

Professor Frank Joseph Martin AM, President of the Royal Australian College of Ophthalmologists, 1996 - 1997

Professor Frank Joseph Martin was born on 28 August 1941 in Budapest, Hungary. He married in 1968 and is father to a boy and a girl. Frank graduated MB BS from Sydney University in 1966. He gained a Diploma of Ophthalmology (Sydney) in 1970; his FRACO in 1971; FRACS in 1975; and FRCO (UK) in 1989. Frank has served the College well, both locally and internationally, having worked as Editor of the College Journal, Member of the Federal QEC, Examiner, Chairman of the Part II Court of Examiners, Treasurer, Chairman of the Ethics Committee and the Anomalies Committee, President of the Strabismus Club, member of the board of the International Council of Ophthalmology (ICO) and of the American Academy of Ophthalmology (AAO), and President of the Asia Pacific Academy of Ophthalmology (APAO). He pioneered the formation of the College's Benevolent Fund, the Younger Fellows Group, and the industry supported RANZCO scholarships and was instrumental in setting up the RANZCO Eye Foundation following the International Congress in 2002. Despite his giving an enormous amount of time to many committees and Hospital Boards, Frank has distinguished himself as a Paediatric Ophthalmologist, having trained in that discipline in the USA. He has contributed to registrar, resident and orthoptist training, being always interested, supportive and willing to teach, urging them to achieve their full potential. In 2001 Frank was awarded the AM for his services to Medicine in Ophthalmology. For his outstanding contributions to the College he was awarded the College Gold Medal in 2009. In his spare time Frank enjoys tennis, literature and theatre and is a member of the Royal Sydney Yacht Squadron.

During his term in office:

- The Continuing Medical Education (CME) was reviewed and Fellows asked for a Certificate of Participation;
- A CME Point Accumulation log book, designed by the CME Director, Dr Geoff Crawford, was distributed to all Fellows for the triennium 1 January 1997 to 31 December 1999 and Dr Mark Steiner continued to organise the Focal Point Questionnaires;
- The National Advisory Committee for Annual Scientific Meeting (NACASM) underwent significant changes in guiding the formulation of the scientific program for the annual meeting;
- The QEC was addressed on Interactive Training through CD technology and was working out how to facilitate and assist the members: use of which would increase as email became an essential part of communication;
- Changes were made to the editing of the Australian and New Zealand Journal of Ophthalmology (ANZJO) with ten section editors appointed to cover the different sub-specialties; the position of "New Zealand Editor" was abolished with the retirement of Professor Richard Clemett; and registrars were encouraged to submit case reports for publication;
- The RACO and the OSNZ were to be formally amalgamated and renamed the Royal Australian College of Ophthalmologists incorporating the Ophthalmological Society of New Zealand so that the New Zealand Fellows became full Fellows;
- Continuation by Professor Mark Hirst at the Australian Graduate School of Management of the Survey of Ophthalmology service costs with the view to ensuring that the College would be in a strong position to put forward a case to Government in respect of any changes to fees charged;
- Assistant's Fee retained for complicated cases at Cataract Surgery;
- The Australian Medical Work Force Advisory Committee's requirement for the Ophthalmology Workforce in Australia to increase training posts commensurate with the population with an additional 6 posts by the year 2000 and a total of 12 by the year 2006: new positions already established in Brisbane and at Liverpool and Sutherland Hospitals in Sydney, while additional posts were being explored for Wagga Wagga, Newcastle, the Gold coast and Melbourne;
- The Overseas Trained Specialists' Panel interviewed eight overseas trained specialists;
- All the training programs around Australia agreed to participate in the National Ophthalmic Matching Program (NOMP) and the matching was performed by Dr Des Coote. To ensure that selection processes were compatible across the country, the State QEC Chair was to be present on the employing hospital selection panel;
- Applications to achieve Statutory Immunity were underway in every State to permit meaningful discussion to facilitate quality assurance without having to worry about legal action;
- A Mentor System for Registrars was mooted; and Registrar support was promoted by Alcon and Merck Sharp and Dohme;
- A workshop on "Training the Trainer" was held to assist Supervisors in delivering constructive criticism to trainees when required;

- A Joint Consultative Committee (JCC) was set up with the Royal Australasian College of General Practitioners (RACGP) to launch a Skills Program for Fellows to participate as tutors at workshops around the country;
- Laser Operator Approval/Training workshop was held from which certificates were issued;
- A Health Policy Committee was set up and examined the situation in Canada and the USA to establish both with the Government and the Funds the College credentials in this field to be able to influence developments;
- The Orthoptic Board of Australia became a body independent from the College but remained an advisory body on appropriate standards for the practice of orthoptics;
- Younger Fellows Committee was set up as a Standing Committee of the Council and all younger Fellows were asked to take an active part;
- The College was concerned about advertising activities by a small number of ophthalmologists promoting their services in a blatant manner, both in the press and the electronic media and intended to produce guidelines drawn from the AMA, the RACS, and the American Academy of Ophthalmology;
- The Australian Council on Healthcare Standards was asked to develop a set of guidelines for Excimer Laser Centres and these were endorsed by the College;
- The Asia Pacific Academy of Ophthalmology accepted additional nominations of College representatives for the College to take a more active role in that organisation.

Frank commenced his Presidential Address by reviewing highlights of his year as President, the first of which was the development of closer relationships with colleagues in the Asia Pacific region. This included the merger of the Royal Australian College of Ophthalmologists (RACO) with the Ophthalmological Society of New Zealand (OSNZ), to be named the Royal Australian and New Zealand College of Ophthalmologists, but because of the then debate on the Monarchy versus the Republic, in the interim it would be known as the Royal Australian College of Ophthalmologists incorporating the Ophthalmological Society of New Zealand. He advised the audience that Dr Eddie Donaldson had chaired a committee which had considered aspects of ophthalmology towards 2000 and beyond, establishing the foundation for a number of initiatives including a closer relationship of the College with the Asia Pacific Academy of Ophthalmology as well as the opportunity to develop a strategic plan to prepare for change in the new millennium. Other achievements he touched upon were a training program for General Practitioners who were the major providers of primary eye care; the formation of the Younger Fellows Group to foster relevance of the College to the younger ophthalmologists; and the concept of shared training posts in providing career paths for women.

Challenges that he spoke about that would require a serious and determined response, were healthcare and advertising. Regarding healthcare, he explained that by the introduction of Medicare in the 1970s, which ended the honorary system and guaranteed payment for services, together with scientific advances which permitted more types of services such as intraocular lenses, incomes increased while healthcare costs and Medicare expenditure rose. He pointed out that the government's health agenda was driven by money but that quality should be the driving force and that the medical profession should lead future changes to ensure that quality and efficiency were maintained: that the patient and doctor should determine the level and standard of care, not by a third party managed care model that would lead to commercialism. To this end the Health Policy Committee was set up to evaluate other health systems, commencing with the Canadian and American systems, and to establish the College's credentials with Government and Health Funds, to be in a position to influence any further developments.

In speaking about the second challenge of advertising, Frank advised that advertisements for ophthalmic services increasingly relied upon marketing techniques traditionally reserved for the promotion of non-medical services and products and these had the ability to mislead. He warned that because of the downward pressure on fees by the Government, the minimisation of risks and difficulties confronted by ophthalmologists should be stopped. He used the example of cataract surgery with implantation of intra-ocular lens to make the point that although it looks easy, it takes enormous effort and attention to detail to avoid complications and catastrophic outcomes. Frank warned that the decorum and dignity of the profession was being compromised by advertisements for excimer laser for the correction of refractive errors. He advised that although under the Trade Practices Act, Federal Law permitted advertising, the College Code of Ethics was more stringent than the law. The national competition policy, in conformity with State and Territory law allowed professional bodies to determine and enforce ethical and other standards. He warned that although advertising had become medical practise, the Ethics Committee would act against Fellows who advertised in a blatant and unprofessional manner in breach of the Code of Ethics. Whilst welcoming the new Fellows being inducted into the profession he urged them to practise in an ethical manner.