

Harold Walford Thyer, President of the Royal Australian College of Ophthalmologists, 1990 - 1991

Wal Thyer was born on 18 December 1940 at Kadina in South Australia. He is married and father of 4 boys and a girl. He graduated in medicine from the University of Adelaide in 1964; gained a DO in Melbourne in 1968; MACO and FRACS in 1969; FRCS (Eng) 1970; MACO in 1978; and Fellow of the College of Ophthalmologists (Eng) in 1990. Wal was VMO at Adelaide Children's Hospital from 1971 to 1974; the Royal Adelaide Hospital from 1971 to 1983; and Head of Unit at RAH from 1983 to 1987. His special interest is anterior segment surgery and IOLs. Wal served the College as the SA Branch Secretary from 1973 to 1975 and Branch Chair from 1975 to 1977. He served on Council from 1984, and Council Executive from 1986, becoming Vice-President in 1989. He served on the Ethics and Conduct Committee from 1991.

During Wal's term as President, the basement area of the Commonwealth Street premises was developed for car parking facilities, completing the refurbishment of the Medical Eye Services building into the College's base. As in previous years, there was ongoing contact with State and Commonwealth governments and their instrumentalities, particularly regarding the restoration of the Medical Benefits rebate for cataract/ implant surgery to the pre-May 1987 determination. Initiatives introduced included: invitation for representation from the OSNZ to attend the Council meetings; a committee was set up to evaluate research and developments in the field of refractive surgery, especially related to excimer laser; an interim committee was formed to draft a procedural document for an Ethics and Conduct Committee to consider any complaints received.

In his Presidential Address Wal Thyer reflected on one of the College's principle functions, i.e. the definition and maintenance of standards in ophthalmology. After charting the steps required to be taken to reach a level of competence to earn Fellowship of the College to allow a lifetime of practice, he observed that life and one's profession are continually subject to change. He predicted that changes on the horizon for Fellowship related to time-limited certification and development of an accreditation system for continuing medical education (CME). He pointed out that the maintenance of the competence reached for Fellowship was the aim of CME: that CME encompasses the annual scientific congress, the conduct of surgical audits, self-assessment programs, and participation in both undergraduate and postgraduate teaching. He also pointed out that external pressures were calling for more objective occupational regulations, and recertification was one concept that had evolved. He indicated that the Royal Australian College of Obstetricians & Gynaecologists (RACOG) had already instituted a ten-year time-limited certificate with five-year renewals thereafter and the Royal Australasian College of Surgeons (RACS) and the Royal Australasian College of Physicians (RACP) were developing similar systems in consultation with their fellows. He called for all FRACOs to communicate their views regarding the introduction of such through their State branches to Council.

Having been clinical lecturer at Adelaide University, Wal supported the assessment of basic medical training of graduates in medicine from non-reciprocally recognised overseas universities in having to sit for the Australian Medical Council basic medical examinations, as an obligation to the Australian public, despite claims that the standards were inappropriate for overseas trained specialists, years after graduation.

He expressed appreciation for the Lions and the Lions Eye Bank for their continued support of ophthalmology. He paid tribute to the South Australian Lions Eye Bank and to Doug Coster in the formation and development of the Corneal Graft Register. He acknowledged Doug on behalf of the College for being awarded the office of the Order of Australia, and the Lions Humanitarian Award in recognition of his work.

Wal then addressed the expense involved in the provision of health care, resulting in the proliferation of various forms of health insurance, which shifted the onus of payment to an intermediate third party. This,

he believed, created two significant problems, one being the Moral hazard where the patient demands as much expensive health care as can be supplied; and the other of Adverse Selection where the patient and the insurer both try to manipulate the system to their own best advantage. Complicating these two problems are the cost-escalating factors of an aging population and advancing technology. For this he urged the audience to avoid the loss of cognitive function involved in good medicine and surgery, and to remain masters of technology both in its assessment and use. He predicted a logical progression in the sharing of high cost equipment by cooperative groups, and put the onus of careful administration of limited resources on the insurance providers. From the point of view of the providers of health care, be they doctors, nurses, administrators or allied health professionals, he advocated that in the increasingly technological world there needed to be ways of devising ways of containing costs without compromising quality of care. He prophesied the introduction of Diagnosis Related Groups, Case-mix Funding, Clinical Indicators and Outcome Funding, all related to the problem of financing health care. He advocated input from the practitioners and for health care planners to consult with and listen to them carefully.

Wal quoted David Penington in his definition of “professional” as being the commitment to the highest of ethical precepts; and a commitment to the body of knowledge and skills on which is based all that they have to offer, thereby differentiating it from a trade. He warned of the impact of technology and commercialism and that it must not be allowed to override proper clinical assessment and reporting of trials, and that publicity funding by purveyors of expensive equipment was ethically reprehensible. The federal Ethics and Conduct committee was set up by Council to handle complaints against Fellows thought to have transgressed the accepted standards, and Fellows were invited to submit ideas to Council through their branches on matters pertaining to Ethics and Conduct. Because medical skill depends on the ability to correctly classify disease processes and identify the effects in patients, Wal quoted Bernard Shaw as dividing people into the efficient and the inefficient, and concluded by campaigning for the continuing role of the College to foster research, teaching and the practice of cost-efficient ophthalmology by efficient, caring, continuously educated, ethical ophthalmologists.

Wal’s sporting interests are golf and sailing while he also enjoys gardening, antique furniture, fishing, and scuba diving.