October 2024 – Vol.31
ASO MEMBERS' BULLETIN

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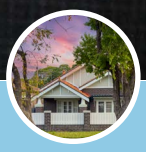
OPHTHALMOLOGY OUTREACH

A/Prof Geoffrey Painter on the pursuit of greater eye health for all

Eye Surgery on show at APH

Your Mental Health & Wellbeing matters

Thanking Dr Nisha Sachdev



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Australian Society of Ophthalmologists

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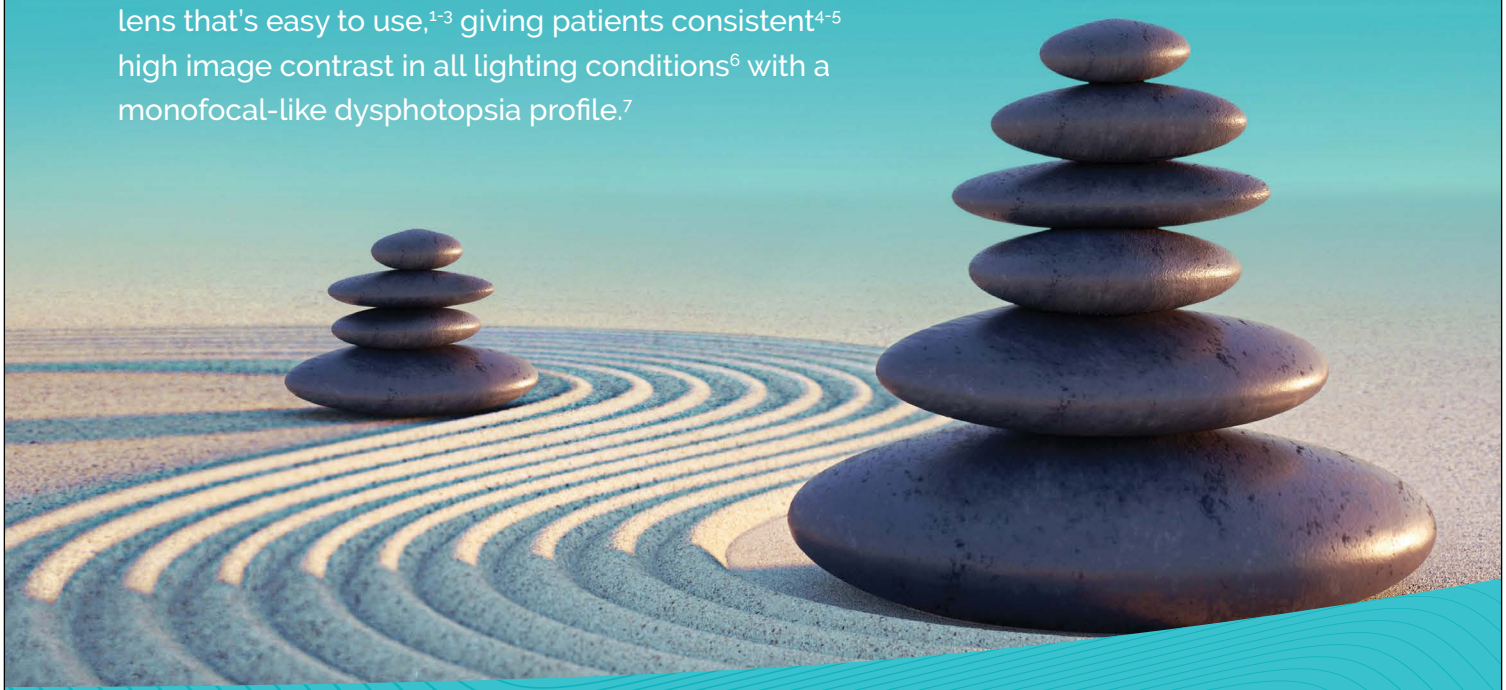

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References: 1. TECNIS PureSee™ IOL, Model ZEN00V DFU INT, Z311973, current revision. **2.** TECNIS PureSee™ IOL, Model DEN00V DFU INT, Z311782, current revision. **3.** DOF2023CT4043 - Clinical investigation of the TECNIS™ IOL C1V000 and C2V000. Patient Satisfaction Outcomes 18 July 2023. **4.** Black D. et al. Clinical investigation of tolerance to residual refractive errors following implantation with a refractive extended-depth-of-focus (EDF) IOL. Abstract ESCRS 2023. REF2023CT4129. **5.** DOF2023CT4041 – Clinical investigation of the TECNIS™ IOL, C1V000 and C2V000 Tolerance to Refractive Error. 17 July 2023. **6.** DOF2023CT4036 – Clinical Investigation of the TECNIS™ IOL, Models C1V000 and C2V000. Contrast Sensitivity Outcomes. 17 July 2023. **7.** Vilupuru S, et al. Clinical evaluation of a new Extended Depth of Focus intraocular lens based on a refractive technology. Abstract ISOP 2023. REF2023CT4178.

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Contents

RANZCO The Royal Australian and New Zealand College of Ophthalmologists
ACCREDITED CPD ACTIVITY 2024

The ASO Members' Bulletin magazine is a RANZCO CPD accredited activity.
Don't forget you can claim up to 5 hours under the 'Education' category and as an 'Other Educational Activity Not Listed'.

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What's in play at your ASO

ASO Eye Surgery Showcase

We held the inaugural showcase of ophthalmic technology at Australian Parliament House (APH) on Wednesday, 14 August 2024.

A number of members of parliament came past for testing, and most were quite interested to see how technologically advanced the equipment was. They were also surprised to know it was so expensive.

We always seek to point out to the politicians that running ophthalmic surgery practices is a very expensive endeavour.

Whilst they were with us, we had a chance to bend their ear on the inadequacies of private health insurers, the SIMG issue which seeks to bypass our College pathways, and their views on important policy areas coming up to the next federal election.

It is important that we are always seen to be around Canberra, available for advice, and receptive to media who need comment.

Healthscope Campaign

I have been observing closely the Healthscope campaign — and all private hospitals for that matter — as it seeks to draw attention to the underfunding of private hospitals.

Both day surgeries and private hospitals are always on the end of the funding flow from health insurers, who miss no opportunities to underfund where they can.

It is always important to keep the public attention on health insurers' inadequacies.

Independent Insurance Regulator

We have been working with the AMA to publicise the need for an independent arbitrator or regulator for the private health insurance industry — you can read more about this in Kerry's CEO Report.

At present, the private health landscape is a free for all.

The keyword is proportion. If every party stuck to what is fair, then we would have a cooperative system.

Unfortunately, the private insurers seek only to bolster their profit margin — in disproportion to other players in the system.

A private health insurance regulator would act like a cop on the beat in solving many of the disputes which currently occur and ensuring patients receive fair value for their policy.

ASO President Dr Peter Sumich delivers an introductory lecture on eye surgery

Hon Dr David Gillespie MP chats with ASO's Sandra Reed and A/Prof Ashish Agar

Meryl Swanson MP sits for an eye scan

Thank you, Grant

The ASO would like to recognise and thank Dr Grant Raymond for his contributions and support during tenure as RANZCO President.

Significant milestones were achieved during this period, including the establishment of a memorandum of understanding between the ASO and the College.

While we will miss seeing Grant in the role of College President, we're proud to recognise him as a committed and long-term ASO member who will continue to add to the chorus of voices advocating strongly in these uncertain times to protect the long-proven quality and safety standards of patient eye care in Australia.

Australia's strong Private Health System is under real and great threat!

Ensuring safe and well-funded Private Hospitals

"Healing is a matter of time, but it is sometimes also a matter of opportunity."
— Hippocrates of Kos, the Asclepiad, (also Hippocrates II), Greek physician and philosopher, often quoted as the "Father of Medicine", possibly around 460–370 BC.

Australia's healthcare system — unique and highly praised internationally — is characterised by a dual structure, consisting of both public and private sectors.

The public sector, primarily funded through the taxpayer-supported Medicare system, provides universal access to essential, and in major centres, comprehensive healthcare services at little or no cost.

However, the private health system plays an equally crucial role in the overall health landscape of the country. Private hospitals, funded through private health insurance contracts and patient out-of-pocket payments, complement the public system by offering specialised services, significantly reducing pressure on public hospitals, and providing patients with more choices. Private hospitals also provide benchmarks that ensure the public system is forced to 'measure up'.

Now most, if not all, ASO members understand this only too well. You live within it, every day of your professional career.

What members may not be so familiar with, is that to maintain this balance between private and public and to ensure the highest standards of care, it is essential that private hospitals are fairly funded and adequately equipped to provide safe and effective healthcare services.

This is a contest and balance that has existed for many years, certainly since the major private health insurers were privatised.

The recent and ongoing aggressive moves by some of the major private health insurers to attempt to force private hospitals and private hospital groups to accept reimbursements at a level that threatens the safety of their services is at a degree that has not been experienced previously — at least not at this level and not this widespread.

It has encouraged previously 'quiet' insurers to join the conflict, players such as Members Health members, which represents 25 mainly 'not-for-profit' health insurance funds *(but today one should not be overly fixated on the term 'not for profit')*, such as HBF, Uni Health, Police Health, Westfund, Nurses Midwives Health, and Defence Health. This major conflict is at best, unwise and at worst, system threatening.

It undermines public confidence in the private system, its costs, its value, and its access to both hospitals, and most importantly, doctors.

Ultimately, it forces more Australians onto a public system already under clear and constant stress.

Is it therefore time — or even past time — for the Government to show true commitment, courage, and connection and introduce an independent commission — as has been done in other vital public areas — to rule on fair practice?

ENSURING SAFE AND WELL-FUNDED PRIVATE HOSPITALS

The Role of Private Hospitals in Australia's Healthcare System

Private hospitals are a key part of Australia's healthcare infrastructure.

As of recent statistics, around 40% of all hospital beds in Australia are in the private sector, and nearly 60% of elective surgeries are performed in private hospitals.

These hospitals continue to offer a wide range of services, from complex surgeries to specialised treatments, and often are the first choice for patients seeking quicker or guaranteed access to care in hospital and with the doctor they need and prefer.

Some of the roles that private hospitals fulfil include:

- **Reducing Wait Times:** Public hospitals often face significant backlogs for elective surgeries and non-emergency treatments. In some cases, the public hospital, particularly in regional and certainly rural areas, may not even offer the required service. Private hospitals help reduce the demand on public facilities, allowing for more timely care, especially for those with few, if any, options.
- **Specialised Care:** Many private hospitals provide specialised treatments, such as advanced cancer therapies, cardiac surgeries, and elective procedures that are not always available in public hospitals or have long waiting times.
- **Patient Choice and Comfort:** Patients with private health insurance have the option to choose their doctor, access private rooms, and receive care in a more personalised environment. This enhances patient satisfaction and outcomes.

Without a robust private hospital system, the public sector would be overwhelmed, leading to longer wait times, reduced patient satisfaction, and poorer overall health outcomes.

> **"If Australia is to ensure that the internationally recognised successfulness of its relatively unique bi-level health system is maintained, and perhaps even enhanced, then clearly other mechanisms must be seriously considered and evaluated."**

Funding Challenges Facing Private Hospitals

Despite their essential role, private hospitals in Australia face significant funding challenges that can undermine the ability to provide safe and high-quality healthcare.

Some of the key funding issues include:

- **Rising Costs of Healthcare:** The cost of healthcare delivery is increasing due to advances in medical technology, rising labour costs, and an aging population. Private hospitals must invest in state-of-the-art facilities and equipment to remain competitive and provide high-quality care, but they may face financial constraints without adequate funding.
- **Private Health Insurance Affordability:** Private health insurance premiums have been steadily rising, making it difficult for many Australians to afford private cover. This could lead to fewer people accessing private care, and in turn, reduced revenue for private hospitals. In addition to this impact on the private hospitals, members carrying private health insurance are discovering that reimbursements from their private health insurer are falling and leaving larger and larger out-of-pocket (OOP) costs. More and more members are questioning the value of their insurance.
- **Limited Public Funding Support:** While public hospitals receive the bulk of government funding through Medicare, private hospitals largely rely on private health insurers and patient contributions. Without additional funding mechanisms or incentives, private hospitals clearly struggle to maintain their services at the same standard as the public sector. Whereas, previously, the public sector attempted to maintain standards somewhat equal to the private sector. This, in many cases, is now showing reversals, with the clear exceptions of access and choice. A simple walk through private hospital wards can

offer some evidence — albeit on a mainly non-medical level — where things are a little 'untidy', nursing and assistant levels are clearly thin, and housekeeping services are often poor.

- **The Power of the Insurers:** In Australia, a major share of the private health insurance is held by five insurers (over 80%), and more than half of all insured Australians are held by just two companies. This creates a situation where any hospital group has little, if any, real chance of successfully opposing a contractual position taken by the big two or even any of the big five. This is the reality and the major challenge — an almost unwinnable challenge — facing private hospitals. It has the potential to be even worse for day surgeries.

These funding constraints have the potential to reduce the quality of care in private hospitals, and with a lower safety level, it increases the risk of adverse patient outcomes. Moreover, it has the most severe risk of, and potential for, the collapse of private hospitals.

The Importance of Adequate Funding for Safety and Quality

Ensuring that private hospitals are well funded is critical to maintaining high standards of patient safety and care. Underfunded hospitals may face challenges in the following areas:

- **Staffing Levels:** Adequate staffing is vital to ensure safe and effective care. Underfunded hospitals may struggle to attract and retain qualified healthcare professionals, leading to higher patient-to-staff ratios and increased risks of medical errors or delays in treatment.
- **Medical Equipment and Technology:** Advances in medical technology are essential for diagnosing and treating complex conditions. Private hospitals need adequate funding to invest in modern equipment, ensuring that patients receive the most up-to-date care.
- **Infection Control and Patient Safety Protocols:** Maintaining rigorous infection control measures, particularly in the wake of the COVID-19 pandemic, requires ongoing investment in safety protocols, training, and medical supplies. Well-funded hospitals are better equipped to implement and maintain these standards.
- **Choice of Clinician:** It can — if a hospital or hospital group fails to achieve a contract or contract extension — impact directly on patients and their preferred clinician, particularly if the clinician has accreditation only at that hospital and/or hospital group. More recently, this has been clearly the threat at Healthscope and Uniting Care hospitals.

A Case for Public-Private Partnership and Incentives

To ensure the sustainability of the private health system and maintain the quality of services provided by private hospitals, there is a strong case for more collaborative funding mechanisms between the public and private sectors, or perhaps more realistically, a fully independent commission to adjudge minimum agreed funding levels for hospitals.

Some strategies, all of which have been dabbled with previously, albeit with limited success, include:

- **Incentivising Private Health Insurance:** Governments can offer additional incentives, such as tax rebates or premium subsidies, to encourage more Australians to take up and maintain private health insurance. This should increase demand for private hospital services — as long as some control of OOP is achieved — and subsequently, improve the attraction and financial viability of private healthcare providers. This has proved to have some limited positive impact, but increasingly, losing impact.
- **Public-Private Partnerships (PPPs):** By fostering partnerships between public and private hospitals, the government can help reduce the burden on the public system and improve access to care for all Australians. This could involve government-funded patient transfers, shared resources, or integrated care pathways between the two sectors. The theory of this appears strong, but

> **"To ensure the sustainability of the private health system and maintain the quality of services provided by private hospitals, there is a strong case for more collaborative funding mechanisms between the public and private sectors."**

in practice, often has led to decreasing the perceived value of private health insurance — 'why pay for insurance when government may offer private care when the public system requires!'.

- **Private Hospital Funding Support:** Direct government support for private hospitals, particularly those that provide essential or specialised services, could ensure that private facilities remain viable and continue offering high-quality care.

A Case for a Private Health Care 'Sheriff'

The incentives and drivers, outlined in the preceding paragraphs, have achieved little to no ongoing incentives for, or attractiveness to, take up and maintain private health insurance, nor to provide a stable private health environment. This situation is exacerbated by the various positions opted by the federal political parties.

Some might argue that the Commonwealth Ombudsman already has the responsibility to oversight and resolve issues within private health, including resolution of issues between insurers and health service providers.

It is clear that this is not working and has never worked! I believe the issues are so complex, that the Ombudsman and his office do not have the bandwidth to cover this and all other issues. I suspect it was originally added to the Ombudsman's responsibilities as an attempted band-aid solution.

> **However, without appropriate funding, private hospitals may face significant challenges that threaten the safety and quality of care they provide.**

If Australia is to ensure that the internationally recognised successfulness of its relatively unique bi-level health system is maintained, and perhaps even enhanced, then clearly other mechanisms must be seriously considered and evaluated.

Any new and enhanced system must have both the power to investigate and the authority to decide and implement decisions.

There are many examples of the effectiveness of current commonwealth independent commissions, including their longstanding presence.

These commissions have operated successfully in many areas, including but not limited to consumer protection, anti-corruption, law reform, and most recently, parliamentary standards.

Surely, with this as the history, coverage, effectiveness, and success of standing independent federal commissions, the security of our balanced health system deserves a similar but separate independent commission — and one that has the ability to cut through the messaging, and most importantly, the market power of the few health insurers.

We need an Independent Private Health Commission

A strong private health system is essential for the sustainability of Australia's overall healthcare landscape.

Private hospitals not only provide critical services and reduce pressure on the public system, but they also offer 'competition' to public health services and patients more choices and access to high levels of specialised care.

However, without appropriate funding, private hospitals may face significant challenges that threaten the safety and quality of care they provide.

This situation could also lead to a threat to private health care generally, and then, to the collapse of the function and effectiveness of private health insurance.

To ensure that private hospitals can continue to meet the needs of Australians, it is crucial to address the current and ongoing funding gaps.

This can be achieved not only through public-private partnerships, government incentives, and policies that support both private health insurance and direct funding for private healthcare providers, but also through the fail-safe of an independent private health commission.

With a well-supported, stable, and fair private hospital system, Australia's healthcare landscape can continue to deliver safe, efficient, and high-quality care for all citizens through this unique balance.

Ophthalmology Outreach

The pursuit of greater eye health for all

Last year, the Griffith Base Hospital Ophthalmology team was awarded a Murrumbidgee Local Health District (MLHD) Excellence Award for its project 'Saving Sight is our Vision' in the 'Keeping People Healthy' category.

In 2021, the project was established to improve access to eyecare services for both Indigenous and non-Indigenous people living in the MLHD.

Leading the team with his colleague and fellow ASO member Dr Dominic McCall, Associate Professor Geoffrey Painter shares how the project came to be — and you'll discover, as we did, this is a larger story about the shared pursuit to advance eye health for all.

Long before the Griffith project, Geoffrey has been part of the charity Foresight Australia, providing eyecare to numerous underprivileged communities in the Asia-Pacific region since the mid-1990s.

China, the northern Philippines, and the Solomon Islands have set the scene for numerous visits to upskill local healthcare teams and deliver sight-saving eye surgery to communities in desperate need.

Geoffrey shares that back-to-back trips to the northern Philippines over the past decade have been underpinned by a sustainable model.

"The model not only addressed waiting lists and provided specialised surgical care, but it also equipped local medical professionals and health services with the necessary training to visit outlying communities and identify people who were going blind from cataract that could be treated through surgery," he said.

Unbeknownst to the team, this training would soon build the framework for the Griffith project, at a time when the coronavirus pandemic made the world take pause.

On the back of successful trips in 2018 and 2019 — that included ASO members Dr Dominic McCall, Dr Sara Booth-Mason, Dr Richard Symes, and the late Dr Con Moshegov — the team were preparing to return in 2020.

When borders closed due to the coronavirus pandemic and travel interstate — let alone overseas — was not possible, the next visit to the Philippines was on hold.

Foresight Australia decided to instead investigate how it could help Indigenous communities in New South Wales (NSW).

With the support of NSW Health, Griffith was identified as an area of need.

Geoffrey, along with the Chief Executive Officer and Director of Nursing at Chatswood Private Hospital, Kerrie Legg, went to Griffith and established the Griffith Ophthalmology Project.

Believing the training model that was applied in the northern Philippines was also appropriate in the MLHD, a programme was developed to train Aboriginal Health Care Workers in ophthalmic screening.

Geoffrey recalls that this was essential, as during the course of the coronavirus pandemic, many Indigenous Australians living in regional and remote communities had been isolated and were overdue for eye checks.

After being asked by NSW Health to help reduce the surgical waiting list, and with the retirement of the local ophthalmologist — who had provided a long-standing ophthalmology service to Griffith — the initial focus needed to shift to establish a Department of Ophthalmology.

Griffith Base Hospital and the MLHD made this possible by purchasing all the retiring doctor's equipment and transporting what was needed from Wagga to set up the clinic.

It is now one of the few public eye clinics in regional Australia.

In early 2022, the team made its first clinical visit to Griffith to establish the surgical and clinic services that exist today.

This was achieved with the assistance of Gordon Eye Surgery's Business Manager, Donna Glenn.

The team visits every four weeks with usually two ophthalmologists, and on occasion, an additional oculoplastic surgeon.

In a testament to public-private partnerships, Gordon Eye Surgery provides an orthoptist while Chatswood Private Hospital — with the support of Kerrie Legg, and PresMed Australia Chief Executive Officer, Matt Kelly — supplies an accredited RANZCO registrar to the team.

As Geoffrey reflects, "they [RANZCO registrar] get valuable experience in regional and Indigenous ophthalmology along with extra surgical experience".

The lives of many have been changed since the trips to Griffith began.

During its three-day visits, the team undertakes numerous consultations and intravitreal injections for conditions such as macular degeneration and diabetes as well as cataract surgery.

Geoffrey says this is keeping the surgery waiting list to about four months, which is significantly reduced from a high of 15 months when the outreach visits first commenced.

He also shared that Foresight Australia has remained committed to its original training concept.

The charity developed a four-day ophthalmology upskilling workshop for Griffith Aboriginal Medical Service (GAMS) as well as western MLHD doctors, nurses, and Aboriginal healthcare workers.

In addition to Geoffrey and Kerrie, Dr Dominic McCall and Dr Sophia Moshegov serve as workshop tutors.

Four workshops have been delivered since October 2022, two of which have been funded through a $35,000 grant from the Australian and New Zealand Eye Foundation (ANZEF) to extend the project's reach and impact — and there's a third planned in early 2025.

Broader collaboration also has had a role to play in helping reach more people and over a larger geographical footprint with the team working with local and visiting optometrists in the district.

Looking to the future, Geoffrey highlights a full-time ophthalmologist on the ground would be ideal to support a population of 50,000 people living across the western MLHD.

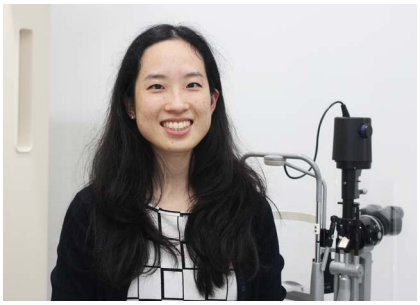
"The project is an example of a high-quality sustainable model that can continue to deliver with help from everyone and may be applicable to other regional centres in Australia," he said.

"We have shown how collective support — such as Foresight Australia, ANZEF, state and federal governments, Gordon Eye Surgery, and Chatswood Private Hospital — along with support from like-minded ophthalmologists and staff can collectively deliver quality outcomes.

"Ultimately, we feel we are providing a good service to the local community."

With a desire to continue to do more and reach more people, Geoffrey said the objective is to continue to expand the training and project's geographic exposure.

Would you like to become part of the Griffith Ophthalmology Project and help provide an ongoing ophthalmology service to Griffith and the western MLHD?
Contact Geoffrey via email at **gpainter@bigpond.net.au**



First-year trainee, Dr Elizabeth Wong.

The recent donation of a portable retinal camera for diabetic screening by Turramurra and Griffith Rotary clubs has strengthened GAMS' Passport to Better Health project.

"Currently screening is concentrated around Griffith, but in 2025, the Passport to Better Health project will expand screening to the whole of southwest NSW," he said.

"If we can expand patient screening, this will funnel patients with eye problems into the nearest suitable eyecare service and would mean that more remote communities would have access to quality eye screening."

Geoffrey is not alone in his passion, with a significant number of Australian ophthalmologists dedicating their time to similar outreach projects and initiatives both locally and overseas.

The inaugural ASO International Eye Care Mission to Vietnam next September is an opportunity for such like-minded individuals to come together and venture onto the frontlines of eye surgery in Vietnam.

With the support of ASO member A/Prof Nitin Verma and ASO Vice President A/Prof Ashish Agar, you can expect wet labs, local hospital visits, and presentations on the future of ophthalmology.

Scan to find out more

Creating and cultivating careers

There's more to A/Prof Geoffrey Painter than meets the eye.

In addition to changing the lives of patients, Geoffrey has played a pivotal role in securing funding for an accredited RANZCO ophthalmology trainee position in private practice.

Funded through the Specialist Training Programme from the Federal Government via RANZCO, it is based at Chatswood Private Hospital with time spent at Gordon Eye Surgery and other practices.

Added into the mix is a generous donor — the late Dr John Knight and the MedAid Foundation — which covers the cost of 80 surgery cases to be performed at Chatswood Private Hospital by the registrar with IOLs additionally donated by Hoya.

"These donations help our program to secure accreditation from RANZCO, and with that accreditation we can then obtain funding from the Federal Government," Geoffrey said.

This past August marked the initiative's tenth anniversary.

In that time, the programme has enabled completion of training by up to six ophthalmologists — and counting — who are making a difference in the community.

Without this funding initiative, they might never have had the opportunity to train as an ophthalmologist.

It is a timely reminder of the importance of public-private partnerships and how they can enhance healthcare services for the better.

Currently working alongside Geoffrey in this position is first-year trainee, Dr Elizabeth Wong who describes her journey to date as an "enriching learning experience".

"I have not long finished a public rotation at Liverpool Hospital, where the pathology was amazing and team and consultants supportive — and just exposed to 'everything eyes'," she said.

Working with A/Prof Painter in the private sector has been very different.

"I think it is rare for trainees to experience and be exposed to what private practice actually looks like so early on, or even at all, during training," Elizabeth said.

"You become familiar with how private rooms work and gain exposure to consultants directly, including operating with and learning their techniques through mentoring and advice, which is quite different to the other terms that I have done."

Fondly reflecting on her time so far with A/Prof Painter, Elizabeth shares "he is a really good teacher".

"He takes time out of his schedule to go through everything, including the fundamentals, which I think is often assumed knowledge," she said.

"When you start training anywhere else, the first question is often "did you see this sign or that sign".

"Whereas, with A/Prof Painter, he commences from the very beginning, which I have not really experienced anywhere else."

Looking to the future, Elizabeth has her sights on the areas where she could make the most impact — and it would seem her experiences in the Griffith Eye Clinic have made a lasting impression.

"I have always been fascinated by retina and believe it is helpful to manage anterior and posterior pathologies, so I am quite interested in surgical retina, medical retina, and uveitis," she said.

"I am also eager to do outreach — whether that be to remote or regional communities or even overseas.

"I think having a good understanding of general ophthalmology and then having a sub-speciality interest that is applicable to overseas populations would also be helpful."

RANZCO PRESIDENT UPDATE Dr Grant Raymond

As my two-year term as RANZCO President comes to an end, I reflect on the challenges and opportunities ahead for our College. Never have medical colleges in Australia been under such intense government scrutiny. The College's strategic plan with Vision 2030 and beyond as a centre piece was to be more proactive in the vision sector by championing equitable, safe and sustainable eye care. Collaborative care models will be essential for success.

RANZCO — as have all medical colleges — has been challenged to be reactive from an advocacy viewpoint by the Government's plan to enact the Kruk Report to enable AHPRA to create expedited pathways, not involving medical colleges, to assess Specialist International Medical Graduates (SIMGs). Basing accreditation on a paper review, accepting certain training qualifications without individual assessment of experience, carries significant risk to patient safety.

A review of accreditation of hospital training posts also threatens to take this vital role away from Colleges. Much advocacy work is being done by RANZCO and the Council of Presidents of Medical Colleges regarding these important medical quality and safety issues. The ASO also has an important advocacy role, which is greatly valued by RANZCO.

RANZCO's Vision 2030 and beyond plan is now well under way with a range of collaborative care workshops delivered over the past six months. The most recent workshop focussed on diabetic retinopathy (DR) and brought together 27 professionals from across the eye care sector. Several RANZCO Fellows with expertise in DR were joined by optometrists, orthoptists, a GP, and an endocrinologist to address the overarching question of what is needed to prevent sight-threatening DR.

The workshop was facilitated by the Vision 2030 and beyond DR Working Group co-Chairs, Dr Amy Cohn and A/

Find out more about Vision 2030 and beyond

Prof Samantha Fraser-Bell with Prof Peter van Wijngaarden adding insights from his experience with KeepSight. The following key focus areas were identified:

- Pathways for DR screening;
- Data and information technology;
- Collaboration challenges and solutions.

The RANZCO secretariat are in the process of finalising the workshop report on key findings to be shared with participants and published on the RANZCO website. This workshop was just one of several that RANZCO has run over the past year. They include:

- Paediatric Collaborative Care Workshop, led by Prof Shuan Dai and Dr Caroline Catt;
- Glaucoma Collaborative Care Workshop, led by Dr Anne Lee;
- Models for Age-related Macular Degeneration (AMD) Workshop, led by Prof Robyn Guymer and Dr Hessom Razavi.

A common theme across all workshops has been the need for better quality and more accessible data. Whether this be in the form of My Health Record or another system, data must be able to be easily captured, shared, accessed and interpreted. This will reduce duplication of effort and ensure the basis for policy decisions, position statements, guidelines and advocacy efforts are built from a solid, evidence-based footing.

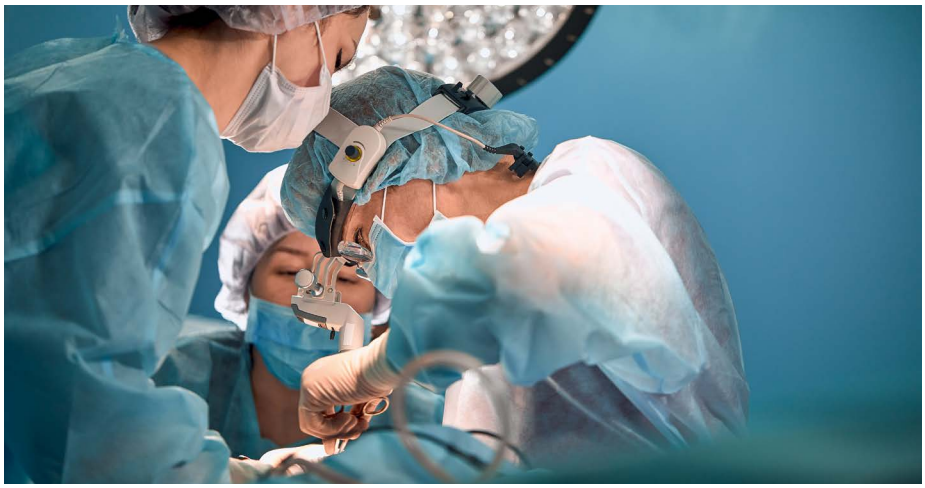
Future workshops are being planned, including one on Indigenous Eye Heath this October. There will also be a significant focus on collaborative care at the upcoming RANZCO Congress via the RANZCO Plenary session and at the Vision 2030 and beyond lunchtime meeting.

Along the same theme of collaboration, the College is leading a consortium of six medical colleges to develop a Standardised Supervisor Training System. Here we see RANZCO leading in collaborative efforts that create uniformity across health education, reducing duplication, and increasing efficiency and effectiveness.

While RANZCO's approach to advocacy tends to differ from the ASO's approach, we are generally aligned in trying to ensure our positions are informed by evidence and best practice, upholding high standards of patient care and in service to the community. It will be a telling few years ahead as both organisations seek to influence the nature of the changes we know are coming to emphasise equity and safety in eye care.

I look forward to seeing you in my last Congress as President on November 2–4 in my hometown of Adelaide. We anticipate the Congress will further amplify our sustainability credentials and provide a great opportunity to update and build relationships.

Court offers remedy for title complaints



A recent Federal Court judgement considering a challenge to the use of the title 'facial plastic surgeon' could also offer solutions for ASO members similarly restricted from using the title 'oculoplastic surgeon'.

Lengthy court proceedings in the case Australian Society of Otolaryngology Head and Neck Surgery Ltd (ASOHNS) vs Australian Health Practitioner Regulation Agency (AHPRA) which commenced in 2022, reached conclusion on 30 August 2024.

The court application sought declarations that the applicants would not contravene the relevant provisions of the National Law merely by describing themselves as an 'otolaryngologist and facial plastic surgeon' or an 'otolaryngologist and facial plastic and reconstructive surgeon'.

The Hon. Justice Melissa Perry acknowledged that there was "*... no dispute that a medical practitioner is required to be competent in facial plastic surgery in order to qualify as a specialist otolaryngologist*". However, ultimately, the case was dismissed due to a lack of jurisdiction. Justice Perry refused the applicant's declarations, as she found no 'justiciable controversary' or factual dispute. This was due to the applicants ceasing use of the title in question, 'facial plastic surgeon', after warnings from the regulator.

Justice Perry advised that if a practitioner was in breach of the National Law, offences would be prosecuted by the relevant State Director of Public Prosecutions. Justice Perry advised the only way in which the law could be clarified, would be for an otolaryngologist to commit an offence and expose themselves to a criminal conviction or civil penalty. This challenge may also ultimately have broader legal implications across the entire medical profession.

Therefore, until a medical practitioner or medical practitioners become the subject of criminal prosecution, AHPRA's interpretation of the National Law will not be challenged.

In her final judgement, Justice Perry offered an alternative remedy:

"*This is not to say that ASOHNS (and its members) are left without any avenue for securing their use of the phrase 'facial plastic surgeon'. As explained above, the Health Ministers' Meeting has the power to approve one or more specialist titles for each specialty in the Approved List. It would, therefore, be open to ASOHNS to seek a variation to the list.*"

In 2023, AHPRA consulted with the Australian Society of Ophthalmologists to advise that use of the title 'oculoplastic surgeon' by members may breach 'title protection' and 'advertising' provisions of the National Law, stating:

"*Our current approach is that use of the title 'plastic surgeon' implies specialist registration in plastic surgery. This includes variations on wording such as 'oculoplastic surgeon', 'facial plastic surgeon', and 'oncoplastic surgeon'. We consider that these titles are likely to be misleading and breach Section 133 of the Health Practitioner Regulation National Law (as in force in each state and territory).*

Similar to the recent Federal Court judgement, subsequent appeals to AHPRA by the ASO and together with support from the Australian and New Zealand Society of Ophthalmic Plastic Surgeons, revealed there was also no question to the ability of ophthalmologists to perform oculoplastic surgery. Specifically, AHPRA stated: "*We recognise that some specialist ophthalmologists have conducted relevant training in oculoplastic surgery and that this is a legitimate scope of practice. There is no intention to limit the scope of appropriately trained specialist ophthalmologists*".

> **"In the absence of a decision by the Court, the suggested alternate remedy leaves a door open for ASO to continue our advocacy on behalf of members working in this highly specialised area of medicine."**

In the absence of a decision by the Court, the suggested alternate remedy and the criteria for challenging AHPRA's interpretation of the National Law leaves a door open for ASO to continue our advocacy on behalf of members working in this highly specialised area of medicine.

Eye Surgery on show at Australian Parliament House

With the backing of locally-based ASO members and the collaboration of medical technology leaders, eye surgery was on show at Australian Parliament House (APH) this August.

The inaugural ASO Eye Surgery Showcase was another example of advocacy in action to raise the profile of ophthalmology in Australia and by placing eye surgery in the hands of our policy and government decision makers.

To the backdrop of National Science Week, our guests at APH were offered the opportunity to tackle eye surgery through hands-on demonstrations with leading medical technology from Alcon, Device Technologies, Glaukos, Johnson & Johnson, and ZEISS.

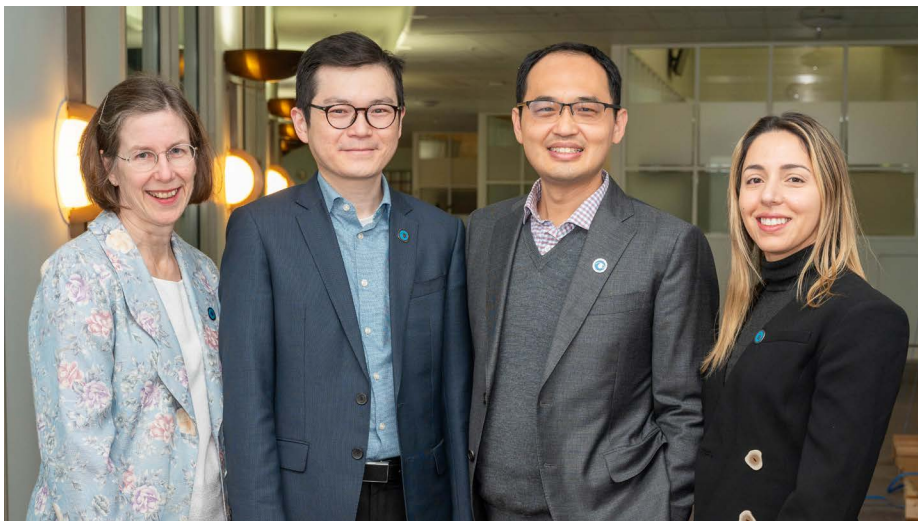
A series of mini lectures were also delivered to provide fast and factual overviews of key eye health topics impacting Australians.

ASO members Dr Noor Ali, Dr Jerome Ha, Dr Nelson Kuo, and Dr Kate Reid added another level of value and important perspective to those in attendance by imparting their specialist experience and knowledge as practising ophthalmologists.

If above all else, it was a strong show of the value of ophthalmology and the case for greater investment and support in this aspect of population healthcare.

Notably, the Showcase was respectively opened and closed by the Co-Chairs of the Parliamentary Friends of Eye Health Group — Ms Meryl Swanson MP, Federal Member for Patterson (Labor) and Hon Dr David Gillespie MP, Federal Member for Lyne (Nationals).

We also enjoyed the participation and engagement received from Libby Coker MP, Member for Corangamite (Labor); Rowan Ramsey MP, Member for Grey (Liberal); and Dr Monique Ryan MP, Member for Kooyong (Independent).



Canberra-based ASO Members Dr Kate Reid, Dr Jerome Ha, Dr Nelson Kuo, and Dr Noor Ali at the inaugural ASO Eye Surgery Showcase on 14 August 2024.

Sam Shipley, Adviser to the Minister for Health and Aged Care — Hon Mark Butler MP — was also among the guests and passed on Minister Butler's apologies, due to being in Sydney for the welcome return of our Olympic athletes from Paris.

The ASO also received a personal message of apology from the Leader of the Opposition and a former Health Minister, Hon Peter Dutton MP.

In his message, he recognised the importance of the event in informing Parliament on eye health issues and advances but was also detained in Sydney, alongside the Prime Minister, to welcome home Australia's athletes.

Across the board, the Showcase reinforced that advancing eye health is not a one-party political issue; it needs and requires the bipartisan support and attention of all our elected representatives.

Following the success of the inaugural event, the team is readily planning for the next Showcase at APH in 2025.

Scan to watch a rolling snapshot of the Showcase

Scan and read more about the Showcase

Have suggestions or ideas on how to best showcase eye surgery to our federal parliamentarians?
Send them to **president@asoeye.org.**

The Showcase included a series of mini lectures:

- Everything you need to know about Eye Disease in 5 minutes with Dr Peter Sumich, ASO President
- Closing the Gap in Eye Health with ASO Vice President, A/Prof Ashish Agar
- Digital health efficiencies for the patient journey with Penny Stewart, ANZ Country Manager, Alcon
- Sustainable practices in Cataract surgery with Glenn Whittaker, General Manager, Device Technologies
- Innovations in Glaucoma treatment with Glenn Fawcett, Vice President Asia Pacific, Glaukos
- Innovations in Cataract treatment with Blake Thomas, ANZ Country Manager, Johnson & Johnson
- The benefit of using OCT in Retinal Disease and Glaucoma diagnosis with Prem Gunasekaran, Business Development Manager, ZEISS

Rowan Ramsey MP being briefed by the representatives of Alcon before trying his hand at VR cataract surgery.

Sam Shipley, Adviser to the Minister for Health and Aged Care, speaks with our ASO President, Dr Peter Sumich.

Glenn Fawcett, Vice President Asia and Pacific, Glaukos Corporation demonstrates the i-Stent inject.

Johnson and Johnson's Blake Thomas, ANZ Country Manager and Dana Radford, Associate Marketing Director and Refractive Business Unit Lead for Surgical Vision on hand and ready to educate our federal parliamentarians.

The overall aim?

- Increased understanding of the prevalence and surgical treatment of eye disease in Australia.
- Increased awareness of the critical role of ophthalmologists — eye surgeons — and the ASO in access to world-class eye health technology and surgical treatment in Australia.
- Strategies and principles for eye services to rural, remote and Indigenous communities.
- Greater understanding and appreciation of innovative surgical technologies in the prevention of blindness in Australia.
- Strategies for improved access within the public sector to ophthalmology services.

Your Mental Health and Wellbeing matters

The results of our recent Mental Health and Wellbeing Survey — which was launched at the ASO Skills Expo in June — have been eye opening.

The findings will help your ASO to identify potential areas where increased support or advocacy is required to provide for greater mental health and wellbeing among ophthalmologists.

Finding support you trust and that does not compromise your professional integrity is something that weighs heavily on members of the medical community when it comes to personal mental health and wellbeing.

Unsurprisingly, the survey results also reinforced that you often put your patients and family first, leaving your needs last.

Here's what we have learned from you:

- When it comes to prioritising your personal health and wellbeing, a majority **(56%)** of you are either limited by time or want to prioritise it more.
- A majority **(66.7%)** of you are not aware of any mental health and wellbeing resources or support services tailored to healthcare professionals.
- **1 in 3** of you reported not knowing who or how to reach out for help if you personally experienced suicidal ideation.
- **More than 1 in 2** (66.7%) of you reported a colleague or someone close to you has passed away unexpectedly from suicide.
- A stark **88.9%** of you have never called in sick or taken the day off in the interest of your personal health and wellbeing.

While we work on developing resources to help provide ASO members with information on how to self-care and what tailored services are available to you, there are several you can rely on in the event you find yourself in need of immediate assistance.

Please use them, share them, and recommend them.

TEN — The Essential Network for Health Professionals

Developed by the Black Dog Institute with funding from the Australian Government, TEN is about helping healthcare professaonals find resources and support to navigate burnout and maintain good mental health. Not only is it designed by health professionals for health professionals, but resources can also be accessed anonymously.

Through the e-hub you can:

- Perform a self-guided mental health check-up
- Connect to one-on-one clinical care, with up to five (5) free telehealth sessions with a clinical psychologist or psychiatrist through Black Dog Institute's TEN Clinic
- Access evidence-based tools and resources
- Obtain peer support
- Access digital mental health programs, including TEN's Navigating Burnout program.

Scan to access the e-hub

Beyond Blue

Beyond Blue is a free 24/7 support service for anxiety, depression and suicide. You can connect with an online peer support community, talk or chat online to a counsellor, and access six (6) free sessions with a mental health coach. ***Phone 1300 22 4636.***

Scan to find a mental health coach

Scan to visit Beyond Blue's online forums

Scan to speak to a counsellor online

DRS4DRS

Drs4Drs is a 24/7 helpline that promotes the health and wellbeing of doctors and medical students across Australia. ***Call 1300 374 377.***

Embrace Multicultural Mental Health

Embrace Multicultural Mental Health is a national platform for multicultural communities and Australian mental health services to access resources, services and information in a culturally accessible format. ***Call (02) 6285 3100.***

Hand-n-Hand Peer Support

Hand-n-Hand Peer Support offers free and confidential online peer support for health professionals in Australia and New Zealand.

Scan to find out more

Lifeline

Lifeline provides 24-hour crisis counselling, support groups and suicide prevention services. ***Call 13 11 14 or text 0477 13 11 14 or chat online.***

The Suicide Call Back Service provides 24/7 support if you or someone you know is feeling suicidal and can be contacted on ***1300 659 467.***

QLife

QLife is Australia's first nationally-oriented counselling and referral service for LGBTIQ+ people. The project provides nationwide, early intervention, peer supported telephone, and web-based services to diverse people of all ages experiencing poor mental health, psychological distress, social isolation, discrimination, experiences of being misgendered, and/or other social determinants that impact on their health and wellbeing. ***Call 1800 184 527 or web chat between 3pm and 12am, every day.***

Scan to find out more

Support after Suicide

Support after Suicide provides information, resources, counselling and group support to those bereaved by suicide as well as education and professional development to health, welfare, and education professionals. ***Call 1800 943 415.***

Scan to access the online support hub

World Ophthalmology Day now a professional movement

Last year, we created noise. Now, we lead an international movement.

World Ophthalmologist Day, also known as Ophthalmologist Day or International Ophthalmology Day, is celebrated annually on August 8. It is an unofficial professional holiday for all specialists in medical and surgical eye disease.

Our ambition when launching the inaugural campaign in 2023 was to raise the profile of Australian ophthalmologists, increase community awareness about the crucial role you play in eye health, and encourage recognition and appreciation of the profession through the hashtag and campaign concept to 'Thank an Ophthalmologist'.

Why? To position you in the hearts and minds of everyday Australians, so when the big issues in ophthalmology come knocking, we have their attention and active support.

Prior to the campaign, *World Ophthalmology Day* was a lesser-known date and seldomly observed by the healthcare sector in Australia, let alone abroad.

This year we saw a significant increase in engagement locally — including from our members adding their faces to the campaign! — as well as broadly from overseas. As a result, the ASO alone shared more than 150 posts across LinkedIn, Facebook, and X (formerly Twitter) that reached tens of thousands of people. More than 1,000 users accessed our online resources via the ASO website to show their support for the campaign.

If you blinked and missed *World Ophthalmology Day*, you can catch up with the 14 member profiles shared across our social media accounts.

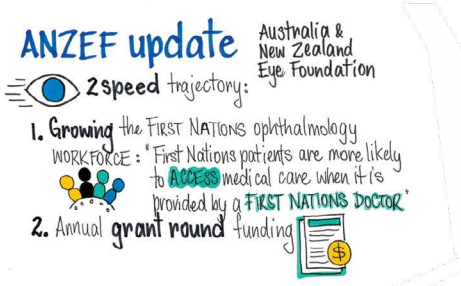
Plan for 2025 and access our World Ophthalmology Day resources, including posters and social media tiles for you and your patients.

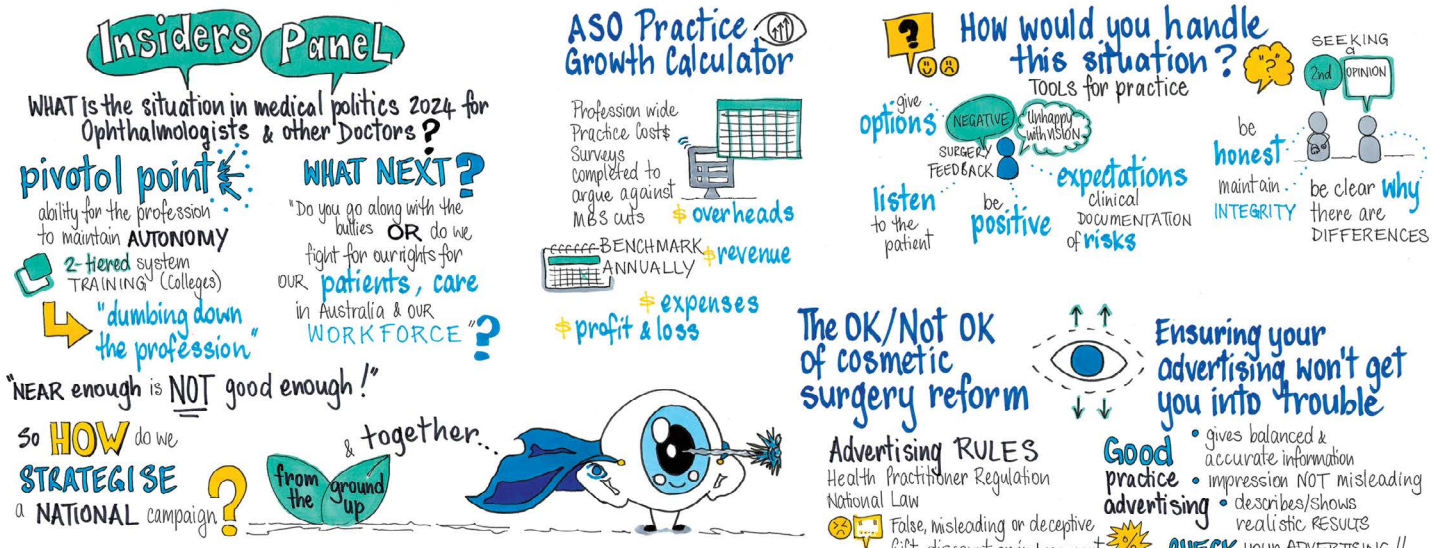
ASO LinkedIn

ASO Facebook

ASO X

2024 AUSTRALIAN SO OF OPHTHALMOLOG





CIETY ISTS Skills Expo

Healthy doctors & a Healthy system make for better patient care – is it too utopian to hope for?

Joining up the dots of HEALTHCARE → UNDERSTAND the SYSTEM we are working in

- AHPRA compliance coroner
- Federal Government State/Local Government Medicare/PBS/Private insurers
- RESPECTED VOICE at the table
- collaboration RESPECT meaningful
- ethical BEHAVIOUR health system

"we can be the Change"

Top tips from a Financial Advisor

5 things every ophthalmologists should know!

1. Protect your assets
2. Lower your tax
3. Last minute deductions
4. Structure your debt
5. Long term planning

Patient Reported Outcomes Measures with the RayPRO platform

Issue: choosing the best lens for our patients

AUDIT – 7000 eyes

LIMITATIONS:
- differences in technique between surgeons

TOWN HALL PANEL

We try so hard to give you everything – Headwinds for Industry

anxiety: long-term sustainability to run as a BUSINESS

COST$

DELAYS: are FRUSTRATING & have IMPLICATIONS!!

pricing: & REPORTING

WHAT are the current CHALLENGES to the pipeline & funding of ophthalmic devices?

constant pressure around funding → private health insurers

"bring INNOVATIONS to market to give best possible CARE"

"the power is in your hands to drive the change"

Payroll Tax

Is NOT harmonised across Australia

Q IS THERE A PAYMENT, WHERE IS IT GOING?

"Payment of assigned Medicare benefits are not deemed to be wages (Queensland)

- Exclusion from relevant contracts
- Exemptions under the rulings
- ACTION PLAN
  - banking & practitioner payment processes
  - practitioner service agreements
- OTHER ISSUES
  - recovering service fees

How to navigate medico-legal challenges in Ophthalmology

Challenges: complaints to regulator; coronial investigations; civil claims

issues raised:
- procedure
- breach of CONFIDENTIALITY
- DIAGNOSIS
- treatment
- Dissatisfaction with treatment OUTCOMES

Procedure & consent! poor outcomes of surgery

Device failure! cannula detachment

medication error! corneal cross-linking

Practice management! failure to follow up

TIPS & TRICKS – RECORD KEEPING – CONSENT – COMMUNICATE with PATIENTS

We are here from MACQUARIE...

how can we help you?

We are REGISTERED FINANCIAL advisors

Q WHAT investments are working & Where can you Invest?

You've
- Investment advantage
- Confident relationships
- Strategic banking
- Enduring prosperity

connected personally

We INVEST in a WIDE RANGE of ASSET CLASSES → Australia & GLOBALLY

RECOMMEND: ... maintain portfolio DIVERSIFICATION

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CINEMA has the power to influence culture & AGENT OF CHANGE

OUR responsibility

HOW? do you create a BETTER society? do you create SOCIAL CHANGE? can we end AVOIDABLE sight loss?

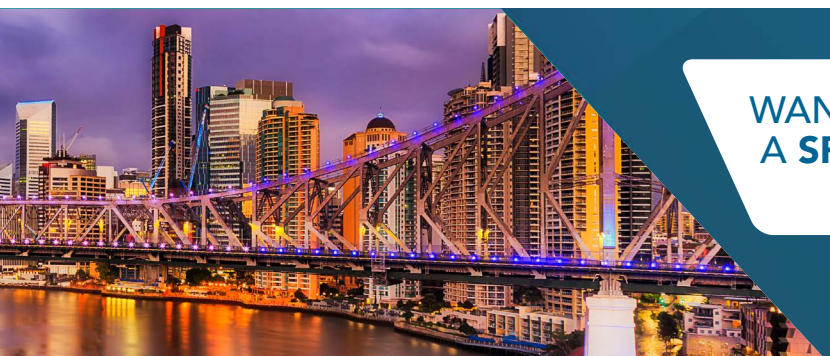
The REALITY

MY EYES the movie

POVERTY is a cause of poor eye health

WOMEN are 12% more likely to have vision loss than men

"Never lose sight of what matters"



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Scan to see the Sponsorship Prospectus

Dr Nisha Sachdev's lasting legacy

There's some change underway on the ASO Board of Directors, as we say farewell to one of our long-standing members.

Dr Nisha Sachdev is stepping back after more than 13 years of sharing her knowledge and experience with us — but not without leaving an indelible mark on the ASO.

Shortly after Australia marked the significant milestone of its first female Prime Minister, change was afoot at the ASO, when Nisha became the first woman appointed to the ASO Board in 2011.

Since then, and throughout her tenure, Nisha has played an important role in many of the initiatives that best support the profession of ophthalmology.

In recognising and celebrating Nisha's numerous contributions to the ASO and our members, we are highlighting several that have forever changed us.

We also sat down with Nisha to reflect on the highs and lows of advocacy and the moments she's most proud of from her time on the ASO Board of Directors.

Q: What are the standout moments from your time as a leader at the ASO?

A: The best moments from my time with the ASO has been involvement with the Business Skills Expo over the years. Seeing it become a standalone meeting, now with such great attendance, is so rewarding. With such great feedback from all attendees, it is amazing. When I was approached to organise this, I never anticipated it would grow as it has.

Q: What were your biggest challenges?

A: The biggest challenges were growing the membership and being the only female director! It does take a while to get used to the political side of medicine.

Q: While we have come far from humble beginnings, what do you consider to be the next steps in advocating for our members and the profession of ophthalmology?

A: The biggest step we have to face is the threat to our profession in the private sector. The corporatisation of our profession has some advantages, but it is not always the best choice for all. We need to work together to provide support and advocacy to maintain the private day surgical sector — due to restrictions from funding from health funds, this is our biggest threat and issue for the future.

Q: For those unsure about the value of the ASO provides, what advice would you give?

A: There is a lot that the ASO does behind the scenes that is not apparent to everyone — even me! The executive works very hard with the ASO staff on many issues on a daily basis and 'puts out many fires' that even the directors are unaware of. At our board meetings, it is apparent that a lot of discussions occur with Health Ministers, AMA presidents, and other officiaries to curtail issues before they become solidified, and as such, an issue for our profession.

First Woman Appointed

When we reach new heights, it is often because of the achievements of those before us, who allow us to step on their shoulders. After becoming the first woman appointed to the ASO Board of Directors, it has paved the way for others to follow.

Electronic Medical Records

As an early adopter of electronic medical records, Nisha's advocacy for the business of private practice resulted in action with many members of the ASO turning their attention to update the methods of patient record keeping across practices.

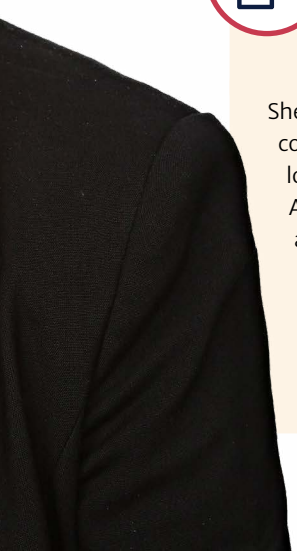
Q: What are your top tips for New Fellows embarking on their own venture in private practice?

A: Gosh! Where do I begin? The best advice is that there are many options, but you need to do what is best for you! What works for one individual may not be best for another. Whether you work in a group practice, in solo, or a combination of private and public, do what is best for you and your family. There are multiple options and advantages and disadvantages of the options. When you are starting, try to not overcommit! It is hard to reduce sessions, rather than build them up. I would also say it takes five years to solidify the best schedule for you and your family.

Q: Describe one action that ophthalmologists can take in their day-to-day clinic or theatre work which will improve their mental health and wellbeing.

A: Exercise! Whether it is running, swimming or even walking, fresh air and outdoors is best. Even if you walk around the block at home before work, it will put you in a good frame of mind for the rest of the day. Having something outside medicine and ophthalmology is great — it is nice to meet so many others outside our profession!

Please join us in recognising and thanking Nisha for her long-term commitment and contributions to the ASO and advocating on behalf our profession.



New Fellows

In an earlier iteration, Nisha performed the duties as RANZCO Chair of the New Fellows. Her work supporting ophthalmologists in the early stages of their careers became instrumental in growing New Fellow membership at the ASO. Without her influence, the popular Trainee and New Fellows Dinners we deliver each year may not have come to fruition. Nisha was also a RANZCO Examiner for a period of six years.

MBS Champion

Through her roles as Chair of the RANZCO MBS Committee and Board Director of the ASO, Nisha was in a crucial position to help guide the Board and support advocacy to ensure ophthalmology MBS items and rebates would deliver for Australian eye surgeons and their patients. She has attended many Department of Health meetings as the ophthalmology representative regarding numerous MBS item number issues.

Mental Health and Wellbeing

One of Nisha's more recent appointments was as the founding Chair of the RANZCO Health and Wellbeing Committee.

She was approached by RANZCO to formulate and lead this committee during the Coronavirus pandemic and recurrent lockdowns of 2020, when medical services were limited and the ASO was formulating discussions with the Department of Health and strategising how to deal with ophthalmology services. The committee now hosts many Trainees and Fellows of all ages to strengthen and advocate for the wellbeing of all ophthalmologists.

Nisha's influence has also enriched the way we view the mental health and wellbeing needs of our members at the ASO.

ASO Skills Expo

The ASO Skills Expo as we know it today may not have been. From 2016–2018, Nisha was the Convenor of the first three Expos the ASO delivered and laid the foundations we have since built upon.

She was appointed as Chair of the Younger Fellows Group at RANZCO and was requested to arrange and implement Business Skills Sessions for Younger Fellows. Nisha discussed this with the ASO president at the time, as she felt it was in the domain of the ASO rather than RANZCO.

The Business Skills Expos were well received by all ASO members and incorporated all business skills and legal discussions to educate ophthalmologists at any stage in their career — from starting out to succession planning.

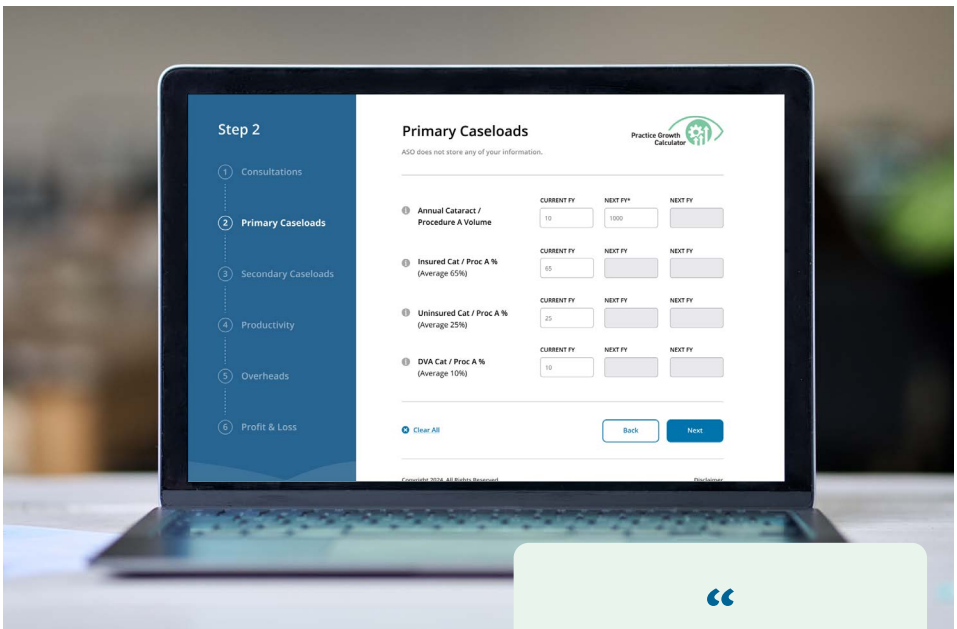
Nisha's organisational skills in establishing the Expo also solidified future and lasting alliance partnerships ASO members benefit from today, including with Cutcher & Neale.

Parental Leave

As an ear for those not only starting their ophthalmology careers but their families, Nisha recognised more support was essential for new parents and advocated strongly for parental leave. In addition, whilst on the executive of the RANZCO NSW Branch and organising its scientific meetings, she incorporated creche facilities for her peers, in order for all Fellows to attend these meetings.

ASO Practice Growth Calculator

Scan to access the ASO Practice Growth Calculator



Supporting ophthalmologists in private practice

The ASO Practice Growth Calculator allows practices to record and model changes in practice activity, forecast growth, and actualise overheads and profits.

The calculator provides an important tool for doctors and practice managers and practice owners to analyse data within the practice with regards to activity and costs. This allows each doctor to understand the data behind the business and creates opportunities for planning. The calculator also creates opportunities for benchmarking results for doctors within the same practice.

Useful applications of the data obtained from using the ASO calculator include assessing outcomes for increased activity, retirement planning and growth planning, budgeting, and forecasting.

> *"The ASO Practice Growth Calculator can provide data-driven insights into how changes in our operations could impact growth. Whether we're expanding our services or planning for a gradual transition, this tool offers clarity and confidence when setting business strategies."*
>
> **Danni Blay**
> *Practice Manager (VIC)*

History of the Practice Growth Calculator

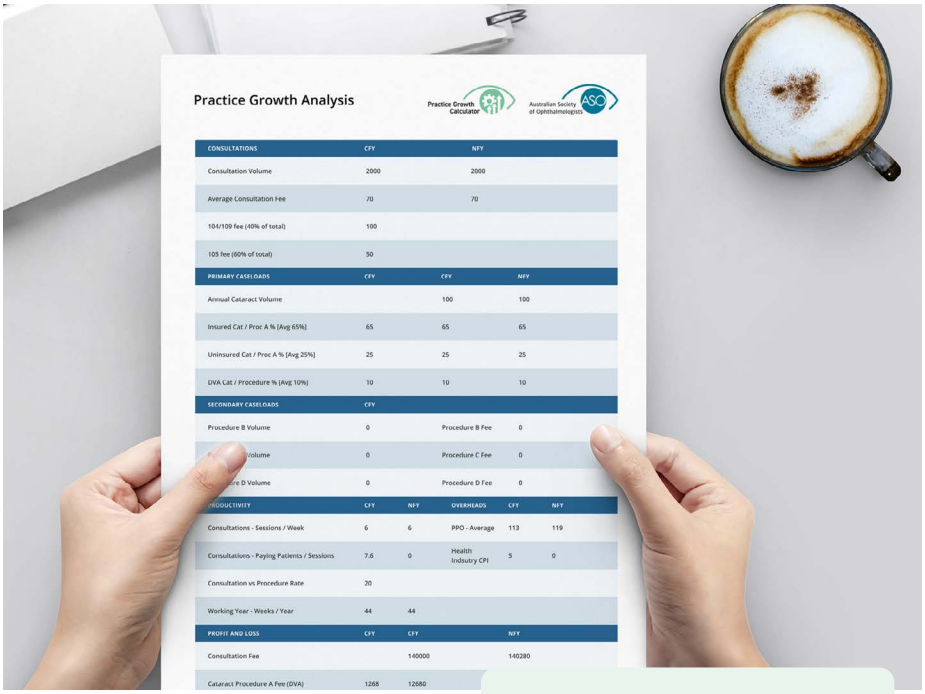
The ASO Practice Growth Calculator (formerly Caduco) was created and designed by Dr Bradley Horsburgh, former President of the Australian Society of Ophthalmologists (ASO), in 2010.

Dr Horsburgh's work precipitated a benchmarking analysis of ophthalmology practice overhead costs. The results of which were utilised to convey to government and policy makers the significant costs involved in operating a private ophthalmology practice. A significant proportion of costs are attributed to ophthalmic equipment and staff.

> **"At the request of ASO members, Dr Horsburgh has crunched the practice costs figures yet again. In 2024, we are pleased to offer members a modernised version of the Practice Costs Calculator."**

At the time, the ASO engaged Access Economics, now Deloitte Access Economics, to undertake a practice-wide overhead costs survey. As part of this survey, an average per patient overhead (PPO) was determined. In 2017, RANZCO, at ASO's request, also conducted an updated version of this survey with Pioneering Economics.

At the request of ASO members, Dr Horsburgh has crunched the practice costs figures yet again. In 2024, we are pleased to offer members a modernised version of the Practice Costs Calculator.



A Visionary Beyond Surgery — *creating the ASO Practice Growth Calculator with Dr Brad Horsburgh*

With a predilection for spreadsheets and a business-minded family background, then ASO President and future RANZCO President, Dr Brad Horsburgh, had an idea that would revolutionise the way our profession understood the cataract dispute of 2009–2011.

The Federal Government of the day was proposing to cut the cataract fee by half and at a time when cataract surgery was a primary component in the financial stability of private practice.

To turn ophthalmologists from a clinical focus to an economic one, Brad devised the Caduco Calculator — now ASO Practice Growth Calculator — to highlight the importance of what the Government was proposing to do and the devastating impact it would have.

The calculator served as a new tool to model the most common procedures being performed by an ophthalmologist in private practice and in addition to their consultations. Then, by changing the parameters, it could forecast the outcomes for the upcoming year.

As Brad explains, "it is a simple concept".

"If you're on an MBA course, this is what you do before morning tea on the first Monday of the first semester," he said.

"However, for an ophthalmologist or other medical professionals, it is not 'run of the mill' training or knowledge."

Now revised and updated to suit the changing dynamics of private practice, Brad wants to reinforce to practice managers that the calculator can be adapted to "whatever it is you want to make it do".

The calculator can assess three to four of your primary procedures and in terms of volume, price increase, and the price you charge.

"If you run a retinal specialist practice with no cataract surgeries performed but instead provide a high volume of injections, you only need to adjust the parameters to reflect this," he said.

Brad also encourages ophthalmologists and their practice managers to take a whole-of-practice approach.

"When I was RANZCO President (2014–2016), I would routinely say at board meetings to stop, step back three paces, and take a big picture view of what we are talking about," he said.

"As doctors, we are trained about smaller and smaller scopes of practice or theory and can easily miss the big picture if we are not conscious of it.

"The calculator helps with the strategic planning of your practice, which is counterintuitive to the way we are trained as medical specialists.

"For many of us, when we reach the end of the training program, we become critically aware of the deficiencies in our understanding of how to run a business.

"The calculator can serve as a tool offered by the ASO to better help ophthalmologists in this regard."

> *"The ASO Practice Growth Calculator is a new and improved update of this valuable business tool. It models the effect of scaling up or scaling down (in retirement) your patient volumes. It gives you the DATA to make sound decisions — taking out the "gut feel" approach and allows business owners and managers of the business to take a strategic approach."*
>
> **Donna Glenn**
> *Practice Manager (NSW)*

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A personalised fit[1] for your patient's ablation profile

Just like the most refined haute couture, each wavelight plus procedure is fully tailored.[1]
InnovEyes™ Sightmap measures the unique optical system using biometry, tomography and wavefront.[2]
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used to plan a truly unique treatment with excellent visual outcomes.*[3]

Sightmap diagnostic device now available

wavelight **plus**
Personalised precision

Scan QR code to register for latest Alcon news and upcoming medical education events.

*3 months post-op; n=212 eyes.

References: 1. Mrochen M, Bueler M, Donitzky C, Seiler T. Optical ray tracing for the calculation of optimized corneal ablation profiles in refractive treatment planning. *J Refract Surg.* 2008;24:S446-S451. **2.** InnovEyes™ Sightmap Diagnostic Device User Manual 1089. **3.** Alcon data on file, 2021. RFP911-P001 Postmarket Study of Outcomes from WaveLight EX500 InnovEyes – V-RIM-0063613.

For indications, contraindications and warnings please refer to the relevant product's instruction for use.
wavelightplus is the alternative equivalent trade name for INNOVEYE treatments.

Alcon

Should I provide my colleague with a character reference?

Given their position of trust in the community, it's not uncommon for doctors to be asked to provide character references. It's rare for a doctor to know a patient well enough to provide a character reference — but what about colleagues?

Dr White is an ED consultant in a public hospital. One of the senior registrars approaches Dr White and asks her for a character reference. They've worked together for about two years, and the registrar has always been professional, punctual and reliable. His clinical skills are excellent, and Dr White has never had any issues with him in the workplace.

What is a character reference?

Generally, a character reference is a letter that speaks to the subject's positive attributes. Ideally, you should have known the subject for some time, and you must provide your honest opinion.

What will it be used for?

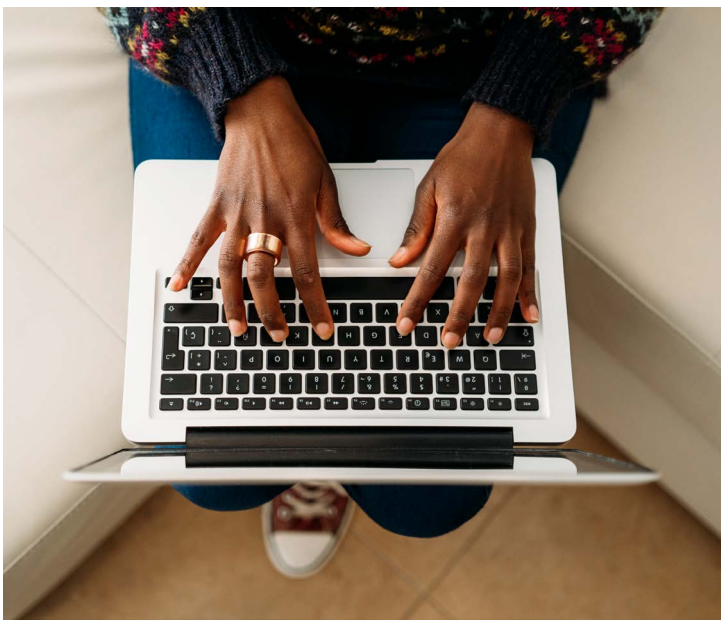
Common reasons for requests relate to:

- employment or rental applications
- court proceedings — including criminal, civil, family disputes and restraining orders
- disciplinary matters.

It's important to know why the reference is being requested.

What should I say in a character reference?

- Include information about how long you have known the person, and in what capacity.
- Address your understanding of why you have been asked to provide a character reference.
- Avoid using stock phrases such as "is of good character" or "an upright citizen". Your colleague may behave appropriately in the workplace — but not so much in the home environment, or under the influence of alcohol or other substances.
- Be specific about positive attributes, but don't shy away from addressing negative attributes, particularly if the person has taken steps to rectify this.
- The wording should be factual, clear, fair and informative.



Are there any potential pitfalls?

Things you should think about before agreeing to write a character reference:

- You may be contacted for a verbal follow-up, so you should be prepared for this.
- Would your hospital or employer think it is appropriate for you to author a character reference, particularly if it relates to a hospital disciplinary matter?
- If you provide a character reference, and your colleague is later subject to adverse publicity in a very public forum, will your support of your colleague damage your own reputation?
- If the matter is before the courts, be prepared to be subpoenaed as a witness.
- Don't address your letter "to whom it may concern". A character reference should be addressed to a specific person, otherwise it could be used for a purpose you didn't contemplate when you wrote it.
- If you can't genuinely speak to a colleague's good character, it may be best to decline the request.

If in doubt, contact our Medico-legal Advisory Services team for advice.

This article is provided by MDA National. They recommend that you contact your indemnity provider if you need specific advice in relation to your insurance policy or medico-legal matters. Members can contact MDA National for specific advice on freecall 1800 011 255 or use the "contact us" form at mdanational.com.au.

Negatively gear while you positively can

If you have investments in real estate or are looking to grow or build a property portfolio, you're likely familiar with negative gearing. It's a well-known strategy that has been the subject of much discussion.

While it remains a popular tax strategy for wealth building, there is ongoing debate about its potential impact on housing prices.

So, what is negative gearing, and why should you capitalise on it while you can?

What Is Negative Gearing?

Negative gearing is a tax strategy that helps property investors manage costs by allowing them to offset losses from rental properties against their overall taxable income. Additionally, it provides a tax concession on capital gains that would be owed upon selling the property, making it an appealing approach for many investors.

While it offers substantial benefits for high-income earners due to its ability to reduce tax liability, negative gearing is a useful tool for investors at all income levels. Whether you're early in your career or nearing retirement, property investment remains attractive due to its long-term potential for appreciation and its tangible, stable nature.

By utilising negative gearing, investors can reduce taxable income, benefit from tax deductions, and simultaneously build long-term wealth through real estate.

Capital Growth Is Key

If you are considering purchasing an investment property, it's important to understand the fundamentals of the market you are entering. The primary aim is to achieve solid capital growth over time.

Investment property interest rates are currently at approximately 6.5%, while property rental yield can be as low as 3–4%. This means that before any other deductions are applied, your investment is already negatively geared.

In this higher interest rate environment, long-term capital growth is a vital requirement within your portfolio. Otherwise, you're simply making a loss instead of growing your wealth. By working with an expert financial advisor, you can create a strategy to positively grow your portfolio or optimise your current investments for growth.

"If you are considering purchasing an investment property, it's important to understand the fundamentals of the market you are entering. The primary aim is to achieve solid capital growth over time."

Additional Deductions

An investment property portfolio also offers other tax deductions to include within your tax strategy.

Capital Works deductions

While land normally appreciates in value over time, material assets — such as property — and tend to depreciate due to the natural wear and tear that occurs. For properties constructed after 1987, 2.5% of the structural costs can be written off for the first 40 years after construction.

In most cases, you'll need a quantity surveyor report for this (which is deductible too). Don't forget that renovations also qualify for the 2.5% write-off.

Depreciation deductions

Fixtures and fittings like carpet, blinds, and hot water services can all be depreciated. Once again, a quantity surveyor report will assist. The benefit of these deductions is that they are non-cash, meaning you don't need to spend additional money to claim them.

50% Capital Gains tax discount

Properties held for longer than 12 months qualify for a 50% discount of the net capital gain (property value increase). Keep in mind that this applies from the date of exchange of contracts, not the date of settlement.

Repairs and maintenance

For genuine rental property repairs, you can claim 100% of the cost, but make sure you don't get this confused with a replacement or improvement. What's the difference? Repairs effectively restore your property to its original condition, while improvements better it beyond this or increase its value.

Utilities, taxes, and strata fees

It's important to be thorough so you don't miss the simple things, such as these kinds of costs. It's advisable to arrange for your property manager or real estate agent to pay for these from the rent you receive. This means that these items will then be included in your annual summary and won't be forgotten.

The three key components of negative gearing are rent, interest, and depreciation:

Example of Negative Gearing

	With Negative Gearing	Without Negative Gearing
Salary	$200,000	$200,000
Rental Income	$20,000	-
Capital Works Deductions	-$15,000	-
Property Depreciation Deductions	-$7,000	
Loan Interest Payments	-$24,000	-
Maintenance Expenses	-$6,000	-
Taxable Income	*$168,000*	*$200,000*
Tax Payable*	**$46,858**	**$60,138**
Net Cash	**$141,142**	**$139,862**

**Tax rates as at 2023-24 FY*

Negative To Positive

The ongoing conversation about negative gearing reform presents a unique opportunity for proactive investors. If you're planning to invest or grow your property portfolio, now is the time to secure your position before any potential changes are made.

With grandfathering likely to protect existing portfolios, investors who act now could preserve their tax benefits, even if future reforms take place. Negative gearing has been a cornerstone of property investment for decades, and changes, if any, will likely come with careful consideration.

In a changing landscape, smart investors act early.
Our expert Advisors are here to help you maximise your investment strategy opportunities — contact us today on 1800 988 522 or visit medical@cutcher.com.au.

EDITORIAL OPINION **Emma Crowley, ASO Media & Communications Manager**

Once it's gone, it's lost forever

We frame patient education around the need to prioritise eye health and protect our sense of sight, as once it's lost, it often cannot be restored. When it comes to protecting the future of our health system, we should heed our own advice.

Intrinsic to our cultural traits, as Australians, we believe in an egalitarian society — which underpins our belief and pursuit of equitable and accessible healthcare for all Australians.

We place value and emphasis on patient agency in decision making.

We have one of the best health systems in the world.

Even though aspects are currently in a critical state and on life support, it is still **one of the best in the world.**

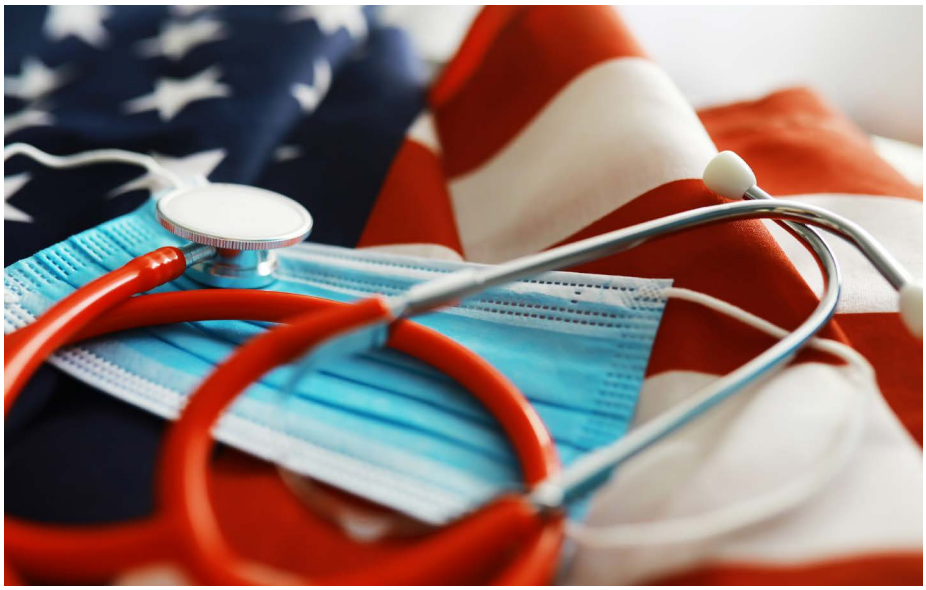
Do we throw the toys out with the bath water or do we surrender to the Australian values we've fought hard for?

The answer? We need to fight for what's right, and what's importantly, Australian, before it's lost for good.

My family recently relocated to Seattle in the United States (US), and the disparity in patient choice and the ability to make decisions concerning my personal health and that of my family, has shaken my values and beliefs to the core.

It has brazenly opened my eyes to what the future could be for all Australians if US-style managed care takes hold, and it's a future that would mean the death of the health system we believe so strongly in.

It could also hamper the motivation of being a health professional, when costs influence the way you treat patients, superseding the admirable goal of making a difference to everyday lives. What impact could this have on your identity as a surgeon and doctor, and thus, your mental health and wellbeing?



> **"Here's the thing. I am not willing to accept that a PHI can dictate to whom I see and as to what procedures, treatments or medications I can be covered for. It goes against everything I believe in and have been taught about effective and long-lasting patient care."**

Our private health insurer (PHI) in the US — chosen by my husband's workplace and not by **our family choice** — influences who I can see. We have top coverage, but it means little in the broader scheme of things.

Our private health insurer in the US influences our decisions based on how much it will reimburse for any given specialist compared to one recommended in 'its network' — the difference is significant and would **motivate anyone** to reconsider care based on cost.

I tried to make an appointment with a local endocrinologist recommended by my multi-disciplinary care team in Brisbane. She's not affiliated with my PHI and tried to cancel the appointment. I had to stress I will pay full costs just to see a healthcare provider who can continue my established and effective care plan. She's conceded, but it is a seven-month wait for an initial consultation.

I have asked our building concierge, the local emergency care clinic, my hairdresser, our international re-location consultant (provided by my husband's work), and even the grocery store staff at Wholefoods for local paediatrician and primary care recommendations.

The answer is always the same — *"Your PHI can tell you who to see, just call them."*

Here's the thing. I am not willing to accept that a PHI can dictate to whom I see and as to what procedures, treatments or medications I can be covered for. It goes against everything I believe in and have been taught about effective and long-lasting patient care.

Yet, Americans have accepted and surrendered themselves to being controlled by their PHIs. Their PHIs tell them who to see, influence what treatments or procedures they have, and drain patient pockets in the process.

What I fear, is the impacts may be far more reaching than anyone realises.

Removing patient agency in health management and ongoing care strips the motivation to prioritise and maintain one's own health. I do not think it is unreasonable to hypothesise that health outcomes could worsen or spiral as a result.

We see it time and again when patients with chronic health conditions are not active participants in managing their own care.

Take a type 1 diabetes patient for example. If the patient is not educated on self-management and routinely checks in with their general practitioner, they can become frequent flyers in the hospital system after suffering a hypoglycaemic or hyperglycaemic episode.

If they discharge from hospital without being managed effectively through a GP and by self-sufficient means, it is inevitable they will return to the hospital system.

This cycle continues and adds burden onto an already pressurised system. I saw this firsthand in Brisbane's outer suburbs while working with Queensland Ambulance Service, Queensland Health, and Mater.

Another issue I have noticed that has spiralled in the US, is a fusion of homelessness and the country's opioid crisis... and I argue, all roads lead back to negative impacts from managed care.

The number of people living on the streets with amputated limbs that are wheelchair bound leaves me breathless. For weeks, I kept trying to work it out.

On the train one morning, I saw a junkie with infected scabs all over an exposed leg that had been left untreated and now compromised blood flow to the limb. It was clear and inevitable that gangrene will set in, and the limb will have to be amputated.

> **"I have worked in the machinery of politics as both a staffer and a bureaucrat. If we let the situation spiral further, it will require an unimaginable feat to set the course right again."**

For something so fixable, the likely story is they cannot afford the cost of a visit to the hospital ED without health insurance. They have not been an active participant in maintaining their health and do not place value on regular checks up.

We then see a small scenario spiral into something serious and critical.

I don't have all the answers, but there is one thing I am certain of — we need to fight harder and shout louder to protect the Australian healthcare system before it flatlines.

I have worked in the machinery of politics as both a staffer and a bureaucrat. If we let the situation spiral further, it will require an unimaginable feat to set the course right again.

What can be salvaged won't be familiar to us and everything we believe in about an egalitarian health system will cease to be. I am not prepared to mourn it, are you?

You will soon be called upon for your support when the ASO launches an e-petition through the Parliament of Australia website to call on the government to establish a Private Health Commission.

We are advocating for the issue publicly and behind closed doors in Canberra and will now also ensure the issue is being pushed through official democratic processes.

Have a story to share?
Email: **emma@asoeye.org**

iStent infinite®

THE POWER OF 3

The Beginning of the
Interventional Glaucoma Revolution

infinite possibilities

Brought to you by the founder of MIGS, iStent infinite® is built on the #1 MIGS platform worldwide and is designed to provide powerful technology that delivers foundational, 24/7, long-term IOP control in glaucoma patients on ocular hypertensive medications, including those who have failed prior medical and surgical intervention[1]. iStent infinite® can be performed in **combination with cataract surgery** or **as a standalone procedure**.

REFERENCE

1. Glaukos Data on File.

IMPORTANT SAFETY INFORMATION

INDICATION FOR USE. The iStent infinite® Trabecular Micro-Bypass System Model iS3 is intended to reduce intraocular pressure in adult patients diagnosed with primary open-angle glaucoma (POAG) currently treated with ocular hypertensive medication. The device can be implanted with or without cataract surgery. **CONTRAINDICATIONS.** The iStent infinite System is contraindicated under the following circumstances or conditions: In eyes with primary angle closure glaucoma, or secondary angle-closure glaucoma, including neovascular glaucoma, because the device would not be expected to work in such situations; In patients with retrobulbar tumor, thyroid eye disease, Sturge-Weber Syndrome or any other type of condition that may cause elevated episcleral venous pressure. **WARNINGS.** Gonioscopy should be performed prior to surgery to exclude congenital anomalies of the angle, PAS, rubeosis, or conditions that would prohibit adequate visualisation that could lead to improper placement of the stent and pose a hazard. **MRI INFORMATION.** The iStent infinite is MR-Conditional, i.e., the device is safe for use in a specified MR environment under specified conditions; please see Directions for Use (DFU) label for details. **PRECAUTIONS.** The surgeon should monitor the patient postoperatively for proper maintenance of IOP. Three out of 61 participants (4.9%) in the pivotal clinical trial were phakic. Therefore, there is insufficient evidence to determine whether the clinical performance of the device may be different in those who are phakic versus in those who are pseudophakic. **ADVERSE EVENTS.** The most common postoperative adverse events reported in the iStent infinite pivotal trial included IOP increase ≥ 10 mmHg vs. baseline IOP (8.2%), loss of BSCVA ≥ 2 lines (11.5%), ocular surface disease (11.5%), perioperative inflammation (6.6%) and visual field loss ≥ 2.5 dB (6.6%). **CAUTION.** Please see DFU for a complete list of contraindications, warnings, precautions, and adverse events.

GLAUKOS

Celebrating a decade of Eye Learning

Ten years ago, two university-educated orthoptists were working in busy ophthalmic clinics and observed an increasing demand for upskilling courses. Their subsequent idea would go on to make a difference to countless professionals working in eye health clinics and practices — including ASO members.

Eye Learning hits double digits

Kelly Chard and Stephanie Goodwin founded Eye Learning in 2014 after identifying an unmet demand for continuous learning.

"We had increasingly observed a need for additional educational options and opportunities for staff in both clinical and administrative positions," Stephanie said.

"We also observed difficulty in finding trained staff in the marketplace."

To ensure that the courses could reach as many as possible, including those in rural or remote areas, Eye Learning was established as an online platform to enable the courses to fit in with hectic schedules or address issues concerning geographical displacement.

Kelly and Stephanie note that when there is a lack of available educational resources, clinics will increasingly turn to 'on the job' training that has its limits.

"This is a slow, uneconomical and inconsistent process, which can disrupt clinic flow and further increase the workload on staff in busy ophthalmic clinics," Kelly said.

"This, in turn, results in frustration of repeating basic training for new staff."

Eye Learning was developed to address the needs of modern private practice by removing the stress and hassle involved in the training process.

"While we believe there is an element of informal 'on the job' training in all employment, a formal component is valuable in ensuring that the processes and practices remain aligned with standards and protocols," Stephanie explains.

"We remove the stress by providing a flexible online format and downloadable resources to support 'on the job' training, where students can start at any time while working at their own pace.

Courses in highest demand

Ophthalmic Assistant Course

The 'Ophthalmic Assistant Course' is highly sought in busy clinics where orthoptists need a 'second pair of hands', or where the clinic is unable to find orthoptists to employ.

Historically, there has been significant and positive response to this course, which has been updated five times since its launch.

Ophthalmic Receptionist Course

The 'Ophthalmic Receptionist Course' has become part of standard 'staff induction and orientation' training within many clinics.

Many clinics are reported to become repeat users, enrolling staff on an ongoing basis.

Infection Control Course

The 'Infection Control Course' is a short course but that does not reflect its value.

Added during the coronavirus pandemic to assist staff needing specific infection control training in an ophthalmic setting with specialised equipment, this course is now a regular addition to staff induction for many clinics.

Did you know? As an ASO member, you can receive 10% off ALL Eye Learning Courses!

Scan the QR Code to find out more

Iconic MINI, all grown up

A brand synonymous with style, youth, and joy — MINI has been an important addition to the BMW Group since 1996.

In that time, we have a seen a modern twist on a classic brand, expanding the model range and introducing innovative technologies inherited from the premium BMW lineup.

Now, in 2024, the MINI brand is refreshed and revitalised with an all-new model range, including a grown-up MINI Countryman, an impressionable MINI Hatch, and the all-new, all-electric, MINI Aceman. With an option available in both petrol and electric powertrains, you'll be sure to find a MINI that is the perfect match for you and your family.

Starting with what is the most recognisable and quintessentially "MINI" model available, the MINI hatch is offered in both 3-door, and 5-door, variants. Featuring major upgrades in safety technology, the new MINI hatch is available with the latest driver assistance aids, including Lane Change Warning, Forward Collision Warning, Adaptive Cruise Control, Surround View Cameras, Drive Recorder, and Heads Up Display. Of course, don't let this detract from MINI's fun personality, as connectivity and customisation is still as important as ever. We now see the introduction of Spike, the perfect digital companion, who at command, can perform functions such as turning on the heated steering wheel, calling a friend, or even changing the style of the vehicles LED taillights.

Arguably, the most exciting upgrade to the MINI hatch range is the introduction of two new fully electric models, the Cooper E and Cooper SE. With the Cooper E producing 135kw, and the Cooper SE producing 160kw, both vehicles are up in power from the model they replace. In addition to this, the driving range has significantly increased to up to 400km* on the Cooper SE, which provides greater convenience for those who are constantly on the move.

Stepping up in size, the all-new MINI Countryman now offers family sized practicality whilst maintaining its expressive minimalist character. The spacious new interior includes the new connectivity features previously mentioned, and incorporates cleverly designed, high-quality components ensuring a comfortable and homely atmosphere. With MINI Experience Modes and optional AWD, the new MINI Countryman offers an immersive driving experience and retains its maximum go-kart feel.

Appealing to those who desire the elevated driving position of an SUV, but still want the iconic 'MINI' city-car feel, we welcome the all-new, all-electric, MINI Aceman. This model is a fusion of innovation and tradition, encompassing the best of both the compact MINI Hatch, and the spacious MINI Countryman. Available in both E and SE models, the MINI Aceman is perfect for the urban jungle, offering sustainability and comfort, all with a small footprint.

This new range not only bolsters the brand, but also allows it to be a contender in a single car household. Your new MINI is no longer a second car, it is the only car.

*Range and charging performance depends on factors including driving style, route, outside temperature, state of charge and use of vehicle systems (e.g. heating/cooling). Range data determined using WLTP (visit www.bmw.com/wltp).

If you are interested in discovering the fun of the new MINI range, please contact Philip Robinson, Corporate Sales Manager at Doncaster BMW and Doncaster MINI Garage on:

(03) 8848 0000 philip.robinson@doncasterbmw.com.au

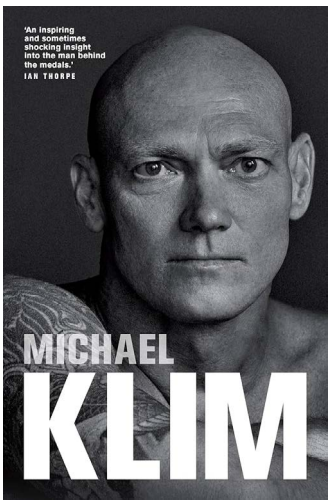
Read, Watch, Listen

Looking for inspiration on the next podcast, book or television series to binge? Find out what your ASO Team has recently been reading, watching and listening to.

Picked by
Justin, ASO Board Director (VIC)

KLIM by Michael Klim OAM

As one of Australia's most celebrated athletes, Michael Klim's impact extends far beyond the pool. Klim's journey to greatness began with his early years in Poland before his family immigrated to Australia. From a young age, Klim displayed an extraordinary talent for swimming, honing his skills through rigorous training and competition. He burst onto the international scene in the late 1990s, becoming a dominant force in butterfly and freestyle events.



His crowning moment came at the 2000 Sydney Olympics, where he captured the hearts of millions with his gold medal performances and world record-breaking swims. Klim's success continued on the world stage, earning numerous medals at World Championships and Commonwealth Games, solidifying his status as one of the greatest swimmers of his generation.

Beyond his athletic achievements, Klim's personal life has been equally compelling. His transition to entrepreneurship and family life provides insight into the challenges and rewards of life beyond the pool. In recent years, he has faced significant health struggles, including battles with injury and a life-altering autoimmune disorder. Yet, through determination and perseverance, Klim has emerged stronger, embracing his experiences as opportunities for growth and self-discovery.

KLIM offers readers an eye-opening account of Michael Klim's extraordinary life, highlighting the enduring legacy of a true sporting icon. From the heights of Olympic glory to the depths of personal adversity, Klim's story serves as a testament to the power of perseverance, passion, and the human spirit.

Picked by
Paul, ASO Board Director (SA)

'Shrinking' on Apple TV

With the arrival of the second season, if you are not already a fan, now is the time to get invested in *'Shrinking'* on Apple TV. A grieving therapist starts to tell his clients exactly what he thinks. Ignoring his training and ethics, he finds himself making huge changes to people's lives — including his own.

Picked by
Peter, ASO President

'The Perfect Couple' on Netflix

When one lavish wedding ends in disaster before it can even begin — with a body discovered in Nantucket Harbor just hours before the ceremony — everyone in the wedding party is suddenly a suspect. *The Perfect Couple* is an American mystery drama miniseries based on the 2018 novel of the same name by Elin Hilderbrand. It stars an ensemble cast of Nicole Kidman, Liev Schreiber, Eve Hewson, Billy Howle, Meghann Fahy, Donna Lynne Champlin, Jack Reynor, Michael Beach, Ishaan Khatter, Sam Nivola, Mia Isaac, and Dakota Fanning.

Picked by
Kerry, ASO Chief Executive Officer

'Slow Horses' on Apple TV

Season four dropped with six new episodes in September, so set yourself in for a day of thrills and action.This quick-witted spy drama follows a dysfunctional team of M15 agents — and their obnoxious boss, the notorious Jackson Lamb (Gary Oldman) — as they navigate the espionage world's smoke and mirrors to defend England from sinister forces.

Picked by
Andrew, ASO Board Director (VIC)

Accused: The Polkinghorne Trial Podcast

From the team behind *The Front Page*, the New Zealand Herald's daily news podcast, comes *Accused: The Polkinghorne Trial*. Paulina Hanna was found dead at the Remuera home she shared with her husband of 30 years, Philip Polkinghorne, on Easter Monday 2021. For 16 months, her death was treated as "unexplained". That's until it emerged Polkinghorne has been charged with murder. He pleaded not guilty in August 2022. In this podcast series, *The Front Page* host Chelsea Daniels reports regularly from the Auckland High Court as Polkinghorne stands trial.

Picked by
Emma, ASO Media & Communications Manager

'Ethel' on Amazon Prime

In October, the last remaining stalwart of the infamous Kennedy clan's days of 'Camelot', Ethel Kennedy passed away aged 96.

It comes at a time when her third child, Robert F. Kennedy Jr, is making his tilt for the US Presidency as an independent and clouded in conspiracy and controversy.

Remembering better times, in this documentary from 2012, the Kennedy political dynasty is seen from the perspective of Ethel Kennedy.

Ethel is deeply personal, with filmmaker and youngest daughter of Robert and Ethel, Rory Kennedy — who was born six months after RFK's assassination in 1968 — interviewing her mother on the high moments that elevated the family and the lows that could have destroyed it.

The documentary is a personal favourite of mine, and whether you like them or not, you cannot help but feel the strength of a family that rises above immense adversity and was built on the motto, "Kennedys don't cry".

If all that does not move you, Rory's likeness to her father and Ethel's enduring love and loyalty certainly will.

Eye Ratings


"So bad it cannot be unseen"


"Dry eye but could be worse"

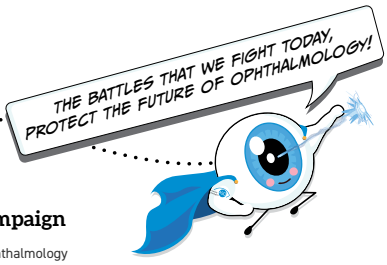

"Your average 20/20 vision"


"Eye opening"


"Eye wateringly excellent"

Have a recommendation to share?
Email: **emma@asoeye.org**

Advocacy in Action Timeline



2023 – Present

World Ophthalmology Day and 'Thank an Ophthalmologist' Campaign

The ASO capitalised on the opportunity of World Ophthalmology Day to champion public awareness around Ophthalmology and the role of Australian Ophthalmologists in the delivery of eye care and surgery. The soft launch in 2023 was highly received and attracted global attention across ophthalmic and health care communities on social media.

2023 – Present

Advocating for the Oculoplastic Sub-specialty

As part of ongoing reform into cosmetic surgery, use of the title 'oculoplastic surgeon' has been restricted. The ASO continues to advocate for recognition of ophthalmologists with sub-specialisation in oculoplastics.

2022 – Present

Public Summer Eye Safety Campaign

To continue to advocate for the eye health sector and increase community health literacy, the ASO launched a public summer eye safety campaign to educate on appropriate eyewear and sun safety practices, the risks of ocular melanoma, and the eye injuries every Australian should avoid during a summer of recreation. Through media attention, the campaign reached an audience of 1 in 12 Australians.

2022

Secured Use of the Title 'Surgeon' for Ophthalmologists

To protect patients undergoing cosmetic surgery, the Federal Minister for Health ordered a number of comprehensive reviews into the regulation of cosmetic surgery, including a national review into all medical practitioners using the title surgeon. As a result, 16 recommendations were endorsed by AHPRA and the medical boards to improve the regulation of medical practitioners who perform cosmetic surgery. Following extensive advocacy by the ASO, the Health Minister announced a legislative change to restrict the use of the title 'surgeon' to only three specialist areas: surgery, obstetrics and gynaecology, and ophthalmology.

2020

Successful Establishment of MBS Item for Patients Undergoing Micro-Bypass Glaucoma Surgery

The ASO was instrumental in ensuring that the Medical Services Advisory Committee approved an MBS item for standalone micro-bypass glaucoma stents, commonly referred to as MGBS or MIGS surgery. This innovative technology provides a major advancement for the treatment of patients with Glaucoma.

2021 – Present

Send the Eagle Home Campaign

The ASO led a national public awareness campaign calling for stronger laws to prevent US-style managed care in Australia. As a result, the ACCC issued strict criteria on an American health fund from extending its 'buying power' and influence across the Australian health fund sector.

2022

Patient Eye Injection Medicare Rebates Protected from Government Cuts

At a time when cost-of-living pressures were on the rise, the ASO successfully lobbied against a proposed 70% cut to patient intravitreal injection rebates.

2019 – Present

Vital Eye Care Campaign for Patients

The ASO championed a campaign to advise patients about vital eye care information, including informed financial consent, out of pocket costs, and health insurance rights.

2018 – Present

Raising Patient Awareness on 'Your Right to Switch' Private Health Insurers

The ASO led fellow medical groups (including AMA NSW, COPS, ASOS, ASA & ANZAOMS) in launching this influential campaign to raise consumer awareness about their right to switch private health insurers, without affecting waiting periods, if they weren't satisfied with their levels of service.

2015

Successful Intervention of Private Health Insurer Managed Care

The ASO successfully lobbied the Federal Health Minister to squash pre-approval activity for private health insurers. This put a stop to inappropriate managed care strategies by Health Insurers.

2010

Patient Funding Secured for first Indigenous and Remote Eye Health Service (IRIS)

The ASO attained funding for the first Indigenous and Remote Eye Health Service (IRIS).Since its inception, IRIS has delivered over 3,000 cataract surgeries to First Nations patients in rural and remote areas of Australia.

2013 – Present

Promoting Ophthalmology Patient Interests in MBS Reviews

The ASO advocated in the interests of ophthalmologists and their patients throughout 3 separate MBS Reviews, over the last decade. The MBS Reviews considered how MBS items could be better aligned with contemporary clinical evidence and practice to improve the health outcomes and safety of Australians.

2014

Protected Essential Glaucoma Care for Patients

The ASO and RANZCO secured Ophthalmologists in the pre-eminent role of treating Glaucoma.

2009–10

Cataract Surgery Patient Medicare Rebate Protected from Government Cuts

In 2009, the ASO fought to protect the Medicare patient rebate for cataract surgery from government cuts and won. This resulted in a reversal of the Federal Government's former decision to cut the cataract rebate for patients by 50%.

2014

Achieved Increase to Paediatric Ophthalmology Patient Rebate

The ASO and RANZCO successfully lobbied for an increase to the Paediatric Ophthalmology Medicare patient rebate. This resulted in paediatric patients receiving a 50% increase to the Medicare rebate.

Scan to see what else we have achieved

Dr Laurie Sullivan
Ophthalmologist

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