Specsavers' vision – clinical and into the future

by Rob Mitchell — November 15, 2025

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About 1000 people attended the 2025 Specsavers Clinical Conference in September, either at the Melbourne venue or online. Images: Francesco Vicenzi.

Optometrists have been given valuable insight into how they can use their clinical skills to save the sight of others, and how Specsavers plans to support that work in Australia and New Zealand.

At the recent Specsavers Clinical Conference (SCC) in Melbourne, optometrists from across Australia and New Zealand had the opportunity to focus on the finer details of vision loss and how they can prevent that from happening.

But before they were taken on a deep dive into glaucoma, idiopathic intracranial hypertension and eyelid lesions, among many other topics, they were given a broader perspective on their own impact and a glimpse into the future.

As ANZ clinical services director Dr Ben Ashby told the 550 people in the room at the Grand Hyatt's Savoy Ballroom, bathed in Specsavers green, and the 450 online, that future begins with an ending.

This year marked the end of the company's five-year plan, he said.

ANZ clinical services director Dr Ben Ashby talks about the company's five-year plan.

"In 2020, our five-year plan kicked off. In an industry where all the research told us detection rates for avoidable blindness were sitting at 60%, we knew from our data we were already at 80%, and we set the massive goal to get to 95% by this year.

"Now we still have six months to go and . . . I am very excited to say this year, we are all up to 94% detection rate for avoiding blindness, and that is absolutely phenomenal.

"There are now hundreds of thousands of people across Australia and New Zealand in treatment that will protect their sight, hopefully now for the rest of their lives."

That was achieved through an intense focus and hard work in a number of areas, including glaucoma, diabetic eye disease and a growing focus on myopia in children, including more than 33,000 now in management for the eye disease.

Over the past five years, Specsavers optometrists across the region had seen more than five million people and detected glaucoma in more than 170,000 of them, Dr Ashby said, with stores in Batemans Bay, New South Wales, and Masterton, New Zealand, leading the way.

"We now have a genuine, generational opportunity to stop glaucoma from being a leading cause of blindness," he said.

In diabetic eye disease, Specsavers would continue to co-fund the KeepSight program, a recall program run by Diabetes Australia that reminds people to attend regular eye checks, to monitor the condition and potential vision loss.

More than 100,000 patients had been referred to the program since 2020, with more than 1.17 million appointments registered and a special mention went to the team at Specsavers Orange, NSW who refer nearly 100% of their patients with diabetes to KeepSight.

“In the last five years, 20,000 people would have lost their sight without that intervention,” Dr Ashby said.

And Specsavers had supported eyecare in indigenous Australia and the Pacific with $11 million raised for the Fred Hollows Foundation.

But it wasn’t just about preventing vision loss, he said. Specsavers optometrists had also helped many others improve their vision.

They had seen 552,000 children in last five years, with 225,000 having their eyesight improved.

Contact lenses presented a great opportunity in the region, where just 8% of people wear them.

“In the UK, 12% of patients wear contact lenses, and if I was going to pick a country that I thought was suitable for contact lens wear – we’ve got a better climate, we’ve got an outdoor culture,” Dr Ashby said.

“We should have way more people in contact lenses here than there is in the UK.”

Pondering the future and hinting at what might be in Specsavers’ next five-year plan, he touched on that growing focus on myopia and children, but also dry eye disease and a stronger push into medical management.

That focus on kids included the creation of Specsavers’ Optomonsters – fun characters that would become part of the brand through stickers, fun packs and other content.

Booster seats would be on the way to every store.

Myopia would be a key focus as Australia and New Zealand worked to prevent the global surge of the eye disease.

Specsavers had launched its two-for-one option with its MiYOSMART spectacle lenses, he said.

“We also launched our MyoEyes product, our second-tier myopia management product – half the price of the original myopia management for that 60% of families that just can’t afford the top-tier product.”

Specsavers had now treated more than 2,000 patients with dry eye, and many more were to come after its rollout of low-level light therapy and IPL across its stores.

“This month [September] advanced dry eye therapy will be available at 100 stores,” Dr Ashby told the audience.

“We are going as fast as we can on this one – 30% of patients want it and 15% are asking for it without an optometrist mentioning it first.”

Dr Ashby said 55,000 patients were now in some form of medical management, and 80% of its optometrists were able to prescribe therapeutics.

As part of that, Specsavers was planning to launch a senior optometry role with a focus on more advanced care for glaucoma and other conditions.

That would help take the burden off ophthalmologists, he said.

Specsavers is also seeking to take the burden off the planet through a partnership with recycler Opticycle launched in 2025.

That meant 20 tonnes of optical waste – frames and lenses – had been recycled, with much of it turned into consumer goods such as pavers. “We want to get to 60 tonnes for this year”.

He was equally proud of ongoing recognition of Specsavers’ workplace culture, and its recruitment of graduates.

The company had recently been judged Australia’s fourth best place to work and New Zealand’s second best place to work by Great Places to Work, just its latest recognition in that area, and it now had more than 700 people in its graduate program.

Deep dive into the clinical

Medical management and the challenges of various eye conditions were top of mind as those at the venue and online absorbed the guidance of a number of ophthalmologists and colleagues during the two-day conference.

Dr Jason Cheng kicked off the clinical aspect of the conference with a presentation on glaucoma.

Topics ranged from glaucoma to uveitis, myopia, corneal cancers and geographic atrophy.

Kicking off the clinical aspect of the weekend was ophthalmologist Dr Jason Cheng, from Sydney Eye Hospital, who guided attendees on how to better use OCT and visual field testing to detect glaucoma.

Specsavers, he said, had access to great technology that could help optometrists make good diagnoses.

“How good is OCT at detecting glaucoma? It’s pretty good actually, especially in established glaucoma,” he said.

“But you do need to be cautious and always correlate OCT findings with visual fields, intraocular pressure, history and other factors.”

Key OCT parameters included image quality, retinal nerve fibre layer thickness, ganglion cell complex analysis, neuroretinal rim and the presence of disc haemorrhages.

When interpreting visual field tests, clinicians looked at the reliability indices, total and pattern deviation, he said.

The glaucoma hemifield test (GHT) with a result “outside normal limits” was highly suggestive of glaucoma. Mean deviation (MD) provided insight into disease severity, while the visual field index (VFI) percentage score was an accessible way for patients to understand their place on the glaucoma severity scale.

Dr Cheng emphasised the significance of structure-function correlation and progression analysis using both event-based and trend-based methods.

He concluded by stressing the importance of a comprehensive patient history and understanding risk factors in achieving accurate glaucoma diagnosis and effective management.

Dr Kate Reid had some interesting information on popular new diabetes and weight-loss drugs.

Neuro-ophthalmologist Dr Kate Reid presented on the “weighty” topic of idiopathic intracranial hypertension (IIH).

The audience was particularly interested in her thoughts around the new diabetes/ weight-loss drugs, the GLP-1 receptor agonists typified by semaglutide (Ozempic and Wegovy) and tirzepatide (Mounjaro and Zepbound).

Dr Reid, from Optic Nerve Canberra, said these drugs had been shown to provide profound health benefits by reducing weight, which in turn improved control of chronic diseases such as IIH, diabetes and sleep apnea.

The drugs are synthetic versions of naturally occurring metabolic hormones, but with a much longer duration of action.

About 80,000 Australian diabetics were using these agents in 2024, she said, which helped slow the transit of food, suppressed appetite and reduced the amount people were eating.

That could lead to “dramatic” weight loss – “up to 20% of body weight”.

Dr Reid cited studies showing “neuro-protection for the eye” through reductions in new glaucoma and dry AMD with extended use, as well as reduction within minutes of the intracranial pressure by exenatide, the first GLP-1 RA to be developed.

But she also noted that many patients reported putting the weight back on after finishing taking the drugs, as well as marked loss of muscle mass.

And there were potential, serious side effects impacting vision.

Those included an “increased risk of NAION [non-arteritic anterior ischemic optic neuropathy], a sudden, painless vision loss in one eye caused by reduced blood flow to the front of the optic nerve”.

Dr Reid said that a previous history of NAION should be considered an absolute contraindication to GLP-1 RAs. Another issue to watch for was progression of diabetic retinopathy, due to sudden tightening of diabetic control.

‘The ham and cheese sandwich’

No less weighty a topic was Dr Ebony Smith’s presentation on oculoplastics, and how to examine eyelid lesions and differentiate between those that are benign and cancerous.

In a presentation probably best delivered before dinner than after it, the Queensland ophthalmologist took the audience through a number of slides and case studies showcasing various cancers and growths.

Dr Ebony Smith’s focus was eyelid lesions and cancers.

Besides examination of the eyelids – “the ham and cheese sandwich” – other factors were important, she said.

These included the history of the lesion.

“Time is very important,” Dr Smith told the audience.

“If it has been there less than three months or longer than five years, it is most likely benign.”

The history of the patient was also vital.

“The age of the patient – the older they are the higher chance of malignancy. Also if have they had skin cancer before and sun exposure?”.

If a lesion that was growing and changing in colour was a “red flag”.

She told her audience to be wary of people who are immune supressed, which can make things look different and optometrists should consider an automatic referral for new or growing lesions in

these patients.

“Because it could look benign but might not be.”

Those conducting exams should look for destruction of tissue e.g. ulcers, a change in contour of the tarsus, misdirected lases or loss of lashes

The presence of keratin around the eye could also be a sign of potential cancers.

“The reason why keratin is a really important red flag is because squamous cells make keratin, and squamous cells are the progenitor for SCC [Squamous Cell Carcinoma].”

She encouraged optometrists to refer to a specialist if they were unsure or concerned.

Facing the growing surge

Myopia was a key focus the following day.

Dr Kate Gifford, optometrist and co-founder of Myopia Profile, an online resource for professionals and parents of myopic children, invited attendees to “Choose your own adventure” in myopia management.

She acknowledged that the treatment and management of myopia was a fast-changing space.

Dr Kate Gifford takes the audience through a myopia ‘adventure’.

Partly because of that, “many barriers and issues in clinical communication and thinking of the best treatment” remained.

The good news was that “in the past couple of years myopia control spectacle lenses, contact lenses, ortho-k and atropine have given us everything we need”.

A number of polls of optometrists and others between 2019 and 2023 had shown that knowledge was growing but concerns remained about increased costs to parents.

Dr Gifford said any lack of knowledge could be tackled with education, including the online resources at Myopia Profile.

She encouraged optometrists talking with parents to highlight key messages – “myopia is growing in prevalence around world; it’s a progressive, worsening condition in kids; it’s more manageable now”.

Regarding cost, explaining the “value” in tackling myopia and reducing the risk of greater vision loss later in life could help avoid greater costs in future.

“The brain is not designed to make long-term decisions – temporal myopia,” she said. “We all have it. What is in front of us makes more sense to us, even if it’s not logical.

“Short-term cost looms larger than the long-term consequences of myopia, especially for a parent who doesn’t have myopia.”

Practitioners should focus on the short-term benefits of myopia control and management.

“The short-term message is your child will spend less time with blurred vision between visits.

“Also, myopia control can reduce your child’s lifelong risk of vision problems . . . cheaper than long-term cost of single vision correction.”

Dr Gifford also explored numerous treatments, including spectacles, light therapy and atropine, and studies into their effectiveness.

“Be very sceptical of being told any treatment is superior, because the best myopia control interventions are generally all are equally good,” she said.

There were “a bunch of treatments that work well”, including D.I.M.S. lenses (MiYOSMART), dual focus soft contact lenses (MiSight), orthokeratology and atropine, which were all shown to slow axial elongation by half.

Contact lenses presented a great opportunity. The MiSight 1 Day lens was shown to be safe and tolerated by kids in the longest study in myopia management, she said.

Research had shown that of all contact lens fits for six- to 12-year-olds worldwide in 2024, just 38% of those were for myopia control. In Australia it was just 15%.

“So there are lots of opportunities there.”

There was also more research into the most effective use of atropine, in combination with other treatments.

Studies on concentrations had shown that “0.05% had won the race”, she said.

But she also said research had established that beyond 0.05%, concentations of atropine didn’t give any greater benefit over spectacles and contact lenses.

“There doesn’t appear to be a dose response but more side effects, including allergic effect, photophobia and 20% drop-out rate.”

On prevention, Dr Gifford said polls had shown that promotion of more outdoor time was important.

Identifying pre-myopia and working towards prevention was little understood at the moment, but that knowledge was growing, and they were important.

“If we can delay the onset of myopia by one year, we can reduce the final level of myopia by 0.75 diopters.

“This reduction is comparable to the effect of 2-3 years of myopia control treatment after myopia has already developed,” she concluded.