

Brian Lockhart Gibson, President of the Royal Australian College of Ophthalmologists incorporating the Ophthalmological Society of New Zealand, 1997 - 1998

Brian Lockhart Gibson was born on 25 October 1935 in Queensland. He married in 1961 and is father to one son and three daughters. Brian did Military National Service from 1955 to 1958 before gaining his MB BS from Qld University in 1961. He then worked as a RMO at the Royal Brisbane Hospital in 1962 before moving to Melbourne to work as a Registrar at the RVEEH in 1963 to 1964 before gaining his Diploma of Ophthalmology (DO) from Melbourne in 1965. From there he moved to the Huddersfield Royal Infirmary in the UK where he was awarded FRCS in 1967. Brian was a Visiting Medical Officer (VMO) (Ophth) at the Royal Children's Hospital from 1967 to 1970 before moving to the Princess Alexandra Hospital in 1973 where he became Chair of the Visiting Eye Staff in 1987. Brian was a Foundation Member of the Australian College of Ophthalmologists (ACO) in 1969 and prior to that he was a member of the Ophthalmological Society of Australia (ASO), of which his father and grandfather were foundation members. He served as a Councillor on the Medico-Political and Medical Planning Committees of the College; was Qld Branch Secretary, then Branch Chair; and was on the Post Graduate Committee (Qld) for 12 years. He served on the Board of the Foundation for Prevention of Blindness (Qld); Board of the Low Vision Clinic (Qld); and Board of the ORIA from 1969.

Brian's term as President was a challenging year for the College which saw the formal combination of the College activities with those of the OSNZ to create a trans-Tasman medical college, enabling joint effort to meet the disputes they faced. These included scrutiny by the Commerce Commission of New Zealand of medical specialist colleges, and ophthalmology in particular, while in Australia the ACCC indicated that medical colleges would be targeted for restricting the number of new specialists in order to protect the position of existing specialists. The College in turn subjected its articles, by-laws, regulations, policies and procedures to full legal examination to ensure that they were consistent with the new legislation regarding competition. Meanwhile, the position of Executive Secretary was replaced with that of Chief Executive Officer who was to be responsible for advising policy as well as for the management of College resources to achieve the objectives set by the Council and Executive. Also, a full review of the vocational training program was authorised which led to substantial changes to the program including the revision of the College's training handbook, the introduction of a mentor system for trainees, and a survey of trainees to define their attitudes and experiences, to ensure a precisely defined, world class, education and training process that befits a leading higher educational institution.

Assessment of Overseas Trained Specialists was another troubled area with the governments placing obligations on the Colleges to assist in assessing their qualifications within a framework set by Government policies and regulations. Management of media relations was another complex area with the College receiving more media attention in one year than throughout the previous decade with provision of information and comment on stories on radio, television and the print media. Refractive surgery was an area of concern and properly informed patient consent was essential to cover the measure of risk involved because protection of patients had to be the College's primary focus. Advertising guidelines were prepared and circulated to all Fellows, regulatory agencies and the media. Guidelines were also jointly developed with the Australian Council on Healthcare Standards (ACHS) for the accreditation of Laser Clinics while the New Technology Committee began work on an updated policy statement on refractive surgery to provide a formal statement on the College's views of the procedure. A formal legal opinion was obtained confirming that payment of secret commissions for referral of patients was illegal, and a detailed policy paper was developed governing delegation of patient care, while work continued on the Government's Relative Value Study. In Victoria, optometrists gained the right to prescribe a limited range of drugs for therapeutic purposes, while the New South Wales Government began a study of the possible deregulation of optometry as part of its response to the national competition policy, although the College had always opposed the use of drugs by optometrists on the grounds that they had not received adequate training for safe and effective use. The College therefore focused on the range of drugs to be prescribed and determined the educational qualifications required, together with practice guidelines to ensure patient safety.

The College decided not to support the proposed Academy of Medicine to replace the Committee of Presidents of Medical Colleges (CPMC), but the debate helped to re-energise the CPMC. The College's Memorandum of Articles of Association was amended to include New Zealand as a branch of RACO following the decision to combine the activities of the College and the OSNZ and to rename it as "The Royal Australian College of Ophthalmologists incorporating the Ophthalmological Society of New Zealand". Eddie Donaldson was commissioned to prepare a

report on the future directions of Ophthalmology. Following his report entitled "Ophthalmology Towards the Year 2000 and Beyond", a Committee was formed to develop a Strategic Plan to address issues identified in the report covering Manpower; Relationship to other providers of eye care; and Impact of Technology. The Ethics Committee considered complaints against members, most of which were concerned with the advertising of refractive surgical procedures; on-line access to the Trainees' surgical audit database via the Internet was developed which Supervisors could also access to check their trainees' details; a web site development plan was developed following a review which identified limited use, out-of-date information and poorly maintained links; and TRIM records management was introduced to provide a central records of all files.

His Presidential Address was commenced by referring to Ron Lowe's essay on "An Outline of the History of Ophthalmology in Australia", and the necessity of a uniform qualification with regulated training and experience being necessary. He explained that the need for this had culminated in the formation of the Australian College of Ophthalmologists (ACO) in 1969. With the MACO qualification, all members of the ASO became Foundation members of the College. Later, the qualification became Fellow of the Royal Australian College of Ophthalmologists (FRACO). Although attempts were made to amalgamate with the Ophthalmological Society of New Zealand (OSNZ), it was not until 1997 that this came about. Because of the uncertainty of the Australian republican debate, the amalgamation was temporarily named "The Royal Australian College of Ophthalmologists incorporating the Ophthalmological Society of New Zealand.

Brian commended the high standards of training that had been established over the previous sixty years, resulting in Australian and New Zealand trained ophthalmologists being respected throughout the world and thence enabling final year trainees to find positions in other countries such as the United States and the United Kingdom. He spoke about advancements, mentioning Sir Norman Gregg's observation of the relationship between rubella and congenital cataracts, which revolutionised the thinking about congenital defects. He also spoke about the development of cataract surgery from the days when patients were hospitalised for ten days with their heads packed in sandbags to prevent movement, to the current high tech day-surgery which requires a demanding learning curve together with extraordinary dexterity and coordination. He pointed out that the rapid turn-around and visual rehabilitation allowed the patient to return home and look after themselves, saving the government vast amounts of money. Despite these benefits, the government bureaucrats had trivialised the operation, reducing the Medicare refund. He also stated that ophthalmologists were the first group of surgeons to promote day-surgery, with other surgical specialties following this lead: therefore the cost reductions for the government for such innovation should have been rewarded rather than penalised.

He went on to inform the audience of the encroachment of outside bodies into medical standards. Following the Hunter Report, the ACCC and the New Zealand Chamber of Commerce, it had been implied that the Medical Colleges were maintaining "closed shops" to protect their livelihood, but high and uniform standards of medical care were being protected by the Colleges for the benefit of the patients: graduates of the RACO were equal to or better than most others in the world. The College did not want governments, the ACCC or the Commerce Commission telling them to lower their standards so that overseas trained doctors could obtain registration to practise while not reaching the established standards of training. There had been moves towards the universities taking over the training of specialists but because of the involvement of large numbers of Fellows in the training of trainee specialists in a voluntary capacity, such a move would be expensive for the government because universities would have to pay the teachers: and standards would be lowered because of the varying standards between the universities with the situation reverting back to what it was before the College was formed. Legislation enabling non-medical personnel such as optometrists to treat medical conditions, prescribe and sell drugs when they were not qualified, were further encroachments: and commercial profit from selling drugs by the treating practitioner was unacceptable to the medical profession. Advertising was another retrograde step because patients were misled by expecting a 100% success rate when there was always a risk, even though every precaution was taken. In the past, State Medical Boards had helped to maintain the standards and the behaviour of doctors but legal repercussions had diminished this control, with the possibility that they may be disbanded altogether. Managed care was another sinister threat that had appeared. This entailed the insurance companies contracting with patients to be treated by the company's doctors in company hospitals, thereby removing the patient's choice of care. He concluded by urging the Fellows to defend the professional standards or relinquish being recognised as leaders in the medical world; and that the prime concern was to achieve the most successful outcome for the patient.

Brian's recreational interests are in Queensland Rugby Union and he enjoys Antique Furniture, outdoor wildlife, orchids and gardening.