



Australian Society of Ophthalmologists

MEDIA RELEASE

Australian Society of Ophthalmologists Incorporated ABN 29 454 001 424

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SPECIALISTS THE KEY TO WAITING LIST WOES

The AMA's *Public Hospital Report Card* for 2010 has confirmed neither federal or state government initiatives are proving effective in reducing hospital waiting lists and the Australian Society of Ophthalmologists (ASO) says a failure to address shrinking specialist numbers is the reason why.

According to the AMA report card, released yesterday, the median waiting time for elective surgery has been on a steady increase in all Australian states and territories for the past seven years and it continues to grow.

The report card also highlights the problem of "ghost" waiting lists (reflecting the time people are waiting to be treated in the public system, for example the period of time it takes between a patient being referred by their general practitioner for assessment by a specialist for a public hospital procedure or treatment and this assessment taking place).

In its evaluation of government performance on public hospitals, the AMA report card has shown how significant government funding injections have failed to make an impact on the burgeoning waiting list issue.

AMA analysis of waiting list figures reveals a \$150 million Commonwealth waiting list 'blitz' initiative instituted in 2008 has failed to support any substantial increase in performance on elective surgery.

The AMA has given a national statistical overview. At the practical and personal "medical coalface" the reason why this and other initiatives have not been effective, according to the Australian Society of Ophthalmologists (ASO), is that money alone will never whittle waiting lists.

The most critical "coalface need" in the waiting list scenario is an increase in public hospital specialist numbers, according to the ASO.

"Handing out money to the States without clearly allocating funds to initiatives that will actually make some kind of impact is a waste of time," ASO President Dr Bradley Horsburgh said.



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In the past decade, the number of ophthalmologists working full-time in the public hospital system has remained stagnant while demand has grown exponentially.

“We know this is a direct result of bureaucratic mismanagement of public hospitals – conditions for specialists working in the public system are poor,” Dr Horsburgh said.

“There is insufficient investment in areas such as recruitment, retention, and training, which has resulted in unsafe hours of work and excessive workloads for doctors.

“It is not difficult to see why doctor numbers are shrinking,” he said.

“Until a proper investment is made in expanding the medical workforce servicing public hospitals waiting lists will continue to balloon.”

The ASOs comments come on the eve of the Society’s Annual General Meeting, which will be held in Adelaide this weekend. More than 300 ophthalmologists from throughout the country will attend the meeting to discuss key issues facing the medical specialty.

Ends.

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