

## John Milverton, President of the Royal Australian College of Ophthalmologists, 1991 - 1992

John Milverton was born on 3 August 1940. He graduated from the University of Sydney with MB BS in 1965 and gained a DO from Sydney in 1969, having worked as an RMO at Sydney Hospital from 1965 to 1967, and at Sydney Eye Hospital from 1967 to 1969. He was admitted as a Member of the College (MACO) in 1970.

During his term as President, the Federal Government's changes to the Optometrical Medicare Benefits Schedule affected ophthalmologists and the College was successful in negotiating the removal of changes which provided for optometrists to handle medical conditions which would require the expertise of medical training. The introduction of Item 106 and changes to items for the removal of cataract and insertion of intra-ocular lenses were altered by the government's Expenditure Review Committee to cut costs but further negotiations were held with government instrumentalities to have these amended. A policy statement for protection from ultra violet radiation and the use of sunglasses was published in the Medical Journal of Australia and endorsed by the State Cancer Councils, while leaflets on various eye conditions were prepared for distribution through general practitioners. Other initiatives included the preparation by the Ethics & Conduct of Practice Committee of guidelines to be incorporated into the College Articles of Association; a points collection system on Continuing Education was put on trial to give all Fellows the opportunity to offer suggestions to assist in bringing about a fair and workable system; support of a RACGP Faculty of Rural Medicine Program to elevate the ophthalmological clinical skills of rural GPs; removal of any objections previously held to ready-made spectacles together with the attachment of a cautionary note; publication of the history of the College in "New Lamps for Old"; amendment of the By-Laws to include the Chair of the Public Relations Committee as an authorised media spokesperson for the College; and the establishment of a New Technology Committee to provide Council with advice on research and developments, with the Chair of the Ethics & Conduct Committee as an *ex-officio* member. New surgical audit books, which will provide information on types of surgery performed in each post giving much greater knowledge of the training program, were distributed to trainees and a software package was developed to enable registrars and the College to collect this data. A position paper on the College's policy on training was prepared for the Australian Medical Council to administer checks on overseas applicants who wish to continue as specialists in this country: a formal interviewing panel was also convened to interview applicants for Fellowship from overseas as to the form of the examination and requirements for extra years of training.

In his Presidential Address John raised issues regarding minimally invasive surgery. He set the scene of the training and skill involved with cataract surgery and insertion of intra-ocular lenses: that the patient's expectation is that it is to be like a visit to the dentist, while the government bureaucrat sees the time spent doing the operation as the most important component of remuneration. In response to the timing he used the example of a skilled surgeon being paid less than a novice because the skilled surgeon is speedier. He advocated that the profile of minimally invasive surgery must be raised otherwise the profile of ophthalmology would be lowered. He described the expensive legal dealings the College had with the Government of the day in having inappropriate medical item numbers in the Optometric Medicare Benefits Schedule withdrawn or altered. The beneficial outcome was to have the College on an on-going dialogue with senior members of the bureaucracy. Because of the work of Fred Hollows and others with Aborigines and in under-developed countries, John found that the lack of awareness by bureaucrats of Ophthalmologists' concern for community health was disturbing. He promoted the need for research to contribute to ophthalmological knowledge and he applauded the role of the ORIA, as well as the important role played by the teaching hospitals. He mentioned that the Royal Victorian Eye and Ear Hospital, and the Sydney Eye Hospital accounted for 60% of trainees and thanked the NSW Premier and Minister for Health for making possible the re-location of the Sydney Eye Hospital from Woolloomooloo to within the grounds of the Sydney Hospital in Macquarie Street. John believed that the roles of the teaching hospitals and academic departments would remain much the same provided sufficient funding was forthcoming, and he predicted the advent of ophthalmic surgical centres in private practice where all services are provided in-house. He foresaw that this would be the only way for ophthalmology to be able to afford and up-date the expensive technologically advanced equipment of the future, such as lasers. He also predicted that advertising would probably be liberalised and consumers would be invited to visit their most convenient one-stop eye care clinic.