

Peter Neil Henderson, President of the Royal Australian and New Zealand College of Ophthalmologists, 2003 – 2004

Peter Henderson was born in Melbourne on 24 February 1939. He gained his MBBS at University of Melbourne in 1963 and the Diploma of Ophthalmology (Melbourne) in 1967, FRACS in 1968 and FRACO 1969. He was also made a Fellow of the Australian Institute of Company Directors in 2002. Peter was a College councillor for 13 years, serving as Honorary Treasurer from 1998 to 1999. He was a member of the Victorian Branch from 1975 and served as both Honorary Secretary and Chair. He became a member of the ORIA in 1987 and served as Honorary Treasurer from 1988 to 1995 and Chair from 1995 to 1998. As well as establishing the Orbito Plastic and Lacrimal Unit (OPAL) at the RVEEH in 1974, while on the committee of management he played an active role in bringing about changes with Jim McBride and Gerard Crock to the clinical structure of the RVEEH and the establishment of the Biological Research Centre. From 1995 to 1997 Peter was Chair of the Australian Society of Ophthalmic plastic Surgeons (ASOPS). Peter reviewed the College Administration, culminating in the appointment of a CEO, and negotiated and completed the purchase of the RANZCO building in Chalmers Street in June 1999, as well as the sale of the property in Commonwealth Street. He was the prime mover and architect of College Governance changes together with Bob Guest (CEO), Rick Stawell and Ivan Goldberg culminating in the new constitution in 2002, moving to a contemporary Corporate Model. Peter was awarded the College's highest honour, the Gold Medal, in 2004.

During his term in office:

- Consolidation of the changes to College Governance was achieved and the Board of 10 Directors met five times and attended the two Council Meetings;
- Urgent issues were discussed and decided out of session via e-mail resulting in the directors maintaining an informed and active role in the development of College Strategy and Policy which were then implemented by Management;
- A portfolio system was introduced into the Board structure by allocating responsibility to each Director, to be reviewed together with Board's performance and the staff appraisal process;
- A legislative framework was adopted for the College including the definitions and composition of the By-Laws and Regulations, but structured so as not to be prescriptive in areas that the Branches traditionally decided for themselves;
- New Terms of Reference were approved, clarifying the roles, responsibilities and reporting requirements for most of the College committees, including regular review of their membership to ensure their effectiveness;
- Resolution by the Board that elections for Presidents and Vice Presidents are open and democratic, and that the Vice President would not automatically become President;
- Continued refinement of the Five-Year Vocational Training Program including the introduction of behavioural capability testing for the selection process, and introduction of a well-defined curriculum;
- Training sessions for Clinical Supervisors conducted by the Cognitive Institute so that they had better assessment tools and effective remedial procedures;
- Consideration given to making participation in continuing professional development mandatory for all Fellows;
- Continued preparation of internal processes for the Australian Medical Council accreditation assessment in 2006;
- Health Ministers endorsed a joint approach between the Australian Competition and Consumer Commission (ACCC) and the Australian Health Workforce Officials Committee (AHWOC) to review the selection and training arrangements of all specialist colleges;
- As key elements of the AMC Accreditation and the ACCC Authorisation were the future Australian ophthalmic workforce requirements and maintenance of public confidence in the standard of care, Access Economics Pty Ltd was contracted by the College to carry out an ophthalmic workforce study;

- The findings of this study were to be used to plan future directions of education and training and to make recommendations to government on ophthalmic workforce requirements;
- As part of the Commonwealth government's commitment to ensuring an integrated approach to eye care in Australia and within the region, a National Vision Forum was conducted in Canberra by Vision 2020. Because the clinical emphasis was on the optometric treatment of uncorrected refractive error, the Board was concerned that the recommendations would do little to improve the welfare of those suffering blinding or potentially blinding diseases, particularly in indigenous communities. Therefore, development of achievable RANZCO plans for delivery of eye-care to the general population, to indigenous communities and to the Pacific area were continued;
- The Minister for Health and Aging agreed to amend MBS Item 106 so that it related to a specialist ophthalmologist attendance for refraction testing for a prescription for spectacles or contact lenses;
- The development of the RANZCO Eye Foundation continued to progress, with the monies raised used to fund ophthalmic research, aid projects and to increase the community's awareness of eye health and eye care matters;
- The College's scientific journal, *Clinical and Experimental Ophthalmology*, continued to rise in the international ophthalmology and vision journal rankings;
- The RANZCO Media Awards in their 10th year attracted strong interest reflecting media awareness and interest in eye health and eye care issues.

Peter titled his Presidential Address as "What's Great about ophthalmology Today and Ophthalmologists as Leaders". He congratulated all the graduates on successfully completing a very demanding ophthalmological training program and advised them that they were entering a new and exciting phase of their life, practising modern ophthalmology where they would make the decisions in clinical management and also have the opportunity to take a leadership role in the delivery of eye care.

Peter portrayed how the Royal Victorian Eye and Ear Hospital as it was in 1966 when he commenced his training in ophthalmology. At that time there were only 8 eye registrars, 28 Eye Surgeons, and 8 people on the administrative staff. There were only two operating theatres including one dedicated to eye surgery, and the Glaucoma Unit was the only special eye clinic. Because the general eye units did all the ophthalmic surgery it took almost two years for the new Orbital, Plastic and Lacrimal (OPAL) Unit, to get operating rights. Cataract extraction was largely intra capsular while Retinal detachment surgery took three hours and vitreous surgery had not yet been developed. He propositioned that when contrasted with contemporary ophthalmic practice it is a great privilege to be able to practice ophthalmology in 2004, where cataract surgery is the most common, successful and cost effective major surgical procedure performed. He informed the audience that the move to Day Surgery under local anaesthesia, and the establishment of private clinics with multiple sub-specialties throughout the community, had brought easy access to modern ophthalmic care for most patients, resulting in less patient stress, increased patient satisfaction and a reduction in operative costs. Also, the management of glaucoma with the development of a wide range of effective anti-glaucomatous drugs had significantly decreased the risk of visual loss and the need for glaucoma surgery. The numerous special ophthalmic units now around Australia and New Zealand form an integral part of the public hospital system, and play a major role in the delivery of ophthalmic care to the community, which is as good as or better than, anywhere in the world, as well as in post-graduate ophthalmic training.

Peter then spoke about leadership, basing his observations on the five main criteria listed by Morrell and Capperell as Shackleton's way of developing leadership skills. These were:

First was to commit to stick through the tough learning period of your career decision. He embellished upon this as having to continue to update knowledge and skills throughout the practicing life of an ophthalmologist.

Second was to cultivate a sense of compassion and responsibility for others. He commended those Fellows who deliver eye care to the remote and indigenous communities and to under-privileged countries; and to

those who deliver the same kind of care to those in public hospitals as they render to their private patients; as well as those who devote a large amount of time and energy to maintaining the College's training program.

Third was to be willing to venture in new directions, to seize new opportunities, and learn new skills. He informed the audience that the delivery of a consistently high level of eye care was because the Australian and New Zealand ophthalmologists enthusiastically seized opportunities and to learn and adopt new skills.

Fourth was to be bold in vision and careful in planning ... to give the ideas a good chance of succeeding.

Peter explained that while Fellows have been prepared to adopt new ideas and techniques after careful assessment, or awaiting overseas experience of new techniques, this has involved overseas learning. He used Cataract Surgery as an example where the wide use of intra-ocular lenses was delayed until overseas experience and refinement improved the success rate to an acceptable level.

Fifth was to learn from past mistakes made by you and others. He informed the audience that despite the great advances in ophthalmology, surgery was still a craft, and despite the best endeavours, results were not always as good as one would expect, therefore surgical audits were developed to access, learn from and minimise the surgical mishaps.

Peter explained that the College and ophthalmology constantly faced challenges and he advised that ophthalmologists need the vision and willingness to lead, with such things as the Australian Medical Council accreditation of the training program; the Continuing Professional Development program; and the ACCC scrutiny of Medical Colleges' processes. However, he envisaged a more subtle challenge in ophthalmology maintaining its rightful role as the peak body of eye care and believed that it was vital for the College to take a more active leadership role in advising governments on the planning and delivery of eye care. He therefore encouraged the development of an integrated strategy for the delivery of medical and surgical management of major causes of blindness, namely: cataract; glaucoma; diabetes and macular degeneration, and to ensure that the focus of Government is on the prevention and treatment of conditions that lead to levels of visual impairment. He encouraged the female and younger Fellows to take a more active role in College leadership to give a balanced input to all activities and decisions and in summing up he urged the new graduates to be prepared to share in the College activities and to experience the satisfaction of giving something back to ophthalmology.

In his spare time, Peter is Chair of four companies including Australian Native Musical Instruments; Phillip Island Motor Sports Pty Ltd; Placetec Pty Ltd; and Trackside Enterprise. Since 1980 he has been a Squadron Leader in the RAAF Specialist Reserve at Headquarter Support Command; and is a member of the Royal Melbourne, Kew and National Golf Clubs; Royal Melbourne Tennis Club; Alkuna Ski Club at Mount Buller; Royal Yacht Club; and the Melbourne Athenaeum Club.