

# College NEWS



Summer  
2008

## 20th Anniversary Supplement

We hope that you enjoy the accompanying supplement which was edited by Enid Taylor

## St. John of Jerusalem Eye Hospital

At the invitation of the Order Hospitaller, Tony Chignell, Honorary Fellow of this College, I was invited to visit the St. John of Jerusalem Eye Hospital in April. Founded by a Christian organisation to serve the Palestinian people within a Jewish-controlled state, this unique place is a glowing example of how cross cultural team working can be very effective for patients. I was shown round the Hospital, meeting many staff of Palestinian and expatriate origin. The enthusiasm was infectious and the harmony palpable. The Hospital itself was spotless with comprehensive and up to date equipment and local staff trained to use it.

Travelling within the occupied territories is difficult for patients and staff alike so two satellite clinics have been set up in the West Bank to provide ophthalmic services including surgery. There are also two specially equipped vehicles to take a full clinic team out to the community one of which facilitates laser treatment for the many diabetic patients. The third satellite clinic in Gaza continues to function under very difficult circumstances particularly in view of the isolation from the base hospital and the obstacles to the supply chain.

The Hospital runs its own training schemes supported by international exams such as that of the ICO and links have been made with the Israeli hospital for young doctors to receive additional experience in West Jerusalem. We are exploring ways in which the College may lend support for these trainees.

There has been a long-standing association between the hospital and ophthalmologists in Britain many of whom have visited for short periods to teach and to provide specialist services. We are looking to develop training links through the College's Dual Sponsorship Scheme. The Medical Director has indicated that there is specific need for training in cornea, VR, paediatric and uveitis. So if any of you would consider welcoming one of the Palestinian doctors under the Scheme please let me know. You would find a thirst for learning and you would be doing your little bit to improve the lot of the people living in this troubled area of the world.

Brenda Billington

president@rcophth.ac.uk



Hospitaller, Mr Anthony Chignell, the President and Chief Executive Mr Rod Bull

## Clinical Excellence Awards

advance notice to consultants of 5 years standing

The Department of Health's Advisory Committee on Clinical Excellence Awards will seek nominations from the College in the autumn. We expect the forms to appear on the following website [www.advisorybodies.doh.gov.uk/accea/index.htm](http://www.advisorybodies.doh.gov.uk/accea/index.htm) in due course.

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Mr Simon Keightley has completed his term as Chairman of the Examinations Committee. Dr Carrie MacEwen succeeds him. Mr David Cottrell becomes the Senior Vice President  
**New Regional Representative:** Dr Iain Whyte has been elected to represent Scotland East

Articles and information to be considered for publication should be sent to:

[kathy.evans@rcophth.ac.uk](mailto:kathy.evans@rcophth.ac.uk)

and advertising queries should be directed to:

Robert Sloan 020 8882 7199

[rsloan@rsa2.demon.co.uk](mailto:rsloan@rsa2.demon.co.uk)

### Copy deadlines

Autumn	5 August 08
Winter	5 November 08
Spring	5 February 09
Summer	5 May 09

## Congress 2008

There will be a report of the Annual Congress in the Autumn Issue of College News.



A painting of Cornwall Terrace by Nick Hawkesworth offered for the Charity Auction held on 21st May.

### Editor of Focus

The new editor of Focus is Professor Victor Chong, Oxford Eye Hospital.

## Laser Refractive Surgery Assessments

**There will be an assessment in London on 13 - 14 October 2008 (closing date 18 August).**

Candidates will only have to attend 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>

## THE ROSE PRIZE

*- a joint prize from the Worshipful Society of Apothecaries of London and the Royal College of General Practitioners*

This commemorates William Rose, Apothecary of London, whose court case of 1701-04 established the legal foundation of General Practice in England and Fraser Rose, a co-founder of the Royal College of General Practitioners. It is given for an original work of 4 – 6,000 words on the History of General Practice in the British Isles.

Submissions are invited from all non-professional historians either as individuals or as a group who are, or who have been, involved in primary health care in the British Isles.

The winner(s) will have their name(s) engraved on the plinth of the Rose Bowl, which they will keep for two years, and they will also receive a suitably inscribed certificate.

Contact: [cmessent@rcgp.org.uk](mailto:cmessent@rcgp.org.uk)

**Closing Date: 7th January 2009**

## Regional Advisers

Regional Advisers are appointed by Council to act on behalf of the College. They must be:

- Fellows of the Royal College of Ophthalmologists registered with the College for Continuing Professional Development (CPD).
- NHS consultants with an established or honorary contract in active practice. Advisers must stand down on retirement from their NHS post.

The table below shows those post holders who will complete a three year term of office from September 2008. In most cases they are eligible to stand for re-election for a second and final term. Any person wishing to stand should contact

[Hon.Sec@rcophth.ac.uk](mailto:Hon.Sec@rcophth.ac.uk)

REGION	CURRENT POST HOLDERS	DATE OF RETIREMENT	ELIGIBLE FOR RE-ELECTION
East Anglia	Mr Simon Hardman Lea	September 2008	Yes
South Yorkshire & South Humberside	Mr Tin Chan	December 2008	Yes
South Western	Mr Anthony Quinn	December 2008	Yes
Mersey	Mr Mark Watts	December 2008	Yes
Scotland West (Glasgow)	Dr Charles Diaper	December 2008	Yes

# Satya Bhushan Kapur

## 1918 – 2008

Born in 1918, SB's medical education was interrupted by the Second World War when his family fled before the Japanese invasion into Burma. He resumed his studies in India and qualified in medicine from King Edward Medical College, Lahore, in 1946. He was one of the first Asian graduates to migrate to Britain and train successfully in ophthalmology, becoming resident and senior resident officer at Moorfields Eye Hospital. He became a consultant at the West Middlesex Hospital in 1962 and later at St Albans City Hospital and Queen Elizabeth II Hospital, Welwyn Garden City.

An enthusiastic and cheerful colleague, he was a hard working clinician who emanated kindness to his patients and hospitality to his friends. He was physically very fit, enjoying swimming, hill walking (Snowdon one day and Cader Idris the next) and reluctantly gave up skiing at the age of 85. Our sympathy goes to his wife, Toini, and to his daughters, Mira and Suv, who are both medically qualified and now reside in Australia.

E.W. Geoffrey Davies

## Ophthalmology study tour to Japan

**28 March – 10 April 2009**

A tour has been planned to coincide with Easter 2009. The itinerary includes Tokyo, Hakone (for Mt. Fuji), Kyoto, Hiroshima and Osaka. There will be a full cultural and professional programme, visiting a mixture of university and private eye units. It will be led by Christopher Liu, who is a consultant at the Sussex Eye Hospital and a visiting professor at the Kinki University Medical School, Osaka.

Members of the College are invited to express an interest as soon as possible by contacting Jon Baines Tours on [www.jonbainestours.co.uk/japan](http://www.jonbainestours.co.uk/japan) 020 7223 5618 or [info@jonbainestours.co.uk](mailto:info@jonbainestours.co.uk).

## Change of name

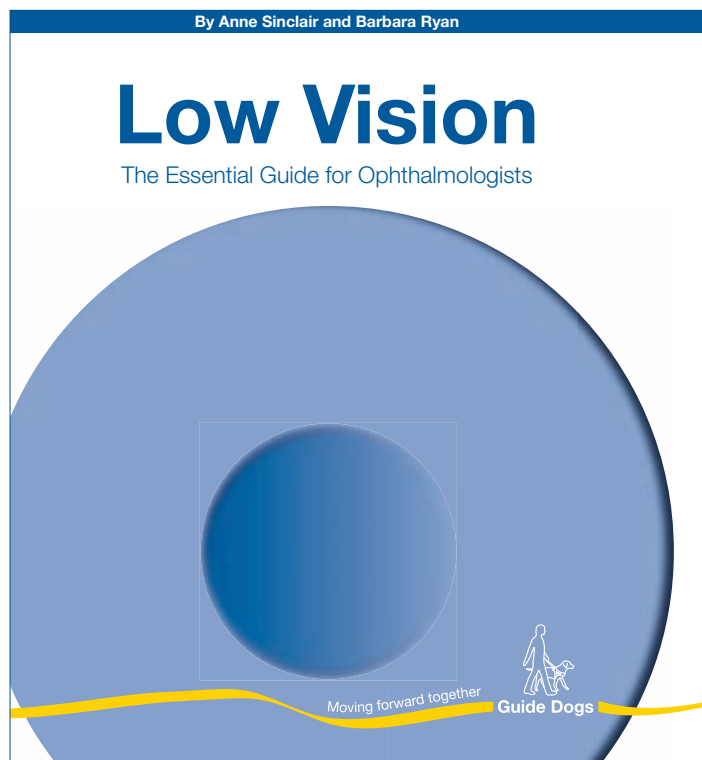
Miss Bridget Mulholland is to be known as Mrs. Bridget Hemmant following her recent marriage.

# Low Vision

*The Essential Guide for Ophthalmologists has been co-written by ophthalmologist, Anne Sinclair and optometrist, Barbara Ryan.*

Ophthalmologists in training will find this book an invaluable resource, while for the experienced ophthalmologist and other members of the clinical team it will provide practical ideas for improving services.

The Guide Dogs for the Blind Association has funded the publication of the book. The College will demonstrate its support by distributing a copy to each UK member this summer (retired members excepted).



## Obituary

We note with regret the deaths of:

Dr. Iskander Ishak Gayed	- Giza, Egypt
Dr. Patrick Mathews	- Dublin
Mr Noel Moores	- Esher, Surrey,
Mr. Desmond Peel Greaves	- Lymington, Hants
Mr. Joseph Walsh	- Dublin
Mr Derek Woodhouse	- Pymble, Australia (formerly of Wolverhampton)

## Email

We have had much success in encouraging members to email [database@rcophth.ac.uk](mailto:database@rcophth.ac.uk) with their email address. We ask those who have not already done so to let us know how to contact you electronically. Please note that we can only store one email address.

## Consultant Appointments

Mr Shabbir Mohamed	Selly Oak Hospital, Birmingham
Mr Murad Moosa	Cumberland Infirmary, Carlisle, Cumbria
Mr Anil Negi	Birmingham Heartlands Hospital, Birmingham
Mr Niall Patton	Manchester Royal Eye Hospital/ Royal Infirmary, Manchester
Mr Anil Pitala	Victoria Hospital, Balckpool
Mrs Sobha Sivaprasad	King's College Hospital, London
Miss Siobhan Wren	Hillingdon Hospital, Uxbridge, Middlesex



# Rejuvenating Vision



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AMO representative on 01628 551609

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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# Focus



Summer  
2008

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

## Retinoblastoma for Life

Libby Halford<sup>1</sup>, Trevor Cole<sup>2</sup>, Judith Kingston<sup>3</sup>, Zerrin Onadhim<sup>4</sup> and M Ashwin Reddy<sup>3,5</sup>

1. Childhood Eye Cancer Trust, Royal London Hospital, London, UK E1 1BB
2. West Midlands Regional Genetics Service, Birmingham Women's NHS Foundation Trust, Birmingham B15 2TG
3. Barts and the London Hospital, London, UK E1 1BB
4. Retinoblastoma Genetic Screening Unit, Barts and The London NHS Trust, London E1 2ES.
5. Moorfields Eye Hospital NHS Trust, London, UK EC1V 2PD

### Case Study

Tracey (Fig 1) lost both her eyes as a small child but being a determined character never let this stand in her way. She attended mainstream education and went on to Exeter University to study sociology but didn't complete the course for support reasons. She worked for Barclays for 17 years in customer services. She later worked for the Cornwall Blind Society and the Childhood Eye Cancer Trust, helping others affected by retinoblastoma (Rb) and offering encouragement. Tracey knew she had had Rb as a child and knew about the risks of getting other cancers later in life. Her parents looked for any changes in her skin or unexplained lumps as she grew up. When Tracey was 38, she developed a bad cough, went to her GP and was given antibiotics which didn't help. She then was prescribed inhalers, which she used for four months without improvement. It was only when she saw a different doctor, who knew the implications of having had Rb as a child that Tracey was sent for a chest x-ray. This showed extensive lung cancer and further examination revealed tumours in her liver and pelvis. She underwent chemotherapy but sadly, she died 6 months later in January 2007.

### Life long implications of retinoblastoma

It is well known that retinoblastoma is the most common intraocular cancer to affect children. Unfortunately a subset of patients may be at risk of cancer throughout their lives; many years after their initial presentation with retinoblastoma. Individuals with genetic retinoblastoma are at risk of non-ocular tumours in addition to the heritable nature of their condition. Anecdotal reports demonstrate that some adults who were treated as a child (often by enucleation or radiation) are not aware of the nature of their condition and have been lost to follow-up. They may however present to their local ophthalmologists with ocular and /or orbital problems and it is therefore essential that ophthalmologists

are aware of the long term systemic problems associated with Rb as they may be the only secondary care physician that sees the patient.



Figure 1 - Tracey (courtesy of her husband)

### Genetic Retinoblastoma

The RB1 gene is a cancer predisposition gene. Patients with a germline mutation including deletion of part or the whole of the RB1 gene are classified as having the heritable or genetic form of Rb. In addition to their risk of developing Rb, they also have an increased risk of developing certain other non-ocular cancers.

Whereas bilateral disease is always associated with a

germline mutation and the associated non-ocular cancer and genetic risks, it is important to be aware that approximately 15% of adults who had unilateral disease as children could potentially be at risk.

### Development of other tumours in adulthood

Everybody in the western world has a lifetime risk of approximately 1 in 3 of developing cancer. Patients with an abnormal RB1 gene reach this risk by the age of about 50 years of age.

The non-ocular cancers which have been shown to have an increased incidence in young adult patients with an abnormal RB1 gene include bone and soft tissues sarcomas during adolescence and early adulthood, malignant melanoma and epithelial cancers particularly lung (as illustrated in the case study), bladder, oesophagus and probably breast. There is a well recognised association between external beam radiation therapy in infancy and tumours within the radiation field.

The identification of patients with an abnormal RB1 gene is important, not only for counselling with regard to the risk of Rb in their offspring, but also with regard to their own increased risk of developing a non-ocular cancer in early adulthood. Emphasising the need to avoid known carcinogenic factors such as smoking, radiation, obesity and excess UV light is particularly important. As radiation is associated with an increased risk of cancers, routine X-rays and CT scans are not advised.

All patients with a past history of Rb should be offered molecular genetic analysis of their DNA so that the patients with the heritable form of Rb, and therefore at risk of second non-ocular cancers, can be identified and appropriately counselled. This is particularly important for the patients with unilateral disease who may carry a mutation of the RB1 gene and are unaware of this fact.

### Molecular Genetic Testing

Molecular and clinical genetic input should be seen as an integral part of the management of all patients with retinoblastoma.

#### Bilateral Cases

Familial and bilateral cases have an earlier age of diagnosis to unilateral cases (mean age 8 months compared to 25 months). Examination of epidemiological data led Knudson (1) to postulate the two hit hypothesis of tumour development. This was subsequently confirmed when the retinoblastoma gene was cloned by Friend et al 1986 (2). Germline RB1 mutations are detectable in >85% of these cases and many of these can be proven to be de-novo. In the remaining 15% of patients without an identifiable mutation, linkage studies exclude the risk in siblings and/or offspring will be informative in up to 25 to 50% of cases. Therefore, the majority (>80%) of first degree relatives can be excluded from conventional surveillance.

#### Unilateral Cases

Sequential molecular analysis of tumour and blood DNA in unilateral cases confirmed that approximately 15% of these cases are heritable mutations and that many of the remainder (>80% of cases) have two identifiable mutations confined to the tumour and absent in the blood. Hence these are likely to be somatic mutations not present in the affected individuals with a low risk of transmission to offspring. Furthermore, the risk to siblings should be that of

the population. In these cases surveillance of siblings will not be necessary.

In addition to the obvious psychological and medical benefit to families from molecular investigations, a significant financial saving to may result (3).

### Risk of Rb to other family members

Retinoblastoma is inherited as an autosomal dominant trait and children of patients with genetic Rb have a 50% chance of inheriting the affected gene. If genetic testing is not performed or refused, empirical data (Table 1) shows that first degree relatives have a significant risk of retinoblastoma in childhood (>1%) and should be having regular clinic follow up and /or examinations under anaesthetic. The risk to other relatives increases if there is family history of cancer.

### Conclusions

Although retinoblastoma is a rare condition, it is essential that all patients who suffer from this condition are aware of advances in molecular genetic tests and the risk to their lives of initially minor complaints. From 2008 to 2010, the Childhood Eye Cancer Trust is funding a project to identify those at risk of having the heritable form of Rb and bringing those who should be followed up back into the system. Further molecular investigations will be undertaken as necessary. Increased vigilance amongst ophthalmologists will be of great benefit to these patients.

### Contacts

London Retinoblastoma Service 0207 377 7000 ext 2815  
Birmingham Children's Hospital Retinoblastoma Service  
0121 333 9475

Editor: Professor Victor Chong

**Table 1: Empiric risk data for relatives of isolated case of retinoblastoma (modified from Musaella et al (4) and Hodgson (5))**

Nature of Retinoblastoma in proband	Relationship to Proband	Likelihood of being a gene carrier	Likelihood of developing a retinoblastoma
Bilateral	Offspring	50%	45%
Bilateral	Sibling	5%	2.7%
Bilateral	Offspring unaffected sibling	0.5%	0.27%
Bilateral	First cousin	0.05%	0.027%
Unilateral	Offspring	7.5%	5.7%
Unilateral	Sibling	0.8%	0.4%
Unilateral	Offspring unaffected	0.08%	0.04%
Unilateral	First cousin	0.008%	0.004%§

\*The risk of developing a retinoblastoma was calculated assuming a 90% penetrance in gene carriers which is probably an underestimate

§ 0.005% is considered the general population risk so first cousins of probands with unilateral Rb are not considered at risk.

#### REFERENCES

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# Museum Piece

## 200th Anniversary of the West of England Eye Infirmary (WEEI)

In July the second oldest eye hospital in the United Kingdom celebrates its 200th anniversary.

The hospital, initially known as the "Institute for Curing Diseases of the Eye", was founded in August 1808 in Exeter by William Adams. He was supported, as an honorary surgeon, by John Cunningham Saunders, the founder of the London Dispensary for Curing Diseases of the Eye and Ear (Moorfields) in 1805.

William Adams (1783-1827), later to become Sir William Rawson, was a controversial figure who returned to London less than two years later. He spent a considerable amount of energy challenging his colleagues in London on the most effective method of treating soldiers returning from the Napoleonic Wars with Egyptian Ophthalmia or Trachoma, the basis on which both Moorfields and the WEEI were founded.

The first Infirmary was in a small building in Magdalen Street with just six beds. In the first year there were 815 "admissions" which by 1813 had trebled to 2,991.

In 1814 the Infirmary was moved further up Magdalen Street, where it remained for the next 180 years going through numerous expansions. River water was brought by cart until 1836 and candles were not replaced by gaslight until as late as 1873.

In 1853 the Infirmary was enlarged and a proper operating room installed in 1862. A chloroformist was employed in 1870 but it was not until 1884 that cocaine was introduced as a topical anaesthesia for cataract surgery. By 1899 the Infirmary was overcrowded and was suffering from rat infested sewers as well as bedbugs. A new building rose in 1900 with a further extension in 1910.

In 1925 a Gullstrand Slit Lamp Microscope was being used. Up until 1933 the operating theatre was heated by an open fire.

In later years the Infirmary was the second in the country to have a Micropulse Yag Laser for capsulotomies. From 1989 the WEEI started doing phacoemulsification and by 1992 it was the first unit in the country where all consultants performed it routinely.



*The West of England Eye Infirmary until 2006 (now a hotel)*



*The Old Eye Infirmary buildings (rear view)*



*The West of England Eye Infirmary 1901*

In 1992 the Infirmary, renamed West of England Eye Unit, was moved into the Royal Devon and Exeter Hospital, Wonford and the old building became the Hotel Barcelona.

A measure of progress is that in 1808 there were 28 cataract operations performed and the length of stay was six weeks. In 2006 there were 2,600 cataract operations of which 99.9 % were day cases.

Happy Anniversary, the West of England Eye Unit!

Richard Keeler, Museum Curator  
rkeeler@blueyonder.co.uk



*Egyptian Ophthalmia:  
John Vetch's account  
1807*



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**WE CLEARLY  
HAVE THE SOLUTION**



# The UK Vision Strategy

On 18th April the UK Vision Strategy was launched at an event attended by 400 delegates from across all sectors. The Strategy is a VISION 2020 UK initiative led by the RNIB and is the response to the World Health Assembly Resolution of 2003, requiring all countries to develop and implement national plans to eliminate avoidable sight loss. It deals with three main priorities: prevention and eye health promotion, improvement of eye health services and making the UK a better place in which to live for visually impaired people.

In the UK, eye health has never featured strongly in government agendas, despite the fact that the number of people with serious sight loss is set to double over the next 25 years. Public awareness is generally low and significant eye health inequalities exist, particularly in areas of social deprivation and amongst black and ethnic communities. Hospital services are stretched and primary eye care outside hospitals is neither well resourced nor coordinated. People are still told that 'nothing more can be done' and have to make a

leap in the dark to access help and support to enable independent living.

Of course it is not all bad. Waiting times are dramatically shorter and new drugs and technologies are transforming ophthalmic practice. It is at the primary care level that change is needed. Health promotion, screening vulnerable groups and making eye tests accessible as part of a properly funded NHS service, not tied to spectacle sales, would go a long way towards improving the nation's eyesight.

This ground-breaking initiative has brought together people with sight loss, eye health and social care professionals and statutory and voluntary organisations, to produce a unified framework for action on all issues relating to vision. We need to build on this cooperation and persuade government, strategic health authorities and primary care trusts that eye health should be a priority in the UK. You can find the strategy at [www.vision2020uk.org.uk](http://www.vision2020uk.org.uk).

Nick Astbury

## Revalidation update

The College regards revalidation as a great challenge and a great opportunity. It is prepared to fund a secondment of 1 day per week for a period of 9 months to develop and pilot an electronic portfolio to support the recertification of ophthalmologists. The details are on the website [www.rcophth.ac.uk](http://www.rcophth.ac.uk). In summary, we are looking for a consultant ophthalmologist to consult widely with opinion leaders in all the ophthalmic sub specialties to reach agreement about practical benchmarks of clinical care. He/she will be closely involved in the design of an electronic portfolio to support recertification in ophthalmology and will liaise with the College's Education and Training Committees. The electronic portfolio will map to the Ophthalmic Specialist Training (OST) curriculum for core clinical skills but will extend to areas of specialist practice beyond those covered in OST.

The closing date is 31st July. Please send applications to [kathy.evans@rcophth.ac.uk](mailto:kathy.evans@rcophth.ac.uk)

Thank you to all those members who participated in either the email survey or the postal survey on revalidation. The results are being analysed at the time of going to press and they will appear on the College website in due course.

## Association of Health Professions in Ophthalmology (AHPO)

The College seeks expressions of interest from members who wish to represent the College on the AHPO committee and each year report back to two meetings of the Education Committee.

Please contact [kathy.evans@rcophth.ac.uk](mailto:kathy.evans@rcophth.ac.uk) by 10 July 2008 for more details.

## Prevention of Blindness Fellowship Programme

Applications are invited for BCPB Fellowships to start in September 2009. The aims of the Fellowships are to fund research and training in prevention of blindness for high calibre clinicians and scientists from the UK and overseas.

Projects must further the goals of VISION 2020: THE RIGHT TO SIGHT, the elimination of avoidable blindness. In 2009, BCPB seeks to fund one fellow from the UK and one Fellow from a low income country.

Priority will be given to applicants who:

- Propose to undertake a project that benefits a VISION 2020 selected country
- Demonstrate that their project is innovative and increases knowledge of the causes of blindness and/or its prevention in line with the priorities of VISION 2020
- Demonstrate the ability and ambition to pass on their skills in blindness prevention

The Fellowships will be worth up to £60,000pa for 2 or 3 years. Applications must be submitted jointly by the Fellowship candidate and the supervisor at the host institution in the UK.

[www.bcpb.org](http://www.bcpb.org)

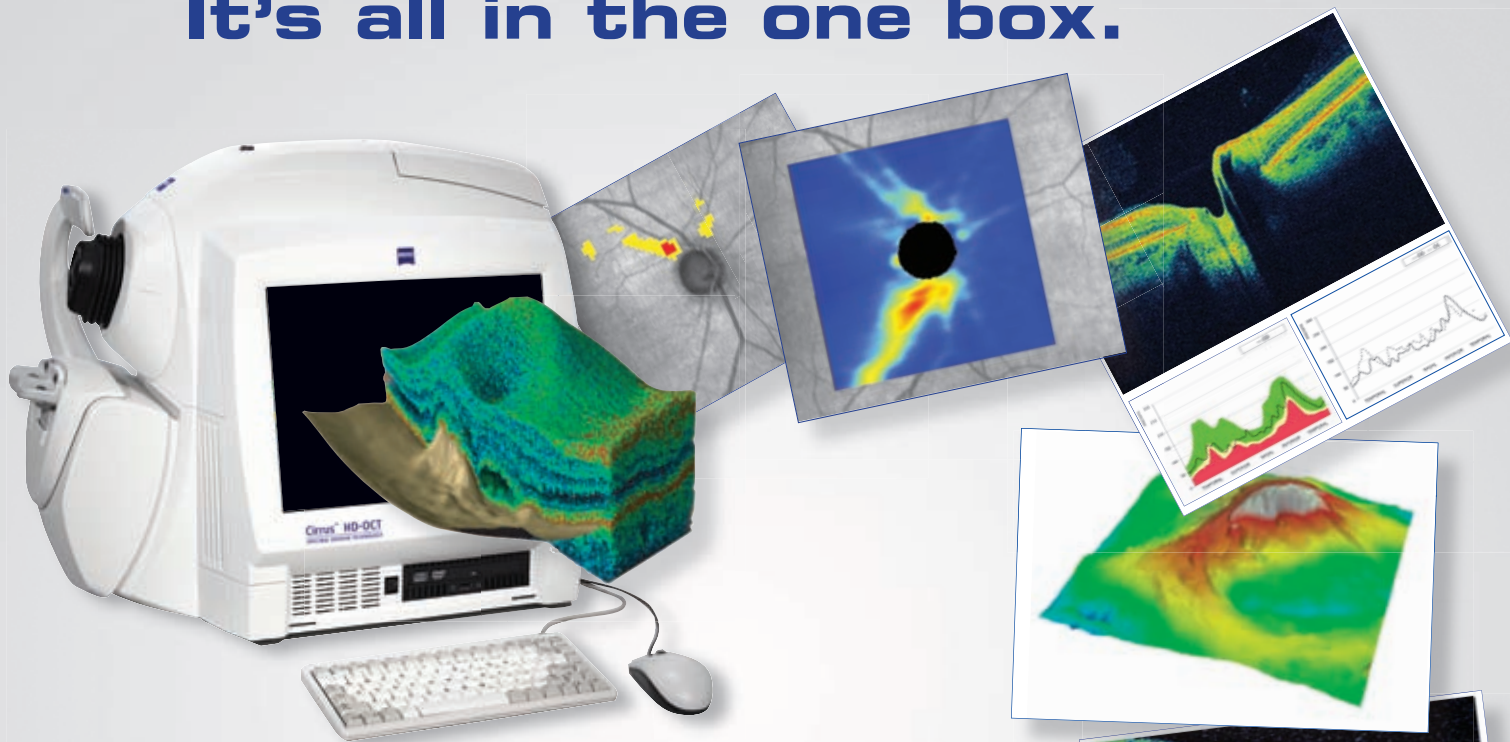
Registered charity number 270941

For full information and an application form, see [www.bcpb.org](http://www.bcpb.org). Or contact Jackie Webber at BCPB (British Council for the Prevention of Blindness), 59-60 Russell Square, London WC1B 4HP or by email: [info@bcpb.org](mailto:info@bcpb.org)

**Closing date for receipt of applications:  
30th September 2008.**

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We make it visible.

# Decontamination update

The Winter 2006 issue of College News carried an article entitled: "Where was your phaco hand-piece last night?"

(<http://www.rcophth.ac.uk/docs/members/focus-collegenews/CNWinter06.pdf> p12)

## In that article, I asked two questions:

- Q.1 Concerned regarding cleaning of ophthalmic instruments?
- Q.2 Experiencing instruments tray turnaround time problems?

Since then, the National Decontamination Project has continued to be implemented, with several new centres established. The process has been subject to some criticism. There have also been national headlines on the BBC and in the Observer newspaper, with articles highlighting concerns regarding surgical instrument cleaning.

BBC article: <http://news.bbc.co.uk/1/hi/health/7365019.stm>,

Observer article: <http://www.guardian.co.uk/society/2008/mar/02/nhs.operations>

From the limited feedback that I have received to date, it appears that Ophthalmologists, and their departments, have not witnessed problems on the scale encountered by Orthopaedic and General Surgical colleagues.

The National Decontamination Project (NDP) is still being rolled out across England. Many eye departments will find that their instrument cleaning is being moved offsite to a centralised service, probably as a private venture.

The NDP recently accepted advice that ophthalmic instruments, especially Phaco handpieces, deserve special attention, and that manufacturers should be consulted regarding cleaning of such devices. It is imperative that Ophthalmologists liaise with their theatre staff and check that correct procedures are followed. This usually involves the theatre staff taking an active parting in commencing the cleaning process.

As contracts for services are drawn up between (probably private sector) providers and "customers" (NHS trusts and PCTs), it is also essential that Ophthalmologists engage with their managers to ensure that contracts reflect requirements of an ophthalmic service. It could be helpful to check that sufficient equipment is available should there be an increase in "turn-around" time, and that staff processing ophthalmic equipment are apprised of special requirements.

I still want to hear from colleagues (in England) on how they are affected, positively or negatively, by the National Decontamination Project.

## SUMMARY

1. Find out if a decontamination centre is planned for your trust/PCT
2. Work with managers to ensure ophthalmic needs are considered in planning stage
3. Keep full records of any decontamination problems
4. Report clinical incidents involving devices to the MHRA (<http://aic.mhra.gov.uk/MDA/MDAFormsV3.nsf/formA?OpenForm>)
5. Let me know of any issues of concern relating to the NDP

Nick Hawksworth

Member RCOphth Professional Standards Committee  
RCOphth Representative at National Decontamination Project Royal Colleges meetings.

[Nick.Hawksworth@pr-tr.wales.nhs.uk](mailto:Nick.Hawksworth@pr-tr.wales.nhs.uk)

The new guidelines for Vigabatrin have been uploaded onto the Publications section of the website  
[http://www.rcophth.ac.uk/docs/publications/published-guidelines/Vigabatrin\\_Guidelines\\_March\\_2008.pdf](http://www.rcophth.ac.uk/docs/publications/published-guidelines/Vigabatrin_Guidelines_March_2008.pdf)

## From the Medicines and Healthcare products Regulatory Agency (MHRA)

The MHRA has issued updated guidance on medical lasers and other types of optical radiation devices. It covers light emitting diodes (LEDs) and intense light/heat sources, referred to as intense pulsed light (IPL) (sources) systems.

Allied equipment, such as optical fibres, contact tips, articulated arms, is also reviewed. The document can be downloaded from:

<http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON014775>

It replaces the Medical Devices Agency 1995 document "Guidance on the safe use of lasers in medical and dental practice".

Hardcopy documents will be available in due course from the MHRA.

**MDA/2008/028 - Disposable Pen Torch manufactured by Merlin Medical Ltd and distributed by Williams Medical supplies.**

21st April 2008

**Device:** Disposable Pen Torch manufactured by Merlin Medical Ltd and distributed by Williams Medical supplies

**Model no:** W2137  
NHS Supply Chain Reference (England only): FFE066

Please visit the MHRA Website for further details: <http://www.mhra.gov.uk/Publications/Safety-warnings/MedicalDeviceAlerts/CON014800>

## FOCUS Spring 2008 issue Clarification

Cefuroxime is a 2nd generation cephalosporin and not a 3rd generation agent.

Focus articles are edited but not peer-reviewed and their need to be concise prohibits expanded discussion. Readers are encouraged to follow up the cited references.



## Professional indemnity for ophthalmologists volunteering abroad

Last year we received an inquiry from a Fellow of the College, who raised the question of professional indemnity insurance when doing volunteer work, including surgery, outside the UK. The College is aware that many of its Fellows and Members do some volunteer work of this kind.

Following this, we wrote to the Medical Defence Union, the Medical Protection Society, and The Medical and Dental Defence Union of Scotland.

Disappointingly, only one association saw fit to reply, and they merely advised individuals to contact their medical protection association to discuss each occasion as it arose.

The College is aware that some international charities (for example Project Orbis) provide professional indemnity and personal accident insurance for ophthalmologists when volunteering for them, but otherwise can only reiterate the advice that Fellows and Members should consult their own professional indemnity associations on this issue prior to undertaking such work.

Sorry not to be more helpful!

John Lee,

Chairman, International Sub-Committee

## Medical Alliance for Iraq (MAI)

Medical Alliance for Iraq (MAI) is an independent, unincorporated, nongovernmental professional association of volunteer United States and United Kingdom doctors united with Iraqi medical colleagues. It was formed in 2004 with the oversight of the US Army Medical Department. Liaison has been maintained with the US Departments of Defense, State and Health and Human Services as well as with Iraqi authorities in the Ministries of Health and Higher Education. MAI has pursued personal and collective physician relationships including the multiplier capacity of national medical specialty organisations. Prominent in these activities have been the efforts of several Royal Colleges to deliver professional resource to their Iraqi colleagues. Organisational affiliations have culminated in Middle East, UK and US fellowships for Iraqi doctors, joint symposia at major medical conferences and advisory services for clinical development.

Implicit in the first forum conducted in Baghdad in 2004 was the pledge by MAI doctors to return for the establishment of sustainable, accredited, cyclic, national continuing medical education in a system featuring regional centres. Hawler Medical University in Erbil, Iraq was the first of the regional centres and has operated since December 2006. The centre features active participation of regional and national physician societies, the support of the Ministries of Higher Education and Health (Kurdish and Baghdad) and international partners. Separate forums in Kuwait in 2007 and Baghdad in January of 2008, formulated plans for southern and central CME centre.

In 2007, MAI contributed 7 cadres of international physicians presenting face-to-face contemporary medical updates chosen in accordance with national healthcare priorities and accredited medical education standards. The 2008 calendar features serial activities in Erbil as at least 5 subspecialty sessions in Baghdad.

International Medical Corp is the nongovernmental organisation that provides administrative assistance to MAI. Operating under a US State Department Grant, IMC provides

travel, accommodation and security services. This alliance also promotes active healthy dialogue with Ministry of Health and Higher Education officials and our Iraqi physician colleagues. MAI continues to emphasize trusting personal relations linked with national specialty organizations and focusing on patient centric excellence in medical care. Volunteers are invited to contact the address below.

Michael W Brennan, MD

Chairman, Medical alliance for Iraq

Mbrennan1@triad.rr.com

## Climate change

The BMA Board of Science has amassed a significant volume of research, information and opinion on climate change. It is published on the following web resource <http://www.bma.org.uk/ap.nsf/Content/climatechange>

## Call for Innovative Ophthalmology Services, Technologies and Treatments

The Inaugural Ophthalmology Innovation Awards are searching for novel ideas and solutions to improve the care of patients and relatives of those with eye disease.

Ideas can be services, technologies or therapies from any source whether an individual, an academic institution or an NHS Trust. They can be at any stage in development from concepts through to trading businesses. The three key principle requirements are that they demonstrate novelty, viability and impact on patient care. Winning entries may go on to be assessed for early stage funding of up to £500,000.

Entries are accepted until 30th June 2008 and the preliminary round of judging will be held in London in September 2008.

For further details please see [www.medicalfutures.co.uk](http://www.medicalfutures.co.uk)



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# EDUCATION AND TRAINING

## Training the Trainers Courses

Day 1 - Tuesday 23 September 2008 - What to Teach and How to Teach

Day 2 - Tuesday 7 October 2008 - Improving teaching skills and Feedback and appraisal

Please visit [www.rcophth.ac.uk/education](http://www.rcophth.ac.uk/education) for more details

## Travel Awards and Fellowships

AWARD	AMOUNT	CLOSING DATE
Sir William Lister Travel Award 2008	One or two awards £400 - £600 each	3 October 2008
Dorey Bequest Travel Award 2008	One or two awards £400 - £600 each	3 October 2008
Pfizer Ophthalmic Fellowship 2008	One award of up to £35,000	24 October 2008
Ethicon Foundation Fund 2008	Four to six awards of £400 - £800 each	7 November 2008

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

## ORYCLE 2008

- Copthorne Hotel in Manchester

Things are changing...evolving in the world of medicine and especially in training.

The College's Ophthalmic Trainees Group (OTG) is no exception to these changes and it has shown an ability to adapt to the changing environment.

Years ago there was the Young Ophthalmologists Travelling Club (YOT) which evolved into Ophthalmic Registrars and Young Consultants Learning Essentials (ORYCLE). The Ophthalmic Trainees Group has been active in making the annual event of the ORYCLE an important date in the calendar. It has always served as a platform for bringing together ophthalmologists in the last couple of years of their training with recently appointed Consultants,

ORYCLE 2008 was sponsored with an educational grant from AMO (UK) Limited and attracted junior trainees and SAS grades in addition to the core audience. The programme included a presentation on setting up in independent practice and a session entitled "Congratulations you're a consultant – now what?" A representative from the Medical Protection Society reviewed statistics of what leads ophthalmologists into difficulty whilst a retired GP gave his personal experience of macular degeneration and its impact on his career and family life. Other topics included the experience of a fellowship in Australia, delivering ophthalmic care in the community and working with the new curriculum.

Next years programme is only reaching the drawing board now and the OTG intend to make it exciting and rewarding for all attendees as well as being an essential step in the evolution on the long road to becoming a Consultant.

Faisal Idrees

## Regional CPD Co-ordinators required

Regional CPD Co-ordinators required for North East Thames, South East Thames and East Anglia regions

*CPD Co-ordinators will soon become even more important than before in view of its critical place in revalidation. Your role will include the following:*

1. Enthuse colleagues in enhancing their professional development.
2. Assist colleagues in registration with the College's CPD Programme.
3. Validation for approval of local activities for CPD purposes.
4. Inform and advise the local appraisal process if required.
5. Participate in the audit of CPD.
6. Attend the Speciality Training Committee (or other appropriate regional forum) to facilitate liaison with postgraduate training and teaching.
7. Membership of the College CPD Committee, which meets twice a year.

If you are interested in this role, please contact the College Regional adviser for your region who will collate responses and send nominations to the College. You may also telephone Carol Welch, at the College, for further details. You can find the job description in the CPD section of the College website. <http://www.rcophth.ac.uk/about/cpd/>



## Excellent Single Use products



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## College Seminar Programme 2008

All seminars take place at the College, unless otherwise stated

### Intravitreal Therapies

18 June

Chaired by: Miss Clare Bailey

### VIIIth State of the Art Refractive & Cataract Surgery Symposium

20 June

Chaired by: Mr Milind Pande

Vision Surgery & Research Centre, Hull

[www.visionsurgery.org](http://www.visionsurgery.org)

### Teaching the Teachers

24 June

Mr David Smerdon

### Retinal Imaging Course: The Institute of Physics, London

10 - 11 July

Chaired by: Professor Yit Yang

### Public Health Ophthalmology

4 September

Chaired by: Mr Nick Astbury & Mr Andrew Cassels-Brown

### Intravitreal Therapies

25 September

Chaired by: Professor Sue Lightman

### Oculoplastics

The Institute of Physics, London

30 September

Chaired by: Mr Tony Tyers

### Glaucoma Surgery Masterclass: The Institute of Physics

10 October

Chaired by: Mr Peter Shah

### Re-Licensing & Re-certification

14 October

Chaired by: Mr Richard Smith

### Diabetic Retinopathy

24 October

Chaired by: Professor Victor Chong

### The Elizabeth Thomas Seminar on AMD

Venue: The East Midlands Conference Centre

28 November

Chaired by: Mr Winfried Amoaku

## College Skills Centre Programme 2008

Twelve Basic Microsurgical Skills Courses are planned for 2008 and details are on the website. Please visit [www.rcophth.ac.uk/about/skillscentre/](http://www.rcophth.ac.uk/about/skillscentre/) for more details. Additional courses are listed below and these take place at the College, unless otherwise stated.

### Oculoplastics HST/OST Study Day

4 July

Chaired by: Mrs Sally Webber/Miss Helen Herbert

### Glaucoma, Trabs and Tubes HST/OST Study Day

5 September

Mr Philip Bloom/ Mr Jeremy Diamond/Mr David Broadway

### Medical Retina HST/OST Study Day

29 September

Chaired by: Mr Larry Benjamin/Miss Susan Downes

### Paediatric HST/OST Study Day

2 October

Chaired by: Mr Ken Nischal/Mr Christopher Bentley

### Intermediate Phacoemulsification Course

10 November

Chaired by: Mr John Brazier

### Oculoplastics HST/OST Study Day

26 November

Chaired by: Mrs Sally Webber/ Ms Ruth Manners

### VR HST/OST Study Day

5 December

Chaired by: Mr Paul Sullivan/Mr Larry Benjamin

## Other events 2008

16 - 28 June

### Final Membership (III) Refresher

Moorfields Eye Hospital

[courses@moorfields.nhs.uk](mailto:courses@moorfields.nhs.uk)

18 June

### Trainees Symposium of British Oculoplastic Surgery Society

Northern Stage, Newcastle

upon Tyne

[cythirlaway@nuth.nhs.uk](mailto:cythirlaway@nuth.nhs.uk)

[bopss@ncl.ac.uk](mailto:bopss@ncl.ac.uk)

19 - 20 June

### British Oculoplastic Surgery Society Annual Scientific Meeting

Northern Stage

Newcastle upon Tyne

[cythirlaway@nuth.nhs.uk](mailto:cythirlaway@nuth.nhs.uk)

[bopss@ncl.ac.uk](mailto:bopss@ncl.ac.uk)

20 June

### The Eighth Scottish Glaucoma Symposium 2008

The Royal College Of Surgeons Edinburgh

[Roshini.Sanders@faht.scot.nhs.uk](mailto:Roshini.Sanders@faht.scot.nhs.uk)

27 June

### The 17th Annual Course in Ophthalmic Plastic Surgery

Contact: Education Centre, Level 5,

Salisbury District Hospital SP2 8BJ.

3 July

### NSPCC: Non-accidental head injury in children: the evidence base

Birmingham Conservatoire,

Paradise Place, Birmingham

[rsingh@NSPCC.org.uk](mailto:rsingh@NSPCC.org.uk)

5 - 6 July

### British Society for Refractive Surgery - Annual Meeting

Saïd Business School, Oxford

[www.bsrs.co.uk](http://www.bsrs.co.uk)

[supshon@freshwater-uk.com](mailto:supshon@freshwater-uk.com)

6 - 8 July

### Oxford Ophthalmological Congress (Daily registration available)

The Oxford Playhouse

[www.oxford-ophthalmological](http://www.oxford-ophthalmological)

[o\\_o\\_c@btinternet.com](mailto:o_o_c@btinternet.com)

10 - 11 July

### Cornea and Oculoplastics Course

Corneo Plastic Unit & Eye Bank of the

Queen Victoria Hospital, East Grinstead,

West Sussex.

[corneoplasticscourse@qvh.nhs.uk](mailto:corneoplasticscourse@qvh.nhs.uk)

[www.corneaoculoplasticscourse.org](http://www.corneaoculoplasticscourse.org)

7 - 11 July

### Planning for VISION 2020

International Centre for Eye Health,

London

[shortcourses@lshtm.ac.uk](mailto:shortcourses@lshtm.ac.uk)

### West of England Eye Unit/Infirmary, Exeter: Bicentenary Celebrations

11 - 12 July

All former members of staff warmly

invited to attend

[john.jacob@rdefh.nhs.uk](mailto:john.jacob@rdefh.nhs.uk)

see Museum Piece on page 7

3 - 5 September

### 38th Cambridge Ophthalmological Symposium - Transplantation

St John's College, Cambridge

Chairman: Professor Douglas Coster

[bashworth@easynet.co.uk](mailto:bashworth@easynet.co.uk)

12 September

### Vision Research 2008 - the science behind Ophthalmology

University of Bristol, Health Trust

Education Centre

Themes: Development, Structure and

Myopia; Tumours and Tolerance;

Infection and Immunity.

[www.bristol.ac.uk/clinicalsciencesouth/](http://www.bristol.ac.uk/clinicalsciencesouth/)

[ophthalmology/vision/](mailto:ophthalmology/vision/)

[maggie.cook@bristol.ac.uk](mailto:maggie.cook@bristol.ac.uk)

9 - 11 October

### British Isle Paediatric Ophthalmology and Strabismus Association Annual Meeting

Sheffield Town Hall

[Samantha.Howard@sth.nhs.uk](mailto:Samantha.Howard@sth.nhs.uk)

[www.biposa2008.org/](http://www.biposa2008.org/)

13 - 17 October

### Macular Course

Moorfields Eye Hospital

[courses@moorfields.nhs.uk](mailto:courses@moorfields.nhs.uk)

17 October

### Retinal Imaging Course

Institute of Ophthalmology, London

[courses@moorfields.nhs.uk](mailto:courses@moorfields.nhs.uk)

23 October

### Anterior Segment Infection

Moorfields Eye Hospital

[courses@moorfields.nhs.uk](mailto:courses@moorfields.nhs.uk)

13 - 14 November

### UKISCRS Annual Meeting

The Dome, Brighton

[ukiscrs@onyxnet.co.uk](http://ukiscrs@onyxnet.co.uk)

17 - 20 November

### Growing Points in Paediatric Ophthalmology

Moorfields Eye Hospital

[courses@moorfields.nhs.uk](mailto:courses@moorfields.nhs.uk)

21 November

### The Medical Contact Lens & Ocular Surface Association (MCLOSA)

The Royal Society, London, UK

Kersley Lecturer: Peter McDonnell

(Birmingham, UK)

Symposia on: Contact Lenses, Corneal

Infections & Keratoconus

[mclosa.admin@gmail.com](mailto:mclosa.admin@gmail.com)

[www.mclosa.org.uk](http://www.mclosa.org.uk)

3 - 4 December

### LASIK Course

Moorfields Eye Hospital

[courses@moorfields.nhs.uk](mailto:courses@moorfields.nhs.uk)

12 December

3rd Amsterdam Retina Debate

[retinadebate@amc.nl](mailto:retinadebate@amc.nl)

## The Royal College of Ophthalmologists

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