QUARTERLY BULLETIN OF THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

College NEWS

Autumn
2007

Preparing the ground in Liverpool

Congress 2008 will be held at the Arena & Conference Centre in Liverpool. A group from the College and Optic UK, representing the exhibitors, visited the site recently to check on progress. The centre is currently a hard hat building site and the sense of excitement about the project is palpable. We are looking forward to a successful event to be held 20 – 22 May 2008. There will also be an evening celebration on Wednesday 21 May to mark the 20th anniversary of the formation of the College.

All delegates at Congress 2007 were invited to complete a questionnaire to assist us with feedback and suggestions for forthcoming events. Those that included their names were eligible to enter the Congress Prize Draw. We look forward to welcoming Miss Georgia Cleary from London whose entry chosen at random. Miss Cleary wins free registration for Congress 2008.

The Skills Centre

This is a very valuable resource but it could be used to a greater extent. The Microsurgical Skills Subcommittee and Council have discussed the matter and seek to increase the usage whilst adhering to the terms of the Charter and offering value for money. The suggestions to maximise use of the Skills Centre include:

- teaching refractive surgery
- teaching diagnostic skills
- teaching ophthalmic nurses how to set up specialist equipment
- teaching overseas students (short courses)
- teaching veterinary surgical skills
- as a centre for the assessment of skills for relicensing/revalidation procedures
- for assessing manual dexterity skills of potential trainees
- as a centre for hosting special courses for orthoptists

Members are invited to contact skills.centre@rcophth.ac.uk with their opinions and ideas so that a policy can be drawn up.

The Spring issue of College News carried a notice that the DVLA had ruled that diabetic drivers who have adapted to a stable visual field problem could apply for a licence re-instatement. This was over stating the position and, while the change remains a possibility, the Vision Panel of the Department of Transport has yet to agree new operational procedures.

For the latest College responses to NICE decisions (therapies for Age-related Macular Degeneration) and to the Tooke Inquiry into Modernising Medical Careers please visit the website: www.rcophth.ac.uk

Articles and information to be considered for publication should be sent to kathy.evans@rcophth.ac.uk and advertising queries should be directed to Robert Sloan 020 8882 7199 rsloan@rsa2.demon.co.uk

Copy deadlines

Winter	5 November 07
Spring	5 February 08
Summer	5 May 08
Autumn	5 August 08

Refurbishing Cornwall Terrace

We are very proud of the College premises in Cornwall Terrace and strive to maintain them. The programme of office refurbishment continued over the summer months and a wireless network has been installed on the third floor to enable visitors to connect their laptops to the internet. We have also had some minor electrical work carried out so that up to 30 committee members will able to plug in their laptops in the Council Room rather than rely on battery power.

These technological advances would have been impossible for James Elmes to comprehend. Elmes (1782-1862) an architect, civil engineer and artistic commentator wrote shortly after Cornwall Terrace was built:

The houses are not so large a scale as those in York Terrace, but possess a character for regular beauty that some of their more colossal neighbours want. This terrace is erected from the designs of Mr Decimus Burton, and possesses a character of beauty and scholastic regularity that is highly creditable to the talents of this young architect… The windows, dressings, accessories and other architectural and sculptural embellishments of this very elegant row of houses are in good taste and present to our view an architectural façade of singular beauty.

This is still substantially true. However, into this scene of elegance will come earthmovers and pneumatic drills as 18 – 19 Cornwall Terrace is changed back to a family home. For at least a year we will have to contend with noise and disruption. We hope to negotiate so that there is peace when key meetings are held but members, staff and visitors to the College will be inconvenienced.

Clinical Excellence Awards

We have yet to receive details but we would expect the Department of Health's Advisory Committee on Clinical Excellence Awards to seek nominations from the College. The forms should appear on **www.advisorybodies.doh.gov.uk/accea/index.htm** in due course and interested consultants are advised to keep the site under review as the submission date is likely to be in mid October.

EMAILS

We would like to be able to contact the whole membership electronically and urge all members who have not already done so to email **database@rcophth.ac.uk** with their email address. We would like to be in a position to email *Short Notes from Council* so that members can receive a prompt report. Please note that we can only store one email address.

CVI forms

The Department of Health has modified the form so that diabetic eye disease has two categories: retinopathy and maculopathy. The newly revised form is available through the DH website: http://www.dh.gov.uk/en/PolicyAndGuidance/HealthAndSocialCareTopics/Optical/DH_4074843

The address for our Certifications Office has recently changed. As from August 2007, clinics should send a stapled copy of pages 1-5 of the CVI form for epidemiological analysis to:
The Royal College of Ophthalmologists, c/o Certifications Office, Moorfields Eye Hospital, City Road, London EC1V 2PD.

Laser Refractive Surgery Assessments

The College is pleased to announce that the assessments will take place in London on the following dates:
29 - 30 October 2007, 3 - 4 March 2008, 13 - 14 October 2008
Cost: £2,300

Candidates will only have to attend on one day. Successful candidates will receive a certificate of competence to practise, which will be subject to satisfactory yearly appraisals and continuing professional development. This certificate applies only to refractive procedures performed by laser. Full details can be found at **http://www.rcophth.ac.uk/exams/laser-refractive-surgery**

New Council Intake

There is always a handover at the Annual General Meeting and this year all the new members were able to assemble at the Admissions Ceremony (see page 14 for a full report). They are, standing from left to right: **Winfried Amaoku**, Vice President and Chairman of the Scientific Committee, **Jonathan Ross**, Chairman of the Ophthalmic Trainees Group, **Andrew Castillo** (Trent), **Wagih Aclimandos**, (South East Thames) and **Jonathan Eason**, Chairman of the Staff and Associate Specialist Ophthalmologists Group. Sitting: **Andrena McElvanney** (South West Thames) and **Carole Jones**, Honorary Treasurer.

Election of President

The Privy Council has agreed that henceforth:

"The President shall be elected by the Fellows and Members of the College in good standing from amongst present or former members of the Council elected as such on a geographical basis. The term of election shall be three years and no person shall hold office as President for longer than that period."

Professorial Appointments

David Gartry has been appointed visiting professor of vision sciences at City University.

Jonathan Gibson has been appointed as a professor at Aston University, Birmingham.

Consultant Appointments

Mr Adam Bates	Pembury Hospital, Tunbridge Wells
Mr Andrew Browning	Royal Victoria Infirmary, Newcastle upon Tyne
Mr Ben Burton	James Paget Hospital, Great Yarmouth
Mrs Louise Downey	Hull Royal Infirmary, Hull
Mr Ewan Fraser	Royal Glamorgan General Hospital, Llantrisant
Mr Edward Herbert	Taunton and Somerset Hospital, Taunton
Mr Christopher Knapp	Lincoln County Hospital, Lincoln
Mr Ali Mearza	Charing Cross Hospital, London
Ms Anupama Pherwani	University Hospital of North Staffordshire, Stoke on Trent
Mr Sundara Vasant Raman	Derriford Hospital, Plymouth

Travel Awards and Fellowships

Sir William Lister Travel Award 2007
C. two awards £400-£600 each
Closing Date: 5 October 2007

Dorey Bequest Travel Award 2007
C. two awards £400-£600 each
Closing Date: 5 October 2007

Pfizer Ophthalmic Fellowship 2007
One award of up to £35,000
Closing Date: 26 October 2007

Ethicon Foundation Fund 2007
Four to six awards of £400-£800 each
Closing Date: 9 November 2007

Keeler Scholarship 2008
One award of up to £20,000
Closing Date: 15 February 2008

Information and application forms for all awards are available on the College website: www.rcophth.ac.uk/education/travelawards

The Awards and Scholarships Sub-committee would like to congratulate the following successful International Glaucoma Association Fellowship recipients: **Sancy Low** who is undertaking research into the genetic basis of primary angle closure glaucoma and **Ian Murdoch** who is overseeing a project entitled "Beta radiation or 5 fluorouracil to prevent scarring in trabeculectomy in Africa?". The fellow appointed to carry out the research in Africa is Dr Musonda Mumba.

The College would like to thank the International Glaucoma Association for its generous donation of £50,000 to support each project.

Obituary

We note with regret the death of Mr Harold Lake,
Newcastle-upon-Tyne

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THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

Focus

Autumn
2007

An occasional update commissioned by the College. The views expressed are those of the authors.

Management of Limbal Stem Cell Deficiency

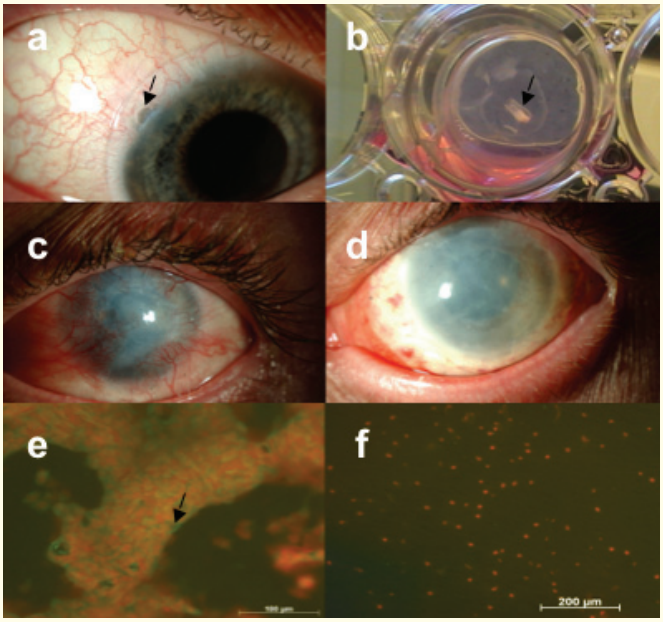

Figure 1. Donor site of limbal biopsy (a); limbal SCs cultured in vitro as a limbal explant (b); clinical photograph pre- (c) and post-LSC transplantation (d); pre-op Ck 19 staining of corneal impression indicating LSCD (e) and post-op restored corneal epithelial phenotype (f).

Normal visual function requires an intact ocular surface. The integrity of this surface is maintained in humans by two highly specialised epithelia, the conjunctival and the corneal epithelia. The concept of the limbal location of corneal epithelial stem cells (SCs) has revolutionised our understanding and therapeutic approaches for treating patients with complicated ocular surface diseases.

Cumulative evidence indicates that a small proportion of limbal epithelial cells in the basal layer are the SCs for the corneal epithelium, the so-called limbal stem cells (LSCs). The limbal epithelium is therefore crucial in maintaining the cell mass of corneal epithelium under normal conditions and plays an important role in corneal epithelial wound healing.

Clinical Presentation and Diagnosis

A deficiency or absence of LSCs explains the pathogenesis of severe ocular surface disorders often characterised by conjunctivalisation of the cornea. Ocular surface diseases associated with severe limbal damage often present with photophobia, chronic inflammation, persistent epithelial defects, scarring and neovascularisation of the cornea. This is known as limbal stem cell deficiency (LSCD) and definitive treatment of severe symptomatic LSCD requires the transplantation of healthy LSC containing limbal epithelium to restore corneal epithelial function.

A large number of both acquired and congenital ocular surface diseases can cause LSCD. Congenital causes are rarer and include epidermal dysplasia and aniridia. Acquired diseases are more common and include chemical or thermal burns, radiation keratitis, Stevens-Johnson syndrome and contact lens induced keratopathy[1].

Several studies have concluded that the demonstration of conjunctival epithelium containing goblet cells on the corneal surface by impression cytology is diagnostic of LSCD[1]. In humans, cytokeratin staining of impression cytology specimens can also demonstrate LSCD (Fig. 1e). CK3 and CK19 have been demonstrated to discriminate between corneal and conjunctival epithelium: CK3 stains all layers of normal human corneal epithelium but does not stain the conjunctiva, whereas CK19 stains the conjunctival epithelium but not the superficial corneal epithelium.

Classification and Management

Damage to the LSCs may be partial or total, and unilateral or bilateral. In partial LSCD, there is still the presence of some functioning LSCs. In cases with good vision, where the patient is relatively asymptomatic, conservative management is often indicated[2]. However, where there is decreased vision, significant irritation and persistent epithelial defects, surgical management, including the mechanical debridement of the conjunctival epithelium from the surface of the cornea and/or amniotic membrane transplantation, may be indicated[3].

Total LSCD or severe partial LSCD can be treated in two ways:
(1) Direct limbal transplantation
(2) Culturing the limbal epithelium in a controlled environment followed by transplantation.

In addition, the above two procedures may need to be combined with penetrating keratoplasty often as a staged procedure.

Limbal Transplantation. Kenyon & Tseng were the first to propose the treatment of LSCD with healthy limbal tissue grafts using the procedure termed Conjunctival Limbal Autograft (CLAU) from the healthy fellow eye[4]. When

LSCD is diffuse and bilateral the fellow eye cannot be used as a source of LSCs. Consequently, transplantation of allogeneic limbal epithelial SCs from a cadaveric donor, i.e. Keratolimbal Allograft (KLAL) or from a living-related donor, i.e. living-related Conjunctival Limbal Allograft (lr-CLAL) is indicated. In both procedures, systemic immunosuppression for a prolonged, if not indefinite, period will have to be administered to prevent allograft rejection. However, the major reported problem encountered in both these techniques has been the failure of limbal allografts. This may be explained in part by the severity of the ocular surface damage, which significantly interferes with normal ocular surface homeostasis. Prior to any grafting procedure it is important to improve the ocular surface by using conservative measures such as preservative-free tear substitutes, autologous serum drops, punctal occlusion, bandage contact lens or surgical intervention such as correction of lid abnormalities. In addition, failure of the procedure may also be in part due to allograft rejection.

The main disadvantage of limbal epithelial autografts and living-related limbal epithelial allografts is the sizeable amount of healthy tissue required for the procedure with a consequent risk of creating LSCD to the healthy donor eye. In cases of all limbal allografts, there are considerable risks involved with lifelong potent immunosuppression, including infection and tumour formation, for a condition that is sight- rather than life-threatening. These problems often leave patients with no viable treatment option.

Ex vivo expanded limbal epithelial transplantation. An emerging approach uses a fraction of the amount of limbal epithelium and grows the epithelial cells in the laboratory for transplantation back into the patient at a later date (often 2 to 4 weeks). In 1997, Pellegrini and co-workers were the first to report this technique[5]. As is the case with previous techniques, the LSCs are taken from the healthy fellow eye of the patient, if possible, or in cases of allograft from a live donor, usually a sibling or a parent. Less often, LSCs are taken from a cadaver.

Ex vivo expansion of limbal epithelium in culture represents a substantial advance in ocular surface reconstruction[6]. The LSC containing limbal epithelium can be cultured in vitro as a limbal explant (Fig. 1b) or as single cell cultures on various substrates that can be easily handled during surgery. Laboratory experiments have demonstrated that amniotic membrane is an ideal substrate to preserve and expand LSCs in culture before transplantation. This technique has been used to reconstruct the corneal surface of patients with LSCD (Fig. 1c, d, e & f). Most importantly, since only a small biopsy is removed from the donor eye, it avoids the unnecessary risk of large limbal removal from a normal healthy eye. Typically, a 1-2 mm by 1-2 mm limbal biopsy (Fig. 1a) is sufficient to produce enough LSCs to cover the whole cornea as opposed to the 4-6 clock hours of limbal tissue needed for direct limbal transplantation. Several patients with LSCD have now been treated by this method, although the success rate varies according to the cause of the original deficiency[7].

It has been proposed that in patients with bilateral total LSCD, small pieces of the patient's own oral mucosal epithelium containing SCs could be cultured in the laboratory and then transplanted back to the patient's eye with LSCD, thus eliminating the requirement of potent immunosuppression. This approach has been applied to humans with encouraging early results[8], providing an exciting possibility of treating this difficult group of patients with bilateral blindness caused by total LSCD and definitely warrants further studies. In addition, the use of human embryonic SCs to generate corneal like epithelial lineages holds much promise and in the future we may be able to produce these cells for potential therapeutic purposes[9].

Summary

LSCD is a devastating, blinding and painful ocular surface disease that requires an understanding of the important principles and current treatment methods relevant to ocular surface disorders. *Ex vivo* expansion of LSC containing limbal epithelium is a novel technique that has been successfully used to treat a number of patients with severely LSC deficient eyes. By using a more refined technique to identify and grow SCs *in vitro* with animal-free products, this procedure will become more widely used. However, long-term prospective studies are needed.

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Museum Piece

175th Anniversary of Sussex Eye Hospital

Dr Pickford's Trowel, Back

Dr Pickford's Trowel, Front

The Sussex Eye Hospital has its origins in Brighton in 1832, the same year that the BMA was founded. Its founder, Dr James Pickford, operated from a single room in Middle Street and it was known rather grandly as The Sussex and Brighton Infirmary for Diseases of the Eye.

Five years later it moved to larger premises nearby which accommodated beds for four patients. Expansion continued with a purpose built hospital in 1846 in the newly constructed Queen's Road which connected the railway station with the sea front. The distinctive columned front of the Infirmary was an imitation of the classical Temple of Theseus and is now a United Reformed Church. Next door to this building was the Moon Institute for the Blind founded by Dr William Moon (1818–1895) who invented Moontype for the blind.

A silver trowel was presented to Dr Pickford on his appointment as physician to the Infirmary. In 1881 there was a major extension to the infirmary and a change of name to The Sussex Eye Hospital.

By 1932 demand for services at the hospital had outstripped the facilities in Queen's Road and the hospital was moved to a new building costing £40,000 in Eastern Road on ground owned by the Royal Sussex County Hospital opposite. The foundation stone was laid in an elaborate Masonic ceremony in 1933. Princess Victoria performed the opening ceremony on 3 July 1935.

By 1970 the hospital had 56 beds and six consultant ophthalmologists attending. In 1983 a complete refurbishment took place with a further upgrading in 1991 to take into account the effect of day surgery for a number of operations especially cataract. In 1996, the outpatients department was extended and refurbished.

The official celebration of 175 years takes place on 23 November 2007 and all those with past and present connections to the hospital are invited to attend (details from Christopher.Liu@bsuh.nhs.uk).

Richard Keeler
Museum Curator
rkeeler@blueyonder.co.uk

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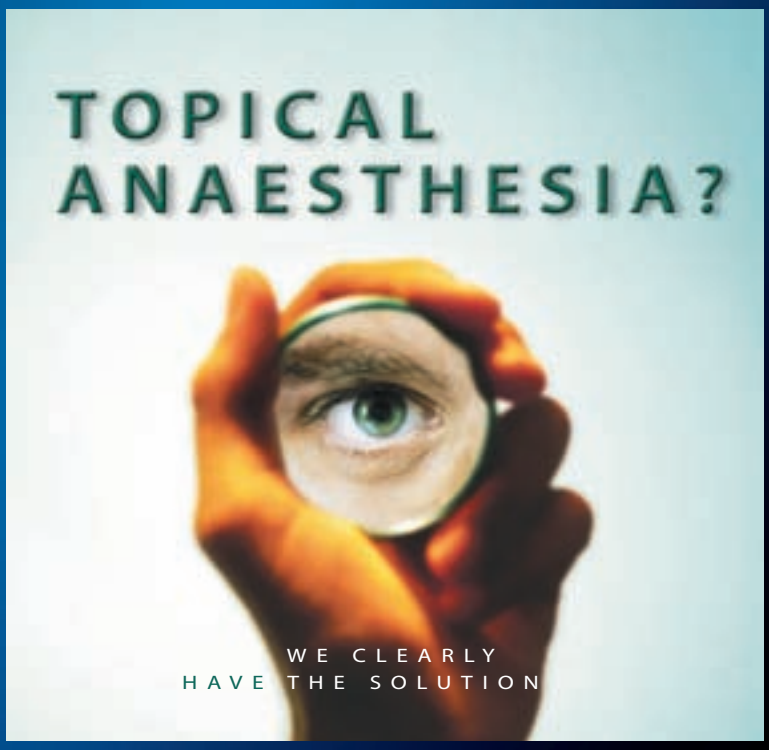

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The Royal College of Ophthalmologists Annual Congress

22-24 May 2007, International Convention Centre, Birmingham


Richard Harrad's audience

The 2007 annual congress scientific programme included educational seminars, with special sections for associated health professions in ophthalmology, nurses and ophthalmic imagers. Over 200 abstracts were presented as rapid-fire papers, videos and posters; and the highlights from the UK subspecialty meetings and the Royal College Eponymous lectures were delivered.

Mr Richard Harrad (Bristol) within the Edridge Green lecture described the physiological processes that maintain binocular single vision in the normal visual system and strabismus. Understanding suppression in strabismus is the key to unlocking the pathogenesis of amblyopia. Modulating the macrophage and rescuing the retina was presented by Professor Andrew Dick (Bristol) in the Duke Elder Lecture. Exploring normal homeostasis of macrophage activity is essential to understanding its role in damage, repair and regeneration in the retina. This has led to the development of specific immunotherapies for ocular inflammatory disease.

The Foulds Trophy for the best rapid-fire presentation was awarded to Mr Nicholas Beare. He presented a visually stimulating rapid-fire paper on fundus clinical findings and retinal perfusion abnormalities in 34 children with cerebral malaria.

Results from the pilot National Electronic Cataract Surgery Survey were presented from the Bristol and Gloucester group. It is a large multi-centre survey of over 55,000 surgeries. One arm of their study looked at the incidence and risks of systemic antiplatelet and anticoagulation medication in cataract surgery. Interestingly they found that clopidrogrel had an increased risk of complication in surgery. The reason for this remains unknown.

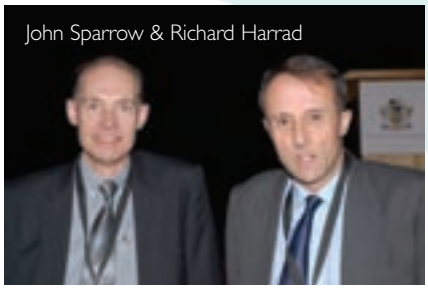
Anti-VEGF therapies were a cause of discussion at the age-related macular degeneration (AMD) breakfast meeting. Not only because AMD is the single biggest cause of blindness in people aged over 55, but also of the complexity in obtaining National Health Service England provision for these new treatments. The National Institute of Clinical Effectiveness (NICE) is currently reviewing ranibizumab (Lucentis) and pegaptanib (Macugen) for treatment of subfoveal CNV secondary to AMD only. The final decision is due Sept 2007.

The Scottish, Northern, South Western and Midland and Southern Ophthalmological Societies came together with the European Society of Ophthalmology (SOE) for the Ophthalmology Show case: selecting the best from the rest. During this session the Treacher Collins Prize for the best video was awarded to Mr S Wong (London) and team for their well-designed video: *Expulsive Haemorrhage: limiting the damage*. The video itself was professional and educational using cases to show the early signs that need to be recognised and how to successfully manage this complication.

Congress 2008 will celebrate the 20th Anniversary of the Royal Charter for the College of Ophthalmologists and promises to have an excellent scientific programme on Tuesday, 20 to Thursday, 22 May 2008 at the new Albert Dock venue in Liverpool (the Arena & Convention Centre); check the website for further details (www.rcophth.ac.uk).

Susan P Mollan, Ophthalmic Trainees Group
Birmingham and Midland Eye Centre

Photographs kindly supplied by
Mr Larry Benjamin


John Sparrow & Richard Harrad

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1. Based on an average cataract patient. **2.** Artal P, Alcon E, Villegas E. Spherical Aberration in Young Subjects with High Visual Acuity. Presented ESCRS 2006. Paper 558. **3.** Artal P, Berrio E, Guirao A, Piers P. Contribution of the cornea and internal surfaces to the change of ocular aberration with age. *J Opt Soc Am A.* 2002;19:137-143

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Seniors' Day – 14 June 07

Mr Michael Clarke receiving the Nettleship medal from the President

Thirty-three seniors were warmly welcomed by the College on a Thursday morning in June. We had trouble fitting all of us into the seminar room but the benefit was that it ensured good dialogue during discussions. The programme was fascinating.

Simon Keightley, Senior Vice President, spoke to us about the new examination system, and stressed how the academic level would be maintained. The title was 'Back to the Future' and we became mindful of the old Primary FRCS with a pass rate of about 15%. The Membership has 3 parts, and we were told that the standard of Part I on basic science will be held at the same level of the old Primary. We thought 'good luck to them', admiring the enthusiasm to keep up the standards but being sympathetic because of the huge advances in disciplines that hardly existed in our time, such as immunology, genetics and molecular biology.

Adrian Tufail is an expert on macular disease and provided us with an extensive resume of the treatments for age related macular degeneration. The anti-VEGF drugs, such as Macugen and Lucentis prevent visual loss in wet macular degeneration by impeding new growth of blood vessels. Mr Tufail gave a review of the work currently under way at the Institute of Ophthalmology.

Tony Chignell, who is Hospitaller to St John's Hospital Jerusalem, told us about the history of this fine hospital that was built in 1960. He explained the need for outreach clinics, and the dependence on regular visitors from the United Kingdom and indeed a large number of ophthalmologists have visited, to provide support and teaching for the intensive training programme that is pursued.

Robin Finlay pays regular visits to hospitals in Uganda to train local doctors to appreciate the need for regular screening for glaucoma which is a hazard in the communities. He invited the audience to donate redundant Freidmann Field Analysers so that he could distribute them on his next visit to Africa.

Richard Keeler gave a fine lecture on the College Museum which is clearly a place to spend time at to survey a historical collection of instruments.

Attendees enjoyed the Seniors' Day, agreeing that the buffet was first class, and that the day was good value. There were various suggestions for the next meeting, such as more cutting edge topics, the role of senior ophthalmologists in international communities, comparative ophthalmology, medico legal issues, refractive surgery etc. Everybody appreciated the effort the College had made, and hoped that future meetings are planned.

David Easty

LOOK UP

This is a collaboration between SeeAbility and the RNIB to provide adults with learning disabilities, carers, ophthalmologists and allied professionals with information and support. The telephone helpline 0800 121 8900 is available Monday to Friday from 10.00 am to 4.00 pm and calls from landlines are free. www.lookupinfo.org

THE HEALTH FOUNDATION'S QUALITY IMPROVEMENT FELLOWSHIPS

Applications are sought from senior NHS leaders who are clinically qualified and have a proven track record of achievement in the field of quality improvement. Up to three fellowships will be awarded to enable the successful candidates to spend a year in the USA working with The Insitute of Healthcare Improvement. Visit **www.health.org.uk** for details.

Closing date: 1 November 2007

TRAINING THE TRAINERS COURSE

Autumn 2007

Tuesday 25 September 2007
Module 1 'What to Teach' and Module 2 'How to Teach'.

Tuesday 2 October 2007
Module 3 'Improving Teaching Skills' and Module 4 'Feedback and Appraisal.

www.rcophth.ac.uk/education/traintrainers

VOLUNTEER NEEDED FOR *PRO BONO* MEDICAL PANEL

The Foreign & Commonwealth Office has approached the College with a request for someone to join their *Pro Bono* Medical Panel. The FCO Consuls overseas make regular welfare visits to prisons but they are not medically qualified or able to make important decisions about a prisoner's medical condition. The Panel acts as a neutral sounding board and as a body to whom the most difficult referrals can be made. For further information please contact Mrs. Kathy Evans.

BOSU Surveillance Study Bursaries 2007

The BOSU is offering two awards of £5,000 towards the costs of a one-year ophthalmic surveillance study. These awards are to undertake an epidemiological study using the BOSU case ascertainment system. Applications that involve an ophthalmologist in training will be viewed favourably. It is hoped that this will:

- Add to the body of knowledge of rare eye diseases and conditions
- Enable ophthalmologists to develop their research knowledge and skills
- Promote the role of the BOSU in the surveillance of rare eye diseases
- Encourage ophthalmologists who are not research active to undertake a study of a rare eye disease or condition and which is of scientific or public health importance.

The BOSU steering committee will offer these awards to those who present the best proposal for a surveillance project and all applications will be assessed upon their suitability for nationwide surveillance, public health and/or scientific importance and the achievability of the research questions. Applications, using not more than two sides of A4, should provide:

a) General background to the disorder including objectives.
b) A draft case definition.
c) Research questions you wish to ask.
d) If possible, the expected number of case reports.
e) Justification for accepting the study.
f) Name of Study Supervisor (ophthalmologists in training only)

Assistance with preparation of applications is available from the BOSU and applicants are advised to contact Barny Foot (BOSU@rcophth.ac.uk or 07808 581659) for an informal discussion or to request application guidelines. Closing date for applications: 19 October 2007.

Eye impact factor success

Congratulations are due to Professor Ian Rennie, the editorial board, reviewers and contributors as the impact factor of Eye continues to improve. The figure is calculated by Thomson Scientific and its featured essay 'using the impact method' posted on http://scientific.thomson.com/isi/ gives useful background on the process.

Change from 2002–2006

	2006	2005	2004	2003	2002
Impact factor	2.084	1.867	1.496	1.308	1.208
Change on previous year	+0.217	+0.371	+0.188	+0.1	–0.156
*Calculation**	381+340 184+162	231+303 162+124	127+208 124+100	94+182 100+111	98+187 111+125
Ranking in Ophthalmology	14/45	14/44	16/42	18/41	16/41
Immediacy index	0.358	0.375	0.222	0.169	0.120
Cited half-life	4.2	7.3	7.8	7.5	7.3

*Calculation = Citations in Year X (e.g. 2006) to articles published in Year X-1 (e.g. 2005) and X-2 (e.g. 2004)
Total number of articles published in Years X-1 (e.g. 2005) and X-2 (e.g. 2004)

Birth of a new unit

The Royal Australian and New Zealand College of Ophthalmologists' Eye Foundation (The Eye Foundation) together with the Ophthalmic Research Institute of Australia have recently agreed to establish the Australian and New Zealand Ophthalmic Surveillance Unit (ANZOSU). Encouraged by the success of the British Ophthalmic Surveillance Unit, the ANZOSU hopes to begin reviewing research proposals for surveillance projects later this year. Australian and New Zealand ophthalmologists have already begun to make enquiries about conducting studies of rare diseases that are both common to those seen in the UK and unique to the antipodes.

In addition to gaining the benefits nationally that a surveillance unit will generate, there is great scope for international collaboration with the BOSU. Completed studies of many rare diseases in the UK can be replicated in Australia and New Zealand to determine the similarities and differences in the incidence, aetiology and patient characteristics of these conditions. The BOSU is looking forward to working closely with the ANZOSU both to support its development and to collaborate on surveillance projects. We hope that this is only the start of an international network of ophthalmic surveillance units providing the potential for simultaneous case ascertainment in several countries to further improve public health benefits and address international health priorities.

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HONOURING PROFESSOR ANTHONY BRON

The Admissions Ceremony was held in June at the Royal College of Surgeons of England where over 180 successful examination candidates received their diplomas. Dame Professor Carol Black, President of the Academy of Royal Medical Colleges, delivered the address and Professor Anthony Bron was presented with an honorary fellowship. This is the citation.

Professor Anthony Bron
Madam President, Members of council, ladies and gentlemen, it is a great pleasure and privilege to give this citation for Professor Anthony Bron. Many of you will know him well either having trained under him in Oxford, or listened to one of his many fine tuned and packed lectures or as the familiar figure at meetings who manages to ask the most pertinent questions at the end of a talk, in fact at the end of almost any talk on ophthalmology as he is the singularly most widely read, knowledgeable and original thinker in ophthalmology that I have known.

He qualified from Guy's hospital from where he completed an MRC –supported research fellowship at the Wilmer Institute in Baltimore. He went on the house at Moorfields and became a senior lecturer in 1970. He moved to Oxford as the Margaret Ogilvie Reader in Ophthalmology in 1973 and was awarded a personal chair in 1989 and retired as Emeritus Professor in 2003.

Up until 1973 the research emphasis of the Nuffield Laboratory was concerned chiefly with ocular biochemistry and cataractogenesis. Over the subsequent years Anthony broadened the department to basic studies of cornea, tears, lens, vitreous, cilliary body and retina. He developed research in the clinical areas of diabetes, corneal disorders, dry eyes, glaucoma, cataract, drug action, psychophysics and genetics.

His contribution in all these areas of research has been wide ranging in scope and importance. He has authored over 240 publications and serves on the editorial board of six peer review journals. He has lectured extensively in the UK and abroad and was awarded among his other medals, the Castroviejo medal in 1992, the Doyne medal in 1996 and the Javal medal in 2002. He is a recipient of the Alcon Research Institute Award. He has served as chair of the Association for Eye Research and President of the ophthalmic section of the Royal Society of Medicine and the European Association for Eye Research. He has also been a great contributor to the Royal College of Ophthalmologists; it was with delight that I noticed that he was a founder member of council back in 1988.

The monumental task of updating Wolff's anatomy, with the Tripathis and Roger Warwick, had a slow gestation and we all benefited from each chapter as it was written, is now the standard work in every eye department across the world. Our medical students all enjoy *Lecture Notes on Ophthalmology* as their ophthalmology textbook. He supervised many for their degrees including Jan Ross, Clive Peckar, Lac Mengher, Martin Harris and John Sparrow. He was also a superb clinician; with his keen eye and intuitive brain he devised several helpful clinical tools.

He was wonderful trainer to us and set up robust training systems at the Oxford Eye Hospital. The consultation clinics were legendary and a fine forum for him to unleash his encyclopaedic knowledge of rare and interesting conditions. We were always impressed by the intense showering of ideas and concepts that flew out of him like sparks from a Catherine wheel: we were impressed by his sheer hard work often through the night as when on call we would look across from the eye hospital to his office to see the books piled high and the light still on in the small hours. We enjoyed joining him for coffee at Brown's café where he would sit all morning occupying a large table covered with books and papers. We got used to repatriating the overflowing bags, the bundles of slides, bulging notes, hats and coats left in unlikely places whilst his mind was on higher things. His training was inspirational and all the more so because he was such good fun.

Madam President, it is with great pleasure that I present Anthony Bron for the award of honorary fellowship.

Clare Davey

The President with Professor Bron

Prize Winners

Robert Petrarca
Duke-Elder Undergraduate Prize

Philip Burgess & Gregory Heath
Crombie Medal*

Rosemary Grace Lambley
Elizabeth Hunt Medal

Zia Iqbal Carrim
Harcourt Medal

Elizabeth Helen Giles & James Alexander McHugh
McCartney Prize*

*Two medals will be awarded whilst two examinations structures are in place.

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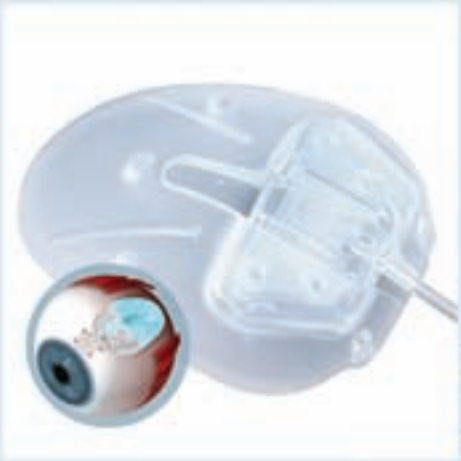

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Annual Congress

20 – 22 May 2008
The Arena & Conference, Liverpool

College Seminar Programme

All seminars take place at the College, unless otherwise stated.

Community Eye Health
20 September
CHAIRED BY: Mr Nick Astbury and Mr Andrew Cassels-Brown

Oculoplastics
10 October
CHAIRED BY: Mr Tony Tyers

Surgical Skills Assessment
15 October
CHAIRED BY: MR LARRY BENJAMIN

The Elizabeth Thomas seminar: AMD
30 November, The East Midlands Conference Centre, Nottingham
CHAIRED BY: Mr Winfried Amoaku

Please visit www.rcophth.ac.uk/scientific/seminars for more details.

College Skills Centre Programme

All courses take place at the College, unless otherwise stated.

Cornea HST Study Day
28 September
CHAIRED BY: MR JOHN DART

Refractive HST Course
11 - 12 October, Warrington Hospital
CHAIRED BY: MR CLIVE PECKAR

Medical Retina HST Study Day
19 October
CHAIRED BY: MR LARRY BENJAMIN/ MISS SUSAN DOWNES

Advanced Glaucoma Course
2 November, Warrington Hospital
CHAIRED BY: MR CLIVE PECKAR/ MRS MANIJEH WISHART/ MR PETER WISHART

Intermediate Phacoemulsification Course
23 November
CHAIRED BY: MR JOHN BRAZIER

Oculoplastics HST Study Day
10 December
CHAIRED BY: MR BIJAN BEIGI/ MS JANE OLVER

Please visit www.rcophth.ac.uk/about/skillcentre/ for more details. 2008 dates will be available on the website shortly.

Regional Study Days

Wessex Neuro-Ophthalmology
2 November, Topics will include pupil abnormalities, idiopathic intracranial hypertension, neuro-ophthalmological manifestations of cognitive disorders
CHAIRED BY: DR ASHWIN PINTO
wessexcourses@suht.swest.nhs.uk
www.wessexcourses.org.uk

Salisbury Postgraduate Education Department
7 March 2008
CHAIRED BY: MR PARWEZ HOSSAIN
janice.rosher@suht.swest.nhs.uk
www.wessexcourses.org.uk

Other events

25 September
Brian Harcourt Meeting 2007
Topic: Glaucoma
Hazlewood Castle near Leeds/York
www.brianharcourt.org/

27 – 28 September
UKISCRS Annual Meeting
Harrogate International Centre
ukiscrs@onyxnet.co.uk

30 September – 2 October
Advanced Contact Lens Course Part B
Moorfields Eye Hospital
courses@moorfields.nhs.uk

8 – 12 October
Macular Course
Moorfields Eye Hospital
courses@moorfields.nhs.uk

9 October
The Eye Symposium 2007 "Science to Surgery"
The Royal College of Surgeons of Edinburgh
l.judge@rcsed.ac.uk

17 October
Children's Eye Group Meeting
Old Ship Hotel, Brighton
eyeclinic.234@btconnect.com

18 – 19 October
British Isles Strabismus Association
Old Ship Hotel, Brighton
gill.mccombe@bsuh.nhs.uk

31 October
NEOS Autumn Meeting - Retina plus surgical updates
Aintree Racecourse, Liverpool
executive@neos.org.uk
www.neos.org.uk

1 November
Corneal Surgery Update
Moorfields Eye Hospital
courses@moorfields.nhs.uk

2 November
TCL Accreditation Course
Moorfields Eye Hospital
courses@moorfields.nhs.uk

16 November
The Medical Contact Lens & Ocular Surface Association, UK 14th Annual Scientific Meeting
The Royal Society of Medicine, London
jackie@jackiewebber.orange home.co.uk
To submit an abstract contact: S.Rauz@bham.ac.uk
www.mclosa.org.uk

19 – 23 November
Growing Points in Paediatric Ophthalmology
Institute of Child Health
info@ichevents.com

23 November
Sussex Eye Hospital 175th Anniversary Meeting and Annual Endowment Lecture
Sussex Eye Hospital. All welcome especially alumni and friends of the Hospital.
Christopher.Liu@bsuh.nhs.uk

2008

7 – 8 March
Brighton Cornea Course, Brighton
A two-day course on cornea & external disease for all grades of trainees, Fellows & Consultants wishing to update themselves.
sharmina.khan@yahoo.co.uk or cscliu@aol.com

13 -14 March
27th Meeting of The British Association of Ocular Pathology
Liverpool Medical Institute
jemma.davies@rlbuht.nhs.uk

7 – 10 May
SOI Società Oftalmologica Italianà 13th Annual Joint Meeting on Cataract and Refractive Surgery
Naples. sedesoi@soiweb.com
CALL FOR PAPERS:
10 November 2007 deadline
www.soiweb.com

28 June – 2 July
World Ophthalmology Congress
Hong Kong
info@woc2008hongkong.org
www.woc2008hongkong.org

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