

## Allan Maurice Rosenberg, President of the Royal Australian and New Zealand College of Ophthalmologists, 2004 – 2006

Allan Rosenberg was the first President of the College to serve for two years.

Allan gained his MBBS at the University of Sydney in 1974, undertook his ophthalmic training at Sydney Eye Hospital and was Corneal Fellow at the same institution in 1979. He was admitted as FRACO in 1979 and was made a Fellow of the Royal Australasian College of Surgeons (RACS) in 1980.

Allan was President of the Australian Society of Ophthalmologists (ASO) from 1995 to 2004, and in the late 1990s the ASO, as a member of the Council of Procedural Specialists (COPS), was instrumental in thwarting the attempted introduction into Australia of US-style Managed Care. Together with COPS and the AMA he was intimately involved in having the “Lawrence Legislation” largely replaced with the “Gap Cover Schemes” (gap insurance without contracts), legislated and enacted in law in 2000.

He became a Councillor of the College in 1995, joined the Executive in 2001 and then the Board in 2002. He represented the College on the Australian Association of Surgeons (AAS) for many years, and for ten years was the Federal Deputy Chair of the AMA’s Surgeons Craft Group. Through these organisations he pursued numerous issues, including private health insurance and medical indemnity. He was a driving force behind the Relative Value (Workforce) Study from 1995 to 2001, became Chair of the RACO Health Policies Committee in 1997, was honoured as a Fellow of the AMA in 2000, and was a member of the RANZCO Eye Foundation Advisory Board, and of the College Audit Committee from 2003 to 2006. He served for many years, from 1990, on what was then the Anomalies Committee which was subsequently changed in name to the Medicare Advisory Committee. Allan also served on the Commonwealth Department of Health and Ageing Lens Prostheses and Clinical Advisory Committees and was appointed by the Minister to serve on the Prostheses and Devices Committee. In 2008 he was appointed to Medicare’s Professional Services Review Committee (PSR) and was reappointed by the Minister for Health in 2012.

The first year of Allan’s Presidency was eventful and challenging with:

- changes in place to governance structures, and the strategic planning changes, instigated by former College President Ivan Goldberg some years before;
- approach to medical colleges by the ACCC and the Australian Health Workforce Officials Committee (AHWOC) to review their processes and ensure the agreed principles of transparency, procedural fairness, stakeholder participation and accountability, were addressed. The RANZCO had already achieved much in establishing itself as a leader in the field of training selection, education and reporting;
- College contribution of advice in the initial stages to the development of the National Eye Health Framework adopted by all State and Territory Governments, and Vision 2020 Australia as part of the WHO’s ideal of eliminating blindness, while individual Fellows contributed much to the indigenous and remote communities of outback Australia as well as to overseas aid under the auspices of the Pacific Island Program (PIP);
- commencement of the Workforce Study by Access Economics and the development of a model that could be used on a continuing basis;
- establishment of the Human Research Ethics Committee under NHMRC Guidelines;
- re-vamping of the Medico-Legal Special Interest Group to oversee new expert witness panels set up in each branch under College guidelines; and
- the initiation of the tradition of the President attending at least one of every Branch conferences to give the Fellows an update of College affairs and to interact with them.

Allan titled his address in his first year as “Responsibility through Professionalism”. He acknowledged the graduate fellows and their families, having reached a milestone in their lives, and encouraged them to become more learned and knowledgeable doctors, and responsible members of their profession. He spoke about the College’s growth in stature over the past 37 years through academic, educational and political development. He acknowledged the role of the Ophthalmic Research Institute of Australia (ORIA), the RANZCO Eye Foundation, and the New Zealand Save Sight Society, Glaucoma Australia and the Macular Degeneration Foundation for their support of research projects being undertaken. He also recognised the other stakeholder organisations that work with Vision 2020 Australia, together with the College, to provide advice to the government on the prioritisation of treatment for blinding diseases, and to provide leadership in the implementation of programs to eliminate blindness and vision impairment.

Allan spoke about setting and maintaining the highest of standards, and he harked back to the Edinburgh College of Surgeons, the oldest post-graduate medical college in the world established 500 years ago, regarding issues such as service to the community, education and the maintenance of standards being recognised and valued then as now. He referred to the rapid changes in technology, consumerism, interpersonal and work relationships and the adoption of the *Can Meds* project as a basis for the professional and personal attributes aimed for in RANZCO Fellows.

He pointed out that the interaction of medicine and politics could not be ignored because Health consumed a significant portion of GDP. He counselled that where resources are limited and needs are great the search for solutions in health care consumes the thinking of bureaucrats and politicians: that simple solutions are often wrong but not recognised until years later. He quoted Gaius Petronius from AD 66 in "... re-organising ... can create the illusion of progress while producing confusion, inefficiency and demoralisation". He spoke about the College's Workforce Study which looked at the demand and supply of ophthalmologists in the workforce, the preliminary results showing that there may be a shortage as well as significant maldistribution problems.

Allan advised that a breakdown of figures from each state, and for sub-specialties, would assist the College in planning for the training scheme and to address the shortages in part by producing more ophthalmologists. Some of the shortfall would be alleviated by immigration of overseas trained ophthalmologists as well as improvements in work efficiencies with the appropriate use of paramedical staff, but health bureaucrats would push for medical substitution. Allan advised that where such practitioners were competent to do specific tasks under medical supervision, there ought not be a problem but many practitioners would wish to work independently and achieve by legislation what they had not achieved by education, creating a health system that is fragmented into a plethora of variably qualified practitioners. The arguments were not new, he said and the solutions were not easy but Governments needed to address waiting list problems.

Allan referred to the ophthalmological profession as the lynch pin, with the responsibility to care for individual patients and to protect the community by being the guardians of the standards of care: righting a wrong or assisting a disadvantaged group was equally important. He commended his colleagues who assisted indigenous communities and provided overseas aid, bringing credit to themselves, their colleagues and the College. He concluded by beseeching the new graduates to embrace their responsibilities and grasp leadership by virtue of their training, expertise, commitment and professionalism: to have the courage to stand for their principles, be compassionate for their fellow man, and take responsibility as members of society which had given them much but which deserved much in return from them.

The second year of Allan's Presidency was one of accomplishment and ongoing challenges with:

- the AMC report on the College's core educational systems of selection, specialist training, continuing education and assessment, with the AMC Accreditation inspection team having visited many training posts and finally meeting with the College Board, resulting in a largely positive and complimentary report with only a number of minor details requiring attention;
- finalisation of the Ophthalmology Workforce study undertaken by Access Economics;
- the College's strategic directions in identifying priorities to implement goals still outstanding from the strategic plan set some years before, being influenced by the two projects above, together with the Federal Government's National Eye Health Framework, the ACCC and AHWOC review of specialist medical colleges;
- the establishment of Scope of Practice and Curriculum Committees to further identify and define parameters attributable to sub-specialties as well as comprehensive ophthalmology, while best practice was set as a cornerstone for Continuing Professional Development with participation in CPD becoming a condition of Fellowship;
- management services of the New Zealand Medical Association were contracted by the New Zealand Branch to support branch operations of advocacy, media logistic support and the ability to liaise more closely with government there, while "Vision 2020 New Zealand" was set up;
- the drawing up of Memorandums of Understanding each with Glaucoma Australia and with the Macular Degeneration Foundation and Vision Australia, to foster closer relationships between the Fellows involved with these patient support and services groups;

- vigorous lobbying of Ministers for Health in governments of all jurisdictions, as well as the Board of United Medical Protection (now Avant) to preserve the maintenance of the highest standards of medical care for the community with regards to the medical tasks substitution debate which came about through medical workforce shortages, expansion of paramedical scopes of practice, including optometry, and a change in the prevailing attitudes of governments and bureaucracies. The College agreed that specific task delegation may be possible with paramedical personnel under the guidance of medical practitioners (ophthalmologists) and within an integrated eye care team; and
- forceful presentation to Medicare of the College's views on the unsuitability and inappropriateness of MBS Item 106, thus making it irrelevant for use by ophthalmologists.

In his second address Allan spoke about "Striving for Excellence in Medical Care, through Leadership". He again commenced his speech by addressing the graduate fellows and their families, and told the audience that one of the memories of all Fellows that was never forgotten was the exhilaration of passing the fellowship examination as it is the culmination of many years of hard work, study and dedication. He informed the audience that the *raison d'être* of the College was to foster the study of ophthalmology and medicine, and to constantly strive to provide the best care for patients and service to the community.

Allan was proud to report that the College had recently undergone exhaustive analysis of its academic, educational and assessment functions by the Australian Medical Council and that it had been complimented on its educational and regulatory processes. This outcome had been the result of teamwork involving the leadership of the Censor-in-Chief, David Kaufman; the guidance of the Qualification and Education Committee; the hard work of the College staff; and the enthusiastic contribution of Fellows who supervised the trainees with ophthalmic education. He also acknowledged the roles of the Ophthalmic Research Institute of Australia (ORIA), The RANZCO Eye Foundation, and the Save Sight Society in New Zealand and encouraged Fellows and the wider community to support these organizations.

In addressing the title of his speech he recognised that the profession is not an island unto itself and to function successfully, interaction on many levels with the development of relationships with colleagues and organisations internationally and domestically, was needed. He mentioned the International Council of Ophthalmology (ICO); the International Agency on the Prevention of Blindness (IAPB); the World Health Organisation (WHO); and the development of the World Vision 2020 Programme, dedicated to reducing or eliminating blindness and vision impairment in the world by 2020. To achieve this goal he advocated leadership for the enhancement of access of patients to treatment by ensuring that an adequate number of eye health professionals were trained. He spoke about the Asia Pacific Academy of Ophthalmology (APAO) to be held in Sydney in 2011 which would attract thousands of ophthalmologists from Asia, the Pacific and beyond and encouraged the audience to attend the APAO Conferences to strengthen and deepen relationships with ophthalmologists in the region. Allan spoke about the Fellows who selflessly gave of their time and expertise by providing overseas aid to 40 countries in the Asia/Pacific regions and called for this to be continued in a structured and organised manner, responsive to the needs of each country.

Allan advised that further development of interactions with colleagues in the medical profession, related eye care professions and patient support organisations called for leadership, as did close cooperation with other Colleges and the Australian Medical Association (AMA) to engage Government and the public in a meaningful and cogent manner. He advised the audience that the College had engaged with major support organisations and had signed *Memorandums of Understanding* with Vision Australia (a growing confederation of the Royal Blind Societies and other groups), Glaucoma Australia, and the Macular Degeneration Foundation, as well as supporting and assisting Vision 2020 Australia by providing leadership and advice on the way forward in implementing the goals of the organisation, and in assisting with its advocacy for the adoption of the Commonwealth's national vision framework.

In discussing the relationships with optometry, Allan spoke about the role of integrated care and how the eye care professions could work together in a team approach. He said that in theory, this would result in the reduction of duplication of resources and management, and proactive reduction of disease risk for the patient. He said that pressures towards integrated care as a rational model had come about through perceived workforce shortage, increased specialisation, shorter working weeks, requirement for work-life balance, changing gender balance in the profession, and increased demands from both consumers and political processes. Allan spoke about the Productivity Commission's report "Towards a More Effective Health Workforce System", and its touted reforms with "role substitution" which had been much debated and challenged. Allan advised that safety issues must take precedence in the delegation of simple tasks. He said that the issue becomes problematic where non-medical health workers unilaterally wish to expand their roles to include medical treatments such as therapeutics and surgery. He alleged

therefore, that although such changes may appear reasonable, the end result would be a plethora of problems, but the main concerns were those of standards of care, quality and safety. He advised that it was unacceptable that a medical practitioner who received a referral of a patient with an adverse outcome from an independent health worker should have to accept any liability without the opportunity for early input, supervision or feedback. He claimed that a course of study alone without practical clinical experience under medical supervision would not be sufficient to allow a practitioner to gain the experience to deal with serious or sight-threatening conditions and that the only way forward would be with task delegation rather than role substitution.

Allan stated that specific medical tasks could be delegated to trained practitioners within a team approach, and with a defined scope of practice for each team member, with the doctor providing the leadership, responsibility and accountability for patient care, but to facilitate this, effective medical indemnity insurance would need to be in place to protect the patient and each team member. He went on to inform the audience that integrated care already exists overseas and in Australia and New Zealand: that it works well where tasks are delegated under the umbrella of the Medicare Benefits Schedule; in provision of care by overseas aid teams; and within Australia for many outreach programmes in remote regions servicing indigenous communities. Allan anticipated that it may serve as a basis for vertically integrated ophthalmic practices of the future, with all eye care professionals available within the one centre. However, there needs to be an improvement in relationships between the primary professional groups that make up the eye care sector and in finding solutions to this the College had developed position papers and guidelines which define the non-medical health professionals' involvement in the therapeutic management of patient disease. He proposed that further improvement to clinical guidelines should be developed jointly by eye care team members, and not in isolation: that jointly agreed competency levels would be ideal, as would a more collaborative approach to solving problems but he said that such intentions cannot allow abrogation of responsibilities to protect the community because ophthalmologists were the guardians of ophthalmic medical care.

In concluding, Allan urged the graduating Fellows to embrace their responsibilities and grasp leadership by virtue of their training, expertise, commitment and professionalism, and not to neglect their bonds with the College which is the embodiment of the profession. He informed the audience that he had thoroughly enjoyed his two year term as President which had been challenging, extremely rewarding at a professional and personal level but that he could not have achieved it without the support of his family and especially his wife Carolyn.