Peter Hardy-Smith OAM, President of the Royal Australian College of Ophthalmologists, 1989 - 1990

Peter Hardy-Smith was born on 11 October 1931 in Melbourne. He married in 1958 and is father of 3 boys and one girl. He was educated at Scots College and graduated in medicine from the University of Melbourne in 1954. He gained FRCS (Eng) in 1962, FRACS and MACO in 1963. He worked at the Royal Melbourne Hospital from 1963 to 1972 and became Senior Ophthalmologist at Box Hill Hospital in 1967; Visiting Medical Officer at the Heidelberg Repatriation General Hospital in 1966. Peter became Chair of the ORIA in 1986 and was Consultant Ophthalmologist to the Royal Australian Navy. He served as Chairman of the Victorian State Branch; Chairman of the Ophthalmic Research Institute of Australia (ORIA) from 1964 to 1986; and on the Federal Council of the College before becoming Vice-President Elect in 1987. During his Presidency he was instrumental in initiating a bid for the College to host the International Congress of Ophthalmology in Sydney in 2002.

During Peter's term as President the College office in Commonwealth Street was refurbished to accommodate College Council and Committee meetings and evaluated the development of the basement area for car parking facilities. Negotiations were successfully completed for the inclusion of a Medical Benefits item number for computerised perimetry while the question of restoration of the rebate for cataract/ implant surgery to pre-May 1987 determination caused the College much concern. Changes to the College gown were debated and resolved that it remain in its present form. Initiatives introduced included: a bid to host the International Council of Ophthalmological Societies to be held in the year 2002; Tax Exemption on Approved Sports Eye-guard, a committee for which was then set up by the Standards Association of Australia; representation was sought on both the AMA Medical Practice Committee and on the Medical Benefits Consultative Committee when ophthalmological matters were discussed; a decision was made to reduce the period of pre-vocational training to two years in an appropriately recognised and supervised hospital; a task force was set up to examine the report on Continuing Education; the Strabismus Club and Anomalies Committee were set up; sought representation on the National Day Surgery Committee to ensure that ophthalmic procedures are given proper consideration in discussions with government.

In his Presidential Address Peter talked about the art and science of medicine and changes that were being introduced by government. He explained that in times past there was much art through empirical medical treatment, and precious little science, because scientific principles then were ill-understood. He compared this with the current situation in which high technology science was paramount, and warned that there was a risk of losing the art of ophthalmology in favour of the technology. Peter informed the audience that the art of ophthalmology was acquired through learning and experience rather than being taught and was the core of being a doctor rather than a pure technician. He reminded the audience that doctors dealt with a range of medical and health problems and their working hours were not spent performing highly remunerative surgery as imagined by the bureaucrats. He made the point that the understanding and treatment of eye symptoms were related to the understanding of the body as a whole, including the psychology of people, their family and social environment, and that training and experience confined entirely to the eyeball would be unsatisfactory. He re-iterated that the eye was part of the body just as the diagnosis and treatment of ocular symptoms was part of medicine, and those who refused to acknowledge this had little understanding of what being a doctor was about.

He reminded the audience that the art of medicine was being able to explain to the patient that some problems cannot be cured, particularly those of old age. Telling the truth without losing all hope that something can usually be done to make life easier and enabling the patient to use the vision they have to their best advantage was part of the art. He used the enlisting of ancillary and paramedical facilities such as Low Vision Clinics run by the Association for the Blind as excellent examples of how various disciplines could work together for the benefit of patients. Peter warned the younger members of the audience against the urge to be adventurous by embracing the new and relatively untried surgical modalities too uncritically, particularly in the field of refractive surgery, without due regard for possible adverse long-term effects. He warned against the influence of commercial pressures for new technology which had brought enormous benefits but at a cost and that it behoved the ophthalmologist to critically assess each new instrument or procedure and decide whether it really was an improvement on what was used already. He indicated that the cost of new technology would be reflected in the costs of health care and this would have implications for patients and health insurers. He advocated that it was the duty of the ophthalmologist to ensure that the technology used was giving value for money, leading to better diagnosis and treatment, such as the acceptance of computerised perimetry as a reliable investigation.

That bureaucrats and administrators look at treatment from the cost-benefit analysis aspect was another point he made, and the assessment of processes and outcomes in medical and surgical treatment would be coming under increased scrutiny by third parties. He was hopeful that the reconstruction of the Australian Council of Healthcare Standards would involve giving more attention to the clinical side of hospitals during the accreditation process, with attempts being made to objectively assess processes and outcomes of patient treatment so that these could be compared across various institutions. He informed the audience that a trial series of hospital-wide clinical indicators was being organised in various hospitals in four States and the College was supportive of efficient quality assurance, audit and peer review mechanisms within hospitals to protect standards. Peter reiterated that standards are what the College is largely concerned with, and takes pride in the quality of young medical graduates that are accepted into the training program: that the standard of the final examination held conjointly with the RACS is high. He also announced that, to encourage academic excellence, a four-yearly scholarship for $30,000, sponsored by Designs for Vision, would be awarded in 1994.

Medical manpower was another issue he spoke about and he informed the audience that it was under scrutiny by all Colleges and all political parties: that although ophthalmological manpower was probably in balance there was mal-distribution towards insufficient country practices which would bring pressure on the College to accept into the workforce ophthalmologists trained in other countries whose qualifications were not of the same standard. He advised that such doctors should be given the opportunity to reach College standards before being registered to practise here. He also informed the audience that a survey of College Fellows had been conducted regarding continuing medical education to keep up their own standards. A problem that had emerged was that complaints had been made against Fellows by colleagues or outside bodies for transgressing the College standards and he reported that steps were being taken by the College to monitor these complaints rather than have these processed by outside concerns. He concluded by predicting that change was inevitable and the College would be changing as new developments were introduced.

His interests are golf, farming, boating, gold dredging and relic detecting. He is a member of the Naval and Military Club, the Peninsular Golf Club, and Old Scots Colleagues Association.