PRESIDENT'S ADDRESS 1985

This year, as you are well aware, the theme for the 1985 Conference is "Communication". It was chosen predominantly because it is an area of involvement for each of us in whatever aspect of practise we find ourselves. On consideration of the topic, it seemed appropriate to look at how orthoptists have developed their lines of communication over the past 42 years, both within the profession, from the aspects of communication between orthoptists, and outside the profession in terms of communication by orthoptists with people for whom our profession has developed their skills. I would therefore, like to speak on communication with regard to the association, the training of orthoptists, patients seen by the orthoptists and professionals with whom the orthoptist is in contact.

Firstly, looking at the Orthoptic Association of Australia:

It is interesting to see that in 1942, when there were only 10 practising orthoptists, it was considered necessary to discuss the formation of an Association of Orthoptists. Its purpose being to establish links (or communicate) with practitioners throughout Australia, who shared similar expertise and had mutual interest in elevating standards to the benefit of the patients' care. In 1942, the Orthoptic Association of Australia was inaugurated and the first formal steps in communication were made.

Since 1943, the membership of 10 has steadily increased and currently over 300 orthoptists take the advantage of the benefits of communicating with their colleagues, to share in the mutual areas of scientific development and administrative gain. With the passing years, the Association, whilst being mindful of its goals and through communication with its members has seen the need to modify its structure and develop a range of membership categories which acknowledges the various needs of its members. These include:

HONORARY MEMBERS

(Established in 1942) For orthoptists and medical practitioners who the Association wishes to

acknowledge for their activities which have enhanced the profession.

Fellows (Established in 1973) For members whom the Association wishes to honour for their contribution to the profession.

Associate Members (Established in 1950) For orthoptists not working, but wishing to remain in communication with their colleagues.

Student Members (Established in 1980) A category which is intended to encourage orthoptists in training to join their future colleagues and so become involved in the communication process aimed at improving expertise and maintaining optimal standards for the benefit of the patients and the community as a whole.

In 1967 the Orthoptic Association of Australia represented by Pat Lance, joined in with several other orthoptic associations from various countries to form the International Orthoptic Association. Thus, communication of orthoptist to orthoptist became available throughout the world.

In Australia where vast distances separate practitioners, an essential method of communication for members of the Orthoptic Association is the written word which, on a regular basis is through the Australian Orthoptic Journal and the Association's News Letter. Of these, the Journal has developed in a similar manner to that of the Association. Pat Lance, in her President's address to the Association in Canberra in 1973, referred to the proceedings of early meetings as being "duplicated and sent out as typed notes to members and interested ophthalmologists". 1966 saw the first printed journal being published and today the Association supports and enjoys a journal of high calibre which continues to be circulated to all members of the OAA, all members of RACO and, as well, to subscribers from within Australia and overseas. As the journal represents the profession in Australia, the maintenance of a high standard is essential and requires each member's support both financially and in scientific endeavours.

On a less regular, though it would seem increasing basis, a more subtle form of written communication is the surveys which are circulated to members. These time consuming, often seemingly illogical pieces of paper, which require skills not taught in student days, provide valuable information to administrators and educators. Such surveys are a tool of the future as they yield relatively objective information regarding the development of new skills and the redundancy of other skills. Surveys additionally provide information to Government bodies which is useful in the acceptance of education programs proposed by, and on behalf of, the profession. They have also provided positive evidence in the current discussions for the possible inclusion of orthoptic services in medicare.

The Association plays a major role in another important aspect of communication: the education and training of orthoptists, so that the standards for patient care are maintained.

The education process is complex, it is continuous and fluctuates in intensity throughout our professional life. At all stages it involves communication, be it in written form through journals or verbal form through continuing education programs and general discussion with colleagues. Education can be direct, as on a program organised to deliver specific information, or indirect through the previously mentioned surveys, where, in order to answer questions in the survey, a sorting and sifting process can be established which helps to reshape our ideas.

In Australia, the basic training of orthoptists has developed through various stages. Initially, training was through "on the job experience", then a 12 months training program was adopted, which developed into a 2 year program supported by the Orthoptic Board of Australia. With the advent of Government support for the training schools, our profession was awarded an Associate Diploma, which has since further developed to a comparatively sophisticated 3 year Diploma program. The future holds promise of a degree program in the area of basic training and adventurous post graduate programs such as satellite linked continuing education courses,

both of which will enable the profession to continue its goal of elevating standards on an international level.

The final area of communication which I would like to discuss relates to the most important issue, that of the purpose of our existence in the health care services, which is our role with people outside our profession, namely patients and other professionals.

The communication patterns with patients have shown considerable change over the years. For instance, initial clinics in Victoria and RAHC in NSW were predominantly for children.

In the 1970s, orthoptists commenced work with both mentally and physically handicapped patients, offering skills in the assessment of their visual function and thus enabling improved management of other defects that the patients may experience. This has been an area of practise that has proved to be of definite value to the patient's well being and to other professionals in a multi-disciplinary team involved in the patients' overall care.

This ability to communicate with patients who find such skills difficult has also been of assistance to members of the non-English speaking community and in providing accurate assessment of eye conditions.

With regard to communication with other professionals, we are most fortunate to have strong links with ophthalmologists from whose guidance we have gained so much. In recent years orthoptists have modified their skills and provided a wider range of services to assist with the eye care of the patients and, consequently, have become more involved in work with ophthalmologists in areas other than in ocular motility.

Additionally, orthoptists are becoming more actively involved in their self regulation and direction, as is evident by representation to Government Bodies such as 'Better Health Commission' and 'Medicare Review Committee' for possible support of the profession.

Recent years have seen the development of communication links with many other professions such as Community Nurses, where assistance is given in teaching visual screening techniques. Additionally, with other therapists, communication on a two way basis has resulted in improved understanding of patients capabilities, ultimately leading to a total care program which has been shown to result in increased independence for the patient.

Having thus refreshed our memory on the development of communication skills within the various facets of the profession, it seems fitting for each of us in the Orthoptic Association to turn our thoughts to the future and to continue expanding our channels of communication so that the community patients, fellow professionals and colleagues may gain the full advantage of our skills.

Neryla Jolly