

College NEWS



**Autumn
2009**

Congress Report

The 2009 Annual Congress saw three excellent Eponymous Lectures, educational seminars, great debates, instructional courses and over 270 scientific presentations.

The Edridge Green Lecture

Professor Irene Gottlob (Leicester), whose research interests lie in amblyopia, nystagmus and the genetics of neuro-ophthalmic diseases, chose nystagmus and its genetics as the central theme for her talk. She highlighted treatments such as memantine and gabapentin which have been shown to improve visual acuity and reduce nystagmus intensity in both acquired and congenital types. She concluded her highlights with the University of Leicester and Cambridge collaboration that identified twenty-two mutations in FRMD7 in twenty-six families with X-linked idiopathic congenital nystagmus.

Duke Elder Lecture

Professor Anthony Moore (London), whose research has focused on inherited eye diseases, particularly those affecting the retina, explained the rationale and methodology for targeting severe retinal disease with gene therapy. He showed videos of a Leber's Congenital Amaurosis patient performing a subjective test of visual mobility before and following the subretinal injections of recombinant adeno associated virus vector 2/2 expressing RPE65 complementary DNA.

Optic UK Lecture

Professor Alfred Sommer (Johns Hopkins Bloomberg School of Public Health) gave the first Optic

UK lecture. He gave a personalised view of global health, epidemiology and the problems faced with changing public attitudes to tackle worldwide epidemics such as polio. Successful public health programmes, such as smoking cessation in New York, showed that structured education before regulation and taxation would help change attitudes: younger people tending to conform and the older generations not changing their habits.

Scientific Presentations

The Foulds Trophy for the best basic science oral presentation was awarded to Dr M Moosajee and the Imperial College Team for the use of anti-apoptotic agents, curcumin and zVAD-fmk, as potential therapies for ocular coloboma in the zebrafish model. Nicknamed by the authors as 'Curries for Coloboma' the presentation showed results of these two substances reducing the size of colobomatous defects and levels of programmed cell death.



The Future of Ophthalmology in the Community panel

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NOTE: The College has developed a patient consent form for wet AMD treatment. www.rcophth.ac.uk/about/publications/

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

Copy deadlines

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

The Advanced Medical Optics (AMO) prize for one of the highest marks in abstract marking was awarded to Ms A Taylor and the British Ophthalmological Surveillance Unit (BOSU) study of ocular and systemic findings in children with anophthalmos, microphthalmos and coloboma. They found these children had high levels of systemic co-morbidity and the analysis reinforces the importance of multidisciplinary care.

The Societas Ophthalmologica Europaea (SOE) prize was awarded to Ms E Hamblion for obtaining one of the highest marks at abstract judging. This BOSU study found the frequency of hereditary retinal disorders was higher than previously anticipated. The majority had a family history of retinal disorders and a large portion of school age children were in mainstream education.

The Royal Eye Hospital London poster prize was awarded to S. Roy Chowdhury and the Cardiff University team's longitudinal study of metabolic parameters associated with the development of diabetic retinopathy (DR) in a type two diabetic cohort.

The Treacher Collins Prize for the best DVD was awarded to Mr. T Eke (Norfolk and Norwich University Hospital NHS Trust) for illustrating a technique to enable

safe cataract surgery in patients who cannot lie flat. The DVD demonstrated the "face to face" upright-seated position of the surgeon and patient.

The British Isles Neuro-Ophthalmology Club Ivor Levy Prize was awarded to the Birmingham Neuro-Ophthalmology Unit's poster that investigated the effect of pregnancy on the clinical management of idiopathic intracranial hypertension. The majority improved throughout the course of the pregnancy, without active intervention.

The Royal Hospital Manchester poster prize was awarded to Mr. M Hawker and The Bridlington Eye Assessment Project. The poster investigated detecting glaucoma in binocular patients using multiple statistical analyses with the Heidelberg Retina Tomograph (HRT). They found that different analyses might be usefully combined to increase the diagnostic accuracy of the HRT.

Congress 2010 will be marked by five eponymous lectures. We look forward to seeing you in Liverpool, UK on Tuesday 25 to Thursday 27 May 2010 (for further details see www.rcophth.ac.uk).

Susie Mollan, SpR
Oxford Eye Hospital

Revalidation Update

The General Medical Council (GMC) will introduce licensing on 16 November 2009 and from this date all doctors who wish to practise medicine in the UK will, by law, need to hold both registration and a licence to practise. This will apply whether doctors practise full time, part time, as a locum, privately or in the NHS, or whether they are employed or self-employed.

Doctors who work overseas will not need to maintain a licence to practise, unless their employer requires it, but they will need a licence before they can practise in the UK – even for a short period.

Doctors who take a licence will be subject to the requirements of revalidation when it is introduced. This means they must undertake the periodic renewal of their licence by demonstrating that they are up to date and fit to practise.

The GMC is committed to a phased approach to introducing revalidation from 2011. It has produced a useful Frequently Asked Questions page

www.gmc-uk.org/news/docs/GMC_Revalidation_FAQs_June%202009.pdf

The College, for its part, is developing specialty standards of good practice for ophthalmologists to use in revalidation. More information will be posted to the College website as it becomes available.

Communications with optometrists

A recent meeting with the General Optical Council highlighted the issue of communicating information back to optometrists about patients they refer to the hospital eye service. It is reasonable, as a general rule, to ask the patient for consent to copy the GP letter to their optometrist. There may be practical difficulties in identifying the optometrist as providers may use practice stamps on forms that are not legible after photocopying and GPs may not include the optometrist's letter in with their referrals. There may also be occasions where the patient does not give consent, in which case the patient's preference must be respected, but improved communication is likely to improve patient care. The specific issue of communicating information relating to cataract patients will be addressed in the new cataract surgery guidelines.

The Nettleship Medal

The Nettleship Prize, awarded for the best original work by a British ophthalmologist published in any journal for the last three years, was given to Professor Andrew Lotery for the paper, "The association between the SERPING1 gene and age related macular degeneration (AMD)", [*Lancet*, Nov 2008].

Professor Lotery, who received the award at Congress, is in illustrious company. A list of previous winners is available at:

www.rcophth.ac.uk/docs/scientific/The_Nettleship_Medal



Professor Andrew Lotery receiving the Nettleship Medal from the President, Miss Brenda Billington during Congress 2009

Members' News and Appointments

Obituaries

We note with regret the death of the following members:

Mr Ronald Pitts Crick, Poole, Dorset. He was awarded Honorary Fellowship in June 2008 and an edited version of the citation given at the ceremony appeared in *College News*, Spring 2009.

Professor Justin van Selm, South Africa

Professor Colin Kirkness, Aberdeen. He was Vice President and Chairman of the Examinations Committee 1996-2000. A longer obituary will appear in the Winter issue.

Professor Barrie Jones,

New Zealand. A longer obituary will appear in the Winter issue.

Mrs Sheila Wheeler, always known as "Miss Mayou" died on 20 July, aged 95. She was one of the founders of orthoptics, which began as a profession in the UK, and the first licensed orthoptist ever. For many years she ran a training school for orthoptists in London which became part of Moorfields.

ORBIS lands at Stansted Airport, 11-14 September '09

The world's only Flying Eye Hospital is a DC-10 aircraft converted into a state-of-the-art training facility with an onboard operating theatre. The aircraft is operated by ORBIS, a charity dedicated to preventing blindness and restoring the sight of the poorest people in the poorest communities across the world.

ORBIS also supports initiatives on the ground, working with local partner hospitals to create long-term, lasting solutions to prevent and cure avoidable blindness.

Since 1982, ORBIS programmes have helped people in 87 countries, educated over 230,000 health care personnel and provided treatment for more than 9.5 million people.

For more information email info@orbis.org.uk or visit www.orbis.org.uk

There is an interesting account from Dr Varajini Joganathan who worked with ORBIS in Kenya on the website www.rcophth.ac.uk/about/european-international/orbis-experience

Consultant Appointments

Mr Anil Aralikatti
Mr Sanjiv Banerjee
Mr Aasheet Desai

City Hospital, Birmingham
University Hospital of Wales, Cardiff
The Midlands NHS Treatment Centre, Burton-on-Trent

Mr Edward Doyle
Mr Ravikiran Ramkrishna
Mr Richard Hanson
Mr Rakesh Jayaswal
Mr Thandlam Kalyanasundaram

Torbay Hospital, Torbay
Derby City General Hospital, Derby
York District Hospital, York
Queen Alexandra Hospital, Portsmouth
The Midlands NHS Treatment Centre, Burton-on-Trent

Miss Doreen Khan-Lim
Miss Kristina May
Miss Fiona Lyon
Mr Simon Madge

Southampton General Hospital, Southampton
Southampton General Hospital, Southampton
Hull Royal Infirmary, Hull
County Hospital, Hereford

Mr Bataung Mokete
Miss Aseema Misra
Mr Daniel Morris
Miss Vineeta Munshi

The Leeds Teaching Hospital, Leeds
Norfolk and Norwich University Hospital, Norwich
University Hospital of Wales, Cardiff
King's Mill Hospital, Sutton-in-Ashfield

Mr Maged Nessim
Mr Achim Nestel
Miss Rachna Murthy
Mr Imran Rahman

City Hospital, Birmingham
North Devon District Hospital, Barnstaple
Ipswich Hospital, Ipswich
Victoria Hospital, Blackpool

Mr Shreyas Raj
Mr Madhavan Rajan
Mr Mathew Raynor
Miss Louisa Wickam

Victoria Hospital, Blackpool
Addenbrooke's Hospital, Cambridge
Royal Hallamshire Hospital, Sheffield
Moorfields Eye Hospital, London

Mr Conrad Yuen

Stepping Hill Hospital, Stockport

Elections to Council

Mr Michael Hayward will serve as the regional representative for the Yorkshire region.

Regional Advisers

The table below shows those post holders who will complete a three year term of office in 2009. Any NHS consultant fellow who is registered for CPD who wishes to stand should contact hon.sec@rcophth.ac.uk

REGION	CURRENT POST HOLDERS	DATE OF RETIREMENT	ELIGIBLE FOR RE-ELECTION
Yorkshire	Mr Ian Simmons	Dec 2009	Yes
Wessex	Miss Anne Denning	Dec 2009	Yes
Oxford	Miss Susan Downs	Dec 2009	Yes

Travel Expenses

The travel and expenses policy for those attending meetings can be found at www.rcophth.ac.uk/finance-membership/expenses.

Members are urged to plan ahead to take advantage of lower fares.

The Honorary Medical Advisory Panel on Visual Disorders and Driving

Mr William Newman has been appointed to the panel which advises the Driver and Vehicle Licensing Agency (DVLA).

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Focus



Autumn
2009

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

e-Learning update

Most readers will be familiar with the term e-learning and indeed many will have experience of e-learning as either learners or teachers. Many definitions exist but in this article I regard e-learning as technology enhanced teaching, training or learning.

Ophthalmology is a technology rich profession and so it is particularly apt that we use technology to improve delivery of training in the new curriculum and then expand to include lifelong learning based on that experience. New trainees joining our run through training have limited or no previous ophthalmology experience, but they are all computer literate and have had experience of technology enhanced training as undergraduates and in foundation programmes.

Heads of school and programme directors are charged with the delivery of training. Our aim is to assist with this by developing a vehicle for delivery of knowledge and information, setting national standards and reducing duplication of effort across the country. Trainers are already busy delivering work-based assessments and practical supervision, and could do with not having to spend time in repetitious didactic delivery of knowledge - the principle should be 'do once and share'. In this area e-learning has a number of advantages which include 24/7 access so sessions can be completed at convenient times which will become more important as the effects of the European Working Time Directive are felt. It can also provide reinforcement of knowledge by self-assessment methods and can be seen to adhere to national standards.

The current College e-learning project is a collaboration between the College and e-Learning for Healthcare (e-LfH), a Department of Health programme working in partnership with professional bodies like RCOphth, developing online learning to support medical training. The Ophthalmology project is called Eye-Site and it will have a number of strands.

Knowledge-based Sessions. The initial plan is to

develop modules of knowledge-based sessions supporting the learning objectives of years one to three of the curriculum. These sessions are being designed to support practical local training in an enhanced 'blended' approach (even the most ardent supporters of e-learning understand that online learning must be complemented by practical face to face instruction). Indeed some of the instruction will be delivered in a distributed course model, whereby the didactic knowledge-based material will be available online supporting locally-delivered practical courses. The prototype for this approach is the current basic microsurgical skills course held at College: candidates are expected to complete the knowledge sessions before attendance at the course, where their understanding of the issues is tested and challenged thus allowing more focused instruction and longer practical sessions. The initial courses will be Laser (including safety), Refraction, and Community Ophthalmology and more are planned. In addition to the learning materials for trainees there will be online support for trainers who organise and teach these courses.

All the knowledge sessions will be accessed via the new e-Learning for Healthcare Learning Management System (LMS) called Clix. Users will not only have access to the Eye-Site material, but also appropriate content in the wider system, including generic and professional skills material and some parts of other specialist curricula.

The sessions will be developed by expert authors sourced from the ophthalmology community who will develop the clinical content for sessions and then will work with e-LfH instructional designers to produce the interactive e-sessions.

The *Ophthalmopaedia* is a vehicle which has been developed by e-LfH to deliver structured knowledge bites of information combined with images in a less formal way than the knowledge-based sessions and will complement the material in the LMS. Articles can be authored by ophthalmologists at all stages of

training, with appropriate supervision for trainees. It works in a similar way to a *Wiki* in that it is self populating by the community who use it but unlike a *Wiki*, it is a professional product. The *Ophthalmopaedia* will be edited and moderated. However like a *Wiki* it will be fast and responsive with regular updates. Each article will have a lifetime and be subject to review. Authors may volunteer or be commissioned by the editorial team and 'ownership' of a subject may pass to a new author if appropriate. The *Ophthalmopaedia* is capable of hosting 'images' which may include pictures, video and even animation. We intend to use images to enhance articles and it will be available through e-Learning for Healthcare to NHS employees and NHS-based College Members.

The editors for *Ophthalmopaedia* will seek appropriate sub-specialty assistance in the review of articles, and will be able to guide authors in selection of suitable templates for their work, which will include references and further reading guides. Hyperlinks to further material can be used.

The project expects the *Ophthalmopaedia* to become a ready reference source, and host to many valuable assets for training and development purposes. The goal is to complement textbooks and journal articles by taking advantage of the medium to deliver images, videos and animations and up-to-date articles. As part of the development of this resource we plan a 'slide rescue service.' So could you donate your 35mm slide collection currently languishing in a drawer somewhere to College for this project? If so, please contact the project via the website.

The Validated Case Archive (VCA) is now in an advanced stage of development. The rationale for this is to use the electronic medium to hold an archive of cases demonstrating the depth and breadth of experience in ophthalmology. The four initial specialties (ophthalmology plus pathology, radiology and dermatology) are 'image intensive' and suitable for teaching image interpretation skills through this medium. Cases will certainly include rare conditions, but the bulk will be more common cases, demonstrating the variety of outcomes and management experience met with in everyday practice. It is hoped that trainees will be able to use the archive to gain an understanding of the possible outcomes, management options and subtleties of ophthalmology, while improving and testing their knowledge of the specialty. Of course, we will all have access to the whole archive.

Case authors will be consultants, trainees and permanent staff. All cases will be validated by an editorial group, with consent or anonymity ensured. Cases will be suitable for use in a number of ways. Individual learning will be enhanced by viewing cases in 'quiz mode' where the diagnoses and other information can be initially hidden. Group viewing and discussion of cases will be possible through an 'offline viewer' (cases must be kept within the archive for reasons of data protection and confidentiality).



Case based discussions between trainer and trainee may be facilitated by use of the cases within the VCA. The trainer might suggest cases for discussion in a situation where more experience is needed, or where a suitable 'live case' is not available.

Addition of rare cases to the archive could also contribute to the level of knowledge within the community, since journals tend to accept the first such case and reject subsequent submissions. Thus we miss out on the outcome data for rare conditions not managed in super-specialist centres.

It should be noted that a commitment to a certain level of support from each specialty will be required before e-LfH agree the substantial finance required to develop the software for the VCA. This is a once in a lifetime opportunity and I hope for the needed support. The benefits of Eye-Site are that all the materials will be validated by College and supported by the e-LfH system, with an approved consent and data protection policy, and plans to ensure ongoing technical and educational support.

We definitely plan to assess the educational benefits and effectiveness of the system as it is developed, and have the generous offer of help in this from one of our lay advisers who is a professor of computer science.

This system has the potential to revolutionise training in ophthalmology, allowing trainers more time for hands-on training, reducing repetition, securing and improving standards, sharing the effort and realising the potential if we do so. What is certain is that this will not work if only a handful of people are involved. Initial interest has been good and we hope to include everyone who wishes to be involved. Colleagues have generously offered to include their own projects, offered help in development of sessions and articles, and offered in excess of 10,000 images so far! Please contribute in every way you can, so that this system can flourish and provide a valuable resource for the current and future generations of ophthalmology trainees. Please visit www.eye-site.org.uk and contact us if you would like to get involved.

Mr Jim Innes, Consultant Ophthalmologist and Project Lead

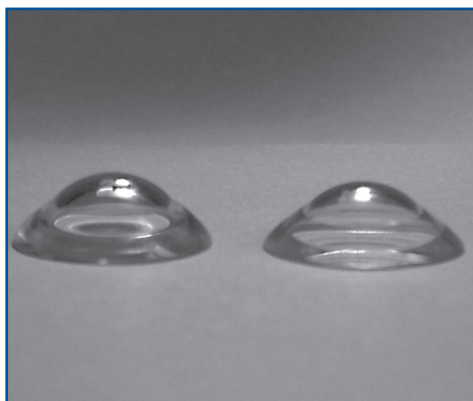
Museum Piece

Josef Dallos (1905-1979)

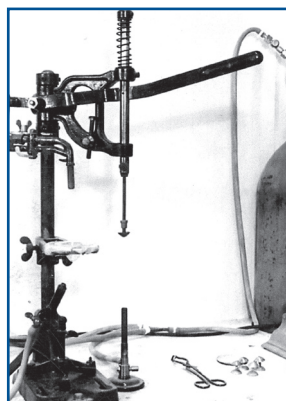
Hungarian contact lens pioneer - the London connection



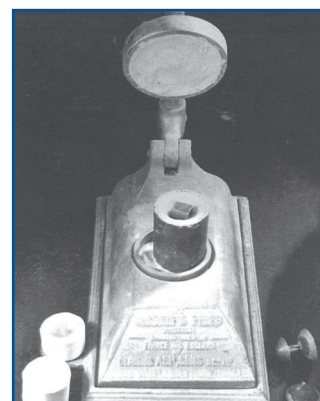
Josef Dallos



Glass scleral (haptic) lenses



Dallos lens making device
photo courtesy of Tony Sabell



Device for making brass moulds.
photo courtesy of Tony Sabell

Prior to 1933 the fitting of glass scleral contact lenses, made mainly by Carl Zeiss, Jena, had been a hit or miss process. Attempts to fit a spherical shape on the eye had failed because the eye, being aspherical, would not tolerate this large foreign body.

Dallos was the first to take an exact mould of the shape of the eye, using Pollers' Negocol. By melting a glass plate over a solid mould he was able to make a glass contact lens whose optic could be ground to prescription. Ophthalmologists from around the world, including Professors Sattler (Wiesbaden) and Weve (Utrecht), the American optometrist Theodore Obrig and the Mullers from Wiesbaden soon beat a path to Dallos's door at the First Ophthalmic Clinic at what is now Semmelweis University in Budapest. Among those also visiting and taking instruction were Ida Mann, Frederick Williamson-Noble and Andrew Rugg-Gunn from London. In 1937 Ida Mann, who had heard of his work as early as 1931, persuaded Dallos, who was now Assistant Professor at the clinic, to move to London to set up the first Contact Lens Centre adjacent to the premises of Theodore Hamblin in Wigmore Street, in London's West End.

The team of Mann, Williamson-Noble and Rugg-Gunn had realised that the work would be very time-consuming involving considerable practice and skill to get successful results. Additionally it was felt to be impractical to take moulds in London, send them to Budapest and receive,

some weeks later, a contact lens which often had to be sent back to be modified. In a letter to the *British Journal of Ophthalmology*, December 1937, the three announced the move of the Contact Lens Centre to 18 Cavendish Square* around the corner, a place where any ophthalmic surgeon under instruction could carry out the fitting of contact lenses on patients. Wisely the scheme had been submitted to and approved by the Ethical Committee of the BMA.

Shortly after Dallos arrived in England, accompanied by his brother-in-law George Nissel, who was responsible for manufacturing the lenses, he gave a talk at the Oxford Ophthalmological Congress in July 1937 on

"The Individual Fitting of Contact Glasses." Dallos fitted lenses at Moorfields between 1937 and 1964 and attended at the Western Ophthalmic Hospital and St Mary's. During the War he fitted glass scleral lenses to numerous servicemen. Dallos was the first, with Norman Bier, to describe fenestration of the lens to increase

wearing time and reduce corneal oedema. From 1964 he set up his own rooms at 17 Devonshire Place and continued to work until his death in 1979.



Gerald (Wingate) Hamblin who sponsored Dallos' move to London

Dallos was a true pioneer whose contribution to the science and advancement of contact lenses was immense. Without the foresight and good fortune of the London group to encourage him and his family to move to England this complex man described by Ida Mann on his death, exactly 30 years ago, as "having a touch of genius maybe....and damned difficult to deal with" could well have perished, as members of his family did, during the Nazi occupation of his country.

* a green plaque is soon to be placed on this building to commemorate Josef Dallos

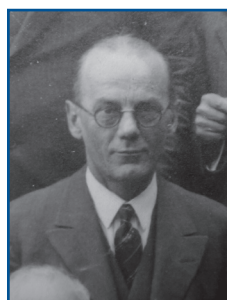
For a full account of Josef Dallos see *Contact Lenses, The Story* by Timothy Bowden, Bower House Publications 2009.

www.contactlenses.thestory.com

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



Ida Mann



Frederick
Williamson-Noble

Both photographs taken at the 1939 Oxford Ophthalmological Congress

The Uveitis Information Group (UIG)

The Uveitis Information Group (UIG) is a patient led charity, registered in Scotland and working across the United Kingdom with the mission to inform patients and professionals about uveitis.

It aims to support patients, promote a positive attitude to uveitis, encourage good communication and cooperation between patients and medical staff and fundraise to increase awareness.

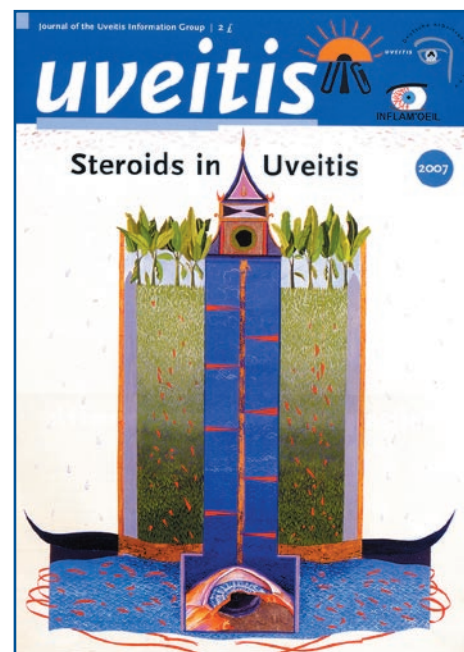
Two publications are produced annually:

1. *UIG News*, a newsletter produced by the UIG for its members
2. A journal, *Uveitis*, the journal of the European Uveitis Patient Interest Association. This is a network of international patient groups. This journal is written by and for ophthalmologists and patients. Journals are available on Macular Oedema in Uveitis, Ocular Toxoplasmosis; Steroids in Uveitis; Low Vision. The next issue features Uveitis and Glaucoma.

The UIG welcomes contact from ophthalmologists who can join UIG for just £5 p a to receive all future publications.

More details, including a range of patient information leaflets, are available on-line at www.uveitis.net. Copies can be printed off, free of charge, for your patients and CDs are available. Additional copies of *Uveitis* journals can be provided for a small donation of £2 per copy and bulk supply can be arranged at a discount. We welcome contact from your patients who need information, help and support with their condition. Please put them in touch with us.

Contact Phil Hibbert, Southhouse, Sweening, Vidlin, Shetland Isles ZE2 9QE
Telephone: 01806 577310. Email: [UIG at: info@uveitis.net](mailto:info@uveitis.net)



Cover illustration by Nan Mulder

Aid to Hospitals World Wide (ASHww) recycles redundant medical equipment and sends it to the poorest countries of the world. It would especially welcome more microscopes and slit lamps, cameras and VFAs, in addition to any other ophthalmic tools and apparatus. Surgeons who are updating this type of equipment are urged to consider asking their hospitals to donate their old equipment to A2Hw.

The procedure is simple. Contact info@2hw.org.uk and it will arrange at its expense to collect redundant items, service them and send them out to one of the developing nations.

Mr C. Charles Cory

Alström Syndrome UK has produced a guide to this rare, recessively inherited condition as the symptoms are not always easily recognised. It is estimated that about 400 children and adults in the UK could be suffering from Alström Syndrome which is characterised by:

- Retinal degeneration
- Sensorineural hearing loss (disorders of the cochlear part of the ear)
- Obesity
- Insulin resistance

For the latest information visit: www.alstrom.org.uk

Ehlers-Danlos Syndrome (EDS) is a new EDS specialist service has been set up, funded by the National Commissioning Group (NCG), who finance the care of rare and complex conditions. The national service is run through two clinics within the UK. Contact details:

Professor Mike Pope
EDS National Service, London Clinic
North West Thames Regional Genetics Service
Level 8V, North West London Hospital NHS Trust
Watford Road
Harrow, Middlesex HA1 3UJ
Nlh-tr.EDSLondonOffice@nhs.net

Dr Glenda Sobey
Sheffield EDS Service
Dept of Clinical Genetics
Sheffield Childrens Hospital
Sheffield S10 2TH

EDS@sch.nhs.uk

The College Website

After an extensive tender process, Nemisys have been appointed to create a new website. A working party will comment on the plans and be involved in the testing stage. We hope that the new design will result in an attractive website that allows users to find content quickly and easily. This is not a speedy process but it is hoped that it might be ready for the New Year.

Sara Davey, IT manager

Vision care guidelines for

deaf children have been developed to help professionals who work with vision and hearing to ensure that deaf children receive good vision care. *Quality standards in vision care for deaf children and young people: Guidelines for professionals* has been produced by Sense with the National Deaf Children's Society (NDCS).

Forty per cent of deaf children also have vision problems and it is important that problems are identified early. The guidelines aim to promote good practice in eye care and contain recommendations on identifying vision difficulties, assessing a deaf child's vision, providing support and involving the child and the family and effective multi-disciplinary working. To receive a copy of the guidelines contact: info@sense.org.uk or helpline@ndcs.org.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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Vision. For life.

Joined-up care for people with diabetic retinopathy

College representatives, optometrists and diabetologists recently met with Dr Rowan Hillson, National Clinical Lead for diabetes. Feeding back data from ophthalmology to primary care, screening and data transfer to ophthalmologists about the patient's systemic control was discussed. It was acknowledged that this would be best achieved by electronic patient data collection which would also allow data transfer for the annual reports required for the national screening programme. Concern was expressed about possible follow-up delays for patients with known retinopathy, influenced by new patient targets and other local pressures, and Dr Hillson undertook to raise this with the Department of Health.

It is very important to have a robust policy for patients with diabetic retinopathy that do not attend (DNA) clinic appointments. Some trusts routinely discharge new patients who DNA their first appointment, contacting the GP, but not informing ophthalmologists about the individual cases or informing the screening programme that had referred them.

Report from the 'Diabetes Management and the Eye' conference, November 2007, Liverpool:

The report emphasised the importance of systemic control in terms of visual outcomes, and the importance of a joined-up approach to care. It set out the following targets for patients with retinopathy:

HbA1c: individualized target

- <6.5% is the aspiration
- <7.0% or <8.0% may be acceptable
- a % reduction over a specified time is an alternative approach

Blood Pressure

- Patients with diabetic retinopathy should have a target BP of 130/80
- In the presence of co-existing nephropathy this should be lower.

Lipids Target lipid values

- Total cholesterol < 5.0 mmol/l
- LDL-cholesterol < 3.0 mmol/l
- Triglyceride < 2.3

Statin use for:

- patients with diabetes aged 40 or over
- patients with diabetic retinopathy aged 19 or over

Miss Clare Bailey

Professional Standards Committee member

The SAS group

In October it will be three years since I found myself standing at the back door of the College wondering where the front door was. I had been a member for 17 years but this was going to be the first time I had crossed the threshold.

Was this symbolic of the reception that SAS ophthalmologists would receive? Fortunately not, the welcome at the first meeting of the SAS Group was genuine and the outlook was positive. We were not the first SAS ophthalmologists to become involved in College activities - some had been involved for several years - but we were the first to come as formal representatives of every region.

Why did the College take this step? As we represent around 40 per cent of the ophthalmology workforce, we are simply too big a group to overlook.

Why did we want to get involved? SAS ophthalmologists need to access training, CPD and to keep up with revalidation. As a group we need to ensure our views are heard, our needs met and make sure that we are not the forgotten tribe. Maybe we can even challenge some of the conventions.

It was never going to be a straightforward task because SAS ophthalmologists fulfil a huge variety of roles within the NHS from general clinical work to senior clinical and managerial roles.

Our first target was to infiltrate College committees. We now have a voice on the majority of committees, including representation on Council. We have held three fora at the College Congresses from 2006 to 2009. The group is working on a number of initiatives which we hope will be of benefit to our SAS colleagues.

SAS ophthalmologists now have access to the hallowed corridors of power so there is no longer any need to stand outside looking in at the antique sofa propped up on old copies of *Eye* saying "it is not for me".

In October the first group of representatives will come to the end of their first term. We need new people to come and help make a difference - so why not join us? You might even enjoy it! Contact us at sas@rcophth.ac.uk

Mr Jonathan Eason

Chairman, the Staff and Associate Specialists Ophthalmologists' Group

Clinical Excellence Awards Update

England and Wales

Full details of the 2010 round, including the guide for applicants and a copy of a letter from David Nicholson, Chairman of the National Quality Board and National Leadership Council, are available at the following link: www.dh.gov.uk/ab/ACCEA/index.htm.

Scotland

At the time of writing the timetable for 2010 has still to be finalised but all applications have to be made on the SACDA online system available from 1 October. Further information is available at the following link: www.shsc.scot.nhs.uk/shsc/default.asp?p=84

All applicants

If you wish to be considered for a College citation, your completed forms should be sent by email to the College at accea@rcophth.ac.uk by 9 am Monday 5 October 2009. English and Welsh applicants must use the 2010 forms. Scottish applicants should use the 2009 forms as the 2010 forms will not be available in time.

A close-up photograph of a woman's eye, looking slightly downwards. She is wearing a blue contact lens. Her eyelashes are dark and well-defined. The skin around the eye is fair and smooth.

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Education News

College Surgical Skills Tutor

The College wishes to recruit a Surgical Skills Tutor to develop the courses run in the well-resourced skills centre. We run courses for beginners to advanced level surgeons and house the ophthalmic surgical simulator donated by the London Deanery. The position is funded up to one day a week, normally through reimbursement of the ophthalmologist's employing Trust and it is envisaged that the term will last for three years.

Applicants must be members of the College and registered for Continuing Professional Development. Please contact beth.barnes@rcophth.ac.uk for a detailed job description. Closing date: 21 October 2009. Interviews will take place on 2 December and it is hoped that the successful applicant will start in March 2010.

Fellowship and Research Grant Programme

BCPB
British Council
for Prevention
of Blindness

The aim of these grants is to fund research and training in prevention of blindness for high calibre clinicians and scientists from the UK and overseas.

I. Fellowships worth up to £60,000 per year over two or three years. Fellowships are available to clinicians wishing to undertake a PhD or MD. In 2010, BCPB seeks to fund one fellow from the UK and one fellow from overseas (VISION 2020-selected countries and sub-Saharan Africa).

II. Research grants worth up to £60,000 in total over one, two or three years. Research grants are available to clinicians, scientists or epidemiologists: a) for 'pump-priming' to develop their research ideas and generate pilot data to facilitate a future application for a substantial grant; or b) to provide funding for a non-clinical PhD or DrPH studentship.

Projects must further the goals of 'VISION 2020: The Right to Sight' - the elimination of avoidable blindness - and benefit VISION 2020-selected countries and sub-Saharan Africa. Grants will be awarded to UK research/training institutions. **Closing date: 13 November '09. Grants start: September '10.** Contact: viv.saunders@bcpb.org

Travel awards and fellowships 2009

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

AWARD	AMOUNT	CLOSING DATE
Sir William Lister travel award 2009	Circa two awards of £400-£600 each	2 October 2009
Dorey Bequest travel award 2009	Circa two awards £400 - £600 each	Friday 2 October 2009
Ethicon Foundation Fund 2009	Four to six awards of circa £400-£800 each	Friday 6 November 2009
Keeler Scholarship 2010	One award of £20,000	12 February 2010

The Fight for Sight Surveillance Study Bursary 2009

FIGHT
FOR
SIGHT
EYE RESEARCH

Through kind support from Fight for Sight, the BOSU is once again offering a research bursary award of £6,000 to support an ophthalmologist in training to undertake an epidemiological study of a rare eye condition. 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 less than 300 cases per annum.

Contact Barny Foot (BOSU@rcophth.ac.uk or 07808 581659) for an informal discussion Closing date: 23 October 2009

The Ethicon Foundation Fund

Below is an edited report from the 2006 winner of the Ethicon Award: In 2007 I undertook a glaucoma fellowship at the University of Toronto, based at Toronto Western Hospital. Academic ophthalmology in Canada is very subspecialised, meaning that with very few exceptions I only saw glaucoma patients, resulting in a focused year, and the tertiary case mix allows significant surgical experience. There is a high level of supervision in the fellowship, both in the clinic and operating room. Coming from the UK, where senior trainees get considerable clinical autonomy, I found this difficult at first but quickly saw its benefits, as essentially every detail of your examination and management plan are challenged. The constant commentary during every surgical case also tends to keep you on your toes!

Although primarily a clinical fellowship, there is a research and teaching commitment to the post, and I managed to complete 6 papers for publication and present at several conferences. The experience of living and working overseas is also a valuable one, and first hand knowledge of a different health care system is useful in these days of an ever-changing NHS. Finally, struggling to get to work when it is -20C° does make you appreciate the temperate British climate!

*Michael Smith
Consultant, Royal Devon and
Exeter Hospital*

Ziemer Pascal Symposium Topples Goldmann Pedestal

In conjunction with the recent World Glaucoma Congress held in Boston, Ziemer conducted a PASCAL Breakfast Symposium entitled "Precision Tonometry". David Garway-Heath MD of Moorfields Eye Hospital UK chaired the distinguished panel and discussed recent results obtained with the PASCAL Dynamic Contour Tonometer. Tony Realini MD of West Virginia University, Andreas Boehm MD of the University of Dresden, Leon Herndon MD of Duke University Eye Centre, and Elliot Kirstein MD of Harpers Point Eye Associates also presented their views on how the PASCAL compares with other tonometers in terms of accuracy, reliability, and repeatability.

Tony Realini began the symposium with the paper, *Tonometry 2009: Methods and Applications*. He concluded that the PASCAL IOP correlates well with manometric ("true") IOP and that it is relatively free of biomechanical artefact.

In his presentation, entitled, *Dynamic Contour Tonometry in Comparison to Intracameral IOP Measurements*, Andreas Boehm stated that the PASCAL is now the most accurate Tonometer.

David Garway-Heath named the PASCAL as the most reproducible tonometer in his lecture, *Reliability and Reproducibility of IOP measurements with the PASCAL DCT*. He also presented findings that indicate the repeatability of the PASCAL was as good as or even better than the Goldmann.

The Clinical Utility of Ocular Pulse Amplitude by Leon Herndon demonstrated that the PASCAL measurement of OPA is indicative of the severity of glaucoma, with a low OPA indicating increased damage to the optic nerve. Elliot Kirstein added that low OPA is an indicator for early, pre-perimetric glaucoma damage in his paper, *Repetitive Intraocular Pressure Sampling and Ocular Blood Flow*.

In addition to the positive results presented by the international symposium panel, the question, "How can we obtain a reliable IOP measurement in post-LASIK patients?" was posed during the main session of the World Glaucoma Congress. James Brandt of the University of California answered, "There is only one solution, use the PASCAL."

"Although we have known this for a long time," explains Juerg Blaser of the Ziemer Group, "The PASCAL is now receiving the global recognition that it so rightly deserves from leading experts in the field of intraocular pressure." The PASCAL symposium reinforced James Brandt's sentiment when he stated that 'the Goldmann applanation tonometer is no longer on a pedestal as a 'gold standard' instrument.' (International Glaucoma Review, Vol. 11-1)

For more information on the PASCAL Dynamic Contour Tonometer, contact Carleton Ltd. on 01494 775811.



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Honorary Fellows

Born, without rank or privilege to a farming family in India, Professor Sohan Hayreh was encouraged by his mother to study medicine as there were no doctors in the area they lived in. He started his medical studies in Lahore but, due to the partition of India, had to finish them in Amritsar. On qualifying he spent three years as a Captain in the Indian Army Medical Corps to support his family financially and then, in 1955, took the only academic position available in the anatomy department of the Patiala medical college in the Punjab and launched his career as a clinician scientist.

Professor Hayreh's work has always been characterised by scientific rigour and a willingness to challenge dogma even when this resulted in controversy. His first research project was intended to confirm the existence of the central artery of the optic nerve but proved the opposite. In 1961 he was awarded the prestigious Beit Memorial Research Fellowship in Medical Sciences at London University to investigate the pathogenesis of optic disc edema when intracranial pressure is elevated and this appointment allowed him to work with Sir Stewart Duke-Elder at the Institute of Ophthalmology. His subsequent career saw appointments first as Lecturer at the University of London, then as Senior Lecturer and subsequently Reader at the University of Edinburgh and for the last 36 years as Professor of Ophthalmology and Director of the Ocular Vascular Division at the University of Iowa Hospitals and Clinics where he is a role model as a teacher and clinician scientist.

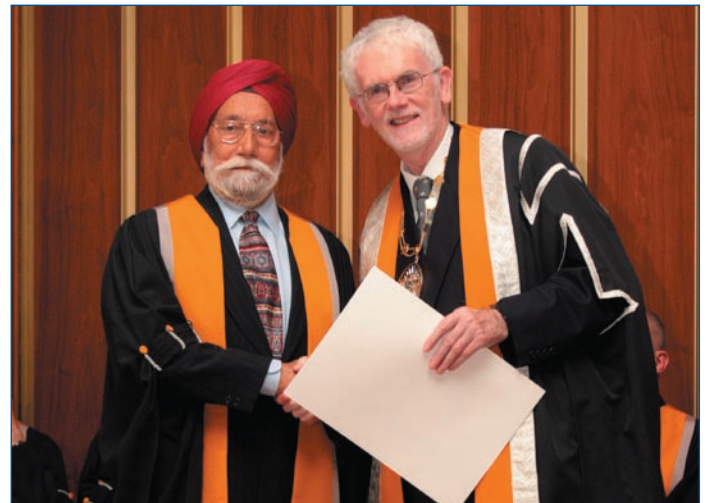
Despite being busy with research his practice is to attend the early morning rounds and to check and record patients' visual acuity himself thus enabling him to gather the most comprehensive and accurate data on patients which permits him to publish results on large and carefully characterised cohorts of patients. His seminal observations include ones dealing with the ocular circulation in both healthy and diseased eyes, the optic disc and the optic nerve in health and in disease, retinal and choroidal disorders, glaucomatous optic neuropathy, fundus changes in malignant arterial hypertension, ocular neovascularization, rheumatologic disorders of the eye and nocturnal arterial hypotension.

He was also one of the pioneers in the field of fluorescein angiography.

Among his principal contributions to science can be numbered: defining the anatomy of the retina, optic nerve and choroidal vasculature, highlighting the risks of nocturnal hypotension to the optic nerve and the introduction of the concept of ischaemic and non-ischaemic vein occlusions. Altogether has published more than 300 papers in peer-reviewed journals and more than 50 book chapters.

He has been awarded many international honours including fellowship of the National Academy of Medical Sciences in India and being the Guest of Honour of the American Academy of Ophthalmology. He has also given many prestigious named lectures including the Duke-Elder Lecture of the Royal College of Ophthalmologists, the von Sallmann Lecture of the International Society for Eye Research, the Weisenfeld Award of the Association for Research in Vision and Ophthalmology and the Arnall Patz Medal of the Macula Society.

Professor Andrew Lotery



Professor Sohan Hayreh with the President, Mr John Lee

The Admission Ceremony



Miss Clare Davey, Mr Robert Taylor, Dr Caroline MacEwen, Mr Peter Tiffin and Mr Nicholas Wilson-Holt

The Admissions Ceremony was, held at the Royal College of Obstetricians and Gynaecologists. The address was given by Professor Robert MacLaren; three honorary fellowships were awarded, the first edited citation is above and the remaining two will appear in future issues. The photograph of the Senior Examiners was taken at the event.

Membership information

Please contact database@rcophth.ac.uk if you get a new email address so that we can keep in touch with you. We are developing plans to conduct a census so that we can check the data kept on the membership dataset. We hope that members regard this as a worthwhile exercise and participate.

The Queen's Birthday Honours

Mr Anthony Chignell FRCOphth (Hon) has been awarded a MBE for services to ophthalmology. Mr Michael Brace, Chief Executive of VISION 2020 UK and a member of the Lay Advisory Group has been awarded a CBE for services to disabled sport.

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Annual Congress 2010

Abstract submission website

opens: 15 September 2009

Abstract submission closes:

16 November 2009

Abstract results published:

19 January 2010

Registration opens: 15 February 2010

Congress: 25 - 27 May 2010

College Seminar Programme 2009

All seminars take place at the College, unless otherwise stated

13 October

Ocular Oncology – managing adult ocular tumours

Chaired by: Professor Bertil Damato and Miss Sarah Coupland

30 October

Intravitreal Therapies

Institute of Physics, 76 Portland Place, London

Chaired by: Professor Sue Lightman

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

1 December

Focus on AMD; Symposium for AMD services' leaders in the NorthWest.

De Vere Whites Hotel at the Reebok Stadium, Bolton, BL6 6SF

Chaired by: Mr Simon Harding and Mr Simon Kelly: Bolton.

Audience: North West medical retina and lead clinicians and stakeholders.

Sponsor: Novartis UK.

northwestamd@gmail.com.

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.

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/skillscentre/.

Additional courses are listed below and these take place at the College.

25 September

Vitreoretinal HST/OST Study Day

16 October

Glaucoma HST/OST Study Day

25 November

Oculoplastics HST/OST Study Day

30 November

Intermediate Phaco course

7 December

Medical Retina HST/OST Study Day

9 December

Paediatric HST/OST Study

RSM Ophthalmology section

8 October

Current retinal topics for all ophthalmologists

12 November

Headache, migraine and eye pain

10 December

Squint Forum and Ophthalmic University Challenge

Other events 2009

26 September

OCULUS - Practical OSCE and viva revision for Part 2 Fellowship

Chaired by: - Professor Philip Murray
Birmingham & Midlands Eye Centre

s.n.patwary@gmail.com

www.oculus-course.com

9-10 October

A Practical Clinical Approach to the Diagnosis and Management of Intraocular Inflammation and Infection-with Patients

Moorfields Eye Hospital, London

suelightman@doctors.org.uk

20 November

The Medical Contact Lens & Ocular Surface Association, UK 16th Annual Scientific Meeting

The Royal College of Obstetricians and Gynaecologists, London

mclosa.admin@gmail.com

To submit an abstract contact:

s.rauz@bham.ac.uk

www.mclosa.org.uk

27-28 November

Retinal Imaging Interpretation Course (FFA, ICG, OCT, EDT)

University Hospital Aintree, Liverpool

Chaired by: Mr David Clark

richard.hancock@aintree.nhs.uk

Other events 2010

Closing date of 6 January

OXFORD OPHTHALMOLOGICAL CONGRESS: CALL FOR PAPERS

Following our most successful Centennial Meeting, we are looking forward to our second century!!

Abstracts should be received ON-LINE by the Editor, Professor A D Dick, www.oxford-ophthalmological-congress.org.uk

4-5 February

Trends in Ophthalmology Meetings

The Royal Society, 6-9 Carlton House Terrace, London

info@trendsinophthalmology.com

www.trendsinophthalmology.com

16-18 June

Bicentennial Meeting for Bristol Eye Hospital

The BEH will hold a meeting to celebrate 200 years of service. Alumni are asked to contact Mr Rodney Grey rodney.grey@btinternet.com to ensure that they receive an invitation.

4-7 July

Oxford Ophthalmological Congress

Oxford Playhouse Theatre, Oxford

o_o_c@btinternet.com

www.oxford-ophthalmological-congress.org.uk

The Royal College of Ophthalmologists

17 Cornwall Terrace, London NW1 4QW

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Editor of Focus: **Professor Victor Chong**