

College NEWS



Winter
2010



Mr John Lee

The President, Mr John Lee, died on 8 October in Traverse City, Michigan, a matter of enormous sadness and regret that has left everyone connected with the College with a profound sense of loss. Each day has brought letters and emails of condolence and tributes which we are collecting for his widow, Arabella.

An obituary by his friend and colleague, Professor Tony Moore, appears on page 2.

Presidential election

The untimely death of Mr Lee means that there will be an election for the ninth College President. This will be run by the Electoral Reform Services (ERS) which has over 100 years of experience in conducting ballots for a wide range of clients and causes. In order to encourage a high turn-out, it will be possible to vote either by post or electronically and ERS have safeguards to ensure that a member cannot vote twice. Please note that electronic voting is via the ERS website and members must have their unique identifier code to hand when they cast their vote. Voting is NOT possible via the College website and College staff will not be able to access voting records which preserves the confidentiality of the process.

Nominations can be accepted from past and present Council members who have served as regional representatives and are under 65 years of age on 25 May 2011. Those eligible will have already been contacted by the Operational Support Department.

| ACTION | DATE & TIME |
|-------------------------------------|--|
| Call for nominations | Friday 3 Dec 2010 |
| Deadline for receipt of nominations | Wednesday 5 Jan 2011 at midday |
| ERS to dispatch ballot papers | Monday 24 January 2011 |
| Ballot closes | Tuesday 1 March at midday |
| Results | 1-3 days after the ballot closes depending on whether any recounts are necessary |

All Fellows, Members and Diplomates who pay a subscription fee are eligible to vote in the election and it is believed that the College has the widest enfranchisement of all royal medical colleges.

The College will employ the single transferable vote system. Under this system the voter has one vote but it can be transferred to as many candidates as he/she wishes.

Mr Winfried Amoaku, the Senior Vice President, is Acting President until the annual general meeting in May 2011.

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Copy deadlines

Spring
5 February 2011

Summer
5 May 2011

Autumn
5 August 2011

Winter
5 November 2011

Mr John Lee DM FRCP FRCS FRCOphth

John Lee, the eighth President of the College, died suddenly on 8 October whilst at a conference in the USA. John was a consultant ophthalmologist at Moorfields Eye Hospital (MEH) with an international reputation in the field of ocular motility and strabismus.

He was born in 1946, in Surrey, to parents who had emigrated from Ireland. The oldest of 11 siblings, he had seven sisters and three brothers. He studied medicine at Oxford where, by his own admission, he did not work very hard but made the most of the other activities on offer. He was at the centre of college life and seldom missed an undergraduate party; it was at one such party that he met his future wife Arabella. He moved on to the Westminster Hospital for his clinical studies.

John initially decided on a career in general medicine but soon began training in ophthalmology at the Oxford Eye Hospital, followed by stints at MEH and the Bascom Palmer Eye Hospital Miami. He was appointed consultant ophthalmologist at MEH in 1985.

In 1981 he visited Dr Alan Scott in San Francisco to learn about a new treatment for strabismus using botulinum toxin. He started the first clinic in the UK using botulinum toxin and became an international authority on its use in ophthalmology. He wryly observed that if he had realised then that botox would become a widely used cosmetic treatment he would have become a wealthy man!

John developed at MEH a first class service for patients with complex strabismus and he attracted referrals from across the UK; in his Harley Street practice he treated patients from all around the world. He combined clinical excellence with a wonderful ability to communicate with adults and children. He was an inspiring teacher and trained many of the leading strabismus surgeons in the UK, Europe, North America and Australasia. He was also committed to improving training for ophthalmologists in developing countries and worked with Orbis on projects in Uttar Pradesh and Bangladesh. He was a great champion and supporter of the orthoptic profession and did much in his career to support their education and professional development. An authoritative and very entertaining speaker, he was in great demand as a lecturer and dispensed pearls of wisdom and humorous asides at high speed.

He was held in high regard by his colleagues in the USA and was the first European to be elected to the prestigious Association for Research in Strabismus. He served as President of the Ophthalmology section of the Royal

Society of Medicine, was a Past President of the International Strabismus Association and was Master of the Oxford Congress.

In 2009 he was elected as President of the College and had made his mark despite the very short time spent in office. He was particularly keen to advance the cause of academics and of staff grade and associate specialists. He was a great favourite of the College staff and his only request was to have 'some decent coffee'. John combined a very successful and busy professional life with many interests outside medicine. He was a polymath with a love of literature, music, theatre and the arts. He was proud of his Irish roots and loved to spend time in the West of Ireland. He was wonderful company and will be greatly missed by his many friends and colleagues around the world.

He is survived by his wife Arabella and his two sons.

Professor Tony Moore

Mr Richard Harrad has written an obituary for the journal Strabismus which can be viewed at <http://informahealthcare.com/doi/full/10.3109/09273972.2010.534028>

Memorial Service

There will be a memorial service to celebrate John's life on Saturday 29 January 2011 at 11.30 am at St Leonard's Church, Shoreditch High Street, London E1 6JN. We expect that the church will be packed with family members, friends and colleagues.

Please contact Penny Jagger (penny.jagger@rcophth.ac.uk) by **14 January 2011** if you would like to attend as we will then issue you with an entry card.

Controversy articles

EYE is keen to solicit "controversy" articles on current areas of uncertainty / disagreement in clinical practice. These articles are based on a debate where two authors argue the case for and against a particular point of view. An example of a recent such article is "Should Avastin be used to treat age-related macular degeneration in the NHS?" One author wrote the case for yes the other the case for no.

Afterwards readers may vote on the winning article online. If interested please contact the editor, Prof Lotery at a.j.lotery@soton.ac.uk to suggest a topic. Please note two authors are needed who agree to write the opposing view points.

Members' News and Appointments

Consultant Appointments

| | |
|----------------------------|--|
| Mr Leon Au | Manchester Royal Eye Hospital, Manchester |
| Miss Priya Bhatt | Royal Bolton Hospital, Bolton |
| Ms Helena Cilliers | Warwick Hospital, Warwick |
| Mr Tomas Cudrnak | Manchester Royal Eye Hospital, Manchester |
| Miss Sonia George | Altnagelvin Area Hospital, Londonderry |
| Mr Nabil El-Hindy | York Hospital, York |
| Mrs Julia Escardo-Paton | Royal Gwent Hospital, Newport |
| Mr Alaji Gashau | Pinderfields General Hospital, Wakefield |
| Mr Goran Darius Hildebrand | Royal Berkshire Hospital, Reading |
| Ms Mona Khandwala | Maidstone Hospital, Maidstone |
| Mr Vineeth Kumar | Arrowe Park Hospital, Upton |
| Mr Imran Masood | City Hospital, West Bromwich |
| Mr Shadrokh Nabili | Morecambe Bay Hospital, Lancaster |
| Mr Jong Ong | Addenbrooke's Hospital, Cambridge |
| Miss Sujata Rao | Royal Berkshire Hospital, Reading |
| Mr Michael Roberts | Royal Gwent Hospital, Newport |
| Mr Manuel Saldana-Velez | Eastbourne District General Hospital, Eastbourne |
| Mr Ian David Subak-Sharpe | Whipps Cross Hospital, London |
| Mr Stephen Thompson | Raigmore Hospital, Inverness |
| Miss Sarah Wilson | Royal Victoria Hospital, Belfast |

Obituary

Mr Patrick Holmes Sellors, who died at the age of 76 on 30 September 2010, was a distinguished figure in UK ophthalmology in the latter part of the 20th century. Having qualified at Oxford and The Middlesex Hospital, he trained at the High Holborn branch of Moorfields and was appointed as Consultant to St. George's Hospital at the young age of 31 – an indication of the esteem he was held in at the time. There followed part-time consultant appointments at the Royal Marsden Hospital and the Croydon Eye Unit. In 1974 he became Surgeon Oculist to the Royal Household and in 1980 to H.M. The Queen, and for his services was made LVO in 1990 and KCVO on retiring in 1999.

He was secretary of the Ophthalmological Society of the UK (OSUK) and served on the College Council, representing South West Thames, later becoming Vice President and Chairman of the Examinations Committee. He was also President of the Ophthalmic Section of the RSM and the Southern Ophthalmological Society, and Deputy Master of the Oxford Congress. Patrick's wide knowledge on subjects in and outside ophthalmology and his good humour made him an inspirational teacher and he was co-author of 'An Outline of Ophthalmology', a popular textbook among trainees and undergraduates.

His ability to see incisively to the root of medico-legal problems and to argue his case won him great respect in the Medical Defence Union and the General Optical Council where he served on both Councils.

Mr Timothy ffytche

There will be a memorial service to celebrate Sir Patrick's life on **Monday 13 December** at St John's Wood Church, London, NW8 7NE at 2.30pm with a reception at the College afterwards.

Please contact Jackie Trevena (jackie.trevena@rcophth.ac.uk) if you expect to attend so that appropriate catering arrangements can be made.

The SAS National Eye Day 22 October 2010

104 Doctors attended this inaugural event held at Jurys Inn, Birmingham. The feedback has been overwhelmingly positive with speakers being regarded, on average, by 95% of the audience as excellent or good. There was a full and varied programme. The morning covered sessions on glaucoma (Professor Peter Shah, Mr Simon Keightly and Miss Winnie Nolan) Article 14 (Mr Zachariah Koshy) and 'What's new in medical retina' (Mr Peter Simcock).

The afternoon was devoted to 'Hot topics in neuro-ophthalmology' (Mr Fion Bremner) and paediatrics (Miss Alison Davis and Mr Harry Willshaw).

The College is considering making this a regular feature in the calendar.



Professorial appointments

Keith Martin has been appointed as the first Professor of Ophthalmology at the University of Cambridge.



Dr Sarah Janikoun MRCOphth has a preview of the BCLA course to be run 27 May (see page 16)

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We make it visible.

Focus



Winter
2010

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

Histopathology and cytology specimens - what should you send, and to whom?

This Focus article is based on the joint guidance document of The Royal College of Pathologists (RCPATH) and The Royal College of Ophthalmologists (RCOphth) on referral of ophthalmic pathology specimens¹. It contains the recommendations for ophthalmologists on when to send tissue removed during procedures for histopathological assessment in order to avoid delayed or missed diagnosis of disease. It also recommends which pathologists to send specimens to in order to ensure consistent, high quality and accurate diagnosis. The document addresses submission of histopathology and cytology specimens, but not specimens sent for other purposes such as microbiology.

The guidance is not intended to be prescriptive but to act as an aid. Referring ophthalmologists should continue to exercise discretion based on the individual clinical presentations of individual patients. Where there is uncertainty, discussion with a pathologist, preferably before tissue has been removed, is strongly recommended.

Background

The referral guidelines for adult ocular oncology were amended in October 2009 and are available on the RCOphth website². Alongside the oncology service, a national ophthalmic pathology service was set up in Liverpool, London, Manchester and Sheffield by the National Commissioning Group. These centres form the National Specialist Ophthalmic Pathology Service (NSOPS). As NSOPS is centrally funded, there is no charge to NHS trusts in England for using this service.

Who should report ophthalmic pathology specimens?

Information on the reporting of ophthalmic pathology specimens is found in a guidance document written by RCPATH in collaboration with RCOphth⁴. In brief, it states that pathologists reporting ophthalmic pathology specimens should participate in an appropriate external quality assessment (EQA) scheme. Pathologists reporting ophthalmic pathology specimens should be encouraged to participate in the meeting of the British Association for Ophthalmic Pathology (BAOP), where the results of the National EQA scheme are discussed. A list of BAOP

members and details of the NSOPS laboratories are available on the EyePath UK website⁴.

It is good practice for histopathology specimens of any sort to be reported by a pathologist with expertise in the area concerned⁵. Specialist reporting also facilitates training opportunities for histopathology trainees who wish to develop an interest in the field.

It is also appropriate for specimens of tissues adjacent to the eye to be sent to a pathologist in another relevant subspecialty of pathology, such as dermatopathology.

What should the ophthalmologist send?

1. Small lid biopsy

All tissue should be sent for histopathological examination EXCEPT:

Chalazion: In a patient under 40 years of age with an otherwise typical chalazion it is acceptable to discard the first two samples. The second recurrence (i.e. third sample) should be sent. In a patient over 40 with otherwise typical chalazion, it is acceptable to discard the first sample. The first recurrence should be sent.

Blepharoplasty: Excess skin removed for blepharoplasty can be discarded unless there is any clinical abnormality.

Other cosmetic procedures e.g. lid lowering, tightening etc. If tissue is removed it can be discarded unless there is any clinical abnormality.

2. Full thickness lid resection

All tissue should be sent for histopathological examination EXCEPT:

Ectropion/entropion repairs: These excisions should only be submitted if there is any evident clinical abnormality.

3. Corneal specimens and conjunctival biopsies (including caruncle, pterygium and pinguecula)

These should all be sent for histopathological examination.

4. Trabecular meshwork

These can be discarded.

5. Lens

An intact lens removed in intracapsular cataract extraction may be sent for histopathological examination.

6. Iris, ciliary body & choroid

These should all be sent for histopathological examination with the exception of peripheral iridectomy tissue from glaucoma or cataract surgery.

7. Vitreous

This fluid should be sent in any case in which there is a suspicion of inflammatory disease (after bacteriological samples have been taken). Similarly if malignancy (e.g. lymphoid infiltration) is suspected fluid must also be submitted for histopathology.

Histological examination is not appropriate for removal of intravitreal blood or vitreous opacities such as asteroid hyalosis.

8. Epiretinal membrane

These should all be sent for histopathological examination in centres where there is a research interest.

9. Subretinal membranes

Excisions of disciform scars are of research and teaching interest only.

10. Eviscerations and enucleations

These should all be sent for histopathological examination. There is a very small but appreciable risk of a blind eye with opaque media harbouring occult malignancy^{6,7}.

11. Orbital biopsies

These should all be sent for histopathological examination EXCEPT:

Normal soft tissues removed during orbital decompression and squint surgery.

12. Lacrimal gland excision/biopsy and lacrimal sac excision

These samples should all be sent for histopathological examination.

13. Orbital exenteration specimens

These should all be sent for histopathological examination.

14. Cytology

Impression cytology of the conjunctiva and cornea and fine needle aspiration cytology of periocular or intraocular masses should all be sent for histopathological/cytological examination.

15. Other biopsies

Any material taken for the purpose of diagnosis (e.g. aqueous tap, temporal artery biopsy) should be submitted for histopathological/cytological examination. Temporal arteries need not necessarily be submitted to an ophthalmic pathologist. If ophthalmologists are uncertain of whether or not to submit a tissue, they are encouraged to ask their local pathologist or an NSOPS ophthalmic pathologist.

Research: Samples of ocular tissue may be required for

research purposes. In such circumstances where the specimen is required both for diagnostic and research purposes, it is advisable for the ophthalmologist to seek advice from the pathologist involved. This will help ensure an adequate tissue sample is taken and it may be best for the pathologist to divide and section the specimen before processing.

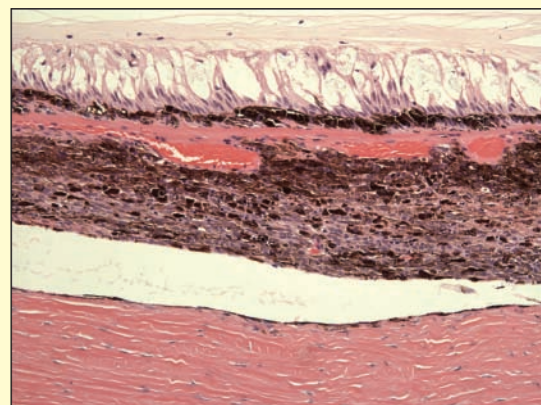
Practical issues from a pathologist's point of view

Communication: Communication with the laboratory is essential if the clinician is unsure of how to handle a particular specimen, or needs a pathology opinion urgently. Specimen processing for histology and cytology takes time, although it is possible to speed up processing in urgent cases, the submitted material may suffer artefact, hampering the diagnostic process.

Request forms: Request forms must be completed fully. Incomplete forms along with their associated specimens may be returned to the referring clinician for completion resulting in delay.

Rapid processing of specimens: Many histopathology laboratories provide a service for either intraoperative diagnosis (frozen section) or rapid paraffin processing (e.g. for delayed reconstruction). These services have local variation in availability, but in general may be arranged by prior discussion between clinician and laboratory. As rapid processing services are very labour intensive for any laboratory, they should only be requested when appropriate.

Fixation and containers: It is appropriate to fix nearly all specimens in 10% neutral buffered formalin. The volume of fixative (and specimen pot) should be appropriate to the size of specimen. For tiny biopsies (e.g. retina) it may be appropriate to place the specimen and formalin within a smaller receptacle than the usual pot (e.g. an Eppendorf tube). Certain specimens may be submitted fresh (frozen section and some cytology specimens) but this must be by prior arrangement with the laboratory. As with specimen request forms, patient and specimen details should be completed on each specimen pot submitted.



*Dr Caroline Thaug and Dr Michael Wells,
Consultant Pathologists on behalf of
The National Society of Ophthalmic Pathologists.*

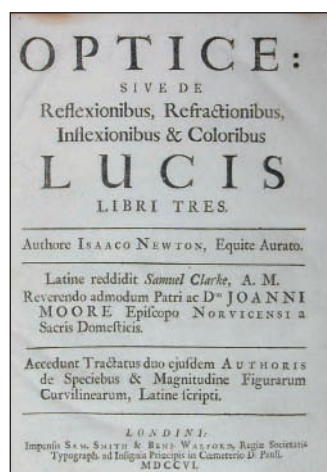
*Mr Bernard YP Chang,
Honorary Secretary & Ophthalmic representative (on NSOPS) of
The Royal College of Ophthalmologists*

* Special acknowledgement to Dr Bill Gutteridge, Medical Advisor to NCG (now retired) for his service on the NSOPS and National Ocular Oncology Group committees.

The Royal Society: 350 years old



Sir Isaac Newton



Frontispiece from
Sir Newton's Optice 1706



Reflecting telescope made by Sir
Isaac Newton (photo from the RS)

The Royal Society, the oldest scientific society in the world, celebrates its 350th anniversary with an array of events – see <http://350.royalsociety.org/>. Its second charter, granted in 1663, declared Charles II as the Founder and Patron and it has the oldest scientific publication, started in 1665.

In its long history there have been 8,200 Fellows and foreign Members, many with strong connections to optics and the visual sciences. Sir Christopher Wren and his tutors Dr Charles Scarburgh and Dr Thomas Willis, of neurology fame, and Robert Hooke and Robert Boyle were founding Fellows. Several foreigners such as the microscopist Antoni van Leewenhoek and Christiaan Huygens, the optician, were elected Members. The philosophy of the society was to experiment, inquire and interrogate nature by observation with a motto that remains *Nullius in Verba*.... take no man's word for it.

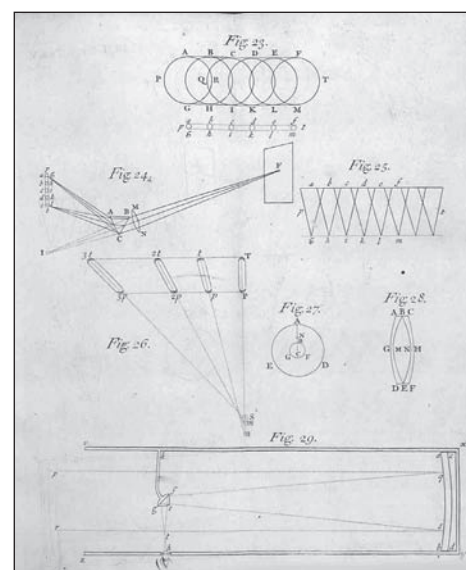
The most famous Fellow was Sir Isaac Newton, elected in 1671 at the age of 28. His Principia was to become arguably the most important scientific work ever published. He later went on to publish his series of lectures under the title Optiks or Optice. Incidentally, the College library contains a Latin edition.

One of the early Fellows involved in ophthalmology was William Cheselden, elected in 1711. His claim to fame, apart from being the most skilled stone remover of his time, was his invention of the artificial pupil operation.

Hermann Boerhaave, the Dutch physician, elected in 1730, was considered to be the founder of practical ophthalmology in the 18th century. Another Member was William Charles Wells, an American, who made his name in the physiology of vision when at St Thomas's Hospital. Although Benjamin Franklin, elected 1756, is best known for his invention of the bifocal lens for spectacle wearers, the Royal Society awarded him the Copley Medal for his famous experiment with electricity in 1752 by flying a kite during a thunderstorm.

In the latter half of the 18th century, other great names in optics and medicine were elected to the Society. These included John Dollond, inventor of the achromatic lens, Joseph Priestley, John and William Hunter, Jesse Ramsden, William Wollaston and, one of the greatest polymaths of the time, Thomas Young. He was the first person to establish that the seat of accommodation was in the lens and he pioneered work on astigmatism and colour vision.

In the 19th century more familiar names associated with ophthalmology were elected. Among them were Sir Astley Cooper, Sir William Lawrence, George Guthrie and Sir William Bowman all of whom came from the Royal London Ophthalmic Hospital, Moorfields. One of the foreign Members was the Czech Jan Evangelista Purkyně who was elected in 1850, coincidentally the year that Hermann von Helmholtz discovered the ophthalmoscope. In fact Purkyně, unbeknown to von Helmholtz, had written a



Figures from Sir Newton's Optice

full description of his observations of the human and animal fundus 27 years before in his doctoral dissertation but being in Latin it had remained unread.

Other notable names known in ophthalmology later in the century were Rudolf Virchow and Sir William Gowers. the neuro-ophthalmologist whose books were required reading by students of ophthalmology for many years.

Victorian scientists in optics and colour were well represented. They included David Brewster, Augustus Fresnel, George Airy, Charles Wheatstone and William Whewell. The latter wrote in 1840, 'We need very much a name to describe a cultivator of science in general. I should be inclined to call him a scientist.' This was the first time the word was used. Whewell also invented the word 'astigmatism'.

Five well-known British ophthalmologists were elected Fellows in the 20th century: Edward Nettleship (1912), Sir John Herbert Parsons (1921), Sir Stewart Duke-Elder (1960), Professor Norman Ashton (1971) and Sir Harold Ridley (1986).

Today there are 1,400 Fellows of whom 69 are Nobel Laureates. This remarkable society sponsors 300 research fellowships and gives grants to 3,000 scientists each year apart from awarding numerous prestigious medals and prizes.

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



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Continuing Professional Development (CPD)

Updated College e-system for CPD and e-portfolio

In the New Year the College will be launching an upgraded online CPD and e-portfolio for UK members. Previously the CPD diary and the e-portfolio were separate systems which required different logins and did not interact with each other. The upgrade will allow access to online functionality to users based on identified roles e.g. trainee, WpBA assessor or CPD user via one system. Many features of the existing separate CPD and e-portfolio systems will remain but will be enhanced. The upgrade will mean users will only require one login to use both systems.

Upgraded features include:

- Improvements to user interface
- CPD auditing improved
- Linking of CPD and e-portfolio activities to GMC revalidation domains and attributes
- Amended CPD types in line with new CPD booklet
- Ability to upload documents/resources for CPD activities (already a feature of the e-portfolio)
- Personal Development Plan functionality
- Access to the majority of the e-portfolio functionality for specialty grade doctors (SAS grade Members) upon request
- Ability to add recurring personal activities e.g. weekly local teaching sessions to the CPD diary

As featured in the autumn 2010 College News the new CPD types have been revised to ensure a balanced portfolio of CPD activity. The minimum number of points to be achieved in each category per annum is as follows:

Category A: Clinical & Academic: Internal (10 points)

Category B: Clinical & Academic: External (20 Points)

Category C: Clinical & Academic: Self Directed (5 Points)

Category D: Professional & Managerial (5 points)

All users, and their personal information previously held in the original CPD system will be merged with the e-portfolio system and migrated to the merged system. There may be a brief hiatus when members are not able to access any online CPD system whilst the data migration occurs. Users will be notified of any system downtime. Please do try to update your current diary before the end of the year.

O.N.E. network

The College is pleased to be able to extend its agreement with the American Academy of Ophthalmology (AAO) and offer access to the its Ophthalmic News and Education network (O.N.E. network) for a further two years as a benefit of College membership. We are aware of some administrative issues regarding login and user support provided by the AAO and intend to send the AAO a list of Members' names and email addresses to help facilitate access to the system. If you do not wish the College to pass your name and email address to the AAO please inform the College database@rcophth.ac.uk by **15 December 2010.**

Please note that if you wish to make use of this membership benefit, the AAO will require this information for registration purposes otherwise it is not possible to allow access to the O.N.E. network. If you are already registered to use the O.N.E. network through the College deal and are experiencing access problems please contact the AAO via member_services@aao.org.

Results of CPD Audit 2010

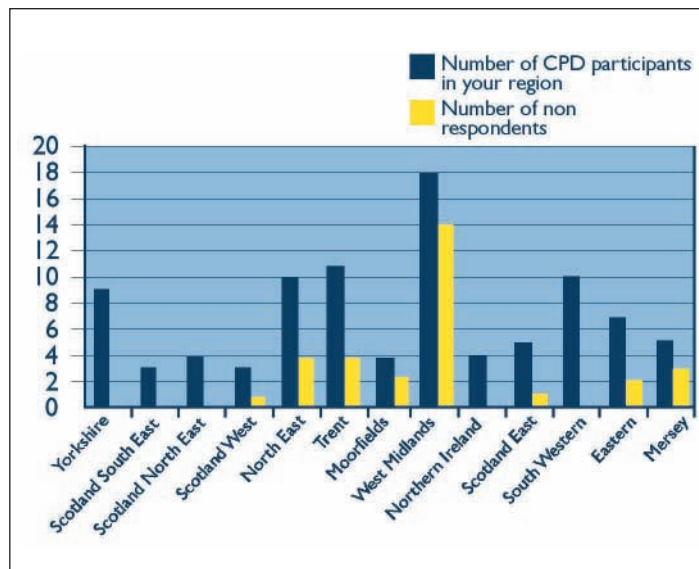
The College has carried out a 10% audit of category B activities. A total of 142 participants were audited and as at mid-November, 93 have responded.

The College provides an online CPD diary so that those registered for CPD can enter activities that can lead to the accumulation of CPD points, a matter that will become more important when revalidation is introduced.

The aim is to find out whether registrants have kept and can provide evidence of declared CPD activity as recorded in their diary entries.

Regional CPD co-ordinators were sent the names of those selected for audit together with contact details and, where available, copies of the registrants' declared CPD activity as extracted from the College CPD online diary.

These results show the regions that have responded to date. These charts show the number of participants selected, non respondents and percentage of evidence produced. The CPD co-ordinators agreed that non respondents will be audited at the next CPD audit.





There has been much sad news in this issue and so it is a pleasure to include some light-hearted relief in the shape of the letter below and this celebratory photograph taken of the High Holborn alumni.

Residents or Consultants appointed to the High Holborn Branch of Moorfields before its closure in 1988 met for an evening of unashamed nostalgia.

*Back row from right to left: 1-21
2nd row from right to left: A-F
Front row from right to left: G-L*

1 Tony Moore 2 Desmond Archer 3 Alistair Fielder 4 Alan Bird 5 Jonathan Jagger 6 David Taylor 7 Declan Flanagan
8 John Cloherty 9 Irving Luke 10 Geoffrey Rose 11 Richard Collin 12 Tim ffytche 13 David Ingram 14 Nigel Andrew
15 Tony Casswell 16 Peter Leaver 17 Les Alexander 18 Mike Lavin 19 George Turner 20 John Salmon

A Paul Kinnear B Michael Sanders C Marius van Oldenberg D Andrew Elkington E Carol Lane F Nick Astbury

G Wendy Franks H Gill Adams I Gordon Catford J Marion Handscombe K Suzanne Powrie L Nick Galloway

Count the typos in the following letter!

The letter itself is fictional, but all the errors are genuine, and have been gleefully collected over some years from many sources. Apologies to my own secretaries who made none of these mistakes!

Dear Doctor,

Many thanks for referring this man who initially presented to this foundation trist following a taste at the optician's shot with blurred site and double vision when weeding. There was no history suggesting angel closure glaucoma but he was seen in the clinic some years ago with blepharitis of both thighs, when he was advised on the toilet, and had a cyst of mole excised.

His past medical history includes whopping cough as a child, and more recently an abominable aneurysm, and a spacemaker and some prostate problems for which he is awaiting eurodynamics. He has a hearing aide following some problems with his cockier. He has had several absence attacks which were investigated by the neurologists in the Fitz, Faith and Fanny turns clinic. He doesn't smoke but drinks two to three pints of bear a day.

On examination with his variegated lenses the visualar curate was 6/60 in the light eye and 6/36 in the left. I couldn't identify any proctosis but there was a right affluent tubular defect and compensation fields were constricted. Further inspection on the stick lamp revealed a remarkably dense caretaker in the right eye and some corneal scaring in

the left. The trochlear pressures were normal. There was evidence of facial ossification and lens implant surgery in the left eye and the pupil looked slightly piqued, and there was no evidence of capsule pacification or YAK laser. Through diluted pupils the fundi were largely normal except for a sultry microaneurysm and some early immaculate degeneration. There was no serous elation. There was a small flat demented lesion in the periphery of no significance. Eye movements were fine with no evidence of abhorrent third nerve regeneration.

We arranged mri imagining to exclude charismatic compression and to see if it would shred any light on the diagnosis. The scan was reported normal with no middling shift. The corpus colloseum was unremarkable.

Therefore somewhat surprisingly he seems to have retrovular neuritis. To take the investigation further I have taken the liberty of Miss Smith in London, as I am concerned that his fuel division may become further constricted., and his vision may even fall to reception of lite. Hopefully she will see him on her convenience, so for the meantime I have discharged him, but please do not refer him back if there are any problems in the future.

Kind regards,
Yours sincerely,

Andrew Elliott FRCP FRCS FRCOphth
Consultant Ophthalmologist

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AWARDS AND FELLOWSHIPS

| AWARD | AMOUNT | CLOSING DATE |
|-----------------------------------|----------------------------|------------------|
| The Fight For Sight Award 2010 | One award of £5,000 | 4 February 2010 |
| Pfizer Ophthalmic Fellowship 2011 | One award of up to £35,000 | 14 February 2011 |

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

Making an IMPACT on visual impairment for 25 years



The IMPACT Foundation was established in 1985 by the late Sir John Wilson CBE DCL, his wife Lady Wilson OBE, FRCOphth (Hon) and his daughter Claire Hicks MBE. Blinded during a school chemistry accident at the age of 11, Sir John went on to become one of the 20th century's leading disability prevention campaigners; driven by the conviction that at least half the causes of disability could be prevented or reversed often at low costs.

Describing avoidable blindness as 'an obscene and costly anachronism', in 1946-7 Sir John took part in a nine-month fact-finding tour of Africa and the Middle East. Shocked at the scale of visual loss he witnessed, he returned determined to do something about it leading, in the early 1950s, to a campaign to try to eliminate river blindness. This was to be the just the start. Sir John's 1999 obituary in *The Independent* credits him with 'the saving of sight in some 50 million people in Third World countries'.

Sir John was one of the first to realise that disability is inextricably linked to poverty and that efforts towards development would always be thwarted if preventing needless disability and improving healthcare were not pursued as part of the solution.

The international IMPACT movement (which now operates through autonomous organisations in 16 countries) was formed to translate the lessons learned in the prevention of blindness into action to prevent a wide range of potentially disabling conditions.

IMPACT has spent 25 years working hard to restore sight, movement or hearing, or repairing cleft lip. To date, almost 800,000 people (the vast majority in the developing world) have been provided with life-transforming surgery. Tens of thousands more benefit every year from action to prevent the disabling conditions which flourish in conditions of extreme poverty; IMPACT's projects include health education, maternity care, visual and hearing screening, growing vegetables to tackle malnutrition, immunisation, safe water and more.

For further information about IMPACT's innovative programme including the Lifeline Express hospital train in India and the floating hospital in Bangladesh, please visit www.impact.org.uk or telephone 01444 457080.

Sponsor-a-Nurse campaign

The St John of Jerusalem Eye Hospital is launching a Sponsor-a-Nurse campaign to celebrate its wonderful staff. The sponsor provides vital support for the nurse's salary, and invests in making a real difference to the life and morale of the individual and his or her extended family.

If you would like to make a contribution towards the salary of one of our nurses, please visit www.stjohnseyehospital.org, or contact faryal.awan@stjohnetehospital.org.

Every donation – no matter how small – will make a difference. In addition to ensuring jobs in an area of very high unemployment and poverty, the indirect beneficiaries of sponsorship will include the 100,000 plus patients the hospital helps every year.

The Royal College of Ophthalmologists – prize for innovation

We had 10 excellent entries in response to the call in College News, summer 2010, for examples of innovations that benefit patients, save money and maintain or enhance quality standards. The winning entry is:

Centralised ophthalmic electronic referral: NHS mail and digital images to save costs and improve service delivery. *Dr Shyamanga Borooah and Dr Roshini Sanders*

Also commended: Selective screening for metastasis from uveal melanoma *Professor Bertil Damato and Dr Sarah Coupland*

Ophthalmic photographic diabetic review (OPDR); a virtual clinic approach for management of referable diabetic maculopathy (M1) *Professor Paul Dodson*

The winner will receive a modest cash prize to be presented at the Annual Congress 2011 and all three entries will receive a certificate. The submissions will appear on the College website.



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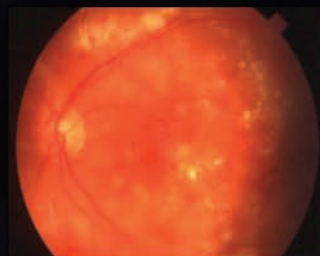
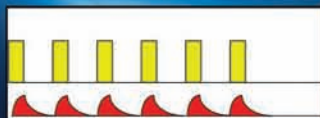


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- ✓ Treat patients earlier and retreat when necessary ⁴

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¹ Prospective randomized controlled trial comparing clinically significant diabetic macular oedema photocoagulation and conventional green laser for subthreshold micropulse diode laser, Joao Figueira, doi:10.1136/bjo.2008.146712 Br. J. Ophthalmol., published online 3 Dec 2008; ² MICROPERIMETRY AND FUNDUS AUTOFLUORESCENCE IN DIABETIC MACULAR EDEMA Subthreshold Micropulse Diode Laser Versus Modified Early Treatment Diabetic Retinopathy Study Laser Photocoagulation, STELA VUJOSEVIC, MD, RETINA, THE JOURNAL OF RETINAL AND VITREOUS DISEASES, 2010, VOLUME X, NUMBER X; ³ Subthreshold micropulse diode laser photocoagulation for clinically significant diabetic macular oedema: a three-year follow up, Sobha Sivaprasad FRCS, Kings College Hospital, Denmark Hill, London, UK, Clinical Experimental Ophthalmology, 2007 Sep-Oct;35(7):640-4; ⁴ Subthreshold diode micropulse photocoagulation for the treatment of clinically significant diabetic macular oedema, J K Luttrull, D C Musch, M A Mainster, Br J Ophthalmol 2005;89:74-80, doi: 10.1136/bjo.2004.051540 © Courtesy of Denis Ruskovich, LMU Munchen, Germany, ARVO 1997, Abstract # 3483

HONORARY FELLOWS

At the Admissions Ceremony in June 2009, an Honorary Fellowship was awarded to Mr Timothy ffytche. This is an edited version of the citation given in his honour

Tim ffytche – that's double f lower case - graduated in 1961, and was appointed to the house at Moorfields Eye Hospital five years later. With a string of prizes and several papers on the retinal circulation and evolving technology of fluorescein angiography under his belt, he was appointed to St Thomas' in 1973.

This is where our story really begins. He describes it as the day 'that changed my approach to medicine'. It was a Wednesday morning in 1978 when he attended a lecture on leprosy by his colleague Alan Friedman. As he watched the images on the screen Tim realised that while he sat in comfortable 20th-century London, this ancient disease, known to man for over 4,000 years, was even now mutilating people in poor countries. The scarring and destruction affected not only hands and feet but also eyes: eye lids, cornea, uvea and lens scarred by inflammation – causing blindness and misery. He promptly volunteered his services and vowed to become part of the solution.

Over the next two decades he made himself an acknowledged expert. He contributed to 20 papers and 10 book chapters on ocular leprosy and was involved in the first longitudinal study of the incidence of ocular complications in leprosy. He was invited to speak on the subject all over the world. In 1985, with Margaret Brand, he established an annual ocular leprosy course in Tamil Nadu, South India that ran for 16 years and until 2004 he served on the medical advisory board of LEPRA the medical development charity.

Back at home, Tim became a Council Member of the OSUK, the forerunner of the College and was appointed as Council representative on the Advisory Committee to The International Council of Ophthalmology (ICO) in 1985. He thinks this is because he spoke three European languages, but it was probably also due to his growing expertise and interest in relief of global blindness. At the ICO, he worked in the Eastern European sector – partly because of family ties and partly because he realised that there were very few NGOs working behind the iron curtain and recognised there was likely to be unmet need. He soon discovered that many Eastern Bloc countries had limited awareness of blindness prevention, and lack of trust between nations prevented effective cross border co-operation. When, at his suggestion, the Eastern European Ophthalmological Organisation (EEOA) was set up, he was the natural choice to organise the first business meeting in 1989. Later that year, the Berlin Wall came down and with improved knowledge of living conditions came the realisation that health services in these countries were desperately under resourced.

Tim established the charity Ophthalmic Aid to Eastern Europe and began organising transfer of ophthalmic equipment and books to eye departments there – a job he continues to do. He reported back to the

International Agency for the Prevention of Blindness (IAPB) and was subsequently made Co-chairman of IAPB Europe and later its Chairman in 1999. This meant that he felt responsible for co-ordinating efforts to prevent blindness in an area extending from Greenland to the east coast of Russia. Funds were limited, but he used them to support and encourage the setting up of local blindness prevention workshops and short teaching programmes across Eastern Europe. However small these contributions may have seemed at the time, together they contributed to the growth of a wider, global awareness of the need to reduce avoidable blindness, a campaign that has culminated in the VISION 2020 global initiative – the right to sight.

Tim did not neglect ophthalmology in London. He became a Consultant to Moorfields Eye Hospital as well as St Thomas's and the Hospital for Tropical Diseases. He continued his medical retina interest, and in 1987 helped found the Macular Disease Society – the foremost UK charity for macular problems, now with over 16,000 members. He was appointed Surgeon Oculist to the Royal Household in 1980, becoming Surgeon Oculist to the Queen in 1999.

I have omitted to talk of his co-authorship of three dictionaries of ophthalmic terms in Russian, Polish and Ukrainian, and of his interesting landing at the Biggin Hill Airshow in 1993 aboard the ORBIS flight from Lithuania when the runway was shorter than the aircraft required. He survived the experience to serve on the ORBIS UK Board from 2003-6.

Tim – for your full and varied contribution to ophthalmology at home and abroad, we salute and honour you today.

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Important 2011 Congress dates

Abstract results published

18 January

Registration website opens

15 February

Congress

24 - 26 May, Birmingham

College Seminar Programme 2010

All College seminars and events take place at 17 Cornwall Terrace, unless otherwise stated.

25 February

Diabetic Retinopathy Screening for Clinical Leads

Chaired by: Mr Peter Scanlon
The Institute of Physics, 76 Portland Place, London

7 - 8 July

Retinal Imaging Seminar

Chaired by: Mr Heinrich Heinmann & Professor Yit Yang
The Institute of Physics, 76 Portland Place, London

6 September

The Future Management of Glaucoma: Virtual Clinics, Electronic Patient Records and Shared Care

Chaired by: Professor James Morgan

15 September

Paediatric Amblyopia and Strabismus

Chaired by: Mr Mike Clarke and Mr Robert Taylor

15 November

Revalidation in Ophthalmology

Chaired by: Mr Richard Smith

18 November

Elizabeth Thomas Seminar

Chaired by: Mr Winfried Amoaku
The East Midlands Conference Centre, Nottingham

Please visit

www.rcophth.ac.uk/seminars
for further details.

Training the Trainers

What to teach and how to teach

7 February

20 September

Appraisal and how to teach practical skills

8 March

14 October

Assessment – selection and interviewing, WBAs, ARCPs, examining

28 June or

30 June

(TBC)

Trainees in difficulty

6 June

21 November

Please visit

www.rcophth.ac.uk/trainingthetrainers
for further details.

College Tutor Induction Days

28 March

14 June

11 November

College Skills Centre Programme 2011

Details are on the website at
www.rcophth.ac.uk/bmscourse

Other Events 2011

8 January

Ophthalmology Interview Skills Course

London, venue TBC

ophthalmologycourse@yahoo.co.uk

<http://ophthcourse.webs.com>

3 - 4 February

The Annual St Thomas' Hospital Trends in Ophthalmology

The Royal Society, London,

www.trendsinophthalmology.com

Info@trendsinophthalmology.com

5 February

Refractive Conference

The Royal Society of Medicine, London

janice.ireland@optimax.co.uk

25 February

VR in a Day

St Thomas' Hospital, London

www.eyehope.co.uk

vrinaday@gmail.com

17 March

Annual meeting of the Medical Ophthalmology Society of the UK

Austin Court, Birmingham

lindy.gee@mosuk.co.uk

18 March

Annual meeting of the UK Neuro-Ophthalmology Special Interest Group

Austin Court, Birmingham.

Invited speakers include Professor Sohan Singh Hayreh, Esriel Killer, Patrick Yu-Wai-Man

Free papers are invited, either research or case reports.

www.uknosig.com.

7-8 July

Cornea and Oculoplastics Course 2011

Unit, Queen Victoria Hospital, East Grinstead

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cpcourse@qvh.nhs.uk

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Editor of Focus: **Professor Victor Chong**