

## John Crompton, President of the Royal Australian and New Zealand College of Ophthalmologists 2000 – 2001

John Crompton was born on 28 September 1946 in Adelaide where his father was an ophthalmologist and previous President of the College. John trained in Adelaide, Melbourne and overseas, gaining his MB BS at Adelaide University in 1971. He qualified for FRACS in 1976, and MACO in 1977. John became Senior Visiting Medical Specialist (Ophth) at the Royal Adelaide Hospital in 1979 and Head of the Neuro-ophthalmology Unit there in 1984. He became an accredited Specialist (Neuro-ophth) at the Adelaide Children's Hospital in 1979; Senior Visiting Ophthalmologist at Flinders Medical Centre in 1981-1995; Chair of the SA State Branch of the College in 1986 after joining the State Branch Committee in 1981; and was a Part II Examiner for 10 years. He is a member of the College's S-IMG Assessment Committee and the Inspection of Training Posts Committee.

After gaining his ophthalmic qualifications he spent a year at the St John Ophthalmic Hospital in the West Bank of Jerusalem: then followed a year at the General Infirmary at Leeds, followed by time at Queen's Square and Great Ormond Street Hospitals in London, before undertaking three months Neuro-ophthalmology study at various centres in the USA. John is a Knight of the Order of the Hospital of St John of Jerusalem and was on the St John's Council in SA for 19 years. John has given his support to the Vision 2020 Australia project (formerly set up as the Low Vision Clinic by Gerard Crock and Barry Cole) which aims to eliminate blindness in mainstream Australia, the indigenous population, and Australia's near neighbours by the year 2020. He was a senior visiting ophthalmologist to Broken Hill Base Hospital visiting 3 monthly for 17 years but since 2006 he has visited Royal Darwin Hospital on 4 monthly basis instead.

John joined the Adelaide University Regiment in 1965 and worked his way through the ranks, gaining a commission as an infantry officer before transferring to the RAAMC to become Consultant Ophthalmologist to the Surgeon General of the Australian Defence Forces, 1992 to 2011 with the rank of Colonel. In 1979 he also became a Consultant Ophthalmologist with the Royal Society for the Blind in SA, and with the Australian South Pacific Eye Care Team (ASPECT) from 1984 working subsequently in many South Pacific countries with repeat visits to each. Since then he has organised and run week-long Neuro-ophthalmic courses in Myanmar, Vietnam and Laos for "Sight For All". For many years he has taught in Bali and Lombok in Indonesia for the John Fawcett Foundation (of which he is a Board Member) and in many cities in China for another NGO: "Lifeline Express". He is the current (2013) President of the Neuro-ophthalmology Society of Australia and New Zealand.

During his term in office:

- John instigated that Registration Fees for the Annual RANZCO Scientific Congress be included in Annual Subscription for the College and ever since there has been very high attendance by Fellows;
- The College was officially renamed "The Royal Australian and New Zealand College of Ophthalmologists" to reflect its trans-Tasman role;
- The College was registered as a foreign company operating in New Zealand to provide legal status for the New Zealand branch;
- Development of the corporate/collegiate model of governance was continued while decision-making and business efficiency was improved;
- A decision in principle was made to follow on from the Workforce Study, to compare the supply of ophthalmologists with the demand for services, to project future workforce requirements;
- A full project brief on future demands was prepared by the Centre for Eye Research Australia (CERA);
- Significant changes took place in training with the transition to a five-year vocational training program, the need to prepare for external accreditation, and the evolution of the continuing professional development;
- Regulatory authorities mandated participation in a College CPD program to ensure competence and promote excellence as a requisite of medical registration;
- The optometric therapeutic competencies developed by the College in response to legislation passed by some State Governments and adopted by the University of Melbourne were successfully applied in the training and assessment of the first batch of optometrists in Victoria;
- The College offered support to indigenous doctors to join the training program through the Indigenous Doctors' Association;
- Some support was provided to an eye team that visited East Timor and an offer of support was made to assist in re-establishing organised Ophthalmology in Cambodia;
- Other tangible ways to provide a leadership role in the region was explored;

- Through the ICO the College joined other eye care organisations in endorsing the Vision 2020 Right to Sight program;
- The College was represented on a number of committees on Vision 2020, the Right to Sight Australia, instrumental in developing a draft national eye health strategy;
- Agreement was reached to hold bi-annual meetings between the Presidents and CEOs of the College and the Optometrists Association of Australia (OAA) to discuss such things as a joint approach to state licensing authorities to promote compliance with national driving vision standards;
- The College also sought to strengthen ties with a number of eye care organisations including Glaucoma Australia; the Lions Eye Health Programs, designed to raise public awareness about vision loss; and the establishment of the Macular Degeneration Foundation of Australia;
- The Media Award reflected an increasing awareness in the media of eye care issues;
- Two meeting rooms at the College were officially named in honour of esteemed fellows – Eddie Donaldson and Sir Norman McAlister Gregg;
- During the Sydney Olympics a considerable contribution was made by a team of volunteer Fellows providing an ophthalmic service at the Polyclinic;
- Investment was made to improvements in the information and communication systems including a new website, new member database and a CPD module;
- The first full year of the delegated authority from the Council to the Executive for the day to day operations of the College allowed the Council to focus more on matters of policy and substance, and allowed streamlining of the meetings;
- Development of Guidelines for Ophthalmic Private Practice was commenced including the adoption of modified Office Based Surgery Guidelines developed by the Australian Day Surgery Council;
- Submission to the Australian Competition and Consumer Commission (ACCC) in support of RACS application for authorisation to continue its processes of selection, training and examining surgeons;
- Subsequent to a meeting with the Professors' Group, a review of ORIA fund-raising activities was undertaken and a member of the group joined the Council;
- A new model of financial support to provide for the operating costs of the ORIA was adopted;
- Member subscriptions were aligned from the calendar year to the financial year and some branches elected to have their branch fees included in the Federal subscription notice;
- The development of new training programs and preparations for external accreditation required significant investment and cost to the College culminating in an increase in fees for trainees.

In his Presidential speech, John selected an historical theme entitled "Blinding as a weapon of War". He referred to a weekly lecture on "Medicine and the Humanities" from his University of Adelaide Medical syllabus where he learned that in times gone by fratricidal wars were commonplace and a ruler had to defend himself from his scheming brothers by castrating and blinding them. He quoted other ghastly historical information about captives being blinded by holding red hot rods very close to the eye while the heat did the damage.

John gave a brief overview with examples of: "man's inhumanity to man", with some 'latter day' weapons, including the introduction of *vesicants* in World War I which caused loosening and sloughing of the epithelial surfaces of the cornea, skin and lungs, the most notorious agents being mustard gas and nitrogen mustards. He explained that the eye is very sensitive to mustard vapour, with minimal irritation initially followed 6 to 8 hours later by oedematous reaction with cellular infiltration of the cornea, followed by progressive vascularity of the cornea. Keratitis with persistent ulceration followed a latent period of 10 to 25 years and John observed some of these "visual cripples" 55 years after their exposure to the gas. The treatment of these ocular injuries was essentially symptomatic with no known effective antidotes. *Lacrimators*, of which Tear Gas is the most commonly used, irritate the mucous membrane of the eye, nose, throat and lungs and are used by police and military forces to disperse civilian protestors or as harassing agents in war: treatment necessitates lavage followed by topical vasodilators and corticosteroids. Lasers were another 'weapon' described by John, in which high pulse repetition rates of fire of military lasers leads to multifocal retinal lesions. He reported that they were used in the Sino-Vietnamese War in the 1970's; the Falklands conflict in 1982, and in the Gulf War on US soldiers. Particular lasers can destroy enemy periscopes, night vision equipment and gun sights detected by their reflections, as well as serious ocular damage by viewing the beam. Lasers which can be tuned to emit light in the visible range and which can be rapidly retuned between three or more visible wavelengths are now available and it is impractical to defend against them. Some military analysts propose equipping soldiers with black eye patches so at least one eye would survive laser attack.

Low energy laser weapons powered by portable battery packs, now on the market, are silent, invisible and leave no ballistic evidence.

After stating that the devastating results of blindness are the same despite the causes, he gave some details about the work of the International Committee of the Red Cross (ICRC) in relation to the 1980 UN Convention on Certain Conventional Weapons with the support of the College and many other organisations.

In welcoming the new graduates to Fellowship of the College he referred to "College bashing" by the ACCC and various public and government groups. He used figures calculated by the Royal Australasian College of Surgeons which illustrated that RANZCO Fellows donate annually \$14.5 million in time and energy to the whole training scheme: in other words it would cost the Government that much each year if it wanted to take over the training of ophthalmologists. He asked the new Fellows to make a commitment to the training of the nation's future ophthalmologists and in closing he acknowledged past Presidents of the College. There were two in particular: his father David Crompton (President 1974); and Dick Galbraith (President 1985) who had taught him to stand up for what he believed in and not to be afraid to speak out. David had awakened his interest in History and Dick had introduced him to the collective responsibility for Indigenous, Rural and Third World Ophthalmology. He also acknowledged the support of the College Secretariat.

John married Annemarie in 1972 and is father to three girls. In his spare time he enjoys gardening and fishing.