

# SCOPE

Bimonthly  
magazine of  
Optometrists  
Association  
Victoria

## Optometry welcomes New referral guidelines

**T**he Royal Victorian Eye and Ear Hospital (RVEEH) has updated its referral processes and policies to ensure that the patients being seen at the hospital, its emergency department, and its 15 specialist eye clinics are the ones who really need to be there.

The Association is excited by these new guidelines. Over the years, OAA-Vic has been involved in a range of projects with the hospital and we know many patients have been referred to RVEEH who could have been effectively managed in optometry practices. Optometrists play an important role in these guidelines, not only as practitioners referring to the hospital themselves, but as providers of primary care, working with GPs to make sure that all patients being referred to the hospital come with the best clinical information.

Some referrals will require a specific report from an optometrist or ophthalmologist to be accepted by the hospital. GPs may need to request this report from an optometrist or ophthalmologist if they are unable to ascertain all the clinical information required to determine if a patient meets the referral threshold (e.g., refraction results, IOPs, or slit lamp examinations). Optometrists may also continue to refer direct, observing the updated referral criteria, and liaising with GPs as needed to complete referral information.

The hospital is a unique state-funded resource, but as with all hospitals and specialist tertiary care facilities, it is important to ensure its services are used as wisely as possible for the benefit of all. The aim of the Primary Care Referral Guidelines, augmented with Primary Care Management Guidelines for a number of common eye conditions that can be adequately managed in optometry or general practice, is to make sure the appropriate eye conditions are managed at the primary care level, so patients with conditions in need of emergency or specialist tertiary care are able to **GO TO PAGE 8**



### World Sight Day Challenge

Victorian optometry student **Daniel Strachan** had the chance to spend time with the Equal Health team in India earlier this year.

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AUGUST 2013

# SCOPE

THE BIMONTHLY MAGAZINE OF



OPTOMETRISTS  
ASSOCIATION AUSTRALIA

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## Prefer paperless? Get e-Scope

Don't forget there's more than one way to receive Scope. If you would like to receive Scope in electronic format, rather than hard copy mail out, just let us know. Please email [office@vicoptom.asn.au](mailto:office@vicoptom.asn.au) and put the subject 'E-Scope, please' in the subject header. So simple.



Each year, OAA-Vic offers a travel bursary through the Brien Holden Vision Institute, to assist an optometrist from a resource-poor overseas setting to come to SRC. This year, the bursary supported Carlos Sánchez-Seco Villalba. Carlos is the Optometry Course Coordinator at the Universidade Lúrio – Mozambique Eyecare Project. He recently sent us this message of thanks:

*"On my own behalf and on behalf of my organisation, I would like to thank you for the opportunity that I have enjoyed being able to attend the SRC of Optometry in Melbourne. It was very useful and satisfying on a personal level and I think that it will have a positive impact in my daily work at the University of Lurio in Nampula (Mozambique)."*

ABOVE Carlos (third from left) is pictured here at SRC with (from left) Horm Piseth, from Cambodia (a previous travel bursary recipient), May Ho (Brien Holden Vision Institute), and optometrists Joyce Chan and Jessie Huang.

## 'Tis the season: Managing ocular allergies

As spring comes to Melbourne, so does allergy season. Join us for a free webinar update on managing this common problem in your practice: causes, clinical management options, referrals, and case studies. Learn how to help your patients reduce the burden.

DATE/TIME **Tuesday September 3 • 7-8 pm**

CPD **2 Therapeutic**

PRESENTER **Dr Graham Lakkis**

RSVP **Johanna@vicoptom.asn.au or (03) 9652 9100**



OAA-Vic CEO Terri Smith with new OAA-Vic member Jerome Chin Aleong, who was born in Trinidad and spreads his work time between the UK and Australia.

## Can ProVision help you build a stronger practice?

Victorian Division members are invited to join OAA-Vic and ProVision for a free information night to learn about how ProVision's services can help you. You'll learn about:

- Thriving and growing as an independent practice
- ProVision marketing programs and practice support
- ProSupply, a new initiative helping optometrists do better business

DATE **Wednesday September 25**

TIME **6.30-8.30pm**

VENUE **OAA-Vic,**

**28 Drummond Street, Carlton  
Light food and refreshments  
provided**

RSVP **Johanna Hersey (office@  
vicoptom.asn.au) or  
(03) 9652 9100 by Sept. 18**

# Changing leaders for OAA-Vic

**M**elissa Downing has stepped down from her role as OAA-Vic President, after serving for close to four years in the role. Melissa has stepped down to spend time with her young family, and has just given birth to her second child, a brother for toddler Will. Reflecting on her time in the role, Melissa said she was particularly proud of the growth and role of the SRC. Melissa will stay on as an OAA-Vic Director.

"I think one of the biggest achievements of the Board and office team combined over the past few years is delivering the profitable, world-class conference that is SRC that has supported reinvestment back into an expanded range of Victorian member

activities and services," Melissa told *Scope*.

A particular personal highlight has been participating in a successful OAA-Vic networking dinner, held in February 2012, where eye care partners joined the Health Minister and Shadow Health Minister for a night of networking and policy discussion.

Kylie Harris has been elected as the new President. Kylie is currently Business Development Manager at the Vision Eye Institute. She was re-elected to the Victorian Board in 2012, having served a previous term before moving to Sydney for two years.

"I'm very excited to be taking up the role of president of the Victorian Division," Kylie said. "In the 25 years

since I graduated as an optometrist, the profession has embraced the opportunities created by a number of parties, including the Association, to improve community access to quality eye care. Ultimately it was seeing how their vision became reality that made me interested in joining the OAA-Vic Board. By exploring the scope of optometry, I believe we really are changing the way eye care is delivered in Australia, and I want to be a part of that. As Steve Jobs has said: 'We are here to put a dent in the universe.'"

Julia Kabov, who runs an independent practice in Brighton, is the new Vice President, and Mildura optometrist Stephen Jones continues in the role of Treasurer.

## CLARIFICATION

### AREDS2 study population

We reported last *Scope* on the results of the AREDS2 study, noting that the AREDS study had found that a supplement containing C and E vitamins, beta-carotene, zinc, and copper reduced the risk of people developing advanced AMD by about 25 percent over a five year period. For clarity, we point out that this benefit was only in high-risk patients: those with bilateral immediate AMD or late AMD. The 4203 participants of AREDS2 were of an age ranging between 50 and 85 years, and at risk for progression to advanced AMD, with bilateral large drusen or large drusen in one eye and advanced AMD in the fellow eye. The AREDS2 study did not find, in this population, a further reduction in the risk of progression to advanced AMD with the addition of lutein and zeaxanthin and/or omega-3 fatty acids to the original AREDS formulation. As we reported last issue, because of potential increased incidence of lung cancer in current and former smokers taking beta-carotene supplements, lutein and zeaxanthin could be appropriate carotenoid substitutes for that part of the original AREDS formulation, although further investigation is warranted.

## New glaucoma clinic boon for optometry

**A** new clinic based at the University of Melbourne Eyecare will support optometry as a referral and teaching service specifically focused on glaucoma.

The Lead Optometrist at the clinic is Dr Graham Lakkis, a highly-experienced prescriber and practitioner with many years' experience in clinical teaching and in managing glaucoma patients in the optometry primary care setting. Graham says the clinic will emphasise evidence-based protocols for assessing and managing glaucoma in optometry clinics, and adherence to patient pathways developed and endorsed by the NHMRC, which "will ensure the best outcomes in terms of patient management".

State-of-the-art clinical equipment will provide for the needs of patients,

and help guide students through the processes of assessing glaucoma, and making the best decisions about management, treatment options and referral. Both Medmont and Humphrey perimeters are available to ensure baseline visual field results can be forwarded to the referring practitioner in a format compatible with the referring practitioners' equipment. Practitioners can also contact the clinic for guidance and assistance.

Consultations on referral are bulk-billed, with a discount of 50% on fees for ancillary tests not covered by Medicare.

● Referrals are now being accepted on (03) 9347 1714, or contact Lead Optometrist Dr Graham Lakkis, [glakkis@unimelb.edu.au](mailto:glakkis@unimelb.edu.au)

## VICTORIAN BOARD NOMINATIONS AND ANNUAL GENERAL MEETING

Nominations for positions on the OAA-Vic Board of Directors are open from now until 5pm Monday September 16. For information, please contact OAA-Vic CEO Terri Smith, or email [office@vicoptom.asn.au](mailto:office@vicoptom.asn.au)

The OAA-Vic Annual General Meeting will be held on Monday October 28 at 6.30pm, at OAA-Vic. All members are welcome to join us for the meeting and the opportunity for an informal catch-up with friends and colleagues afterwards.

● PLEASE RSVP [office@vicoptom.asn.au](mailto:office@vicoptom.asn.au).

# Making the community eye aware

**F**rom parents and teachers of young children to the Pharmaceutical Society of Australia, we have been working to raise awareness about eye health and the role of optometry in primary eye care. As the anniversary of her commencement as Eye Health Awareness Project Officer approaches, Kathy Roberts outlines some of the activities undertaken over the last twelve months.

It's important to our members that the community knows what optometrists are able to do to support eye health. That's why we established the Eye Health Awareness Project: to raise the profile of optometry, improve community knowledge, and promote the importance of regular eye exams. Children, seniors and those in their 40s are particular groups of interest to the project, as well as general practitioners and other health professionals.

The early stages of the project involved considerable research into organisations and publications with a suitable audience for our message. Introducing OAA-Vic and the project to local councils resulted in establishing relationships with Maribyrnong City Council, City of Moonee Valley and Frankston City Council, where our information was distributed widely to local kindergartens, child care centres, Maternal and Child Health Nurses, aged care services and community houses. Frankston City Council also invited us to present information to their Aged Service Workers and Primary School Nursing Program including aspects for referral to optometry. Information was specifically supplied for Family Service Workers at City of Moonee Valley and Maribyrnong City Council's Early Childhood Coordinator and I also

designed a fact sheet for distribution by the Older Adults Community Programs Officer within their programs for seniors in the area.

It has been fantastic to get to know and involve our members in communicating our messages; Georgia Koumboulis facilitated a lively community presentation at St Michael's on Collins, to an appreciative audience of 70 people; Vicki Nankervis presented to Aged Service Workers at Frankston City Council; and Priscilla Tricarico conducted professional development for 25 primary school nurses who conduct vision screenings in the Southern and Gippsland Region, potentially benefiting the 17,000 families with primary school aged children in that region alone. The time and expertise offered by members in these activities is greatly appreciated.

Victorian primary schools were targeted in the lead up to summer holidays and at the beginning of the new school year to remind parents and teachers to be vigilant about children's vision especially as children will often presume that how they see is normal. It was great to receive notification from schools that they valued the messages and some took the time to send me final copies of information published in school newsletters. Glen Waverley Primary School, Orchard Grove Primary School, Dandenong Primary School, Ascot Vale Primary School, Deepdene Primary School, Spotswood Primary School and Manchester Primary School were just some of the schools that contacted me. Around 1300 children's vision brochures were requested and provided to primary schools and early childhood centres with many schools

including them in their Prep transition packs. Wesley College are also using the brochures in their Health Centre.

Media releases on a variety of topics have been sent to local and major papers, and it was positive to see six local Fairfax newspapers publish a reminder to parents to have their children's eyes checked at the optometrist as part of their back to school routine.

Melbourne's *Child* magazine featured our story 'Sound Sight' in their February issue as well as in their Sydney, Brisbane and Canberra magazines. The article urges parents to be alert to the signs of vision problems in children and be proactive in taking their children for a full assessment by an optometrist. The *Child* magazines are a popular key reference point for parents and educators and is distributed widely to medical centres, early childhood centres, kindergartens, schools and maternal and child health centres.

As a way of reaching the elusive 40s plus sector, *Medibank be* magazine agreed to publish information in their member magazine. It featured an interview with independent optometrist Julia Kabov illustrating the links between optometry and general health outcomes as well as the key reasons to visit an optometrist.

The Victorian government's website Seniors Online Victoria ([seniorsonline.vic.gov.au](http://seniorsonline.vic.gov.au)) has included one of our member's patient's story 'Sight Saving Strategy' on their front page that highlights the importance of regular eye examinations in protecting sight from conditions such as glaucoma. We also have an online presence on The National Centre for Farmer Health



website which is featuring our poll question and fast eye facts.

Work continues within the existing relationships with Vision Initiative and the Pharmaceutical Society of Australia (PSA). Since exhibiting at PSA – Victoria’s Primary Health Care Weekend in April, where I had face to face contact with pharmacists and pharmacy students – we are now working on a multidisciplinary allied health event for 2014 as well as presentations to students studying at RMIT and La Trobe. The PSA’s journal *Australian Pharmacist* has also published our article ‘Keeping an eye on good health’ that urges pharmacists to keep their own eye health front of mind and explains optometry scope of practice. Another article that highlights the important role of pharmacy assistants in engaging the community in eye health messages is scheduled for publication in the August edition of *Australian Pharmacist*.

The project is rounded off with a considerable focus on Operation GP, which is about finding ways to strengthen professional understanding and relationships between GPs and optometrists. Some of that work includes linking in with Medicare Locals, GP training providers, the RVEEH, as well as the development of a



TOP Georgia Koumboulis engaging the community at St Michael’s on Collins about their eye health BOTTOM Kathy Roberts (LEFT) with Gill French, Victorian Professional Development Manager, Pharmaceutical Society of Australia

GP referral form, which our members can personalise and provide to their local GPs. An exciting pilot project with the Austin Hospital providing clinical placements in optometry practices for medical students is also under development.

● As always, suggestions for other ways to reach the community and create links between optometry and other health professionals are welcome. Contact Kathy Roberts at [kathy@vicoptom.asn.au](mailto:kathy@vicoptom.asn.au) or 9652 9104 (Mondays and Wednesdays).

# What to do if you are subject of a complaint to AHPRA

# KEEP CALM and...call us

**IT'S POSSIBLE THAT AT SOME TIME DURING YOUR PROFESSIONAL CAREER, YOU GET THE UNWELCOME NEWS THAT YOU ARE THE SUBJECT OF A 'NOTIFICATION', OR COMPLAINT, TO THE AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY (AHPRA). WHILE THE INITIAL NEWS CAN BE STRESSFUL AND CONFRONTING, OUR ADVICE IN THE FIRST INSTANCE IS NOT TO PANIC. THIS MIGHT SEEM EASIER SAID THAN DONE, BUT A FEW INITIAL FACTS MIGHT HELP SET YOUR MIND AT EASE.**

While there is no doubt that a very small percentage of notifications or complaints to AHPRA involve serious matters of misconduct, far more often than not, notifications relate to matters that can be resolved readily, or may not be taken further. In 2011-12, there were 109 notifications made to AHPRA about optometrists. This might, at first blush, sound like a lot, but the good news is that the overwhelming majority were investigated and closed after an initial assessment. This means that the notification did not meet the threshold to be taken any further, that there was no risk to the public, and no

substantive issue relating to the optometrist's performance or conduct was identified. Examples we are aware of were commonly due to patients who were upset about communication of billing or refund arrangements.

AHPRA, under the national legislation, is obliged to look into all notifications received. The notifications are dealt with by the Optometry Board of Australia, although some administrative aspects and correspondence may be handled by AHPRA. The OBA has a notifications and registration committee that contains your peers and community representatives. An initial assessment may determine that the matter is one that can be quickly and easily addressed, with no negative finding or further action taken against the optometrist. This is usually a great relief. When members contact us for information or assistance in responding to a complaint or notification, they are often very concerned it could affect their registration record, so it can be an anxious time.

Sometimes, AHPRA may make this decision on the basis of information available from the notification.

Commonly, they may also seek further information from the optometrist to guide their initial assessment. This could include things like relevant information from the patient's record (e.g. details of their script, refraction, or clinical findings), or the optometrist's recollection of a particular conversation or interaction with a patient. As is the case with potential professional indemnity claims, the best protection is going to be the clarity and detail of your record keeping. The more accurate information you can supply from the outset in response to specific questions from AHPRA, the more likely it will be that if the notification relates to a minor matter, it will be readily resolved without further action. Our advice is to keep any response dispassionate and factual, with the Association here to help answer any questions on this.

From time to time, a notification may entail a more serious concern. In these cases a health professional could be the subject of a health or performance assessment, a panel hearing, or if the matter is very serious, a tribunal hearing. It is encouraging to know that for optometry, the number

of matters in these categories is very low. In 2011-12, there was just one health/performance assessment, one panel hearing, and one tribunal hearing that involved an optometrist. Conditions were imposed on one registered optometrist during this time. No optometrist had their registration cancelled, voluntarily surrendered it, or was suspended. There were no cases serious enough to warrant immediate action from the OBA.

That being said, no one wants to be the subject of a notification, whatever the outcome. There are usually three ways an optometrist can end up in the AHPRA notification process. The first would be if a patient made the notification. Patients concerned about the conduct or practice of a health professional can raise this with AHPRA, who will receive the notification on behalf of the relevant national Board. This can be initiated online or by other

**With potential professional indemnity claims, the best protection is the clarity and detail of your record keeping. The more accurate information you can supply from the outset in response to specific questions from AHPRA, the more likely it will be that if the notification relates to a minor matter, it will be readily resolved without further action. Our advice is to keep any response dispassionate and factual. The Association is here to help answer any questions.**

means (e.g. writing to or telephoning AHPRA). In Victoria, the law also requires most complaints received through the state based Office of the Health Services Commissioner (OHSC) to be passed on to AHPRA. The two organisations then confer as to which agency should be dealing with the matter. Third, registered practitioners have mandatory notification obligations to notify if they are aware another practitioner is putting the public at risk of serious harm.

No one wants trivial, vexatious or irrelevant complaints to trigger unnecessary investigations. Nor are all issues relating to health services about the conduct, behaviour or competence of practitioners. A dispute about pricing, quality of frames, or refunds

might be referred by AHPRA to Consumer Affairs Victoria. A concern relating to access to health records that didn't have implications for patient safety might be best dealt with by the OHSC, which oversees the Health Records Act in Victoria.

AHPRA has also recently issued guidelines for people making voluntary notifications, to make sure that they meet the grounds for a complaint to be managed by AHPRA and the national Board. They need to meet at least one of the following criteria, relating to:

- professional conduct (conduct of a lesser standard than peer/professional expectation);
- knowledge/skill/judgement (below the standard reasonably expected);
- suitability to hold registration (professional character);
- an impairment that could affect the practitioner's ability to practice safely and appropriately (e.g., a physical or mental health concern; a drug/alcohol issue);
- breaching any conditions of practice already imposed by a Board; and/or
- improper or fraudulent registration.

The other important issue is mandatory reporting. The national law requires registered health practitioners (and their employers) to advise AHPRA or the relevant national Board of certain forms of conduct. You need to notify AHPRA if you have a reasonable belief that an optometry colleague or other health professional has:

- practised while intoxicated (alcohol or drugs);
- engaged in sexual misconduct;
- a physical or mental health impairment that could place patients at risk of substantial harm; and/or
- practised in a way that significantly departs from accepted standards in their profession.

You can lodge a notification online, by telephone, in person or in writing. There must be reasonable grounds for your belief, which would in general mean things like having first hand or observed knowledge where possible of a risk to patient safety. There can be action taken against health professionals who do not report such conduct, as well as action taken against those who make a report in bad faith.

# Help! I just got this letter from AHPRA. What do I do?

- 1 Don't panic.** Remember that many notifications relate to matters that can be easily dealt with, and may require no further action. You will not necessarily receive a negative finding.
- 2 Read the letter carefully.** The letter may only provide information about the notification, or may require you to respond. It is important to take some time to understand the notification process and next steps. If unsure what the letter means, talk to OAA national or your state division.
- 3 Respond to any correspondence from AHPRA with as much relevant detail, and in the time frame requested.** Provide clear, factual answers to correspondence or questions, with documented evidence as requested or where possible. For example: "On date xx I saw patient YZ. I conducted the following tests, and recorded these results. I attach a copy of the patient's record".
- 4 Avoid emotional responses, irrelevant information, and claims or accusations that you can't support (e.g., personal opinions or comments about a patient).**
- 5 If you're concerned about the implications of information provided in your response, talk to OAA national or your state division.** We can provide general guidance and information to support you in the event of a notification.
- 6 If you are concerned about whether a situation with a colleague should trigger a mandatory report you can:**
  - discuss it in confidence with OAA;
  - discuss it in confidence with the medico-legal team at Avant Insurance, who provide your professional indemnity insurance as part of your OAA membership. We recommend in these instances to protect yourself and others that you should keep the identity of the practitioner you are concerned about anonymous in these discussions.

## Optometry welcomes new referral guidelines CONTINUED FROM PAGE 1

get these services when they need them.

In making any referral, the referring practitioner should have a number of considerations in mind. The Guidelines offer some initial criteria for determining an ocular emergency.

Obviously, acute sight-or-life threatening conditions require immediate medical or surgical intervention. Symptoms may include:

- Sudden onset of new distortion of central vision
- Sudden loss of central vision
- Sudden onset of flashing lights.

These symptoms are considered emergencies, and patients with these symptoms can be referred as emergencies by calling the Eye Admitting Officer at the hospital on 03 9929 8666. The guidelines also list a number of diagnosed eye conditions as meeting the threshold for immediate referral.

However, not all patients being referred to the hospital will be emergencies of this sort. Some patients will need to be seen at one of the 15 specialist eye clinics, for the management of chronic or other eye health problems. Sometimes, this will be non-urgent; at other times, a patient might be experiencing pain or another symptom which needs addressing as soon as practical.

To triage accurately and efficiently to the most suitable clinic a specific report from an optometrist or ophthalmologist may be required for some cases, if the referral is from a GP. Referrals to the hospital must include the following information:

- A clear statement of the symptoms
- Duration of problem
- Functional impact
- Risk factors
- Date of last eye exam (include report).

The hospital will also require a current, specific diagnostic report for some eye conditions, which are outlined in detail in the Guidelines.

It is important to know that as part

of the triage process, the hospital will not be accepting patients on referral if that patient does not reach threshold criteria for the hospital services and their case is suitable for ongoing management by a GP or optometrist. The Guidelines contain a full list of the conditions the hospital will generally not accept, but some examples include: asymptomatic patients with family history of AMD; drusen; chronic non-severe blepharitis; conjunctivitis without other signs or symptoms; longstanding floaters with no symptoms suggesting sudden or urgent change; and trichiasis with no corneal involvement. Diabetes patients will not be accepted for the purpose of screening for retinopathy (e.g. a baseline or routine fundus exam), whether they are newly diagnosed, or an established diabetic. Non-proliferative minimal to mild DR will also be referred back for management by an optometrist or ophthalmologist as appropriate. Patients with macular oedema or haemorrhage will be accepted and prioritised according to clinical need. Referrers are encouraged to be familiar with NHMRC guidelines on DR. Sudden loss of vision in diabetes should trigger an immediate ED referral. Specific information about what information should be included in the referral report for a diabetic patient can be found online, using the details at the bottom of this article.

For cataract, the hospital needs a report from an optometrist or ophthalmologist that includes information to help understand how urgent the need for intervention. Reports should include best corrected visual acuity, information about the level of visual impairment, relevant comments on social circumstances, and whether this is the first or the second eye requiring surgery. There should be confirmation the patient wants surgery. Patients requiring intervention in their only functional eye, or who are at risk of falls, will be prioritised. Patients with

vision worse than 6/12 or vision worse than 6/9 where the person is a professional driver can also be referred, but they are likely to wait longer than more urgent cases.

Optometrists referring certain patients with corneal conditions should include a report with the referral. These include corneal decompensation, Fuch's dystrophy, keratoconus with hydrops, and keratitis. The report will help prioritise urgent cases at risk of deterioration.

The hospital will also accept patients with eye infections and inflammation. Some conditions that can be referred to the ED immediately include suspected iritis or corneal ulcer, HZ ophthalmicus with eye involvement, and peri-orbital and orbital cellulitis. Consult the guidelines for the full list. A range of non-urgent or semi-urgent problems can be triaged with an appropriate optometry report, where the patient meets the criteria.

Optometrists should familiarise themselves with the new guidelines, including the specific referral criteria, clinical and other information required, and thresholds for individual conditions. Optometrists may be making referrals direct, or they may be asked to provide a report on referral from a GP.

*This is a great opportunity to talk to your local GPs and let them know about the comprehensive eye care services you provide everyday to patients as well as the new Primary Care Referral Guidelines and Primary Care Management Guidelines on the RVEEH website.*

● Victorian Division members should have received information and a link to the new guidelines from OAA-Vic. You can also access them on the RVEEH website, [eyeandear.org.au/page/Health\\_Professionals/Referring\\_to\\_the\\_Eye\\_and\\_Ear/](http://eyeandear.org.au/page/Health_Professionals/Referring_to_the_Eye_and_Ear/). The Eye and Ear Admitting Officer is available via the RVEEH switchboard, (03) 9929 8666.

## Optometry Giving Sight introduces new look for World Sight Day

Take the Challenge this year during the month of October. Donate fees, put a donation tin in your practice, host an event, or wear a wristband.

More ideas and information: [givingsight.org](http://givingsight.org) or call 1300 88 10 73

AT RIGHT In the band: OGS is encouraging optometrists to celebrate World Sight Day and spread the good word about working towards the elimination of preventable blindness.



GLAUCOMA

# Could contrast adaptation help detect vision loss earlier?

**A** young Melbourne research student is hoping to improve rates of early detection of vision changes and loss in glaucoma by looking at the mechanism of contrast adaptation.

Jia Jia Lek has just entered the final year of her PhD studies, and was the recipient of the 2013 OAA-Vic Postgraduate Travel Grant. The grant is offered annually to assist post-graduate researchers in optometry and vision science with the costs of travel associated with presenting their work at a major conference.

Jia Jia attended ARVO in May, where she delivered a poster presentation outlining preliminary research results which suggest that certain identifiable deficits in contrast adaptation in

glaucoma patients can be indicative of early vision loss. From this work, it may be possible to develop a clinical test which is more sensitive than visual fields, detecting vision changes earlier in otherwise asymptomatic glaucoma patients.

ARVO was her first international conference. The sheer size of it, she says, is a little overwhelming, but, she says, it was great to be there.

"It really allows you to see what is current," Jia Jia says. "A poster presentation is a great way to get the chance to talk to and meet other people doing similar research."

She said it was an encouraging experience to get feedback: "Most people were really happy with and excited by the findings I presented."

It's also good to hear from experts in the field, she says, and to put faces to the names of researchers whose work she has been inspired by or which has informed her own research.

"There are a lot of social events, so networking comes into it as well, and I got the chance to meet and be introduced to others who were quite senior in the field."

She believes that the experience has "really helped" to further her research skills: "ideas, networking, public speaking". It's been an encouraging and affirming process for a young researcher as she enters her final year.

Jia Jia is currently writing up the results presented in her ARVO poster and hopes to publish these. She expects to complete her PhD in June 2014.



**Your gift – Her vision for life.**



**WORLD SIGHT DAY CHALLENGE**

OPTOMETRYGIVINGSIGHT

**Take the Challenge:**  
Join your colleagues around the world!

- ✓ Please make a personal, practice or company donation today and,
- ✓ Raise funds from patients and/or employees during October!

To make a donation, request a kit with fun ideas or to learn more, visit  
[www.givingsight.org](http://www.givingsight.org) or call 1300 88 1073  
 World Sight Day is October 10th




Follow us online and share your stories  
 World Sight Day is an initiative of VISION 2020

**OPTOMETRYGIVINGSIGHT**

*Transforming lives through the gift of vision*



# On the Roadmap

**V**ictorian optometrists are being invited to contribute their expertise and experience to support a new initiative to reduce the rate of avoidable vision problems and improve the health of Indigenous Victorians.

The Victorian Advisory Council on Koori Health (VACKH) established an eye health committee in 2010. The committee will soon be writing to optometrists in identified regions of Victoria seeking expressions of interest to participate in the implementation of important eye care strategies recommended as part of The Roadmap to Close the Gap for Vision (2012).

The National Indigenous Eye Health Survey (2009) established that Aboriginal and Torres Strait Islander Australians have blindness rates six times higher than the rest of Australia and three times the rate of low vision. The causes of this blindness and low vision are largely preventable or treatable and include refractive error, cataract and diabetic eye disease. The barriers that limit successful eye care outcomes among Aboriginal peoples are starting to be understood, and The Roadmap recommends solutions that have been developed with and are supported by the Aboriginal health and eye care sectors.

The VACKH eye health subcommittee comprises representatives from state and federal governments, Aboriginal community controlled health service sector and vision and eye care organisations. Three projects have already been undertaken over the past couple of years: the establishment of the Victorian Aboriginal Spectacle Subsidy Scheme (provided through the Australian College of Optometry); the appointment of a statewide project officer for eye care at Victorian Aboriginal Community Controlled Health Organisation (VACCHO); and the employment of a patient care pathway coordinator at the Royal Victorian Eye and Ear Hospital.

In January 2013, VACKH approved a



FROM LEFT Optometrists Genevieve Napper (ACO), Luke Arkapaw (Brien Holden Vision Institute) and Angela Moore (ACO) are among many optometrists doing their bit to help close the gap and reduce the rates of avoidable vision loss among Indigenous Australians.

strategy to implement the Roadmap recommendations in Victoria over the next three years. Implementation has now commenced in three health regions – Southern Metropolitan, Barwon South West and Loddon Mallee.

## THE ROADMAP

The Roadmap comprises 42 interlocked recommendations relating to primary health care, access to services, coordination and case management, the eye health workforce, elimination of trachoma, monitoring and evaluation, governance, health promotion and awareness and health financing. The Roadmap has been endorsed by the OAA, RANZCO, the National Aboriginal Community Controlled Health Organisation and Vision 2020 Australia. National advocacy is being undertaken to secure the additional \$20 million required each year to close the gap for vision.

Already, work has begun to expand and improve support for optometrists through the Visiting Optometrists Scheme (VOS), establish stronger links with visiting and local ophthalmology and hospital services, create a nationally consistent approach to subsidised spectacles, improve identification of people with eye problems in Aboriginal Health Services, consider prioritisation of Aboriginal

people in public hospital services and coordinate engagement between regional health structures, including local health and hospital districts, Medicare Locals, Aboriginal Health Services, local and visiting private eye care practitioners and NGOs.

There is now federal and state government activity and work to implement the Roadmap recommendations underway in the Northern Territory, Western Australia, New South Wales, Queensland and Victoria.

## IN VICTORIA

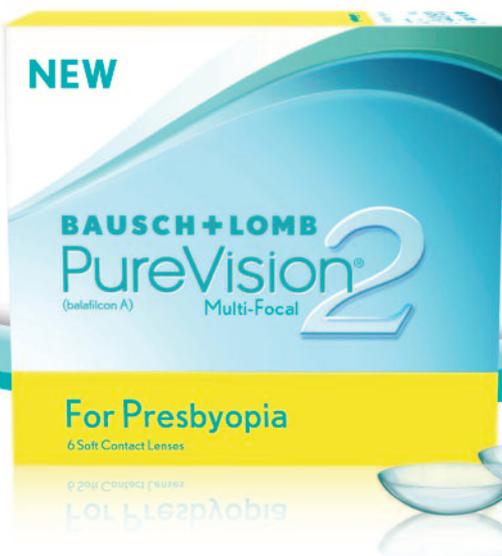
A population health based approach is being undertaken in the Southern Metropolitan, Barwon South West and Loddon Mallee health regions, which will bring together Aboriginal and health sector representatives with eye care providers to determine the needs for the region, build appropriate service directories and referral pathways, and address existing service gaps, including personnel.

The VACKH eye health subcommittee will be writing to optometrists in the selected regions over the next few months, inviting expressions of interest and involvement in these initiatives. One of the key changes affected through the Roadmap strategy is the establishment of regional Indigenous eye care networks.

The specific information they are looking for from optometrists includes an estimate of the number of services provided by each practitioner to Aboriginal patients in 2012. They are also looking for indications of interest in attending regional workshops on Aboriginal eye health, providing services to Aboriginal people in your region, and in representing optometry in local meetings regarding Aboriginal eye health.

● More on the project from the University of Melbourne's Indigenous Eye Health Unit at [manjou@unimelb.edu.au](mailto:manjou@unimelb.edu.au). Alternatively, you are welcome to contact Mitchell Anjou on (03) 8344 9324 or 0433 673 452.

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<sup>1</sup> Data on file, Bausch & Lomb Inc., Analysis based on use of a Hartmann-Shack wavefront sensing instrument to map lens power across contact lenses. More than 6000 unique measurements over the central 6mm of a contact lens were plotted to determine local power measurement as a function of radial distance from the centre of the lens. <sup>2</sup> Data on file, Bausch & Lomb Inc., Thirty-nine ECPs from 10 countries refitted 422 existing soft contact lens-wearing presbyopes into PureVision® 2 for Presbyopia contact lenses. Patients returned for a follow-up visit after 1-2 weeks of wearing study lenses, and the ECPs determined if patients would continue with the dispensed lenses or refine the fit. Patients could have up to three extra fitting visits if needed. Upon exiting the study, patients completed a questionnaire about their wearing experiences and ECPs completed an online survey after all patients were exited.  
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**TOP ROW** Kylie Harris, Julia Kabov, Stephen Jones, Melissa Downing, Rogan Fraser,  
**BOTTOM ROW** Andrew Harris, Allison McKendrick, Genevieve Napper, Yota Yoshimitsu, Murray Smith

## Board of Directors

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## Our Board is happy to hear what you have to say

The Board of OAA-Vic welcomes discussion and input from our members. If you have an issue or point of discussion you'd like to raise with the Board, please feel free to contact President Kylie Harris direct at [kylie.harrisoaa@gmail.com](mailto:kylie.harrisoaa@gmail.com).

Alternatively, if you would like to specifically raise an OAA-Vic or an optometry matter with a particular Board member, you can get into contact with individual Board members through the Association office. Contact the office (phone: **(03) 9652 9100** or e: [office@vicoptom.asn.au](mailto:office@vicoptom.asn.au)) and we'll be happy to pass on your message and contact details and also please let us know who you are wishing to contact.



*Diary Notes*



### FREE MEMBER WEBINAR **Ocular Allergies**

■ **Tuesday September 3 • 7-8pm**

RSVP [office@vicoptom.asn.au](mailto:office@vicoptom.asn.au)

### **CPR Training**

■ **Tuesday September 24 • 6-9pm**

■ **Wednesday October 23 • 6-9pm**

■ **Wednesday November 20 • 6-9pm**

BOOKINGS ESSENTIAL [office@vicoptom.asn.au](mailto:office@vicoptom.asn.au)

### **ProVision Information Night**

■ **Wednesday September 25 • 6.30pm**

BOOKINGS ESSENTIAL [office@vicoptom.asn.au](mailto:office@vicoptom.asn.au)

### **OAA-Vic AGM**

■ **Monday October 28 • 6.30pm**

⊗ **PUT IT IN YOUR DIARY NOW**

**OAA-Vic 2014 Annual Golf Day**

■ **Monday March 17, 2014**