Richard J. (Rick) Stawell, President of the Royal Australian and New Zealand College of Ophthalmologists, 2009 – 2011

Rick Stawell was born at East Melbourne on 26 March 1949. He attended primary school and secondary school at Melbourne Grammar School. Rick studied for his MBBS at the University of Melbourne from 1968 to 1973, and through the Royal Melbourne and the Austin Hospitals before becoming an ophthalmology registrar at the Royal Victorian Eye and Ear Hospital (RVEEH) from 1977 to 1980. He was awarded FRACO and FRACS in 1980, and then travelled overseas for further ophthalmic study at Leeds General Infirmary and Moorfields Eye Hospital in the UK from 1980 to 1981. In 1992 he was awarded a RANZCO Travelling Fellowship for further studies in inflammatory eye disease.

Rick joined the Victorian Branch Committee of the College in 1984 and served as Secretary from 1985 to 1988, then as Chair from 1990 to 1991. He was a Federal College Councillor from 1988 to 1991, and Honorary Secretary of the ORIA from 1989 to 1998. When he became Chair of that organisation he served on the College Executive from 2001 to 2002 and then on the RANZCO Board when changes to the structure and governance of the College took place. He has served on various hospital committees at RVEEH and the Alfred Hospital since 1986 and was chair of the RVEEH senior medical staff from 2005 – 2007. Rick has also been a Clinical Instructor, teaching at undergraduate and post-graduate level and served on the Part II Court of Examiners in 2004 – 2012. Since 2012 he has been a director of the RANZCO Eye Foundation as well as being involved in representing the College on Vision 2020 Australia international development committees.

During Rick's first year as President, significant changes were introduced with a new administration led by Ms Susi Tegan as CEO, with restructuring of the College staffing, together with a Board and Council that were willing to embrace change. The College's strategic plan which had been developed over several years had identified a need for an increased external focus. The strategic plan was reviewed by the new CEO and following wide consultation, a business plan was developed. A broader external focus with government departments, Vision 2020 Australia, and patient support groups was established. Other areas of review included information communication technology (ICT) which had moved on a long way and the College system needed urgent attention both for administration and for education of Trainees as well as Fellows' needs in Continuing Professional Development. The training program was also reviewed as the year marked the end of the first full five year cycle of the revised training program. A good working relationship between the College and the Australian Association of Ophthalmologists (ASO) was realized so that political lobbying was pursued by the ASO while the College acted as the patients' advocate, particularly in relation to the Cataract rebate. The Federal Government initiated a review of the Medical Benefits Schedule (MBS) to provide greater transparency and a stronger evidence base for services. This review became a major area of work for the College with multiple meetings with the Department of Health to justify and refine MBS item numbers for the benefit of patients. Closer relations were developed with New Zealand with the appointment of a research/policy officer to work with the College office, the New Zealand Medical Association (NZMA) and the RANZCO NZ Branch committee, to enable the College's views to be more effectively developed and heard by the NZ government. A more proactive role by the College in rural, indigenous and overseas ophthalmology made progress with ongoing administrative support for these activities. The College library had become increasingly involved in "on line" access to the journals with publishers demanding escalating subscriptions. The RANZCO Eye Foundation was active in raising the profile of ophthalmology and community awareness while raising funds for research carried out through the Ophthalmic Research Institute of Australia (ORIA).

In his 2010 Presidential address, Rick reflected on the difficulties the medical profession faced in remaining professional, whilst dealing with the realities of commercialism, which used marketing and advertising to sell products. He stated that although the definition of "a professional" had become quite loose it was the traditional professionalism that he spoke about with the use of education, experience and training to analyse and solve problems to make sound decisions. He identified that such professionals are usually held in high regard because they are bound by high ethical and moral considerations and have considerable work autonomy, earn a reasonable income, and like to be creative and intellectually challenged with their work. But he asked if the respect of the

community had been lost with patients questioning more about advice and if they tended to take legal action if aggrieved because the profession was no longer professional enough. He stated that doctors who saw medical practice as a business and ran it under business models having done their MBA, were struggling to maintain a professional image while losing the trust of their patients and the community. He believed that the whole idea of applying competition and market principles to health and aged care with directors having a fiduciary duty to serve shareholders and by default not patients, was at total conflict with medical professionalism because one of the strong principles about professionalism frequently enunciated was that "often the professional is required to put the interests of the client ahead of their own interests" and he quoted Fred Hollows who said: "To my mind, having a care and concern for others is the highest of the human qualities"

Rick spoke about the American medical system being under pressure, with health management organizations, corporatized clinics, increasing medical litigation as well as the increasing focus on individualism in X and Y generations. He believed that this had resulted in very commercially focused healthcare and he said that in response to this, in 2002 the Medical Professionalism Project was launched in the US to develop a Charter on Medical Professionalism which recognized that medicine's commitment to the patient had been challenged by external forces of change within society. He listed the fundamental principles that came out of that project which were similar to the AMA code of ethics; that the charter summarized its findings with "the belief that physicians must reaffirm their active dedication to the principles of professionalism, which entailed not only their personal commitment to the welfare of their patients but also the collective efforts to improve the health care system and the welfare of society". The Royal College of Physicians of London had also affirmed its commitment to professionalism through a report titled "Doctors in Society: Medical professionalism in a changing world" in which the complexity and uncertainties within clinical practice were recognized. Rick advised the audience that there were strong pressures from an increasingly commercialized context and intense criticism from politicians and economists in Australia in 2010: that Government controlled Medicare rebates to patients and the salaries of doctors in hospitals, and that the AMA and the ASO had become de facto trade unions fighting to secure benefits for their members. He gave as an example the cataract dispute, in that even when the College and the ASO went in to bat on behalf of patients it was construed by government as being self-serving.

Rick went on to say that pressures on professionalism in Australia would be heightened in coming years as a result of: chronic underfunding of health care resources; lack of recognition of the cost of practice by government in setting rebates to patients in the medical benefits schedule, resulting in increasing gaps so that patients and the community perceive that doctors are greedy and not worthy of being regarded as professional ; corporatized medical practices, focused on shareholder profit with a concentration on the better remunerated side of ophthalmic practice; in preparation for their careers, the process of training to become a doctor and then sub specializing, was a significant financial cost; media scrutiny of the profession especially medical misconduct; and generation Y having been branded as work-shy, debt written, programmed for instant gratification and beset with unrealistic expectations. All these factors, he said, made graduating ophthalmologists vulnerable to losing focus on the professional characteristics that the community valued and succumbing to the dark side of commercialism.

He believed that the principles espoused in the US Charter on Medical Professionalism and our own AMA charter need to be upheld with constant reminders about those principles as doctors, and to seek to strike the right balance between financial return and professionalism. He said for example, that all doctors need to try and contribute to public healthcare: that it might be in local community centres, a general hospital or in a tertiary eye hospital. Alternatively, taking a few days away from a busy metropolitan practice to work in a remote rural area or providing eye care to our indigenous population; or by taking knowledge overseas to train doctors in the developing world and providing medical services to some of those patients.

A number of ongoing activities continued during Rick's second term as President and a number of new strategic directions were explored and developed. A change in the Constitution was agreed to enable two Vice Presidents to be appointed to better support the President with an ever increasing workload. The Asia-Pacific Academy of Ophthalmology (APAO) Congress was hosted by RANZCO in Sydney in March 2011 and this provided opportunities to develop relationships with the APAO, the International College of Ophthalmologists (ICO), the American Academy of Ophthalmologists (AAO), and Asia-Pacific countries. Having hosted the APAO's Leadership program, this provided a template for the development of a similar leadership program for the RANZCO Fellows. The ICO helped with strategic planning regarding involvement in programs in the Asia Pacific and how to support and enhance Fellows'

work internationally. Another recommendation to come from the ICO meeting was membership of the Australian Council for International Development (ACFID) and accreditation by the Australian Agency for International Development (AusAID) which would allow the College to apply for funding to deliver international programs focused on education, training and curriculum development. Access to the AAO's Online Ophthalmic News (ONE) Network for Fellows' CPD was brought about by a strengthened alliance with that organisation. A formal visit to meet the officer bears and staff of the Royal College of Ophthalmologists in London was undertaken with the CEO. It established a good platform for future discussions on training programs, post graduate education and accreditation as well as exploring ways to more easily enable our Fellows to do post fellowship training in the UK.

Overhaul and development of the College website progressed and a new interface was launched together with major investment in new technology throughout the College. Pressure to balance commercialism of practice with the professionalism of being a doctor followed a determined effort by the Board and Council to emphasise the importance of professionalism in the changing world, and Rick was instrumental in drafting a College Code of Conduct to complement the College Oath. The Code was adopted by the incoming Board.

Rick titled his second Presidential address as: "Ask what you can do for your College", a challenge aimed at the new Fellows. He empathised that their life had been constant study, research and exams but that had now changed. He posed questions about their future careers and if they would make time to contribute to: public hospital work and teaching the next generation of ophthalmologists; or to contribute to the care of indigenous and remote Australians, or even venture into international development programs; or how they might contribute to their profession and the community through other College activities; or would they be slaves to private practice, paying off their accumulated debts for education, housing and family.

He challenged those who thought they were not capable of embracing many of these options by reminding them that they had all been trained to be very competent ophthalmologists and that all were capable of doing anything in their professional world; that the challenge of overcoming discomfort or obstacles would be very satisfying and worthwhile.

Rick informed the audience about the non-training functions of the College which were devoted to providing services both to Fellows and importantly to the community. Some of these activities were: advocacy of eye health in dealing with federal government departments regarding Medicare rebates relating to new technology and procedures; or lobbying for tangible support for paediatric ophthalmology; or battling the jurisdictions over training positions and interfacing with Health Workforce Australia. Other activities included working to influence government policy on Telehealth in remote Australia; or establishing the College's role in rural and indigenous eye care, in the wake of the Taylor report; or on the international front, by supporting the mission of Vision 2020 Australia (Vision 2020A) for continuing government funding to eliminate avoidable blindness both in Australia and in the Asia-Pacific region.

He advised the audience that to assist with advocacy directed to government, the College had introduced a Leadership Development Program, to help equip fellows to be involved and to be effective in advocacy and leadership roles. This program would build skills in leadership, advocacy, presentation and media. Good governance and financial issues would be emphasized along with guiding individuals in project and time management. There would be opportunities to meet politicians and bureaucrats to start building ongoing relationships with some of them.

Rick told of other areas of College involvement including organising professional development and standards through the Continuing Professional Development Committee; contributing to sustainable library services; and improving the website as a tool for learning, auditing and research. He recommended that new Fellows could contribute to the College's research arm, i.e. the ORIA, which distributed significant funds for research; and the RANZCO Eye Foundation to raise funds for specific projects.

He advised the audience that if Fellows wanted to be involved in shaping the future of their profession they could become involved in special-interest groups, consisting of Fellows who meet, discuss and support each other in subspecialty areas of ophthalmology. These groups provided invaluable advice to the College in its policy development and advocacy roles and had contributed to the government review of the Medicare Benefits Schedule descriptors to ensure they were contemporary and relevant. He also advised the new Fellows of the Younger Fellows Committee which would be an ideal forum for each new fellow to join; or The Women in Ophthalmology

Committee which had worked hard to help the College and the profession to understand the special issues facing women in the medical profession and to support its members in achieving their goals.

Rick advocated that new fellows join a branch committee as the branches need generational change. He informed them that the branches address local issues to feed ideas up to the College federally, through councillors and board members, and this would provide the opportunity to join Council membership: that Council was where many difficult issues were discussed and where the leadership group was elected for the Board. He also advised that Clinical teachers and leaders were always needed in the hospitals and it was not too hard to give some of their time for this.

He spoke about international development and that over decades many Fellows had contributed to service roles with various non-government organisations. Increasingly, the focus had shifted to education and training to develop a sustainable ophthalmic workforce in the developing countries of the region. The Australian government had made significant funds available for ophthalmology, under the Avoidable Blindness Initiative, which was administered by Vision 2020A, of which the College was a member.

In finishing, Rick gave a personal description of how he had become involved in College activities by joining the branch committee and that he had been interested in making a contribution as a member of his profession because back then there was a very strong professional ethic pervading medicine, with all visiting medical officer appointments to public hospitals being honorary. He said that medical training was virtually free of costs and it was bred into them that they should give something back and this had turned out to be an incredibly enriching experience. He explained that the journey to become a doctor and ophthalmologist now was quite different and that all recent Fellows had accumulated significant debt in the process. The standing of the medical profession in the community has changed, and the terms of employment in the public sector were less than satisfactory. However, the profession had acknowledged a code of conduct and this needed to be blended with the commercial aspects of medical practice while making a living: to meld into a “work – life” balance. Rick finished up by reverting back to his challenge directed to all Fellows: “Ask not what your College can do for you, but ask what you can do for your College” (and our world)

Rick is married to Alison and they have three girls. His hobbies include cycling, hiking, gardening, photography, wine and food, and travel. Through good times and bad – he is also a passionate Melbourne Football Club supporter.