



PLUVIUS

COMMENT

HERE we go for 2014, after everybody, hopefully, had an opportunity to rest up and get ready for what could be a watershed year as far as interprofessional relations are concerned.

Probably the biggest event will be when the Queensland Supreme Court sets about deciding who is right in the dispute between the Australian Society of Ophthalmologists and The Royal Australian College of Ophthalmologists on one hand and the Optometry Board of Australia and the Australian Health Practitioner Regulation Authority on the other over diagnosis and treatment of glaucoma.

It's 1-0 to date in favour of the ASO and RANZCO, following that court's decision of 19 December that those two organisations had legal 'standing' in the matter.

With the matter of standing settled, the court will now hear the case brought by ASO and RANZCO against the OBA and AHPRA, probably in mid-year. That should be a hard-fought battle between the two sides, with future relations between ophthalmology and optometry at stake. It may not be a pleasant sight, but perhaps sanity will prevail.

Oh yes, it is expected the court hearing in May or June will take five days.

UP for grabs is the position of accredited provider of CPD services to optometrists outsourced by the Optometry Board of Australia, currently held by Optometrists Association Australia.

OAA has been the CPD-services provider ever since the OBA introduced mandatory CPD and should be the favourite for winning the contract and reappointment (tender applications were called to be made by late November).

However a close contender could be the Australian College of Optometry, which could get the nod in the event of a boilover. After all, it is seriously in the education business and, desirably, keeps out of political matters.

Were that to happen, OAA would be hit financially as it (national body and state and territory divisions) would have to pay ACO for CPD services, which it obviously has not had to do to date.

It should be decided one way or another before long.

A COMMENT on OAA membership: About 3 per cent of OAA floor members have dropped out recently, probably largely due to

the availability of alternative sources of professional-indemnity insurance cover.

In itself, that may not be such a big deal (for the moment at least) but if it continues, then OAA has a major problem.

With a membership of 4,000-plus, the 3 per cent drop out rate represents about 120 members, which in turn represents approaching \$24,000 in lost annual-membership-fee income for OAA.

If that 120 largely reflects the drop-out rate by corporate employees, franchisees or joint-venture partners where PI cover is now available, then imagine if it were to become a similar rate across the OAA floor membership at large. That would be a financial calamity for OAA – to the tune of millions of dollars.

It may well be the time for OAA to consider its position, particularly its determination not to reveal to members exactly how much of their annual membership fees go to PI insurance cover and how much goes to its other activities.

Then the floor members could judge if they are receiving value for their annual membership fees.

And as an aside, whoever is providing OAA's insurance cover must be onto a very good thing. After all, how many successful claims have there been over the years and for how much versus premiums paid over the same period?

Perhaps a floor member or two might like to ask.

ONE of the Credlin-Murdoch-Abbott federal government's pre-election promises was a very clear commitment to not make any cuts to health during its first term of office. It may have even been written in Tony Abbott's blood.

However one of the early moves it is promoting through its various mouthpieces is to introduce a \$6 charge to see a GP, with some exemptions.

Ah, but it's not a cut, goes the argument, it's just a charge. Get the difference?

It's so blatant a back-down on the pre-election commitment that health minister Peter 'Plod' Dutton won't even make comment, not that he seems to ever want to do, and not even though it gives him an opportunity to make the by-now tiresome claim that everything is the former government's fault.

Brings to mind 'Honest John' Howard's claim that the Medicare levy is not a tax. It may well be called a levy, but a tax it surely is.

No matter what it's called, it costs the people plenty!

IF Medicare is in such a state as claimed by 'Plod', then one way to fix it is simple: jack up the Medicare levy, rather than fiddle around with a \$6 charge to see a GP, with the attendant huge administrative costs for all involved.

Surely the best way to make savings in the health sector is to abolish the private health insurance rebate of 30 per cent on membership premiums, which would save the health budget about \$3 billion a year, compared to the estimated \$750,000 in savings over four years through reducing "avoidable" GP visits generated by the \$6-charge proposal.

The 30-per-cent rebate has soared from costing \$1.4 billion in 1999-2000 to \$5.5 billion in 2012-13, which makes it an "unsustainable" cost that 'Plod' and his boss, Prime Minister Tony Abbott, keep going on about.

But behind it all could it be that there's a long-held view of the Liberal-National coalition that Medibank Private (the biggest private health fund in Australia) should be sold off, no doubt to their mates.

And what would 'the mates' like? Health funds, including Medibank Private, to be doing huge business, thanks in good part to retaining the 30-per-cent rebate on health-insurance premiums.

Fattening the cow in readiness for a sale, you might say.

THE granting several years ago to non-medical practitioners and non-PhD holders the right to use the title 'Doctor', followed by an appropriate description of what the user actually is and/or does, has been interesting to watch, particularly who has such a sufficiently large ego as to actually take up the title.

A reader with both feet on the ground recently summed up the reality of it all to your humble scribe: "They're doctors if the can sign a death certificate; if they can't they aren't!"

IN mid-December, *Insight* and presumably other media outlets received a press release from the Brien Holden Vision Institute announcing a new software product that provides a refraction student with a realistic experience of using a virtual refractor head to establish the subjective refraction (selected randomly by the program) of a virtual patient, i.e. an on-screen simulation of a normal clinical situation.