

Profile of President Mark Daniell 2016 - 2018

Professor Mark Daniell took on the role of President of the RANZCO at their 48th Congress in November 2016. Over the period of Mark Daniell's Presidency, the RANZCO made great leaps forward in how training is delivered, how Fellows are supported, and how responsibilities to the wider community are met.

Born in Melbourne on 5 April 1963 Mark spent his childhood in the suburb of Hawthorn and was educated at Melbourne Grammar School. From an early age Mark was interested in science and his family thought he would follow his grandfather into the pathology department so he was given a microscope one Christmas.

Mark thought that medical research would be an interesting field of work after visiting a laboratory through his school's work experience. However, he gathered that it would be better to be a doctor rather than a scientist if he wanted to run a medical research laboratory. He attended Melbourne University, completing Undergraduate Medicine in 1986 and a Master of Surgery in Photodynamic Therapy in 1990. During his medical training Mark experienced a wide range of jobs in the hospital ranging from orderly and cleaner to serologist in the Blood Bank and even a volunteer nurse during the nurses' strike.

Surgery appealed to Mark and as a junior doctor he rotated through each of the surgical specialties in turn. He was deeply impressed by the impact patients felt at the thought of losing their sight and how effective eye surgery could be. In 1991 he was accepted into the training program at the Royal Victorian Eye and Ear Hospital (RVEEH) and in 1993 finished his Fourth year as a Registrar at Moorfields Eye Hospital in London. He then did Fellowships there in both Cornea and External Disease, and in Medical Retina. On returning to Melbourne in 1996, he graduated with FRACO and FRACS and took up positions in the Corneal Unit at the RVEEH and the Medical Eye Unit at the Royal Melbourne Hospital.

Following a 'tap on the shoulder' to become Treasurer of the Ophthalmic Research Institute of Australia (ORIA), Mark developed a deep involvement with all aspects of the College and an understanding of the importance of professional bodies in the medical system. Ultimately A/Prof Daniell has held a number of roles within the College including Vice-President, Honorary Treasurer, Board Member and Chair of the ORIA, and the inaugural Chair of the Australian and New Zealand Cornea Society. He had also held the position of Chair of the Investment Advisory Committee of the ORIA and Section Editor and Board Member of *Clinical & Experimental Ophthalmology*.

Prof Daniell became Head of the Corneal Unit at the RVEEH; Head of the Surgical Research Unit at the Centre for Eye Research Australia (CERA) at the University of Melbourne; and Honorary Professor at Harbin University, China. He is involved in teaching ophthalmology to students, registrars and Fellows and was an examiner for ophthalmology for over 10 years in the previous Part 2 Examination which became the RANZCO Advanced Clinical Examination (RACE).

The AMC in 2016 had outlined many processes and policies that needed to be updated and modernised, especially around workplace safety, inclusion and diversity, with implementation taking place when Mark took up the role as President the College. While the Collaborative Care guidelines had been developed, they had not yet been accepted as the standard of care by the whole eye community. Reform of Education with the appointments of a new Censor-in-Chief and RANZCO's first Dean of Education were also on the agenda.

One of the biggest challenges faced by RANZCO and other medical colleges during Mark's Presidency was workforce maldistribution. Although the supply of ophthalmologists was about right, the

majority of ophthalmologists work in and around the major cities, limiting access for patients to ophthalmological services in rural, regional and remote communities, including that of Indigenous communities. In 2017, Prof Mark Daniell and the RANZCO CEO, Dr David Andrews, had numerous meetings with federal ministers, advisors and health bureaucrats in government and the Department of Health, to bring a number of key issues to their attention. Innovative programs such as satellite clinics with visiting ophthalmologists was sought as well as advocating government to create policies to facilitate and encourage them to operate in those areas. This led to the development of the Rural Training Networks.

Both the Minister for Health, Greg Hunt, and the Minister for Indigenous Affairs, Ken Wyatt supported a focus on Indigenous eye health. The Rural Health Outreach Fund was set up to improve access to medical specialists but was hampered by a lack of coordination of services. The update of the Vision 2020 Roadmap to Close the Gap recommended improvement in coordination of services, enhancement of the Rural Health Outreach Fund and increased funding for the Visiting Optometrists Scheme. Strengthening of regional hubs used as bases for the remote services provided by A/Prof Angus Taylor in Broome and Dr Tim Henderson in Alice Springs was advocated. These Vision Vans bring high tech modern care to remote parts of Western Australia, Northern Territory and Queensland. Other initiatives to assist in overcoming the workforce maldistribution was by strengthening public hospitals in regional centres and the RANZCO began developing regional training posts where culturally appropriate care was one issue that needed to be overcome. The RANZCO also recommended that Fellows providing services through the Rural Health Outreach Fund should consider bulk billing indigenous patients rather than through the private health funds.

Pressure on the metropolitan public hospitals was being exacerbated by people dropping out of the private health insurance funds because of policies failing to offer good value for money. The RANZCO became deeply engaged with government, hospital and health services on key policy changes that impacted the health system and ophthalmological practices. He was instrumental in the adoption of a Medicare rebate for collagen crosslinking of the cornea for progressive keratoconus, and retention of the rebate for insertion of MIGS. A small number of surgeons charging excessive fees for surgical procedures that bore little if any relationship to skills, time or resources were likely to damage the reputation of the profession as well as provide leverage to those in government and the private health industry who were keen to control surgical fees. Prof Daniell took part at a Ministerial Advisory Committee discussion on Out-of-Pocket Costs regarding fees and later served on the Clinical Implementation Reference Group of the Prosthesis List Reform Taskforce.

The Code of Conduct discusses inappropriate behaviour regarding billing and includes informed financial consent as well as the right to a second opinion. The inability to sanction Fellows who breached the Code of Conduct because the wording of the Code and the complaints procedures were inadequate was another issue. To ensure procedural fairness and natural justice, the wording of the Code needed to be changed as well as the formalisation of the process for dealing with complaints, to allow the College to impose sanctions in severe cases. The updated Code of Conduct was extensively edited, vetted and approved by the Board and Council as well as by numerous other Fellows interested in the area. The new Code complemented the Medical Board Code of Good Medical Practice and the criminal legal system in both Australia and New Zealand while reflecting the expectations of the community and peers concerning the conduct of Fellows.

Always looking to improve standards, in 2017 the Medical Board of Australia released its *Professional Performance Framework* to ensure that all registered medical practitioners practise competently and ethically throughout their working lives and provide safe care to patients. The two main aims of the framework were to maintain and enhance performance, and to prevent harm and

reduce risk. Although RANZCO already had a well-developed CPD Program, still to be developed were: review of performance by peer review of records; case discussion of critical incidents, safety and quality events; and multi-source feedback from peers, patients and co-workers. Measurement of outcomes through clinical audit; involvement in registries; and benchmarking individual data within unit, institutional, regional, national and international data sets was already available and could be facilitated through the College. Safeguarding the public from poor performing or incompetent doctors was to include patient complaints, doctors aged over 70 or in isolation. Collaboration with hospitals was to be formalised to foster a positive culture focused on patient safety based on respect and to encourage doctors to take care of their own health and wellbeing.

Rapid changes in the healthcare environment that impact on the delivery of eye health services, are constantly monitored. Through relevant committees, RANZCO keeps track of technologies and innovations, and based on the evidence, engagement with government regulators and policy advisors is sought collaboratively and constructively. Looking to the future, RANZCO had started investigating the impact of Artificial Intelligence and other technological advances on ophthalmological practices and their patients, leading to the setting up of the *Future of Ophthalmology Task force*.

Mark is married and has three children. He has a keen interest in Modern Art and is a member of the National Gallery Foundation. To keep active, he walks to work across the beautiful Fitzroy Gardens and in his leisure time, he plays golf and tennis every week. At the weekends he and his family try to get down to Flinders for peace and quiet, which is needed to read and think and to “recharge the batteries”, as well as work on improving his golf. His laboratory has thrived with a group of engineers, cell biologists and surgeons working to develop a tissue engineered cornea. His research group is also trying to uncover the mysteries of keratoconus, using both artificial intelligence and genetic tools.