

William Elliott (Bill) Gillies OAM, President of the Royal Australian College of Ophthalmologists incorporating the Ophthalmological Society of New Zealand, 1998 - 1999

Bill Gillies was born on 11 February 1926 at Woolloowin in Queensland and died in Melbourne on 4 December 2008. He was educated at "Churchie" Grammar School in East Brisbane from whence he matriculated in 1943. Bill gained his MB BS at the University of Queensland in 1949. He had played rugby with the University of Queensland and was a champion swimmer, surf life saver, and water polo player, holding the Queensland Medley Swimming Championship from 1945 to 1948. In 1952 to 1953 he trained at the RVEEH and obtained his Diploma of Ophthalmology from the University of Melbourne in 1953. He was a member of the Melbourne Rugby Club Premiership team in 1954 before he travelled overseas where he obtained Fellowship of the Royal College of Surgeons (FRCS) Edinburgh in 1957. Bill met and married the ship's surgeon, Nancy Ferguson, in 1954 while travelling to London, and is father to four children, one of whom is Professor Mark Gillies, also an ophthalmologist.

Bill worked at Moorfields Glaucoma Clinic before returning to the RVEEH in 1958. From 1962 to 1969 he was ophthalmologist in charge at the Preston and Northcote Community Hospital (PANCH) and from 1966 to 1995 he was ophthalmologist in charge of a General Clinic at the RVEEH. For many years he taught registrars on his general eye clinic; and served the RVEEH on many Committees including its Research and Ethics Committee. From 1962 to 1972 he worked in the Glaucoma Investigation and Research Unit at the RVEEH, taking charge there in 1972 until 1991 when he was made Emeritus Ophthalmologist at RVEEH. Through his friendship with Fred Hollows he was a strong supporter of the National Trachoma Eye Health Survey which focused international attention on the plight of indigenous Australians, leading a team to the Katherine region in the Northern Territory for the surgical treatment of people affected with cataract and trachoma. In 1988 he established the Australian and New Zealand Glaucoma Club which he saw as a way to bring together people with an interest in glaucoma to foster the first special interest group with Australian and New Zealand ophthalmologists, and in 2007 the Gillies Lecture was established to recognise this and his contribution to the study of glaucoma. He also founded the ANZ Squint Club in 1991, and was active in developing the orthoptic profession in Australia. Amongst his other achievements, he pioneered iris angiography at the RVEEH.

He had a strong belief in the power of institutions to bind society together and felt that unless ophthalmology remained separate and distinct with its own structures, technical and ethical standards it would decline and the quality of care of patients would not recover. Apart from his term as President of the College, he was Chair of the College's Trachoma Committee; a member of the Medico-legal Special interest Group; Council Member of the Victorian State Branch of the AMA; and examiner for the College's Part II examinations. In 2003 he was awarded the Medal of the Order of Australia (OAM) for his contribution to ophthalmology in Australia; and in 2006 he was awarded the College Medal for distinguished, meritorious and selfless service to the College, the community and medicine.

A rapidly changing environment faced the College and its members during Bill's term as President and a successful response to the challenges required flexibility and creativity in developing new ways of working which in turn required review of structures, policies, processes and procedures. Therefore:

- the number of Executive meetings was increased from two to four, which enabled the small number of eight members to function more as a board of directors and assume more control of College affairs, although all policy decisions were still approved by Council;
- the Ophthalmological Reach Institute of Australia (ORIA) was designated as the research arm of the College and a small moiety added to Fellows' annual subscription to meet the running costs;
- the ORIA initiated the organisation of an annual Ophthalmic and Visual Sciences Meeting for the exchange of information between visual scientists and clinical operators with College Fellows encouraged to participate in greater clinical involvement;
- the Australian Medical Council (AMC), after examination of processes for the registration of overseas-trained specialists, introduced through the Committee of Presidents of Medical Colleges (CPMC) the accreditation of the training programs of all medical colleges and specialist registration in all Australian states was envisaged;
- a curriculum review process was initiated and a new training handbook was released;
- accreditation of training posts was reinstated under the chairmanship of Dr Frank Taylor;

- a G.P. up-skilling program was progressing from the smaller to the larger states while a certificate course for GPs in primary eye care was to be introduced;
- in response to the Victorian move to allow optometrists to use a wide range of topical medications a working group chaired by Simon Permezel set up a formula of ophthalmic competencies for practitioners treating pathological eye conditions which would achieve for optometrists a level approaching that of a sound G.P.;
- the College Journal was upgraded by Mark Gillies and the editorial team and the name changed to *Clinical and Experimental Ophthalmology*;
- the Conjoint Libraries have continued to provide services of excellence and the cause of the College museum was furthered by Jim Martin;
- relation with government continued through the relative value study and the Anomalies Committee;
- the emphasis on the ophthalmologists' role as physicians, as well as surgeons was encouraged;
- an annual media award was instituted to foster a healthy interchange with the media;
- the constraints of the building in Commonwealth Street were growing and the decision taken to purchase a bigger building at Chalmers Street, therefore the old building was sold with great regret, considering the generosity of the NSW Medical Eye Service in donating it to the lasting benefit of the College: Peter Henderson played a most valuable role in the transition;
- promotion of screening programs for treatable causes of blindness, especially glaucoma and diabetic retinopathy, was mooted while continued fostering of research into causes of blindness such as Age Related Macular Degeneration was encouraged.

In his Presidential Address Bill commenced with historical resemblances in the development of the professions of law and medicine. He stated that in democracies modelled on the British system, both professions are jealous of their independence and integrity, with a freedom from government control, thereby partly explaining their resistance to any drift towards totalitarian forms of government. He gave a brief overview of the role of feudalism, growth of towns, and the role of the church monasteries as centres of learning, with the first university appearing in Bologna in 1088, and that specialist medical colleges arose much later, peculiarly in the British Isles. The Edinburgh College of Surgeons has the oldest continuous existence with a Town Charter granted in 1505, which is still in existence: the Australian College of Surgeons (ACS) was first formed in 1926 and arose from the British tradition. He stated that many ophthalmologists were Fellows of the ACS but more were not, and this led to bitter divisions, so in 1969 the Australian College of Ophthalmologists (ACO) was established and this also followed the British collegiate tradition.

Therefore, Bill advised that at the very outset, the essentials of specialist advanced training were in place through a thorough knowledge of basic science, limited then (1505) to anatomy; a comprehensive academic knowledge of the specialty and a sound competency in its practise, stemming from the old apprenticeship system. He elucidated this attainment of competency as marking the difference between college education and university education and is the distinguishing feature of specialist medical college training. He advised that competency cannot be assessed by examination, nor legislated or acquired by sitting in lectures: the only effective standard is the completion of a structured, supervised and lengthy in-service period of training which can only be provided by senior Fellows or "Maisters of the craft", through dedicated effort. Bill appealed to the Fellows to carry this burden to fully maintain professional independence and meet the high standards of service which were developed in the absence of government assistance or interference. He advocated that the standards be defended against the threats from encroaching groups with lower standards, and from bureaucratic regulation of the College's internationally comparable training programs. He also warned against Fellows becoming affected by rising commercialism in medical practice, with commercial advertising being of particular concern, and encouraged the new graduates to quickly involve themselves in College affairs and activities to maintain the standards and traditions which were being passed on to them..

Bill was a devoted family man, loved travelling to all corners of the globe with his wife; loved Opera; enjoyed farming and gardening; was a connoisseur of wine; and collected Chinese snuff bottles.