QUARTERLY BULLETIN OF THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

College NEWS

Spring
2013

The Annual Congress 2013

21-23 May, Liverpool

Our Annual Congress 2013 will celebrate the College's 25th Anniversary and we will be returning to the ACC Liverpool. The President will hold a special session on the first day of Congress where an excellent faculty will cover 25 years of progress in various subspecialties. There will also be a celebratory drinks reception on the evening of 21 May at the Museum of Liverpool to which all delegates are invited. On 20 May we will hold our fourth Retina Day, and we are looking forward to our first Glaucoma Day on the same day. We hope you will be able to join us at Congress and help celebrate our anniversary at what is set to be a great meeting.

College launches website for revalidation guidance for ophthalmology

Since September 2011, the College website has provided practical advice to assist ophthalmologists to prepare for appraisal and revalidation. However, if ophthalmologists are to receive appraisals of high quality, it is also important that their appraisers (who may not necessarily be from the same specialty or have the same subspecialty interest) and their responsible officers have an adequate understanding of the work undertaken by ophthalmologists and of the supporting information that ophthalmologists are likely to bring to appraisal.

Ophthalmology covers a wide range of clinical practice and many fields of ophthalmology are evolving rapidly in response to advances in knowledge and technology. These developments shape the training of ophthalmologists, the scope of practice of trained ophthalmologists, the constitution of clinical teams and the definition of what is regarded as 'current best practice'.

The GMC's model for revalidation puts considerable emphasis on appraisal as a mechanism by which the public can be assured that doctors remain up to date and fit to practise. Appraisal, if conducted well, can give that assurance, but in order to do so, the appraiser must be sufficiently well informed to assist the doctor in setting and reviewing appropriate professional development plan (PDP) objectives which cover the range of the doctor's professional practice.

The site does not confer the skills necessary to conduct an appraisal of an ophthalmologist, but it aims to ensure that appraisal will result in fair and appropriate PDP goals and that the process of appraisal and revalidation will command the confidence of patients and the public.

Thank you to the individuals who have contributed to the clinical subspecialty sections of the site.

Richard Smith, Chairman, Revalidation Subcommittee.

www.rcophth.ac.uk/revalidation

LATE NEWS: *www.hee.nhs.uk/work-programmes/btbc/role-of-trainee* £100,000 to fund innovative ideas

Please bring bring your AGM papers to the congress

Please tell us if you move
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Articles and information to be considered for publication should be sent to:
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Copy deadlines

Summer
5 May 2013

Autumn
5 August 2013

Winter
5 November 2013

Spring
5 February 2014

BUILDING REPORT

The College has bought 18–20 Stephenson Way, a freehold building close to Euston Station in the London Borough of Camden (LBC). It was initially a Victorian warehouse and most recently it was the main office of the charity Arthritis Care. We will have a number of illustrious neighbours including the GMB Union, the Royal Asiatic Society, the Directory of Social Change and, perhaps most intriguingly, the Magic Circle. We will also be close to the new headquarters of the Royal College of General Practitioners.

The College has formed a Building Group and this has appointed the architects Bennetts Associates and engaged the project management services of Jackson Coles LLP. Bennetts, who designed the refurbishment of the Royal College of Pathologists, have engaged with Council, the Ophthalmic Trainees' Group, the Lay Advisory Group and staff members. The agreed plans include a larger seminar room, a larger, integrated skills centre/teaching area, flexible meeting provision and streamlined office space. The building should be an exemplar for blind and visually impaired visitors, be economical to run and environmentally responsible.

A planning application has been submitted to the LBC to add an additional storey to the building, re-instate a back door and change the doors and windows on the front elevation. A response is expected by late spring, ideally before the 25th Anniversary Congress to be held in Liverpool, 21–23 May 2013.

Planned front elevation with additional story

Stephenson Way from North Gower Street

Work has already begun on removing asbestos from the new property which has exposed some very pleasing cast iron columns. The next stage will be to strip out the partitions and other fittings left by the previous owners and undertake a detailed measurement survey of the remaining shell. Then a main contractor will be appointed to carry out the works.

The building is outside the safeguarded area for the proposed high-speed railway (HS2), which would run from London to Birmingham and then split into two spurs, one continuing to Manchester and the other to Leeds. We have registered our interest with HS2 Ltd as stakeholders who wish to be involved and fully consulted as the planning and preparation of the project proceeds. In the event that the line is completed, the most likely outcome is that Stephenson Way and its environs will become more attractive and valuable. If HS2 is abandoned, the London Borough of Camden and the Mayor of London are believed to have plans to refurbish the station and surrounding area and so, in the interim, the building will be designed to minimise the effects of any major construction projects on the doorstep.

The College has sold its interest in the lease of 17 Cornwall Terrace but is able to remain in Regent's Park until spring 2014. We are able to finance the purchase of the new building and its basic refurbishment from current resources. We have formed a Fundraising Group with the intention of raising funds to add further value to the building and ensure that it is a home fit for the 21st century. We are particularly keen to approach grant-giving trusts. Any member who knows of a grant-giving trust that is likely to be sympathetic to the advancement of medical education and the importance of standards in general and to ophthalmology in particular is asked to contact the Chief Executive at *kathy.evans@rcophth.ac.uk* or 020 7935 0702.

Members' News and Appointments

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 Daniel Calladine	Worcestershire Royal Hospital, Worcester
Mr Luke Clifford	Basingstoke Hospital, Basingstoke
Ms Gabriella De Salvo	Southampton General Hospital, Southampton
Mr Mostafa Elgohary	Kingston Hospital, Kingston
Mr Usama Faridi	Dorset County Hospital, Dorchester
Dr Maria Gregory	Stobhill/ Southern General & New Victoria Hospitals, Glasgow
Miss Abha Gupta	Princess Alexandra Eye Pavilion, Edinburgh
Mr David Haider	Royal Bolton Hospital, Bolton
Mr Thomas Kersey	Frimley Park Hospital, Frimley
Dr David Knight	Raigmore Hospital, Inverness
Mr Arun Lakshmanan	King's Mill Hospital, Sutton-In-Ashfield
Miss Fiona Lyon	York Teaching Hospital, York
Mr Mohammad Abdus Jaheed Khan	Moorfields at Bedford Hospital
Mr Bruno Majone	Dorset County Hospital, Dorchester
Mr Nicholas Mawer	Doncaster Royal Infirmary, Doncaster
Mr Georgios Morphis	County Hospital, Hereford
Mrs Priya Prakash	Princess Alexandra Hospital, Harlow
Miss Teresa Sandinha	Sunderland Eye Infirmary, Sunderland
Mr Deepak Vayalambrone	Ipswich Hospital, Ipswich

New Year's honours

Professor John Marshall FRCOphth (Hon) has been appointed a Member of the Order of the British Empire (MBE) in recognition of his services to ophthalmology.

The Rotary Foundation: 2012–13 Global Alumni Service to Humanity Award

The trustees have awarded the highest honour given to the alumni to College President, Professor Harminder Dua.

Obituaries

We note with regret the death of:
Mr Edward Lyons,
Abergele, Clwyd

Dr Malcolm McCannel,
Minneapolis, USA

Mr John David Scott 1936–2013. It is a tragic irony that within a few months of being given an Honorary Fellowship of the Royal College of Ophthalmologists in recognition of his extraordinary contribution to the clinical management and science of retinal detachment, John Scott the vitreo-retinal surgeon at Addenbrooke's Hospital Cambridge (1967–1997), should be struck down by an aggressive cancer.

John's pioneering work was in the introduction of 'open skies' vitrectomy for the late complications of diabetic retinopathy and previously failed detachment surgery together with expanding the scope of vitreous replacement with silicone oil. He had a particular interest in the treatment of giant retinal tears, especially those occurring in children and young adults with Stickler's Syndrome.

Fifty years ago, retinal detachment was a universally blinding disease but now, thanks in no small measure to him, it is almost always treatable, with good visual results in most people.

John Scott's international reputation was recognised with the Duke Elder medal from the College, the Charamis Medal from the European Society of Ophthalmologists and he was the first UK ophthalmologist to be awarded the Herman Wacker Prize from the Club Jules Gonin. However, the honour that pleased him most was being made an honorary Chief by the community he served in Enugu, Nigeria caring for patients after the Biafran War. This required the minor detail of first re-building the operating theatre at the hospital. While there he developed viral ncephalitis which he treated with locally brewed 'Star' beer and, when he was well enough, he would be carried to his clinic on a chair.

Considering his workload and dedication to his specialty with its out-of-hours commitment and his teaching sessions which brought many from the surrounding area and from London, it is amazing that he ever had time for anything else. But somehow he did and he did everything to the full. From childhood he developed an amazing ability to isolate his many activities from each other, whether this be with family, sailing first in dinghies and then progressing to larger sailing boats and finally a beautiful old wooden motor vessel, Astrovolante, in Majorca or driving racing motor cars, collecting vintage ones, being an advanced driving instructor, being fluent in a new language, or flying planes and gliders. Every one of these activities gathered a group of friends and enthusiasts. He would take on each task until he felt he was totally competent and then move to another. Music beat him in this struggle for perfection and, although he was a superb violinist and viola player, with his knowledge of classical music he knew that there was always somewhere else to go. When I saw him last, his major regret was that he had no longer the strength to play.

A great surgeon. A great companion.

Peter Watson FRCOphth (Hon)

An edited version of the citation given when Mr Scott was awarded Honorary Fellowship appeared in the 2011 summer issue of College News.

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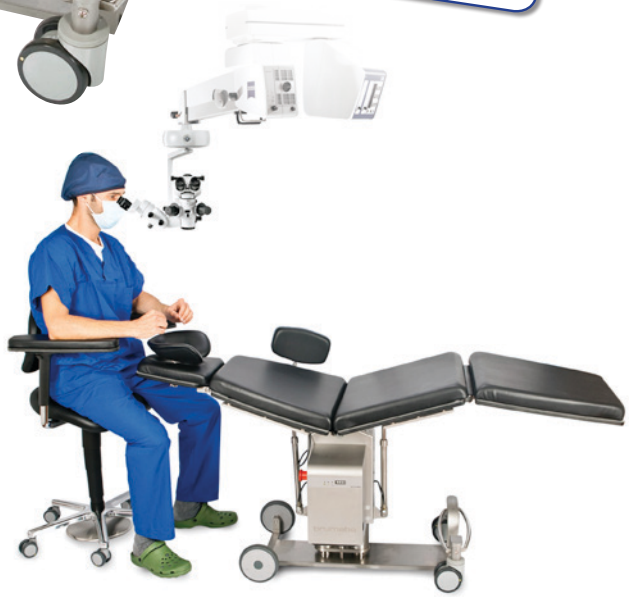

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THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

Focus

Spring
2013

Mr Ian G Simmons, *Consultant Paediatric Ophthalmologist*
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An occasional update commissioned by the College.
The views expressed are those of the author.

Optic pathway Gliomas in childhood

DEFINITION

Low grade gliomas (LGGs) are the most common primary CNS tumour in childhood. Optic pathway gliomas (OPGs) are intrinsic to the optic nerve, chiasm, tracts, radiations, and hypothalamus. They typically develop during early childhood, with the greatest tendency for growth in the first 3-5 years of life.[1,2]

EPIDEMIOLOGY

OPGs constitute 5% of all childhood intracranial tumours with an estimated population incidence of 0.3 per million annually.[3] Most children diagnosed with OPGs have neurofibromatosis type 1 (NF1), the remainder being sporadic. The median age at presentation in childhood is 5 years. There is a female predominance in patients with NF1, suggesting a possible hormonal influence. 20-30% of patients with NF1 will have OPGs, 50% of which will be symptomatic, and 100% of which are present by 7 years of age.

CLINICAL PRESENTATION

OPGs cause painless vision loss (affecting acuity, fields, contrast sensitivity and colour vision). Asymmetric disease can cause a relative afferent papillary defect and sensory strabismus. Orbital optic nerve gliomas can cause proptosis. A quantitative acuity (Teller, HOTV or Snellen) is the most important measurement. There is a limited role for colour, contrast sensitivity, and VF testing. Optic atrophy is a post-change finding of little prognostic value. Intracranial extension may result in hypothalamic and endocrine disturbances. Precocious puberty, especially in a child with NF1, should raise the suspicion of an OPG.

NATURAL HISTORY

Tumour stabilisation, progression and spontaneous regression can sometimes occur. The rate of progression declines with age at presentation. Hypothalamic/chiasmic tumours demonstrate the most sustained tendency to progress. Progression after the age of 12 years is uncommon, but some patients may still lose their vision in adolescence.

PATHOLOGY

LGGs are heterogeneous, well-differentiated tumours originating from glial cells. Histologically, most OPGs are juvenile pilocytic astrocytomas (WHO Grade I tumours) characterised by the presence of Rosenthal fibres. Lack of the NF1 gene product, functional neurofibromin (a tumour suppressor gene) results in dysregulated RAS signalling, resulting in increased cell proliferation and tumour formation. A small nonrandom duplication in the 7q34 region has also been identified in the majority of sporadic pilocytic astrocytomas. This duplication involves BRAF, a known oncogene implicated in numerous cancers.[1]

Biological mechanisms under investigation include angiogenesis and the tumour microenvironment, telomere maintenance, and glioma-associated antigens. Low cAMP levels in susceptible NF1 mice are sufficient to promote glioma formation. Pharmacologic cAMP elevation with phosphodiesterase inhibitors (e.g. rolipram) dramatically inhibits OPG growth in vivo suggesting a potential role for cAMP-targeted therapy.

INVESTIGATIONS

MRI is the preferred technique for identifying and delineating the extent of OPGs, as well as monitoring for progression. Sporadic tumours typically arise within the chiasmatic-hypothalamic region (70-90%) affecting optic nerves alone less frequently than in NF1. Typical MRI characteristics include a fusiform appearance, diffuse enlargement of the nerve and/or chiasm, a downward kink in mid-orbit and enlarged optic canal. The original Dodge classification referred to tumours involving the optic nerves alone (Dodge I), the chiasm with or without nerve involvement (Dodge II), and the hypothalamus or other adjacent structures (Dodge III). The PLAN classification (modified Dodge) provides a more detailed description of tumour number, location and size required for the prediction of visual outcome and surgical access whilst taking into account the interaction with NF1 status.[4]

Current imaging is virtually always diagnostic, so biopsy of suspected tumours is no longer warranted. VEP and OCT have experimental roles at present. VEPs are neither sensitive nor specific to warrant their use as a screening test. The strong relationship between visual function and peripapillary RNFL thickness may predict visual deterioration.

SCREENING IN CHILDREN WITH NF1

Screening of children with NF1 remains controversial. Children 6 years old and younger are at the greatest risk of developing OPGs. However, OPGs can present and progress beyond the preschool years. Published guidelines recommend annual ophthalmological examinations in all children with NF1 up to the age of eight years and reduced to every two years until 18 years of age[5]. However, there is no agreed UK approach. Baseline "screening" neuroimaging or VEP of asymptomatic children with normal visual examinations is not warranted.

MANAGEMENT

The clinical course of OPGs may be unpredictable and highly variable, making diagnosis and management complex and controversial. Furthermore, the methods available for treatment have advanced considerably in the last 10 years. The management of OPGs is highly individualised and ophthalmologists should be aware of the benefits and disadvantages of the various treatment options.

The LGG trials are two large multi-centre, international clinical studies which have been conducted involving the UK childhood population. The trial summaries and plans for LGG3 are presented in table 1.

Close observation with serial MRI is the initial management in most cases. Initiating treatment at presentation is rarely necessary, but may be considered if there is severe visual impairment along with poor prognostic factors (e.g., sporadic OPG, optic tracts/radiation involvement). Loss of VA (e.g. 2-line decrease in Snellen) compared with previous examination, and tumour progression on MRI are the most common and accepted indications for treatment. It is likely that future studies will limit indications for treatment to functional visual problems.

Surgery is rarely appropriate for OPGs because of almost inevitable visual loss, endocrine deficits and cerebrovascular events. Indications for surgery include resection of large intra-orbital OPGs for painful or disfiguring proptosis, or corneal exposure in patients whose eye has severe visual impairment.

Radiotherapy (RT) is associated with visual, endocrinological, cerebrovascular, and neurocognitive sequelae, especially following its use in childhood. Moreover, RT significantly increases the risk of secondary malignant neoplasm development and vascular complications in patients with NF1. RT is therefore reserved for children who are older (teenagers) or for younger children with progression or recurrence following exhaustion of chemotherapy options.

Chemotherapy (CT) is the first-line treatment of choice for most OPGs at all ages. The carboplatin and vincristine ("Packer") regimen is the most common with a 5-year progression-free survival (PFS) of 69% in NF1 patients.[6] Preliminary results from the LGG2-2004 study showed that VA was compromised in 43% before treatment. CT resulted in stable visual function in more than 2/3 of children but only improved VA in 11%. Although the carboplatin regimen appears relatively well-tolerated, neutropaenia, thrombocytopaenia and allergic reactions may occur.

Another alternative regime, TPCV (thioguanine, procarbazine, lomustine and vincristine) was found to have a non-significant trend for improved event-free survival when compared to carboplatin/vincristine. TPCV is avoided in NF1 patients because of the risk of secondary leukemia associated with lomustine and procarbazine. Cisplatin plus etoposide has a reported 3-year PFS of 73%. Temozolomide and weekly vinblastine are both promising as single agents for recurrent/refractory OPGs with initial studies indicating stable disease in the majority of children.

A multi-disciplinary approach is imperative to address and support the complex changing care needs of patients (including access to special support services for visual impairment and educational support), their relatives and carers.

FUTURE DIRECTIONS

The 5-year overall survival for OPGs is above 90%. Visual outcomes have only been evaluated as a trial end-point in recent years. Whilst reliable testing of VA is possible in very young children, compliance was poor in the LGG2-2004 study. Future studies of NF1-associated OPG will set VA as a primary outcome measure to ensure compliance with visual testing.

Our developing understanding of the signal transduction pathways that lead to LGGs carries the promise of improved outcomes for this tumour as newer molecularly targeted drugs may also be developed as therapeutic options. There are now research based animal models of NF1-associated OPG, whilst inhibitors of BRAF (e.g. vemurafenib), MEK, and mTOR are already in clinical trials. Drugs targeting tumour angiogenesis (e.g. bevacizumab) have recently been shown to result in objective functional and radiological improvements in recurrent/refractory OPG and are being evaluated in larger studies.

TABLE 1

TRIAL	INTERVENTION	OUTCOME
LGG1 (1997-2004)	• Observation vs CT (carboplatin and vincristine) for up to 12 months to delay RT	• Radiotherapy used in minority • 80% 5-year OS • 48% PFS
LGG2 (2004-2012)	• ≥ 8 years: RT. If NF1 also receive standard induction (vincristine + carboplatin) • < 8 years old with NF1: standard induction • < 8 years old without NF1: standard induction vs. intensified induction (vincristine + carboplatin + etoposide)	**NF1 only** • 98% OS • 75% PFS
LGG3	• Low-risk progression: PDE4 or dual biologic vs placebo • High-risk progression: vinblastine alone vs. vinblastine + bevacizumab	

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Origins of the Royal College of Ophthalmologists

This year the College celebrates its 25th Anniversary. It was formed in 1988 from the amalgamation of the Ophthalmological Society of the United Kingdom (OSUK) and the Faculty of Ophthalmologists of the Royal College of Surgeons.

The OSUK was founded in 1880 with Sir William Bowman as its President. Although it was one of the oldest ophthalmological societies, it was preceded by the German (1863) and the American (1864) societies. The object of the Society was to cultivate and promote ophthalmology in the United Kingdom and British Empire and the subscription was one guinea, paid in advance.

The Transactions of the Society, including affiliated societies, commenced in 1881 and were published annually until the amalgamation. A copy of the Transactions was sent to each member of the Society and later the Society was required to hold a congress over two days each year. In 1884 the first Bowman Lecture was given by Sir Jonathan Hutchinson on 'Relation of certain diseases of the eye on gout'. The Edward Nettleship Prize for the most valuable contribution to ophthalmology during the preceding three years was first awarded in 1904 to Priestley Smith of Birmingham. The Society had the affiliation of the Oxford Ophthalmological Congress, the regional societies and the ophthalmological societies of South Africa, India, Australia and Canada.

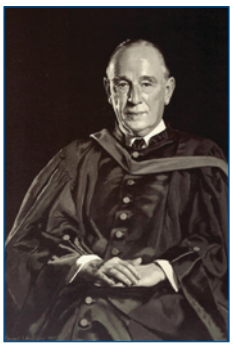
The Faculty of Ophthalmologists was formed in 1945 when it took over the Council of British Ophthalmologists (CBO) founded in 1918 and the Association of British Ophthalmologists (ABO) founded in 1938. The ABO was controlled by a Council with membership open to all registered medical practitioners qualified to undertake ophthalmic work under the 1936 National Health Insurance Act. The CBO was composed of representatives from the Professional Ophthalmological Societies.

The CBO had tried to form a Faculty earlier in 1943 but could not reach agreement with the ABO despite the fact that both foresaw the need for a fully representative organisation to consider the great medico-political changes envisaged by the government in establishing a National Health Service.

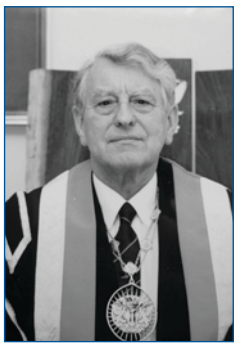
On 31 May 1944, the Faculty of British Ophthalmologists Ltd was registered after the CBO had decided to go it alone anticipating that the ABO would join later.

The first meeting of a new Council was held in April 1945 taking over the function of the CBO. This time the ABO

Sir William Bowman



Sir Stewart Duke-Elder



Wallace Foulds CBE

agreed to participate in a joint committee to thrash out the terms of an amalgamation; members of the Ophthalmic Group Committee of the BMA were also present. The method of elections, area representation and specialist committees were all agreed and the first meeting of the new Council was held on 29 March 1946. Sir Stewart Duke-Elder to whom credit should be given in forming the Faculty became its first President.

At the time of amalgamation the Faculty was an organisation established to encourage the study and improve the practice of ophthalmology.

In 1983 at the joint instigation of the Faculty, under the presidency of Michael Roper-Hall, and the OSUK, whose President was James Hudson, a Joint Working Party was set up to consider the amalgamation of the two bodies. At their respective AGMs, both bodies voted in favour of amalgamation with the possibility of the establishment of a College of Ophthalmologists.

At a combined meeting in 1984 there was widespread support for the establishment of a College of Ophthalmologists and it was agreed that a referendum of members of both organisations should take place. In due course the Joint Working Party became the Steering Group, represented by the executives of the OSUK and the Faculty, with a wide number of ophthalmologists over a broad geographical distribution under the chairmanship of Professor Wallace Foulds. It also included Fellows of each of the Royal Colleges of Surgeons. The OSUK and the Faculty had to be wound up before the Privy Council would consider preparing a charter.

In 1988 the College of Ophthalmologists received the Royal Charter and Wallace Foulds became the first President. So began the first year of the College that is now celebrating 25 years.

Richard Keeler, Museum Curator
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THIRD SECTOR NEWS

Update on the Sight Loss and Vision Priority Setting Partnership

The College is one of the sponsors of the Sight Loss and Vision Priority Setting Partnership (PSP) together with Fight for Sight, the College of Optometrists and others. A survey was launched in May 2012 to identify the unanswered questions about the prevention, diagnosis and treatment of sight loss and eye conditions that patients, carers and eye health professionals wished to see answered by research.

An amazing 2,220 people responded to the survey generating 4,461 questions. Of these respondees, 65% had sight loss or an eye condition. Seventeen per cent identified themselves as healthcare professionals including primarily ophthalmologists, optometrists, orthoptists, ophthalmic nurses, opticians and people working in social care and rehabilitation. Other respondees included relatives, carers and partners of people with sight loss, and organisations representing people with sight loss. The submissions have been formatted into questions and categorised into 12 different eye disease/conditions categories.

Up-to-date systematic reviews of research evidence have been checked to establish if these are unanswered questions or uncertainties. Long lists of unanswered questions for all 12 categories are being prepared for the interim prioritisation exercises when patients, carers and eye health professionals will be asked to choose and rank 10 of these uncertainties for each category. This will then provide shortlists of unanswered questions for the final prioritisation workshops to rank the top questions for research for each of the 12 eye disease/condition categories. These workshops will take place in April–May 2013 and it is expected that the results of the PSP will be reported later this year.

Leber's Hereditary Optic Neuropathy (LHON)

We need your help to form a patient group for Leber's Hereditary Optic Neuropathy, a rare disorder causing blindness. Although the estimated number of patients in the UK and Ireland is over 2,000, there is no simple way to verify this figure.

Forming a group is important now as recent advances in our understanding show promising experimental results. Several lines of research are being studied including drug therapy, gene therapy, light therapy and optic nerve regeneration using stem cells.

This group aims to make everyone with LHON in the UK and Ireland aware of the new situation, and keep them up-to-date. It will also be in a position to provide patient input and be a recruitment channel for researchers. Demonstrating active patient involvement to funding bodies will be much simpler once such a group is formed. We will also be able to offer information and counselling from other affected families around the world.

Please help by telling us how many patients you have with LHON. You can either email me at *jim.leeder@btopenworld.com* or enter the counts directly via a secure online survey page at *http://tinyurl.com/ardud3r*
We would like to get separate figures for:

- Male adults and female adults (aged 10 or older)
- Male children and female children

But even a simple total count would help us.
Further information on LHON and a downloadable patient booklet can be found at *www.lhon-uk.org/*

Jim Leeder
LHON Patient Support Group

The Understanding Sight Loss Series

The Royal National Institute of Blind People (RNIB) has for many years produced the Understanding Sight Loss Series in conjunction with the College. Now information on the most common causes of sight loss are available in Hindi, Punjabi, Urdu and Welsh as well as English, both in text and audio. The conditions include age-related macular degeneration (AMD), cataracts, diabetes-related eye conditions and glaucoma. For more information visit www.rnib.org.uk/translations

Developing eye patient support services

The Department of Health (DH) invests in eye clinic information and support services in England.

The DH has awarded the Royal National Institute of Blind People (RNIB) a three-year grant to provide strategic and practical help to eye patient support services where a trained/qualified eye clinic liaison officer is not in place. Such services may be provided by a member of the nursing staff or by a healthcare assistant. Alternatively, in many eye clinics, a local sight loss charity provides volunteers or paid workers to offer information and support to patients.

Unlike many rehabilitative services that are health-based, rehabilitation for visually impaired people is located in social care. Consequently there are challenges in ensuring that patients benefit from a smooth transition to social support. Equally, the certification and registration process and the benefits of registration are often not understood by patients.

Eye clinic liaison officers and information/support volunteers provide a vital bridging function between medical care and social support. In the absence of such eye clinic-based support there is a significant risk that patients leave clinical care without the important information on where to find further help, statutory/welfare entitlements and techniques for dealing with sight loss. As depression is common in the years following an onset of sight loss, there is also a need to connect patients with opportunities for emotional support and counselling.

In addition, eye clinic information/support staff are well placed to deal with further non-medical questions that patients may have following a consultation. There is also an opportunity for time to be saved during appointments as support staff can deal with such tasks as completion of part 3 of the CVI.

The Support for Early Reach in Clinics and Hospitals (Search) Project from the RNIB is offering free training for eye clinic information/support workers and volunteers/nurses who also perform this role. The project is working to develop a set of guidelines for eye clinic information and support services for application nationally.

The RNIB is keen to hear from any clinicians interested in the potential benefits of such an eye clinic support service where one does not currently exist. If a service is in place there may be an opportunity to review existing practice to see if an enhancement could be made, benefitting both patients and clinicians.

For further information please contact *niall.mcmurtry@rnib.org.uk* or telephone 0191 266 5715.

International Sight Classification testing for blind and VI athletes

British Blind Sport (BBS), the leading organisation for blind and visually impaired sports people in the UK, has been classifying blind athletes for over 30 years. It is having a hard time locating volunteers who can classify international athletes and use their own clinic equipment.

Under the rules of the International Paralympic Committee (IPC), the classification of athletes has to be by IPC-trained ophthalmologists. However, as the UK has a lack of such classifiers, the BBS has been given the authority to train ophthalmologists and this will be undertaken by Ms Claire Morton, consultant ophthalmologist based at HM Stanley Hospital in North Wales. Clare will be able to provide the training by telephone.

In the first instance please contact:
Caroline Baxter at *info@britishblindsport.org.uk*
or on 01926 424247.
www.britishblindsport.org.uk

Carrots NightWalks – *20 September 2013*

For the first time, this London event will also take place in Birmingham, Cardiff and Glasgow, with all four NightWalks taking place at the same time on the same night: Friday 20 September 2013. These fun, night-time sponsored walks are Fight for Sight's flagship fundraising events, helping to raise thousands of pounds for research to prevent sight loss and treat eye disease.

Last year, over 400 participants – many dressed as carrots or sporting orange wigs – raised over £150,000 for eye research. This year, the charity is looking for over 1,000 walkers to take part in the four events, to raise even more funds to reduce sight loss in adults and children.

Anyone can be a Carrots NightWalker; for those wanting a real challenge, there's a 15-mile walk which takes in each city's iconic landmarks, and if that sounds too challenging, there's an equally scenic six-mile route which has proved popular with families. All details, including start times, fundraising tips and registration can be found at *www.fightforsight.org.uk/carrots*

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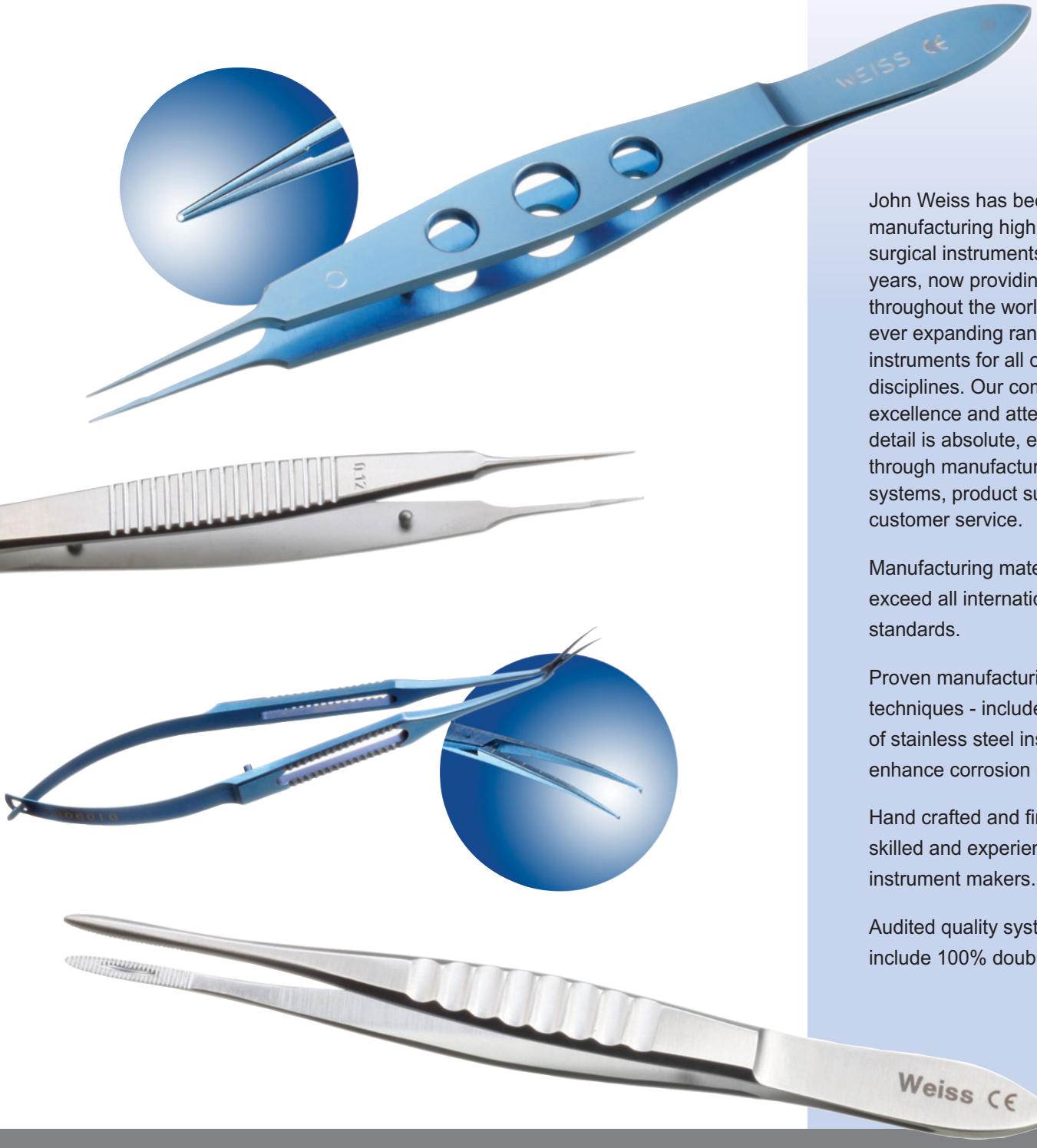

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COLLEGE TRAVEL AWARDS AND FELLOWSHIPS

AWARD	CLOSING DATE
Patrick Trevor Roper Award Two awards of £550	Wednesday 5 June 2013
Dorey Bequest & Sir William Lister Travel Multiple awards of £300-£600	Wednesday 25 September 2013
Ethicon Foundation Fund Multiple awards of £300-£1,000	Wednesday 30 October2013

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*

Have you accessed the Ophthalmic News & Education (ONE®) Network yet?

As a College member you have access to the ONE Network, an online educational resource for ophthalmologists created by the American Academy of Ophthalmology (AAO). The ONE Network features a large amount of clinical education in all subspecialties, including interactive cases, full-text access to six leading journals, self-assessment tools and meeting presentations. Visit the ONE Network at *http://one.aao.org/CE/Default.aspx* if you have difficulty logging in.

Regional advisers

Regional advisers are appointed by Council to act on behalf of the College. They must be:

- Fellows of the Royal College of Ophthalmologists registered with the College for continuing professional development (CPD).
- NHS consultants with an established or honorary contract in active practice. Advisers must stand down on retirement from their NHS post.

The table below shows those post holders who will 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
Vacant position	Northern Ireland	-	-	-
Dr Chris Scott	Scotland North East (Aberdeen)	March 2004	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
Mr Christopher Hammond	South East Thames	March 2007	September 2010	September 2013 by special agreement

Ophthalmology Study Tour to China 2014

A revival tour is being planned for June 2014 to celebrate the tenth anniversary of the highly acclaimed RCOphth Ophthalmologists Study Tour to China 2004. The packed 14-day programme will combine academic visits with culture and tourism. The itinerary will take us to Beijing, Shanghai, Xian, probably Guilin, and Hong Kong, with an option of a post-tour visit to Tibet. At each stop, ophthalmologists will have the opportunity to visit an eye department, hospital, or clinic where there will be academic exchange. Accompanying persons will have an alternative programme. We shall also visit all the main tourist spots including the Great Wall and the Forbidden City and most meals will be included in the cost of the Tour. Contacts: Tour Leader Christopher Liu *profchrisliu@gmail.com*. Tour Operator Jon Baines *jon@jonbainestours.co.uk* Numbers will be limited so as to preserve small group dynamics.

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*Bhagat N, Zarbin M, Mansour S, Chong V, and Cardillo JA. Fovea-friendly MicroPulse Laser. Supplement to Retina Today, May/June 2012

squintclinic.com

One way to improve patient experience, an important marker in NHS quality provision, is to ensure that patients have meaningful information about their condition and treatment. This involves explanations in clinic and often the provision of information leaflets. Providing detailed information in clinic takes time and the information is not easy for patients to retain. It is difficult to design an information leaflet that fits all situations and does not become over long or too complex.

For those practising strabismus, there is now assistance in the form of a new UK website – squintclinic.com (created by John Ferris and colleagues with the support of Gloucestershire Eye Therapy Trust and Room 58). The website aims to provide a comprehensive online guide and source of information for all patients with strabismus, and, where necessary, their parents. This is provided in video format with a transcript provided for many of the videos. Translations into many languages are provided.

There is information on visual development, types of squint, eye clinic tests and squint surgery. There are videos of surgery (on model eyes so as not to upset the squeamish) and a section on patient experiences from the viewpoint of a child, a parent and an adult.

The site is easy to navigate and gives a good balance of technical information and layperson briefing; *www.squintclinic.com* will definitely help busy clinicians in the provision of high quality information to patients and parents.

College commissioning guidance

The College's 'commissioning' web pages aim to illustrate how it is possible to be 'cost-conscious' without sacrificing quality of care, using a number of common areas of clinical care as examples. Together with a number of College projects, guidance documents and other relevant resources, they provide an overview of the evidence on which College opinion and policy on the commissioning of ophthalmology services is based.

The College has been working with the College of Optometrists to develop new guidance for commissioners of eye care. Written by leading eye care clinicians with support from experienced clinical commissioners at the National Association of Primary Care, the Royal College of General Practitioners and the Department of Health's Right Care Team, it will provide valuable support to those designing and delivering eye care across the UK. The initial guidance focuses on services for glaucoma. The Colleges will publish their recommendations on improving services for age-related macular degeneration, cataract, oculoplastics and low vision care in due course. The guidance has been published on the websites of the two Colleges and is free to access.

www.rcophth.ac.uk/page.asp?section=631&sectionTitle=Commissioning+and+Value+for+Money+in+Ophthalmology

Laser refractive post-nominals

For some years the College has offered an assessment in laser refractive surgery which leads to a certificate of competence to practise, subject to satisfactory yearly appraisals and continuing professional development. We are pleased to announce that success in this certificate now confers the post-nominals CertLRS.

This certificate applies only to refractive procedures performed by laser. More information is available from the head of the examinations department: *emily.beet@rcophth.ac.uk*

Survey on international ophthalmology involvement

Thank you to all the UK members who responded to the recent survey. All grades of staff are pursuing active roles in clinical work, teaching, training and research abroad. The Vision 2020 Links Programme features highly but there are many other diverse and interesting projects. The responses are being fully analysed but it is clear that many more members would like to become involved.

The survey will be kept open to 31 March 2013. Please contact Penny Jagger *(penny.jagger@rcophth.ac.uk)* for further information.

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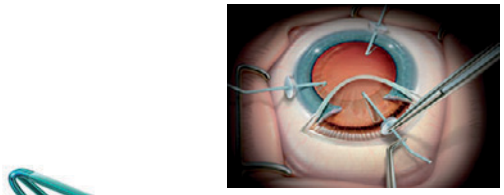
New Capsule Retractors



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Annual Congress

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

Registration is now open

The Edridge Green Lecture 2013 will be delivered by **Professor David Williams,** William G. Allyn, Chair of Medical Optics, Director, Center for Visual Science, Professor of Optics, Ophthalmology, Biomedical Engineering & Brain & Cognitive Sciences, University of Rochester, USA

The Duke Elder Lecture 2013 will be delivered by **Professor Phil Murray**, Professor of Ophthalmology, University of Birmingham and Honorary Consultant, Birmingham & Midland Eye Centre, City Hospital, Birmingham

The Optic UK Lecture 2013 will be delivered by **Dr Gerrit Melles**, Ophthalmic Surgeon, Director, Netherlands Institute of Innovative Ocular Surgery, Rotterdam, The Netherlands

College 2013 Seminar Programme

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

20 March
Emergency Ophthalmology
Venue: The Royal College of Physicians, London
Chair: Professor Carrie MacEwen

20 – 21 June
Skills in Retinal Imaging, Diagnosis & Therapy
Venue: 76 Portland Place, London
Chair: Professor Heinrich Heimann & Professor Yit Yang

16 September
New Frontiers in the Management of Glaucoma
Chair: Mr Keith Martin

18 September
Frontline Neuro-Ophthalmology
Venue: 76 Portland Place, London
Chair: Mr Mike Burdon & Miss Susie Mollan

7 October
Making Research Relevant to Practice: Systematic Reviews, Guidelines & Evidence Based Practice
Chair: Mr Richard Wormald

17 October
The Management of Corneal Infections
Chair: Mr Parwez Hossain

11 November
Revalidation
Chair: Mr Richard Smith

6 December
The Elizabeth Thomas Seminar
Venue: East Midlands Conference Centre, Nottingham
Chair: Mr Winifred Amoaku

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

College Skills Centre Programme 2013

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

The Training the Trainers

30 April and 14 October
Assessment

10 September
What to teach and how to teach

2 May and 18 November
Appraisal and how to teach practical skills

18 June and 26 November
Problem solving and the trainee in difficulty

www.rcophth.ac.uk/page.asp?section=434&sectionTitle=Training+the+Trainer+Courses

Other events 2013

23 March
The MDA Clinic Research and Development – Annual Eye Surgery Update
Howells School, Cardiff Road, Llandaff, Cardiff CF5 2YD
hakhatib1@gmail.com

16 April
Cambridge Cornea and Cataract Symposium
St John's College, Cambridge
Meeting programme and registration online at: www.anglia.ac.uk/registeronline
katherine.maloney@anglia.ac.uk
0845 1964823

12 – 14 June
Tropical Ophthalmology Short Course
This covers the clinical aspects of the major blinding eye diseases and the public health control strategies necessary to tackle blindness from neglected tropical diseases.
London School of Hygiene & Tropical Medicine
www.lshtm.ac.uk/study/cpd/sto.html

17 June
High Holborn, 25th Anniversary Lunch
Guest speaker: Professor Wallace Foulds, The Medical Society of London, Chandos Street, W1G 9EB
t.ffytche@btinternet.com
1 Wellington Square, London SW3 4NJ.

30 June – 3 July
Oxford Ophthalmological Congress
Oxford Playhouse Theatre, Beaumont Street, Oxford
louise.richards@wbrltd.co.uk
www.oxford-ophthalmological-congress.org.uk

11 – 13 September
43rd Cambridge Ophthalmological Symposium
Refractive Error
St John's College, Cambridge
bm.ashworth@tiscali.co.uk
www.cambridge-symposium.org

Membership information
Please contact *database@rcophth.ac.uk* if you get a new email address so that we can keep in touch with you. This is particularly important if your NHS Trust changes its name.

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