QUARTERLY BULLETIN OF THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

College NEWS

Summer
2009

NICE guideline for glaucoma

The National Institute for Health and Clinical Excellence guideline entitled *Glaucoma: diagnosis and management of chronic open angle glaucoma (COAG) and ocular hypertension (OHT)* was published on 22 April 2009. This guideline is an important step forward in raising the standards of care for people at risk of vision loss from glaucoma. By providing the means for a consistent national approach it aims to reduce the variation in current clinical practice.

The guideline was developed by a multi-professional guideline development group (GDG) working with the technical staff of the National Collaborating Centre for Acute Care based at the Royal College of Surgeons. Several members of our own College, including the chair, served on the GDG, and as a registered stakeholder the College commented on the draft guideline.

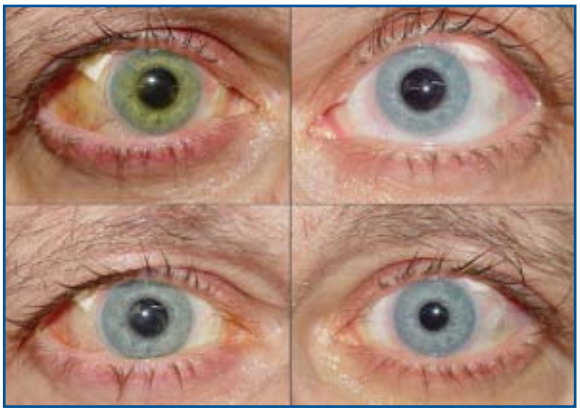
The guideline recommendations include diagnosis, treatment, monitoring, organisation of care and provision of information for adult patients with COAG and OHT. NICE publishes several outputs or 'products' for a clinical guideline (*http://www.nice.org.uk/Guidance/CG85*). These include the 'NICE version' which contains all the recommendations and associated summary information, a quick reference guide, a user guide 'understanding NICE guidance' and the full guideline with appendices. Shortly after publication implementation and commissioning guidance are produced.

Effectiveness and cost effectiveness are integral to the approach used by NICE. The guideline is evidence based as far as possible, evidence being interpreted and supported by expert opinion as appropriate.

Recommendations cover a wide range of aspects of care including who should be treated and how. Cost effectiveness analyses have demonstrated that prostaglandin analogues are the best available first-line pharmacological option for early to moderate COAG and surgery is most effective for advanced COAG. Risk-based monitoring intervals have been specified which should support clinical decision makers and help address follow-up delays. Treatment for OHT is cost effective in terms of prevention of future blindness for certain higher risk groups as defined by level of intraocular pressure, corneal thickness and life expectancy. People with OHT should thus be risk assessed and treated and/or monitored accordingly.

Minimum standards of care which can be expected by people accessing the NHS have thus been made explicit, not only in terms of the standards of clinical care to be provided but also in terms of who may deliver care and what skills are required by healthcare providers.

Mr John Sparrow
Chair, Guideline Development Group



Iris colour change after glaucoma surgery

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

Autumn	5 August 09
Winter	5 November 09
Spring	5 February 10
Summer	5 May 10

Medical Futures Innovation award 2008

A list of the winners of the award appeared in the winter 2008 issue. This is the second in a series that celebrates their achievements.

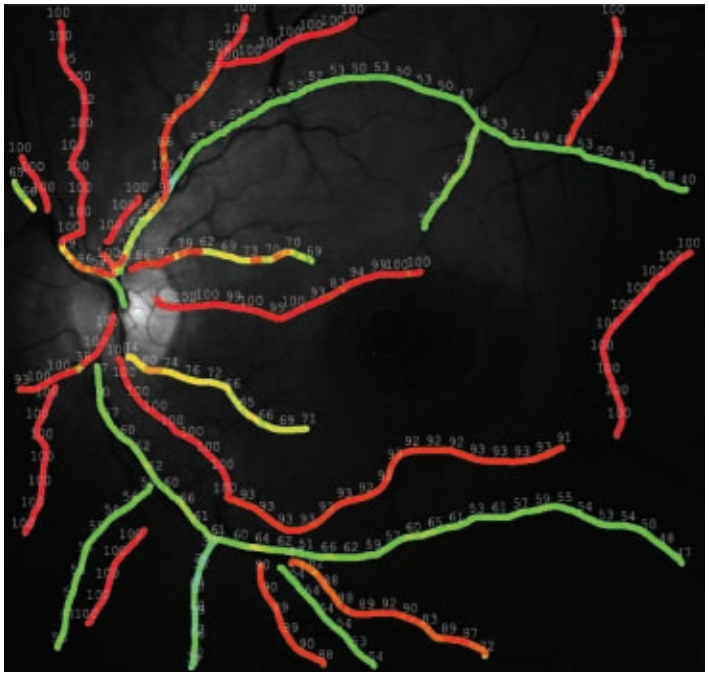
Retinal oximetry using hyperspectral imaging

Hyperspectral imaging has classically been used in remote sensing applications to identify features within an imaged target, such as geospatial detection and quantification of minerals on the ground.

A meeting between clinical and industry scientists held by Cranfield University enabled Professor Andrew McNaught and Professor Andrew Harvey to discuss the feasibility of developing a hyperspectral imaging camera for the retina to measure the oxygen saturation in the retinal vasculature. A grant from the Department of Trade and Industry and the Eye Therapy Trust enabled a two-year collaboration between their respective institutions; Gloucestershire Hospitals NHS Foundation Trust and Heriot-Watt University. This collaboration resulted in the development of a prototype hyperspectral retinal camera which exploits the subtle variations in the absorption spectra of blood that accompany changes in its oxygenation, akin to the techniques used in pulse oximetry and CO-oximetry.

Retinal images are captured at various wavelengths in a snapshot using a patented spectral retinal imaging instrument. The result is the generation of eight retinal images simultaneously, each representing different wavelengths.

The advantage is that high quality spectral retinal images are obtained quickly, non-invasively and complicated algorithms to align the retinal images are not required. Crucially, the component that enables the capture of spectral images in a snapshot can be integrated into most conventional retinal imaging systems. Specialised computer algorithms to produce images that map the retinal blood oxygenation have been developed. This can be used to study and map the metabolic activity of the retina. Validation of the accuracy of the oxygen saturation measurements using an artificial eye containing fresh whole human blood of known oxygen saturation is currently being carried out. Improvements in the accuracy of the oximetry measurements using light scattering algorithms is currently being developed as part of a New and Emerging Technologies research grant.



Normal retina - oxygen saturation map

This technology could be used as a screening tool or may be implemented to monitor disease progression and the effects of treatment in patients with diabetic retinopathy, glaucoma and age-related macular degeneration.

Mr David J Mordant, Ophthalmology Research Fellow

Congress 2010 returns to the Arena & Convention Centre, Liverpool

The next issue will contain a report on Congress 2009 which was held in Birmingham. In the meantime here are some dates for your diary:

Abstract submission website opens:
15 September 2009

Abstract submission closes:
16 November 2009

Abstract results published:
19 January 2010

Registration website opens:
15 February 2010

Congress:
25 - 27 May 2010

Revalidation news

The College has just learned that it has secured funding from the UK National Screening Committee to start a National Ophthalmology Database. The outputs will initially focus on defining quality standards for diabetic retinopathy treatment services. This is a very positive development that will assist members with revalidation, audit and research. More information will be sent to members in due course.

The Lay Advisory Group (LAG) recruits new lay members

Following a notice in the Spring issue of *College News* and adverts placed in the national press, the College has recruited three new members:

Mr Gordon Cropper

Mr Brian Green

Mr Stuart Holland

Mr Tim Battle has completed his term as Chairman and is succeeded by Mr Derek Forbes

Members' news and appointments

Email addresses

Please let the Membership Department know if you get a new email address so that we can keep in touch with you. Contact *database@rcophth.ac.uk*

Opinion pieces

College News may publish opinion pieces on ophthalmic subjects submitted by members in good standing. These articles may be up to 350 words in length and may be accompanied by a digital image. There will be no more than one such article in any newsletter and they will be accepted on a first-come basis. The College reserves the right to exercise editorial control to remove grammatical errors and libellous content but changes will be discussed with the author.

Publication may be deferred in favour of late factual submissions.

Travel expenses

The College has recently revised its travel and expenses policy for those attending meetings *(www.rcophth.ac.uk/finance-membership/expenses)* The main message is that members are strongly encouraged to plan ahead to take advantage of lower fares to minimise costs.

Seniors' day

At the time of going to print there were just a few places left. The day will consist of an interesting programme of talks, a sit down lunch and plenty of opportunities to catch up with colleagues. The cost is £50, including VAT and it will be held on Thursday 18 June 2008. Please contact *sara.davey@rcophth.ac.uk* for further details.

Obituaries

We note with regret the death of the following members:

Dr Modhusree Chatterjee,
Woodford Green, Essex

Mr James Tattersfield,
St Albans, Herts.

Consultant appointments

Mr Sanjiv Banerjee	Cardiff Eye Unit, Cardiff
Mr Vivek Bansal	Essex County Hospital, Colchester
Miss Carole Cooke	Altnagelvin Area Hospital, Altnagelvin
Mr Edward Doyle	Torbay Hospital, Torquay
Miss Raina Goyal	Birmingham Heartlands Hospital, Birmingham
Mr Andre Ismail	St Albans City Hospital, St Albans
Miss Kaveri Mandal	Warrington Hospital, Warrington
Mr Yedatore Murthy	The Royal Shewsbury Hospital, Shewsbury
Mr Jignesh Patel	Essex County Hospital, Colchester
Mr Anil Singh	City Hospital, Birmingham
Miss Shakti Thakur	Rotherham District General Hospital, Rotherham

Professorial appointment

Robert MacLaren has moved from the UCL Institute of Ophthalmology to take up a Professorship in Ophthalmology at the Nuffield Laboratory of Ophthalmology, University of Oxford. He was appointed as a consultant in ophthalmology at the Oxford Eye Hospital on 1 March 2009 and also remains an honorary consultant at Moorfields Eye Hospital. Robert's research focuses on developing new gene and stem cell treatments for retinal diseases and he is supported by the Health Foundation. The department will be rolling out several research programmes, each targeting a specific retinal disease. Clinicians wishing to undertake a period of research in the department should contact *robert.maclaren@eye.ox.ac.uk*

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 in 2009. Any person wishing to stand should contact: *hon.sec@rcophth.ac.uk*

REGION	CURRENT POST HOLDERS	DATE OF RETIREMENT	ELIGIBLE FOR RE-ELECTION
Wales	Mr Chris Blyth	September 09	Yes
Wessex	Miss Anne Denning	December 09	Yes
Yorkshire	Mr Ian Simmons	December 09	Yes
Oxford	Miss Susan Downes	December 09	Yes

Elections to Council

The Honorary Secretary	Mr Bernard Chang
The Honorary Treasurer	Mr Peter McDonnell
Regional Representatives:	
North East Thames	Miss Clare Davey
North Western	Mr Susmito Biswas

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THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

Focus

Summer
2009

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

Improving detection of visual problems and eye disorders in children through screening

JS Rahi
Reader in Ophthalmic Epidemiology / Honorary Consultant Ophthalmologist
Institute of Child Health / Great Ormond Street Hospital and Institute of Ophthalmology / Moorfields Eye Hospital, London

MP Clarke
Consultant Paediatric Ophthalmologist / Reader in Ophthalmology
Newcastle upon Tyne

Why do it?

Prompt detection of visual problems and ophthalmic disorders is valued by families, allowing timely provision of support and advice, and provision of developmental and educational interventions and genetic counselling, where appropriate. It is also recognised by clinicians as being central to the optimal management of affected children, enabling treatment within the critical periods of visual maturation.

What should be done?

Screening comprises the systematic assessment of a whole population to identify those individuals likely to have the disorder of interest (but are presymptomatic), so that they can be referred for confirmation of diagnosis and treatment, as well as to reliably exclude unaffected individuals. There are a number of established requirements of population screening programmes *www.nsc.nhs.uk*

Population screening is fundamentally different to clinical surveillance, which comprises systematic observation to detect early or evolving signs of a particular condition (e.g. a new disease or complication of existing disease or its treatment) in individuals at high risk to allow appropriate timely interventions (e.g. new or changed treatment or further investigation). Examples of surveillance activity include formal ophthalmic assessment of children with specific systemic disorders (e.g. neuro-developmental) or sensori-neural hearing impairment.

Many countries have programmes of childhood screening and surveillance to detect a range of ophthalmic disorders. Important differences exist between and within countries in the content and implementation of these programmes. These differences reflect varying interpretations of the currently incomplete evidence base that informs policy, as well as variations in aims and provision of health care and the different roles of the professionals involved.

After on-going review of the research evidence, the United Kingdom National Screening Committee, has recently re-launched its programme of universal childhood screening for vision and ophthalmic disorders (originally recommended in 2006). Its components are shown in the Box. Importantly this now forms part of the new national Child Health Promotion Programme set out by the Department of Health and Department of Children, Schools and Families.

How do you know it is working?

There is evidence that the NSC programme has not been implemented in many primary care trusts (PCTs). There are particular concerns about patchy implementation of the recommendation about vision screening at school entry (by five years) and about implementation of alternative approaches to screening which are unsupported by evidence.

Thus the Director of the UK National Screening Committee recently wrote to all Directors of Public Health recommending them to review provision in their area, as well as highlighting the need for audit.
The following audit framework has been suggested:

- The age of the population screened
- Who does the screening
- The training they have
- The method being used for screening
- The criteria for referral

- Total population in the target cohort
- The number screened
- The number of children "failing" the screening
- The number of those who 'fail' that have true disease and are newly discovered
- The number referred as a result of screening

The outcome of these referrals, i.e. how many are confirmed to have a visual loss that either needs observation or treatment? Ideally splitting the two

The number of children who 'pass' screening but later present with an eye problem that should have been detectable through screening

What can you do?

If your local PCT is not implementing the recommendations of the NSC, particularly with respect to four to five-year-old screening, then you and your orthoptic colleagues should engage with the Director of Public Health in the PCT to ensure compliance with NSC recommendations.

Summary

Early detection remains an important requirement for improving provision and outcomes for children with eye disease and their families. Ophthalmic professionals are ideally placed to ensure and support local implementation of the existing national recommendations.

UK National Screening Committee: recommendations for screening and surveillance for vision and ophthalmic disorders in childhood <www.nsc.nhs.uk>; Health for All Children, 4th Edition, Elliman and Hall, Oxford University Press, Oxford; The Child Health Promotion Programme 2008

Target population	Recommendation
Neonatal period and early infancy	
a. Very low birth weight and premature babies	Specialist ophthalmic examination to detect retinopathy of prematurity *www.rcophth.ac.uk/docs/publications/ROP_Guideline_-_Masterv11-ARF-2.pdf*
b. All newborns and 6-8 week infants	Newborn and 6-8 week physical examination of the eye, including red reflex to detect media opacities (particularly congenital cataract) and eye anomalies

Primary school age /entry (by 5 years)

All 4 to 5 year olds To detect reduced visual acuity (primarily amblyopia)	Acuity measurement, each eye separately using LogMAR charts. Referral of children who do not achieve 0.2 in each eye (approximately 6/9 on a Snellen based linear chart), despite good cooperation. Conducted by orthoptists or by professionals trained and supported by orthoptists. To replace existing school entry vision screening programme if it exists. No other preschool vision screening programme justified. Secondary School Age

Secondary school age

11 years and above	Insufficient evidence to recommend either discontinuation of existing, or introduction of new, vision screening programmes for refractive errors

There is no robust research evidence to support any other vision screening in childhood.

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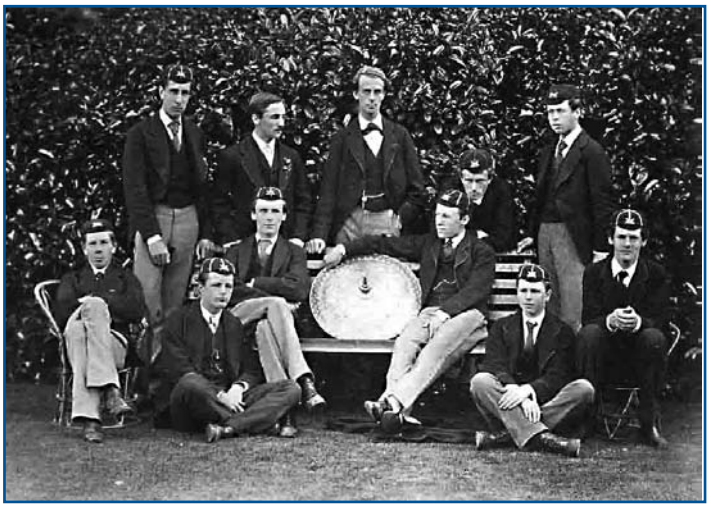
Doyne's Oxford Ophthalmological Congress celebrates 100 years

The Oxford Congress will always be recognised as the brainchild of its founder, Mr Robert Walter Doyne. A man of quite remarkable energy and enthusiasm, an extrovert and something of a polymath, no account of the history of the Oxford Ophthalmological Congress can be divorced from that of its inspirational founder.

Robert Doyne was born in The Old Rectory, Monart, Co. Wexford in 1857 and his family can be traced back to the early Irish chieftains of the 14th century. He was sent to be educated at Marlborough School and afterwards matriculated at Keble College, Oxford which he left at the end of his first year through ill health, described by his tutor as 'a kind of hysteria'. He was nevertheless able to enlist at the Bristol Medical School and afterwards continue with his medical studies at St George's Medical School in London, registering there as a student in 1880.

Robert Doyne with the Oxford Fencing Club 1898 (by kind permission of the Bodleian Library)



Doyne (standing right) at Marlborough College in shooting XI

After qualifying as a member of the Royal College of Surgeons he went into practice in Bristol before returning to London and becoming a Licentiate of the Society of Apothecaries in 1883. He then joined the Royal Navy and served as a surgeon on three of Her Majesty's vessels, the Duke of Wellington, Cambridge and Temeraire, the latter being the first iron-clad battleship, from which he disembarked in Egypt in late 1884.

Mr Doyne moved to Oxford in 1885 to go into general practice. He married in that year and settled down to live in a house in Broad Street, which is now the site of part of Blackwells bookshop. It was during this time that his

Keble College, Oxford

Group photograph of 1909 Oxford Ophthalmological meeting

interest in ophthalmology took root and he established an eye dispensary, which was soon to become the Oxford Eye Hospital when it moved to new accommodation in Wellington Square in 1886.

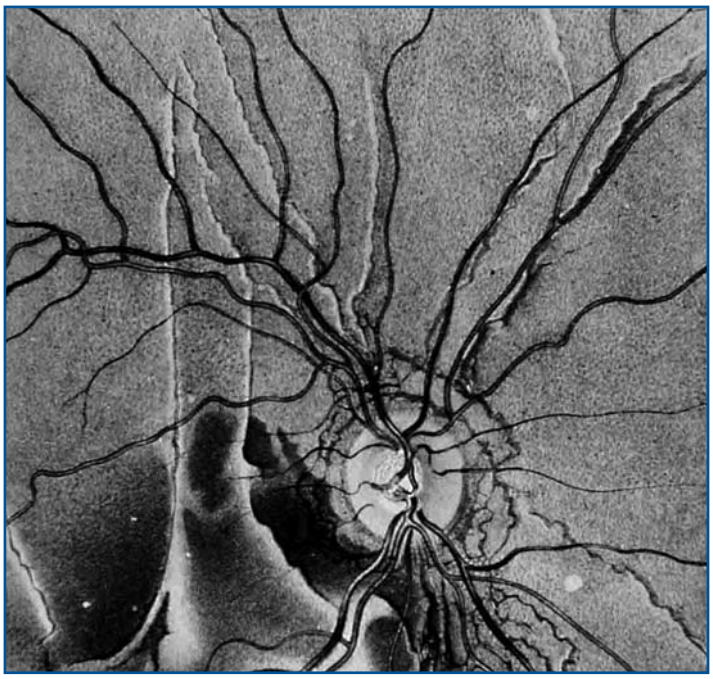
Mr Doyne soon became an authority on eye diseases and in 1889 described choroidal and retinal changes and angioid streaks in a patient who had received a blow to the eye. This was the forerunner to many scientific articles he was to contribute to a number of medical journals and, following a part-time course of study at the Royal London Ophthalmic Hospital (Moorfields), he went on to obtain his FRCS in 1892.

Meanwhile, as well as playing tennis, fishing and indulging an enthusiasm for sailing, the sport of fencing became a passion and at the age of 40 he co-founded the Oxford Fencing Club, a passion shared later by his son Philip, who became the national champion and represented Great Britain in two Olympics.

In 1899 Mr Doyne was elected a consultant at the Royal Eye Hospital in London and in the same year published the description of familial honeycomb choroiditis that bears his name. He set up the Diploma in Ophthalmology (Oxon) and was shortly to be rewarded by becoming the first Margaret Ogilvie Reader in Ophthalmology and the senior surgeon in the Oxford Eye Hospital and at the Radcliffe Infirmary.

In 1904 the annual meeting of the BMA was held in Oxford. Doubtless due to Mr Doyne's exceptional energy, enthusiasm and outgoing personality he was asked to organise the ophthalmic section of the meeting. This proved to be so popular that an ophthalmological scientific meeting, held at Keble College and the School of Anatomy, became an annual event. In 1909 a formal proposal was made by Sir William Osler, Regius Professor of Medicine, that an Oxford Ophthalmological Congress should be inaugurated with Robert Doyne as Master. The Congress was founded on the premise that no one, however young or junior, was discouraged from contributing to the debate and discussion, an endeavour successfully maintained to the present day.

Robert Doyne remained Master until 1914 when ill health forced his resignation and Sydney Stephenson its first Secretary, took over as Master.



Doyne's Angioid Streaks

After a life into which he managed to pack more endeavours than almost all his contemporaries, Robert Doyne died on 30 August 1916 at his Oxford home at the tragically early age of 59, three years after suffering a stroke, and was buried at Headington Quarry Church. After 100 years, his legacy, the Oxford Ophthalmological Congress, lives on, as do the Doyne Memorial Lecture and Medal established in 1917, following his death.

From 5–8 July 2009, the Oxford Ophthalmological Congress will hold its centennial meeting at the Playhouse Theatre, Oxford under its Master Mr Harry Willshaw. A celebration dinner will take place at Blenheim Palace on the 7 July.

Members and visitors are encouraged to visit a display of memorabilia on the second floor of the Playhouse Theatre, much of which has never before been exhibited and which offers a unique insight into both the background of the Congress and the remarkable life of its founder.

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

The Doynes' home at 53 Broad Street, Oxford

Silhouette teapot, parting gift from the Doynes

Robert Walter Doyne 1857-1916, founder of the Congress

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INTERNATIONAL NEWS

Help needed to tackle glaucoma in sub-Saharan Africa

The admirable global initiative, Vision 2020, aims to eliminate 'avoidable' (treatable or preventable) blindness. Diabetic retinopathy and glaucoma were omitted in the first five-year phase, but included in the second phase in 2005. Diabetic retinopathy management is gradually improving through better interaction between diabetic and eye clinics but glaucoma remains ignored. With a background of intermittent working visits to Africa, I decided to get involved as a self-appointed 'glaucoma missionary'.

Vision 2020 has three strands:

1 Strategies for disease control – relevant in Vitamin A deficiency, trachoma and onchocerciasis
2 Human resource development
3 Provision of appropriate technology – I believe visual field analysers (VFAs) and modern tonometers are essential to effective glaucoma management in hospital practice.

In 2005 there was just one VFA in public use in Uganda – in Mulago University Eye Department, Kampala and it is a similar story throughout sub-Saharan Africa. Second-hand VFAs are available in the UK at little or no cost. In 2006 I bought Friedmann Mark 2's for Uganda from a dealer for £250 each. I then found, through letters in *The Optician* and *Optometry Today* that superseded VFAs can be obtained for the asking.

To date my wife, Edith, and I have driven around the UK collecting more than 50 VFAs – most in good working order – and around Uganda and Kenya distributing and demonstrating their use and giving Powerpoint talks. In February 2009 I arranged a CME session in Kampala, attended by 65 eye workers representing every Ugandan eye unit. I now have to fund this myself, but am seeking active participation rather than money.

I equate a modern Humphrey VFA with the latest Mercedes and the Friedmann Mark 2 and Henson 3000s we have mainly been supplying with reliable second-hand cars. I believe every hospital eye unit should have user-friendly tonometer(s) – not just a Schiotz, used perhaps once a month – and a VFA operated by selected staff. A study is proposed in western Kenya to evaluate the effectiveness of the VFAs we are supplying there; the Christian Blind Mission sponsored study in Uganda is nearing completion. Finding pituitary tumours in three patients already blind in one eye has been a bonus.

This project is fascinating, rewarding and quite safe. I hope that another ophthalmologist, possibly in a similar semi-retired situation, will wish to become involved.

Mr Robin Finlay, Bath
01373 834475
finlay@doctors.org.uk

Surgical skills in Egypt

In January, Mr Khalid El-Ghazali led a team of trainers to deliver the Basic Microsurgery and Phaco Course in Cairo. There is insufficient space to include his report, entitled Lawrence of Arab"eye"a here but it can be read at *www.rcophth.ac.uk/about/skillscentre* . However, this photo of Mr El-Ghazali, Mr Simon Hardman-Lea, Mr Prasad Palimar, Mr Niral Karia and Miss Katie Miller calls out for inclusion.

Five go to the pyramids

Retinal camera sought

Reliable data on the burden of diabetic retinopathy (DR) are needed for planning services. This information is currently lacking in many areas of the world, due in part to the challenges of accurate diagnosis of DR within population-based surveys. At the International Centre for Eye Health we are developing a new rapid method for assessing DR burden at the district level. We will need a retinal camera for this work and are asking whether anyone might have one that we could borrow (e.g. a camera being stored after a new replacement has been purchased)? We will need the camera for three separate surveys lasting about two months each (from October 2009–Oct 2010) and a loan of a camera for one or all of these sessions would be greatly appreciated.

If you think you might be able to help or have suggestions of alternative routes we could try, please contact: *hannah.kuper@lshtm.ac.uk or sarah.polack@lshtm.ac.uk*

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1. Artal P, Alcon E, Villegas E. Spherical Aberration in Young Subjects with High Visual Acuity. Presented ESCRS 2006. Paper 558.
2. Packer M, Fine IH, Hoffman RS. Functional vision, wavefront sensing, and cataract surgery. Int Ophthalmol Clin. 2003 Spring; 43(2): 79-91.

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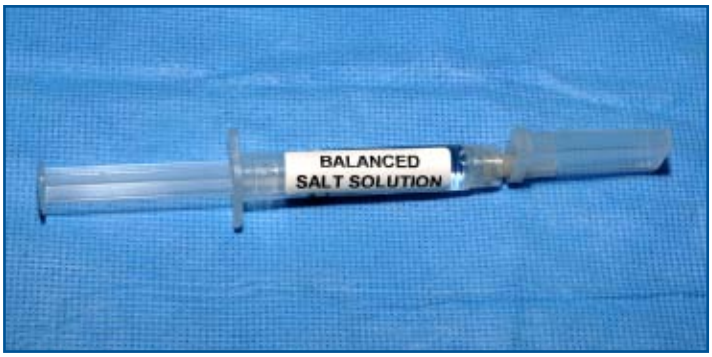
Mix ups and intraocular injections

Following a report of an adverse incident following intraocular injection of cefuroxime solution intended for sub-conjunctival injection, the Reporting and Learning System at the NHS National Patient Safety Agency (NPSA), which now contains 3.4 million incidents, was explored for similar matters. Seven further incidents that most closely match the trigger incident were located. In the trigger incident the patient received an intracameral injection of cefuroxime, rather than of balanced salt solution during cataract surgery, and is reported as having experienced visual loss. It should be noted that the dose of cefuroxime when intended for intracameral injection is 1mg whereas the dose for sub-conjunctival injection is 100–125mg. Corneal and retinal toxicity is possible with such medication concentration/dose errors. In several of these cases it appears confusion between syringes of drawn up medications/ fluids on scrub nurses' trolleys occurred. It is good practice to label syringes of similar appearing medications.

In related matters, issues with the intraocular injection of out of date medications and of dispensing/labelling errors of medications for intraocular injections have also come to the attention via the NPSA, which receives patient safety reports from all trusts in England and Wales.

The College would welcome comments to *penny.jagger@rcophth.ac.uk*

Mr Simon Kelly
Chairman, Quality and Safety Sub-committee,
with input from National Patient Safety Agency and UK Ophthalmic Pharmacists' Group



A labelled syringe

The new tariff

The introduction of a new coding system recording operations and outpatient visits (HRG4) was launched on 1 April. The system is linked directly with hospital income through the National Tariff, so getting the codes correct is vital to avoid loss of income. The tariff this year has some strange anomalies that we will be lobbying the Department of Health to resolve for next year. For example, in many procedures the tariff for overnight stay (of two or more days) is now considerably higher than that for day case surgery. This could create a perverse incentive counter to the general move towards day case surgery of previous years. One of the stated advantages of HRG4 was the ability to properly reward more complex procedures, but in this year's tariff all three grades of corneal surgery have the same price!

Another feature of HRG4 is the introduction of tariffs for some diagnostic procedures (like CT, MRI and Fluorescein angiography), though the amount of these tariffs are currently up for local negotiation with primary care trusts. Hospitals can also now charge for outpatient procedures, so it is very important that all those minor procedures in the clinic are properly coded and charged for!

Mr Bill Aylward
Chairman, Information and Audit Subcommittee

Endothelial keratoplasty in the UK

A recent report from the Ocular Tissue Advisory Group (OTAG) of NHS Blood and Transplant (NHS BT) and the Ocular Tissue Transplantation Standards Group (OTTSG) of this College has shown an improved one-year survival rate of endothelial keratoplasty (EK), as more centres become experienced in this procedure. In 2007/08, one-year EK survival was 71% for Fuchs' dystrophy and 89% for pseudophakic bullous keratopathy. Graft survival, however, is still significantly poorer for EK compared with penetrating keratoplasty.

Unfortunately, graft survival analysis has thus far been limited to one year due to the small number of reported EK with follow-up beyond this point. Regrettably a large number of corneal transplant follow-up forms for EK still remain outstanding. The Professional Standards Committee has written to all centres performing EK reiterating the professional responsibility of all corneal transplant surgeons to return all corneal transplant follow-up forms to the Organ Donation and Transplantation Directorate (formerly UK Transplant) in a timely manner. At the moment, 21% of one year and 30% of two-year follow-up forms remain outstanding. Further improvement in the return rates of those forms would enable NHS BT to provide more reliable outcome data on EK and importantly avoid the possibility of centres and surgeons undergoing an external audit.

Mr Francisco Figueiredo
Chairman, Ocular Tissue Transplantation Standards Group
Mr Stephen Kaye
Chairman, Ocular Tissue Advisory Group (ODT)

Clinical excellence

The Advisory Committee on Clinical Excellence Awards (ACCEA) and The Scottish Advisory Committee on Distinction Awards (SACDA): 2010 Round

Do we have your correct email address?
The timetable for the submission of applications will be similar to that for last year. The College Clinical Excellence Awards (CEA) committee will meet in early November to rank applications for both the ACCEA (England and Wales) and SACDA (Scotland) awards. It is hoped that the results of the 2009 Round will be available before the end of August but, as usual, the schedule will be fairly tight. **All consultant members who have submitted an email address to the College database will receive a circular email at the end of August or early September giving details of the precise timetable and enclosing a copy of the form which will be used for College ranking purposes**. The closing date for applications made via the College will be in early October to allow sufficient time for the assessors to score the applications before the ranking meeting. Meanwhile, the Guide to the 2010 Round is expected to be published on the ACCEA website *http://www.advisorybodies.doh.gov.uk/accea/* towards the end of July. Details of the Scottish scheme will be found at *https://awards.sacda.scot.nhs.uk/index.php*

Gift from the President

Miss Brenda Billington will demit office at the Annual General Meeting on 20 May 2009. She has presented the College with a very fine table for the 1st floor reception room. It will help alleviate the queues at coffee breaks and ensure that committee members get an efficient caffeine fix and promptly return to work.

The Macular Disease Society

The Macular Disease Society is the UK charity dedicated solely to the cause of people with macular degeneration and in 20 years it has grown to be the biggest membership organisation in the visual impairment sector with over 17,000 members. It is launching an awards programme to recognise excellence in the care of people with macular degeneration.

There are three categories of awards:
- Clinical Service, Unit or Practitioner of the Year
- Support Service, Unit or Practitioner of the Year (emotional support, counselling, low vision, rehabilitation)
- The Chairman's Awards - Up to ten awards for exceptional service to the MDS.

Individuals and teams are also allowed to nominate themselves. For full details visit: *www.maculardisease.org*
Closing date: 30 June 2009

BupaFoundation
The Medical Research Charity

The 2009 awards are worth £15,000 each and the categories are:
- Care Award – for excellence in the development of care for older people
- Research Award – for the best emerging medical researcher in the UK
- Epidemiology Award – for excellence in the epidemiological study of human disease
- Clinical Excellence Award – for work that demonstrates an improved clinical outcome for patients
- Health at Work Award - for excellence in occupational medicine
- Communication Award – for effective communication between health care professionals and patients
- Patient Safety Award – for outstanding contribution to patient safety.

For full details visit: *www.bupafoundation.co.uk*
Closing date: 1 July 2009

College travel awards and fellowships 2009

Award	Amount	Closing date
Sir William Lister travel award	C. two awards £400-£600 each	Friday 2 October 09
Dorey Bequest travel award	C. two awards £400-£600 each	Friday 2 October 09
Ethicon Foundation Fund	Four to six awards of c. £400-£800 each	Friday 6 November 09

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

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College Seminar Programme 2009

All seminars take place at the College, unless otherwise stated

19 June
IXth State of the Art Refractive & Cataract Surgery Symposium
The University of Hull, Cottingham Road, Hull
Chaired by: Mr Milind Pande

16–17 July
Retinal Imaging Course
Institute of Physics, 76 Portland Place, London
Chaired by: Mr Yit Yang

8 September
Use of glaucoma imaging in clinical practice – Who, when and how to scan your glaucoma suspects/patients
Chaired by: Professor Stephen Vernon

16 September
Advances in Keratoplasty – Layer by layer: How Selective Lamellar Corneal Surgery is the Shape of Things to Come
Chaired by: Mr David Anderson

2 October
Intravitreal Therapies
Chaired by: Professor Sue Lightman

13 October
Ocular Oncology – managing adult ocular tumours
Chaired by: Professor Bertil Damato and Miss Sarah Coupland

12 November
Shared Care Services in Ophthalmology – The provision of routine glaucoma management
Chaired by: Mr Jeremy Diamond

19 November
Shared Care Services in Ophthalmology – Review of current successful schemes
The Royal College of Surgeons, Edinburgh
Chaired by: Mr Augusto Azuara-Blanco

27 November
Elizabeth Thomas Seminar – Update on recent developments in macular disease
The East Midlands Conference Centre, Nottingham
Chaired by: Mr Winfried Amoaku

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

Training the Trainers

This course consists of six half-day modules to be run over three days and is particularly useful for programme directors, college tutors and educational supervisors.

22 June
Assessment/problem solving

29 September
What to teach/how to teach

20 October
Improving teaching skills/feedback and appraisal

Additional courses incorporating the PMETB domains:
27 October
4 November
11 November

Please visit www.rcophth.ac.uk/education/traintrainers for further details.

College Skills Centre Programme 2009

Ten Basic Microsurgical Skills Courses are planned, details on the website at *www.rcophth.ac.uk/about/skillscentre/*.
Additional courses are listed below and these take place at the College.

25 September
Vitreoretinal HST/OST study day

25 November
Oculoplastics HST/OST study day

30 November
Intermediate phaco course

7 December
Medical Retina

9 December
Paediatric HST/OST study day

RSM Ophthalmology section

11 June
Trainees meeting: posters and presentations

Other events 2009

22–26 June
The Annual Meeting of the Association of British Neurologists
The Arena and Convention Centre, Liverpool
www.theabn.org/meetings/ABN.php

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

30 June
Acquired Sensory Impairment - Confronting the Challenges Faced by Older People.
Organised by the Thomas Pocklington Trust at Birmingham University
lindahartwell7@tiscali.co.uk

2–3 July
Introduction to research methods and medical statistics
Department of Optometry and Visual Science, City University London
d.crabb@city.ac.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

2–4 September
39th Cambridge Ophthalmological Symposium
St John's College, Cambridge, The Chorioretinal Vasculature
bm.ashworth@tiscali.co.uk

8–12 September
ICOO 2009
The Biennial Congress of the International Society of Ocular Oncology, St John's College, Cambridge
bm.ashworth@tiscali.co.uk

9–10 October
A practical clinical approach to the diagnosis and management of intraocular inflammation and infection – with patients
Moorfields Eye Hospital, London
suelightmancourses@doctors.org.uk

20 November
The Medical Contact Lens & Ocular Surface Association, UK
16th Annual Scientific Meeting
The Royal College of Obstetricians and Gynaecologists / mclosa.admin@gmail.com
To submit an abstract contact:
s.rauz@bham.ac.uk
www.mclosa.org.uk

26–27 November
Trends in Ophthalmology Meetings
The Royal Society, 6-9 Carlton House Terrace, London
info@trendsinophthalmology.com
www.trendsinophthalmology.com

Other events 2010

21–24 January
The joint All India Ophthalmological Conference – Afro Asian Congress of Ophthalmology
Kolkata
www.aios.org

4– 5 February
Trends in ophthalmology meetings
The Royal Society, 6-9 Carlton House Terrace, London
info@trendsinophthalmology.com
www.trendsinophthalmology.com

Bicentennial Meeting for Bristol Eye Hospital
The BEH will hold a meeting on 16 - 18 June 2010 to celebrate 200 years of service. Alumni are asked to contact Mr Rodney Grey to ensure that they receive an invitation
grey@btinternet.com

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