QUARTERLY BULLETIN OF ROYAL COLLEGE OF OPHTHALMOLOGISTS

College NEWS

Autumn
2008

Election of the next president

All fellows and members who pay a subscription will be eligible to vote for the next President who will take office in May 2009. The administration of the election will be carried out by Electoral Reform Services Limited, the commercial arm of the Electoral Reform Society. This will ensure that the process is independent and robust. Voters will have the choice of returning a paper ballot or using secure access to vote via the internet. This innovation should increase the participation rate and is a cost effective option, reducing the amount spent on stationery and postage.

Voting papers will be sent out at the beginning of November and voting will close at **noon on Monday, 1st December**.

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. The forms will appear on *www.advisorybodies.doh.gov.uk/accea/index.htm* in due course. Members in Scotland should visit SACDA *www.shsc.scot.nhs*

The Scottish Contingent at the Ball

Report on the Annual Congress 20-22nd May 2008

It didn't escape notice that this year was the 20th Anniversary of the Royal Charter for our College. Celebrating in style, Congress this year was at the new Arena and Convention Centre in Liverpool, European City of Culture 2008. The location was refreshing and the scientific program matched.

Professor Roger Hitchings, Moorfields Eye Hospital, delivered the Bowman Lecture. He introduced Bowman as a generous clinician, whose interest was ophthalmology from his teenage years as a surgical apprentice. He guided us through the development of ophthalmology in Bowman's time and the history of glaucoma to the present day. It was light hearted and inspiring.

The Ashton Lecture was delivered by Professor Gregory Hageman, University of Iowa, Carver College of Medicine. He focused on the development of his life long interest in retinal cell biology relating to age related macular degeneration (AMD). In particular the aetiology of the AMD, why it affects the macula and the role of complement factor H.

Dr Anthony Norcia, The Smith-Kettlewell Eye Research Institute, San Francisco delivered the Edridge Green Lecture. His research has focused on the developing visual system. His team has studied neural activity and conscious visual perception in infants to see how the visual system is sculpted in the early years of development in normal and amblyopic children.

Professor Wallace Foulds, the first President of the College was invited to present a role for photoreceptors in retinal oedema and angiogenesis: an explanation for laser treatment. Laser produces its therapeutic effect by a reduction

continued on page 2

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

The Royal College of Ophthalmologists
17 Cornwall Terrace,
London NW1 4QW
Tel. 020 7935 0702
Fax. 020 7935 9838
www.rcophth.ac.uk

A skills course

The OTG forum

in the photoreceptor load of angiogenic factors, such as vascular endothelial growth factor and inducible nitric oxide synthetase, which in turn will help development of less destructive medical therapy for macular oedema and neovascularisation.

The Foulds Trophy for the best basic science oral presentation was awarded to Ms T Z Khatib. She presented work from the University of Oxford, on the effect of indocyanine green (ICG) and light on retinal neurons, mimicking the effects of ICG usage in vitreoretinal surgery. The findings confirmed that ICG causes apoptosis above 0.015% concentrations in vitro.

The DVD exhibition was high quality, covering all subspecialty surgery. The Treacher Collins Prize for the best DVD was awarded to C Heatley and K Barton's team for their well-designed and elegant presentation: Improved early flow control with the Baerveldt glaucoma implant – use of a stent suture without external ligation.

The Advanced Medical Optics (AMO) prize for one of the highest marks in abstract marking was awarded to R L Ford. The British Ophthalmological Surveillance Unit (BOSU) study of traumatic optic neuropathy found the incidence in the UK to be at least 1 per million population per year.

The Societas Ophthalmologica Europaea (SOE) prize was awarded to A J Shortt for obtaining one of the highest marks at abstract judging. The Moorfields team presented clinical, impression cytology and confocal microscopic outcomes of successful ex-vivo cultured limbal epithelial stem cell transplantation performed to strict European Union legislation regulatory standards in humans.

Dr Gordon Plant presented the first British Isles Neuro-Ophthalmology Club (BINOC) poster prize awarded in memory of Ivor S. Levy, consultant neuro-ophthalmologist. He presented it to L J Best and team for the British Ophthalmic Surveillance Unit study of the incidence of blindness secondary to idiopathic intracranial hypertension in the UK. The study found that the incidence of blindness is much lower at 1-2% than previously reported at 6-10%.

The Royal Eye Hospital London Poster prize was awarded to S Park and the team at University College London Institute of Child Health for their poster presentation that investigated which developmental glaucoma genes was genetic risk factors for primary open angle glaucoma. They found that anterior segment dysfunction caused by altered LIM homeobox transcription factor 1, beta (LMX1B) allele function may predispose the general population to adult onset glaucoma. Mutations LMX1B are more commonly associated with nail-patella syndrome.

A poster presented by CE Stewart and team from City University, London on the neural deficit in human amblyopia won the Royal Eye Hospital Manchester poster prize. They used functional magnetic resonance imaging and psychophysical methods to confirm that amblyopic observers show significant deficits of global motion for amblyopic and fellow eye stimulation, suggesting that there are extrastriatal deficits, in addition to dysfunction in the primary visual cortex.

Congress 2009 will be marked with the first Optic UK Lecture that will be delivered by Professor Alfred Sommer from Harvard.

We look forward to seeing you in Birmingham (for further details see *www.rcophth.ac.uk*).

Susan P Mollan (SpR)
Royal Berkshire Hospital

We take a brief pause to celebrate the Annual Congress 2008 and then planning begins in earnest for Congress 2009.

- The winner of free registration for Congress, as chosen from the completed congress questionnaires, is Patrick Kinahan of Gwynedd Hospital.
- The main lecturers are:
  - Duke Elder: Professor Anthony Moore
  - Edridge Green Lecture: Professor Irene Gottlob
  - Optic UK lecture: Professor Alfred Sommer
- Abstract submission site opens: Monday 15th September 2008 at 12 noon
- Abstract submission site closes: Monday 17th November 2008 at 12 noon

Prof Hageman with the Ashton medal

Jonathan Eason, Chairman of the SAS Group at the SAS Forum

ORBIS UK

Robert Walters has been appointed as the Chairman of the Board of Trustees. ORBIS UK is an affiliate of ORBIS International, whose mission is to eliminate avoidable blindness worldwide. Since 1982, ORBIS programmes have benefited people in 86 countries, enhancing the skills of more than 195,000 health care personnel and providing eye care treatment for 6.8 million people. For further information visit *www.orbis.org.uk*

The eye questionaire

I am grateful to the 196 people who took the time to complete the Eye online survey. 94 % were College members. Surprisingly only 57 % said that the impact factor of the journal was important. The clinical studies section was judged most useful or interesting with laboratory studies being judged the least important. A "controversies in ophthalmology section" and more reviews were requested as the type of additional information which would be most useful. Authors found the online submission system mostly "good" and its availability was important in their decision to submit to Eye. They also felt it was important that articles were published online ahead of the print version of Eye.

In response to the survey I am pleased to report that a controversies in ophthalmology section and more reviews are being scheduled to appear in the journal. The editorial board's focus over the next year will be to reduce the backlog of articles waiting to be published and continue to publish high quality papers. I am also pleased to report that the impact factor of the journal has risen to 2.3.

Andrew Lotery
Editor of Eye

Members' news

Professorial Appointment

Stephen Vernon has been appointed as a Special Professor in Ophthalmology at the University of Nottingham and remains a full time NHS consultant for clinical activities.

Consultant Appointments

Mr Nachiketa Acharya	Royal Hallamshire Hospital, Sheffield
Miss Lydia Chang	Hinchingbrooke Hospital, Huntingdon, Cambs
Mr Richard Gale	York District Hospital, York
Mr Rajen Gupta	Royal Victoria Infirmary, Newcastle upon Tyne
Miss Zoë Johnson	Royal Victoria Infirmary, Newcastle upon Tyne
Mr Javeed Khan	St Mary's Hospital, Newport, Isle of Wight
Mr Muhammad Qureshi	East Surrey Hospital, Redhill, Surrey
Mr Manzar Saeed	Queen Elizabeth Hospital, Kings Lynn,
Mr Usman Sarodia	Leicester Royal Infirmary, Leicester
Mr Ashok Vyas	Scarborough Hospital, Scarborough

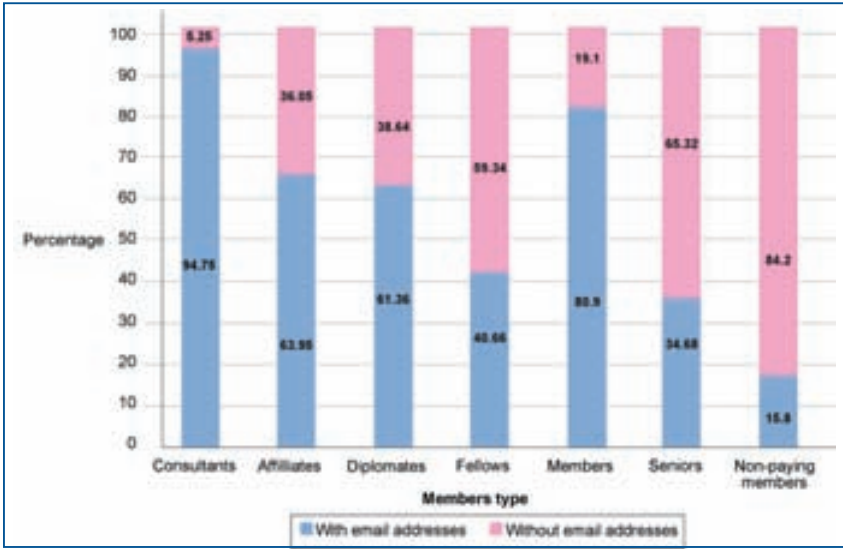
Regional Advisers

Regional Advisers are appointed by Council. They must be:

- Fellows of the College and registered for Continuing Professional Development.
- 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 December 2008. Any person wishing to stand should contact *Hon.Sec@rcophth.ac.uk*

REGION	CURRENT POST HOLDERS	DATE OF RETIRE-MENT	ELIGIBLE FOR RE-ELECTION
South Yorkshire & South Humberside	Mr Tin Chan	December 08	Yes
South Western	Mr Anthony Quinn	December 08	Yes
Mersey	Mr Mark Watts	December 08	Yes
Scotland West (Glasgow)	Dr Charles Diaper	December 08	Yes
Northern Ireland	Mr Gerard McGinnity	March 08	Yes
Scotland East	Mr Nicholas George	March 09	No
Scotland East	Mr Jaswinder Singh	March 09	No



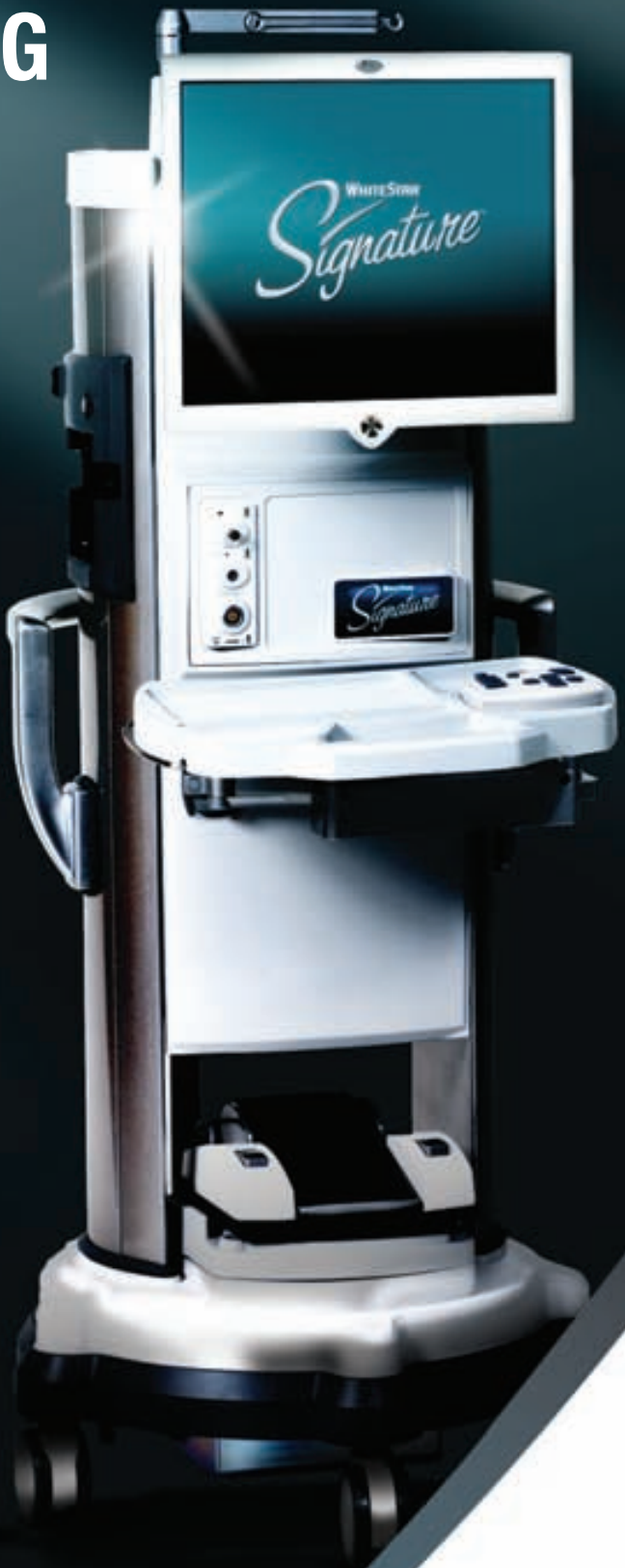
Email

We have had much success in encouraging members to email *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.

The graph shows the percentage email addresses held by category of members. We have nearly 95% of consultant email addresses and would like to achieve that level of success across all categories.

Introducing the all-new WHITESTAR Signature™ System...

REVOLUTIONIZING LENS REMOVAL TECHNOLOGY... *AGAIN*



WHITESTAR Signature™ with Fusion™ Fluidics

Leading-edge WHITESTAR™ Technology, breakthrough Fusion™ Fluidics, and an easy-to-use platform—all combine to optimize chamber stability and safety from the pioneers in phaco technology.

Contact your AMO equipment specialist on 01628551609.

AMO™
Vision. For life.

THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

Focus

Autumn
2008

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

Age-related macular degeneration

Age-related macular degeneration (AMD) remains the leading cause of blindness in the developed world. Over the past few years, not only our understanding of the pathogenesis has significantly improved, Lucentis therapy has also altered the prognosis of neovascular AMD patients.

Genetics

The observation that siblings of AMD patients are at high risk of developing the condition, suggested that AMD is a genetic disease. It is only in 2005, this hypothesis is confirmed; the polymorphisms of complement factor H (CFH) were associated with AMD. This was followed by several genes in the complement pathways showing similar association. Another important genetic region is in the 10q26, it remains controversial whether it is the HTRA1 or LOC387715 is the real culprit. The functions of either of these genes are poorly understood, so it might not matter for the time being.

Environment

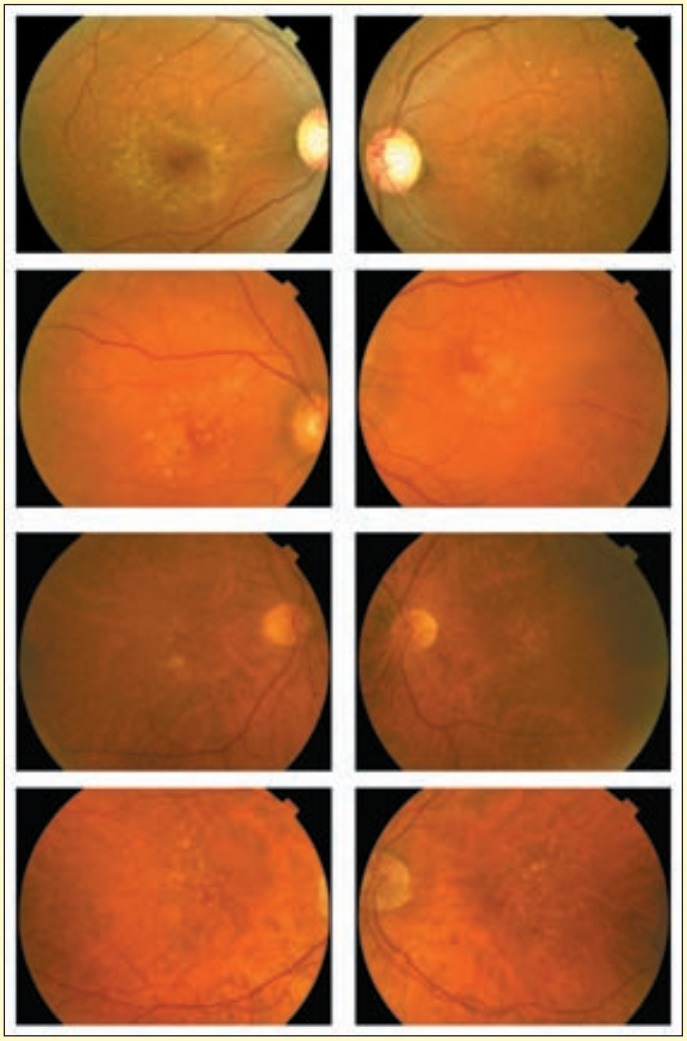
The most consistent environmental risk factor of AMD is smoking. There is evidence that smoking not only add to the risk of developing AMD but it multiplies the risk in those with "at risk" polymorphisms. One would argue no one should smoke, but smoking should be strongly discouraged in family members of AMD sufferers.

Lucentis

Lucentis is the first treatment in neovascular AMD that can significantly improve visual outcome. The pivotal trials used monthly injections. Over 1 year, over 40% of treated patients have significantly improved vision (>15 letters gain), about 75% have some improvement (>1 letter gain). About 5% have significant visual loss (>15 letters loss), most patients lose vision due to the deterioration of the atrophic component of the condition. Similar results maintained to 2 years.

It became clear that monthly injections are probably unnecessary, it is now usual practice to give 3 loading doses at monthly intervals, then patients are monitored monthly, patients are retreated if there are recurrences of fluids based on OCT, presence of new haemorrhage or further visual loss. At the moment, this scheme is not scientifically proven but there are several cases series support this scheme. There are controversies in the following areas:

- Does every patient need 3 loading doses?
- Do we need to review the patient monthly once the patient has been stabilised for a period of time?



Drusen – Many different types of drusen in different patients but the two eyes show remarkable similarities.

- Do we need to treat patient with subretinal fluid visible OCT but no visual loss?
- As the EMEA recommends retreatment of Lucentis only when there are more than 5 letter loss, do we need to do OCT at all?
- Can combination therapy with either PDT and/or steroid and most recently with local radiation, reduce treatment frequency and retain same efficacy?

At the time of writing (August 2008), the NICE guidance is still not issued. Nonetheless, it is likely that NICE will recommend the use of Lucentis based on the 3 loading doses and then as required. Both eyes can be treated. The drug will be provided for free by Novartis after 14 treatments on each eye. The transitional period could be problematic, as only new patients can join this dose capping scheme, anyone who was treated before either privately or NHS, they are not covered. One can argue that it might not matter as most of these patients will not need more than 14 treatments anyway.

Geographic atrophy

This is often forgotten as they are not commonly seen in clinic. In fact, for every 2 patients with wet AMD, there is 1 patient with end-staged GA, so about 12,000 new cases every year in the UK. This is the new frontier of AMD research. Over the past few years, it has become clear that GA is probably best monitored by autofluorescence (AF) imaging. This method gives high quality picture with well defined areas of atrophy. The difficulty of a drug trial in GA is that different patients might have different rate of progression. Several attempts had been made to predict progression but findings are inconsistent.

GA is generally believed to be caused by retinal pigment epithelial (RPE) dysfunction and eventually lead to cell death. One treatment strategy is to protect the cell by neuroprotection agents. Neuroprotective agents can be delivered by the encapsulated cellular technology, in which genetically modified cells that can produce growth factors are encapsulated inside an implant which is in turn surgical inserted into the vitreous cavity. As the cells are encapsulated, they do not interact with the host body and the immune cells cannot get into the implant to attack the foreign cells either. These agents can also be given as slow release biodegradable implant which can last 6 months or more. The whole implant is completely dissolved.

Fenretinide is an oral compound that decreases serum retinol by binding to retinol-binding protein, and promotes renal clearance of retinol. This in turn decreases the bio-availability of retinol for the RPE and photoreceptors. A2E, a retinoid by-product, is a major fluorophore in lipofuscin and a significant source of RPE cytotoxicity. It is hypothesized that by reducing toxic retinoid by-products of visual cycling, it can reduce GA progression.

Prevention of conversion to wet AMD

Despite Lucentis, patients with wet AMD have problems with reading, and most would not be able to drive. Furthermore, Lucentis is expensive; also the frequent visits to the hospital put a significant strain to the patient and the carers. There is no doubt that wet AMD prevention should be a research priority.

Biomarkers can be used to predict progression. Several biomarkers from complement factors, cytokines, matrix proteins and inflammatory markers had been identified in recent years. It remains unclear how to put that into clinical practice.

So far, the largest AMD treatment trial on prevention is the Alcon funded Anecortave Acetate Risk Reduction Trial. They studied whether anecortave acetate can reduce the conversion rate of the fellow eyes of patients with wet AMD. It was unfortunate that it has failed to meet the end point at 2 years and Alcon is no longer developing this drug further in the retinal area.

The original AREDS study can reduce conversion but it is plagued with controversy including the use of beta-carotene. There was also a media scare on the use of high dose vitamin E. More recently, excessive zinc accumulation is also found in AMD donor eyes. The take up rate of AREDS remains poor in most countries. Many epidemiological studies and laboratory studies supported the protective effect of macular pigment such as lutein and zeaxanthin. There is also evidence that omega-3 long chain polyunsaturated fatty acids can also prevent wet AMD. The AREDS2 study is now fully recruited and study both of these agents in combination with the original AREDS preparation.

Implantation surgery of advanced AMD

There are at least 2 implantation systems to be used in patients with advanced AMD. The implantable microscopic telescope (IMT) gives an x3 magnification, but a very restricted visual field. The implanted patient depends on the fellow eye for navigation but due to the high magnification, the patient can achieve very significant visual improvement. The IMT device is large and there is a risk of corneal damage during the surgery but the endothelial count appears to become stable after the initial loss. The IOL-VIP system is the only commercially available system; it gives a 1.3x magnification. It is based on 2 IOLs, one in the anterior chamber and the other in the posterior chamber, the company claims that there is a prismatic effect of the 2 IOLs allowing the image to be diverted to a healthier part of the retina. The benefit of this effect remains to be proven. The surgical risk is probably lower and it can be used in patients who are already pseudophakic. Personally, I found patients with poor vision in one eye and the implanted eye with pre-op vision in the range of 6/18 to 6/36 appears to do well. Patients with mid-range vision in both eyes would need binocular implantation.

Low vision support

Low vision support has a very low priority in the NHS. In most hospitals, it is not even an official service. Nonetheless it is a critical part of AMD management. There is going to be a Focus article on visual rehabilitation, so I am not going to discuss that further. However, we are starting a lobbying campaign to improve low vision support in the NHS and would value all your support.

Counselling and Emotional Support

Depression is extremely common in patients with AMD. The quality of life is often poor in AMD patients. It is often difficult for ophthalmologists to notice those problems during our rather brief consultation. Vision support workers in hospital departments are critical and often provide first line support when patients were told nothing can be done.

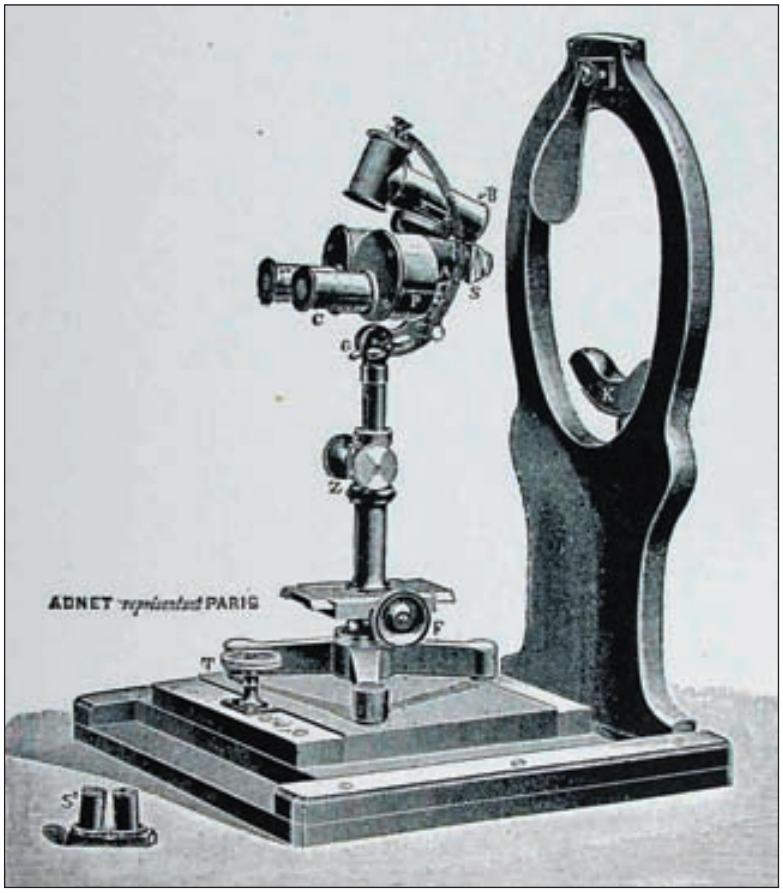
Charles Bonnet Syndrome

Visual hallucinations are very common in AMD patients, most patients do not dare to ask about it and often think that they have gone "crazy". In a recent Dutch survey of low vision units, that most units would not discuss Charles Bonnet Syndrome, despite it is in their National Low Vision Guideline. The Macular Disease Society and the RNIB are keen to increase the awareness of the syndrome. Most patients need to know the syndrome exists and it is common. Reassurance is what is usually need, and that can be done by an information leaflet or ask a direct question as part of the consultation.

Financial Disclosure: The author has received honorarium, speaker fees or conference expenses from Novartis, Bayer, Merck, Pfizer and Regeneron in the past 2 years.

Victor Chong
Oxford Eye Hospital, University of Oxford

Museum Piece
The first slit lamp



The Czapski microscope

Before the emergence of the Slit Lamp Microscope at the beginning of the 20th century, examination of the eye with magnification was carried out with a variety of loupes, both monocular and binocular, using unfocussed illumination.

In 1897 Siegfried Czapski of Carl Zeiss, Jena, introduced a table mounted, binocular microscope using high, interchangeable magnification. This allowed the ophthalmologist for the first time to examine the cornea under magnification, stereoscopically. Illumination, although projected obliquely, was a weak, diffuse beam of light.

In 1911 Allvar Gullstrand of Sweden, in the same year that he was awarded the Nobel Prize for Physiology or Medicine, invented the Nernst Slit Lamp. The glowing straight coiled filament from the lamp was focussed on to a mechanical slit aperture. This new source beam was then projected through a double convex lens which produced a fine slit beam of light when focussed on the eye.

However, examination of the structures of the cornea and anterior chamber under magnification was still with a loupe or a pair of hand-held binoculars.

In 1915 Otto Henker who succeeded Czapski suggested that the latter's binocular microscope might be combined with Gullstrand's Slit Lamp and what resulted was the first Slit Lamp Microscope which made its appearance in 1916.

It is interesting to note that although the ingredients for an ophthalmic surgical microscope were now available ophthalmologists had to wait a further 40 years for the first dedicated instrument.

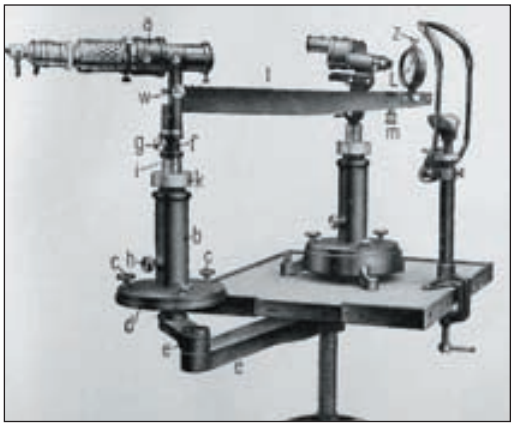
Richard Keeler, Museum Curator
rkeeler@blueyonder.co.uk

Siegfried Czapski

Allvar Gullstand

Otto Henker

The Nernst slip lamp



The first slit lamp microscope 1916

www.topcon.co.uk

earlier

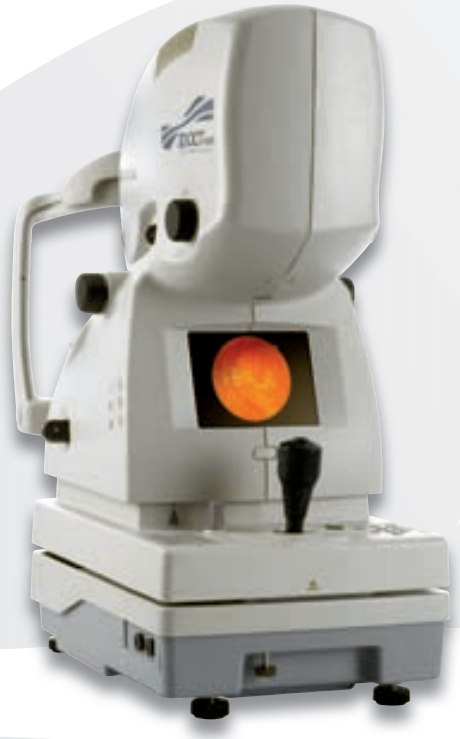
Earliest possible detection of retinal disease

clearer

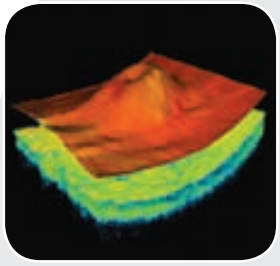
Clear diagnosis through PinPoint registration to true fundus image

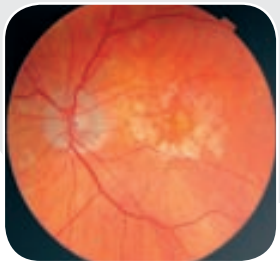
faster

Fast client throughput; fundus photography, OCT Screening and Nerve Fiber analysis in one simple procedure



three ways to a guaranteed investment





The Topcon 3D OCT is your guaranteed next generation investment

- Integrated Fundus Camera
- PinPoint registration
- NSC Approved*
- High-speed
- Normalative database
- Seamless integration with IMAGEnet i-base

**For fundus photography*

For a free demonstration of the new Topcon 3D OCT-1000

Contact Topcon on +44 (0)1635 551120
or email medical@topcon.co.uk

TOPCON

CONNECTING VISIONS

Ophthalmic equipment needed for eyessee charity

Eyessee charity, established in 2000, has set up camps in Peru and in Myanmar (Burma). We provide medical aid and care and are committed to training local doctors and nurses to continue the care after we leave.

We are setting up camps in Sri Lanka and in Tanzania but we are in desperate need of ophthalmic diagnostic and surgical equipment. We need everything from slit lamps, lenses, A/B scans to operating microscopes, operating instruments, sterilisers and operating tables. We will make use of anything and everything - and we will arrange collection.

Mr Sal Rassam, Chairman
eyessee
32 West Parade
Worthing
West Sussex BN11 5EF
Tel: 0870 9911869 / sal.rassam@wash.nhs.uk

The Ophthalmology Section of the Royal Society of Medicine

- *The year ahead*

The 2008-09 programme offers concentrated, high quality updates on various aspects of ophthalmology presented by experts. Diary details are on page 16.

Every meeting is preceded by tea and followed by a wine reception, providing opportunities to socialise with professional colleagues and meet old friends.

There are great deals for trainees

- Visit the RSM website to find out about the current offer of two months free fellowship *http://www.rsm.ac.uk/academ/smtophth.php*
- Junior trainees can join the RSM for as little as £18 per quarter
- Regular attendees may be sponsored by a pharmaceutical company

The benefits of joining the RSM include:

- Free online access to over 900 full text e-journals from your desk
- Amazing Library resources
- Prizes and travelling fellowships
- 15% off the new online exam revision site (examdoctor)
- Meetings specifically developed for trainees and those with an interest in ophthalmology as well as those of the other 54 specialist sections. The majority with CPD accreditation
- Free access to 5 medical databases.

Our section has traditionally been one of the most successful. The more support we get the stronger we will become and the better the service we are able to offer to our Fellows.
The new Academic year starts on 9th October 2008 with the Presidential address: Pharaohs, Kings and Kids.

Wagih Aclimandos
President Elect
Ophthalmology Section of the RSM

World Ophthalmology Congress

Hong Kong, 28 June – 2 July 2008

In 1857, 150 ophthalmologists met in Brussels for the very first international meeting, at a time when rapid scientific advance was contending with religious conviction and Darwin had yet to publish his 'Origin of the Species'. The International Congress has been held regularly since then and is now the oldest surviving medical congress.

This year the World Ophthalmology Congress (WOC) was held in Hong Kong, an island that already supports 7 million people and to which were added 11,000 delegates from 110 countries. It was undeniably a Congress on a large scale, with an opening ceremony that rivalled the Beijing Olympics and over 300 scientific sessions covering 28 subspecialty areas and 3,600 posters. Of the 1,500 speakers, 50 were from the UK, speaking on a wide variety of sub-specialty topics as well as postgraduate education and training, curriculum development, epidemiology and VISION 2020.

There is now a far greater awareness of the impact of world blindness and this was reflected at the Congress by a significant proportion of the programme being devoted to strategies to alleviate the suffering of the 314 million visually impaired people in the world.

As RCOphth Representative to the International Council of Ophthalmology (ICO) I attended an 'Advocacy' seminar, the ICO World Leadership Roundtable meeting and the ICO General Assembly. I promoted the RCOphth curriculum and the College's role in setting standards and developing guidelines and stressed the need to work together to conserve effort. There was a lot of talk, with considerable influence from the USA, but evidence that there is a genuine desire to develop a unified sense of direction, particularly with regard to training, which is one of the most crucial factors in tackling global blindness.

Satiated with information, there was also an opportunity to climb Victoria peak, cross to Kowloon, and survive both a Chinese massage and the consumption of a 1,000 year old duck egg before returning home.

A useful 'ICO Resources' cd containing a huge amount of information about VISION 2020 and ICO can be accessed via the College website *www.rcophth.ac.uk*

Nick Astbury

REVALIDATION UPDATE

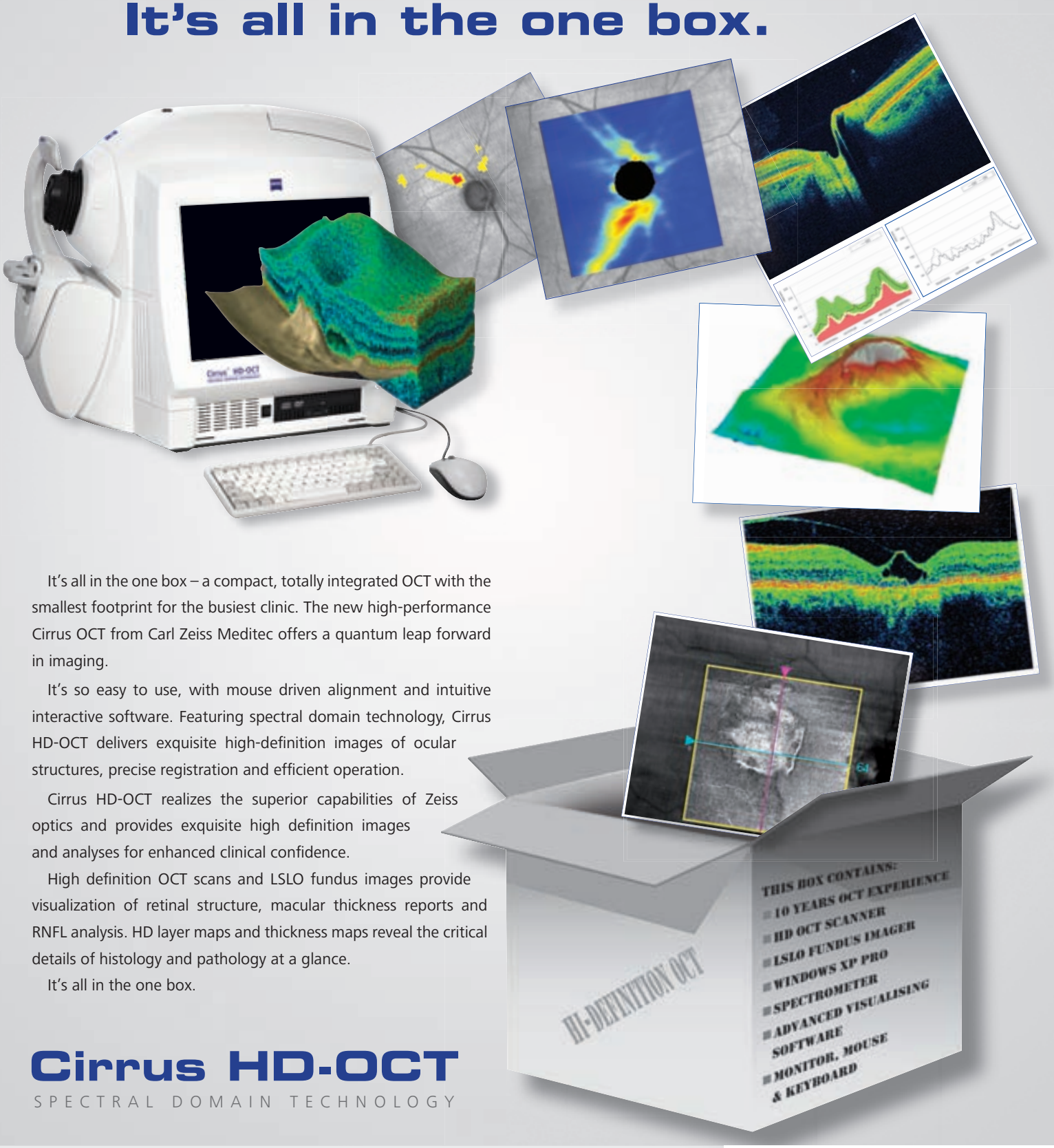
Thank you to those who submitted the revalidation questionnaire. The results can be viewed in the members' area *www.rcophth.ac.uk*

We have just learned that our bid to the Academy of Medical Royal Colleges to develop the cataract dataset as a revalidation tool has been successful.

This presents an opportunity for a specialty registrar in ophthalmology who is nearing the end of training. He / she will work under the supervision of the research project lead, and will be accountable to the Professional Standards Committee of the Royal College of Ophthalmologists which meets quarterly.

Further details are available from *kathy.evans@rcophth.ac.uk*

OCT to go!
It's all in the one box.



It's all in the one box – a compact, totally integrated OCT with the smallest footprint for the busiest clinic. The new high-performance Cirrus OCT from Carl Zeiss Meditec offers a quantum leap forward in imaging.

It's so easy to use, with mouse driven alignment and intuitive interactive software. Featuring spectral domain technology, Cirrus HD-OCT delivers exquisite high-definition images of ocular structures, precise registration and efficient operation.

Cirrus HD-OCT realizes the superior capabilities of Zeiss optics and provides exquisite high definition images and analyses for enhanced clinical confidence.

High definition OCT scans and LSLO fundus images provide visualization of retinal structure, macular thickness reports and RNFL analysis. HD layer maps and thickness maps reveal the critical details of histology and pathology at a glance.

It's all in the one box.

Cirrus HD-OCT

SPECTRAL DOMAIN TECHNOLOGY

Carl Zeiss Ltd
Medical Division

www.zeiss.co.uk

PO Box 78, Woodfield Road
Welwyn Garden City Herts AL7 1LU
Tel: 01707 871231 Fax: 01707 871287
E-mail: med-sales@zeiss.co.uk

ZEISS

We make it visible.

Professional Standards

The National Confidential Enquiry into Patient Outcome and Death

(formerly Perioperative Deaths), (NCEPOD), celebrates its 20th anniversary this year.

NCEPOD is an independent organisation and a registered charity that is governed by a board of Trustees and a wider Steering Group; with representation from relevant Medical Royal Colleges, Specialist Associations and patient groups. Clinical input is provided by Clinical co-ordinators who are practicing consultants seconded from their NHS Hospital Trusts.

NCEPOD's remit

The original aims of NCEPOD were to undertake independent reviews of clinical practice and identify remediable factors in the practise of anaesthesia and surgery. In April 2002 NCEPOD extended its remit to include medical patients and near misses. At this time its name was changed to the 'National Confidential Enquiry into Patient Outcome and Death.'

Although death is not a common outcome in ophthalmology, we have featured in NCEPOD reports from time to time. The most recent was in the report published this year on sickle cell disease when discontinuation of warfarin in a patient before cataract surgery led to patient's death as result of pulmonary embolism.

Many recommendations have been made by NCEPOD over the last 20 years several of which have shaped the way we practise healthcare in the UK.

Here are few examples:

1989: Local audit meetings are essential to good clinical practice and all consultants should participate.

1992: Practitioners must recognise their own limitations and not hesitate to consult a more appropriate colleague when managing conditions outside their immediate expertise.

2007: Patients admitted as an emergency should be seen by a consultant at the earliest opportunity. Ideally this should be within 12 hours and should not be longer than 24 hours. Compliance with this standard will inevitably vary with case complexity.

There are a number of recommendations that at the first instance does not seem to apply to the practice of ophthalmology but when taken in the context of patient care as a whole it would make our practice a lot safer. To this end trainees are encouraged to become familiar with the issues raised by NCEPOD, as they might find themselves questioned on such matters in their exit exam. *www.ncepod.org.uk*

Manijeh Wishart
College representative at NCEPOD

18 Weeks' and Ophthalmology

The College continues to liaise with the Department of Health's 18 Weeks Clinical Advisory Group. Ophthalmology is now achieving a 90% target. See *www.performance.doh.gov.uk/rtt/* and *www.18weeks.nhs.uk* websites for latest details.

The College's representative, Mr Simon Kelly, has highlighted our concerns over the clinical risks of review patients with long term eye conditions (e.g. glaucoma, diabetic retinopathy) being postponed by Trusts to achieve new patient 18RTTs and PCT 'new to old' patient ratio diktats. The pressures on tertiary referrals and inter-provider transfers as a result of the 18 weeks target has also been flagged up. If the 18RTT can be sustained there is an emerging view that providers can concentrate on quality, now that waiting times have reduced in the English NHS.

Please continue to keep the College informed of issues relevant to the 18RTT and of innovative schemes or service transformations being developed locally to meet this target.

THE INTERNATIONAL FORUM ON QUALITY AND SAFETY IN HEALTH CARE, BERLIN, GERMANY 17-20 MARCH 2009.

Call for Abstracts - Deadline 26 September 2008 - 5pm GMT submissions from first time submitters are particularly encouraged on:

- important cultural or leadership initiatives that have stimulated change
- new work with results to present

https://forum.eventsinteractive.com/bmj/cm.esp?id=11062&pageid=_2DY0ZQK86

The Medicines and Healthcare products Regulatory Agency (MHRA) Ophthalmic Webpage

The MHRA is making the reporting of Adverse Incidents easier by launching a series of specialty specific web pages. Ophthalmology is the first one, and has been developed in collaboration with the College.

The page is intended to inform ophthalmologists about important safety information regarding medical devices and medicines specific to ophthalmology, and to contain relevant general information.

As this webpage has been created specifically for ophthalmologists, the MHRA would encourage any feedback regarding its content and usability to *christopher.brittain@mhra.gsi.gov.uk*.

Visit the MHRA-Ophthalmology webpage at http://www.mhra.gov.uk/ophthalmology
Timothy Rimmer, Quality & Safety Subcommittee

Honorary Fellows

At the Admissions Ceremony in June 2008, Honorary Fellowships were awarded to Professor Geoffrey Arden, Dr Jeffrey Jay and Mr Ronald Pitts Crick. Over the next few issues the citations will be reproduced in College News.

This is an edited version of the citation given in honour of ***Professor Geoffrey Arden***

Madam President, Ladies and Gentlemen,

Professor Geoffrey Arden qualified in medicine from the University of London in 1957 having already gained a BSc and a PhD within 5 years of leaving school. In 1953 he published his first paper in the Journal of Physiology on visual pigment. After qualifying, he soon became side-tracked from a career in medicine into a career in vision research, a fact for which ophthalmology has much cause to be grateful. He began a long and fruitful relationship with the Institute of Ophthalmology and Moorfields Eye Hospital in 1960 which continued until the next phase of his career, euphemistically called retirement, in 1995.

Back in the 1950's visual electrophysiology was just emerging as a branch of vision science. Then, an unsolved challenge was to measure in humans the very slow changes in the standing potential between the front and back of the eye in response to light which had been observed in excised fish eyes a hundred years earlier. Geoffrey Arden addressed that problem in 1962 with a typically elegant solution, by superimposing the light rise on a series of horizontal movements of the eye of fixed amplitude – a test with which every diplomate here today will be familiar: the electro-oculogram.

Geoffrey Arden developed visual electrophysiology as a clinical service at Moorfields, becoming an honorary consultant in 1967 and professor in 1969. Very few ophthalmologists understood electrophysiology, and many were sceptical of its value. The advent of solid state electronics and computers that would fit into something smaller than a warehouse opened up new possibilities and Professor Arden even learned to programme in machine code in order to take advantage of this new technology.

During his career at Moorfields and the Institute, Professor Arden published over 230 papers in major scientific journals. He has co-authored a major textbook on electrophysiology of vision now in its second edition. When he reached the age of 65, the speakers at his retirement symposium formed a glittering line-up of internationally acclaimed scientists many of whom Geoffrey Arden had mentored.

Of course, everyone knew that Geoffrey Arden had no intention of retiring with a pipe and slippers, and he soon acquired an honorary chair at City University, where he continues to conduct high-quality research and to publish at the age of 78. Even the electro-oculogram has had a new lease of life. Professor Arden has shown that it is influenced by ethanol as well as by exposure to light. This has considerably brightened up what can be a rather tedious test to undergo and there has been no shortage of volunteers amongst the student population for his "whisky EOG".

I was attached to the electrophysiology department at Moorfields as a senior registrar between 1991 and 1993. It was a wonderfully stimulating place to work, no problem was insoluble and much of the equipment, even down to the circuit boards was home-made. I was struck by Geoff's approachability, his lack of pomposity and his kindness. Even the most junior technician addressed him as Geoff. He cared greatly about his staff and he made sure that no-one who worked in his department left without a publication to their name. He is a deeply principled man who values scientific and personal integrity more highly than fame or fortune.

The President, Brenda Billington, with Geoffrey Arden and Vice President Richard Smith

Geoff, please don't retire just yet!

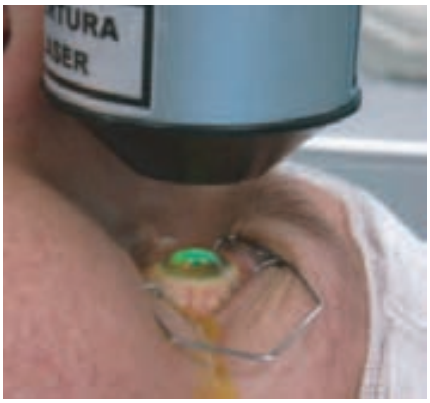
Madam President, I should like to present Professor Geoffrey Arden for the award of honorary fellowship of the Royal College of Ophthalmologists.

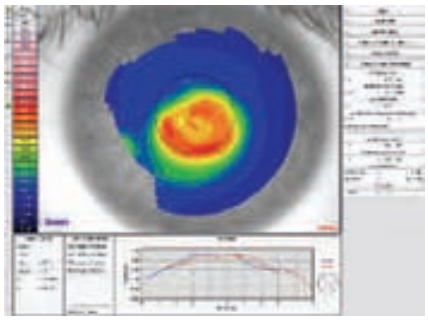
Richard Smith

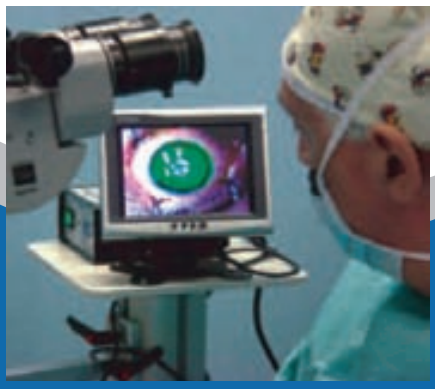
The European Society of Ophthalmology (SOE)

The College has just received an invitation from the President of the SOE to nominate a representative for the Board of Directors. The post is for 4 years, renewable twice. The applicant must be under 70 and have a good command of English.

The matter will be discussed at the September 2008 Council but any member interested in this subject is invited to contact *kathy.evans@rcophth.ac.uk*







Carleton

Making light work

The CBM Vega Cross Linking System for Keratoconus Treatment has been designed to provide you with optimal control, security and peace of mind for all your Cross Linking procedures.

Used in conjunction with RICROLIN CE sterile single dosage Riboflavin, the CBM Vega X Linker provides controlled exposure of UV A light over a variable treatment zone.

The solid state diode emits UV-A rays peaking at 370nm. This, combined with an innovative optical system ensures homogeneous distribution of UV A light across the entire treatment area.

The unique and fully flexible conterbalanced operating arm provides you with ultimate control, ensuring the optimal operating position for each and every patient. This, combined with real time images from the on board colour camera allows precise and simple focussing.

The integral monitor and timer provide you with an up to the minute check on treatment data for greater control.

CBM Vega X Link

Key features and benefits

- Footswitch
- Fixation point
- Fully flexible counterbalanced operating arm gives you precise control for every treatment.
- Optimal working distance for easy operation
- Large fully adjustable treatment zone (4 to 11mm)
- 2 focussing LEDs
- Integral timer and monitor for accurate treatment control
- Fully mobile stand with castors for multi treatment room usage

For additional information please contact;
Carleton Ltd, Pattisson House, Addison Road, Chesham, Bucks, HP5 2BD
Tel: 01494 775811 • Fax: 01494 774371
Carleton@carletonltd.com • www.carletonltd.com

FIGHT FOR SIGHT EYE RESEARCH

The British Ophthalmological Surveillance Unit (BOSU)

- The Fight for Sight Surveillance Study Bursary 2008

Through kind support from Fight for Sight the BOSU is offering a research bursary award of £6,000 to support an ophthalmologist in training to undertake an epidemiological study of a rare eye condition.

All applications will be assessed upon their suitability for nationwide surveillance, public health and/or scientific importance and the achievability of the research questions. All suggested conditions should have an expected population incidence of <300 cases per annum.

Applications on two sides of A4 should provide:

a) A general background to the disorder including objectives.
b) A draft case definition.
c) Proposed research questions.
d) If possible, the expected number of case reports.
e) A justification for accepting the study.
f) Name of Study Supervisor.

Applicants are advised to contact Barny Foot (*BOSU@rcophth.ac.uk* or 07808 581659) for an informal discussion and to request application guidelines. **Closing date: 19th October 2008**

ORYCLE 2008

Things are changing...evolving in the world of medicine and especially training. The Ophthalmic Trainees' Group (OTG) is no exception to these changes and it has shown an ability to adapt to the changing environment, not least in its annual meeting.

The Ophthalmic Registrars and Young Consultants Learning Essentials (ORYCLE) is an important professional and social event. It has always served as a platform for bringing together trainees, particularly those in the last couple of years of their training, with recently appointed Consultants. This year we were joined by SAS doctors.

ORYCLE 2008 at the Copthorne Hotel in Manchester was sponsored with an educational grant from AMO. The programme included a session on establishing an independent practice and advice for the newly appointed Consultant. The Medical Protection Society reviewed the risk factors that lead ophthalmologists into difficulty whilst a GP gave his personal experience of macular degeneration and its impact on his career and family life. Other topics included an account of a fellowship in Australia, delivering ophthalmic care in the community and working with the new curriculum.

Next year's programme is only now reaching the drawing board and the OTG intend to make it an exciting and rewarding event and an essential step on the long road to becoming a Consultant.

Faisel Idrees

EYESicataract Virtual Reality Ophthalmic Surgery Simulator

The London Deanery, which accounts for a third of all trainees, has enabled the College to purchase a simulator that currently resides in the Council Room. The provision of surgical skills training is becoming ever more important as on-the-job training opportunities risk being compromised by the European Working Time Directive, the Modernising Medical Careers Initiative and Independent Sector Treatment Centres.

Module Editors appointed to collaborate with DH on e-Learning for Health

Mr Larry Benjamin
Mr Andrew Cassels-Brown
Profesor Victor Chong
Professor Bertil Damato
Mr Scott Fraser
Mr Christopher Liu
Mr Sathish Srinivasan
Mr Kasra Taherian
Mr Peter Tiffin

The Editors will lead the development of each Module, working with Authors who will develop each session. If you are interested in authoring a session please contact the College via *elearning@rcophth.ac.uk*

JOIN EUROPE!

An opportunity has arisen for a Fellow to join the College's European Subcommittee to represent the College at the European Board of Ophthalmology (EBO), which is the Training & Education committee of the UEMS Ophthalmic Section (Union Européenne des Médecins Spécialistes).

The successful applicant would be on the Specialist Register and ideally have already examined for the College. S/he would be a europhile and able to attend 2 subcommittee meetings a year at the College and the EBO annual committee meeting, held on the continent each year. S/he should be able to examine for the EBO exam in English and at least one other European language, preferably French.

For further information please see *www.ebo-online.org* then contact Mr Wagih Aclimandos on 020 32991524.

Excellent Single Use products

Brilliant Peel

The latest product from Fluoron, Germany. A membrane dye that selectively stains the I.L.M.

Fully licensed, non toxic and exhibiting a stable concentration, this product this is the ideal aid for successful membrane peeling. Samples available.

Instrumentation

95% of our instruments are made in the EU and mostly in the UK by craftsmen using microscopes.

With correct handling, these instruments are made to last, sometimes for years. Even with todays tough decontamination protocols.

Altomed Coaxials

A perfect tip for every case. The Altomed Coaxial I/A handpieces are available with a choice of six tip configurations and give you reusable tip quality with the convenience of disposability.

Contact customer services to request a free sample.

Altomed are exclusive dealers for the following famous ophthalmic brands:

LABTICIAN · New World Medical Inc · RHEIN · MANI · EYETEC · FLUORON · STERIMEDIX · Geuder

ALTOMED

2 Witney Way Boldon Business Park Tyne and Wear NE35 9PE England

Tel: 0191 519 0111 Fax: 0191 519 0283 Email: sales@altomed.com
Web: www.altomed.com or Web: www.optic-online.co.uk

College Seminar Programme 2008

All seminars take place at the College, unless otherwise stated

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, London
10 October
Chaired by: Profesor Peter Shah

Re-Licensing & Re-certification
14 October
Chaired by: Mr Richard Smith

Diabetic Retinopathy
24 October
Chaired by: Profesor Victor Chong

The Elizabeth Thomas Seminar on AMD
Venue: The East Midlands Conference Centre
28 November
Chaired by: Mr Winfried Amoaku

Please visit www.rcophth.ac.uk/scientific/seminars for further details and the 2009 calendar

Training the Trainers

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

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

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/skills-centre/* for more details. Additional courses are listed below and these take place at the College, unless otherwise stated.

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: Miss Sally Webber/ Ms Ruth Manners

Medical Retina HST/OST Study Day
1 December *(please note new date)*
Chaired by: Mr Larry Benjamin/Miss Susan Downes

VR HST/OST Study Day
5 December
Chaired by: Mr Paul Sullivan/Mr Larry Benjamin

RSM Ophthalmology section

2008

9 October
Presidential address: "Pharaohs, Kings and Kids" – Mr Wagih Aclimandos

13 November
"The Optic Nerve" - Chairmen: Dr Gordon Plant and Dr Elizabeth Graham

11 December
"International Ophthalmology: Home and Away" - Chairman Mr Nick Astbury

2009

15 January
"Consent, Capacity and Confidentiality" - Chairman: Mr Graham Kyle

12 February
"New Frontiers in Paediatric Ophthalmology" - Chairman: Mr Ken Nishall

12 March
"Laser 'Weapons' in Ophthalmology and in War" - Chairman: Prof John Marshall

14 May
"Plastic and Oculoplastic" - Chairperson: Miss Fiona Robinson

11 June
Trainees Meeting: Posters and Presentations

Other events 2008

3 October
The Ophthalmic Lead Clinicians Forum (Clinical Directors also welcome)
Responses to recent policy changes
The Kings Fund, London
r.a.harrad@bristol.ac.uk

9 - 11 October
British Isle Paediatric Ophthalmology and Strabismus Association Annual Meeting
Sheffield Town Hall
samantha.howard@sth.nhs.uk
http://www.biposa2008.org/

13 -17 October
Macular Course
Moorfields Eye Hospital
courses@moorfields.nhs.uk

17 October
Retinal Imaging Course
Institute of Ophthalmology, London
courses@moorfields.nhs.uk

23 October
Anterior Segment Infection
Moorfields Eye Hospital
courses@moorfields.nhs.uk

13 - 14 November
UKISCRS Annual Meeting
The Dome, Brighton
The Rayner Medal Lecture- José Güell, Barcelona
Guest Lecture -Prof David Williams, New York
ukiscrs@onyxnet.co.uk

17 - 20 November
Growing Points in Paediatric Ophthalmology
Moorfields Eye Hospital
courses@moorfields.nhs.uk

21 November
The Medical Contact Lens & Ocular Surface Association (MCLOSA)
The Royal Society, London, UK
Kersley Lecturer: Peter McDonnell
Symposia on: Contact Lenses, Corneal Infections & Keratoconus
mclosa.admin@gmail.com
www.mclosa.org.uk

3 - 4 December
LASIK Course
Moorfields Eye Hospital
courses@moorfields.nhs.uk

12 December
3rd Amsterdam Retina Debate
Academic Medical Center
retinadebate@amc.nl

Other events 2009

Oxford Ophthalmological Congress - Call for papers
Abstracts should be submitted via:
www.oxford-ophthalmological-congress.org.uk
Closing date: 6 January

15 - 18 January
Asia ARVO, organised by the Indian Eye Research Group,
The Hyderabad International Convention Center, Hyderabad
asiaarvo@lvpei.org
www.asiaarvo2009.org

22 - 23 January
Trends in Ophthalmology Meetings
The Royal Society, 6-9 Carlton House Terrace, London
email address: Info@trendsinophthalmology.com
web address: www.trendsinophthalmology.com

18 - 19 March
UK Neuro-Ophthalmology / Medical Ophthalmology Society
St Thomas' Hospital, London.
gordon@plant.globalnet.co.uk

27 March
MDA Annual Eye Surgery Update
County Hall, Cardiff, South Wales, U.K.
Email: laservision@mdaclinic.co.uk
Website: www.mdaclinic.co.uk

26 June
Stoke Mandeville – opening of new eye unit and reunion
Past employees most welcome to attend. Please send your contact details to:
bruce.james@buckshosp.nhs.uk

5 - 8 July
Oxford Ophthalmological Centenary Congress
The Oxford Playhouse
To celebrate 100 years since it was founded by Robert W Doyne there will be a boat trip to mirror that taken at the first meeting and the Annual Dinner will be held in Blenheim Palace.
o_o_c@btinternet.com

26 - 27 November
Trends in Ophthalmology Meetings
The Royal Society, 6-9 Carlton House Terrace, London
email address: Info@trendsinophthalmology.com
web address: www.trendsinophthalmology.com