy  
T Powell

The Councillors have been in office since the start of the financial year to the date of this report unless otherwise stated.

#### Consolidated Group

The Australian College of Optometry is appointed as Trustee to the Schultz Laubman Schultz Endowment Fund Trust and the NVRI Governors Endowment Fund Trust. The Councillors of ACO are appointed as Trustees to the Beresford Cambridge Bequest Trust.

The Councillors of ACO consider it is a reporting entity as defined by AASB 1053 and the general purpose financial statements of the Australian College of Optometry have been prepared under Section 60-95 of the ACNC Act. In preparing these financial statements, ACO has included controlled entities (the Trust Funds) that are part of the 'ACNC reporting group' consolidated in these financial statements as follows:

- The Trustee for Schultz Laubman Schultz Endowment Fund Trust;
- The Trustee for NVRI Governors Endowment Fund Trust; and
- The Trustee for the Beresford Cambridge Bequest Trust.

ACO holds Deductible Gift Recipient (DGR) status.

#### Principal Activities

The objective of ACO is to undertake public charitable activities primarily in Australia to promote the prevention and/or the control of disease in human beings.

The principal activities of the consolidated group in the course of the year have been the provision of affordable eyecare services, principally to communities experiencing disadvantage; the advancement of eye and vision care through research; and to support the education of current and new generations of optometrists.

There were no significant changes in the nature of the consolidated group's principal activities during the financial year. In addition, the operations of ACO remained essentially unchanged in 2021.

The income and property of ACO must be used and applied solely in promotion of its objects and no portion will be dismantled, paid or transferred directly or indirectly by way of dividend, bonus or by way of profit to Members. The assets and income of the Trust Funds must be used solely for the furtherance of its' objectives and no portion shall be distributed directly or indirectly to the members of the Funds.

#### Short-term and Long-term Objectives

ACO Council has approved ACO's strategic plan for 2018 - 2022.

##### The entity's short-term objectives are to:

- continue to strengthen our clinical governance framework;
- continue to be a respected leader in the sector;
- identify opportunities to address unmet need in public health eye care;
- deliver high impact, internationally recognised research;
- build research capability and increase the translation of research to deliver outcomes that benefit the community;
- develop best practice clinical learning pathways;
- build membership and supporters;
- foster a culture of leadership, innovation, development and partner engagement;
- improve digital capability and maximise the benefit returned to the community through the investment of resources.

##### The entity's medium to long-term objectives are to:

- Clinical Optometry Services: provide high quality public health eye care for communities in need and to lead best practice and standards;
- Research: undertake high impact internationally recognised research to improve the understanding of vision science and eye care;
- Education: provide best practice clinical learning pathways for optometrists from pre-registration through to professional practice;

- Sustainable Organisation: develop an innovative and collaborative culture with our people striving for excellence in everything we do, facilitated by innovative and effective technology, systems and processes and with our Members and supporters key to our success.

#### Strategies

Business plans and operational budgets for each division are in place which set out the specific strategies adopted to support the achievement of the overall short-term and long-term objectives.

#### Key Performance Measures

ACO measures its own performance through the use of both quantitative and qualitative benchmarks, including benchmarks relating to patient numbers, clinic occupancy and productivity, membership and key financial indicators. The benchmarks are used by management and the Council to assess the financial sustainability of ACO and whether ACO's short-term and long-term objectives have been achieved. The Council has not identified any additional actions that need to be taken arising from this process.

This work continues to be supported by a range of management committees, with oversight of risk and financial performance issues by the Finance and Risk Committee which is scheduled to meet at least four times during each year.

#### Operating Results and Review of Operations

The results for the year for ACO and the Consolidated Group are set out on page 65.

The consolidated group result for the year was a surplus of \$10,559 (2020: surplus \$709,038) and the comprehensive result for the year was a surplus of \$1,164,464 (2020: surplus \$678,143).

The net assets of the consolidated group at 31 December 2021 were \$25,190,899 (2020: \$24,026,435).

Whilst the COVID-19 global pandemic again impacted the operations of the ACO during the 2021 financial year, the organisation was able to better respond to the various State Government imposed lockdowns and reduced capacity across the clinics. Refer to page 62 for the discussion and analysis of the financial statements.

ACO is exempt from income tax and therefore no provision for income tax has been made.

#### Significant Changes in the State of Affairs

There were no significant changes in the consolidated group's state of affairs during the financial year. The key significant event was the continued impact of COVID-19 in 2021 as noted above under Operating Results and Review of Operations.

#### Events Subsequent to the End of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the consolidated group, the results of those operations, or the state of affairs of the consolidated group in future financial years.

#### Likely Events and Expected Results of Operations

Likely developments in the operations of the consolidated group and the expected results of those operations in future financial years have not been included as the inclusion of such information is likely to result in unreasonable prejudice to the consolidated group.

#### Environmental Regulation

The operations of the consolidated group are not subject to any significant environmental regulation under the laws of the Commonwealth or of a State or Territories.



## Information on Councillors

**Rodney A. Hodge****B.Sc.Optom**

President (from August 2020)  
Executive Committee Chair (from August 2020)  
Member of Finance & Risk Committee  
(from August 2020)  
Member of the NVRI Board of Administration  
(from August 2020)  
Elected member of Council since 2018



Rodney is an experienced optometrist who has worked in private practice, corporate practice and public health. He worked part time for over 20 years with North Metropolitan Health Services in Western Australia whilst running a private optometry practice. He has had a variety of experience in management and governance roles, including nine years on the WA division of the Council of Optometry. Rodney has an active interest in continuing education for optometrists. He has also served the community through local government (Councillor, City of Subiaco, 13 years) and a number of planning and land use committees in Perth. As part of his transition to retirement Rodney undertook some locum optometry work mostly in rural and remote locations providing him with a greater understanding of the challenges of working in those regions. Rodney is now fully retired from clinical optometry.

**Mitchell Anjou AM****(until 22 June 2021)****BScOptom MScOptom FACO**

Member of Finance & Risk Committee  
(until August 2020)  
Elected member of Council 2015 - 2018  
and from 2019



Mitchell has a long-standing connection to ACO. A Member since 1982, Mitchell served as the Clinic Director for nearly 20 years until 2010. He is currently employed at The University of Melbourne as an Academic Specialist and Associate Professor and is the Deputy Director of Indigenous Eye Health in the Melbourne School of Population and Global Health. Mitchell is co-author of The Roadmap to Close the Gap for Vision, the policy framework nationally adopted to achieve equitable vision and eye care outcomes for Aboriginal and Torres Strait Islander Australians. He continues to publish, present, advise, advocate and support efforts towards this goal. Mitchell was awarded a Member of the Order of Australia for contributions to optometry and public health in 2013 and an ACO Member Award for Outstanding Service in 2017.

**Associate Professor Lauren Ayton****(from 22 June 2021)****BOptom; PhD; FACO; FAAO; GCOT**

Elected member of Council since 2021



Associate Professor Lauren Ayton is an optometrist and medical researcher at the University of Melbourne. She leads the Vision Optimisation Unit, leading both natural history and interventional trials (including gene therapy) for inherited retinal diseases. Her research interests include retinal disease, low vision and vision restoration. Lauren is passionate about research translation and improving patient care. She is also the Director of SPARK Melbourne (a research accelerator program that originated at Stanford University) and is involved in several industry clinical trials and start-up companies. She has previously worked in industry in the USA, as part of a Harvard-affiliated startup company, Bionic Eye Technologies. Lauren has held positions on a number of committees, including Optometry Australia, Vision 2020 and the Association for Research in Vision and Ophthalmology.

**The Honorable John Chaney****SC BJuris LLB**

Skills-based member of Council  
(from 21 May 2020)



John is a former justice of the Supreme Court of Western Australia, retiring from the court in 2018. His judicial career spanned 14 years, during which time he sat as a judge of the District Court, Deputy President and then President of the State Administrative Tribunal of WA, and on the Supreme Court. Prior to his appointment as a judge, John practised as a barrister for 10 years during which time he was appointed Senior Counsel. Prior to this, he was a partner in a commercial law firm where he practised in the areas of commercial litigation, professional negligence and planning law. He served on the Council of the Law Society of WA for 12 years and was president in 1991. He has sat on several Law School advisory boards at universities in WA, and was an inaugural board member of the Australian Advocacy Institute. John is now engaged in practice as a private mediator and arbitrator. He holds the office of Acting Parliamentary Inspector of the Crime and Corruption Commission of WA, chairs the Forensic Biology Advisory Council and the Piddington Society and is a member of the National Sports Tribunal.

**Professor Linda Denehy****BAppSc (Physio), PhD**

Executive Committee Member (until August 2021)  
University of Melbourne appointee to Council  
since 2017



Linda Denehy is Professor of Physiotherapy and past Head of the Melbourne School of Health Sciences at the University of Melbourne and a registered Physiotherapist. She also has a joint appointment as Professor of Health Services Research: Allied Health at the Peter MacCallum Cancer Centre Melbourne. Professor Denehy has extensive teaching and learning experience at both under and post graduate levels and introduced the new Doctor of Physiotherapy course at the University of Melbourne in 2011. Professor Denehy is a past President of the Council of Physiotherapy Deans of Australia and New Zealand and Deputy Chair of Victorian Health Deans. She has supervised over 40 graduate research students to completion and currently supervises four PhD and five Post-Doctoral students. Her research interests are in pre and rehabilitation in acute care including in intensive care, oncology and perioperative management where she is passionate about improving patient centred outcomes. Professor Denehy has been invited to deliver 50 presentations both nationally and internationally. She has over 200 publications, including 35 invited papers and has been successful in grant funding of AUD \$16million including as a chief investigator on six National grants and a Wellcome Trust UK grant on rehabilitation topics.

**Denise Gronow CA**

Honorary Treasurer  
Executive Committee Member  
Chair of the Finance & Risk Committee  
Chair of the NVRI Board of Administration  
Skills-based member of Council since 2018



Denise was appointed as Honorary Treasurer and as Chair of the ACO's Finance & Risk Committee in February 2017. Denise has been an independent member of the ACO's Finance & Risk Committee since March 2014. She previously acted as an alternate director on ACO Council between August 2015 and January 2016. Denise is a qualified chartered accountant with significant experience working at a senior level in both the professional practice and banking sectors.

**Sophie Koh****BOptom (UniMelb), GradCertOcTher, LmusTCL**

Elected member of Council since 2018



Sophie started her optometry career in the Northern Territory. She has broad experience working in public health and corporate settings across metropolitan, rural and outback Australia. She has extensive experience working in ophthalmology teams and training nurses in East Timor, Papua New Guinea and Solomon Islands. Sophie studied her undergraduate degree at the University of Melbourne and Graduate Certificate in Ocular Therapeutics at ACO. She is currently the National Professional Services Advisor at Optometry Australia. She is passionate about empowering students and colleagues to improve their knowledge so they can play a wider role in improving the health and wellbeing of our underprivileged communities locally and overseas. Sophie has special interests in corporate governance, is a member of Governance Institute of Australia, and has completed her Certificate in Governance for Non-for-Profits.

**Maureen O'Keefe****(until 30 June 2021)****BSc (Hons) DipEd MBA GAICD**

Executive Committee Member  
Member of Finance & Risk Committee  
Member of the NVRI Board of Administration  
Chief Executive Officer



Maureen was appointed Chief Executive Officer and board director of the ACO in 2013. Maureen has held senior executive and board director positions across health, research and education sectors over the past 17 years, with a focus on consolidation and growth of organisations to achieve long term sustainability. Previously Maureen was Chief Operating Officer at Walter & Eliza Hall Institute of Medical Research for 7 years during a period of major expansion and restructure, following an earlier career at the University of Melbourne in senior executive roles. Maureen is currently Deputy Chair of Vision2020 Australia and was previously a board director of the BioMelbourne Network and Very Special Kids, and held Ministerial appointments on the Victorian Cancer Agency, the Victorian Clinical Trial Research Council and South Australian Govt Clinical Pathways. Maureen is also a graduate of the Leadership Victoria Program and MIT Sloan Executive Education Program.

**Tim Powell****B App Sci (Optom); GradCert Clinic Redesign (UTAS)**Member of Finance & Risk Committee  
(from August 2020)  
Elected member of Council since 2019  
Co-opted member of Council from 2018 – 2019

Tim completed his undergraduate degree at QUT in Brisbane and moved to Tasmania on graduation. Tim has a strong history of working with local GP's, ophthalmologists, aged care providers and hospital-based rehabilitation services. Tim has worked across independent, corporate and franchise optometry practices, being a partner in a large independent practice before becoming partner in a multi-site franchise optometry business which he sold in 2017. He is involved in optometry profession advocacy and has extensive experience on state and national based boards. He has held positions on state and national Optometry Australia boards, was part of the inaugural allied health advisory committee to the Tasmanian Primary Health Network and the Optometry Australia Rural Optometry Group. Tim has a passion for rural and remote eye care and has recently completed a Graduate Certificate Course in Clinical Redesign through UTAS, which looks at how we can improve the patient experience and outcomes in our health system.

**Dr Michelle Waugh****(from 22 June 2021)**  
**B. Optom; MSc. PhD**

Elected member of Council since 2021



Dr Michelle Waugh completed undergraduate optometry and research degrees in glaucoma and age related macula degeneration at the University of Melbourne. She has worked with remote communities in UK and Sri Lanka providing eye care as well as in Australian corporate and public health settings. She is passionate about continuing education and helped to build the ACO education portfolio during her time with the ACO as a manager and Head of Education. She has board experience at community NFP and was part of a Medicare advisory committee for Optometry Australia. She is currently completing an MBA and Graduate Diploma in Data Analytics Management with Melbourne Business School. Michelle is currently a research fellow in the health services research unit at the Centre for Eye Research Australia.

**Meetings of Council**

During the financial year, six (6) meetings of Council were held. Attendance by each Councillor during the year was as follows:

	Councillor meetings eligible to attend	Councillor meetings attended
R Hodge	6	6
M Anjou <i>(until 22 June 2021)</i>	3	3
L Ayton <i>(from 22 June 2021)</i>	3	3
J Chaney	6	5
L Denehy	6	5
D Gronow	6	6
S Koh	6	6
M O'Keefe <i>(until 30 June 2021)</i>	3	3
T Powell	6	5
M Waugh <i>(from 22 June 2021)</i>	3	3

The Council did not meet on any occasion for a strategic planning event.

**Guarantee by Members**

The entity is registered with the Australian Security and Investment Commission as well as the Australian Charities and Not for Profit Commission and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$50 each towards meeting any outstanding obligations of the entity. At 31 December 2021, the total amount that members of the company are liable to contribute if the company is wound up is \$23,900 (2020: \$24,100).

**Indemnification and Insurance of Officers and Auditors**

ACO provides insurance cover to Councillors and Officers against loss for which they may not be indemnified by ACO arising from any claim by reason of any wrongful act committed by them in their capacity as a Councillor or Officer. This policy also covers ACO against any legal payment which is made arising out of a claim by reason of any wrongful act committed by any Councillor or Officer of ACO. The amount of the premium paid in respect of this insurance contract is not included as such disclosure is prohibited under the terms of the contract.

The Auditors of ACO are not indemnified out of assets of ACO.

**Proceedings on Behalf of the ACO**

No person has applied for leave of Court to bring proceedings on behalf of ACO or intervene in any proceedings to which ACO is a party for the purpose of taking responsibility on behalf of the ACO for all or any part of those proceedings.

ACO was not a party to any such proceedings during the year.

Rodney Hodge  
President

Dated this 26th day of April 2022

**Auditor's Independence Declaration**

The auditor's independence declaration for the year ended 31 December 2021 has been received by the council.

This report is made in accordance with a resolution of the Councillors.

Denise Gronow  
Honorary Treasurer**RESPONSIBLE PERSONS' DECLARATION**

The Responsible Persons (the Councillors) of the Australian College of Optometry declare that the concise financial report of the Australian College of Optometry and Controlled Entities (Consolidated Group), comprising the consolidated statement of financial position, consolidated comprehensive operating statement, consolidated statement of changes in equity, consolidated statement of cash flows and notes to the financial statements set out herein for the financial year ended 31 December 2021.

- complies with Accounting Standard AASB 1039: Concise Financial Reports; and
- is an extract from the full financial report for the year ended 31 December 2021 and has been derived from and is consistent with the full financial report of the Australian College of Optometry and Controlled Entities.

This declaration is made in accordance with a resolution of the Councillors.

Rodney Hodge  
President

Dated this 26th day of April 2022

Denise Gronow  
Honorary Treasurer



# DISCUSSION AND ANALYSIS OF THE FINANCIAL STATEMENTS

## Information on the Australian College of Optometry Concise Financial Report

The concise financial report is an extract of and is derived from the full financial report of the Australian College of Optometry and Controlled Entities for the financial year ended 31 December 2021. A copy of the full financial report and auditor's report from which this is derived will be sent to any member, free of charge, on request. This discussion and analysis is provided to assist members in understanding the concise financial report.

## Consolidated Comprehensive Operating Statement

The total comprehensive results of the consolidated group for the year was made up as follows:

	2021	2020
	\$	\$
Net results for the year	10,559	709,038
Other Comprehensive (loss)/Income:		
Unrealised (losses)/gains on equity investments	973,415	(368,549)
Realised gains/(losses) on equity investments	180,490	337,654
Total Other Comprehensive (loss)/Income	1,153,905	(30,895)
<b>Comprehensive results</b>	<b>1,164,464</b>	<b>678,143</b>

Unrealised gain on revaluation of equity investments for the Consolidated Group was \$973,415 (2020: Loss \$368,549). This positive movement on the revaluation of equity investments reflected economic reality. Equity investment assets are held by the Consolidated Group with a long-term view on return and are not considered to be regularly tradeable investments. The overall financial position for the Consolidated Group remains strong.

## Consolidated Income

The Consolidated Group income stood at \$18,109,100 (ACO: \$17,921,076), further details as follows:

ACO	2021	2020	Change
Revenue from Operating Activities	\$	\$	%
Government grants	8,244,178	6,211,032	32.7%
Government support (Note I)	685,700	3,353,000	-79.5%
Non-government grants, trusts and donations (Note II)	2,589,266	1,335,060	93.9%
Optical services	4,861,829	3,947,221	23.2%
Research and Education	976,546	685,174	42.5%
Dividends and distribution (Note III)	66,873	55,830	19.8%
Interest revenue (Note IV)	20,971	31,800	-34.1%
Property services (Note V)	116,659	127,139	-8.2%
Membership	137,365	143,588	-4.3%
Other	214,530	149,561	43.4%
<b>ACO Total Revenue from Operating Activities</b>	<b>17,913,917</b>	<b>16,039,405</b>	<b>11.7%</b>
Capital grant Income	-	12,181	-100.0%
Realised gains/(losses) on equity investments (Note III)	7,159	(13,499)	-153.0%
<b>ACO Total Income</b>	<b>17,921,076</b>	<b>16,038,087</b>	<b>11.7%</b>

## Consolidated Comprehensive Operating Statement

**Note I** – During the year, the Company continued to receive Federal Government assistance in the form of Jobkeeper Payments to navigate the challenges of COVID-19. This assistance ceased at the end of March 2021.

**Note II** – Income for 2021 includes \$1,529,628 (2020: \$490,758) received under contract with Brien Holden Vision Institute towards a project for the provision of eye health equipment and training to indigenous communities across Australia. This project is ultimately funded by the Australian Government via Department of Health.

**Note III & IV** – As at 31 December 2021, the investment income stood at \$95,003 (2020: \$74,131).

**Note V** – Slight reduction in tenants occupancy for the ACO in 2021.

Expenditure increased by 14.6% to \$17,918,051 which includes project management costs in relation to the establishment of the two new clinics during the year.

## Trust Funds

Total Trust Fund investment income was \$714,304 (2020: \$737,635), comprising operating income of \$540,973 (2020: \$386,482) and realised gains on sale of financial assets of \$173,331 (2020: \$351,153).

## Consolidated Statement of Financial Position and Changes in Equity

Net assets of the consolidated group, including the Trust Fund, increased by 4.8% to \$25,190,899. Details of the net assets of the consolidated group are set out on page 66.

The consolidated group maintains a strong financial position, with total property, plant, and equipment of \$9,442,519 (2020: \$9,254,504) and total financial assets of \$19,648,753 (2020: \$19,773,807).

As of 31 December 2021, the consolidated group retained surplus stood at \$18,909,787 (2020: \$18,718,738). The Reserves stood at \$6,281,112, a 18.3% increase compared to last year. A full analysis of changes in equity is set out on page 67.

## Consolidated Statement of Cash Flows

Net cash outflow during 2021, as set out on page 68, was \$1,322,049 (2020: inflow \$1,680,385), comprising a net cash outflow from operating activities of \$567,970 (2020: inflow \$2,544,591), outflows in investing activities of \$620,979 (2020: outflow \$770,774) and outflows from financing activities of \$133,100 (2020: outflow \$93,432).

## INDEPENDENT AUDITOR'S REPORT

To the Members of the  
Australian College of Optometry

Report on the Concise Financial  
Statements

## Opinion

We have audited the concise financial report of the Australian College of Optometry (the registered entity) and the Australian College of Optometry and Controlled Entities (the consolidated group), which comprises the consolidated statement of financial position as at 31 December 2021, the consolidated comprehensive operating statement, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, and related notes, derived from the financial report of the Australian College of Optometry and Controlled Entities for the year ended 31 December 2021 and the discussion and analysis.

In our opinion, the accompanying concise financial report, including the discussion and analysis of the registered entity and the consolidated group, complies with Accounting Standard AASB 1039: *Concise Financial Reports*.

## Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Concise Financial Report section of our report. We are independent of the registered entity and the consolidated group in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the concise financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Concise Financial Report

The concise financial report does not contain all the disclosures required by the Australian Accounting Standards in the preparation of the financial report. Therefore, reading the concise financial report and the auditor's report thereon is not a substitute for reading the full financial report and the auditor's report thereon.

## The Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the financial report in our report dated 2nd May 2022.

Responsibilities of the Responsible Persons for the  
Concise Financial Report

The responsible persons are responsible for the preparation of the concise financial report in accordance with Accounting Standard AASB 1039: *Concise Financial Reports* and the ACNC Act, and for such internal control as the responsible persons determine is necessary to enable the preparation of the concise financial report.

## Independence

In conducting our audit, we have complied with the independence requirements of the ACNC Act. We confirm that the independence declaration required by the ACNC Act, which has been given to the responsible persons of the Australian College of Optometry and Controlled Entities, would be in the same terms if given to the responsible persons as at the time of this auditor's report.

Auditor's responsibilities for the Audit of the Concise  
Financial Report

Our responsibility is to express an opinion on whether the concise financial report, in all material respects, complies with AASB 1039: *Concise Financial Reports* and whether the discussion and the analysis complies with AASB 1039: *Concise Financial Reports* based on our procedures, which were conducted in accordance with Auditing Standard ASA 810: *Engagements to Report on Summary Financial Statements*.

McBain McCartin & Co  
Chartered Accountants

123 Whitehorse Road  
Balwyn VIC 3103

Dated this 2nd day of May 2022



McBAIN  
McCARTIN & Co

CHARTERED ACCOUNTANTS  
AUDIT & ASSURANCE SERVICES

PO BOX 82 BALWYN  
VICTORIA, AUSTRALIA 3103  
ABN 26 028 714 960

Consolidated Comprehensive Operating Statement  
for the Year Ended 31 December 2021

	CONSOLIDATED GROUP		ACO	
	2021	2020	2021	2020
	\$	\$	\$	\$
Revenue from Operating Activities	17,928,610	16,337,599	17,913,917	16,039,405
Employee Expenses	(9,696,660)	(9,169,492)	(9,696,660)	(9,169,492)
Non-Salary Labour Costs	(18,660)	(100,790)	(18,660)	(100,790)
Interest Expense on Lease Liability	(66,250)	(46,675)	(66,250)	(46,675)
Other Expenses	(6,997,231)	(5,266,227)	(6,930,330)	(5,207,716)
<b>Net results before Capital Grant Income and Depreciation and Amortisation</b>	<b>1,149,809</b>	<b>1,754,415</b>	<b>1,202,017</b>	<b>1,514,732</b>
Capital Grant Income	-	12,181	-	12,181
Depreciation and Amortisation	(1,139,250)	(1,057,558)	(1,139,250)	(1,057,558)
<b>NET RESULTS FOR THE YEAR</b>	<b>10,559</b>	<b>709,038</b>	<b>62,767</b>	<b>469,355</b>
<b>Other Comprehensive Income/(Loss)</b>				
Unrealised gains/(losses) on equity investments	973,415	(368,549)	60,057	(12,558)
Realised gains/(losses) on equity investments	180,490	337,654	7,159	(13,499)
<b>Total Other Comprehensive Income/(Loss)</b>	<b>1,153,905</b>	<b>(30,895)</b>	<b>67,216</b>	<b>(26,057)</b>
<b>COMPREHENSIVE RESULTS</b>	<b>1,164,464</b>	<b>678,143</b>	<b>129,983</b>	<b>443,298</b>

This Statement should be read in conjunction with the accompanying notes.

The accompanying notes form part of these financial statements.

Simon Aukstin (CA)  
Partner



**Consolidated Statement of Financial Position  
as at 31 December 2021**

	CONSOLIDATED GROUP		ACO	
	2021	2020	2021	2020
	\$	\$	\$	\$
<b>CURRENT ASSETS</b>				
Cash and cash equivalents	2,578,533	3,900,582	2,450,504	3,698,288
Financial assets	2,339,012	3,118,810	2,339,012	3,118,810
Trade and other receivables	491,255	675,140	937,344	680,603
Inventories	295,863	286,718	295,863	286,718
Other current assets	328,152	209,771	328,152	209,771
<b>TOTAL CURRENT ASSETS</b>	<b>6,032,815</b>	<b>8,191,021</b>	<b>6,350,875</b>	<b>7,994,190</b>
<b>NON CURRENT ASSETS</b>				
Property, plant and equipment	9,442,519	9,254,504	9,442,519	9,254,504
Right of use asset	1,636,189	464,996	1,636,189	464,996
Intangible assets	54,290	104,631	54,290	104,631
Financial assets	14,239,953	12,079,275	2,162,251	1,551,387
<b>TOTAL NON CURRENT ASSETS</b>	<b>25,372,951</b>	<b>21,903,406</b>	<b>13,295,249</b>	<b>11,375,518</b>
<b>TOTAL ASSETS</b>	<b>31,405,766</b>	<b>30,094,427</b>	<b>19,646,124</b>	<b>19,369,708</b>
<b>CURRENT LIABILITIES</b>				
Trade and other payables	1,421,406	1,114,647	1,421,214	1,114,897
Provisions	1,689,684	1,816,657	1,689,684	1,816,657
Contract liabilities	1,234,588	2,480,024	1,234,588	2,480,024
Lease liabilities	155,492	104,362	155,492	104,362
<b>TOTAL CURRENT LIABILITIES</b>	<b>4,501,170</b>	<b>5,515,690</b>	<b>4,500,978</b>	<b>5,515,940</b>
<b>NON CURRENT LIABILITIES</b>				
Lease liabilities	1,541,260	398,756	1,541,260	398,756
Provisions	172,437	153,546	172,437	153,546
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>1,713,697</b>	<b>552,302</b>	<b>1,713,697</b>	<b>552,302</b>
<b>TOTAL LIABILITIES</b>	<b>6,214,867</b>	<b>6,067,992</b>	<b>6,214,675</b>	<b>6,068,242</b>
<b>NET ASSETS</b>	<b>25,190,899</b>	<b>24,026,435</b>	<b>13,431,449</b>	<b>13,301,466</b>
<b>EQUITY</b>				
Reserves	6,281,112	5,307,697	198,861	138,804
Retained surplus	18,909,787	18,718,738	13,232,588	13,162,662
<b>TOTAL EQUITY</b>	<b>25,190,899</b>	<b>24,026,435</b>	<b>13,431,449</b>	<b>13,301,466</b>

This Statement should be read in conjunction with the accompanying notes.

The accompanying notes form part of these financial statements.

**Consolidated Statement of Changes In Equity  
for the Year Ended 31 December 2021**

	Reserves				
	Asset Revaluation- Investments \$	Contributed Equity \$	Development Fund \$	Retained Surplus \$	Total \$
CONSOLIDATED GROUP					
Balance at 1 January 2020	1,650,309	3,907,819	118,118	17,672,046	23,348,292
Net result for the year	-	-	-	709,038	709,038
Other comprehensive loss	(30,895)	-	-	-	(30,895)
Transfer – gains/(losses) on disposal of equity instruments at fair value through Other Comprehensive Income to Retained Surplus	(337,654)	-	-	337,654	-
Balance at 31 December 2020	1,281,760	3,907,819	118,118	18,718,738	24,026,435
Net result for the year	-	-	-	10,559	10,559
Other comprehensive income	1,153,905	-	-	-	1,153,905
Transfer – gains/(losses) on disposal of equity instruments at fair value through Other Comprehensive Income to Retained Surplus	(180,490)	-	-	180,490	-
Balance at 31 December 2021	2,255,175	3,907,819	118,118	18,909,787	25,190,899
Total Reserves at 31 December 2021	6,281,112				
ACO					
Balance at 1 January 2020	33,244	-	118,118	12,706,806	12,858,168
Net result for the year	-	-	-	469,355	469,355
Other comprehensive loss	(26,057)	-	-	-	(26,057)
Transfer – gains/(losses) on disposal of equity instruments at fair value through Other Comprehensive Income to Retained Surplus	13,499	-	-	(13,499)	-
Balance at 31 December 2020	20,686	-	118,118	13,162,662	13,301,466
Net result for the year	-	-	-	62,767	62,767
Other comprehensive income	67,216	-	-	-	67,216
Transfer – gains/(losses) on disposal of equity instruments at fair value through Other Comprehensive Loss to Retained Surplus	(7,159)	-	-	7,159	-
Balance at 31 December 2021	80,743	-	118,118	13,232,588	13,431,449
Total Reserves at 31 December 2021	-				198,861

This Statement should be read in conjunction with the accompanying notes.

The accompanying notes form part of these financial statements.

**Consolidated Statement of Cash Flows  
for the Year Ended 31 December 2021**

	CONSOLIDATED GROUP		ACO	
	2021	2020	2021	2020
	\$	\$	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
Receipts from government grants	10,377,227	7,596,384	10,549,198	7,596,384
Receipts from patients, other funding sources and members	5,753,808	9,444,460	5,753,808	9,821,340
Payments to suppliers and employees	(16,632,755)	(14,449,578)	(16,566,296)	(14,395,566)
Lease interest expense	(66,250)	(46,675)	(66,250)	(46,675)
<b>Net cash (used in)/provided by operating activities</b>	<b>(567,970)</b>	<b>2,544,591</b>	<b>(329,540)</b>	<b>2,975,483</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
Dividends received	693,770	430,094	77,811	66,768
Interest received	34,881	107,623	23,550	34,379
Proceeds from sale of plant and equipment	3,177	-	3,177	-
Purchase of property, plant and equipment	(1,125,832)	(423,591)	(1,125,832)	(423,591)
Proceeds from sale of financial assets	6,192,380	6,994,406	4,466,296	4,187,717
Purchase of financial assets	(6,419,355)	(7,879,306)	(4,230,146)	(4,656,121)
<b>Net cash generated (used in) investing activities</b>	<b>(620,979)</b>	<b>(770,774)</b>	<b>(785,144)</b>	<b>(790,848)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>				
Repayment for lease liabilities	(133,100)	(93,432)	(133,100)	(93,432)
<b>Net cash (used in) financing activities</b>	<b>(133,100)</b>	<b>(93,432)</b>	<b>(133,100)</b>	<b>(93,432)</b>
<b>Net (decrease)/increase in cash and cash equivalents</b>	<b>(1,322,049)</b>	<b>1,680,385</b>	<b>(1,247,784)</b>	<b>2,091,203</b>
Cash and cash equivalents at the beginning of the year	3,900,582	2,220,197	3,698,288	1,607,085
<b>Cash and cash equivalents at the end of the year</b>	<b>2,578,533</b>	<b>3,900,582</b>	<b>2,450,504</b>	<b>3,698,288</b>

**Notes to the Concise Financial Statements  
for the Year Ended 31 December 2020****Note 1: Basis of Preparation of the Concise Financial Report**

The concise financial report is an extract from the full financial report for the year ended 31 December 2021. The concise financial report has been prepared in accordance with Accounting Standard AASB 1039: Concise Financial Reports, and the Division 60 of the Australian Charities and Not-for-profits Commission Act 2012.

The financial statements, specific disclosures and other information included in the concise financial report are derived from and are consistent with the full financial report of the Australian College of Optometry and Controlled Entities. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of the Australian College of Optometry and Controlled Entities as the full financial report. A copy of the full financial report and auditor's report will be sent to any Member, free of charge, upon request.

The financial report covers the Australian College of Optometry, Schultz Laubman Schultz Endowment Fund Trust, NVRI Governors Endowment Fund Trust and Beresford Cambridge Bequest Trust ("Controlled Entities") as the "Consolidated Group" or "Group".

The accounting policies have been consistently applied in the preparation of the Consolidated Group financial statements and are consistent with the policies of the previous financial year. The Consolidated Group financial statements were prepared in accordance with *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations of the Australian Accounting Standards Board ("AASB").

**Coronavirus (COVID-19) impact**

The COVID-19 global pandemic created significant social and economic uncertainty specifically during the previous 2020 calendar year. At year-end 31 December 2021, ACO has navigated the on-going but diminished challenges of the COVID pandemic extremely well through the support received from Federal government, its well-established relationships with key stakeholders, ongoing client care and support, a robust balance sheet and continued demand for quality public eye health care. There is no identified impairment issues or additional provisioning required because of the pandemic as of 31 December 2021, nor significant financial estimates or judgements that have needed to be made.

**Note 2: Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

**Note 3: Presentation Currency**

The concise financial statements have been prepared in Australian dollars.

**Note 4: Events After the Reporting Period**

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the consolidated group, the results of those operations, or the state of affairs of the consolidated group in future financial years.



## Segment Reporting for the Year Ended 31 December 2021 and 2020

CONSOLIDATED GROUP	Corporate Services	Education, Membership & Marketing	Clinical Services (VIC)	National Vision Research Institute	Clinical Services (SA)	Trust Funds	Intersegment Eliminations	Total
2021	\$	\$	\$	\$	\$	\$	\$	\$
<b>REVENUE</b>								
External Revenue	4,722,948	1,003,405	14,000,201	930,927	216,022	540,974	-	21,414,477
Other Segment Revenue	-	-	-	-	-	-	(3,524,520)	(3,524,520)
	4,722,948	1,003,405	14,000,201	930,927	216,022	540,974	(3,524,520)	17,889,957
Net result for the year	(298,498)	55,639	459,529	(26,542)	(127,364)	(52,205)	-	10,559
<b>ASSETS</b>								
Segment assets	-	-	-	-	-	-	-	-
Unallocated segment assets	-	-	-	-	-	-	-	31,405,766
								31,405,766
<b>LIABILITIES</b>								
Segment liabilities	-	-	-	-	-	-	-	-
Unallocated segment liabilities	-	-	-	-	-	-	-	(6,214,867)
								(6,214,867)
<b>2020</b>								
<b>REVENUE</b>								
External Revenue	4,050,832	747,528	13,013,030	1,006,394	179,622	386,483	-	19,383,889
Other Segment Revenue	-	-	-	-	-	-	(3,034,109)	(3,034,109)
	4,050,832	747,528	13,013,030	1,006,394	179,622	386,483	(3,034,109)	16,349,780
Net result for the year	371,705	(163,193)	406,000	(6,364)	(138,793)	239,683	-	709,038
<b>ASSETS</b>								
Segment assets	-	-	-	-	-	-	-	-
Unallocated segment assets	-	-	-	-	-	-	-	30,094,427
								30,094,427
<b>LIABILITIES</b>								
Segment liabilities	-	-	-	-	-	-	-	-
Unallocated segment liabilities	-	-	-	-	-	-	-	(6,067,992)
								(6,067,992)

The Consolidated Detailed income Statement is prepared by management and does not form part of the audited financial statements.

## Trust Funds' Financial Position

The financial statements for the Consolidated Group (pages 56 to 70) include the results and net assets of:

- the Schultz Laubman Schultz Endowment Fund Trust;
- the NVRI Governors Endowment Fund Trust; and
- the Beresford Cambridge Bequest Trust.

The ACO or the ACO Council members act as the Trustees of these three internally-managed funds.

In accordance with the terms of their Trust Deeds, income from two of the internally-managed funds (Schultz Laubman Schultz

Endowment Fund Trust and the NVRI Governors Endowment Fund Trust), together with income from one externally-managed fund (Lions Vision Research Fund), is designated to fund vision research delivered through the National Vision Research Institute of Australia, a division of the ACO. Income for the Beresford Cambridge Bequest Trust is designated to fund research in visual impairment.

The financial position and results for the Trust Funds as at 31 December 2021 is summarized as follows:

	INTERNALLY – MANAGED FUNDS						EXTERNALLY – MANAGED FUNDS	
	Beresford Cambridge Bequest Trust		Schultz Laubman Schultz Endowment Fund Trust		NVRI Governor's Endowment Fund Trust		Lions Vision Research Fund	
	2021	2020	2021	2020	2021	2020	2021	2020
	\$	\$	\$	\$	\$	\$	\$	\$
<b>STATEMENT OF FINANCIAL PERFORMANCE</b>								
Profit/(Loss) on ordinary activities	38,281	37,440	102,655	500,339	(19,810)	53,054	366	(9,122)
Net increase in asset revaluation reserve	52,250	(19,117)	792,414	(296,431)	68,267	(40,443)	38,388	(12,980)
<b>Total Changes in Equity</b>	<b>90,531</b>	<b>18,323</b>	<b>895,069</b>	<b>203,908</b>	<b>48,457</b>	<b>12,611</b>	<b>38,754</b>	<b>(22,102)</b>
<b>STATEMENT OF FINANCIAL POSITION</b>								
<b>Current Assets</b>	43,703	33,379	127,515	232,229	36,814	19,762	43,387	38,631
<b>Non Current Assets</b>								
Shares in listed companies and units in listed trusts at market value	715,639	635,004	10,422,653	9,045,632	939,410	847,251	476,368	419,715
<b>Total Assets</b>	<b>759,342</b>	<b>668,383</b>	<b>10,550,168</b>	<b>9,277,861</b>	<b>976,224</b>	<b>867,013</b>	<b>519,755</b>	<b>458,346</b>
<b>Current Liabilities</b>	-	-	455,818	78,578	70,462	9,711	47,656	20,000
<b>Net Assets</b>	<b>759,342</b>	<b>668,383</b>	<b>10,094,350</b>	<b>9,199,283</b>	<b>905,762</b>	<b>857,302</b>	<b>472,099</b>	<b>438,346</b>
<b>EQUITY</b>								
Contributed equity	-	-	3,600,153	3,600,153	307,666	307,666	173,867	173,867
Asset revaluation reserve	97,086	44,408	1,950,302	1,157,888	127,044	58,777	48,318	9,930
Retained profits	662,256	623,975	4,543,895	4,441,242	471,052	490,859	249,914	254,549
<b>Total Equity</b>	<b>759,342</b>	<b>668,383</b>	<b>10,094,350</b>	<b>9,199,283</b>	<b>905,762</b>	<b>857,302</b>	<b>472,099</b>	<b>438,346</b>

This information is prepared by management and is extracted from the financial records of the ACO and controlled entities and of the Lions Vision Research Fund for the year ended 31 December 2021.



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