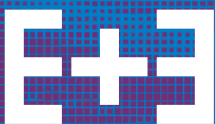



# Innovate

2023–24



the royal victorian  
eye and ear  
hospital





The Eye and Ear would like to acknowledge and pay respect to the Traditional Custodians of this land. We acknowledge that the land we meet and work upon is the traditional lands of the Wurundjeri and pay our deep respects to Woi Wurrung Elders past, present and emerging and to all Elders of the Kulin Nation.

Aboriginal and/or Torres Strait Islander people are advised that this publication may contain images and names of people who have passed.



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# Welcome

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## Chair's welcome



**On behalf of The Royal Victorian Eye and Ear Hospital (Eye and Ear), I am pleased to present the 2023-24 Innovate research publication.**

The hospital continues to partner with other research leaders, thus supporting advancements in new treatments. The enhanced outcomes for patients are presented in the stories in this publication.

In recent times, many milestones have been reached at the Eye and Ear including the launch of our Strategic Plan 2023-2027 and the finalisation of the redevelopment project. These developments position our hospital well to deliver on its mission to improve health and wellbeing outcomes through excellence in clinical care, teaching and education, research and innovation.

Significant advances support our new strategic pillars:

### **Leading through excellence**

The Ocular Genetics Clinic now provides genetic testing for inherited conditions, a new ocular melanoma registry tracks patient outcomes, and a hearing monitoring system that preserves residual hearing during cochlear implantation has been introduced.

### **Advancing specialist care**

The recent hospital redevelopment has reinforced our global leadership in eye and ear nose and throat (ENT) care. Training facilities have been enhanced and partnerships aimed at improving patient outcomes have been strengthened. Programs such as the Glaucoma Community Collaborative Care Program (G3CP) are expanding access to specialist testing, ensuring more patients receive the critical care they need.

### **Supporting and growing our people**

The Board is immensely proud of our staff, whose passion for excellence is the driving force behind our success. Their dedication fuels our continued achievements in care, teaching, research, and innovation. We are grateful to our partners and collaborators for supporting this work that is changing lives and improving health outcomes for patients across Victoria.

We extend our sincere appreciation to our partners, stakeholders, donors and collaborators. As you read this edition of Innovate, I hope that you will be inspired by the incredible work being done at our hospital.

A handwritten signature in black ink that reads "Sherene Devanesen".

Dr Sherene Devanesen  
Chair, Board of Directors



Our consumers benefit from access to progressive, impactful and responsive care, and outstanding experiences.







# Advancing Specialist Care



## Ocular genetics clinic tackling eye disease

**Five years on from its opening, The Royal Eye and Ear Hospital's Ocular Genetics Clinic is giving reassurance and hope to patients and families facing hereditary eye disease.**

Under lead ophthalmologist Dr Jonathan Ruddle, the clinic provides genetic testing for conditions which may otherwise go undiagnosed.

Patients can identify if their condition is due to a genetic issue and whether this may be a risk for children or other family members. Information can provide comfort and inform family planning and pathways for eventual access to gene therapy, other treatment options and the progression of the condition.

Established in partnership with The Royal Melbourne Hospital, the multi-disciplinary clinic is staffed by ophthalmologists, clinical geneticists, orthoptists and genetic counsellors.

The clinic operates every fortnight and patients are referred by ophthalmologists and optometrists from within and outside the Eye and Ear.

Conditions assessed include retinal dystrophies such as retinitis pigmentosa, macular dystrophies, front of the eye diseases, hereditary glaucoma and cataract.

Dr Ruddle said the clinic is getting closer to offering more world leading gene-therapy treatments. Federal and state governments have approved the use of Luxturna as a suitable treatment for a small subset of patients with early onset retinitis pigmentosa.

It is injected into the eye to try to stem the progressive loss of light-sensing cells.

“Luxturna replaces an abnormal gene to help the retina function closer to normal,” said Dr Ruddle.

“It is groundbreaking and heralds the start of a revolution.”

Dr Ruddle said around 10 patients had been treated with Luxturna around Australia with three at the Eye and Ear and others in early planning stages.

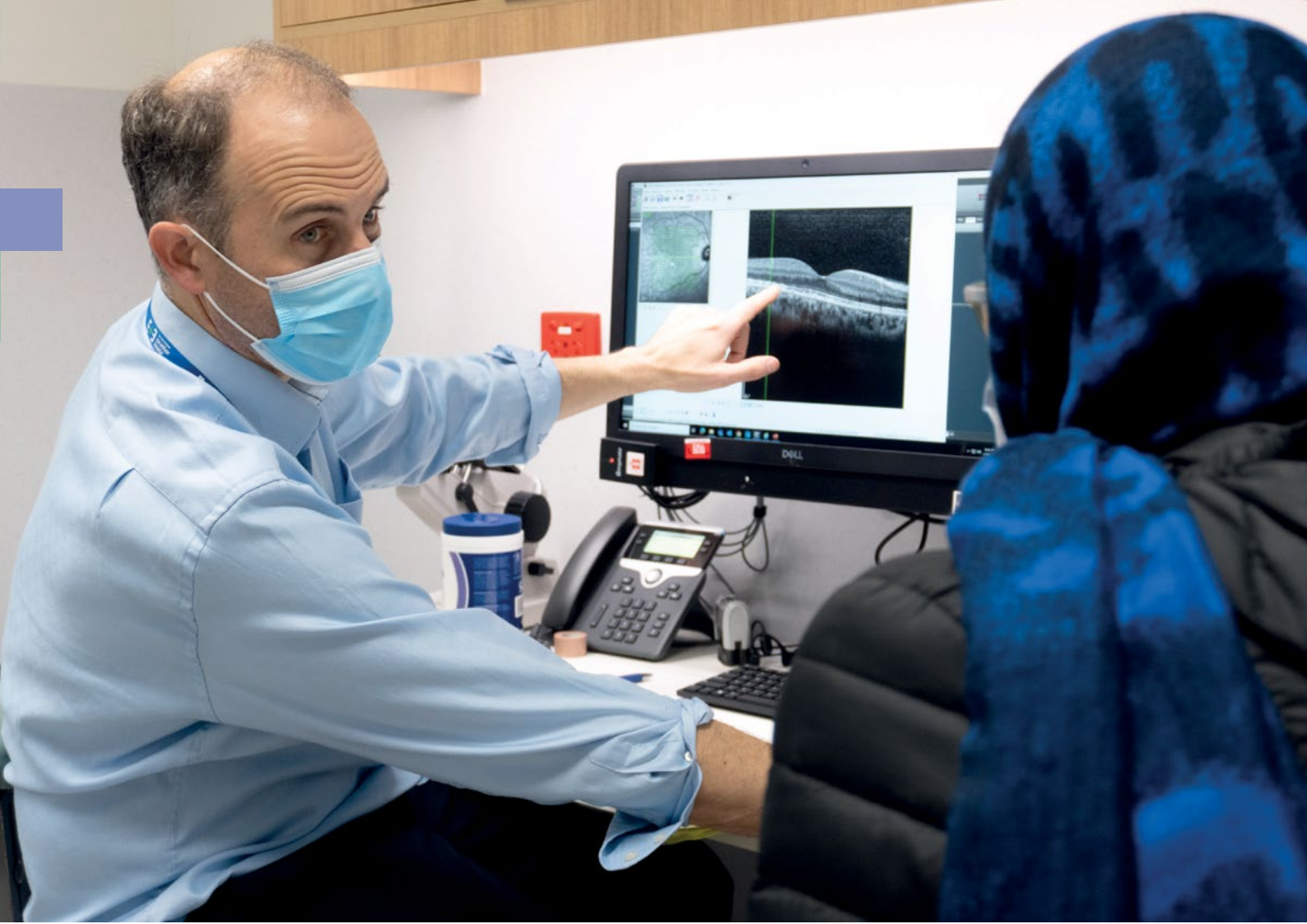
Dr Ruddle said the hospital is working with the Centre for Eye Research Australia in natural history research and clinical trials with other subsets of retinitis pigmentosa.

He is the principal investigator of a clinical trial using an oral treatment to slow down retinal changes associated with retinitis pigmentosa in people with Usher syndrome.

He said inherited retinal diseases affect approximately one in 3000 people. Among the Victorian population there are affected people who have fallen through the cracks in care and who could benefit from the multidisciplinary team.

**“I look forward to the day when there is deeper genetic testing and counselling services embedded in all specialist clinics at the Eye and Ear.”**





Dr Ruddle said while genetic testing can lead to tough conversations with patients, the information helps provide certainty and assists patients and their families to tap into services that can assist them at school and in the workplace. Genetic testing also enables access to low-vision services and the National Disability Insurance Scheme.

While patients don't have to adopt them, they are informed about reproductive, pre-implant diagnosis IVF and family planning options which could help break the cycle of hereditary eye disease.

**“Genetic eye disease is the most common cause of a working-age person going blind,” he said.**

“Accurate genetic diagnosis, informed counselling about the speed of progression, reproductive risks and the state of clinical trials is empowering for this group of often neglected patients,” he said.

↑ PHOTO: DR JONATHAN RUDDLE LEADS THE HOSPITAL'S OCULAR GENETICS CLINIC.



## New cochlear implant research enables early diagnosis to improve language development

**Since the first paediatric cochlear implant in 1985, the treatment has become the standard intervention for children with severe-profound sensorineural hearing loss. Sensorineural hearing loss (SNHL) results from damage to cells or nerve fibers in the inner ear. As cochlear implants have become a more prominent option, the average age of implantation in Australia has steadily reduced.**

“The evidence for paediatric cochlear implantation is very clear: early implantation leads to better hearing and language development outcomes,” says Dr Jaime Leigh, a Senior Clinician at The Royal Victorian Eye and Ear Hospital’s Cochlear Implant Clinic.

Dr Leigh led the development and establishment of the Victorian Cochlear Implant Program and is now the program’s Clinical Lead. With more than 20 years’ experience in the cochlear implant field, she is one of Australia’s foremost experts.

“Cochlear implants can be life-changing and now the key issue is timely assessment and diagnosis. We needed to develop a system for more efficiently evaluating younger patients without compromising our evidence-based practice.”

Behavioural testing is widely considered the gold standard for the audiometric evaluation of babies. The primary test, called visual reinforcement audiometry, measures a child’s capacity to notice and respond to a sound. However, it cannot be applied before six months of age and is often unreliable as late as 10 or 11 months of age.

For infants with SNHL, this delay can be detrimental. “Hearing is vital for spoken language development in those critical early months of life,” explains Dr Leigh.

“Any delay in hearing can have ripple effects throughout childhood.”

Dr Leigh and her colleagues recently undertook a retrospective study that delved through five years of data from the Victorian Cochlear Implant Program to examine the relationship between results from early diagnostic audiology and subsequent behavioural audiology.

The result of their research is an evidence-based protocol for evaluating infants’ suitability for cochlear implants within the first six months of life. The new framework collates the results from several tools which, in combination, can support a cochlear implant recommendation. The streamlined process will improve access to cochlear implants for infants and their families, reduce the number of appointments required for evaluation and result in earlier cochlear implantation.

“Many of the tools available to us when evaluating young infants only provide estimates of hearing loss, so we need to combine several tests to get a comprehensive picture. We’re looking at audiological tests that measure brain activity in response to sound, as well as parental evaluations and observational consultations with speech pathologists.”

Dr Leigh highlights that the study’s recommendations have already been implemented into clinical practice at the Eye and Ear’s Cochlear Implant Clinic.

“This research will have an immediate, tangible impact on how we evaluate paediatric cochlear implant candidates. That should be the ultimate goal of all healthcare research: to improve clinical practice and lead to better care for patients.”

→ PHOTO: EARLY COCHLEAR IMPLANTATION IS IMPACTFUL FOR CHILDREN. PHOTO BY LEO FARRELL







## Public education is paramount in battle against eye injuries

The Eye and Ear is at the forefront of promoting community education on eye safety. A recent awareness campaign was spurred by an increase in men presenting to the Emergency Department with work-related eye trauma. The Eye and Ear noted a 41 per cent increase in such injuries over the last five years.

Recognising an opportunity to reinforce the expertise and raise awareness of the dangers of workplace eye injuries, the Eye and Ear collaborated with two former patients who agreed to share their stories with mainstream media outlets.

Carpenter Mark is one Eye and Ear patient who told his story. He was just 25 years old when a work accident caused him to lose most of the vision in his right eye.

Whilst operating an electric plane, a tool used commonly in the carpentry field, Mark was shaving down a stud when the lead got caught. He pulled the cord, and a piece of metal flew out of the exhaust and into his eye.

Doctors at the Eye and Ear spent nearly four hours performing surgery to save Mark's eye.

Mark had rarely worn eye protection while working and this occasion was no exception.

"PPE (personal protective equipment) wasn't really enforced to be worn at all times," he said. "And I've talked to a lot of carpenters since and seldom do they wear eye protection when using that tool."

18 years after the incident, the physical effects of the accident have left Mark with blurry vision, but the mental impacts also linger. "I'm still dealing with issues today."

After his experience, Mark has become more outspoken about the need for better eye safety practices.

**"Tradespeople should be wearing eye protection all the time. I pull people up on it. I don't get angry about it, it's just 'Please think about it.'"**

Pre-cast concreter Elia also attended the Eye and Ear after an accident at work. While inspecting a product line at the end of a shift, Elia was injured by a pressure washer that had not been properly turned off.

"The last thing I remembered was a 'boom'," Elia said. "A part of the pressure washer struck me across the bridge of my nose and hit my right eye. I asked how bad it was and if one of my colleagues would take a picture, but they said no. So, I knew it was pretty bad."

Elia has always been a vocal advocate of eye safety, but his story shows that even the smallest oversight can have devastating consequences.

"I was wearing my normal safety glasses, but I had taken off the face shield because I considered my work finished," he said.

Elia was rushed to the Eye and Ear where he underwent surgery, but unfortunately lost almost all sight in his right eye. Like Mark, Elia's mental health has also suffered.

"We bottle it down and it doesn't come out good, it impacts your loved ones, your family," he said.



Dr Carmel Crock, the Director of the Eye and Ear's Emergency Department, emphasised the importance of workplace safety.

**“It is worth remembering 90 per cent of eye injuries are generally preventable by using appropriate eye protection,” she said.**

Like everyone at the Eye and Ear, Dr Crock understands that the best way to address eye injuries is to prevent them from occurring in the first place. In most cases, this involves wearing proper safety gear.



↑ PHOTOS: MARK AND ELIA SUFFERED EYE INJURIES AT WORK.



## New cochlear implant monitoring system improves implantation

**More than half of all cochlear implant patients lose their remaining natural hearing, but a monitoring system developed by Professor Stephen O’Leary, an ear, nose, and throat surgeon at the Eye and Ear, is helping to change this.**

The system plays sound into the ear during implant surgery, measuring the output of the cochlea directly from the cochlear implant’s electrodes. A sudden drop in the size of the cochlea’s response to sound predicts loss of remaining natural hearing. If surgeons intervene immediately to recover the signal, natural hearing can be saved.

This system is the world’s first cochlear health monitoring system with a cochlear implant. Prof. O’Leary explained there are ‘multiple tangible benefits’ to improving cochlear health, by protecting natural hearing.

Post-surgery, the residual hearing may be used together with the cochlear implant. This leads to better speech outcomes and sound quality in quiet, noise or listening to music.

“These days we like to preserve whatever function the ear still has,” Prof. O’Leary said.

“We have long discussions with patients and tell them we will do everything we can to save their residual hearing. To achieve this is my long-term research goal. Through cochlear health monitoring, we have made tangible progress, but there is still much research to do.

“We want to be able to say to people that we can reliably keep that residual hearing.

“Parents have shared their concerns about feeling vulnerable when their implant is off, as they worry about missing important things happening in the house. Their safety and peace of mind are a priority.”

Prof. O’Leary, who holds the William Gibson Chair of Otolaryngology at Melbourne University, has led the development of the program being commercialised by cochlear implant manufacturer, Cochlear Ltd.

“Our role has been to show Cochlear Ltd and the ENT profession the direction of how this technology should be used,” he said.

“It is not like you just invent it and hand it over to Cochlear Ltd to commercialise. Our role as surgeons and this hospital is to show how to use this new technology to bring the greatest benefit to patients.”


Internationally recognised for work in ear disease, balance, and cochlear implants, Prof. O’Leary’s cochlear monitoring invention received USA FDA and European Union CE Marking within five years of discovery. He said it is on an ‘excellent trajectory’.

The preservation of residual hearing may be the key to future biological therapies to regenerate or enhance hearing.

“We are on the cusp of a revolution in treatments for hearing loss,” he said.

“When we implant a child today, who can imagine what biological treatments for hearing loss will arise during their lifetime? The first gene therapy trials are underway and working! My goal is that every person implanted today will have an inner ear that is ready to receive these treatments, in addition to using their cochlear implant.”

→ PHOTO: PROFESSOR STEPHEN O’LEARY IS AN EAR, NOSE AND THROAT SURGEON AT THE EYE AND EAR. PHOTO BY LEO FARRELL

A middle-aged man with short, light brown hair and glasses is smiling at the camera. He is wearing a dark blue pinstriped suit jacket, a white dress shirt, and a blue patterned tie. The background is a blurred laboratory or office environment with various pieces of equipment and screens. There are decorative geometric shapes in the corners: a white L-shaped shape in the top left, a light blue L-shaped shape in the bottom right, and a green square in the bottom right corner.

“By preserving residual hearing, we keep the door open for all to benefit from future regenerative therapies.”



## Eye and Ear community program provides accessible care for glaucoma patients

**Glaucoma is the leading cause of blindness in Australia and affects an estimated 300,000 people. With no cure available and ongoing treatment necessary, this disease places a large strain on specialist healthcare institutions like the Eye and Ear.**

The Eye and Ear's Glaucoma Community Collaborative Care Program (G3CP) is bringing together community providers to ease pressure on the hospital's waitlist and provide patients with local care.

Patients first undergo an initial assessment by a glaucoma specialist at the Eye and Ear. Those with mild-moderate and stable glaucoma can then join the program to access care from local optometrists.

After an initial pilot program to demonstrate G3CP's safety and effectiveness, the program has expanded rapidly. The number of participating optometrists more than doubled from 17 to 43 in 2023-24 and there are now 366 active patients, making G3CP the largest program of its kind in Australia.

**For patients, G3CP provides access to appropriate and timely care with reduced travel and wait times. Regularly visiting the same local optometrist also improves patients' continuity of care.**

Community providers also benefit from the program, which connects them to a network of optometrists across Victoria and provides training opportunities with senior Eye and Ear staff.

Dr Catherine Green AO, Head of the Glaucoma Unit and ophthalmology lead of G3CP, stressed that upskilling is a key element of the program.

"A key component has been continuing professional development opportunities for the participating optometrists, so they have access to the glaucoma doctors at the hospital and are also part of a community of practice all doing the same thing," she said.

Dr Green said the program has had positive results both for both patients and practitioners.

"There's a very high acceptance from patients that they actually preferred seeing a local optometrist for some of the visits knowing they are still under the supervision of the glaucoma clinic and glaucoma specialists, and very high satisfaction from the optometrists in that they enjoyed seeing slightly more complex patients."

Dr Green hopes to continue expanding G3CP to provide care for more patients.

"We are now at the stage that we are really wanting to scale it up by adding more optometrists and look at ways to recruit more patients," she said.

Funding for this project is generously provided by The Penelope Foster Foundation.

→ PHOTO: MEMBERS OF THE G3CP TEAM (LEFT TO RIGHT) TRACY SIGGINS, DEUS BIGIRIMANA AND DR CATHERINE GREEN AO.



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## Multi-layered approach provides culturally safe care for Aboriginal patients

**The Eye and Ear is committed to closing the healthcare gap for vision and hearing. The hospital's approach is both strategic and practical to ensure we provide a health service which is culturally safe.**

Our Mirring Ba Wirring team leads the hospital's support efforts. They provide cultural, social and emotional support for Aboriginal patients and their families and offer face-to-face training for our staff and volunteers. An online Aboriginal Cultural Awareness training program is also mandatory for all staff, empowering them to provide culturally safe care.

The hospital's Welcome Space is one element of the Eye and Ear's support for Aboriginal visitors. Located on the corner of Victoria Parade and Gisborne Street, the Welcome Space is an outdoor area with communal tables, seats and native plants. The garden setting provides a place where patients can sit and have a yarn while waiting for an appointment. The idea was born after the Mirring Ba Wirring team noticed Aboriginal patients sometimes felt uncomfortable waiting to be seen in the hospital and some left before receiving treatment.

"We felt that having somewhere outside that mob could sit and have a yarn over a cup of coffee would make visiting the hospital less stressful," said Carleen Miller, one of the Eye and Ear's Aboriginal Engagement and Project Coordinators.

"We're very proud of this project," said Natalie Tieri, the hospital's other Aboriginal Engagement and Project Coordinator. "It's exciting to share it with our community and see it have a real impact."

The Welcome Space is overlooked by a large mural which depicts the Mannagum Leaf – Boon-marrit-tak gooreen Biik, Boon-marrit-tak gooreen gulinj, which translates to 'healthy country, health people'. The original artwork by Wurundjeri artist Mandy Nicholson was reproduced on a large scale by artists from The Torch, an organisation supporting Indigenous men and women in Victoria's prisons and post-release community arts program.

The brilliant green Mannagum Leaf symbolises the welcome of visitors from the Woi Wurrung and the leaves are used in all smoking and welcome ceremonies. Embedded in the leaf of Mandy's art are circles depicting the continuation of cultural practices and ceremony today and the sharing of our cultures with others. The waterways symbolise the waterways that run into the Birrarung (Yarra) and become one, so we begin our shared history of Melbourne. The mural is a very public display of the hospital's commitment to Closing the Gap.

The artwork is also visible inside the hospital as part of the Eye and Ear's Aboriginal art installation. Alongside the Mannagum Leaf is a painting of a platypus by Aboriginal artist Graham Gilbert. Named 'On the Brink of Extinction', this painting of the platypus was inspired by the marsupial's resilience.

"Platypuses sense everything by feel and vibrations," Graham explained. "They can't see under the water. They show us how important it is to hear and sense the environment around us. They emphasise that you don't need to have the ability of every sense to be strong and have normality."

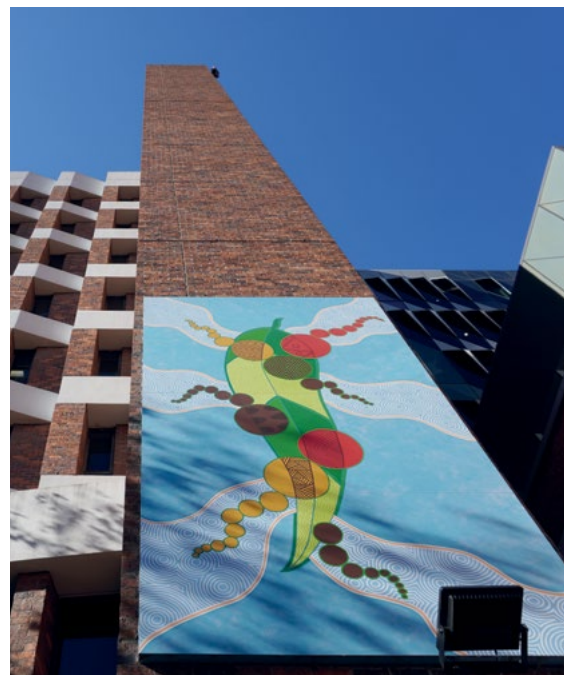


The installation was officially opened during NAIDOC Week in 2024 at a launch and we were welcomed by Uncle Herb Patten, a prolific artist, gum leaf player and elder in the community who is descended from the Gunaikurnai, Yorta Yorta and Wiradjuri peoples.

These programs operate in partnership with the Victorian Aboriginal Health Service (VAHS) and are both the first of their kind to operate within a Victorian Aboriginal Community Controlled Health Organisation in Victoria.

In late 2023, the Eye and Ear launched the new Innovate Reconciliation Action Plan (RAP) 2.0. A launch event was held in the hospital's Welcome Space and featured a Welcome to Country by Aunty Zeta Thomson. The RAP builds on the previous RAP actions and cements the hospital's commitment to closing the healthcare gap for Aboriginal and/or Torres Strait Islander people. It highlights the challenges faced by Aboriginal and/or Torres Strait Islander peoples when accessing healthcare services and charts a roadmap for improving their healthcare journey.

The RAP also showcases some of the hospital's significant achievements towards reconciliation. Two major initiatives creating a positive impact for Aboriginal communities are the Healthy Ears Outreach Clinic and Ophthalmology Outreach Clinic.



↑ PHOTO: HOSPITAL STAFF GATHER TO CELEBRATE RECONCILIATION WEEK WITH ART TOURS.

↑ PHOTO: THE MANNAGUM LEAF MURAL ABOVE THE HOSPITAL'S WELCOME SPACE.



## Ocular oncology registry tracks treatment outcomes

**The Royal Eye and Ear Hospital is contributing to an Australian developed registry to capture high quality clinical data on patient treatments and outcomes for eye cancer.**

Eye and Ear consultant ophthalmologist Dr Rod O'Day and the hospital's Ocular Oncology Unit are working with the University of Sydney Save Sight Registries' Fight Tumour Blindness! module, which is currently incorporated into routine clinical practice. Dr O'Day said it is a valuable resource for clinicians here and overseas treating ocular melanoma.

"Ocular oncologists who specialise in this area will contribute to this registry, and over time, we will have standardised collection of data from many centres, and we will be able to look at outcomes to help us do better for our patients," Dr O'Day said.

The Eye and Ear's Ocular Oncology Database Manager, Dr Lotte Fogg, has been collecting real world information from routine clinical practice over the past three years.

"We now have a record of all the patients, their treatments and their follow up," she said.

As well as collecting information to ensure that eye cancers are effectively treated, the web-based registry also covers the leading causes of visual impairment after this treatment. Contributions have come from Europe, Asia, Africa, and North America.

There are currently more than 300 people registered on the Fight Tumour Blindness! registry.

Based on high quality clinical and pathology data, it will evaluate eye saving treatments and stratify patients for emerging therapies to tackle the potentially fatal cancer.

Eye melanoma threatens a patient's vision and life and is the second most common site of melanoma after the skin.

Ocular or uveal melanoma is fatal in about 50 per cent of cases due to the spread to other parts of the body. Current treatments include surgical radiotherapy, which causes reduced vision in many patients, or the removal of the eye for patients with tumours that are too large for surgical radiotherapy.

**"We want to do better by patients in the long term and the way to do this is collecting standardised clinical information."**

"In Australia, 250 patients are diagnosed per year. In Victoria we look after 75 patients per year," he said.

Dr O'Day and the team at the Eye and Ear are continuing to work on projects including shrinking eye tumours by administering a tablet as simply as you might take a headache tablet. It has the potential to reduce the size of the tumour to the point that more patients can avoid the removal of the eye and those that undergo surgical radiotherapy suffer less vision loss. By the end of 2023, the trial had helped save the vision and eyes of two patients.

Funds raised from the Eye and Ear's 2023 Christmas fundraising appeal are being used to try to improve prognostic information for patients by using their DNA samples from the front of the eye.



This will allow clinicians to determine the genetic status of the isolated tumour cells which will influence management pathways.

Clinicians currently take a sample using a biopsy which has risks and is not available to every patient.

This innovative new treatment for ocular melanoma was the focus of our Christmas fundraising appeal in December 2023. We are grateful for each dollar donated towards this important work.



↑ PHOTO: THE MULTIDISCIPLINARY OCULAR ONCOLOGY TEAM.

↑ PHOTO: DR ROD O'DAY, OPHTHALMOLOGIST IN THE OCULAR ONCOLOGY UNIT.



# New diagnostic software provides accessible, timely answers for patients with reduced vision

**Diagnostic software being trialled at the Eye and Ear's Emergency Department is providing timely answers for patients presenting with reduced vision.**

Melbourne Rapid Fields (MRF) is a groundbreaking application developed by Associate Professor George Kong, glaucoma specialist and general ophthalmologist at the Eye and Ear.

MRF is a first level of diagnosis for glaucoma and other neurological conditions such as stroke and optic neuritis.

MRF is used on devices such as laptops and tablets and is proving patient friendly and easier for staff to use in an emergency setting than standard visual field machines, which often require specialised staff to use.

“Nursing staff and doctors at the Eye and Ear have been using MRF regularly over the past six months in the Emergency Department,” Dr Kong said.

“It is particularly useful out of hours when access to a standard visual field machine might not be available.”

The trial runs until the end of 2024, but Dr Kong said staff feedback has indicated that the browser application is easy to set up and use, has multiple languages for non-English speaking patients, and provides training.

When being tested using MRF, a patient sits half a metre from the computer screen. Advanced web-cam enabled technology is used by MRF to ensure that patient positioning is optimal.

The software can be used on any type of digital device with a web-browser including tablets, laptops or desktop computers running Android, Apple or Windows.



The Eye and Ear trial complements a home-based clinical trial where patients use MRF on their home-device to measure their vision fields for glaucoma. The home-based trial was supported by a grant from auDA Foundation.

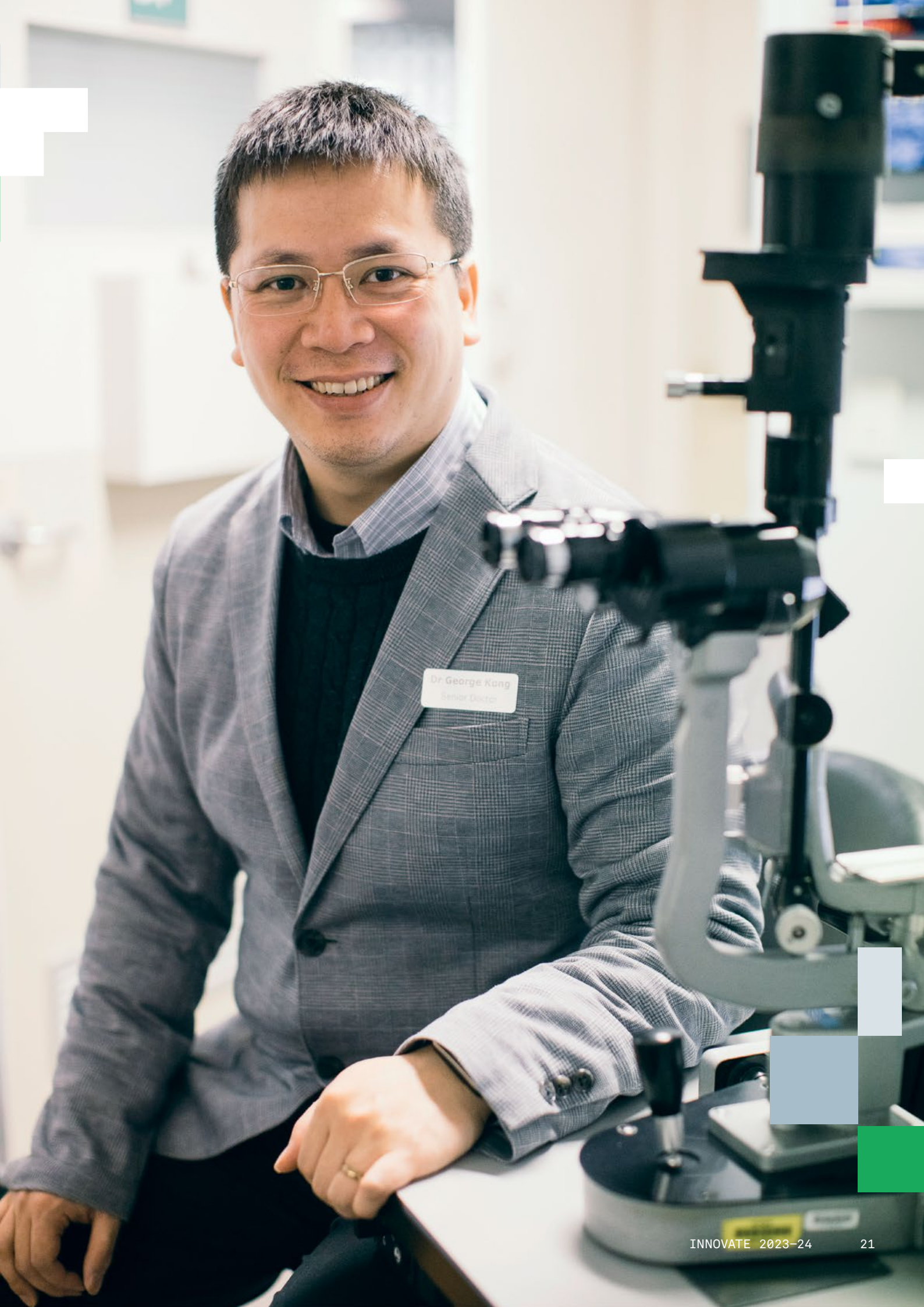
## Visual field testing plays a crucial role in the management of glaucoma, a progressive eye disease that can lead to irreversible vision loss.

Dr Kong, who has collaborated with Professor Algis Vingrys from Melbourne University's Department of Optometry and Vision Science, said the trials at home and in the Emergency Department will help reduce wait times for patients and their need to travel to appointments.

This project is generously funded by auDA Foundation.

↑ PHOTO: A PATIENT USING THE MELBOURNE RAPID FIELDS APPLICATION. PHOTO BY LEO FARRELL

→ PHOTO: ASSOCIATE PROFESSOR GEORGE KONG DEVELOPED THE APPLICATION. PHOTO BY LEO FARRELL



Dr George Kong  
Senior Doctor



## Bioengineered cornea development bolstered by funding injection

The Centre for Eye Research (CERA), along with its engineering colleagues from the University of Melbourne, welcomed a \$35 million investment from the Australian government to boost research aimed at vastly increasing access to corneal transplants. The funding has been promised to BIENCO, a national research collaboration to develop a tissue-engineered cornea.

BIENCO aims to develop a bioengineered cornea that will treat corneal blindness and solve the global shortage of donor corneas for transplant.

Donor corneas are currently only available for one in 70 patients globally, with 53 percent of the world's population unable to access this tissue for transplantation according to Professor Mark Daniell, who is the Head of Corneal Research at CERA, a senior consultant ophthalmologist and former Head of the Corneal Unit at the Eye and Ear.

“Currently, these transplants rely on tissue donated from deceased individuals,” said Professor Daniell.

**“The developing world, including many countries in Africa, and Southeast Asia, has a chronic shortage of corneas due to a lack of tissue banks.**

“BIENCO’s foundational work has already made significant progress in creating next-generation bioengineered materials that will significantly reduce the need for donated tissue and increase the speed and quality of care patients receive.”

BIENCO is a world-first consortium of clinical, scientific and governance experts led by the University of Sydney, with experts from the Eye and Ear’s research partners CERA, the University of Melbourne, University of Wollongong, Queensland University of Technology, and the NSW Organ & Tissue Donation Service.

University of Melbourne Professor Greg Qiao, a BIENCO Chief Investigator, says the Medical Research Future Fund funding could solve global cornea shortages.

“The funding will allow us to continue our work, through BIENCO, in developing an endothelial transplant with the potential to produce multiple synthetic corneas using a single donor tissue,” Professor Qiao says.

“Our work through the Hygelix project, a partnership with CERA and Eversight, funded by the Victorian Government, has seen the production of a purely synthetic and biodegradable hydrogel, capable of supporting a delicate corneal tissue for eye surgery, which has made it possible to improve the outcomes of cornea transplant surgeries for patients with corneal disease.

“Our ultimate goal is to develop the technology where we can grow cells on the hydrogel and produce as many as 30 synthetic grafts from one donor tissue.

The development of a synthetic cornea and other project outcomes will restore vision for millions of people around the world, providing access to people living where corneal transplants are not available.

→ PHOTO: PROFESSOR MARK DANIELL IS THE HEAD OF CORNEAL RESEARCH AT CERA AND SENIOR CONSULTANT OPHTHALMOLOGIST AT THE EYE AND EAR. PHOTO BY ANNA CARLILE





## New technology transforms care for patients with complicated balance disorders

**Research by The Royal Victorian Eye and Ear Hospital's Complex Balance Disorders and Ataxia Service (COMBDAS) and the Bionics Institute is helping patients with complex balance disorders, both in Victoria and remote Aboriginal communities, receive better support and management for their conditions.**

Associate Professor David Szmulewicz, a Neurologist and Neuro-otologist, is the founding head of the hospital's Complex Balance Disorders and Ataxia Service (COMBDAS). COMBDAS is the only clinic of its kind in Australia and is highly sought after for training and attracting medical fellows and observers from around the world. It is also one of the few clinics outside the United States to receive international recognition as an Ataxia Centre of Excellence by the National Ataxia Foundation.

The clinic is staffed by subspecialist clinicians with expertise in diagnosing, managing, and researching complex balance disorders. Patients with various conditions affecting the balance system, particularly those involving multiple components like the brain and inner ear, are treated here.

"We established COMBDAS to cater specifically to people with complex balance and coordination diseases," explained Assoc. Prof David Szmulewicz.

"We want our patients to be in the best possible position to be offered treatment opportunities."

COMBDAS focuses heavily on research, which in turn has resulted in the discovery of new diseases, genes which cause complex balance disorders, and led to the development of guidelines for diagnosis and management of such conditions.



One piece of research, completed in association with the Bionics Institute, resulted in the development of the Ataxia Instrumented Measurement System. The system supports patients who suffer from hereditary neurodegenerative conditions, in a family of diseases called Cerebellar Ataxias.

The measurement tools used are a spoon, cup and pendant. These help assess a patient's movement, balance, walking, and eye motion in a way that relates to daily tasks. These devices act as data loggers, using an algorithm to classify movements and measure severity. Tests can be conducted remotely, with real-time results sent to clinicians or researchers in a user-friendly score format, and the technology has also been applied internationally.

As well as treating patients at the Eye and Ear, this technology is being used by Assoc. Prof Szmulewicz, who also works with the Northern Territory-based MJD Foundation to provide earlier diagnosis, health equity and research for Indigenous Australians, who have by far the highest rate of Machado-Joseph Disease (MJD) in the world.

MJD is an inherited disease in the family of diseases called Spinocerebellar Ataxias (SCAs), and is also known as SCA3. As a dominantly inherited disease, each child of a person carrying the defective gene has a

↑ PHOTO: THE INSTRUMENTS USED BY THE CLINICAL TEAM.



50% chance of inheriting it. The first cases in remote Aboriginal communities were identified in the 1990s although it was likely present 20 years earlier.

“About two and half years ago I started working with the foundation. We have set up ataxia clinics which are travelling multi-disciplinary productions. I and other doctors from the hospital travel up north, often by small plane and four-wheel drives, and join foundation staff, including allied health clinicians, and together we run clinics and gather research,” Assoc Prof. Szmulewicz said.

Libby Massey, MJD Foundation’s Director of Research, Clinical Services and Education, said MJD is a ‘diabolical’ disease faced by people living in remote areas without ready access to services.

“So far, we have been dealing with the tip of the iceberg, the great grandparents, grandparents and parents, but there are many more who will be affected,” Libby says.

Prior to Assoc Prof. Szmulewicz’s program less than 10 per cent of patients would have seen a neurologist. Now more than 90 per cent of symptomatic patients have been seen.

↑ PHOTO: ASSOCIATE PROFESSOR DAVID SZMULEWICZ WORKING WITH THE MJD FOUNDATION TO BRING BETTER HEALTHCARE ACCESS TO REMOTE COMMUNITIES. PHOTO SUPPLIED BY MJD FOUNDATION

“They come to the clinics because they feel supported in their community,” she said.

Assoc. Prof Szmulewicz is proud of the Eye and Ear’s COMBDAS clinic’s dedication to being at the forefront of research, ensuring our patients have access to potential breakthrough treatments that can change the way others treat complex balance disorders.

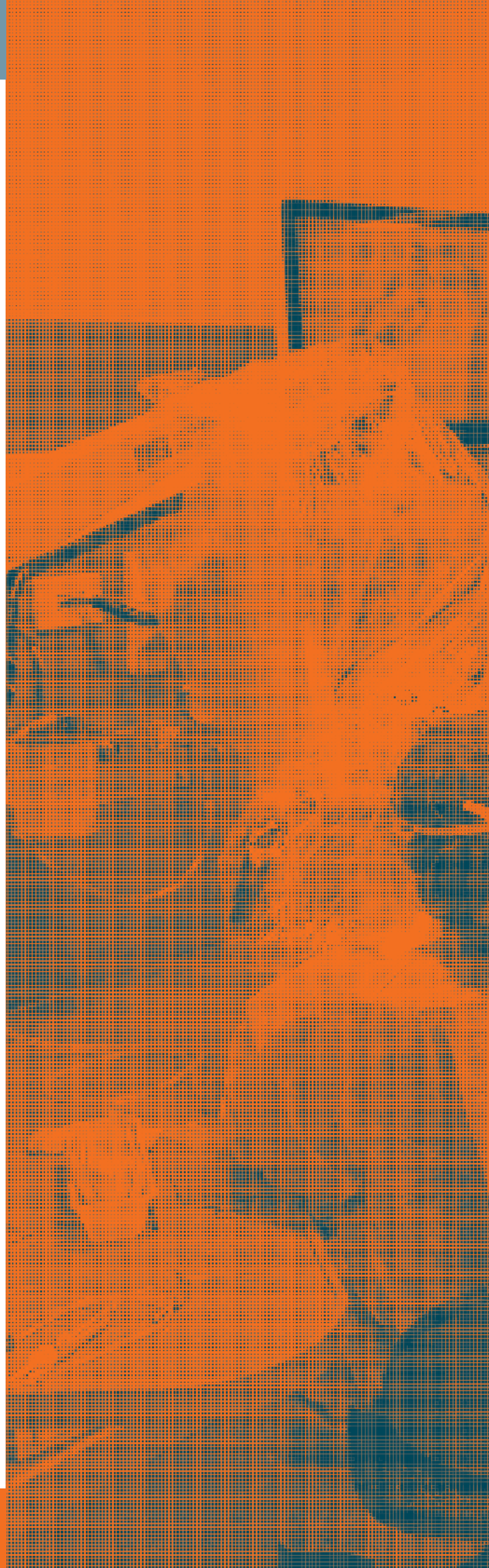
**“We present our work at international conferences and it’s evident that using the research developed through our COMBDAS clinic has been incredibly beneficial to providing support to the wider complex balance disorder community,” he said.**

“We have a wonderful and dedicated team of doctors, allied health and support staff, as well as wonderful patients who trust our services and participate in research to help others.”

We are grateful to Gandel Foundation and The Mary Curry Memorial Fund for CANVAS Research who generously support the hospital’s research and treatment of balance disorders.



Achieving the best possible patient outcomes through leadership in training, education, research and innovation.







# Leading through Excellence





## Eye and Ear hosts prestigious international specialist meeting

**Last October, the Eye and Ear hosted eye hospital professionals from around the world for the 17th annual meeting of the World Association of Eye Hospitals (WAEH).**

Founded in 2007 by eight leading eye hospitals and departments, including the Eye and Ear, WAEH now includes 37 eye hospitals. Nearly 100 specialists and allied health professionals attended the three-day event.

The Honourable Mary-Anne Thomas, Minister for Health, Infrastructure and Ambulance Services, opened the conference by noting that more than one billion people worldwide live with vision loss—ninety per cent of which is preventable.

During the annual meeting, Eye and Ear Chief Executive Officer, Brendon Gardner, was announced as the incoming Chair of the WAEH Executive Board.

The meeting was an opportunity for global industry leaders to collaborate and share innovations. Attendees heard from subject matter experts addressing a wide spectrum of topics, including medical advancements, health outcomes measurement, gene therapy, sustainability, and quality and safety in eye care.

“The ripple effects of this conference extend not only to professionals within the field but also to patients, both here in Melbourne and worldwide,” said Brendon Gardner.

Among the notable presenters were Dr. Stefan Larsson, the Founder of the International Consortium for Health Outcomes Measurement; Professor Keith Martin, Managing Director of the Centre for Eye Research Australia (CERA); Associate Professor Penny Allen, Head of the Vitreoretinal Unit at the Eye and Ear and



Head of the Bionic Eye Project at CERA; and Dr. Carmel Crock, Director of the Eye and Ear Emergency Department.

The conference also included an interactive expo presented by CERA, showcasing cutting-edge collaborative research projects being undertaken with the Eye and Ear. The projects spanned a range of topics, including gene therapy, ocular oncology, adaptive technology, bionic vision and macular research. After the conference's Melbourne leg, Brendon Gardner officially became Chair of the Executive Board of WAEH, taking over the role from Cathy Kowalewski of The Johns Hopkins Wilmer Eye Institute.





## World-first study puts rising hearing loss treatment to the test

**As the name suggests, sudden sensorineural hearing loss (SSHL) occurs very rapidly and often surprises patients. In many cases, they go to sleep feeling fine but wake up with hearing loss. This abrupt onset can be especially distressing.**

SSHL is a mysterious illness whose exact cause and pathophysiology is not well understood. Since the 1970s, the prevailing theory has been that it stems from cochlear damage caused by acute inflammation, but most patients lack clear investigation results.

“The overwhelming majority of patients with SSHL return normal results on blood tests and MRI scans. It’s very difficult to determine exactly what causes this hearing loss,” says Dr Benjamin Wei, an ear, nose and throat specialist at the Eye and Ear.

Oral prednisolone is the most common treatment for SSHL, but it is often not effective, with up to half of those diagnosed with SSHL failing to regain their hearing.

An increasingly popular alternative is intratympanic dexamethasone injections, which administer an anti-inflammatory steroid into the middle ear. This is a routine injection technique used in many common ear treatments and allows the doctor to achieve a higher medicine concentration in the ear.

However, there is no high-quality research to demonstrate the effectiveness of this treatment.

“There is a lack of strong evidence that this treatment has a tangible positive impact on patient outcomes,” says Dr Wei. “These injections fit the predominant hypothesis



of how SSHL occurs, but it’s very important we conduct well-designed trials to confirm whether our treatments truly help patients.”

Dr Wei is leading a new trial at the Eye and Ear to assess the impact of intratympanic dexamethasone injections. The study uses a double-blind placebo control method, which will make it the most robust trial of this treatment worldwide.

The study has strict eligibility requirements for participants, who must have their first injection within two weeks of losing hearing. Additionally, participants should not be started on oral prednisolone before joining the clinical trial, which could muddy the study’s results.

“Many people initially dismiss their hearing loss as a blocked ear and they’re slow to seek medical advice,” notes Dr Wei. “When they seek help, they often go to a GP rather than an Emergency Department at a general hospital where they would usually be triaged as lower priority and face a lengthy wait.”

↑ PHOTO: PATIENT EAR EXAMINATION.  
PHOTO BY LEO FARRELL



As a specialist hospital, we see significantly more patients with SSHL present to the Eye and Ear than other hospitals. Currently, there are approximately 50 participants in the study and Dr Wei hopes to recruit almost 200 participants before analysing the results.

“Without the Eye and Ear, this study wouldn’t be possible. We simply wouldn’t be able to recruit enough participants in a reasonable timeframe.”

Dr Wei hopes the trial will aid clinicians in the future. “It’s vitally important that medical treatments are evidence-based. Studies like this are crucial to ensure that we provide the best possible care to our patients.”

The hospital’s treatment of SSHL was the focus of our End of Financial Year fundraising appeal in June 2024. We are thankful for every person who donated to this appeal.

↑ PHOTO: DR BENJAMIN WEI IS STUDYING TREATMENTS FOR SENSORINEURAL HEARING LOSS. PHOTO BY LEO FARRELL



## Bionic eye provides significant vision improvement

**The first clinical trial of Australia's 'second generation' bionic eye has substantially improved the vision of all four participants.**

The two-and-a-half-year trial was a collaboration between the Centre for Eye Research Australia (CERA), the Bionics Institute, the University and Melbourne and the Eye and Ear. Detailed findings were recently published in *Ophthalmology Science*.

The bionic eye comprises an electrode array surgically implanted behind the eye. It receives signals from a video camera mounted on glasses.

Professor James Fallon, Head of Research at the Bionics Institute, explained: "The camera converts images into electrical pulses delivered by the electrode array that activate retinal cells and create flashes of light called phosphenes to help patients detect edges, shapes and movement."

Importantly, the trial demonstrated that the bionic eye is stable and durable. More than two-and-a-half years after implantation, the devices remained correctly positioned behind the retina and 97 per cent of the arrays' electrodes still functioned.

**Associate Professor Penny Allen, Head of the Bionic Eye Project, said the device significantly improved patients' navigation, mobility, and ability to detect objects.**



"The bionic eye enabled blind patients to locate doorways, avoid obstacles and find items on tabletops," she said.

"They reported greater confidence in navigation, were more likely to explore new environments and had reduced need for assistance when travelling to the local shops."

The bionic eyes were used alongside existing supports, such as canes and guide dogs, and they expanded the patients' capabilities.

"Patients were also able to locate their spouse in a café and detect people moving at a train station – things they could not do without using their bionic eye."

Development is now underway on a third-generation bionic eye, with hopes of a worldwide trial in the future.

↑ PHOTO: BIONIC EYE RECIPIENT.  
PHOTO SUPPLIED BY CERA

## New centre boosts access to sight-saving therapies

**Cerulea Clinical Trials, a not-for-profit subsidiary of the Centre for Eye Research Australia (CERA), opened in 2024 and will result in more international clinical trials coming to Victoria.**

Specialising in advanced therapies such as gene and cell treatments, biologics, and medical devices, it offers early access to sight-saving treatments for individuals with vision loss and blindness. Launched in May to mark World Clinical Trials Day, the facility was officially opened by Victorian Deputy Premier and Minister for Medical Research, the Hon. Ben Carroll. It was established with a \$10 million investment from Breakthrough Victoria and is expected to provide clinical trials to over 2,500 Victorians annually over the next decade.

Located at the Eye and Ear, the state-of-the-art facility features next-generation eye photography and imaging suites, vision lanes, as well as laser and treatment rooms where therapies are administered and closely monitored. Cerulea collaborates with pharmaceutical and medtech companies worldwide and serves as a hub for clinical research conducted by CERA scientists and ophthalmology researchers from the University of Melbourne's Department of Surgery.

The centre is set to test new therapies for a range of eye conditions, including age-related macular degeneration, diabetic eye disease, glaucoma, inherited retinal disease, and other rare genetic eye disorders. A key focus is on trialling treatments for diseases with no current cure.

Beyond international collaborations, Cerulea also supports local research, ensuring that new eye treatments and devices developed in Australia are trialled domestically, benefitting



local patients first. Additionally, it broadens access to clinical trials through a growing network of suburban and regional eye clinics and an upcoming tele-trials service, which will further expand patient reach.

Cerulea Clinical Trials CEO Michelle Gallaher said the centre capitalises on the increasing global investment in ophthalmic research to bring more clinical trials to Australia.

“There is a growing pipeline of discovery with new medicines and devices being developed around the world and Cerulea Clinical Trials provides the perfect location to conduct these trials.”

Professor Keith Martin, Cerulea Clinical Trials Chair, CERA Managing Director and University of Melbourne Professor and Head of Ophthalmology, said investment in the new centre was a major boost for eye care and eye research in Victoria.

“Cerulea will support the work of lab-based scientists to develop innovative new treatments to prevent vision loss and restore sight,” he said.

↑ PHOTO: MINISTER CARROLL, JOHN BRUMBY AO AND TRIAL PARTICIPANT KATE WITH CERA, CERULEA AND EYE AND EAR REPRESENTATIVES.



## Eye and Ear enters a new era with completed redevelopment

**The Eye and Ear's redevelopment project has been completed. It provides state-of-the-art facilities to keep the hospital at the forefront of specialist care, education, research and innovation.**

The hospital was officially opened on 23 May by The Hon. Mary-Anne Thomas, Minister for Health, Infrastructure and Ambulance Services.

The redeveloped Eye and Ear boasts a 24-hour Emergency Department (ED), ED Short Stay Unit with four 24-hour beds, a perioperative suite with eight state-of-the-art theatres, a fresh inpatient ward with 24 beds, and a dedicated floor for our clinics, which offer over 90 specialist services.

The new facilities will expand the hospital's capacity, allowing an additional 7,000 patients to be treated each year. More than 100 specialist clinics now run on the same floor, reducing patients' need to navigate the hospital.

On the ground floor, an illustrated history wall chronicles the hospital's milestones and features photos from across the years.

A state-of-the-art education precinct is spread across two levels, reflecting the Eye and Ear's commitment to excellence in education. The precinct will be used to train the next generation of healthcare professionals and features a surgical skills lab, simulation centre and 128-seat auditorium. The hospital's library features the largest collection of ophthalmology and otolaryngology resources in Australia and offers a quiet place to collaborate, work and study.

The redevelopment brings together more than a decade of planning and furthers the hospital's mission to integrate clinical care, research and professional education under one roof.

These three pillars have been at the core of the hospital's operation since its humble beginnings in 1863 as a one-bed infirmary.

➤ PHOTOS OF REDEVELOPED HOSPITAL









## State-of-the-art education precinct supports innovation

**With the hospital redevelopment completed, the Eye and Ear's new Education Precinct is now fully operational.**

This cutting-edge facility is spread across Levels four and five at the hospital and features two virtual reality surgery simulators, a nine-bench surgical skills wet laboratory, a clinical simulation room, a 126-seat auditorium, a library, collaborative spaces and meeting rooms.

The laboratory has been designed to support surgical training across multiple specialties including ENT and ophthalmology. Associate Professor Jean-Marc Gerard, the Eye and Ear's Head of Otology, highlighted the laboratory's versatility.

"Most laboratories are not sub-specialised" he said. "They usually require changing a lot of equipment to swap foci between specialties."

"To have nine benches fully equipped with top quality gear is a significant boon for the hospital. I've visited leading laboratories around the world and can confidently say our equipment measures up."

The laboratory hosts regular training for ophthalmic and otolaryngological registrars and is also available to senior surgeons and consultants. Live feeds from the surgical skills laboratory or the hospital's operating theatres can be streamed to the auditorium to enable educational viewing.

The two virtual reality simulators are a core part of the training schedule for ophthalmic registrars. The trainees use tailored simulation programs to learn core surgery methods whilst receiving objective feedback from the simulator on important parameters like hand stability, efficiency and tissue trauma.

Before the adoption of virtual reality simulations, registrars would practice with animal eyes. However, the eyes often had inconsistencies due to thawing and it was more difficult for supervisors to accurately assess the trainees' surgical technique.

Dr Rahul Chakrabarti, the Eye and Ear's Director of Ophthalmology Training, claims the simulators have revolutionised training.

"The simulators provide a safe, reproducible environment for deliberate practice. By the time they begin live surgery, our registrars don't need to think about basic skills, so they can focus on the nuances of surgery on a real patient," he said.

"Each year, we see our registrars progress faster without compromising on the quality of their surgical skills. They more quickly improve at routine operations so they can progress to more complex cases earlier and fast track their skill development."

Like the surgical skills laboratory, the virtual reality simulators are used by doctors with a wide range of experience. When Victoria was undergoing COVID-induced lockdowns, Dr Chakrabarti led the development of a 'Return to Surgery' course for doctors who had spent time away from surgery.

The course combined theory and review of previous surgeries with virtual reality practice and was accredited by the Royal Australian and New Zealand College of Ophthalmologists. Now, it is used not only for exceptional circumstances like a pandemic but also for doctors returning from maternity leave, long service leave, training, or any other extended absence.



While the clinical training areas headline the new precinct, other facilities provide valuable support to the hospital. The library includes quiet study areas for registrars while the meeting rooms, collaborative spaces and auditorium allow the Eye and Ear to host industry events like the recent ophthalmic surgery conference, GENEYE.

**“We now have a comprehensive educational precinct within the hospital. As a precinct, it’s right up there with the best in the world,” says Dr Chakrabarti.**

“The most exciting aspect isn’t only the state-of-the-art facilities, but the culture of ongoing improvement and commitment to excellence that we have at the Eye and Ear. Together, they help us always push for better research, better training and ultimately better care for patients.”



With thanks to The John T Reid Charitable Trusts for their generous donation towards equipment in the Skills Lab; and The M, L and ADP Martin Fund, a bequest fund of Lord Mayor’s Charitable Foundation, for their generous contribution towards the fit-out of The Martin Family Auditorium.

↑ PHOTO: VIRTUAL REALITY SIMULATORS PROVIDE EFFICIENT AND EFFECTIVE TRAINING.

↑ PHOTO: THE SURGICAL SKILLS LABORATORY IS FULLY EQUIPPED.





## Belgian royal visit cements international research partnership

**The Eye and Ear welcomed Her Royal Highness Princess Astrid of Belgium on an official visit to strengthen international collaboration on hearing loss research.**

Her Royal Highness witnessed the signing of an official collaboration agreement between the Giga Institute of Belgium and the University of Melbourne's Otolaryngology Department, that is based at the Eye and Ear in East Melbourne.

The partnership will support the development of a system that monitors and preserves a patient's natural hearing during cochlear implantation, leading to better hearing outcomes for patients.

Her Royal Highness met several leading researchers including Professor Graeme Clark, who invented the modern multi-channel cochlear implant. Professor Stephen O'Leary, Associate Professor Jean-Marc Gerard and Professor Rob Briggs presented insightful

presentations on innovative research and treatments related to hearing loss. The Belgian delegation also toured the Eye and Ear's new research and education facilities and watched a ground-breaking research demonstration from Professor O'Leary.

Associate Professor Gerard, who was born and raised in Belgium and now works at the Eye and Ear, received an official Decoration from Her Royal Highness for his work in hearing loss treatments and fostering connections between the two countries that are paving the way in medical enhancements.

Her Royal Highness was greeted at the hospital and presented with flowers by 12-year-old bilateral cochlear implant patient Chloe. Chloe was diagnosed with profound hearing loss as a baby but has regained her hearing thanks to the pioneering technology that was developed at the Eye and Ear.

↑ PHOTO: HER ROYAL HIGHNESS PRINCESS ASTRID OF BELGIUM AND THE OFFICIAL PARTY WERE GREETED BY SENIOR MEMBERS OF THE HOSPITAL.

## Excellence at the Eye and Ear



### **Sandra Knight OAM**

The Chair of the Eye and Ear's Consumer Advisory Committee Working Group, Sandra Knight, was awarded a Medal of the Order of Australia for her service to people who are blind or have low vision in 2024.

Sandra has worked tirelessly to support the vision impaired community. Organisations she has assisted include: the Melbourne Branch of Blind Citizens Australia, Vision Australia, Blind Sports and Recreation Victoria.



### **Assoc Prof. Jean-Marc Gerard**

As referenced in the previous article, during her official visit to the Eye and Ear, Her Royal Highness Princess Astrid of Belgium bestowed Assoc Prof. Gerard with a Knighthood in the Order of Leopold on behalf of His Majesty King Philippe of Belgium.

Assoc Prof. Gerard has worked at the Eye and Ear for 6 years as a senior ear, nose and throat consultant.



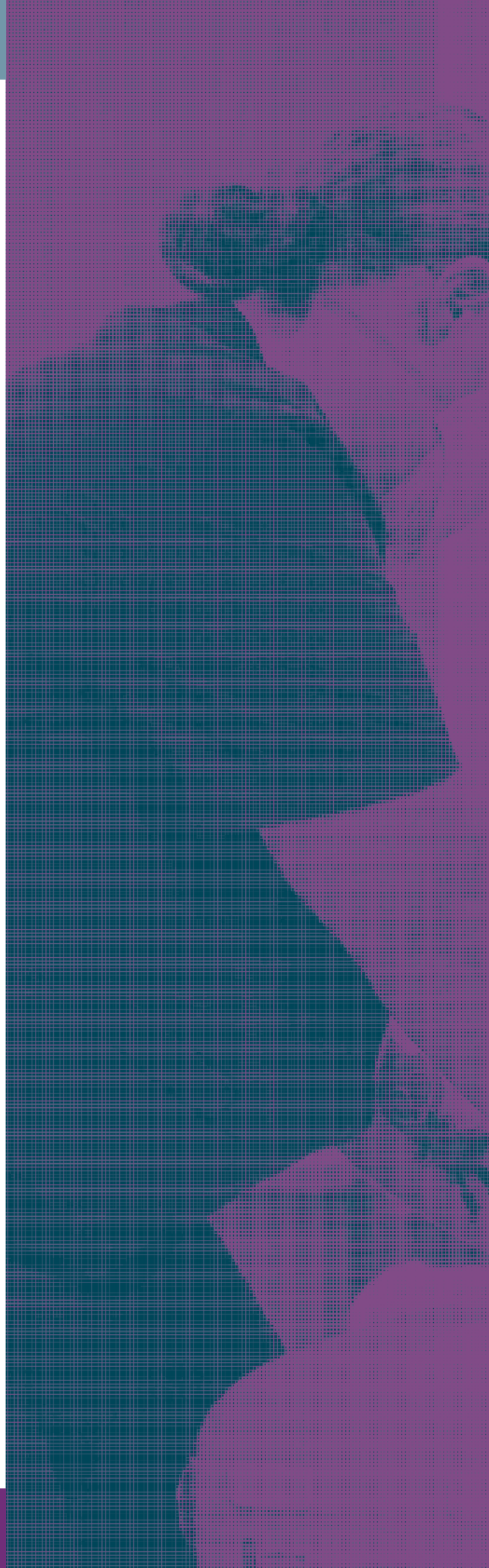
### **Dr Sherene Devanesen AM**

In early 2024, Dr Sherene Devanesen was awarded the Member of the Order of Australia in the King's Birthday Honours for her significant contributions to community health through her leadership and administrative roles.

Dr Devanesen has been Board Chair at the Eye and Ear since 2015 and has long held professional, committee and advisory roles across several health services over the last few decades. With over 30 years' experience in the management of health services and medical administration, her experience has provided her with a strong reputation in consumer consultation and engagement and in achieving quality outcomes for human and community services.



Embedding a thriving culture of learning, safety and wellbeing through effective leadership.





A group of people in a meeting, with a man in the foreground looking at a laptop screen. The image is overlaid with a purple and teal halftone pattern.

# Supporting and Growing our People



## Teaching clinic connects ophthalmic trainees with experienced consultants

**The 3 Special Clinic is a key part of The Royal Victorian Eye and Ear Hospital's (Eye and Ear) teaching responsibilities.**

The Clinic is unique in Australia and New Zealand. It has been helping trainee ophthalmologists pass their exams for over 40 years. In the Clinic, complex ophthalmological cases are discussed in depth by the trainees under the guidance of three highly experienced consultant ophthalmologists. Trainees attend the Clinic weekly. The Clinic provides the most up-to-date management of patients with complex ophthalmological conditions.

The trainees who attend the Clinic are registrars in the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) Vocational Training program, overseas-trained ophthalmologist seeking Australian registration and postgraduate Doctor of Medicine students from St Vincent's Hospital. The trainees clinically examine the patients and then present their findings to Associate Professor Anne Brooks AM, Dr Szczepan Nowakowski or Professor Alex Hewitt in a peer-reviewed discussion. This discussion is a low-stress environment for the trainees to demonstrate and extend their knowledge and understanding. The examination of the patients and the discussion that follows includes advanced investigations such as multimodal imaging and Humphrey Visual Fields.

In the discussion, the trainees are questioned by the consultants at a level appropriate to their training. This varies

from advanced trainees who are preparing for their RANZCO final clinical examination – RACE OSCE (RANZCO Advanced Clinical Examination Objective Structured Clinical Examination) – or basic trainees in their first 12 months of training for Ophthalmic Basic Competencies and Knowledge (OBCK) to advanced MD students. OBCK covers the clinical competencies and knowledge that trainees must master in the first 12 to 18 months of their training.

The examination and discussion of these complex cases enables the trainees to be better prepared for their clinical examinations and better as trainees in their day-to-day work treating patients at the Eye and Ear and other hospitals. The Clinic has a strong national reputation with high-quality candidates who apply to the hospital for their ophthalmological training.

3 Special Clinic patients undergo appropriate investigations on the day they are seen by the 3 Special consultants and registrars in training. Here, their management is discussed, their results are explained to them, and the management of their complex cases is tailored to their needs.

The Clinic's success can be judged in part by the 100 per cent pass rate of the Melbourne trainees in the most recent RACE examinations.

The 3 Special Clinic continues to support the RANZCO trainees of Victoria to become better clinicians and observers of clinical signs to serve the people of Australia.



The Head of the Clinic, Associate Professor Anne Brooks AM, has been awarded RANZCO's Trainer of Excellence Award for the Victorian training program 10 times since the Award's inception in 2006.

↑ PHOTO: ASSOCIATE PROFESSOR ANNE BROOKS AM LEADS THE 3 SPECIAL CLINIC.



## Expanded scope of practice provides boost for patients

**A new pilot program in the Eye and Ear's Acute Ophthalmology Services is boosting the clinic's efficiency and increasing job satisfaction. The Advanced Practice Orthoptist (APO) program upskills orthoptists to provide additional support to ophthalmologists and deliver benefits to patients.**

"The program is about making sure allied health professionals work to their full scope of practice," says Catherine Mancuso, the Eye and Ear's Manager of Diagnostic Eye Services. "This is great for our staff and patients alike."

Catherine oversaw the program's launch in mid-2023, supported by a government grant. Dr Lukas Sahhar, a consultant ophthalmologist at the Eye and Ear, was chosen as the pilot's Ophthalmology Champion and led the clinical education and supervision.

"We designed a clinical education structure that combined theory, review of previous work and clinical sessions to teach examination and documentation techniques," he says.

After a thorough interview process, two experienced orthoptists were recruited to be involved in the pilot, Kylie Robinson and Debra Gleeson.

"It's been a fantastic experience," says Kylie. "The program has made me feel motivated and excited to come to work."

Debra echoed Kylie's feelings. "Everyone in the team has been very supportive. They've empowered us to speak up and have confidence to be involved in that aspect of patient care."

The program provided many opportunities for professional development.

"I've known both Kylie and Debra for many years and it was incredibly rewarding to see their progression and growth," says Dr Kristen Wells, Clinical Lead in the Acute Ophthalmology Service who works closely with Kylie and Debra.

Catherine notes that the program's impact extends beyond those who are directly involved.

"This program benefits not only patients but also junior team members. Kylie and Debra, as experienced orthoptists, continue to grow in their practice, setting a strong example that there's always more to learn."

**By upskilling orthoptists to make initial evaluations, the program improved the clinic's efficiency and allowed patients to be assessed more quickly. Doctors can spend more of their time with complex cases without compromising the care received by more straightforward patients.**

"We've worked very well together as a multidisciplinary team. Everybody complements each other to create an efficient system to deliver effective patient care," explains Catherine.

Initial feedback has been positive from patients and those involved in the pilot, but further review is needed to examine the program's impact.



Catherine is hopeful the program can be extended and perhaps expanded to other allied health specialties.

“Everyone within the program has spoken glowingly about their experience. Now we need to collect more detailed patient feedback to confirm we’ve had a positive impact there, but I think there’s a lot of potential in models like this.”

Debra highlighted the program’s structure as a strength.

“Having structured learning and supervision was very important for our development, but it’s also critical to show the program could be replicated in other areas,” she said.

While the long-term impact of the pilot is yet to be determined, it’s already a win-win for staff and patients, setting a strong precedent for future advanced practice programs.

**“The whole experience has been very collaborative. I’ve really enjoyed the training and I can see the long-term benefits for audiologists and patients.”**

↑ PHOTO: APO DEBRA GLEESON USES A SLIT LAMP TO EXAMINE THE EYES OF A PATIENT. PHOTO BY LEO FARRELL



## Rising stars

### **Dr Jason Ha** 3rd Year Ophthalmology Registrar



Dr Jason Ha commenced ophthalmology training at the Eye and Ear in 2022. In the same year, he commenced a MACH-Track fellowship to facilitate combined clinical and academic training. In conjunction with his ophthalmic training, he is now undertaking a PhD at the University of Melbourne and Centre for Eye Research Australia, investigating how the immune system interacts with the eye in diabetes.

For Jason, being a clinician scientist will allow him to take fundamental discoveries from the laboratory and apply them in clinical settings for maximal patient impact.

### **Sofiyah Alhadad** Nurse Unit Manager



Sofiyah joined the Eye and Ear at the beginning of 2024. She was an invaluable part of the Sterile Processing Services team's implementation of new quality and safety initiatives in preparation for the hospital's National Standards accreditation and Healthcare Infection Control Management Resources audit. Her efforts helped the team achieve an outstanding 97.1 per cent audit score and pass the National Standards accreditation with no recommendations.

Sofiyah's favourite aspect of working at the Eye and Ear is the strong support system entrenched in the Surgical and Sterile Processing Services team. The team is always warm and welcoming, encouraging each other to go the extra mile to make a meaningful difference in patient care.

### **Dr Dominic Maher** 2nd Year Ophthalmology Registrar



Dr Dominic Maher joined the Eye and Ear in 2022 as a Hospital Medical Officer, before beginning ophthalmology training in 2023. He is currently working with the Orbito Plastic and Lacrimal Unit, learning about management of disorders of orbit, eyelids, tear duct system and eye removal procedures.

For Dr Maher, the highlight of a career at the Eye and Ear is the people. He loves working with a range of people to learn new skills and particularly enjoys working alongside his fellow registrars. He says the hospital is a very social place to train – especially the Emergency Department where he is based.

### **Joachim Dierckens** Finance Business Partner – Clinical Services and Digital Health



Joachim began his time with the Eye and Ear as a Finance Business Partner focusing on non-clinical services and capital. His responsibilities have since shifted to include clinical services, and he is the Acting Manager of the Planning and Financial Analysis Team.

Joachim is always seeking ways to improve the hospital's administrative processes, as he feels a duty to be as financially efficient as possible with the hospital's taxpayer funds. He finds it incredibly rewarding to know that the goal of everyone at the hospital is to enhance patient care. For Joachim, this mission makes the Eye and Ear an extremely fulfilling place to work.

**Thu Truong**  
**Medication Safety and  
Clinical Pharmacist**

Thu Truong joined the Eye and Ear in 2019 as an operational pharmacist. She has since moved to the Medication Safety and clinical pharmacist role which contributes to ensuring the hospital's safe and quality use of medicines and meeting the fourth National Safety and Quality Health Service Standard, Medication Safety. Later this year she'll be presenting a case study on the use of insulin eye drops in persistent epithelial defects to the Society of Hospital Pharmacists of Australia conference.



Thu's job satisfaction comes from contributing to patient care and working within the very supportive pharmacy team.

**Raoul Wills**  
**Clinical Audiologist  
and Coordinator of the  
Victorian Cochlear Implant  
Program**

Raoul Wills has been at the Eye and Ear since completing his Masters of Clinical Audiology in 2015.



He is passionate about improving access to cochlear implant services for all Victorians, having seen firsthand the significant positive impact of cochlear implants for patients and their families. He was involved in the pilot program to provide cochlear implant services via telehealth with Northeast Health Wangaratta in 2018 and now leads the Victorian Cochlear Implant Program.

Raoul has been involved in two research projects, examining the outcomes for adults with unilateral hearing loss and cochlear implant outcomes in auditory neuropathy. He recently assisted in delivering the cochlear implant course for Masters of Audiology students, lecturing at La Trobe University and the University of Melbourne.

**Chun Ho (Joey) Kwong**  
**Quality and Safety  
Coordinator and Interpreter**

Joey first joined the Eye and Ear in 2013 as an in-house Cantonese interpreter. He has been keen to take on secondment and volunteering opportunities to experience a variety of roles at the hospital, culminating in a full-time secondment with the Quality and Safety Unit in preparation for National Standards accreditation in 2021. Now, he juggles regular roles as an interpreter and Quality and Safety Coordinator, in addition to stepping in as Acting Manager of Social Services on several occasions.



Last year, Joey worked with the Surgical Booking and Ambulatory Services Quality Improvement teams on a surgical letter translations project, which aimed to provide pre-operative instructions to each patient in their own language. The most rewarding parts of Joey's journey at the Eye and Ear have been the volunteering, secondments and split duties he's taken on. These opportunities have enabled him to meet new people, learn about different aspects of the hospital and develop his career.

**Dr Alp Atik**  
**Glaucoma Unit consultant**

Dr Alp Atik first joined the Eye and Ear in 2014. He's now a consultant in the Glaucoma Unit and is also an honorary researcher at the Centre for Eye Research Australia, where he leads a research group in health economics.



At the Eye and Ear, he sits on the Glaucoma Service Planning Steering Committee and leads the Audit and EGMON portfolios for the Glaucoma Unit. Alp loves the balance of complex clinical cases and teaching and research opportunities at the hospital. He hopes to continue as the hospital's focus on patient-centred, objective, evidence-based and ethical clinical care.



# Senior Medical Staff list

## Directors

**Dr Elsie Chan**, Clinical Director, Ophthalmology Services (from January 2024) and Head, Cornea (from August 2024)

**Assoc Prof. Carmel Crock**, OAM, Director Emergency Department and Chair, Senior Medical Staff (from October 2023)

**Dr Nick Enright**, Deputy Director Emergency Department

**Dr Birinder Giddey**, Executive Director, Medical Services, Chief Medical Officer

**Dr Zoe Keon-Cohen**, Deputy Director of Anaesthesia

**Dr David Marty**, Clinical Director of ENT Services

**Dr Mark McCombe**, Clinical Director, Ophthalmology Services (until January 2024)

**Dr Sharanjeet Sidhu**, Director of Anaesthesia (From December 2023)

**Dr Chris Tan**, Director Medical Services

**Dr David Ware**, Director of Anaesthesia (until December 2023)

## Heads of Clinic

**Assoc Prof. Penelope Allen**, Head, Vitreoretinal Unit

**Dr Vasuki Anpalahan**, Chair, Senior Medical Staff ENT Section

**Dr Benjamin Au**, Clinical Lead, Acute Ophthalmology Service

**Professor Robert Briggs**, Head, Cochlear Implant and Chair, Senior Medical Staff (until October 2023)

**Assoc Prof. Anne Brooks**, AM, Head, Specialist Eye Clinic 3

**Assoc Prof. Susan Carden**, Head, Education Vision Assessment Clinic

**Dr Anne Cass**, Head, Head and Neck

**Dr Rahul Chakrabarti**, Director Clinical Training

**Dr Georgia Cleary**, Head, Surgical Ophthalmology Service

**Dr Amy Cohn**, Head, Medical Retina (from August 2024)

**Assoc Prof. Elaine Chong**, Deputy Head, Cornea (from August 2024)

**Professor Mark Daniell**, Deputy Head, Cornea (until August 2024)

**Dr Lana Delporto**, Head, Neuro Ophthalmology

**Dr Tricia Drew**, Chair, Senior Medical Staff Eye Section

**Assoc Prof. Jean-Marc Gerard**, Head, Otology

**Dr Catherine Green**, AO, Head, Glaucoma

**Dr Thomas Hardy**, Head, Orbital Plastic and Lacrimal Clinic

**Dr Caroline Jung**, Head, Diabetes and Endocrinology Clinic

**Dr Jonathan Kam**, Deputy Head, Surgical Ophthalmology Service

**Dr Lionel Kowal**, Head, Ocular Mobility Clinic

**Assoc Prof. Lyndell Lim**, Head, Ocular Immunology

**Dr John Manolopoulos**, Clinical Lead, Surgical Ophthalmology Service

**Dr John McKenzie**, Head, Ocular Oncology

**Dr Halil Ozdemir**, Director of Training, Otolaryngology

**Assoc. Prof Salmaan Qureshi**, Head, Medical Retina (until August 2024)

**Dr Elizabeth Rose**, Head, Paediatric ENT

**Dr Jonathan Ruddle**, Head, Ocular Genetics Clinic

**Dr Marc Sarossy**, Head, Ocular Diagnostics

**Dr David Szmulewicz**, Head, Balance Disorders and Ataxia Service

**Dr Christine Tangas**, Clinical Lead, Surgical Ophthalmology Service

**Dr Kristen Wells**, Clinical Lead, Acute Ophthalmology Service

**Dr Aaron Yeung**, Clinical Lead, Acute Ophthalmology Service

**Dr Yi Chen Zhao**, Head, Rhinology Clinic

## Ophthalmologists

**Dr Suheb Ahmed**, Ophthalmologist

**Dr Alex Amini**, Ophthalmologist

**Dr Brian Ang**, Ophthalmologist

**Dr Alp Atik**, Ophthalmologist

**Dr Alicia Au**, Ophthalmologist

**Dr Renuka Bathija**, Ophthalmologist

**Dr Jacqueline Beltz**, Ophthalmologist

**Dr Danielle Buck**, Ophthalmologist

**Dr Benjamin Burt**, Ophthalmologist

**Dr Robert Buttery**, Ophthalmologist

**Dr Dermot Cassidy**, Ophthalmologist

**Dr Helen Chan**, Ophthalmologist

**Assoc. Prof Fred Chen**, Ophthalmologist

**Dr Ye Chen**, Ophthalmologist

**Dr Nicholas Cheng**, Ophthalmologist

**Dr Timothy Cheong**, Ophthalmologist

**Dr Daniel Chiu**, Ophthalmologist

**Dr Au Ch'Ng**, Ophthalmologist

**Dr Li Chow**, Ophthalmologist

**Dr Janice Chua**, Ophthalmologist

**Dr Benjamin Clark**, Ophthalmologist

**Dr Benjamin Connell**, Ophthalmologist

**Assoc Prof. Michael Coote**, Ophthalmologist

**Dr Katarina Creese**, Ophthalmologist

**Dr Rodger Davies**, Ophthalmologist

**Dr Rosie Dawkins**, Ophthalmologist

**Dr Joanne Dondey**, Ophthalmologist

**Dr Thomas Edwards**, Ophthalmologist

**Dr Dina El Sayed**, Ophthalmologist

**Dr Mohamed Elnahrawy**, Ophthalmologist

**Assoc Prof. Rohan Essex**, Ophthalmologist

Dr David Fabinyi, Ophthalmologist  
Dr Xavier Fagan, Ophthalmologist  
Dr Jennifer Fan Gaskin, Ophthalmologist  
Dr Lisa Farber, Ophthalmologist  
Dr David Francis, Ophthalmologist  
Dr Rogan Fraser, Ophthalmologist  
Dr Justin Friebel, Ophthalmologist  
Dr Fiona Fullarton, Ophthalmologist  
Dr Helen Garrott, Ophthalmologist  
Dr Brent Gaskin, Ophthalmologist  
Dr Thomas Gin, Ophthalmologist  
Dr Trevor Gin, Ophthalmologist  
Dr Jonathan Goh, Ophthalmologist  
Dr Nishant Gupta, Ophthalmologist  
Professor Robyn Guymer, AM, Ophthalmologist  
Dr Colin Harper, Ophthalmologist  
Dr Colby Hart, Ophthalmologist  
Dr Oded Hauptman, Ophthalmologist  
Dr Rebecca Haward, Ophthalmologist  
Professor Alex Hewitt, Ophthalmologist  
Dr Doron Hickey, Ophthalmologist  
Dr Michael Jamieson, Ophthalmologist  
Dr Jonathan Kam, Ophthalmologist  
Dr Rathika Kandasamy, Ophthalmologist  
Dr Hema Karthik, Ophthalmologist  
Dr Nathan Kerr, Ophthalmologist  
Dr Jwu Jin Khong, Ophthalmologist  
Dr Raghuvir Kini, Ophthalmologist  
Assoc Prof. George Kong, Ophthalmologist  
Dr Gary Leber, Ophthalmologist  
Dr Jia Hui Lee, Ophthalmologist  
Dr Shueh Wen Lim, Ophthalmologist  
Dr Troy Harry Lim Joon, Ophthalmologist  
Dr Ming-Lee Lin, Ophthalmologist  
Dr Cecilia Ling, Ophthalmologist  
Dr Lance Liu, Ophthalmologist  
Dr Shirley Ma, Ophthalmologist  
Dr Ross MacIntyre, Ophthalmologist  
Professor David Mackey, Ophthalmologist  
Dr Wendy Marshman, Ophthalmologist  
Professor Keith Martin, Ophthalmologist  
Dr Bryan Matthews, Ophthalmologist  
Dr Daniel McKay, Ophthalmologist  
Dr Alan McNab, Ophthalmologist  
Dr Jonathan Moodie, Ophthalmologist  
Dr Rahman Nazari, Ophthalmologist  
Dr Ching Hui Ng, Ophthalmologist  
Dr Thanh Tan Nguyen, Ophthalmologist

Dr Szczepan Nowakowski, Ophthalmologist  
Dr Roderick O'Day, Ophthalmologist  
Dr Mali Okada, Ophthalmologist  
Dr Terrence Ong, Ophthalmologist  
Dr Dai Ni Ong, Ophthalmologist  
Dr Nima Pakrou, Ophthalmologist  
Dr Shaun Parsons, Ophthalmologist  
Dr Pathmanathan Pathmaraj, Ophthalmologist  
Dr Fiona Pearce, Ophthalmologist  
Dr Chengde Pham, Ophthalmologist  
Dr Zelda Pick, Ophthalmologist  
Dr Alexander Poon, Ophthalmologist  
Dr Sasya Ravuri, Ophthalmologist  
Dr Edward Roufail, Ophthalmologist  
Dr Jonathan Ruddle, Ophthalmologist  
Dr Lukas Sahhar, Ophthalmologist  
Dr Joseph San Laureano, Ophthalmologist  
Dr Sukhpal Sandhu, Ophthalmologist  
Dr Sivakhami Satchithanathan, Ophthalmologist  
Dr Hakki Semerli, Ophthalmologist  
Dr Andrew Shaw, Ophthalmologist  
Dr Justin Sherwin, Ophthalmologist  
Dr Shivanand Sheth, Ophthalmologist  
Dr Nandini Singh, Ophthalmologist  
Assoc Prof. Simon Skalicky, Ophthalmologist  
Dr Bernardo Soares, Ophthalmologist  
Dr Himanshu Solanki, Ophthalmologist  
Dr David Sousa, Ophthalmologist  
Dr Richard Stawell, AM, Ophthalmologist  
Dr Mark Steine, Ophthalmologist  
Dr Helen Steiner, Ophthalmologist  
Dr Charles Su, Ophthalmologist  
Dr Lingwei William Tao, Ophthalmologist  
Dr Tu Tran, Ophthalmologist  
Dr Robyn Troutbeck, Ophthalmologist  
Professor Rasik Vajpayee, Ophthalmologist  
Dr Faye Walker, Ophthalmologist  
Dr Mark Walland, Ophthalmologist  
Dr Bob Wang, Ophthalmologist  
Dr Harry Wenas, Ophthalmologist  
Dr Mark Whiting, Ophthalmologist  
Assoc Prof. Sanjeewa Wickremasinghe, Ophthalmologist  
Dr Heathcote Wright, Ophthalmologist  
Dr Nathan Wong, Ophthalmologist  
Dr Elaine Wong, Ophthalmologist  
Dr Jonathan Yeoh, Ophthalmologist  
Assoc Prof. Ehud Zamir, Ophthalmologist



### Otolaryngologists

Dr Vasuki Anpalahan, Otolaryngologist  
Professor Robert Briggs, Otolaryngologist  
Dr Simon Braham, Otolaryngologist  
Dr Christopher Brown, Otolaryngologist  
Dr Anne Cass, Otolaryngologist  
Dr June Choo, Otolaryngologist  
Dr Markus Dahm, Otolaryngologist  
Dr Nadine De Alwis, Otolaryngologist  
Dr Simon Ellul, Otolaryngologist  
Assoc Prof. Jean-Marc Gerard, Otolaryngologist  
Dr Mark Guirguis, Otolaryngologist  
Dr Fiona Hill, Otolaryngologist  
Dr Guillermo Hurtado, Otolaryngologist  
Dr Claire Iseli, Otolaryngologist  
Dr David James, Otolaryngologist  
Dr Janitha Jayawardena, Otolaryngologist  
Dr Philip Jumeau, Otolaryngologist  
Dr Richard Kennedy, Otolaryngologist  
Dr Randal Leung, Otolaryngologist  
Dr Halina Mann, Otolaryngologist  
Dr David Marty, Otolaryngologist  
Dr Andrew McLean, Otolaryngologist  
Dr Philip Michael, Otolaryngologist  
Professor Stephen O'Leary, Otolaryngologist  
Assoc Prof. Kumiko Orimoto, Otolaryngologist  
Dr Halil Ozdemir, Otolaryngologist  
Dr An Pham, Otolaryngologist  
Dr Timothy Price, Otolaryngologist  
Dr Elizabeth Rose, Otolaryngologist  
Dr Theo Sdralis, Otolaryngologist  
Dr Bing Teh, Otolaryngologist  
Dr Michael Tykocinski, Otolaryngologist  
Dr Robert Webb, Otolaryngologist  
Dr Benjamin Wei, Otolaryngologist  
Dr Emily Young, Otolaryngologist  
Dr Yi Chen Zhao, Otolaryngologist

### Anaesthetists

Dr Ju Pin Ang, Anaesthetist  
Dr Yi Wei Baey, Anaesthetist  
Dr Andrew Braun, Anaesthetist  
Dr Claire Burrows, Anaesthetist  
Dr Thomas Callaghan, Anaesthetist  
Dr Jun Keat Chan, Anaesthetist  
Dr Stephen Chester, Anaesthetist  
Dr Anne Chew, Anaesthetist  
Dr Suzanne Cook, Anaesthetist  
Dr Lillian Coventry, Anaesthetist  
Dr Iresha Dissanayake, Anaesthetist  
Dr Anthony Eidan, Anaesthetist  
Dr Duncan Forbes, Anaesthetist  
Dr Natalie Gattuso, Anaesthetist  
Dr Alexander Gershenzon, Anaesthetist  
Dr Grace Gunasegaram, Anaesthetist  
Dr Ali Gur, Anaesthetist  
Dr Gaylene Heard, Anaesthetist  
Dr Sean Hearn, Anaesthetist  
Dr William Hurley, Anaesthetist  
Dr Andrew Jarzebowski, Anaesthetist  
Dr Philip Johnson, Anaesthetist  
Dr Jennifer King, Anaesthetist  
Dr Eric Knauf, Anaesthetist  
Dr Sarah Kondogiannis, Anaesthetist  
Dr Shu Ying Lai, Anaesthetist  
Dr Daniel Lane, Anaesthetist  
Dr Ei Leen Lee, Anaesthetist  
Dr Sherman Lee, Anaesthetist  
Dr Yasmin Lennie, Anaesthetist  
Dr Ana Licina, Anaesthetist  
Dr Annabel Lim, Anaesthetist  
Dr Tony Lim, Anaesthetist  
Dr Lisa Chih-Mei Lin, Anaesthetist  
Dr John Lioufas, Anaesthetist  
Dr Vaishali Londhe, Anaesthetist  
Dr Sarah Louise Madden, Anaesthetist  
Dr Kameel Marcus, Anaesthetist  
Dr Christopher Moran, Anaesthetist  
Dr Al Motavalli, Anaesthetist  
Dr Bishoy Moussa, Anaesthetist  
Dr Shailesh Murty, Anaesthetist  
Dr Michelle Natividad, Anaesthetist  
Dr Annie Poon, Anaesthetist

Dr Raje Rajasekaram, Anaesthetist  
Dr Dayalan Ramasamy, Anaesthetist  
Dr Amit Ramavat, Anaesthetist  
Dr Malcolm Riseborough, Anaesthetist  
Dr Mhousci Scanlan, Anaesthetist  
Dr Gloria Seah, Anaesthetist  
Dr Peter Seal, Anaesthetist  
Dr Luis Andreas Sierra, Anaesthetist  
Dr Alexander Stevens, Anaesthetist  
Dr David Tan, Anaesthetist  
Dr Dennis Teh, Anaesthetist  
Dr Anand Thillaisundaram, Anaesthetist  
Dr May Tsai, Anaesthetist  
Dr Andrew Tymms, Anaesthetist  
Dr Gordana Ukalovic, Anaesthetist  
Dr Rupesh Vittalraj, Anaesthetist  
Dr Crispin Wan, Anaesthetist  
Dr William Robert Watson, Anaesthetist  
Dr Ben Wong, Anaesthetist  
Dr Derrick Wong, Anaesthetist  
Dr James Wu, Anaesthetist  
Dr Andrew Wyss, Anaesthetist  
Dr Zi Yang, Anaesthetist  
Dr Sam Yeaw, Anaesthetist  
Dr Kah Yep, Anaesthetist

#### Physicians

Dr Stephanie Bond, Physician  
Dr Julian Bosco, Clinical Immunologist  
Dr Mark Cleghorn, Geneticist  
Dr Blake Colman, Neurologist  
Dr Andrew Duncan, Neurologist  
Dr Anthony Fok, Neurologist  
Dr Timothy Godfrey, Rheumatologist  
Dr Aamira Huq, Geneticist  
Dr Caroline Jung, Endocrinologist  
Dr Elle Nguyen, Neurologist  
Dr Shereen Oon, Rheumatologist  
Dr Michelle Papandony, Rheumatologist  
Dr Laura Perju-dumbrava, Neurologist  
Dr Subahari Raviskanthan, Neurologist  
Dr Laura Ross, Rheumatologist  
Dr Lauren Sanders, Neurologist  
Assoc Prof. Neil Shuey, Neurologist  
Dr Lewis Tang, Neurologist

Assoc Prof. Anneke Van der Walt, Neurologist  
Dr Maria Vartanyan, Physician  
Dr Kar Men Wai, Neurologist  
Dr Isla Williams, Neurologist  
Dr Ai Li Yeo, Physician

#### Emergency, Physician

Dr Ali Al-Haboubi, Consultant ED  
Dr Bruce Bartley, Consultant ED  
Dr Kirsten Cassidy, Consultant ED  
Dr Claude Fahrer, Consultant ED  
Dr Rachel Goh, Consultant ED  
Dr Jamie MacGillivray, Consultant ED  
Dr Nele Manzanares Bracke, Consultant ED  
Dr Stephen Parnis, Consultant ED  
Dr Jarel Tiong Soon Saw, Consultant ED

#### GP Liaison

Dr Lina Nido, General Practice Liaison Officer

#### Emeritus Consultants

Dist Prof Graeme Clarke, AC, Emeritus Consultant  
Dr Kevin Kane, Emeritus Consultant  
Assoc Prof. Justin O'Day, AM, Emeritus Consultant  
Dr Brian Pyman, Emeritus Consultant (Passed away April 2023)  
Professor Hugh Taylor, AC, Emeritus Consultant



## Philanthropy Partners

Since our humble beginnings in 1863, The Royal Victorian Eye and Ear Hospital has been generously and passionately supported by the community. Many of the research and innovation initiatives profiled in this publication have been supported by our philanthropy partners. Here we profile a handful of our philanthropy partners:

**The Smorgon Family:** In 1980 The Smorgon Family generously donated towards the fit-out of what has since been called The Smorgon Family Wing. This transformational gift continues to benefit every patient, carer and medical staff member who walks through the doors of the hospital today.

**Gandel Foundation:** In 2013 Gandel Foundation generously funded the purchase of the Epley Omnix System (EOS), used in the diagnosis and management of balance disorders. Housing one of only two EOS in Australia, the Gandel Foundation Balance Disorders Diagnostics space continues to play a critical role in the recovery of people impacted by balance disorders.

**Penelope Foster Foundation:** Since 2017 The Penelope Foster Foundation has generously supported the hospital's glaucoma research initiatives. Penelope Foster worked as a Nurse Educator at the Eye and Ear for 21 years, until 1998. Penelope passed away prematurely in a car crash in 2016, and her mother established the Foundation in memory of Penelope.

**The M, L, and ADP Martin Fund,** a bequest fund of Lord Mayor's Charitable Foundation (LMCF): In 2017, the hospital received a generous legacy gift made through The M, L and ADP Martin Fund, a bequest fund of LMCF. Dr Catherine



Brown OAM, former CEO of LMCF, is pictured here with Eye and Ear CEO Brendon Gardner and former hospital CFO Danny Mennuni, at the official opening of the Martin Family Auditorium in August 2024. The Auditorium is the centrepiece of the hospital's new state-of-the-art Education Precinct.

To speak with our Philanthropy and Fundraising team about supporting the Eye and Ear's research and innovation initiatives, please contact 1800 808 137 or email [fundraising@eyeandear.org.au](mailto:fundraising@eyeandear.org.au). Your tax-deductible gift will enable the hospital to continue our care, treatment and groundbreaking research to prevent vision and hearing loss. For more info or to donate, visit [donate.eyeandear.org.au](http://donate.eyeandear.org.au)

↑ PHOTO: OFFICIAL OPENING OF THE MARTIN FAMILY AUDITORIUM. (LEFT TO RIGHT) DANNY MENNUNI, DR CATHERINE BROWN OAM AND BRENDON GARDNER.

# Our Partners

## The Royal Victorian Eye and Ear Hospital is affiliated with:

- Australian College of Optometry
- Bionic Vision Technologies
- The Bionics Institute
- The Centre for Eye Research Australia
- HEARnet
- The Lions Eye Donation Service Melbourne
- The University of Melbourne
- Victorian Aboriginal Health Service (VAHS)
- The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- Australasian College for Emergency Medicine
- Royal Australasian College of Surgeons
- Australian and New Zealand College of Anaesthetist (ANZCA)

## The Royal Victorian Eye and Ear Hospital is a member of:

### The World Association of Eye Hospitals

Members: Aier Eye Hospital Group (China); Emory Eye Center (Atlanta, USA); Eye & ENT Hospital of Fudan University (Shanghai, China); Fondation Asile des Aveugles (Lausanne, Switzerland); Hoftalon Eye Hospital (Londrina, Brasil); Ispahani Islamia Eye Institute & Hospital (Bangladesh, India); Jakarta Eye Center (Jakarta, Indonesia); Kellogg Eye Center (Ann Arbor, USA); Kim's Eye Hospital (Seoul, South Korea); King Khaled Eye Specialist Hospital (Riyadh, Saudi Arabia); Magrabi Eye Hospital (Saudi Arabia); Massachusetts Eye and Ear Infirmary (Massachusetts, USA); Moorfields Eye Hospital (London, UK); New York Eye and Ear Infirmary (New York, USA); Orenburg branch of S. Fyodorov Eye Microsurgery Federal State Institution (Orenburg, Russia); Phillips Eye Institute (Minneapolis, USA); Rutnin Eye Hospital

(Bangkok, Thailand); Singapore National Eye Centre (Singapore); St. Erik Eye Hospital (Stockholm, Sweden); St. John of Jerusalem Eye Hospital (Jerusalem, Israel); Sydney Eye Hospital (Sydney, Australia); The Beijing TONGREN Hospital (Beijing, China); The Metta Eye Hospital (Mettapracharak (Wat Rai Khing) Hospital) (Bangkok, Thailand); The Niteroi Eye Hospital (Rio de Janeiro, Brasil); The Rotterdam Eye Hospital (Rotterdam, The Netherlands); The Royal Victoria Eye and Ear Hospital (Dublin, Ireland); The Xi'an Eye Hospital (Xi'an, China); Tianjin Medical University Eye Hospital (Tianjin, China); Tun Hussein Onn National Eye Hospital (Kuala Lumpur, Malaysia); UCSF Eye Health (San Francisco, USA); Wills Eye Hospital (Philadelphia, USA); Wilmer Eye Institute at Johns Hopkins (Baltimore, USA); The Maastricht University Clinic for Ophthalmology (Maastricht, The Netherlands); Dhahran Eye Specialist Hospital (DESH) (Dhahran, Saudi Arabia); Hopital National des 15-20 (France); Opty Eye Hospital Chain (Brasil); South Tyneside and Sunderland NHS Foundation Trust (United Kingdom); Shenyang He Eye Specialist Hospital Shenyang (China); Beirut Eye & ENT Hospital (Lebanon); Hopital Fondation Adolphe de Rothschild (France); LV Prasad Eye Institute (India); Al-Shifa Trust Eye Hospital (Pakistan).

### Victorian Healthcare Association

### Melbourne Academic Centre for Health

### North East Metro Health Service Partnership

Austin Health; St Vincent's Hospital Melbourne; Eastern Health; Northern Health; Mercy Hospital for Women, (Heidelberg); Forensicare; Eastern Melbourne Primary Health Network; North Western Melbourne Primary Health Network

### Vision 2020 Australia





the royal victorian  
**eye and ear  
hospital**

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