Associate Professor Ian Favilla, President of the Royal Australian College of Ophthalmologists, 1992 - 1993

Associate Professor Ian Favilla was born on 9 May 1940. He graduated from the University of Adelaide with MB BS in 1964 and worked as an RMO at the Royal Adelaide Hospital until 1996 when he joined the RAAF performing General Medical Duties in Vietnam from 1966 to 1967. He returned to Canberra as Staff Medical Officer from 1967 to 1969, then to RAAF HQ in Melbourne from 1969 to 1970. From 1970 to 1973 he worked at the RVEEH, gaining a DO and FRACS in 1972. He was admitted as a Fellow of the College (FRACO) in 1973. He is married and his son Marcel is also an ophthalmologist.

During Ian's term as President the College undertook a workforce survey on the distribution of ophthalmologists in relation to population, enabling the mal-distribution of practitioners to be addressed. Information leaflets were prepared on various eye conditions for distribution to the public, mainly through general practitioners, while the trial system for collecting continuing education points allowed all Fellows to see how the system worked. It was proposed that the Article of Association which required compulsory membership of the AMA be removed; and the College Medal, having been awarded on only one other occasion, was awarded to Professor Fred Hollows before his death.

In his Presidential Address, Ian focussed on the College and the Future. He provided current ophthalmological statistics which included two million consultations each year at that time; more than one quarter of a million diagnostic investigations and a further quarter of a million surgical procedures performed by ophthalmologists as a group. He predicted that it would be difficult for ophthalmologists to maintain the high standards of eye care in the future because of increasing government control over health care and the lack of adequate funding. As the Federal Government provided 81% of funding, the government was examining fee relativities to evenly distribute medical funds and reduce costs of health care. He pointed out that cataract surgery is one of the few achievements in medicine that both cures the disease and improves a patient's life-style and productivity; that the incidence of cataract surgery would steadily increase as the population aged and technology improved.

Ian pointed out that the government was to cap the funding of health to 8% of GDP and to vigorously pursue over-servicing and fraud: best practice methods were to be insisted upon to reduce the number of unnecessary procedures. He also pointed out that the public was to be protected from medical misadventure through appropriate credentials and quality assurance programs. In response to the government's illogical and inflexible mentality in the reduction of the cataract rebates in 1987, and the introduction of item 106, he advised the audience that the College would be preparing a submission on all aspects of fees with the professional assistance of health economists. He purported that the major shift of eye surgery from hospital to day-care surgery had saved the government and private health funds many millions of dollars. The College had endorsed a pilot study of the 'clinical indicators' established by the Australian Council of Healthcare Standards (ACHS) to measure the clinical management and outcome of care and from which cost savings may be identified.

He advised that the NH&MRC had established a Quality of Health-Care subcommittee to develop Clinical Practice Guidelines with the cooperation of the Medical Colleges: formulation of broad guidelines to improve practice and health outcomes and to control costs was to be the result. Ian also advised of the introduction of the Health Legislation (Professional Services Review) Amendment Bill to create a scheme under which a health professional's conduct could be examined from Health Insurance Commission data, to ascertain whether inappropriate practise is involved. He spoke about the Federal Government's committee to review professional indemnity arrangements and the role of the Committee of Presidents of Medical Colleges in keeping a watching brief on the outcome of the legislation to ensure that it was done correctly. He predicted that the government would control incomes through manipulation of the Medical Benefit Schedule and fee relativities.

However, the College still enjoyed self-funded autonomy over the education and training of ophthalmologists in Australia and provided advice to government bodies on the eligibility of foreign qualified ophthalmologists to practice here. Because the Federal Government had no control over specialist education and training it had no control over manpower and had proposed that the universities become more involved in this through the teaching hospitals, with funding from the education ministry. To this proposal he pointed out that the Medical Colleges had been formed in part because when the universities had run the postgraduate courses they had failed to keep touch with modern trends in medical curricula and failed to provide the necessary continuing education to maintain

standards. He emphasised that it was important for the College to be the foremost authority on eye healthcare in Australia: to set the standards and develop national goals. He praised the Queensland Branch for the development conjointly with the Northern Region Health Authority, a strategic, practical and achievable five-year plan for improving eye healthcare in Northern Queensland and Torres Strait Islands. He advocated the development of similar plans for other parts of the country. While he encouraged the audience to become more involved in educating the public and publicising achievements to improve the College's image, he praised the proud history of ophthalmology and the place of leadership in the future of eyecare.