

## ASO President's Column

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I would sincerely like to thank David Andrews for giving me the opportunity to inform RANZCO members of ASO's current lobbying campaign to pursue the best interests of ophthalmologists – and patients with suspected glaucoma.

The recent Optometry Board of Australia decision to unilaterally grant optometrists the right to independently diagnose and manage glaucoma is an entirely regrettable threat to patient safety and wellbeing.

Both the ASO and the College have been very actively engaged to ensure that politicians and senior departmental executives were informed of our significant concerns. We have prepared numerous submissions and engaged with key stakeholders through correspondence.

Like many of you, I felt real regret, disappointment and anger that the significant submission by RANZCO - along with other detailed submissions by the ASO, AMA and Glaucoma Australia - were effectively ignored by OBA and 'binned'.

But recognising that face-to-face provides the best communication, we have personally met with many senior people who have key roles to play in this matter.

Recently, we travelled to Canberra to meet Professor Chris Baggoley, Australia's Chief Medical Officer. I was accompanied by your Vice-President, Brad Horsburgh, and other ASO officials.

The meeting was beneficial as it enabled us to make Prof. Baggoley aware of our concerns that there is a serious deficiency in the governing legislation of the Australian Health Practitioner Regulation Agency. Chris was motivated to persuade AHPRA to call a mediation meeting to bring both sides of this situation together. Seventeen people took part in the discussion, held in Melbourne at AHPRA headquarters.

I led a delegation that comprised RANZCO, the AMA, Glaucoma Australia and others. I would like to thank Prof. Stuart Graham for his vital delineation of the clinical aspects of this matter. I would like to say the gathering was fruitful but, sadly, it was not.

Our expectations for positive gains were moderate but even that proved to be over-optimistic. The only attempt at compromise was to suggest optometrists could refer patients to General Practitioners if they had any doubt about their diagnosis of glaucoma. This again completely ignores the necessity for expert clinical evaluation and oversight.

Subsequently, we again reiterated the severity of our concerns for patient safety and wellbeing to the federal Health Minister, Tanya Plibersek, and other stakeholders. Given the entrenched attitudes apparent from the OBA, it is clear our determination to protect patients' best interests has a long way to go.

The AHPRA legislation grants equal status to both allied health and medical discipline boards. It also enables groups to increase their scope of clinical practice without expert oversight or clinical review. It effectively sidelines the learned colleges.

This is completely inimical to patient wellbeing and ASO will not stop until sound medical practice is reinstated. Our duty of care as doctors demands our diligent determination to correct this anomaly.

Should we fail, the de-medicalisation of medical practice will accelerate. We only have to look at American experience to see how radically dangerous 'reforms' are endangering patient safety.

Complacency is NOT an option, not by any of us. I will continue to keep you apprised of major events as they occur.

Dr Arthur Karagiannis