

Geoffrey Morlet OAM, President of the Royal Australian College of Ophthalmologists, 1995 - 1996

Geoffrey Morlet was born on 4 October 1932 in Mosman Park, WA. He married in 1956 and is father to one girl and two boys, with Nigel following in his father's footsteps. Geoffrey graduated in medicine from the University of Adelaide in 1955 and prior to specialising in ophthalmology he worked for two years in WA's northwest in association with the Royal Flying Doctor Service (RFDS) and then spent a year in rural general practice. He entered the training program at RVEEH and gained a Diploma in Ophthalmology from the University of Melbourne. He then furthered his studies in the UK, working his passage there and back as a ship's doctor. He gained his FRACS in 1969 and entered private practice in Melbourne with Dr James McBride White.

He was Senior Assistant Ophthalmic Surgeon at the RVEEH, and Ophthalmologist at PANCH, from 1972 to 1974. He returned to his home city of Perth and commenced private practice in 1975. He was appointed to Royal Perth Hospital from 1975 to 1985; and St John of God Hospital, Subiaco from 1978. Geoffrey was Honorary Secretary of the Victorian Branch from 1972 to 1974 and Federal Councillor of the College from 1984 to 1995. In 1991 he was a founding Director of the Eye Surgery Foundation Trust which donates all profits to eye research.

His Army career commenced as a Captain in the CMF in 1969 and he remained on the A Reserve, being promoted to Major, then Lieutenant Colonel. He became Consultant Ophthalmologist to the 5th Military District in 1984, then as full Colonel, Director of Medical Services to the 5th Military District from 1986. He was appointed Consultant Ophthalmologist to the Army Office in Canberra and subsequently became Honorary Colonel of the Medical Corps in the 5th Military District. He was made Colonel DMS of the 5th Military Division in October 1989 and Consultant Ophthalmologist to the Army Office in Canberra. He was awarded an OAM for his services to medicine in the field of Ophthalmology in 2000.

During his term as President College initiatives included:

- the review of the By-Laws in accordance with the Australian Competition and Consumer Commission (ACCC) requirements;
- development and publication of Clinical Practice Guidelines on Cataracts – the Preferred Practice Patterns for Cataract and Inter-ocular Lens Surgery and post-operative eye care;
- Joint statement with the College of General Practitioners on Indefinite Referrals;
- Australian Council on Health Care Standards (ACHS) Manual on Clinical Indicators; and
- a teaching program for Optometrists in Victoria with negotiations for similar programs in other States. Apart from these issues:
 - the QEC launched a review of the curriculum to define the knowledge, skills and attitudes required by an ophthalmologist, to delineate what needed to be taught and assessed;
 - the Objective Structured Practical Examination (OSPE) was introduced to the Part I Exams while a double-headed microscope was used for Pathology and the overhead projections discontinued;
 - Log Book forms were introduced for computerisation of the trainee surgical audit program;
 - the Conjoint Part II Fellowship Examination (with RACS) was discontinued at the end of 1996;
 - Commonwealth funding was received for the assessment of accredited training posts in private practice to act as a template for further private training facilities;
 - Continuing Education proceeded with points collection and self-assessment on a voluntary basis;
 - the inaugural meeting of the National Advisory Committee for the Annual Scientific Meeting (NACASM) was held to draw up a flow sheet of topics and speakers, and guidelines for applications to run courses and assess them.
- The Overseas Trained Specialist (OTS) Panel assessed eight applicants;
- an invitation was received for trainees to take the International Basic Sciences Assessment Test; and

- the AMA invited the College to develop a Panel of Expert Medical Witnesses for medico-legal cases.

Geoffrey introduced his Presidential Address with historical facts in that the first Annual Congress held in WA was held by the College's parent body, the Ophthalmological Society of Australia, in 1948 when his father, Claude Morlet was the President of that Association. He informed the audience that the small group of ophthalmologists who travelled to Perth, the most remote Capital City in the world, had travelled for either seven days by steamer, four days by train, or fifteen hours by the new Sky Master plane, and that the principle topic discussed was the monumental discovery by Norman Gregg of eye disease associated with rubella. He noted that by the next meeting of the OSA held in Perth in the sixties, fluorescein angiography provided a break-through in the diagnosis and understanding of retinal disease; the Indirect Ophthalmoscope was universally accepted and the new Cryo-extraction of cataracts introduced.

Geoffrey continued with the historical perspective in that the seventies saw the introduction of lasers and the beginning of effective treatment for Diabetic Retinopathy as well as the development and use of operating microscope which paved the way to modern microsurgery of the eye. The eighties saw Harold Ridley's late 1940s invention of "the intraocular implant lens" embraced by the Ophthalmic world, followed by the acceptance of suture-less, small incision cataract surgery, utilising phacoemulsification and folding implant lenses, with patients' dramatic return to normal lives, and this has been described as the most successful rehabilitating operation in the world. However, he noted that high technology had created a dilemma in medicine because of the expense. Medicare had given the promise of "free Health Care for all" in Public facilities based on the fact that over 60% of the population were covered by Private Health Insurance and would use Private facilities. Times changed, however, and the insured population dropped to less than 35%, increasing the load on the Public system and the government purse. Therefore, the Medical Benefits Schedule Fee was reduced by 50%, which was less than half of that of New Zealand and most developed countries, driving more people into the Public system. Meanwhile, the government was pushing the system towards a "user pay" situation with the patient being made more responsible for their medical bill.

He noted that because of the absence of a single body to accredit the practise of Ophthalmology in Australia in the 1940s, the Universities of Melbourne, Sydney and Queensland all provided Diplomas of Ophthalmology, but the scope of training was limited and further experience was sought abroad. However, by the late 1940s the Royal Australasian College of Surgeons (RACS) commenced examining in Ophthalmology and gathered an increasing number of Ophthalmologists into its ranks. In 1969 the College of Ophthalmologists was established with strong links with the RACS and in 1975 a Conjoint Examination was offered with the graduates receiving diplomas of both RACO and RACS. This nexus was broken with the final Conjoint Examination being held in 1995, and the Ophthalmologists organising their own examinations from there on. The College had come of age, reflecting maturity and independence, and the process of amalgamating with the New Zealand ophthalmologists commenced.

Another issue raised in his address was the difference in attitude towards Optometry between Australia and New Zealand. However, with the introduction of the Trade Practice Act, and subsequent revision of the College by-laws, the relationship with Optometry was brought into accord with that of New Zealand. The College implemented a course of lectures for Optometrists providing instruction for the recognition of eye disease, while the University Departments commenced teaching programs for undergraduate Optometrists. With the change in the by-laws came a revised code of ethics, together with a strengthening of the disciplinary powers of the College. A booklet on the Preferred Practice Patterns in cataract surgery setting out standards of practice was published and widely distributed. Also, the College, together with all Medical Colleges, undertook to supervise Continuing Medical Education in a helpful and constructive way and Geoffrey warned that if the College did not apply this discipline it would be forced upon the Fellows by bureaucrats. Education programs were also provided for Rural GPs and a new structured program of Ophthalmic care for the indigenous population was established at Broken Hill, while teams of

Ophthalmologists continued to provide ongoing services in remote areas. In conclusion he apprised the audience that from a small beginning the College provided a major contribution to the health and welfare of the community; that in the field of research the young Ophthalmologists were world leaders; but of the future he warned against commercialism overtaking the Profession and urged the Fellows to continue to serve the Country with the highest ethical standards and practise.

In his spare time Geoffrey enjoys sailing, clay target shooting, and photography. He is a member of the Royal Fresh Water Yacht Club; the Weld Club, Perth; and the Naval and Military Club in Melbourne.