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OUR VISION OUR WAY

Aboriginal and Torres Strait Islander Models of Collaborative Care Workshop Report

September 2025

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RANZCO
The Royal Australian and New Zealand College of Ophthalmologists
THE LEADERS IN COLLABORATIVE EYE CARE

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Acknowledgement of Country

We acknowledge the traditional custodians of the lands on which we work and live across Australia and acknowledge that sovereignty was never ceded. We pay respects to our elder's past, present and emerging. We thank our elders for their guidance and commitment to the advancement of our communities. We stand in solidarity with the stolen generation and their families, calling for healing and justice for the atrocities suffered by individuals, families, and communities.

Finally, we acknowledge the many Aboriginal and Torres Strait Islander people who have or continue to work tirelessly in eye health and vision care, to close the gap in preventable vision loss in Aboriginal and Torres Strait Islander communities so they can be healthy and flourishing.

Acknowledgement of Key Knowledge Holders

We would like to thank the Aboriginal and Torres Strait Islander participants and our allies that attended and provided their input to the workshop session. We are committed to working in partnership with you to ensure the continual strengthening of Aboriginal and Torres Strait Islander eye health models into the future.

Workshop Facilitators

Workshop presented by Mr. Shaun Tatipata (Ngarrindjeri/Wuthathi) and facilitated by A/Professor Kris Rallah-Baker (Yuggera, Warrongo & Wiradjuri), First Nations Eye Health Alliance (FNEHA) CEO Lose (Rose) Fonua (Tubba-Gah, Wiradjuri) and Dr Thomas Mylne (Gangalu). This report was written by CEO Lose (Rose) Fonua on behalf of The First Nations Eye Health Alliance who was engaged by The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) to facilitate and develop opportunities in Aboriginal and Torres Strait Islander Models of Collaborative Care. The workshop was made possible through educational grants from Roche and Bayer.

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Please note that the term ‘First Nations’ that is utilised in this report, gives reference to The Aboriginal and Torres Strait Islander Peoples of Australia.

Facilitators and participants from Aboriginal and Torres Strait Islander Models of Collaborative Care Workshop, Saturday 6 of September 2025, on Gadigal Country, Warrane, at the RANZCO office 94-98 Chalmers St, Surry Hills, Sydney, NSW

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Executive Summary

In Australia, eye health and vision problems are the most common chronic conditions among Aboriginal and Torres Strait Islander peoples, who experience preventable vision loss at three times the rate of non-Indigenous Australians, 94% of which is avoidable with timely care. To address these inequalities, Aboriginal and Torres Strait Islander models of collaborative care in the Australian health system must align with the national Aboriginal and Torres Strait Islander policy landscape by embedding Aboriginal and Torres Strait Islander leadership, knowledge, and organisations at the centre of collaborative care design and delivery. Accountability must be grounded in Aboriginal and Torres Strait Islander worldviews, with commitments to anti-racist practice, workforce sustainability, and genuine partnerships with community-controlled health services.

To advance this goal, The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) engaged the First Nations Eye Health Alliance (FNEHA) to consult with RANZCO members and staff and other relevant stakeholders in broader Aboriginal and Torres Strait Islander health (with a focus on Aboriginal and Torres Strait Islander people in eye care) to identify up to two key priorities that can be advanced by RANZCO to improve collaborative care within ophthalmology. A workshop was held on Saturday 6 of September 2025, on Gadigal Country, Warrane, at the RANZCO office 94-98 Chalmers St, Surry Hills, Sydney, NSW and attended by twenty-two (22) participants with representation across the eye care and Aboriginal and Torres Strait Islander health and wellbeing sector.

The workshop identified one top priority and two equally important second-tier priorities. They include:

1. Highest priority is to embed Aboriginal and Torres Strait Islander voices and perspectives in RANZCO's decision-making processes.

2. Redevelopment of RANZCO collaborative care definition to reflect the needs of Aboriginal and Torres Strait Islander people.

3. Adoption of Aboriginal and Torres Strait Islander research methodologies ensuring commissioned research aligns with Aboriginal and Torres Strait Islander people's priorities.

1.Background and Context

1.1 Aboriginal and Torres Strait Islander eye health: a need for action

Eye health and vision care problems are the most commonly reported chronic conditions for Aboriginal and Torres Strait Islander people (Australian Institute of Health and Welfare, 2024). The most common causes of vision impairment in Indigenous Australians include uncorrected refractive error (63.4%), cataracts (20.2%), and diabetic retinopathy (5.5%) (Australian Institute of Health and Welfare, 2024). The prevalence of vision impairment for Aboriginal and Torres Strait Islander people is three times the rate when compared to non-Indigenous Australians, with 94% of this vision loss preventable with timely intervention (Australian Institute of Health and Welfare, 2009). This rate will increase by 2030 based on projected workforce, systems and service shortages in eye care for First Nations people, with increased pressure on the Australian Health Care System to undertake this need (Vision 2030 Workshop, 2023). Immediate and sustained culturally safe systems and workforce initiatives are needed to address this projected eye care deficit into 2030.

1.2 The need for collaborative practices and the importance of alignment with the national policy landscape for Aboriginal and Torres Strait Islander affairs

Collaborative practice in health care occurs when multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care for the patient (World Health Organization [WHO], 2010). The systematic outcome of this practice is improved health outcomes for the patient, community and strengthened health systems.

In the Australian context, the health system continues to face challenges in providing culturally safe and accessible services for Aboriginal and Torres Strait Islander peoples, which has impacts on collaborative care models. In response to systemic racism within healthcare and the persistent lack of culturally appropriate care, the Aboriginal and Torres Strait Islander organisations and policy landscape has sought to shape the national discourse in Aboriginal and Torres Strait Islander health and wellbeing by creating targets and opportunities to strengthen service delivery in eye care for Aboriginal and Torres Strait Islander people (National Aboriginal Community Controlled Health Organisation, 2022).

An important national policy approach that has great bearing on the health and wellbeing of Aboriginal and Torres Strait Islander people is The National Agreement to Closing the Gap (also known as the National Agreement). Consisting of four priority reform targets and nineteen national social economic targets that span health and wellbeing, this area of policy reform seeks to enable Government and non-government organisations to work together with Aboriginal and Torres Strait Islander people to overcome the inequality experienced and achieve outcomes equal for all Australians.

The latest review on the efficacy of the National Agreement indicates a broadly low level of achievement, with only four of the nineteen targets considered 'on track'. The importance of Aboriginal and Torres Strait Islander people leading their design and implementation of health initiatives is earmarked as critical for the success of this initiative.

The report also calls on improving formal partnerships and shared decision making with Aboriginal and Torres Strait Islander people, recognition and enactment of Indigenous data sovereignty, building a culturally safe Australian health care system and ensuring greater accountability by health systems to achieve this work (Productivity Commission, 2025).

The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 and The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 are important strategies that aim to strengthen the health and wellbeing of Aboriginal and Torres Strait Islander people. The targets aim to build a strong, sustainable Aboriginal and Torres Strait Islander workforce, and a culturally safe and responsive Australian health care system achieved through the integration of cultural knowledge, cultural practice, leadership by Aboriginal and Torres Strait Islander community controlled health sector agencies and true shared decision making with Aboriginal and Torres Strait Islander people (Australian Government Department of Health, 2022). Embedding Aboriginal and Torres Strait Islander voices and cultural principles in health governance is key to the success of any initiatives involving Aboriginal and Torres Strait Islander people (First Nations Eye Health Alliance, 2024; Lowitja Institute, 2025).

Therefore, when considering Aboriginal and Torres Strait Islander models of collaborative care, the Australian health care system must reflect the importance of inclusion and leadership of Aboriginal and Torres Strait Islander people and voices in the design and implementation of collaborative care models.

It must also include the enactment of Indigenous data sovereignty, and the central involvement of Aboriginal and Torres Strait Islander organisations as the preferred providers of care. Cultural knowledge, values, and practices must be recognised as integral to effective service delivery and to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. And finally, accountability and evaluation cannot be framed solely from an organisational perspective; they must be grounded in Aboriginal and Torres Strait Islander worldviews, with clear targets for building anti-racist health care systems, developing a safe and sustainable workforce, and ensuring services are led by, or delivered in genuine partnership with, Aboriginal and Torres Strait Islander community-controlled health organisations.

1.3 RANZCO definition and implementation of Collaborative Care

RANZCO defines collaborative care as a patient-centred approach led by an ophthalmologist and involving various health professionals. Collaborative care involves ophthalmologists, general practitioners, optometrists, and other allied health professionals working together to prevent and manage vision loss caused by eye disease. This definition was built for mainstream systems and does not take into consideration or is not fit for purpose, for Indigenous people whose models of care which are patient-centred and include cultural determinants of health and wellbeing.

Picture 1: RANZCO collaborative care model vs Aboriginal and Torres Strait Islander collaborative care model

Eye Model

Sample Indigenous
Models of Eye Care

In the resource *Established and Effective Models of Eye Healthcare Delivery for Aboriginal and Torres Strait Islander Peoples and their Implementation*, the Royal Australian and New Zealand College of Ophthalmologists outline key service delivery principles and clinical models of care to guide practitioners working with Aboriginal and Torres Strait Islander peoples (RANZCO, 2022). The document highlights valuable learnings, aspirations, and potential strategies to strengthen models of care. However, it stops short of addressing how these approaches should connect to primary prevention, upstream determinants, and measurable targets for reducing vision loss, nor does it tackle the structural reforms required in the eye-care system to truly close the gap in vision outcomes. While it offers best-practice recommendations, the resource provides no mechanisms for accountability for neither for RANZCO nor for individual clinician to ensure these models are implemented and effective, and there is no way to monitor their usage or usefulness, or whether the models are being applied in alignment with their intended purpose.

2. Aboriginal and Torres Strait Islander models of collaborative care workshop

RANZCO engaged FNEHA to consult with their select staff and members, along with other relevant stakeholders in broader Aboriginal and Torres Strait Islander health (with a focus on Aboriginal and Torres Strait Islander people in eye care) to identify up to two key priorities that can be advanced by RANZCO to improve collaborative care within ophthalmology. The findings of this work seek to strengthen RANZCO's approach to Aboriginal and Torres Strait Islander eye care and also be integrated into broader collaborative care guidelines in development by RANZCO.

The attendee list was curated by FNEHA in consultation with RANZCO Aboriginal and Torres Strait Islander Eye Health Committee chair and members, and RANZCO's Policy and Advocacy Team. As attendance numbers were limited, the group sought to increase the input of Aboriginal and Torres Strait Islander voices, weighted against RANZCO representation, to allow for an honest and effective expert review on the approaches taken by RANZCO and evidence-based recommendations to improve this work into the future. Central to the design and delivery of the workshop was ensuring that Aboriginal and Torres Strait Islander research methodological approaches, voices, cultural knowledge and practices were honoured and respected.

FNEHA centred the design and delivery of the workshop around prioritisation of the safety of Aboriginal and Torres Strait Islander people in attendance to ensure the greatest success in collaboration and consultation could be achieved in the workshop.

This workshop was held on Saturday 6 of September 2025 on Gadigal Country, Warrane at the RANZCO office 94-98 Chalmers St, Surry Hills, Sydney, NSW and attended by twenty-two (22) participants with representation across the eye care and Aboriginal and Torres Strait Islander health and wellbeing sector. The attendee list is attached in Appendix 1.

2.1 Aims of the workshop

The workshop aimed to review Indigenous models of collaborative care and consider what opportunities are available for RANZCO to improve their approach to Indigenous models of care.

2.2 Structure of the workshop

FNEHA's CEO Lose Fonua opened the workshop by welcoming the attendees and introducing the FNEHA facilitators: A/Professor Kristopher Rallah-Baker (RANZCO Fellow), Dr Thomas Mylne (RANZCO trainee), and Mr Shaun Tatipata (FNEHA Chair), who joined the session virtually via Zoom. An apology from the Metropolitan Local Aboriginal Land Council was provided, who were unable to deliver the planned Welcome to Country due to the Elder's illness. In their absence, Mrs Fonua provided an Acknowledgment of Country and paid respect to the Traditional knowledge holders, past, present and emerging.

Following an introduction by Mrs Fonua, A/Professor Kristopher Rallah-Baker provided an overview of the workshop and outlined the program for the day. He began with a presentation on the history of collaborative care, highlighting its significance for Aboriginal and Torres Strait Islander communities and the progress of work to date.

This was followed by an online presentation from Mr. Tatipata, who discussed the current application of community-led collaborative care models with a regional and jurisdictional focus. Mr. Tatipata emphasised the importance of embedding Aboriginal leadership into governance, fostering cultural safety and anti-racism, building sustainable workforce pathways, supporting integrated and enduring health systems, and aligning initiatives with the National Agreement. Mr Tatipata's presentation is attached in Appendix 3.

Mrs. Fonua concluded the workshop introductions by inviting participants to join one of three yarning circles: Stream 1 – Systems Reform, Stream 2 – Advocacy, Policy and Research, or Stream 3 – Clinical. These yarning circles created a space for participants to reflect on collaborative care for Aboriginal and Torres Strait Islander peoples within each context, critically examine what has worked well to date, identify opportunities for RANZCO to strengthen its approach, and ultimately prioritise the top two initiatives for RANZCO to progress moving forward.

FNEHA committed to synthesising the findings of the workshop and working with RANZCO and the broader eye care sector to continue strengthening Aboriginal and Torres Strait Islander collaborative care models into the future.

Facilitators and participants from Aboriginal and Torres Strait Islander Models of Collaborative Care Workshop, Saturday 6 of September 2025, on Gadigal Country, Warrane, at the RANZCO office 94-98 Chalmers St, Surry Hills, Sydney, NSW

3. Summary of key discussion and findings

3.1 Review of RANZCO definition of collaborative Care

The workshop opened with participants calling for a review of RANZCO's current definition of "collaborative care." They noted that the existing definition, which positions ophthalmology as the lead in a multidisciplinary approach, does not align with Aboriginal and Torres Strait Islander models of care. In contrast, Indigenous models place Aboriginal and Torres Strait Islander people at the centre of decision making and integrate culturally grounded principles of care and interdisciplinary support, as outlined in the National Aboriginal Community Controlled Health Organisation (NACCHO) Core Services Outcomes Framework (2024).

Participants emphasised the need for a new RANZCO definition of collaborative care for Aboriginal and Torres Strait Islander people that aligns with the Closing the Gap Priority Reforms and centres Indigenous perspectives and the voices of Aboriginal and Torres Strait Islander peoples. They called for an approach that prioritises embedding Aboriginal and Torres Strait Islander perspectives and supports the scaling of existing Indigenous-led models of collaborative care that adopts a holistic view of health, incorporates cultural determinants of health and wellbeing, uses culturally respectful languages, and upholds a principle of best practice in health care equity, such that Aboriginal and Torres Strait Islander peoples are receiving gold-standard eye care services alongside all Australians.

Once this was established, the group diversified into streams to consider what opportunities worked and where the top opportunities lie for RANZCO in each stream moving forward.

3.2 Stream one: Systems reform

3.2.1 Identified Systems approaches

Participants identified a clear need for genuine systems reform that embeds Aboriginal and Torres Strait Islander perspectives into every level of eye-care planning, delivery, and evaluation. They stressed the importance of empowering Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Community Organisations (ACOs) with the resources and authority to lead this work and called for funding and programs currently held by non-Indigenous organisations to transition to community control.

The group challenged the dominance of colonial metrics, arguing that current measures of success often fail to reflect Aboriginal and Torres Strait Islander priorities. They highlighted that measuring effectiveness is not binary, urging the adoption of Indigenous-led notions of success that capture community priorities and holistic outcomes rather than narrow quantitative targets.

Participants also emphasised the value of non-Indigenous champions within systems work supporting Indigenous leadership and community priorities by being strong allied leaders who can help drive change. Achieving workforce equity was identified as critical to system transformation, ensuring Aboriginal and Torres Strait Islander people are represented and supported across all levels of the eye-care workforce including ophthalmology. Ensuring greater transparency and support for Aboriginal and Torres Strait Islander applicants throughout the RANZCO application and admission processes and addressing existing inequities within these pathways was seen as central to improving equity in representation and strengthening recruitment outcomes.

Finally, participants reinforced the need for cultural safety and active anti-racism approaches, alongside integrated and sustainable systems that work with Aboriginal and Torres Strait Islander people to deliver much needed long-term system improvements.

3.2.2 Key Systems priorities for Indigenous models of collaborative care

The highest priority identified in this stream was for RANZCO to redevelop its collaborative care definition. This definition would need to reflect Aboriginal and Torres Strait Islander perspectives and voices and include Indigenous notions of holistic care encompassing clinical, cultural and social wellbeing. The definition would also need to anchor service delivery in ACCHO's as gold standard, recognising the importance of culture, trust, and family obligations as central aspects of quality eye care for Aboriginal and Torres Strait Islander people. Finally, the definition and operation model must enable shared governance and community control.

The second identified priority included greater effort in building the Aboriginal and Torres Strait Islander representation in Ophthalmology profession and sharing successful strategies to support broader recruitment and retention across the eye care workforce.

3.3 Stream two: Advocacy, Policy and Research

3.3.1 Identified Advocacy, Policy and Research approaches

A number of key policy, advocacy and research opportunities were identified by participants.

From a policy lens, participants highlighted the importance of embedding community-led voices, cultural reforms and upholding Indigenous data sovereignty to ensure data is governed, owned and interpreted by Aboriginal and Torres Strait Islander peoples. For consistency and sustainability of national approaches, participants noted the importance of alignment of current and future policy initiatives with The National Agreement on Closing the Gap, the National Aboriginal and Torres Strait Islander Health Workforce Plan and National Aboriginal and Torres Strait Islander Health Plan.

From an advocacy perspective, participants urged the mandating of anti-racism requirements, such as those set by the Australian Health Practitioner Regulation Agency (AHPRA), to guarantee culturally safe practice across the eye-care workforce. To strengthen workforce initiatives across the eye care system, participants recommended sharing knowledge of effective recruitment and retention practices implemented with ophthalmology and other eye care professions.

From a research perspective, participants focused on the importance of Aboriginal and Torres Strait Islander research methodologies rather than research for its own sake. These methodological approaches ensure research priority areas are aligned with community priorities, demonstrate tangible benefits for Aboriginal and Torres Strait Islander peoples, have clearly defined outcomes, and have been endorsed by the appropriate ACCHOs. Governance arrangements clearly identify who is responsible for Indigenous research oversight, with strong collaboration between ophthalmology, optometry and other eye care workforce to establish shared principles.

For ethics approval processes for Aboriginal and Torres Strait Islander research projects, participants encouraged RANZCO to ensure Aboriginal and Torres Strait Islander voices are represented to help build cultural integrity in the process and ensure research proposals align with best practice principles as outlined in the "Consider Statement" (Huria et al., 2019).

RANZCO is encouraged to develop its own research code of ethics, that can be aligned with the New Zealand Indigenous Peoples' Code of Ethics, to provide guidance to The Australian and New Zealand Eye Foundation (ANZEF), the College's philanthropic arm and partners. In the absence of this, the development of a comprehensive research policy framework would strengthen this work, drawing on existing resources such as the ANZEF with eye-health research policy guide and the Australian Institute of Aboriginal and Torres Strait Islander Studies Research Framework, to establish consistent standards.

3.3.2 Key Advocacy, Policy and Research priorities for Indigenous models of collaborative care

The highest priority identified by participant's included embedding Aboriginal and Torres Strait Islander voices and perspectives in RANZCO decision making. Valuing and integrating Aboriginal and Torres Strait Islander perspectives would strengthen performance across these areas, ensuring collaborative care models are culturally safe, targeted and effective.

The second priority identified by participants included the implementation of Indigenous research methodologies in RANZCO. This would include the development of an Indigenous peoples' code of ethics and an ethics policy that mandates inclusion of Indigenous people in development and delivery of these priorities.

3.4 Stream three: Clinical

3.4.1 Strengths of Clinical Approaches

Participants highlighted a range of factors that supported effective clinical collaborative care for Aboriginal and Torres Strait Islander peoples. They emphasised the importance of consistent delivery of gold-standard culturally safe clinical care across all settings, underpinned by effective communication and clear pathways for vision care.

Operationally, participants pointed to the importance of team consistency, adequate equipment, and adequate resourcing to sustain high-quality care. The participants also spoke about the importance of clear referral pathways with hospital engagement, and accompaniment for patients along their journey to ensure seamless care and reduce barriers.

A non-judgmental approach to “did not attend” (DNA) appointments was also highlighted as a way to maintain trust and engagement. Participants stressed that funding models must be needs-based and that all voices should be respected throughout the clinical pathway, with care remaining patient-centred at every stage.

With a partnership lens, participants identified the importance of partnering with ACCHO services and providing staff upskilling alongside more targeted efforts to grow the First Nations health workforce across the eye care system.

Finally, cultural safety in both training and everyday practice, with a “deep understanding” of cultural contexts, was considered critical for clinical care. Addressing racism in the eye care system was identified as essential, with RANZCO encouraged to acknowledge and take action against the problem of racism and its impacts on clinical service delivery and the ophthalmology workforce. The group suggested establishing longitudinal studies to understand the impact of racism on the ophthalmology workforce and commit to continued work to eliminate discriminatory practices.

3.4.2 Key Clinical priorities for Indigenous models of collaborative care

The highest clinical priority identified was to advocate for eye care to be delivered in genuine partnership with and by the Aboriginal and Torres Strait Islander workforce and community. This collaboration was seen as essential to achieving consistently high-quality care and enhancing the quality of practice within professional roles. They also highlighted the need to prioritise community control and to ensure that Aboriginal Community Controlled Health Organisations are adequately resourced to lead and sustain these services.

The second identified priority focused on improving RANZCO workforce initiatives. The participants sought recognition and integration of Aboriginal and Torres Strait Islander cultural knowledge and workforce, as a fundamental part of the eye health and vision care pathway. To grow the workforce, they recommended increasing efforts in the recruitment of Aboriginal and Torres Strait Islander staff in RANZCO and ophthalmology training positions.

Finally, participants highlighted the need to build a culturally capable workforce by ensuring all RANZCO Board and committee leadership undertake cultural safety training and by progressing towards a standard in which all Fellows provide evidence of completion of accredited cultural safety training.

4. Key Group Priorities identified by the participants

In the final session, all three streams presented their top two priorities and explained the rationale for their choices. The participant group then voted on the top two group priorities that were most critical to advancing Aboriginal and Torres Strait Islander models of collaborative care. The workshop concluded with confirmation that these priorities will be featured in the forthcoming workshop report and incorporated as key actions moving forward.

The workshop identified one top priority and two equally important second-tier priorities. They include:

1. The highest priority is to embed Aboriginal and Torres Strait Islander voices and perspectives in RANZCO's decision-making processes.

- This could be achieved through formal partnership with Aboriginal and Torres Strait Islander organisations, such as the FNEHA.
- This priority aligns with national policy directions in Aboriginal and Torres Strait Islander health and will help enable the necessary structural reforms to support genuine shared decision-making, the integration of cultural knowledge and the necessary accountability to strengthen collaborative care models.

2.Redevelopment of RANZCO collaborative care definition to reflect the needs of Aboriginal and Torres Strait Islander people.

3.Adoption of Aboriginal and Torres Strait Islander research methodologies ensuring commissioned research aligns with Aboriginal and Torres Strait Islander people's priorities.

- Both demonstrate tangible benefits for Aboriginal and Torres Strait Islander communities.
- Both priorities align with national health and research policies, meet communities' priorities, strengthens collaborative care models in ophthalmology and upholds Indigenous data sovereignty.

FNEHA is committed to working in partnership with RANZCO to support implementation of this report and to champion this work across the broader health sector, ensuring continued progress is achieved in strengthening Aboriginal and Torres Strait Islander collaborative care models into the future.

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Image left to right: CEO NAATSIHWP Karl Briscoe (Kuku Yalanji), Government Relations Lead IAHA Jed Fraser (Bidjira and Mandandanji), FNEHA Board Director Dr Thomas Mylne (Gangalu), Executive Director NACCHO Monica Barolits-McCabe (Kungarakan), FNEHA Board Director and RANZCO Fellow A/Professor Kristopher Rallah-Baker (Yuggera/Warrongo/Wiradjuri), FNEHA CEO Lose (Rose) Fonua (Wiradjuri), Executive Manager, Research and Knowledge Translation Lowitja Institute Jaki Adams (Yadhaigana and Wuthathi).

Appendix 1 Workshop Attendees

Participants:

01. Angela Hall (Vision 2020 Australia)
02. Chris Rektsinis (Aboriginal Health Council of South Australia)
03. Tim Henderson (Ophthalmologist)
04. Dr Hannah Wood (RANZCO Trainee)
05. Jacqueline Adams (Lowitja Institute)
06. Jason Loh (Guide Dogs Australia)
07. Jed Fraser (Indigenous Allied Health Australia)
08. Karl Briscoe (National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners)
09. A/Prof Mitchell Anjou (Indigenous Eye Health Unit)
10. Monica Barolits-McCabe (National Aboriginal Community Controlled Health Organisation)
11. A/Prof Rosie Dawkins Ophthalmologist
12. Sarah Davies (Optometry Australia)
13. Skye Cappuccio (Optometry Australia)
14. Trevor Murphy (Vision Australia)

FNEHA Staff:

01. Lose (Rose) Fonua (CEO)
02. Shaun Tatipata (Chair)
03. A/Professor Kristopher Rallah-Baker (Board Director, RANZCO Fellow)
04. Dr Thomas Mylne (Board Director, RANZCO Trainee)

RANZCO Staff:

01. Gerhard Schlenther (Head of Policy and Advocacy)
02. Jennifer Doggett (Manager Advocacy and Campaigns)
03. Laura Ferreira (Policy Officer)
04. Legend Lee (Senior Manager Advocacy and Policy)

Appendix 2 Workshop Agenda

TIME	ACTIVITY	DISCUSSION	FACILITATOR/ SPEAKER
9:30 am - 10:30 am	Registrations open	Tea and coffee available	RANZCO
10 am	Welcome	Introductions	FNEHA
10:05 am	Welcome to Country		Metropolitan Local Aboriginal Land Council
10:15 am	Overview	Agenda and Housekeeping	FNEHA
10:20 am	Oral Presentation	Contextual Information: Collaborative Care progress to date	A/Prof Kristopher Rallah-Baker
10:30 am	Reflection	Reflection and Questions	FNEHA
10:35 am	Oral Presentation	Community-led collaborative care models: regional and jurisdictional focus	Mr Shaun Tatipata
10:45 am	Reflection		FNEHA
11:00 am	Morning Tea	Break	
11:15 am	Round Table Session 1	Collaborative discussion: What has worked?	FNEHA and participats
11:55 am	Reflection		FNEHA
12 pm	Lunch	Break	
1:00 pm	Welcome Back	Afternoon Overview	FNEHA

Appendix 2 Workshop Agenda Continued

TIME	ACTIVITY	DISCUSSION	FACILITATOR/SPEAKER
1:10 pm	Reflection Session	Participants present back	All participants
1:40 pm	Reflection		FNEHA
1:50 pm	Roundtable session 2	Prioritisation	All participants
2:15 pm	Report Back	Participants present back	
2:30 pm	Afternoon Tea	Break	
2:45 pm	Summary	What we heard	FNEHA
2:55 pm	Closing Remarks	Next steps	FNEHA

Appendix 3 Presentation Shaun Tatipata Chair FNEHA

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Our Vision, Our Way

Community-led Collaborative Care for Aboriginal & Torres Strait Islander Peoples

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**Disclaimer: Aboriginal and Torres Strait Islander people are advised that this document may contain references and/or pictures of deceased people.*

Acknowledgement of Country

Why Collaborative Care Matters

- First Nations people 3× more likely to be blind
- Most of this gap is preventable
- Where communities lead, gaps close faster, and outcomes are better

If we know what works, why aren't we doing it everywhere?

Appendix 3 Presentation Shaun Tatipata Chair FNEHA

Collaborative Care (RANZCO Definition)

- Patient-centred, ophthalmologist-led
- Shared pathways with GPs, optometrists, allied health
- Strong communication

Is this enough for First Nations communities?

Collaborative Care
(an Aboriginal and Torres Strait Islander perspective)

- Community-led, ACCHO-anchored
- Culture, trust, and family obligations central
- Shared governance with community
- Holistic: clinical + cultural + social wellbeing

How different would care look if this definition led the way?

Examples of Community-led Collaborative Care

Deadly Vision Centre (Darwin)
- Specialists plug into a community hub (RDH + private ophthalmologists)

Victorian Aboriginal Health Service (Melbourne)
- On-site optometry; Ophthalmology In-Reach; dedicated appointments and prioritization for surgery
- Specialist care embedded in ACCHO

Geraldton Aboriginal Medical Service (Geraldton)
- UWA + GRAMS + local hospital partnership
- ACCHO anchors, university supports, and dedicated surgery/treatment pathways for patients

What would this look like in your setting?

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Insights from Policy & Evidence

Four non-negotiables (Roadmap, Vision 2030, Closing the Gap):

- Shared leadership & governance
- Workforce equity
- Cultural safety & anti-racism
- Integrated, sustainable systems

Which of these are we delivering? Which are we avoiding?'

Two Levels of Collaboration

Clinical pathways
- Shared protocols, clear referral thresholds
- Bounce-backs, alternating visits

Systems & policy
- Regional governance with ACCHOs
- Sustainable funding, universal screening
- National datasets, Closing the Gap alignment

Where do you have most influence today?

What You Mob Can Do

Reflect on you lived and Clinical / Policy experience

- Imagine the ideal pathway and partnership
- Share what builds trust — and what blocks it

What would the ideal collaborative care model look like
if you designed it from scratch?

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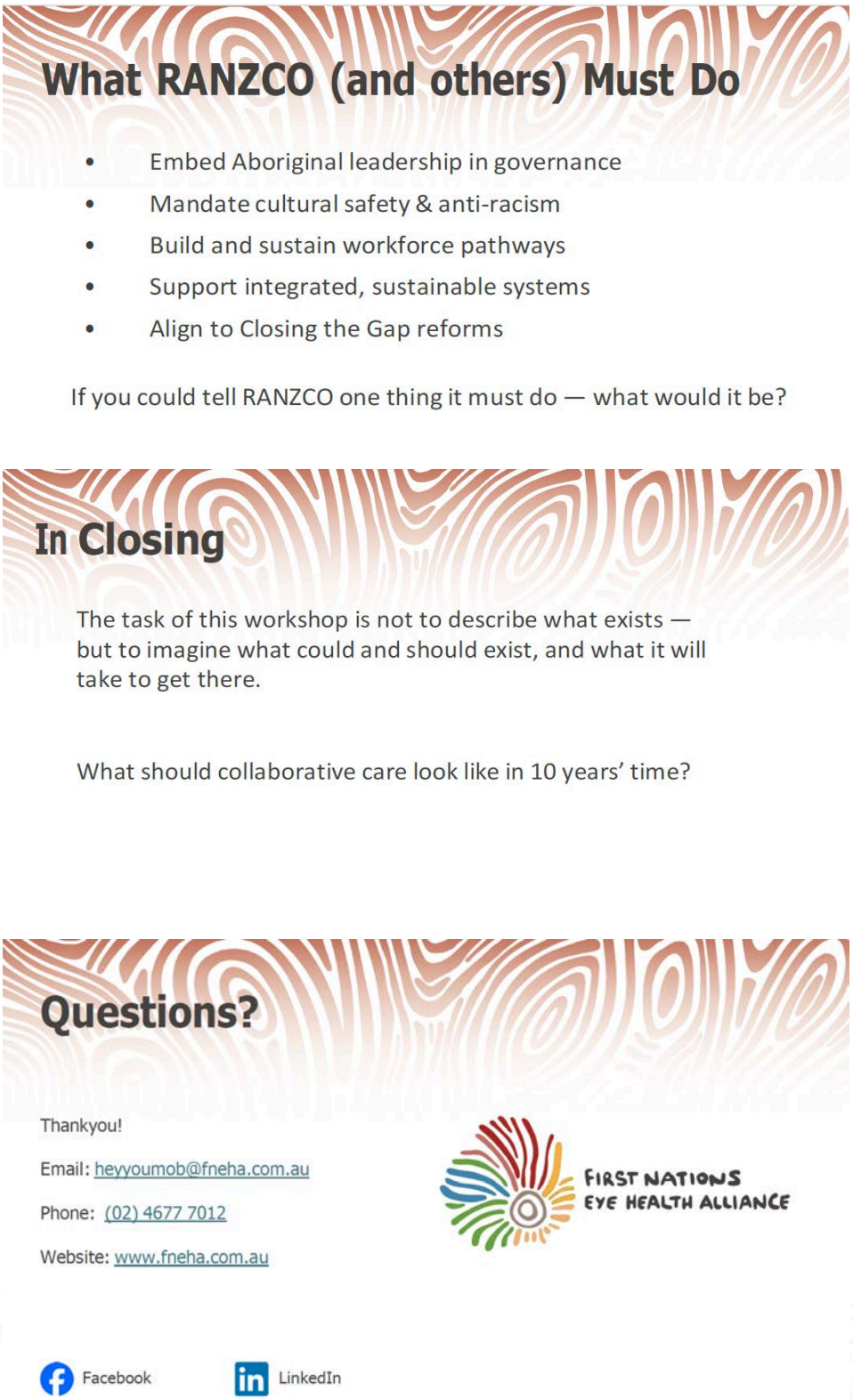

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The Royal Australian and New Zealand College of Ophthalmologists
THE LEADERS IN COLLABORATIVE EYE CARE