QUARTERLY BULLETIN OF THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

College NEWS

Summer
2013

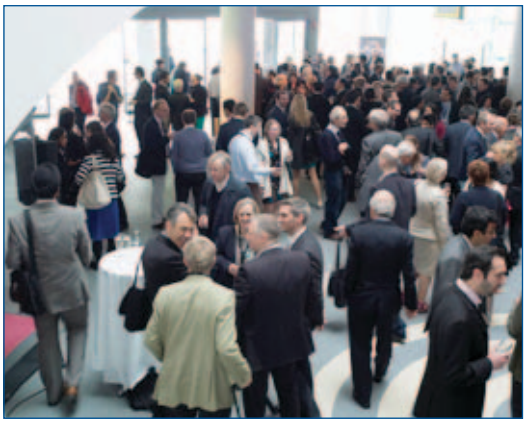
The Annual Congress 2013

21-23 May, Liverpool

Professors Tony Moore, David Williams and Harminder Dua after the Edridge Green lecture

The Annual Congress 2013 celebrated the College's 25th Anniversary at the ACC Liverpool. The President held a special session on the first day of Congress; where an excellent faculty covered 25 years of progress in various sub-specialties. All delegates were invited to the celebratory drinks reception held on the evening of 21 May at the Museum of Liverpool.

The feedback received to date has been very positive; delegates particulary enjoyed the wide range of topics covered. The Scientific Committee and staff will analyse feedback and the attendance figures to make the 2014 Congress even better.



Delegates at the 25th anniversary drinks reception

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Articles and information to be considered for publication should be sent to: kathy.evans@rcophth.ac.uk and advertising queries should be directed to: Robert Sloan 020 8882 7199 robertsloan@virginmedia.com

Copy deadlines

Autumn
5 August 2013

Winter
5 November 2013

Spring
5 February 2014

Summer
5 May 2014

BUILDING REPORT No. 2

First floor

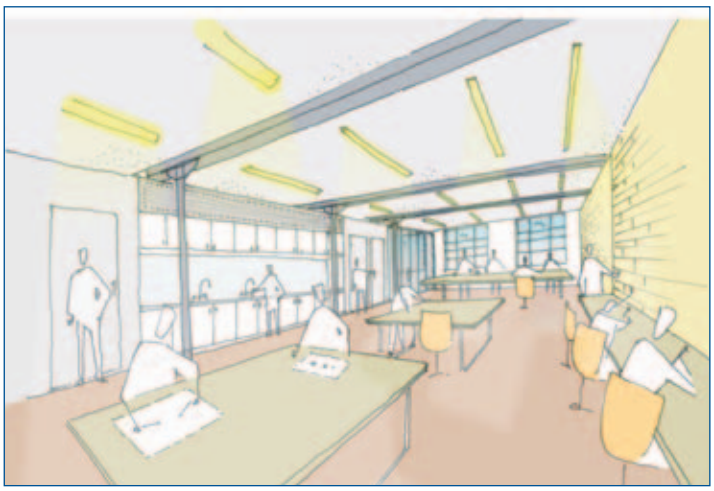

Image of the first floor Skills Centre

It was with a mixture of relief and delight that the Building Group received the news that the London Borough of Camden had approved the plans for our new premises at 18–20 Stephenson Way. We had been advised to change the configuration of windows so that Crittall windows were used across the first floor. Otherwise the plans were accepted in their entirety – a testament to the architects, Bennetts Associates, and the planning advisers, Deloitte LLP. There are two minor conditions, one which relates to the 'acoustic isolation' of plant and equipment and the other which requires a maintenance plan for the green roof, neither of which will pose any difficulties.

The tender process for the building contractor is well advanced. Eight firms were invited to tender for the work, seven firms submitted bids, three were interviewed and we are down to the final two. It is anticipated that the successful contractor will begin work on site in early July.

The building has been substantially stripped out as the photo above demonstrates. The adjacent image illustrates the planned Skills Centre.

The new College will be a welcoming place for members; there will be flexible spaces that members will be able to use while in London, whether attending College meetings or seminars or en route to another engagement. They will be able to check emails, recharge laptops, catch-up on work and have a cup of coffee.

The College can afford to buy the building and finance the basic refurbishment. However, to add further value and create a centre that will really advance ophthalmology we would like to give members the opportunity to make a donation to help improve the technical infrastructure. You can make a donation by visiting our Justgiving page *www.rcophth.ac.uk/page.asp?section=329&sectionTitle=Gift+Aid*

Or you can text:
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NOTES:

- You need a phone connected to the internet
- To make a donation under gift aid you need to be a UK taxpayer
- RCOP £13must be in upper case

Planned front elevation with additional storey

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.

Dr Ehab Abdelkader	Royal Alexandra Hospital, Paisley
Mr Uday Bhatt	Doncaster Royal Infirmary, Doncaster
Mr Mandeep Bindra	Stoke Mandeville Hospital, Aylesbury
Mr Richard Bowman	Great Ormond Street Hospital, London
Mr Marsel Bregu	Warrington Hospital, Warrington
Dr Zia Carrim	St James's University Hospital, Leeds
Mr Randhir Chavan	Birmingham Midland Eye Centre, Birmingham
Ms Laura De Benito Llopis	St Thomas's Hospital, London
Mr Inderraj Hanspal	West Suffolk Hospital, Bury St Edmunds
Ms Marta Hovan	Warrington Hospital, Warrington
Mr Meon Lamont	Salisbury District Hospital, Salisbury
Mr Nabeel Malik	Chelsea and Westminster Hospital, London
Mr Mahiul Muqit	Moorfields Eye Hospital, London
Mr Ramu Muniraju	Ashford and St. Peter's Hospitals, Ashford and Chertsey
Mr Mayank Nanavaty	Sussex Eye Hospital, Brighton
Mr Kuranageri Poornesh	Ipswich Hospital, Ipswich
Mr Avinash Prabhu	James Paget University Hospital, Great Yarmouth
Dr Tej Rane-Malcolm	Royal Alexandra Hospital, Paisley
Mr Arun Sachdev	Macclesfield District General Hospital, Macclesfield
Ms Theresa Williams	Royal Gwent Hospital, Newport
Mr Saad Younis	Western Eye Hospital, London

Obituaries

We note with regret the death of:
Mr Ian A Mackie, London
Mr John Monckton, Bury St Edmunds, Suffolk
Mr Michael David O'Riordan, London

President's election

Professor Harminder Dua's term as President will end in May 2014 and the election process for his successor will begin in September 2013. It will be run by the Electoral Reform Society and, as far as possible, it will be conducted electronically.

It is therefore very important that we have the correct email for members eligible to vote. Please contact *database@rcophth.ac.uk* if you need to change or verify your details held on the membership database.

New Mersey Rep

Professor Stephen Kaye has been elected to Council.

Out-going Chair of the Professional Standards Committee

Mr Graham Kirkby is standing down as Vice President and Chair of the PSC. He was initially an examiner for the College then in 2005 he was elected as the regional representative for West Midlands. His successor, **Mr Bernie Chang,** said:
"He has been an exemplary Chair; his straightforward, honest, no nonsense approach is a breath of fresh air." Committee members and staff joined together to present Graham with a print of Dunstanburgh Castle and wish him well in his retirement.

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	March 2006	March 2009	March 2012
Mr Roger Humphry	Wessex	June 2010		June 2013
Mr Timothy Matthews	West Midlands	June 2010		June 2013
Miss Dilanie Siriwardena	Moorfields	September 2010		September 2013

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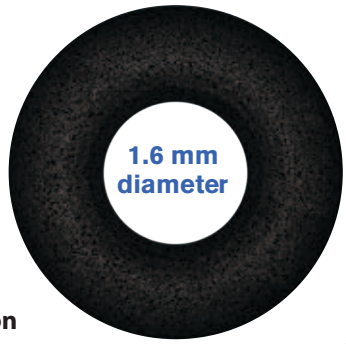

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THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

Focus

Summer
2013

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

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Dr Gareth Rees, Medical Adviser, Drivers Medical, DVLA , Swansea SA6 7JL GTN

Driving and vision

Ophthalmologists have responsibilities concerning drivers and the safety of the general public, and these duties have been emphasised both by the GMC and the Royal College of Ophthalmologists[1,2]. The freedom and flexibility of car travel is very important in modern life, though a driving licence is not an absolute right and is subject to controls and safeguards which aim to keep the roads safe. These controls are administered by the DVLA in Great Britain and the DVA in Northern Ireland.

So what exactly is the DVLA?

The Driver and Vehicle Licensing Agency (DVLA) is an executive agency of the Department for Transport (DfT). DVLA is based in Swansea where it is a major employer. It is responsible for both driver and vehicle licensing in Great Britain. There are at least 43.5 million Group 1 (car/motorcycle) licence-holders in Great Britain and of these 2.2 million also have Group 2 (bus/lorry) licences. Medical cases comprise about 2.3% of licence-holders and are considered by the Drivers' Medical Group (DMG) at DVLA. DMG has a staff of 391, of whom 22 are medical advisers, and has a total running cost of around £21.9 million per annum. DMG processed 734,000 cases in 2012/2013 and this means that nearly 3,000 medical cases per day are processed!

The Secretary of State for Transport, acting through DVLA, has the responsibility to ensure all licence-holders are fit to drive. DVLA publishes a guide to this on its website, called At a Glance Guide to the Current Medical Standards of Fitness to Drive[3]. These guidelines represent the interpretation and application of the law in relation to fitness to drive following advice from the Secretary of State's Honorary Medical Advisory Panels. The minutes of panel meetings are also freely available on the DVLA website.

Visual acuity and visual field standard changes.

The European Eyesight Working Group on New Standards for the Visual Functions of Drivers published its report in May 2005[4]. Subsequently, new minimum standards for vision and driving were published by the European Commission in August 2009[5]. There has subsequently been public consultation in Great Britain about these, and on 1 May 2012 those vision standards in Great Britain that had previously been below the minimum European standards were amended accordingly, and further amendments to the vision standards came into force on 8 March 2013[6]. In essence there have been changes to both visual acuity and visual field standards for Group 1 and Group 2 drivers.

Group 1

A minimum binocular visual acuity of 6/12 is now required as well as the ability to read in good light (with corrective lenses if necessary) a vehicle registration plate from a distance of 20 metres (the 'number-plate test'). Bioptic (telescope) devices are still not acceptable for driving in Great Britain.

The visual field standards for Group 1 driving require a width of horizontal field of at least 120° (but now with at least 50° on either side of fixation) and no significant defect either within or encroaching into the central 20° from fixation.

Group 1 drivers who have previously held full driving entitlement, removed because of a field defect which does not satisfy the standard, may be eligible to re-apply to be considered as exceptional cases on an individual basis, subject to strict criteria: the defect must have been present for at least 12 months; it must have been caused by an isolated event or a non-progressive condition; there must be no other condition or pathology present which is regarded as progressive and likely to be affecting the visual fields; the applicant has sight in both eyes; there is no uncontrolled diplopia; and there is no other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision.

Those with sight in one eye only must meet the same visual acuity and visual field standards as binocular drivers. Confirmation of adaptation to monocularity is required.

Group 2

Drivers should have a visual acuity, with corrective lenses if necessary, of at least Snellen 6/7.5 in the better eye and at least Snellen 6/60 in the worse eye, and this represents a lowering of the standard in the worse eye. If lenses are used to attain these values, correction must be by glasses with power not exceeding plus eight dioptres, or by contact lenses. The correction must be well tolerated. Monocularity is not acceptable. 'Grandfather rights' for visual acuity may be applicable in some circumstances. The horizontal visual field with both eyes should be at least 160°; the extension is now defined and should be at least 70° left and right and 30° up and down. No defects should be present within a radius of the central 30°.

Some examples

Advice regarding driving should be given or considered at every consultation. What advice would you give in the following cases? The answers are in italics.

Case 1: You see a new patient in clinic who has cataract in both eyes. His best corrected acuities are 6/18 right and 6/24 left and three letters on the 6/12 line binocularly. However he tells you that he has tested his own vision and is able to read a number plate at 20m in good light. What advice do you give about driving?

Answer: *Since 1 May 2012 the law requires the ability to read fully 6/12 binocularly in addition to the number-plate test. You should therefore advise him not to drive. He should offer to surrender his licence to DVLA and may re-apply for its restoration following successful cataract surgery.*

Case 2. A patient has been referred with a homonymous quadrantanopia due to an occipital stroke. He is minimally symptomatic and this was found at a routine visit to the optometrist. He doesn't mention driving: should you directly ask him?

Answer: *Yes. Unfortunately you must tell him to stop driving immediately and to notify the DVLA. The DVLA will commission an Esterman field; however. he will almost certainly fail this whereupon his licence will be revoked. If there is no other cause of progressive visual loss, if the field defect remains stable after one year and if the patient fully adapts to the field loss, then the 'exceptionality' route may allow the patient to return to driving following an on-road driving assessment. This should not be considered to be an automatic entitlement.*

Case 3: An elderly patient with macular degeneration and acuities of 6/36 and 6/60 has been told not to drive and report to DVLA but you are sure that she is still driving.

What should you do?

Answer: *Your advice not to drive should be clear and repeated and you should consider offering a second opinion. Ultimately if a patient with vision unequivocally below the standard ignores advice not to drive, then your duty to the public overrides duty of confidentiality and you should directly inform DVLA without delay and inform the patient that you have done so. You should not delegate this duty e.g. to the GP.*

Case 4: Which of the following patients should notify DVLA of their eye condition:
(a) A 45-year-old man under observation for ocular hypertension
(b) A 68-year-old man with glaucomatous field loss in both eyes
(c) A 75-year-old glaucoma patient with field loss in one eye
(d) A lorry driver who is on glaucoma drops to both eyes but who has only mild unilateral field loss.

Answer: *(b) and (d). For practical purposes for Group 1 (car drivers) DVLA only needs to know when there is bilateral field loss. However group 2 (lorry/bus) drivers need to notify any degree of field loss even if in one eye only. Eye clinic staff assessing glaucoma follow-up patients either in person or in 'virtual' clinics should remember to consider patients' driving status at each assessment.*

Case 5: Your 85-year-old patient with a VIth nerve palsy has given up driving because of diplopia. What is the outlook for driving a car?

Answer: *If this is due to micro-vascular pathology then spontaneous recovery is likely so driving could be resumed when the double vision resolves. Otherwise residual diplopia could be controlled with prisms or a patch, although the DVLA would need to be satisfied that a sufficient period of adaptation had occurred. The exact period of adaptation is likely to vary greatly from one patient to another but may be many months. Lorry/bus drivers are not allowed to use a patch to control diplopia.*

Summary

Ophthalmologists and eye clinic staff should be familiar with vision standards for driving and any recent changes. Driving should be considered at every consultation and any advice given should be documented in the medical record.

DVLA contact for enquiries from doctors or other health care professionals: medadviser@dvla.gsi.gov.uk

Correspondence to:
Mr Andrew Elliott, Consultant Ophthalmologist, Frimley Park Hospital NHS Foundation Trust, Portsmouth Road, Camberley, Surrey GU16 7UJ.

References
(1) General Medical Council. Confidentiality: reporting concerns about patients to the DVLA or DVA. www.gmc-uk.org/Confidentiality_reporting concerns_DVLA_2009.pdf_27494214.pdf Accessed 20/04/13
(2) RCOphth. Visual standards for driving. www.rcophth.ac.uk/page.asp?section=293&sectionTitle=Ophthalmic+Services+Guidance Accessed 20/04/13
(3) At a Glance Guide to the Current Medical Standards of Fitness to Drive. www.dft.gov.uk/dvla/medical/aag.aspx Accessed 18/04/13
(4) New standards for the visual standards of drivers. Report of the Eyesight Working Group. Brussels, May 2005. http://ec.europa.eu/transport/road_safety/behavior/doc/new_standards_final_version_en.pdf Accessed 18/04/13
(5) Commission Directive 2009/113/EC of 25 August 2009, Official Journal of the European Union. http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:223:0031:0035:EN:PDF Accessed 20/04/13
(6) The Motor Vehicles (Driving Licences) Amendment Regulations 2013. www.legislation.gov.uk/uksi/2013/258/made Accessed 24/04/13

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

PRIESTLEY SMITH
Ophthalmologist - Citizen of Birmingham

Joseph Priestley Smith (1845–1933) was one of the most outstanding ophthalmologists of his time and a Birmingham man through and through. During his long life the achievements in his profession and in the community were impressive.

His early training, until the age of 21, was in engineering. From then he switched to medical studies, which he completed in Birmingham at the Queen's Hospital, but only after volunteering in the Franco-German war as a dresser. In 1871 he obtained his MRCS and the attraction of a career in ophthalmology was formed.

Figure A

Figure B

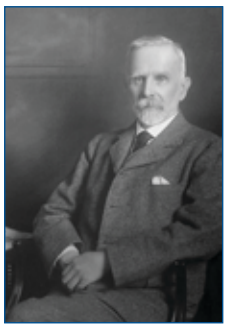
His first appointment was as house surgeon to the Birmingham and Midland Eye Hospital, followed two years later by some months as a clinical assistant at the Royal London Ophthalmic Hospital (which later became Moorfields Eye Hospital). A comparatively short time after qualifying, he was appointed ophthalmic surgeon to the Queen's Hospital, Birmingham, a position he held for the next 30 years. He was very highly regarded and resisted the pressure to move to London as his heart was in Birmingham.

Figure E

His name will always be associated with the diagnosis and treatment of glaucoma and his 1879 book, *Glaucoma: Its causes, symptoms, pathology, and treatment*, became a classic. The work was based on his dissertation for which the Jacksonian prize for 1878 was awarded by the Royal College of Surgeons of England.

In 1881 he founded, with Karl Grossman, the Ophthalmic Review. During his life Priestley Smith had conferred on him many distinctions and honours. The following are just a few:

- He delivered the 1898 Bowman Lecture on convergent strabismus.
- He received the first Nettleship Gold Medal in 1904 and towards the end of his life, 28 years later, the Swedish Medical Society awarded him the Gullstrand Gold Medal.
- Presidency of the Ophthalmological Society of the United Kingdom in 1905.



Priestley Smith LLD MSc MB

JB Lawford wrote in an obituary that Priestley Smith was 'one of nature's favoured sons'. Apart from his distinguished career in ophthalmology he was a musician, watercolour artist, linguist and orator.

Figure C

Figure D

The College has been fortunate in being donated a number of Priestley Smith's personal artefacts, some of which are illustrated here. In addition, he invented a perimeter, keratometer, ophthalmic lamp and a simple retinoscope.

He also developed a wide range of surgical instruments such as a fixation forceps, an eyelid retractor, an iridectomy knife and a lachrymal cannula.

From 1885 to 1900 Priestley Smith was Lecturer in Ophthalmology at Queen's Faculty of Medicine and from 1900 to 1916 he was Professor of Ophthalmology at the University of Birmingham.

Figure F

Figure A: An early tonometer, which worked on the principle of applying a pressure of a known amount and measuring the depth of the impression it produced
Figure B: A twice size model prototype made of wood of a tonometer constructed by Priestley Smith himself
Figure C: Collection of pathological specimens by Priestley Smith arranged in 12 drawers in a wooden cabinet
Figure D: A balance for assessing the pressure needed for a Graefe or other pointed knife to penetrate a tautly mounted kid's skin
Figure E: Priestley Smith's own experimental apparatus for measuring the volume of the crystalline lens (Trans OSUK 1883)
Figure F: The Lucien Howe medal awarded by the American Ophthalmological Society in 1927

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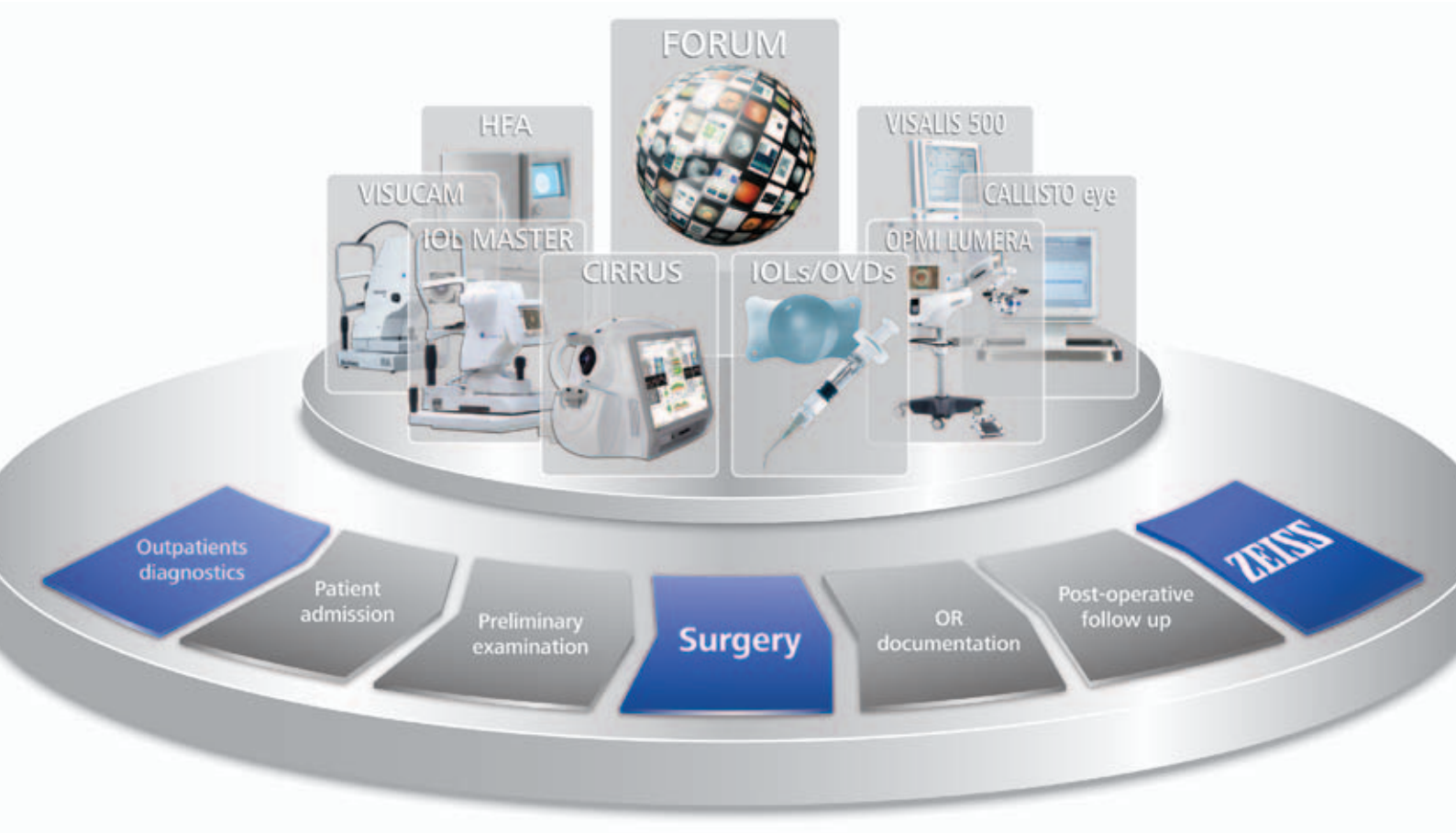

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We make it visible.

Volunteers needed to represent the College on consultant advisory appointment committees (AACs)

The College believes it is vitally important to have representation on advisory appointment committees (AACs) and is looking for more volunteers to help it represent the interests of newly appointed consultants and ensure good appointments are made.

The College is taking a firm stand on ensuring that a new consultant has a timetable that allows enough time to do the job properly, and this includes at least two sessions of supporting professional activities (SPAs). A minority of trusts will not agree and the College does not approve such job descriptions nor does it send a representative to the AAC.

The purpose of the College representative on the AAC is to help the trust to make the best possible appointment for the benefit of patients. The representative will be fully involved in short-listing and the appointment interview process.

The College representative does not have a passive role at the interview and can add particular value by teasing out at interview exactly what the doctor's training has involved. This can rapidly show up the advantages of taking on properly trained applicants. Trust medical directors are often unaware of the differences in training across countries and are extremely grateful for the College input.

At the end of the interview, the College representative is often the first to be asked whether the applicants are appointable. This early involvement in the decision-making process is often crucial.

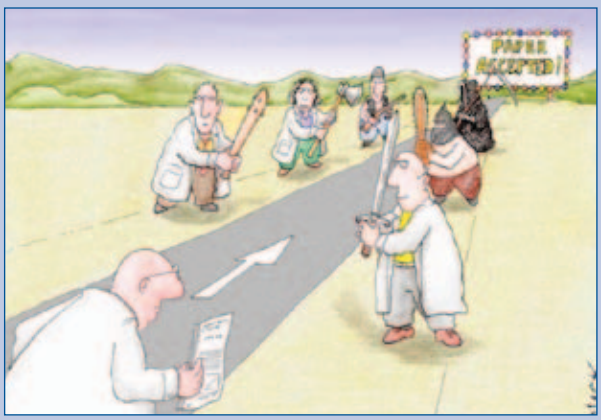
Being a College representative on AACs is therefore an important and influential role and willing and available volunteers are needed. If you are interested in helping, please contact *carol.welch@rcophth.ac.uk*

Mr Graham Kirkby

Eye

The Eye Editorial Board under the leadership of **Professor Andrew Lotery** has worked hard to bring decision times on manuscripts down. In 2012, papers had a median first decision time of 39 days and the expectation is that this will improve further this year but the cartoon below is too tempting to resist.

Eye receives an average of 97 submissions each month and the average time to on-line print is 27 days. The total number of e-alert registrants has grown to 48,056, and the average number of page views has also grown. In 2012, it topped 2 million for the first time – and 1.2 million of these page views were to full text articles.



Most scientists regard the new streamlined peer-review process as 'quite and improvement'.

The International Subcommittee

To all who completed the joint RCOphth/International Centre for Eye Health questionnaire: thank you for responding and fear not – you are not forgotten! Analysis of the information you have provided will enable us to get a much clearer picture of what work ophthalmologists are doing overseas and also what others would like to do: this will be of enormous benefit for future planning.

A joint working group will be convening shortly to review the results and we will then endeavour to match up willing volunteers with suitable projects with the aim of making contact as soon as possible.

The Lay Advisory Group

Derek Forbes joined the Lay Advisory Group (LAG) in 2006 and for the last four years has been its chairman. He has stepped down but is leaving the LAG in good heart and the College has been very appreciative of his enthusiasm and commitment to patient care. He is succeeded by **Tom Bremridge** who joined the LAG in 2011 and has been the lay representative on the scientific committee. Tom was, until 2009, chief executive of what is now known as the Macular Society.

Clinical excellence awards

The future of clinical excellence awards is not certain and there is no definitive news as to whether the 2013 round will go ahead but the College has continued with its customary role so that we are prepared if the scheme continues.

The College is one of the bodies that can recommend applicants for a national clinical excellence award; these are considered by the Advisory Committee on Clinical Excellence Awards (ACCEA) and put to a Minister for Health. The scheme only applies to England and Wales – Scotland and Northern Ireland no longer have a merit award system. The 16 regional representatives on Council that cover England and Wales are asked to field a member for the College CEA Committee; they received all the applications which are scored across the domains set out by ACCEA using the system below:

Excellent	10
Over and above contractual commitment	6
Meets contractual commitment	2
Has made no assessable commitment	0

The scores are collected and analysed (arithmetic mean, standard deviation, mode, mean and ranking of rankings). ACCEA handed down a formula of how many applicants the College can support in each category. The 2013 formula is much tougher than in previous years with the result that the College may only support 1 gold, 2 silver and 6 bronze applicants. We received many applications in each category and found that by far the majority were of a very high standard and deserving of further consideration.

The College is only one of the recommending bodies and it is possible for someone not nominated by the College to still be favourably considered by ACCEA. This has happened in the past and those with strong NHS trust support have been successful but it is getting harder and harder for consultants to get merit awards.

NHS England launches web pages for specialised clinical reference groups.

Visit *www.england.nhs.uk/npc.org/group-d/d12*

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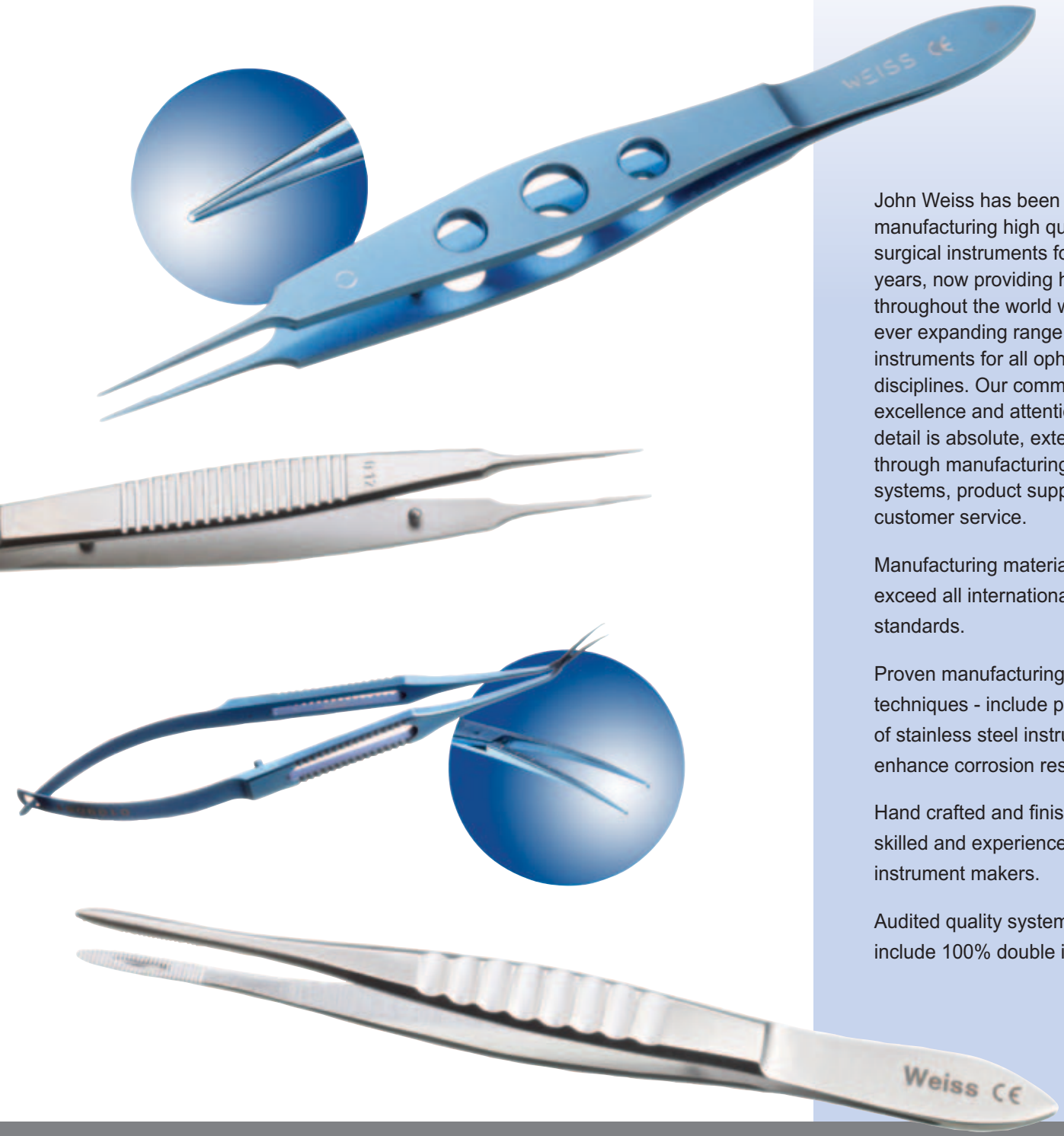
225 Years John Weiss



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COLLEGE TRAVEL AWARDS AND FELLOWSHIPS

AWARD	CLOSING DATE
Dorey Bequest & Sir William Lister Travel Awards Multiple awards of £300-£600	Wednesday 25 September 2013
Ethicon Foundation Fund Multiple awards of £300-£1000	Wednesday 30 October 2013

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*

The Ophthalmology Clinical Research Training Fellowship scheme opens for applications

The second series of Clinical Research Training Fellowships, supported by the Medical Research Council (MRC), the Royal College of Ophthalmologists and Novartis Pharmaceuticals Ltd, focusing on ophthalmology research training within the UK opens for applications from the end of July. This news follows a successful first round with three fellowships awarded - many congratulations to Dr Katie Williams, Dr Shivani Kasbekar and Dr Menjit Mehar.

The scheme is the first example of a prestigious research fellowship involving a royal college, an industry partner and the MRC, and aims to foster a group of UK researchers dedicated to clinical ophthalmology. Candidates from any area of ophthalmology can apply.

Up to two fellowships may be made available this year and are open to all UK-based ophthalmologists. The MRC will manage in full the assessment of the fellowships on behalf of the RCOphth and Novartis, as part of the Clinical Research Training Fellowship programme. Ophthalmologists can apply for the fellowships via the MRC's website.

The MRC's Clinical Research Training Fellowships provide up to three years' support for clinically qualified, active professionals to undertake specialised or further research training in the biomedical sciences within the UK.

Key dates

Submissions by 4pm:	11 September 2013
Short listing:	February 2014
Interviews:	4–5 March 2014
Take up dates:	May to September 2014

For more information please visit the MRC website: *www.mrc.ac.uk/Fundingopportunities/Fellowships/Clinicalresearchtraining/index.htm#P31_1731*

ONE Network Update

Around 40% of College members have visited the ONE Network. Any problems with the facility should be sent to: *oneintl@aao.org.*

Watch "Spotlight on Cataracts" Videos

Videos from the 'Spotlight on Cataracts' series at the 2012 Annual Meeting are now online. View titles such as "Pearls for IOL Explanation" and "Managing the Unhappy Multifocal Patient."

Test Your Skills, Earn CME Credit with New Cases

Academy Grand Rounds features two new cases that put you in the middle of a virtual patient encounter.

- A 42-year-old experiences headache while playing basketball
- A baby girl is referred for suspected ROP

Check Out the AAO's FemtoCenter®

New resources are always being added to this all-in-one resource featuring the latest news, education and expert opinion on the laser that is changing ophthalmology. Contact *oneintl@aao.org* with any questions.

British Council for Prevention of Blindness research grant programme

BCPB
British Council for Prevention of Blindness

Closing date: 11 October 2013

Grants are offered for research and mentoring projects that further the goals of 'VISION 2020: The Right to Sight', the elimination of avoidable blindness in low-income countries.

1. Research grants – up to £60,000
2. Research Mentorship Awards – up to £15,000

For information and application forms, see *www.bcpb.org* or contact Diane Bramson, Administrator, BCPB, 4 Bloomsbury Square, London WC1A 2RP. Telephone: +44 (0) 20 7404 7114 Email: *info@bcpb.org*

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Red Nose Day

College staff took a little time out of frantic examination schedules, e-portfolio queries and planning for the new building to support Red Nose Day 2013 by coming to work in their PJs.

Generous sponsorship from various Committee members raised just under £430. We just hope the trainees who attended the microsurgical skills course didn't get the impression this is standard dress down Friday at the College.

Sheila Patel lives the onesie experience!

Loss of benefits to visually impaired patients

Since 2011 changes to benefits regulations have resulted in loss of income to many working age people with visual impairment. The new Employment Support Allowance (ESA, which replaced Incapacity Benefit) is awarded on the basis of a Work Capability Assessment (WCA). This is carried out by healthcare professionals who may not have a full understanding of sight loss.

Points are awarded against descriptors, and the system is such that people with poor vision are unlikely to score sufficient points to obtain the benefit. They must then take part in regular 'work-related activity' to avoid being sanctioned with the consequent loss of benefit.

Those found fit for work (currently 47% of applicants) are given a jobseekers allowance and on this benefit are paid at a rate of £65 per week against £93 for those on ESA. However, when disabled people appeal the decision, 60% are awarded the full Employment Support Allowance.

The College has recently been working with the Department of Work and Pensions to help achieve their 'right first time' objective to reduce the number of appeals. While changes have now been made to training materials for the assessors, the scoring system is set in statute and is still in place. Hopefully further changes to the system will take place over the final two years of review of the new system.

In the meantime, ophthalmologists are urged to willingly write support letters for any of their patients who have been unfairly affected by loss of benefits, as this will positively influence their appeal and help them secure the financial support they deserve.

Dr Anne Sinclair

Understanding benefit changes

The benefits that working age blind and partially sighted people are entitled to are changing.

From 8 April 2013 the Disability Living Allowance (DLA) paid to blind and partially sighted people between the ages of 16 and 64 will be closed to new applicants and replaced by Personal Independence Payment (PIP) in parts of the North West and North East of England, with the rest of the UK following on in June.

This will be of particular importance to those patients who have just been diagnosed or are otherwise not currently claiming DLA. College members may be seen as a key source of information on benefits by their patients.

The RNIB Group has a range of information resources available online to help ophthalmologists ensure that the quality of life experienced by patients can be maintained. *www.rnib.org.uk/livingwithsightloss/yourmoney/benefits/working/pip/Pages/personal_independence_payment.aspx*

The Macular Society has launched a new free professional membership scheme and a smartphone app for joining and ordering free patient information materials. Members will receive a welcome pack, the Society's magazines, a quarterly email newsletter about developments in the field and the opportunity to apply for bursaries and 'early bird' bookings to Macular Society events, some of which have CPD points.

The app is available on iOS and Android platforms and lists the services to which professionals can refer their patients and clients.

To sign up for the professional membership scheme visit *www.macularsociety.org/professionalmembership* or call 01264 350551.

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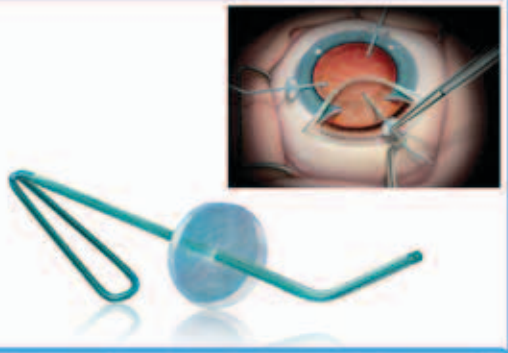
New Capsule Retractors



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College 2013 Seminar Programme

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

20 & 21June
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: Professor Keith Martin

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

23 September
Management of Incomitant Strabismus
Venue: Centre for Comparative and Clinical Anatomy, University of Bristol
Chair: Mr John Ferris

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

The Skills Centre Programme 2013

Curriculum Based Courses
www.rcophth.ac.uk/curriculum-based-courses

Phacoemulsification Courses
www.rcophth.ac.uk/phaco-courses

The Training the Trainers

10 September
What to teach and how to teach

14 October
Assessment

18 November
Appraisal and how to teach practical skills

26 November
Problem solving and the trainee in difficulty
www.rcophth.ac.uk/trainingthetrainers

Other events 2013

John Lee Fellowship Quiz Night

7pm Friday 6 September
The Royal College of Obstetricians and Gynaecologists
emily.beet@rcophth.ac.uk

18 October
4th SAS National Day
Burlington Hotel, Birmingham
penny.jagger@rcophth.ac.uk

23 November
4th Ophthalmic Trainees' Annual Symposium
Manchester Conference Centre
susannah.grant@rcophth.ac.uk

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

28 June
Ophthalmic Plastic Surgery
Salisbusry District Hospital
liz.fenwick@salisbury.nhs.uk

30–3 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

2 October
BIPOSA Annual Conference
The Met in Leeds
www.biposa.org/annual-conference

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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