

Percy C. (Tim) Yates, President of the Australian College of Ophthalmologists, 1975 - 1976

Percy C. Yates was born in October 1917 in the South-West of WA and died in Perth on 18 March 1990. He was educated at Hale School in Perth and pursued his medical studies at the University of Adelaide as there was no Medical School in WA in those days. As soon as he graduated he enlisted in the army and after WWII he studied ophthalmology at Moorfields Hospital in London where he met and married his wife in 1949. He returned to Perth in 1950 where he championed support for war veterans and of children with eye problems.

He was Consultant Ophthalmic Surgeon at the Hollywood Repatriation Hospital for 31 years from 1951 to 1982, working very hard to gain better disability benefits for returned servicemen. At Princess Margaret Hospital for Children, he was Consultant Ophthalmic Surgeon for 32 years from 1950 to 1982 where he was regarded as 'the father of modern paediatric ophthalmology'. Whether in hospital management or patient care, his kind and generous manner created a family atmosphere and inspired confidence. From 1953 he played a key role in the Medical Defence Association as the medical environment radically changed. Following his retirement he continued his private practice and became ophthalmic consultant at Irrabeen Centre for Handicapped Children which required skills and patience.

During Percy Yates' term as President, the principal activity of the College was promoting the Science of Ophthalmology and it was in February 1976 that the Federal Government approved \$570,000 for the National Trachoma Program.

In his Presidential Address in Perth in 1976, the International Save-Sight Year, he showed his enduring concern with the needs of patients and the quality of medical education, particularly in the areas of post-graduate training and quality assurance. He praised the founders of the Ophthalmological Society of Australia as the parent of the College. He reflected on the fact that half the blindness in the world is preventable and the challenge for ophthalmologists is to concern themselves, both individually and corporately, with causes of ocular disability and the fate of those who become blind. He acknowledged that this was taken up by the Society and its successor the College, but a great deal more needed to be done. Achievements had been:

1. the establishment of the Ophthalmic Research Institute of Australia which carried out research not only into problems of a clinical and pathological nature but also into diagnostic and surgical techniques and instruments;
2. the launch of the Australian Foundation for the Prevention of Blindness to alert the public to the dangers of glaucoma and amblyopia and the need for their early detection, as well as industry being made aware of the dangers of inadequate safeguards in workshops, laboratories and technical schools;
3. reduction of trauma from eclipse blindness by the College's campaigns, advising the public how to watch a solar eclipse with safety; and
4. an effort to eradicate trachoma, which if untreated could cause blindness.

General Practitioners had indicated that Ophthalmology was a vital part of the undergraduate course, and topics which should be included in the curriculum. At the same time, at the post-graduate education level, there was duplication of courses offered in Ophthalmology by Universities and by RACS, culminating in the conjoint examination held by RACS and the College.

Looking into the future, in order to cope effectively with prevention of blindness, he proposed that a liberal education fitting a person to take a meaningful place in the community, balanced with the technical knowledge to enable them to practise, would be the required education for ophthalmologists at all levels. The value of learning itself, by motivating students to make continuous learning or continuous inquiry part of their way of life, instead of just the need to pass examinations, would be essential. The Blandford Report on Continuing Medical Education acknowledged that, because of the rapid development in medical knowledge and the accelerating change in the methods of delivering health care, a single learning period terminating in an examination was no longer adequate preparation for a practising life extending over 30 years. However, the demands on practising doctors' time produced apathy towards further study. He advised that two factors were involved in successful continuing education. These were:

1. the desire of the individual to keep up-to-date, and if not so inclined, find another occupation; and
2. time, the solution being programmed courses of reading geared to self-assessment suited to their needs, the five essentials being: voluntary tests; confidential results; maximum flexibility in methods of taking tests; adequate and available bibliographies; and acceptable costs.

He believed that the needs of the patient as a person were as important as their clinical condition, and these were best served by fully trained doctors and not semi-professional people: and that the General Practitioner should be the first point of contact. To bring about closer contact between the GPs and Ophthalmologists, a joint working party on medical education was set up in which each could learn from the other. He advised that in planning for the future, clear and open minds in search of truth and knowledge would be required; sound standards of training and continuing training would also be required to provide faith in themselves to help their patients. Fortification of the value of learning itself would be required, as well as the exercise of charity in its broadest sense so that compassion would be shown in supporting patients in the feeling of independence and trust in themselves and the medical profession.

With his family he enjoyed bushwalking and bird-watching, music and water-colour painting.