

Michael Steiner, President of the Royal Australian College of Ophthalmologists incorporating the Ophthalmological Society of New Zealand, 1999 - 2000

Michael Steiner was born on 27 May 1946 in Prague, Czechoslovakia. After arriving in Australia, Michael gained his MBBS from Sydney University in 1970 and a Diploma of Ophthalmology (DO) in 1974, being admitted as a Member of the College (MACO) in 1974. He married Imogen in 1971 and is father to two boys. He was appointed an Honorary Ophthalmic Surgeon to Lewisham and Bankstown Hospitals from 1974 to 1987 where he pioneered intraocular lens implantation for cataract, before moving on to the Metropolitan Eye Hospital where he was Chairman of the surgical staff. He began performing laser vision correction when it was first introduced to Australia in 1991.

Michael was a Councillor for many years before becoming President of the College. He served as Honorary Secretary of the College from 1976 to 1985 and was Chair of the NSW Branch; the College Therapeutics Committee; the Anomalies Committee; and the Ethics Committee. He was also a member of the Public Relations Committee as well as a Trustee of the Benevolent Fund. Michael was elected to the Council of the AMA (NSW) in 2001, Treasurer in 2004, and ultimately becoming their President. He was made a Fellow of the AMA in 2006 and still holds many positions with that body. In 2007 he served on two appeals tribunals for the Code of Conduct Committee of *Medicines Australia*. He is also a Fellow of the Royal College of Ophthalmologists of the UK; and a member of the Oxford Ophthalmological Congress. In 2003 Michael was awarded the Australian Centenary Medal.

During his term in office:

- The College continued the process of modernising itself with the formal delegation from Council to the Executive of powers for day to day business thus streamlining decision making and efficiency;
- The Work Force study project, involving Medicare data on the distribution of the population and utilisation of ophthalmic services thus ascertaining workloads and service availability, was completed. This was essential knowledge on which to base future training programs;
- A revised vocational training program handbook was produced and work continued on the curriculum review process for the introduction of the basic sciences into the program with extension to a five year training program;
- Despite initial misgivings, significant input was provided into the development of the Australian Medical College's accreditation process designed to evaluate all specialist medical training programs;
- Following discussions with the President and CEO of the Optometrists Association of Australia covering a wide range of issues covering the two professions, a set of competencies for optometric therapeutics was completed with some Fellows involved in teaching and assessment of optometrists in Victoria;
- Provision of enhanced training for doctors from nearby countries, and the feasibility of providing support for indigenous doctors to join the training program was considered;
- The scope and prize money was increased for the RACO Media Award introduced in 1994, which had helped to focus attention on the work done by ophthalmologists;
- Ongoing meetings with the Professional Review Division of the Health Insurance Commission, mainly centred on anomalous item numbers but included referral patterns, best practice patterns, unnecessary cataract surgery and kickbacks, and ways of controlling these and other unprofessional practices;
- Development of closer ties with the Fred Hollows Foundation;
- An archive policy was introduced and branches requested to implement programs to acquire and record material;
- Assent was given to the formal name change from the Royal Australian College of Ophthalmologists incorporating the Ophthalmological Society of New Zealand to the Royal Australian and New Zealand College of Ophthalmologists (RANZCO).

In his Presidential address, Michael reflected on the past, the present and the future. He was of the opinion that for an organisation to know where it is going it is helpful to know where it has been and what has shaped it. He encouraged Fellows in all Branches to gather memories with descriptions of events and personalities so that the history of the College could live. He referred to Bill Deane-Butcher's description of the beginnings of ophthalmology in Australia, commencing in 1814 with the general surgeon, Dr William Bland being expelled from the British navy for killing a fellow officer in a pistol duel and transported for seven years. During this time he commenced private practice with an interest in eye care and became the first ophthalmic surgeon in the colony.

Looking at the present he referred to that morning's AGM in which Fellows received with acclamation the new name incorporating New Zealand, for the College. He invited Fellows to visit the recently acquired Chalmers Street building which had become the new home for the College, while thanking Bill Gillies and Peter Henderson for their incredible effort in securing the building. However, he advised that more importantly was the growth of the College which had become a significant institution involved now with Sister Colleges, Government at all levels, and medico-political organisations: the structure being changed to adopt a corporate/collegiate model under the guidance of the CEO, Bob Guest. Michael also acknowledged the high educational standards and for their processes and transparency. He referred to the University Departments with full Professors in every mainland state and New Zealand. Although they are not part of the College they should be "jewels in the crown of ophthalmology" as well as a significant part of the public face.

Michael addressed the clinical advances in ophthalmology, encompassing cataract surgery, refractive laser surgery, glaucoma, diabetic retinopathy and macular degeneration. He was critical of the government in not recognising the efficiency and skill involved in the advancement of these techniques, and the trivialisation of them. He explained that because although cataract surgery has become faster, a superb surgical result does not mean that the operation has become easy and the government had twice reduced the rebate for cataract surgery. He mentioned the Relative Value Study set up by the government and the AMA in order to try and reduce inadequacies within the medical professions and reported that the study had found that for ophthalmologists the costs of running a practice are high; the duration of an active career is relatively short; the stress factor is significant, and overall schedule fees should be significantly increased.

His concerns for the future focussed on several aspects of change, the first of which was less qualified groups seeking to expand their horizons to accommodate increasing numbers of practitioners and the impact of the Competition Policy on the profession. Another major concern was medical litigation and indemnity because indemnity insurance is huge and needs to be passed on to patients as another practice expense. The third concern was about co-management where it involves a payment to the optometrist who referred a patient for surgery as this distorts the normal ethical referral process. The College's attitude is that any payment which could be regarded as an inducement to refer is totally unacceptable as it demeans the Professions. He encouraged the new graduates by advising them the College would do what it could to enable them to practise in an atmosphere of goodwill appropriate to a learned profession and not tainted by commercial overtones; that the majority of Fellows practise a high ethical standard and hold dear the College and its ideals and encouraged them to continue to work for the good name of the College and the ophthalmology profession.

Michael concluded by telling a story about a patient on whom he operated who was old and both blind and deaf, and so was thought to be totally demented: she had been enabled to see, which had made a big difference to her life and the problems of Government and Competition Policy faded into their insignificant place. He reminded the audience that as ophthalmologists they should always remember that they were doctors first, and that doctoring is an art as well as a science.