QUARTERLY BULLETIN OF THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

College NEWS

Autumn
2012

Clinical Excellence Awards
(CEA) – 2013 ROUND

The decision by the government to delay the 2012 Round has caused considerable upset and, as yet, the arrangements for the 2013 Round are unknown.

In view of this uncertainty, it is likely that the College Council will decide to maintain, for College purposes only, the schedule that has been used in previous years, i.e.

- Applications to be considered for College ranking to be received in the first week of October
- CEA Awards Committee to meet in early November.

Consultants wishing to apply for a CEA are urged to have their application form ready by early October 2012.

Open house afternoons

The College opened its doors to the public during the Olympic period. We had many visitors who were able to view items from our historical collection and a small exhibition celebrating the great advances in cataract surgery. The College was ably supported by a roster of members who acted as custodians, and special thanks go to Richard Keeler, the honorary curator, and to Miss Wendy Franks and Penny Jagger.

New building

Visitors to the Open House afternoons will have appreciated the architectural designs of Decimus Burton but College members will know that the current building is far from ideal. The College has acquired new premises near Euston and will transform it over the next year into a suitable home for the 21st century. More details will appear in future issues of College News and on the College website.

Visitors to the Oxford Room at an Open House Afternoon

Please tell us if you move
database@rcophth.ac.uk

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

Winter
5 November 2012

Spring
5 February 2013

Summer
5 May 2013

Autumn
5 August 2013

From the Quality & Safety (QaS) Group

Mr Simon Kelly, who has been a very effective chairman of the Quality & Safety (QaS) Group, has recently completed his term office. He will remain on the QaS Group which is now chaired by Mr Timothy Rimmer.

New build ophthalmic facilities

On occasion an ophthalmologist may have to become involved with the construction of new build facilities. This may be as part of a new ophthalmic facility; either stand-alone or part of a major hospital build. Anyone who has been involved with the planning and construction of a private residence will know how complex such matters can be. Are the rooms large enough? Do they connect appropriately? Where should mechanical and electrical points be located? These matters are even more critical for complex, heavily used clinical facilities.

Why bring this up now? The Department of Health has recently stated that it will no longer update Hospital Building Notes (HBNs). Decisions are to be made locally by architects engaged in clinical facility design. The Quality & Safety (QaS) Group has provided refreshed guidance on built facilities in 2012 and is seeking to keep such information up to date. Thus QaS seeks to provide a resource whereby ophthalmologists' experiences with new facility architecture, construction and commissioning can be pooled. If you have been involved in such construction projects recently, please send brief details to Beth Barnes, head of the Professional Standards Department at *beth.barnes@rcophth.ac.uk* who will keep such information as a College resource so that any best practice and mistakes can be shared.

At Peterborough, for example, we moved into new hospital facilities in 2010. At the start of the planning stage, the ophthalmology department was furthest from the entrance of the combined ophthalmic, ENT and oral surgery unit. It was pointed out that our footfall and annual outpatient appointments were double those of ENT and four times those of oral surgery, and that most of our patients were elderly with poor vision. Thus the outline plans were revised and the ophthalmic department was positioned next to the entrance. If architects are kept well briefed from HBNs, College documents and from meetings with the local ophthalmologists, it is likely that what is built today will be fit for the future. While ophthalmic departments may still hit problems following the commissioning of new facilities, there is less chance of shrill cries of' if only we had thought of…'if there has been engagement of ophthalmologists and architects at the outline design stages.

Mr Timothy Rimmer
Chairman – Quality and Safety Group

Safer Surgery Week 24–30 September 2012

Patient Safety First and the Clinical Board for Surgical Safety are hosting Safer Surgery Week, beginning on 24 September.

All trusts in England are using the Surgical Safety Checklist based on the WHO checklist to provide safer surgical care. In 2010, the College developed a bespoke checklist for cataract surgery and the College encourages the use of this checklist for cataract surgery under local anaesthesia.

The College cataract checklist can be modified locally at *www.rcophth.ac.uk/page.asp?section=442&sectionTitle=Patient+Safety+Information*
In a survey of College members in March this year, 85% of ophthalmologists stated they always use a checklist during cataract surgery. However, 43% of cataract surgeons stated they do not use a checklist specific to cataract surgery. 67% of cataract surgeons stated they undertake a pre-operative team brief.

We know more needs to be done to reduce Never Events, in particular the insertion of an incorrect intraocular lens (IOL). The Five Steps to Safer Surgery guidance launched in 2010 provides a tool for cultural change in surgical teams.
www.patientsafetyfirst.nhs.uk/Content.aspx?path=/interventions/Perioperativecare/5stepsvideo/

During Safer Surgery Week, the College and the Clinical Board for Safer Surgery will be promoting local activities designed to help improve the quality and reliability of local implementation of Five Steps to Safer Surgery. The Quality and Safety Sub-Committee are keen to hear of any activities you are undertaking to promote safer surgery. Please contact *beth.barnes@rcophth.ac.uk* with your details.

The importance of the five-step approach in ophthalmology was demonstrated in a video presentation at Congress by Professor Augusto Azuara-Blanco, University of Aberdeen and is available to view on the College website.
www.rcophth.ac.uk/page.asp?section=442&sectionTitle Patient+Safety+Information

Please visit the Patient Safety First website for a series of online webinars.
www.patientsafetyfirst.nhs.uk/Content.aspx?path=/Campaign-news/safer-surgery-week-2012/

Members' News and Appointments

The Queen's Birthday Honours

Past President Miss Brenda Billington was awarded an OBE for services to ophthalmology.

Consultant Appointments

We rely on medical personnel departments to confirm consultant appointments. Please contact *aac@rcophth.ac.uk* if you notice an error or omission.

Mr Tomas Cudrnak	Bradford Royal Infirmary, Bradford
Dr Suzannah Drummond	Glasgow Royal Infirmary/New Stobhill Hospital, Glasgow
Mr Jasvir Singh Grewa	Dumfries and Galloway Royal Infirmary, Dumfries
Mr Eoin Guerin	Wrexham Maelor Hospital, Wrexham
Ms Julia Hale	Royal Cornwall Hospital, Truro
Mr Faisal Idrees	Dumfries and Galloway Royal Infirmary, Dumfries
Mr Aldrin Khan	Bradford Royal Infirmary, Bradford
Mr Gareth Lewis	Pilgrim Hospital, Boston
Mr Nicholas Mawer	Stepping Hill Hospital, Stockport
Mr Salem Murjaneh	Royal Cornwall Hospital, Truro
Mr Daniel Nolan	Manchester Royal Eye Hospital, Manchester
Mr Jonathan Norris	Oxford Eye Hospital, Oxford
Mr Eoin O'Sullivan	King's College Hospital, London
Miss Guduthur Roopa Setty	Bradford Royal Infirmary, Bradford
Mr Martin Watson	Moorfields Eye Hospital, London
Mr Bruno Zuberbuhler	St Thomas' Hospital, London

High Holborn reunion

A reunion lunch will be held on Friday 26 October 2012 for all those who were on the clinical staff at the High Holborn branch of Moorfields. The venue will again be The Medical Society of London, 11 Chandos Street, London, W1G 9EB and Mr Richard Keeler will give a talk on the history of the hospital.

Numbers are limited and all those interested in attending should let me know soon either by email at: t.ffytche@btinternet.com or by post to: 1 Wellington Square, London, SW3 4NJ.

Concessionary rates will be offered as usual to members of the MAA and we look forward to seeing you at what should be an interesting event.

Tim ffytche,
Hon. President, Moorfields Alumni Association

The Low Vision booklet

In 2008, the College was able to fund the distribution of the above booklet written by Dr Anne Sinclair and optometrist Barbara Ryan and send a copy to every UK paying member. The book is still relevant and is now on the College website. *www.rcophth.ac.uk/page.asp?section=365&sectionTitle=Information+Booklets*

Chapter 3 "Certification, Registration and Notification" which explains the CVI is particularly pertinent given the new Public Health (PH) Outcomes Framework.

Professorial appointments

Mr Christopher Lloyd has been appointed as Professor of Paediatric Ophthalmology at Manchester Academic Health Science Centre, University of Manchester.

Mr John Sparrow has been awarded a personal chair as Honorary Professor of Ophthalmic Health Services Research and Applied Epidemiology at the University of Bristol.

Obituaries

We note with regret the death of:
Mr John James Blake, Dublin, Eire
Mr David John Fitzmaurice, Preston, Lancashire
Dr Philomena Guinan, Ireland
Mr Manzoor Hashmi, Bridgend, Glamorgan
Mr David Michael Ward, Shaldon, Devon

College posts

At the May 2013 AGM two Vice Presidents will demit office: **Mr Larry Benjamin** (Education) and **Mr Graham Kirkby** (Professional Standards). Members who have served on Council and are under 65 are eligible to stand. **Mr Bernie Chang** will complete his first term as Honorary Secretary and is eligible to stand again, as can any Member or Fellow.

In College News Spring 2012 there was a call for a representative to join the Vision 2020 UK Primary Care Group and attend the Professional Standards Committee. There was a very good response and **Miss Stella Hornby** has been appointed to the group which has since been renamed the Vision 2020 UK Community and Primary Eye Care Group.

Telemedicine award

The Royal Bolton Hospital NHS Foundation Trust has been shortlisted for the Telemedicine Award run by the publication E-Health Insider for its work on 'Teleophthalmology in the Community'. Congratulations to **Mr Simon Kelly** and **Mr Kashif Quershi.**

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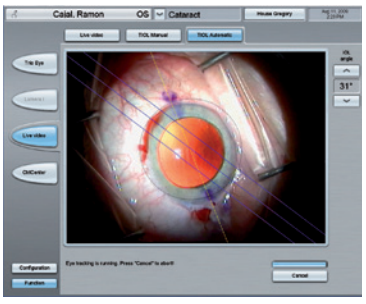

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THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

Focus

Autumn
2012

Victor Chong MD, FRCS, FRCOphth
Consultant Ophthalmic Surgeon and Lead Clinician
Oxford Eye Hospital and University of Oxford

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

Update on Medical Retina

I took over as the Focus Editor about four years ago and it is time now for me to move on. I am going to take this opportunity to write a final article on medical retina as this has changed dramatically in the past 10 years; I will focus on the developments in the past three years.

Age-related macular degeneration (AMD)

Lucentis vs Avastin

Lucentis is still the treatment of choice in the UK. In both CATT and IVAN studies, Avastin was demonstrated to have similar ocular efficacy (non-inferior in CATT, inconclusive in IVAN) but there is some uncertainty on the systemic safety profile. In IVAN, patients treated with Avastin had a reduction of systemic VEGF level but patients treated with Lucentis had no significant changes. The debate will go on.

Fixed dosing vs PRN i.e. 'as required' (discontinuous)

In the CATT study, a 'zero-tolerance' re-treatment policy, mainly based on time domain OCT changes, was employed. In the study, using a tight re-treatment criteria, PRN treatment with Lucentis showed a non-inferior outcome compared with monthly Lucentis treatment. However, this was based on a monthly visit and treatment if there was any doubt. The outcome was statistically non-inferior but it was numerically worse for vision (8.5 letters gain on monthly vs 6.8 letters on PRN) and PRN treatment was also worse in all the anatomical secondary endpoints. Furthermore, in order to achieve these results, the mean number of injections was 6.9 compared to 11.7 in the monthly group. When the reading centre read the OCT, they would have treated more patients, so it might be possible to get true equal gain but another two injections might be needed.

In IVAN, the discontinuous group had much closer results to the monthly group. The discontinuous group was treated with three loading doses at monthly intervals, followed by monthly monitoring. If there were recurrences, another three injections at monthly intervals were given. This might be the optimum regimen with Lucentis, as it would reduce OCT monitoring visits.

Eylea two monthly vs Lucentis monthly

Eylea (VEGF trap-eye) was approved by the FDA in November 2011. It is expected to be licensed in Europe in 2012. The VIEW study compared monthly Lucentis, monthly low dosage of VEGF trap-eye, monthly Eylea and two-monthly Eylea after a loading dose of three injections. All four arms showed almost identical results. Although monthly Eylea got 9.3 letter gain in the study, let us just focus on the visual gain for the monthly Lucentis versus two-monthly Eylea which were 8.7 letter and 8.4 letter respectively. That is a very close non-inferiority outcome, not CATT (8.5 vs 6.8) type non-inferiority.

So when Eylea becomes available in the UK, we will be able to carry out two-monthly treatments to get the same result as monthly Lucentis and with only seven to eight treatment visits instead of 12 to 13 visits. Moreover, no interim visit between the two-monthly treatment visit will be required.

The price of Eylea in Europe is unconfirmed but in the US it is $100 cheaper per vial (at the time of writing) than Lucentis. We hope the price will be even lower in Europe, compared with Lucentis but will not know until it is approved by the MHRA.

In year two of the VIEW study, the difference between Lucentis and Eylea was less. In the second year, the treatment regimen was changed to a capped PRN. Patients were treated at least once every three months, but could be treated more frequently and monitored monthly. In both groups, the vision was reduced by 0.8 letters during the second year and the number of injections was 4.7 and 4.2 for Lucentis and Eylea respectively. The study finished at 96 weeks though – not fully two years – so if they had continued to give two-monthly Eylea injections, it would need five injections. This goes back to the discussion of whether monthly visits are needed. Furthermore, it is not known whether giving Lucentis every two months would give a similar (non-inferior) result even at year 1.

Treat and Extend
Treat and Extend is based on the principle of extending the treatment interval as well as the visit interval, based on the treatment response. In brief, you treat every four weeks until the retina is completely dry on SD-OCT. Then this is extended to a visit after six weeks. If the retina is dry, on OCT, the patient would be treated, and the next visit would be extended to eight weeks. If the retina is not dry, the patient would be treated and the next visit reduced to four weeks. I would only extend to a maximum of 16 weeks based on personal experience in the first two years of treatment. So, the patient is treated at every visit, but the OCT guides the treatment visit interval. It has yet to be shown to be effective in a large scale randomised controlled trial comparing monthly injection or PRN regimen, although many retinal specialists like it. It works well in units when appointments can be easily adjusted, but in practice it can be difficult. It does slow down the clinic, but at least some patients would only need to visit once every four months.

NeoVista VIDION (Epi-RAD)
Based on visual acuity outcomes, the CABERNET study evaluating epimacular brachytherapy for the treatment of wet AMD did not achieve its primary endpoint at two years.

The phase three, multicentre, prospective, randomised CABERNET study included 457 treatment-naïve patients who were divided into two arms. Patients in the treatment arm (n=302) underwent strontium-90 beta radiation with epimacular brachytherapy (NeoVista) and two mandatory Lucentis treatments. Patients in the control arm (n=155) received Lucentis following a modified PIER protocol, which included three initial monthly injections followed by injections once every three months. Patients were seen on a monthly basis, and rescue therapy was permitted, at the investigators' discretion.

The primary endpoint of CABERNET was visual acuity, specifically, the percentage of patients losing fewer than 15 letters of vision. In patients treated with epimacular brachytherapy, six injections were required at the two-year mark for a mean 2.5 letter loss. Patients treated with Lucentis required 11 injections and achieved a mean 4.4 letter gain. So in the Lucentis group, five more injections were required for a difference of 6.9 letters, but also without a vitrectomy. This result is unlikely to gain FDA approval as it is considered as a surgical appliance, however, it has already received the CE mark. Based on these results, it is difficult to justify using it on treatment-naïve patients. It might have a role in patients who require a high number of Lucentis injections.

Diabetic macular oedema (DMO)
Lucentis was licensed for DMO but so far has not been approved by NICE. The main reason is no doubt on cost, but unlike AMD patients, in clinical trial, DMO patients did not lose much vision with sham or laser treatment, and the gain with Lucentis was only modest. The role of the laser remains unclear. It might reduce the number of injections slightly but with a mild loss of vision.

Micropulse laser might be the way to go for non-foveal involving DMO or early foveal involving DMO with central OCT thickness less than 300 microns (based on time-domain OCT). For anything else, an injectable might be needed.

Ilvein was licensed for DMO in the UK. It is a steroid which can provide treatment benefit for up to three years but it is not yet approved by NICE. In the FAME study, in the chronic DMO group (oedema for more than three years), the visual gain was most significant. The main problem is cataract and pressure rise. Most patients would need cataract surgery and over 70% of patients have experienced pressure rise, but fortunately only 5% require glaucoma surgery.

Ozurdex is not licensed for DMO, as the phase III data is not yet published or presented at the time of writing although the study was completed. More data will become available very soon.

The role of lasers, steroids and anti-VEGF in DMO either on their own or in combination, will no doubt become clearer in the future.

Retinal vein occlusion (RVO)
Lucentis and Ozurdex are licensed for macular oedema secondary to RVO. However, only Ozurdex is approved by NICE. It is unclear whether Lucentis is better than Ozurdex or vice versa, due to differences in trial design. There are several head-to-head studies in progress and more will be known soon.

Ozurdex was initially studied as a treatment to be used every six months, but there is increasing evidence that it might not last as long as that. It is probably more likely to last for four to five months. Despite the NICE guidance, which has not restricted the timing of the re-treatment of Ozurdex, some PCTs in England do not allow patients to be re-treated until six months has lapsed. This seems illogical, and patients might not get the maximum benefit of the treatment.

Vitreomacular adhesion (VMA)
Microplasmin was shown to be able to release VMA in 26.4% as compared to 10.2% in the placebo-treated group at 28 days after a single injection in two phase III clinical trials. It has received favourable opinion by the FDA expert panel but it is not yet approved.

Patients without epiretinal membranes were more likely to have resolution of VMA (37.4% compared to 14.3% of placebo patients). In patients with a full thickness macular hole, 40.6% of patients saw closure at 28 days with one injection compared to 10.6% of the placebo group. The need for surgical intervention was significantly less in the microplasmin group (17.6% compared to 26.7% placebo).

Conclusion
More drugs, more injections, more choices! Ten years ago, we had the laser. It was easy then. Just treat or not treat. Now, we have to figure out which treatment, how often to give the treatment, when to add another treatment, and when to stop.

Financial disclosure: The author is a consultant for Novartis, Bayer, Allergan, Alimera Sciences and Iridex.

18th-century quacks - part 2

In the 18th century, England was regarded as the paradise of quacks. Ophthalmology attracted three of the most famous and outrageous. The Spring 2012 issue described two of them and the third is featured below.

JOHN TAYLOR (1703–1772)

The Chevalier John Taylor, as he styled himself, was in an altogether different class of quackery from William Read and Roger Grant, a matter which he was able to demonstrate in several languages. He was an itinerant oculist selling infallible salves and eyewashes who declared membership of the French Order of Chivalry. With unblushing effrontery, he claimed 50 royal personages among his clients. When he included, for good measure, a Pope he added to his self-declared title of 'Ophthalmiator, Imperial and Royal' the word 'Pontifical'. Though he was, in fact, appointed surgeon-oculist to King George II.

Chevalier John Taylor

He was an unparalleled liar, pre-eminent among charlatans in the art of advertisement, his chief method of which was delivering a well-advertised lecture on 'The Eye' full of grandiloquent phrases. Hardly a thief in the night, he would travel from court to court in Europe in a highly decorated carriage, which was painted with images of eyes and driven by six men in livery. The lecture table in front of him would have a glittering display of instruments and a portfolio of his credentials.

In the morning, he would treat patients and in the afternoon perform operations with strict instructions to the patient not to remove the bandage for three or four days – by which time he would be well on his way to another city. He was of good appearance, with a fine hand with instruments and operated with great dexterity. However, Taylor took little notice of Daviel's operation for the extraction of the cataract lens, first performed in 1742, and he continued to couch the lens. In 1749, he boasted couching operations on both Bach and Handel, succeeding in blinding them both. His self-published autobiography Travels and Adventures was among 50 books he claimed to have written.

In professional matters his knowledge was good. He had trained at St Thomas' where he first started on lithotomy operations under William Cheselden*. Taylor was a shrewd observer and not without original ideas; he made some real contributions to ophthalmic knowledge. He was one of the earliest to theorise about the optic chiasma decussation but his actual practice was deeply tainted with the dishonest arts of the quack. Many elements go to the formation of the complete charlatan: bombast, effrontery, dishonesty and ignorance among them. All of these qualities Taylor showed to perfection except for ignorance and this is his chief condemnation. Controversy surrounds his claim 'to make eyes straight' through his squint operation. His idea was to divide a muscle or a nerve, which Sir Stewart Duke-Elder described as 'a concept for which he is entitled to priority'. However, there is no evidence that Taylor actually performed the operation as he described it.

The mountebank, John Taylor, satirised from an etching by Thomas Patch, 1770. The masked man represents his 'zany' or fool. A cross of an order of knighthood hangs from his neck. His baldrick is adorned with eyes and a sword is replaced by a case containing his patents instead of a diploma of surgery.

'The Company of Undertakers' by Hogarth. Taylor can be seen (top left) holding his cane with an eye in its head.

For a scholarly account of the 'Chevalier,' see George Coates' publication in RLOH Reports, 1915, to whom this author is indebted.

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

* William Cheselden invented a technique for lateral vesical stone lithotomy in 1727 and was said to perform the operation in about one minute (an important feat before anaesthesia).

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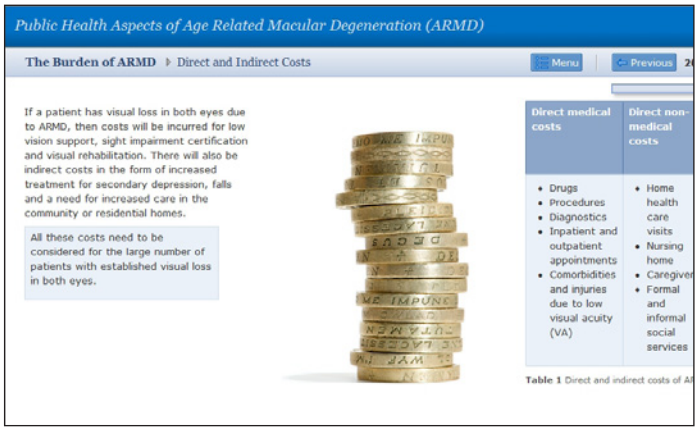
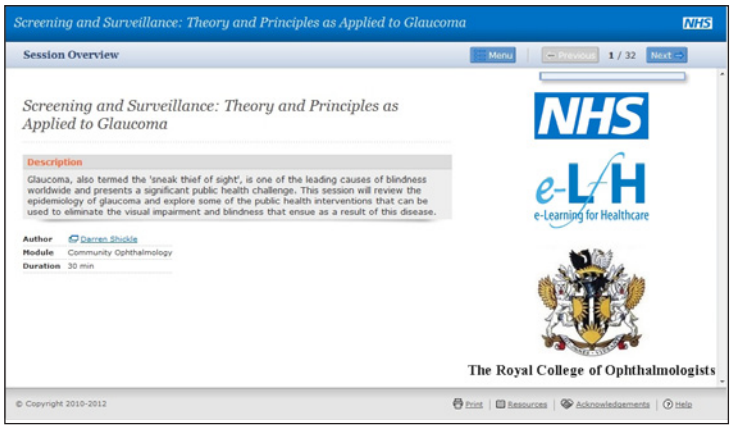
Ocular public health

Launch of the Department of Health's Public Health Outcomes Framework and RCOphth/DH 'Community Ophthalmology and Public Health' e-learning for health module





In Autumn 2012, the Department of Health (England) (DH) will confirm the inclusion of CVI data within the new Public Health (PH) Outcomes Framework. For the first time, public health directors and commissioners will need to include progress on the prevention of blindness within their local Joint Strategic Needs Assessment, programme budgeting and annual reports. England is the first country in the world to make this specific commitment in line with WHO's global initiative 'Vision 2020: The Right to Sight'.

To coincide with this, the RCOphth in partnership with the DH project, e-learning for Healthcare, is pleased to launch its 'Community Ophthalmology and Public Health' module to provide training for PH learning objectives in the Ophthalmic Specialist Training (OST) curriculum and support consultants in their NHS/leadership roles.

The 11 sessions comprising seven basic (OST1-5) and four advanced (OST-Consultant) have been developed by experts from the Universities of Leeds, Hull, the International Centre for Eye Health (ICEH) at the London School of Hygiene and Tropical Medicine and the RNIB. They complement 'face-to-face' ophthalmic PH training at the University of Leeds and the ICEH.

An examiner's guide is being developed to assist with OST assessment (e.g. case-based discussions) and FRCOphth examinations. Special thanks go to the authors, Wendy Lowe (instructional designer), assistant editors (Yvonne Needham, Mr Robert Lindfield and Miss Aditi Das) and to Alex Tytko, who managed the project.

Mr Andy Cassels-Brown
Module Editor

The UK Vision Strategy

The UK Vision Strategy Advisory Group is seeking views to help refresh the Strategy which will be launched next year. The College, as a member of VISION 2020, wishes to submit an organisational response.

The consultation asks specific questions about UK Vision Strategy's three key outcomes which are:

1. Improving the eye health of the people of the UK
2. Eliminating avoidable sight loss and delivering excellent support for people with sight loss
3. Inclusion, participation and independence for people with sight loss.

The consultation can be viewed at:
www.vision2020uk.org.uk/ukvisionstrategy/

The consultation runs until 16 November but in order to collate various strands of opinion, if would be helpful to have your feedback by 18 October 2012 sent to *kathy.evans@rcophth.ac.uk*

You can, of course, submit an individual view directly to: *ukvisionstrategy@rnib.org.uk*

Survey request

Despite the development of effective treatments for 'wet' age-related macular degeneration, the disease in the vast majority of patients with AMD is not amenable to treatment. This has led to attempts to prevent or reduce the progression of the disease by targeting modifiable risk factors.

Researchers at City University and the London School of Hygiene and Tropical Medicine are currently investigating the nature of lifestyle modifications and other advice offered by ophthalmologists to their patients. You are invited to take part in a short online survey regarding your current practice in this area. The survey should only take a few minutes and is anonymous. However, by providing your contact details you can elect to enter a prize draw to win £100 in John Lewis vouchers.

To access the survey please use the link below:
W *www.surveymonkey.com/s/AMDQuestions*
E *louisewalpole@optometry.co.uk*

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Congress 2013
– *latest news*

2013 marks the 25th anniversary of the Royal Charter creating the College of Ophthalmologists. We are pleased to announce that our 25th Anniversary Congress will be held at the ACC Liverpool from 21–23 May 2013. The programme is currently being finalised and will include two special Presidential symposia charting the advances in sub-specialties over the last 25 years.

The 2013 Duke Elder Lecture will be delivered by Phil Murray from Birmingham, the Edridge Green Lecture by David Williams from New York, and Gerrit Melles from The Netherlands will deliver the Optic UK Lecture. The abstract submission site will be open on 17 September 2012. Please submit your work to be part of this special Congress.

We will keep you updated with regular news on the latest developments to the scientific programme.

Congress 2012 – exclusive member benefit

All College members and fellows will have exclusive access to films of this year's eponymous lectures. Visit the members' area to view presentations from Bertil Damato, Wolfgang Drexler, John Forrester and Paul Mitchell.

Congress – the publication cycle

The Scientific Department works hard to produce Congress publications that are informative, accurate and attractive. Members currently receive a printed call for abstracts in the autumn, a preliminary programme in the early spring and a full programme when they register for Congress. This cycle is under review, partly to save costs but, more importantly, to ensure that members receive the most useful guides to make Congress an enjoyable and educational event.

Please contact *heidi.booth-adams@rcophth.ac.uk* with your views on what Congress information you would like to receive from the College and your preferred format.

Blind Sailing

Registered Charity 1090712

Blind Sailing provides sailing opportunities for blind and visually impaired people from grass roots to world championships. The coaches, sighted guides, organisers, crew and supporters are all volunteers who have helped bring great success to blind sailing. In 2009, its teams came second in the World Blind Fleet Racing Championships followed by Gold at both the 2010 and 2011 International Blind Match Racing Championships.

All its sailors who compete in any national or international competition/event must have an IBSA (International Blind Sports Association) sight classification B1, B2 and B3; the accrediting body for the sight classification in the UK is British Blind Sport (BBS). The charity needs volunteer 'sailing friendly' ophthalmologists to help sailors struggling to get sight classification and to advise fellow ophthalmologists and optometrists who have difficulty completing the necessary forms. These volunteers are also invited to attend one or two events a year to get to know the sailors and help new sailors understand where they might sit in the sight classification. Events are held across the country but particularly in Ipswich, Rutland Water, Windermere and Cowes.

Please contact Sara at the College *sara.davey@rcophth.ac.uk*. Other contacts: *www.blindsailing.net or blind.sailing@yahoo.co.uk* .

The Sight Loss and Vision Priority Setting Partnership

This project was featured in the Summer 2012 issue of College News. A total of 117 ophthalmologists responded to the survey, which seeks to identify the most pressing unanswered questions about the prevention, diagnosis and treatment of sight loss and eye conditions. This is a high and pleasing level of engagement.

The questions will be analysed over the next year and the results will be published.

Consortium agreement spans the Atlantic

The National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) at Moorfields Eye Hospital and UCL Institute of Ophthalmology, University Hospitals Bristol NHS Foundation Trust and the University of Bristol, has entered into a Consortium agreement with the National Eye Institute (NEI) of the American National Institutes of Health. It will promote human ocular immunology by encouraging the transfer of technologies, scholars and biomaterials for the study of uveitis, age-related macular degeneration and diabetic retinopathy. For further information, please visit *www.brcophthalmology.org*

The Editor of Focus

This will be the last issue of College News with Professor Victor Chong as the editor of Focus, the updates commissioned by the College. He has done a sterling job since the Summer 2008 issue. The Scientific Committee has appointed Mr Faruque Ghanchi as the new Focus editor. Any member who wishes to suggest a future topic for consideration should contact *olivia.sibly@rcophth.ac.uk*.

COLLEGE TRAVEL AWARDS AND FELLOWSHIPS

AWARD	AMOUNT	CLOSING DATE
Dorey Bequest and Sir William Lister Travel Awards	c. two awards £400-£600 each	Friday 5 October 2012
Ethicon Foundation Fund Travel Award	Four to six awards of c. £400-£1,000 each	Friday 2 November 2012

Please note that these closing dates may be subject to minor amendment. Please check the website for the confirmed date. Information and application forms for all awards are available on the College website: *www.rcophth.ac.uk/awardsandprizes*

BOSU research bursary awards 2012

There are different research bursaries of £6,000 for ophthalmologists in training who wish to undertake epidemiological studies of any rare eye conditions through the British Ophthalmological Surveillance Unit or the Scottish Ophthalmological Surveillance Unit.

- Suitable conditions for BOSU studies are a predicted annual incidence < 5 per million (300 cases p.a. in the UK)
- Suitable conditions for SOSU studies are a predicted annual incidence < 30 per million (150 cases p.a. in Scotland)

1. The RED Trust Surveillance Bursary for an ophthalmologist in training to undertake a study through the BOSU.
2. The Ross Foundation BOSU bursary for an ophthalmologist training in Scotland to undertake a study through the BOSU. (NB Eligible ophthalmologists may submit the same application for consideration for both awards.)
3. The Ross Foundation SOSU study bursary for an ophthalmologist training in Scotland to undertake a study through the SOSU.

Assistance with preparation of applications is available. Please contact Barny Foot (*barney.foot@rcophth.ac.uk* or 07808 581659). Closing date for applications for all bursaries is 19 October 2012.

Regional advisers

Regional advisers are appointed by Council to act on behalf of the College. They must be:
- Fellows of the Royal College of Ophthalmologists registered with the College for CPD.
- NHS consultants with an established or honorary contract in active practice. Advisers must stand down on retirement from their NHS post.

The table below shows those post-holders who will shortly complete a three-year term of office. Any person wishing to stand should contact *training@rcophth.ac.uk*

NAME	REGION	DATE OF APPOINTMENT	DATE OF REAPPOINTMENT	DATE OF RETIREMENT
Miss Anne Gilvarry	South West Thames	March 2007	March 2010	March 2013
Mr Roger Humphry	Wessex	June 2010		June 2013
Mr Timothy Matthews	West Midlands	June 2010		June 2013
Dr Donald Montgomery	Scotland West (Glasgow)	June 2010		June 2013
Miss Dilani Siriwardena	Moorfields	September 2010		September 2013

The T.F.C. Frost Charitable Trust

The trustees of this charitable trust invite applications for two clinical fellowships or one clinical fellowship and one PhD studentship, from ophthalmologists currently training in the UK. Projects must be in the field of ophthalmology or visual sciences. Awards will be made strictly on merit up to a maximum of £40,000 in each case.

Closing date: 30 September 2012

e-mail: holmes_and_co@hotmail.com

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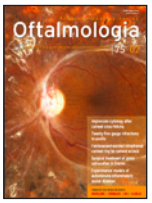

College Membership confers free access to the American Academy of Ophthalmology (AAO) ONE Network. If you have forgotten your username or password, or need instructions on logging in to the ONE Network, please e-mail oneintl@aao.org.

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Academy Grand Rounds provides a review of the diagnosis and treatment of eye disorders. The purpose is to enhance your abilities as a physician by applying knowledge in a simulated clinical setting.

Ophthalmology Clinical Leads Forum
– 19 October 2012

The Ophthalmology Clinical Leads Forum seeks to engage this important group in communication with each other and the College. In the current rapidly changing healthcare environment, it is essential not only to be aware of the latest policies and proposals but also to hear from those who have experience of what these initiatives mean in practice and what the medium- and long-term effects are likely to be.

This second Forum event, chaired by Mr Richard Harrad FRCOphth, Bristol University Hospital, aims to support service delivery and the role of clinical directors and leads clinicians.

Sessions include:

- Rational Rationing: Richard Harrad, Bristol Eye Hospital
- Squaring the Circle – Hinchingbrooke Hospital: Broke but not Broken: Chris Stephenson, Clinical Director, Hinchingbrooke Hospital
- A Guide to Specialist Commissioning: Alison Davis, Chair, National Clinical Reference Group for Ophthalmology
- Making Change Happen: Declan Flanagan, Medical Director, Moorfields Eye Hospital
- The afternoon has been set aside for a session from Dr Megan Joffe from Edgecumbe Consulting to discuss Conflict Resolution for Teams in Difficulty.

Price: £95.00 inc. VAT at 20%. Spaces are limited so book now to avoid disappointment.

NHS Innovation Challenge Prizes

Mr David Clark and colleagues, Mr Richard Hancock, Lead Ophthalmic Photographer, and Ms Maria Dengler-Harles, Lead Optometrist, from Aintree University Hospital are on the shortlist for the above prize in the Improved Diagnostic Investigation Category. They have developed a new diagnostic service in a bid to challenge required follow-up and monitoring of disease progression in age-related macular degeneration (AMD).

Mr Hancock said: 'We treat and monitor nearly 1,500 patients with AMD. Demand for the service has grown significantly so we introduced ophthalmic photographer led clinics, which eased the burden on doctors. There is always an ophthalmologist available in clinic if a particular patient requires a second opinion.'

The team have beaten more than 40 entries to be considered in the final four. For more information, visit *www.challengeprizes.institute.nhs.uk*

The Ophthalmic Trainees' Annual Symposium 2012

On Saturday 17 November 2012, the Ophthalmic Trainees' Group will be hosting their Annual Symposium at The Royal College of Surgeons in London.

It is a relaxed, informal day meeting, with highly-regarded speakers giving talks on real-world aspects of ophthalmology. Topics covered will include fellowships, research and different career paths.

The meeting is open to all of those with an interest in ophthalmic training: ophthalmic trainees, SAS doctors, junior doctors interested in a career in ophthalmology and medical students. Registration is £49 and further information, along with registration details, will be available at: *www.rcophth.ac.uk/otgsymposium*

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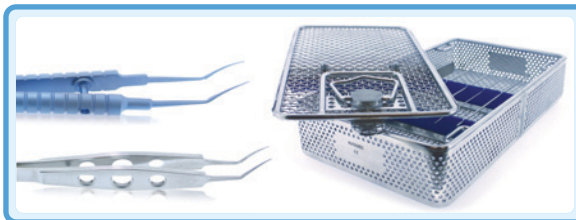

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Annual Congress

Celebrating the 25th anniversary of the College 21–23 May 2013, Liverpool

Abstract Submission opens:
17 September 2012

Abstract Submission closes:
19 November 2012

Registration opens
15 February 2013

College Seminar Programme

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

19 September
Investigation & Management of Inflammatory Eye Disease
Chaired by: Miss Elizabeth Graham, London & Professor Miles Stanford, The Institute of Physics, London

21 September
Appropriate Management of Neuro-ophthalmology Cases in Casualty
Chaired by: Mr Mike Burdon, Birmingham

28 September
Glaucoma, Suspects & Ocular Hypertension
Chaired by: Mr John Sparrow, Bristol
The Institute of Physics, London

11 October
What's New in Corneal Disease?
Chaired by: Mr Bruce Allan, London

12 October
Outcomes, Audits, Datasets & Electronic Patient Records
Chaired by: Mr Bill Aylward & Mrs Melanie Hingorani
Moorfields, London

18 October
The Management of Child/Adult Strabismus
Chaired by: Miss Louise Allen, Cambridge & Mr Tony Vivian, Suffolk

2 November
The Elizabeth Thomas Seminar
Mr Winfried Amoaku, Nottingham
East Midlands Conference Centre, Nottingham

9 November
Screening & Management of Diabetic Eye Disease
Chaired by: Dr Noemi Lois, Aberdeen
Surgeon's Hall, Edinburgh

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

College Skills Centre Programme 2012

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

SAS National Eye Day 2012
12 October
Novotel Centre, Bristol
There are free places for London deanery SAS doctors
president@rcophth.ac.uk

Ophthalmology Clinical Leads Forum
19 October beth.barnes@rcophth.ac.uk

College Tutor Induction Days

15 November education@rcophth.ac.uk

Ophthalmic Trainees' Annual Symposium
17 November 2012
The Royal College of Surgeons in London
otg@rcophth.ac.uk

Other events 2012

28 September
8th Alumni & Research Day
Riddel Hall, Queen's University Belfast, 185 Stranmillis Road, Belfast, BT9 5EE
Organised by: Miss G Silvestri,
Contact Details: Miss Claire Wilson, c.wilson@qub.ac.uk, 028 9063 2729.

6 October
Oculus: FRCOphth Part 2 Examination Practice (Clinical & Viva)
Birmingham and Midlands Eye Centre
www.oculus-course.com

26 October
High Holborn Reunion
The Medical Society of London, London,
t.ffytche@btinternet.com

16 November
British Ophthalmic Anaesthesia Society Annual Scientific Meeting
Exeter
www.boas.org

19 November
4th Annual Primary Care Ophthalmology Conference
Long Hanborough Oxfordshire
OX29 8FD
contactus@primarycareophthalmology.co.uk
www.primarycareophthalmology.co.uk/courses.asp

30 November
Joint 19th Medical Contact Lens & Ocular Surface Association (MCLOSA) Annual Meeting and Regional Scientific Meeting of International Ocular Surface Society (IOSS)
One Great George Street, Westminster, London
www.mclosa.org.uk/annualmtg.html

Other events 2013

4–7 April
The 4th World Congress on Controversies in Ophthalmology
Budapest, Hungary
www.comtecmed.com/COPHY/2013/

30–3 July
Oxford Ophthalmological Congress
Oxford Playhouse Theatre, Beaumont Street, Oxford
CALL FOR PAPERS
Abstracts should be received online by the Editor, Prof A D Dick,
NO LATER THAN 25 January 2013.
www.oxford-ophthalmological-congress.org.uk
Click onto Conference and scroll down to Abstract Box.
Enquiries to the conference organiser by email: o_o_c@btinternet.com

2013 College Diary
This year we have sent the diary with College News. We hope you find the diary useful

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