college news

The ROYAL COLLEGE of OPHTHALMOLOGISTS

QUARTERLY BULLETIN
WINTER 2016

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The ROYAL COLLEGE of OPHTHALMOLOGISTS

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Dear fellow members,

2015 was certainly a year of change and this year will see further consolidation and improvements to the activities and achievements which will continue to meet the aims of the College, the needs of our members and the services we provide.

A new, improved e-portfolio system will be developed to document and assist the progress of those in training. This complex project will see integration with the CRM (database system) and the website. Feedback about all our online services is invaluable and will help to provide more responsive communications and services, providing members with a 'one stop shop' of information and CPD resources.

In 2016, our core services will continue to strive for excellence. Last year the comprehensive and varied seminar programme has had the additional benefit of the new in house lecture theatre and the training room, offering opportunities for more specialised groups to be accommodated. The surgical skills courses will serve all grades from the novice operator to the expert who wishes to develop their skills.

Improved training for supervisors and trainers to meet the GMC requirements and continuous curricular development are key in reflecting the changing clinical environment. The Shape of Training review is still unresolved, but the College needs to press on with necessary changes within the broad philosophy of Shape that will benefit specialist registrars, trained ophthalmologists and patients.

To manage our assets better and continue to provide financial stability, changes to the College governance structure are proposed and regular updates have been sent out to the members. These changes include a more open application process for College posts as well as the development of a Board of Trustees. It is anticipated that these proposals will be taken to the membership for a vote in the upcoming AGM this year in May, at Congress.

Sustainable healthcare is at the forefront of our minds more and more. Using the limited resources available effectively is a constant challenge. We are already working differently in order to meet the exponential demand on some of our activities and there is no evidence of this slowing down. The 'Way Forward' will explore the best models of care for ophthalmology to share good practice and ensure that the role of the ophthalmologist, as the head of a team of professionals, remains interesting and stimulating; and the development of a common competency framework to promote the standardisation of skills, for non-medical eye health care professionals who have taken on expanded roles, will help to deliver appropriate care for patients now and for the future.

The College can only achieve these aims by listening and working with all members. Together we are a more powerful single voice of the specialty that can raise awareness of the issues facing us who are at the forefront of redesigning and reconfiguring eye health services that can make a difference to our workforce and importantly, our patients.

2016 will continue at pace, no doubt, but I look forward to working with you to build on the already successful work achieved by Council, committees, members and staff.

Carrie MacEwen, President
president@rcophth.ac.uk

Competency Framework

Carrie MacEwen, on behalf of the RCOphth, has been working with the College of Optometrists (CoO), Royal College of Nursing (RCN), British and Irish Orthoptic Society (BIOS) and Association of Health Professions in Ophthalmology (AHPO) on developing a Competency Framework for expanded ophthalmic roles for Ophthalmic Nurses, Optometrists, Orthoptists and Ophthalmic Clinical Scientists.

Despite hospital eye services providing exceptional patient services, they are under continued increasing demand (an increase of 30% in eye clinic attendances over the last five years in England alone). A lack of capacity means the ability to offer patient care and treatment safely is being compromised. It is an issue that can no longer be ignored.

Patients are the focus of everything we do. The professional bodies involved in developing the competency framework are asking commissioners, service providers and employers to work with them to ensure a flexible workforce, with the right skills and training and so able to deliver a service fit for the 21st century.

Changes to the way eye care and treatment is delivered has increasingly involved the number of professionals within a multi-disciplinary team. These clinicians; ophthalmic nurses, optometrists, orthoptists and ophthalmic clinical scientists, are recognised as autonomous practitioners within their own core profession. But they have absorbed practices which are common and multi-disciplinary and were previously the domain of medically qualified ophthalmologists.

The RCOphth, RCN, CoO, BIOS and APHO recognise that these team members have taken on expanded roles beyond their core professional competences. The competency framework will propose standardisation of education and training for this workforce. This will enable those involved to more competently take on expanded roles within the multi-disciplinary team, effectively delivering optimum patient care safely and within recognised competences, education and training.

The positioning statement, communicating the proposed development of the framework, covers all four countries in the UK and sets out the position and collaboration of the ophthalmic professional bodies. It is being distributed to key stakeholders responsible for the development of training and education and provision of services and can be found on the College website at **www.rcophth.ac.uk/wp-content/uploads/2016/01/Competency-Framework-Delivering-standards-of-eye-care.pdf**

Be a Regional Advisor and make a difference in promoting high quality standards and training

Regional Advisors play an important role by maintaining a presence on behalf of RCOphth and members in the region. Not only do advisors provide key advice to the RCOphth President and Council on ophthalmic training and practice in their region to maintain and promote high standards, they also check consultant post job descriptions and ensure recommendations for a consultant job plan are carried through.

Advisors' duties include offering support, advice and appropriate counselling to trainees on such things as requirements for RCOphth examinations and the regulations for training. They will work closely with the Postgraduate Dean.

Regional Advisers must be Fellows with demonstrable commitment to a CPD programme and NHS Consultants with an established contract in active practice. Advisers must stand down on retirement from their NHS post. For current list of Regional Advisors please consult the Ophthalmic Directory **www.rcophth.ac.uk/training/ophthalmic-directory/**

The next appointment is for the Oxford region in January 2016, when Mr Victor Chong's three year term ends.

Training the Trainers - something for everyone

The Royal College is leading the way with Training the Trainers (TTT). Training and Education is no longer the domain of a few enthusiasts, but a tool box of knowledge and skills essential for all ophthalmologists.

We now have courses of different lengths and levels aimed at Trainees, Supervisors, College Tutors or Advanced Trainers as well as an overseas programme. Each level has a newly appointed Lead responsible for its further development and delivery. The learning outcomes for each day are mapped to the **GMC National Framework for Trainers**, so it is easy to upload to your portfolio and demonstrate evidence of the domains covered.

Delegates always enjoy the **practical skills** and **interactive sessions**, and find them most useful. These now comprise the majority of the face-to-face time on the courses, with pre-learning done beforehand from videoed lectures and some reflective work. Delegates leave courses with a plan of how to put their new skills into practice.

TTT for Trainees is a new course set up in recognition of the fact that trainees are involved in delivering training and need these skills before they become consultants.

The **Supervisor Course** runs over three separate days during a year. Two are held at The Royal College, and one at Annual Congress on the Thursday morning, which is open to all delegates. The days can be taken in any order and in any year. We are recruiting **Facilitators** for these courses who can be trained up to deliver sessions locally in their regions – please let us know if you are interested. Highly performing facilitators will be invited to join the **Faculty**.

The **College Tutor Training Day** is run several times a year. It is for newly appointed CTs and Associate CTs, and those re-elected for a second term. It is important to train and support College Tutors as soon as possible after they start, because they are often junior consultants. The appointments process has been accelerated by needing only approval by a panel rather than waiting for the next Education Committee meeting. The didactic component of the course is now available as video which can be accessed immediately after appointment.

The first **Advanced TTT Course** ran very successfully in April 2015 as a two day event. However delegates proposed a one-day meeting twice a year, incorporating the Regional Advisors & Programme Directors Meeting, which has run on two subsequent occasions. We have created an **Advanced Trainers and Educators Group** (see table) which includes all senior trainers and those with a Masters in Education. This group are eligible to be invited to attend so please let us know if you believe you should be added to the list. Each course has a session "Training Update and Discussion" lead by Fiona Spencer, Chair of the Training Committee. Regional Advisors, TPDs and Heads of School are expected to attend as Fiona explains what is new in training, and discusses feedback and queries from each region. The rest of the day targets topics that promote the delivery of excellence in training programmes, and help with solving complex problems.

Training the Trainers Courses & Lead	Content	Delegates
Overseas courses & e-learning Melanie Corbett	Varied, tailored	Any
Advanced TTT Rajni Jain	Variety, eg: Programme delivery ARCPs, optimising progression Coaching, mentoring, advice Trainers and units in difficulty	Advanced Trainers Group: RAs, TPDs, HoS, & previous DME, Deans, Assoc Deans Masters in Education
College Tutor Training Dilly McKechnie	Roles & duties of a CT WBAs & Supervisor reports College Tutor skills Trainees in difficulty	College Tutors Associate CTs Regional Advisors
Supervisor Training Sarah Maling	Teaching and learning Feedback and appraisal Curriculum and assessment Trainees in difficulty	Supervisors – clinical/ educational Consultants Trainees (year restrictions on some days)
TTT for Trainees Sarah Maling	Teaching and learning Feedback and appraisal Curriculum and assessment	Trainees – ST1-7
Locally delivered courses RAs, TPDs & HoSs	Supervisor level, targeted	All ophthalmologists Other eye care professions

The **Overseas Programme** has included courses for Egyptians and in Ireland, but our major collaborator has been the College of Ophthalmologists of East Central and Southern Africa (COECSA). With support from the VISION2020 project we have delivered five courses in Africa over the last three years. We have now trained over 60 delegates, and more importantly developed a Lead, Faculty and group of Facilitators who are prepared to deliver their own courses locally. It has been estimated that there are now approaching 1 million patients per year in Africa who have been treated by an eye care worker benefitting directly or indirectly from the courses. This roll out of skills and experience mirrors the cascade that is being set up in the UK.

Now the new College **Website** had been launched, a **Training Resources** section is being started for sharing material designed by different units and deaneries, and as a result of workshops on the Advanced TTT Courses. If you have any forms, information or guidelines that you find useful and would like to share with other trainers, please send them in for consideration.

The move to skills-based training sessions and the cascade of TTT locally is being supported by a major **E-Learning** project. This will provide pre-learning for delegates, and will support facilitators and faculty with lectures and practical sessions they can deliver. A large part of the material is generic and RCOphth has been promoted by e-Learning for Health (e-lfh) as the major provider of Training the Trainers across all specialties.

Melanie Corbett, Chair, Training The Trainers Sub-committee
education@rcophth.ac.uk

TTT Courses for 2016		
TTT for Trainees	Friday 10 June	Teaching and Supervision
Supervisor Courses	Monday 18 April Thursday 26 May at Congress Monday 3 October	Supervision Teaching and Learning Trainees in Difficulty
College Tutor Courses	Tuesday 22 March Tuesday 21 June Tuesday 8 November	Spring Summer Autumn
Advanced TTT Courses for RAs, TPDs, HoS, DMEs, Deans and MEds	Tuesday 8 March Tuesday 11 October	Spring Autumn

COECSA Congress delegates engaged in an Appraisal role play, facilitated by local faculty members.

How to get involved with TTT

e-mail: **doreen.agyeman@rcophth.ac.uk**

Apply to attend a course
- **www.rcophth.ac.uk/events-and-courses/training-the-trainers-courses/**

Join the Advanced Trainers and Educators Group – let us know if you are:

- Previous Regional Advisor, Training Programme Director, Head of School
- Dean, Associate Dean, Director Medical Education
- Masters in Education

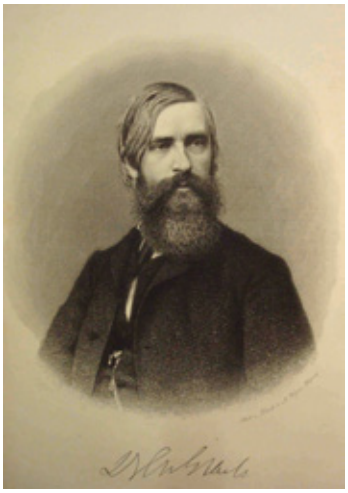
Apply to be a Facilitator if you would like to help deliver courses and material.

Contribute to the Training Resources section of the website – send in forms and guidelines for consideration.

Museum Piece

Graëfe's Cataract Knife

150 years ago, in 1865, the great German ophthalmologist Albrecht von Gräefe (1828-1870) introduced a surgical knife to perform a new method of cataract extraction that was to profoundly change the execution of this operation. The knife was still being used one hundred years later.



Albrecht von Gräefe

Von Gräefe's knife was straight, narrow and long with a sharp point and a cutting edge on one side. (Fig 1)

It was not only the knife which was different for the cataract operation but also the cutting of the section. Instead of cutting a corneal flap as was the common practice von Gräefe made a linear incision in the upper limbus penetrating both sides of the eye in one motion and then drawing the knife upwards. He claimed that by making the incision at 12 o'clock made it much safer as the upper lid safeguarded the eye against infection.

The handle was made from ivory. This material was both light and provided a firm grip. Another early material was ebony.

Knives used to cut the section for removing a cataract up to this time and afterwards were numerous with a great variety of shapes and lengths of blade. (Fig 2)

Diagrams of some different corneal sections and their inventors, with von Graefe's top right, are shown in Figure 3.

In von Gräefe's short life of 42 years he became one of the founders of modern ophthalmology. The others who are usually associated with this accolade are Sir William Bowman and Franciscus Donders. Albrecht was the son of Carl Ferdinand von Gräefe who died when Albrecht was just 12. His father was one of the founders of German surgery and was held in the highest esteem. Albrecht's upbringing was a privileged one and he had a private tutor until he entered the University of Berlin aged 15. On becoming qualified he travelled widely and decided to become an ophthalmologist after visiting Ferdinand von Arlt in Prague. When he came to London he met William Bowman and Frans Donders who was also visiting from Holland. These three became lifelong friends.

In 1850 at the age of 22 von Gräefe founded his own clinic in Berlin where he was born in 1828 and eventually died. He would not only tend to wealthy patients but would treat the indigent free of charge.

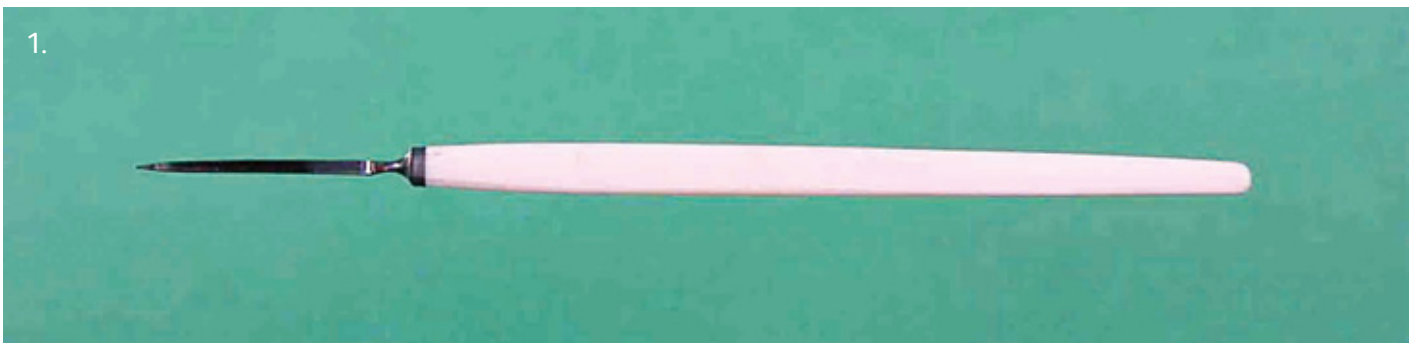
In 1854 at the age of 26 he founded a journal, Gräefe's Archiv für Ophthalmologie. This contained the consummation of his work to date and elevated him to a position at the head of ophthalmology internationally. This journal survives today as Gräefe's Archive for Clinical and Experimental Ophthalmology. Von Gräefe also founded the German Ophthalmological Society.

In 1856 he introduced the iridectomy operation for acute glaucoma which in itself was sufficient to seal his world-wide reputation.

The following year he was appointed Extraordinary Professor at the University of Berlin, the first German to become professor of diseases of the eye. In 1866 he became a full Professor.

Albrecht von Gräefe's tragically short career ended in 1870 when he died of tuberculosis at the age of 42 but in his short life he had secured a world-wide reputation which will endure for posterity. The Gräefe Medal in his memory is awarded every ten years to a person who has most powerfully contributed to the development of ophthalmology.

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



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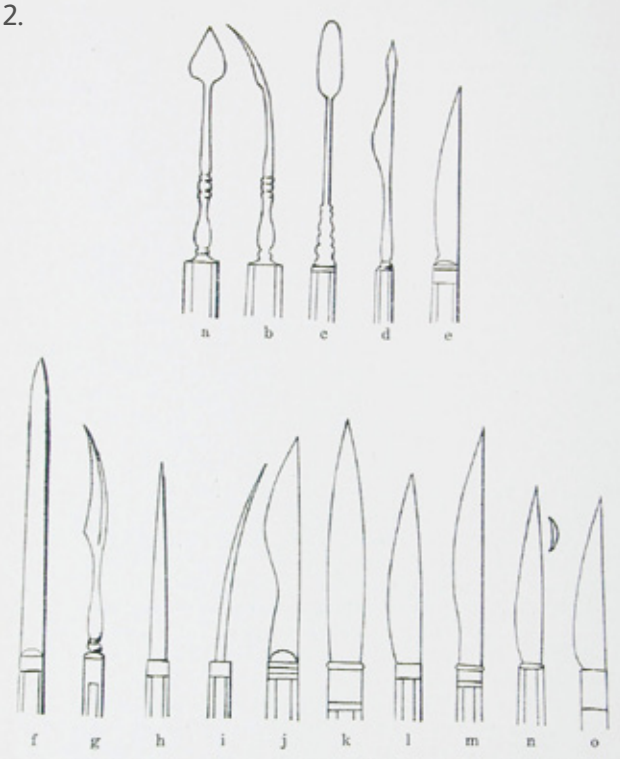
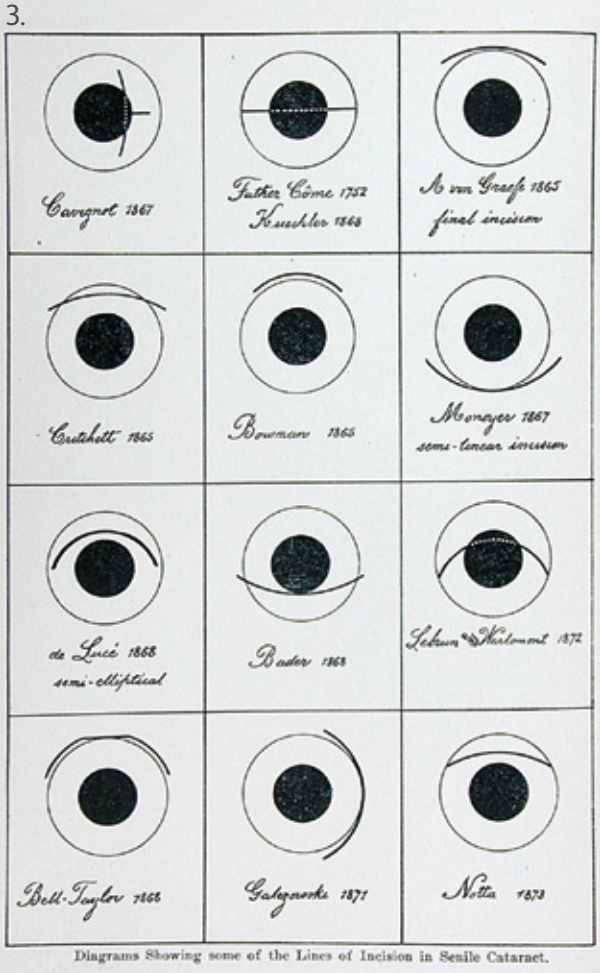


a, b, and e, Daviel; d, Pallucci; e, La Faye; f, Poyfet; g, Sharp; h and I, Tenon; j, Beranger; k, Pomard; l, Richter; m, Pope; n, Casa Amata; o, Demours.

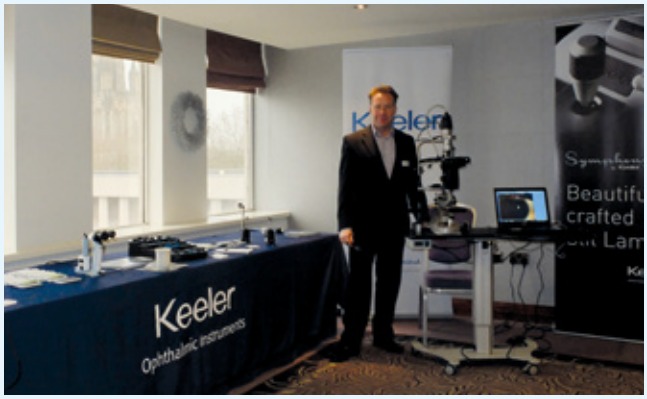
Models of Cataract Knives Prior to 1822. (After Lachmann.)

3.



Diagrams Showing some of the Lines of Incision in Senile Cataract.

OTG successfully host sixth Annual Symposium in Bristol



On Saturday, 28 November 2015 the Ophthalmologists in Training Group (OTG) hosted their sixth Annual Symposium at the Mercure Bristol Holland House Hotel and Spa, Bristol.

The Annual Symposium is a relaxed and informal meeting open to all of those with an interest in ophthalmic training.

Larry Benjamin set the tone of the day with a stimulating talk on the trials and tribulations of cataract surgery. John Ferris and Anthony Quinn followed with informative talks on choosing ophthalmology as a career, while John Sparrow and Rob Johnston talked about improving surgical outcomes in the future and the new transparent world of Electronic Patient Record (EPR) systems.

The audience was treated to inspiring afternoon sessions on research opportunities, the future of ophthalmology in the NHS and retinal disease, delivered by Andrew Dick, Jeremy Diamond and Adam Ross respectively.

The event was positively received by the lively audience, the bulk of which was made up by junior doctors interested in a career in ophthalmology.

A huge thank you to **Keeler Ltd** and **Thea Pharmaceuticals**, who kindly sponsored the event. Without their generous support OTG could not have run such a successful day!

Are you Social Media Savvy?

Social media is an important strand of any contemporary organisation's communications strategy. For us, social media platforms support other more traditional channels such as the College's website, e-newsletters and College News, our topical magazine for members.

I joined the College at the end of October, and with my background in digital communications have made it my mission to raise the College's profile on social media networks to ensure that we are effectively engaging with our membership and partners across the ophthalmic sector.

Such platforms as Facebook, Twitter, Linkedin and Vimeo, provide an opportunity to share information about events, exams and seminars that we are hosting, allowing all members, particularly ophthalmologists in training, opportunity to gain CPD points.

A further key advantage of social media is that it is firmly rooted in the present, and is an excellent medium for keeping those who follow us updated with the current work and achievement of the College and its members or about opening deadlines for important awards and prizes on offer.

If you were to check our Twitter or Facebook feed this evening, you would see a host of posts that brings you right up to speed with all things RCOphth. If you were to share this information within your own networks (hint hint!) then it gives us more opportunity to engage with the general public, stakeholders and the media. We can share pictures, videos and reports with you and create a participatory environment that all have the opportunity to be involved in.

A further advantage of these channels is that we can easily track our development and progress in the world of social media. For example we can see that in the month of November, our posts on Twitter were viewed 57,300 times. This is comparable to 15,900 views in October. Our content was re-posted on average 6 times per day and received 4 'likes' per day; October's average was 1 re-post per day and 1 'like' per day. So we can see that effort invested in these social media channels has earned us a far greater reach online, with many more interactions with the College's content.

We are not the only medical College to be found on Twitter – far from it in fact. Our near neighbours RCGP have a following of 31,000; RCS have 24,000 followers and other organisations such as RNIB have 29,000. By comparison, our following of 2,100 then begins to look rather modest! Whilst this is a reflection of the College being slightly late to the social media party, we aspire to build our following in 2016 through delivering relevant, up to date and insightful information.

Also to be found in the 'Twittersphere' is @Eye_Journal and our President, @carriemacewen. If you don't already, do follow us on Twitter and Facebook. Join in a conversation with us and share our content. If you are a social media sceptic, you may well find yourself pleasantly surprised!

David Parkinson, Website & Social Media Assistant
david.parkinson@rcophth.ac.uk

Top Tweets

BTF Thyroid @britishthyroid
Delighted to announce that TEAMeD won the Judges' Special Award at Bayer Ophthalmology Honours.

SimonKelly @eye_kelly
Some time ago @RCOphth designed #SurgicalChecklist for #cataract surgery. Great to find this in use in many Trusts.

Steven Naylor @stevenaylor84
@carriemacewen @RCOphth Very supportive and well written statement about junior doctors contracts yesterday. Thank you!

RCOphth @RCOphth
The Keeler Scholarship, an award of up to £30,000 is offered this year to a Fellow, Member or Affiliate.

Ian Humphreys @ihumphreys
Clear commitment to work together & do things differently at joint @RCOphth @CollegeOptomUK seminar. Great insights.

RCOphth @RCOphth
On 9 Feb gain CPD and learn about #ophthalmic research with our seminar on study design and statistical analysis.

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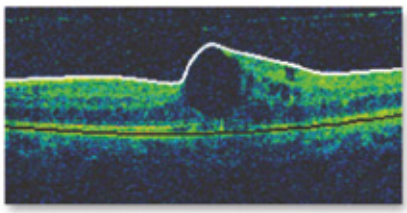
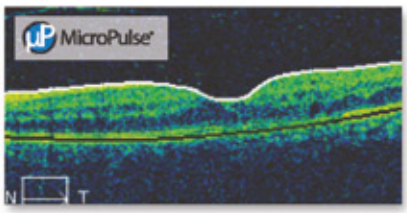


VA 20/50 | CRT 434 µm



3 Mos Post-Op | VA 20/30 | CRT 314 µm

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Trabecular meshwork after MLT

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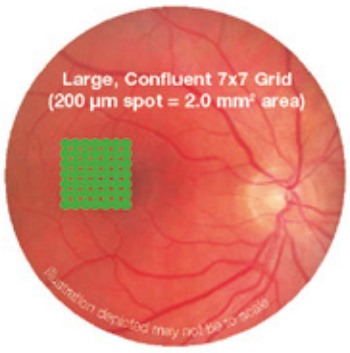

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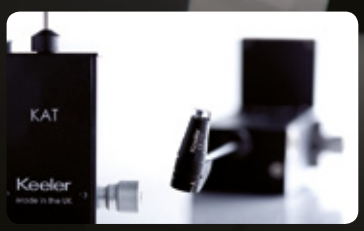

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The ROYAL COLLEGE of OPHTHALMOLOGISTS

focus

Consent: The reasonable patient

The opinions stated here represent the views of the author and do not represent settled policy or views of The Royal College of Ophthalmologists

Mr Bill Newman Consultant Paediatric Ophthalmologist, Alder Hey Children's Hospital, Liverpool. **william.newman@nhs.net**

Where does consent sit within the surgical care pathway when it is becoming increasingly probable that it may take longer to go through the consent process than to undertake the procedure[1]?

Consent derives from the principle of autonomy, the purpose of which is to gain agreement to provide care. It is required and given in many different forms, dependent on circumstance and context; taking blood pressure, blood testing, biometry, administering eye drops, injection, laser, cataract surgery all having implications for the patient. Not all will have a written consent form, some may be verbal or be implied.

The UK Supreme Court in the recent judgement of Montgomery v Lanarkshire[2] emphasised the role of the individual patient's risk and attitudes as well as the amount, timing and delivery of relevant information to gain a valid consent for any procedure.

Historically the legal test within the English jurisdiction has been somewhat paternalistic and based on Sidaway v Bethlem Royal Hospital Governors1985[3] when it was determined unnecessary to warn a patient of every risk. However, it did establish that there was a duty to provide patients with sufficient information about the nature of the procedure, its alternatives, and any common or serious potential consequences to reach a balanced judgement. It also made clear the doctors' duty to answer any questions in relation to the procedure and its risks truthfully and fully.

In deciding the case the Bolam[4,5] principle was to be applied.

> *'A doctor is not guilty of negligence if he has acted in accordance with a practise accepted as proper by a responsible body of medical men skilled in that particular art.'*

English law was settled by not taking the approach of other jurisdictions of 'informed consent' or 'prudent patient' but accepting the approach of the 'reasonable doctor'.

However several judgements[6,7] since Sidaway suggested that we were moving away from 'the doctor knows best' approach to that of the patient's perception and attitude to risk.

Rogers v Whittaker[8], although an Australian case, is particularly relevant and concerned the development of sympathetic ophthalmia in an only seeing eye following an operation on the non-seeing eye which resulted in total blindness. The risk of such a complication was considered to be 1 in 14000. The patient had been particularly concerned about the possibility of any effect on the good eye but the treating surgeon repeatedly failed to warn the patient of such despite being asked. The Court was of the view:

> *The Law should recognise that a medical practitioner has a duty to warn a patient of a material risk inherent in the proposed treatment; a risk is material if, in the circumstances of the particular case, a reasonable person in the patient's position, if warned of the risk, would be likely to attach significance to it or if the medical practitioner is or should reasonably be aware that the particular patient, if warned of the risk, would be likely to attach significance to it.*

The General Medical Council has long promoted a patient orientated decision making approach as set out in 'Consent: patients and doctors making decisions together'[9]; the RCOphth Cataract Surgery Guidelines (2010)[10] reflect these principles.

In 2014, in a complex case regarding consent for laser refractive surgery[11] the judge highlighted the timeline of the process and how little time was spent in discussion around consent and noted:

> *…If a lay person is receiving a fair amount of technical information delivered swiftly, it is not easy for them to grasp detail. It might look good on a printed page later, but may well not impress itself in the mind of a lay person…*

He went on to suggest that printed electronic notes, which appeared generic, could not be relied upon.

The law caught up with the GMC guidance this year with the Judgement in Montgomery v Lanarkshire Health Board[12]. This is a salutary tale in which an expectant mother with a high risk delivery was not given sufficient information on the risks of a vaginal delivery or the alternative of an elective caesarean section. During vaginal delivery there was delay due to obstruction from shoulder dysctocia with resultant hypoxic brain injury.

The Court considered that since Sidaway the doctor-patient relationship as described then

> *…has ceased to reflect the reality and complexity of the way in which healthcare services are provided or the way in which the providers and recipients of such services view their relationship…patients are now widely regarded as persons holding rights, rather than as the passive recipients of care…*

The conclusions and effect of Montgomery is that consent is an integral part of the care pathway and requires that it is not a generic tick box exercise;

Consent Requirements

1. Consent starts at the first consultation and is a progressive and longitudinal process
2. Appropriate patient information leaflets/ web/ videos that the patient can access prior to discussion
3. A clear outline of the issues requiring treatment and possibilities with a patient centred discussion of the following:

a. options including that of alternatives and of no intervention

b. the associated risks in manner that the patient understands, and not simply a list of statistics or probabilities

c. awareness of how such risks would impact on the individual, and their approach to risk

4. A dialogue resulting in a patient centred decision

5. Opportunities for the patient to ask further questions should be available

6. Consent is not given under duress – that might be for instance time constraints and there should be a 'cooling off' period.

7. Contemporaneous documentation of such the discussion at each stage of the process from investigation, diagnosis, treatment and follow up.

As a specialty we have achieved, through innovation and by necessity, commendable efficiency with pooled lists, patient information sheets, delegated assessment and consent, new procedures and greater productivity. However, in doing so it may appear that consent has become a tick box exercise, based largely on generic information rather than the risks and benefits for the individual patient involved. Having lost that 'time' it will be very difficult to get it back without seeming loss of such efficiency. But,

> *Consent is an opportunity to guide the patient to the right decision for them, and also dispel any unrealistic expectations concerning the procedure. Ultimately it is an opportunity to create a relationship of openness and trust between doctor and patient, which may help if operative complications are encountered. With high health-care expectations, a poorer than expected outcome may lead to surprise and subsequent anger: good patient education, during the informed consent process, is the surgeon's chance to forge a relationship with the patient and make sure that the patient's expectations are realistic.*[13]

We have to take surgery off the 'treadmill', consent is an integral part of that surgery and it should be inculcated into surgeons that it is not an add-on and like surgery itself cannot be rushed.

Naturally there are concerns about having to tell patients about every eventuality. This is not what either the GMC or Montgomery says. It is about tailoring the consent to the individual; subsequent judgements have confirmed this[14]

> *…In my judgment the decision in Montgomery affirms the importance of patient autonomy, and the proper practice set out in the GMC Guidance… It is not authority for the proposition that medical practitioners need to warn about risks which are theoretical and not material…*

Whilst the issues of resources - 'no time', 'no money' - remain, the courts are very unlikely to accept these as admissible defence. There are further implications which are often not touched upon and should be carefully considered;

- Standard basic information leaflet which directs to further information: each trust often has its own leaflets with variable information and often without direction to other resources – such as NHS Choices which has videos. It is clear that written information is very important as discussions around consent are remembered variably[15] and are better understood with videoed information [16]

- Alternatives that one does not undertake or are not available on the NHS such as 'premium' intraocular lenses; i.e. 'surgical alternatives' require additional discussions

- Who should and is qualified to take the consent and can it be delegated?

- Who is doing the operation; e.g. a trainee? [17, 18]

The Montgomery judgement has laid bare that which we should have already been doing as so very clearly set out in the GMC guidance; personalising consent to the individual and in doing so finding out their attitudes and concerns about any particular procedure and its alternatives.

> *'Montgomery will be proclaimed as the death knell of medical paternalism. But it is not. The death actually occurred a long time ago: Montgomery is just a very explicit and very belated obituary.'* [19]

Disclosure

Mr Newman acts as a paid expert witness and undertake medical legal reports for both claimant and defendant in the family, civil and criminal courts.

Mr Newman is the Honorary Secretary of The Royal College of Ophthalmologists.

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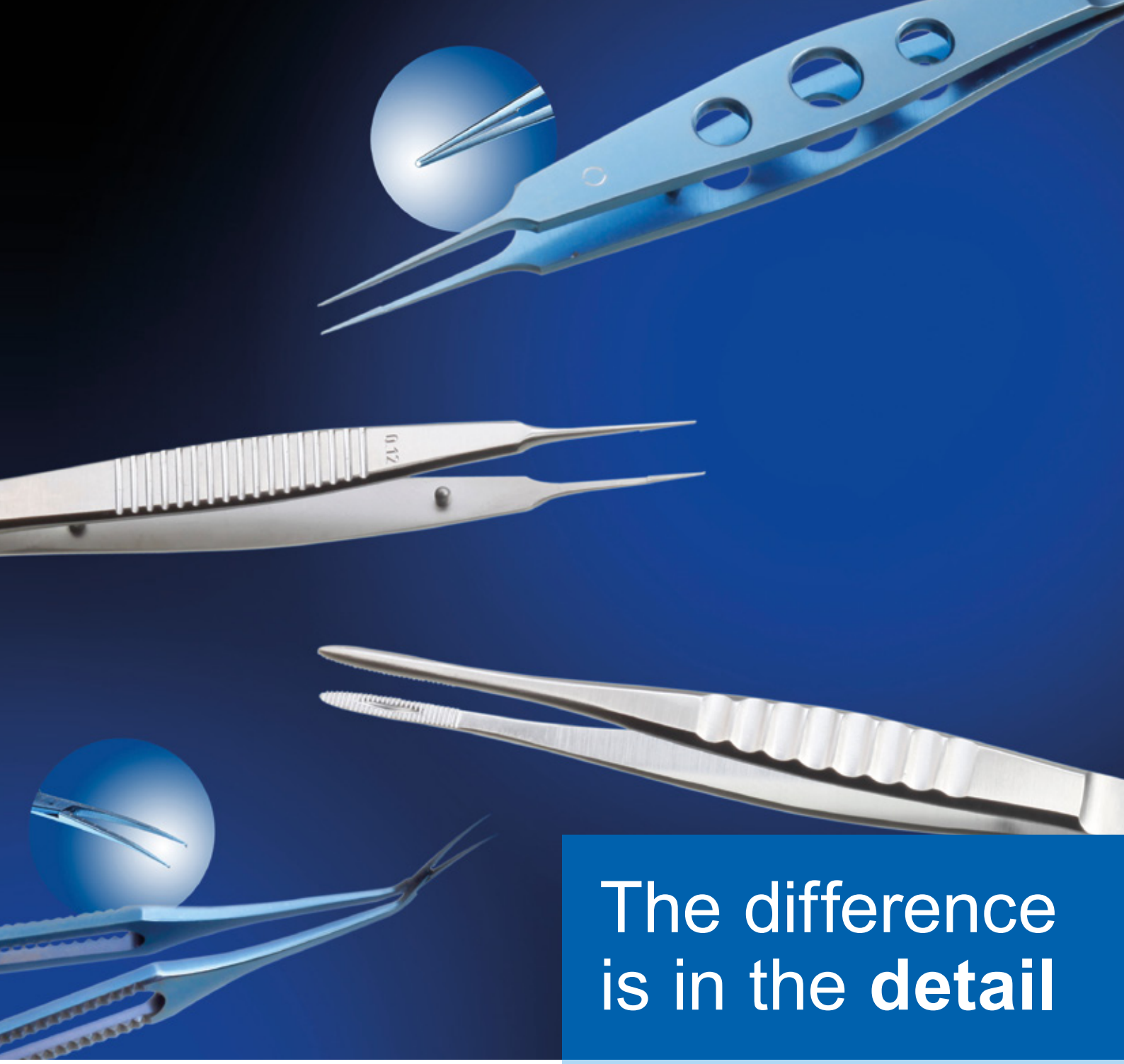

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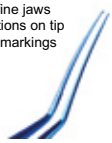

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Eye Journal – Editor's choice

Selected papers from 4th quarter 2015

1. Evaluating the impact of summer vacation on the visual acuity of AMD patients treated with ranibizumab

In the November issue, Massamba et al (**Eye** (2015) **29**, 1453–1457) evaluate the impact of the traditional French summer vacation on visual acuity and spectral domain-optical coherence tomography (SD-OCT) of Wet AMD patients being treated with intravitreal Ranibizumab. Patients were divided into two groups: (A) patients who skipped one ranibizumab intravitreal injection during holidays, and (B) patients who received injection during their holidays. The mean visual acuity change was -0.071±0.149 (LogMAR) in group A and +0.003±0.178 in group B (P=0.041). At the second visit (2 months after preholidays visit), 61.8% of patients in group A had SRF and/or intraretinal cysts, and only 27.6% of patients in group B. They concluded that there was a detrimental impact of holidays on visual acuity in patients treated with ranibizumab for AMD, which, in spite of their treatment regimen, still leave for vacation. Therefore, it is important to convey the message of treatment adherence to patients, despite their need of holidays.

2. How strong is the relationship between glaucoma, the retinal nerve fibre layer, and neurodegenerative diseases such as Alzheimer's disease and multiple sclerosis?

In the October special issue on glaucoma, Jones-Odeh and Hammond (**Eye** (2015) **29**, 1270–1284) presented an intriguing review highlighting an association between Alzheimer's disease (AD) and multiple sclerosis (MS) and ocular structures, retinal nerve fibre layer and ganglion cell layer (RNFL and GCL). They examined their usefulness as biomarkers of neurodegeneration. The average RNFL thickness loss in patients with AD is 11 µm, and 7 µm in MS patients. They recommend further longitudinal studies to assess sensitivity and specificity of these potential ocular biomarkers for neurodegenerative disease progression.

3. Outcomes of treatment with stereotactic radiosurgery or proton beam therapy for choroidal melanoma

In the September issue, Sikuade et al (**Eye** (2015) **29**, 1194–1198) presented their experience of the use of stereotactic radiosurgery and proton beam therapy to treat posterior uveal melanoma over a 10 year period. 191 patients were included in the study; 85 and 106 patients received Stereotactic radiosurgery and Proton beam therapy, respectively. Both treatments achieved excellent local control rates with eye retention in 98% of the SRS group and 95% in the PBT group. The stereotactic radiosurgery group showed a poorer visual prognosis with 65% losing more than 3 lines of Snellen acuity compared to 45% in the PBT group. 33% of the SRS group and 54% of proton beam patients had a visual acuity of 6/60 or better. They concluded that stereotactic radiosurgery and proton beam therapy are effective treatments for larger choroidal melanomas or tumours unsuitable for plaque radiotherapy.

Andrew Lotery, Editor in Chief, Eye
A view from Editor in Chief of Eye, Andrew Lotery

Call for Papers: Paediatric Cataract Special Issue

In 2016, Eye will publish a special issue on paediatric cataract. We invite authors to submit reviews, clinical and laboratory research papers that will provide scientific information applicable to clinical practice. Articles that pass the peer review process will appear in this special issue, **publishing in August** 2016. Interested authors should submit their manuscript via the journal website **nature.com/eye.**

For all queries regarding this, please contact the **Editorial Assistant, Steve Beet,** at eye@rcophth.ac.uk

Please clearly state in the introductory letter that your manuscript is intended for the Special Issue of Eye on paediatric cataract.

Final date for submissions: 1st March 2016

Submitted manuscripts should describe original work. Multimedia submissions are encouraged. Topics may include (but are not limited to):

- Epidemiology
- Genetic
- Intraoperative management
- Postoperative complications
- Optical rehabilitation
- Visual outcome
- Quality of life assessment
- Meta-analysis of published literature

Steve Beet, Editorial Assistant, Eye
eye@rcophth.ac.uk

A personal perspective from Andrew Lotery

Why is EYE so important for members?

Eye is the scientific journal of the College. It is a membership benefit and keeps members up to date on best practice of ophthalmology, with the latest clinical and scientific based research.

Why should members consider publishing papers?

Lots of reasons! Perhaps the most important is that there is a clear correlation between clinical care and research. The best clinical care happens in the most research active departments. Therefore the discipline of trying to improve clinical care by research tends to raise the standards of clinical care in general. Publishing research is also important for career progression for junior doctors and is a marker of esteem for consultants. I suspect that it is easier to recruit staff to research active departments. I find immense personal satisfaction comes from making a contribution to research.

What do you enjoy most about being Editor of Eye?

The breadth of research being submitted to the journal is always stimulating and working with reviewers and authors is always enjoyable. But there is also a great team of people who work behind the scenes to get the journal published, including Steve Beet (Eye editorial assistant) and Beth Barnes (Head of Department), as well as staff at Nature Publishing Group. It is fascinating to see how a journal is put together.

What are the challenges for publishing papers?

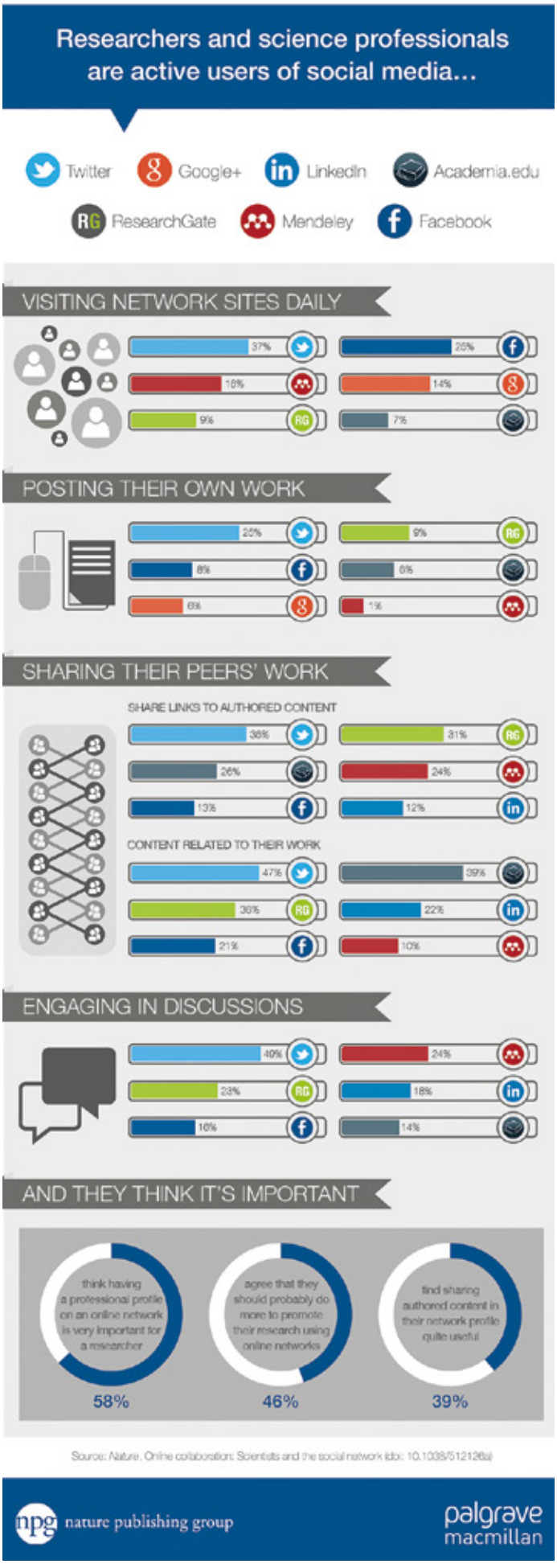
It is hard to find time to do research in the business of clinical work. Good research generally means considerable time is needed to find the right funding and to pull teams of researchers together to ultimately deliver a good quality paper.

For authors, writing a paper is also challenging. However like anything it gets better with practice! Most journals can only publish a small proportion of papers received. Sometimes papers are rejected, but it could simply be that it would fit better in another journal and we will always let authors know the reasons. Therefore perseverance is a key attribute of any would be academic author!

How important are reviewers?

Peer review is essential to maintain the quality of the journal. I am very grateful for colleagues who take the time to review for Eye. Their contribution is recognised by publishing their names in the December issue of the journal and the top ten reviewers now get a free annual subscription to Nature. I'd encourage anybody to review as it means direct involvement in shaping the quality of published papers and helps the reviewer to keep on top of the latest research.

For more information, contact **Steve Beet,** Editorial Assistant at eye@rcophth.ac.uk



Bayer Ophthalmology Honours celebrate ophthalmology teams and individuals at a prestigious ceremony in London

The awards, running for the first year and supported by the Macular Society and the Royal National Institute of Blind People (RNIB), identified exceptional initiatives that demonstrate clinical excellence and innovation in ophthalmology. The ceremony was hosted by British Army veteran Simon Weston, OBE.

The development of the awards programme was guided by a steering committee of experts including consultant ophthalmologists, specialist nurses and representatives from the Macular Society and RNIB. The large number of entries were judged by the steering committee alongside other experts in ophthalmology care, with the decision-making process being wholly independent from Bayer.

Commenting on this year's entries, Helen Devonport, Consultant in Ophthalmology, Bradford Royal Infirmary and judging panel member, said "The quality of the entries received and the fact the we deliberated long and hard over selecting the winners, should give us great pride that, as a community, we are always striving to provide the best care we can to achieve optimum clinical outcomes for patients. All of the winners have shown that they are among the best at delivering clinical excellence and innovation in ophthalmology and should therefore be incredibly proud of what they have achieved."

Best ophthalmology team Winner:
An 'A TEAM' qualitative approach - NHS Tayside

This small, cohesive team demonstrated a clear and unified aim of providing excellence in patient care; taking a unique, whole team approach. Their over-riding ethos of motivation, support, teamwork, family and togetherness has clearly resulted in a special environment for patients and the ophthalmology team. NHS Tayside provides ophthalmic services to a population of approximately 465,000. It provides 65,000 out-patient appointments, and over 4430 theatre based operations per annum (not including eye injections). Provision of all care is provided in one in-patient ward, five out-patient areas across the region, and two theatres.

The TEAM comprises administration/secretarial, management, nurses, optometrists, porters, cleaners, photographers, orthoptists, volunteers in the clinic, nurses, doctors, RNIB and other societies for the visually impaired. The over-riding ethos – is one of motivation, support, teamwork, family and togetherness – often cemented through light hearted social activities; and often our own departmental band providing entertainment at events! - Our patients truly benefit from our collaborative team approach!

Dr Helen Murgatroyd, Consultant Ophthalmologist and Clinical Lead for Ophthalmology with NHS Tayside, said, "We are all delighted that the excellent team work of all members of the department has been nationally recognised."

NHS Tayside Chairman Professor John Connell said, "I would like to congratulate the ophthalmology team on their success at these national awards. I am very proud of their hard work and dedication to improve care for their patients."

Judges' Special Award Winner:
Improving outcomes for patients with thyroid eye disease (TED) through prevention, early diagnosis and early intervention TeameD

The Thyroid Eye Disease Amsterdam Declaration#Implementation Group (TEAMeD) was formed in 2010. This innovative service provides thorough, good quality information for patients, preventive measures, early diagnosis, timely access to care and promotion of research in the field. It is clear that patients really benefit from this service and the performance of the team is outstanding and has the potential for global impact.

The Judges commented: "This is a fantastic team providing fantastic care. It is an amazing initiative which doesn't quite fit into any single category in this year's awards but it has strong aspects of each of the three group categories and so all of the judging panel agreed that this entry should be recognised and awarded the Judges' Special Award. The performance of this team is outstanding and a thorough service is being provided which is something that patients will really benefit from. We believe that one day every Trust will be using their guidelines."

The judges also felt that TEAMeD's achievements had potential for global impact. A key achievement in 2015 has been the production of guidelines for the management of patients with Graves' orbitopathy, published by the Royal College of Physicians.

"Thyroid eye disease is a disfiguring condition which causes swelling around the eyes, 'starey' eyes, double vision and sometimes loss of vision", said Prof Colin Dayan, thyroid specialist from Cardiff University and Chair of TEAMeD. "We have brought patient and professional organisations together to collect data on delays and treatment variation around the UK, as well as achieve consensus on referral guidelines and best practice with eye specialists and physicians."

Janis Hickey, Director and Founder of the British Thyroid Foundation, a national patient support organisation based in Harrogate, North Yorkshire, said: "As a patient representative on the project I am delighted that our work over the past five years has been acknowledged by this prestigious award."

Winners and commendations

Best ophthalmology team Winner:
An 'A TEAM' qualitative approach - *NHS Tayside*

Highly commended - The diabetic team keep an eye on the traffic lights - *Central Manchester University Hospitals Foundation Trust*

Best patient support or education initiative
Winner: Worcestershire glaucoma support group and educational website: supported patients support local eye department - *Worcestershire Acute Hospitals NHS Trust*

Highly commended - The visual Impairment Network for Children and Young People (VINCYP): a multi-professional national model for Scotland, and a potential model to ensure optimal service delivery for visually impaired children internationally - *National Health Service Scotland*

Best ophthalmology care innovation Winner:
The EMAC (Emergency Macula) OCT triage service for urgent macula referrals - *Manchester Royal Eye Hospital*

Ophthalmology unsung hero Winner: Janet Sear, Medical Secretary - *Stoke Mandeville Hospital*

Highly commended - Debbie Smith, Retinal Suite Co-ordinator - *Colchester Hospital University Foundation Trust*

Outstanding ophthalmology nurse or allied health professional Winner:
Terri Wainman, Out-patient Sister Ophthalmology - *Hull and East Yorkshire NHS Trust*

Highly commended - Ruth McKenzie, Optometrist Principal - *NHS Grampian*

Best Ophthalmology team winner (A TEAM). Pictured left - right; Dawn Shepherd, Professor Carrie MacEwen, Alison Simpson, Lesley Malcolm, Dr Stephen Burgess, Alison Collins, Barbara McGrath, Stan Keys, Helen Tough

Photo of TEAMeD. Pictured left - right; Julie McLaren, Janis Hickey, Professor Carrie MacEwen, Professor Geoffrey E Rose (at back), Professor Colin Dayan, Simon Weston OBE, Miss Helen Devonport

For more information on the awards and winners go to **www.ophthalmologyhonours.co.uk/results**

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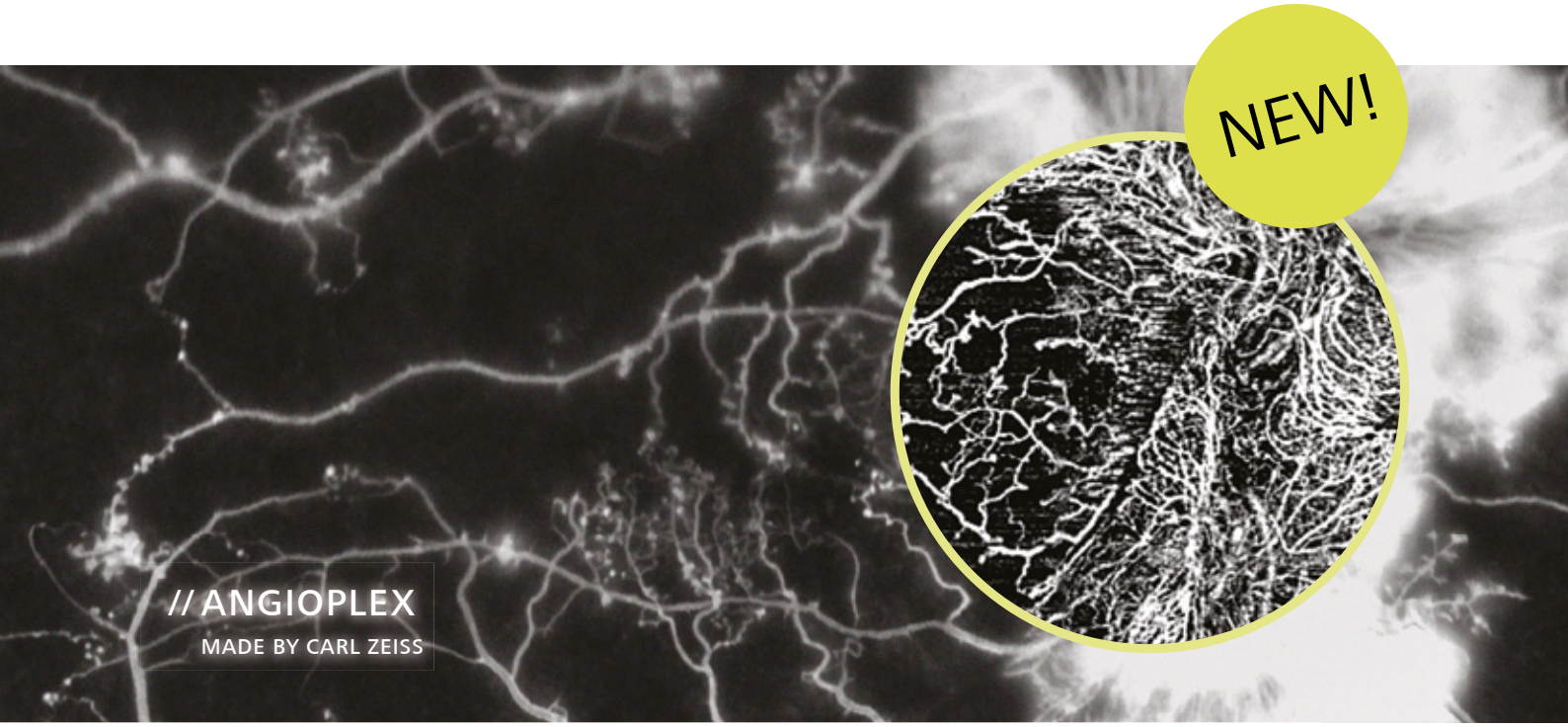

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National Safety Standards for Invasive Procedures (NatSSIPs)

Despite the introduction of the WHO Surgical Safety Checklist in 2009, the number of Never Events in surgery has continued to increase, not only in ophthalmology but in all surgical specialties. The three main areas are wrong implant, wrong site and retained foreign object. In an effort to understand the causes and tackle this, in 2013 NHS England established the Surgical Never Events Taskforce, which reported in 2014 with the conclusion that there was a requirement for "national standards to outline generic processes for conducting surgical procedures in operating environments wherever they are located".

The Task Force then worked with a wide variety of stakeholders from national bodies including the GMC, the CQC, surgical and anaesthetic Royal Colleges through human factors and education experts to patients and the public, and the output of all this was the recent publication of the NatSSIPs, which aims to prevent Never Events and Serious Incidents arising from surgery and invasive procedures **www.england.nhs.uk/2015/09/07/natssips.**

The guidance contains 13 key standards. There are 5 generic standards which cover workforce and training, governance and audit, scheduling and list management, handovers and documentation. One novel feature is the requirement for theatre teams to train together in multidisciplinary teams and training should include addressing human factors and behaviours contributing to error. There are also eight sequential standards:

1. Procedural verification and site marking
2. Safety briefing
3. Sign in
4. Time out
5. Prosthesis verification
6. Prevention of retained foreign objects
7. Sign out
8. Debriefing

Much of the document consists of bringing together and formalising systems and processes which trusts and ophthalmologists are already familiar with and have, to a greater or lesser extent, been following for some years. However, these processes are better defined, mandatory and there are some extra requirements in there also.

An NHS England Patient Safety Alert has been sent out to all trusts asking them to take action to identify the procedures they perform and develop Local SSIPs based on the NatSSIP requirements, which are suitable for those procedures in that local setting, and to ensure they are being implemented by September 2016.

As ophthalmologists, we have a high volume, high turnover practice undertaking multiple procedures on multiple patients with multiple and sometimes complex choices (which biometry formula, which refractive outcome, which IOL, which drug, which eye, etc etc) based on rapidly taking in a significant amount of data and processing and recording it accurately. No wonder we have, as a specialty, experienced a high number of Never Events such as wrong IOLs, wrong eye and wrong intravitreal drug incidents.

The College is keen to support development of ophthalmic-specific Local SSIP documents, checklists, processes and protocols, and already has some examples of such on its website on the Patient Safety Information pages **www.rcophth.ac.uk/standards-publications-research/patient-safety-information/.**

We would greatly appreciate the sharing of any such documents or guidance from any ophthalmologist or ophthalmic unit and would like to be able to make these available on the College website if possible, with that ophthalmologist's or unit's permission. As with all such documents, they are there as guidance only and of course are often specific to local needs. Any such documents are not provided to be used verbatim but as guidance and a resource, to provide and share ideas on how best to do this with minimal effort and maximum impact.

Members wishing to contribute any examples or have any thoughts on similar resources that it might be useful to share regarding local documents pertinent to Never Event prevention and patient safety, please send them to the College's Quality and Safety Group via **beth.barnes@rcophth.ac.uk**

Melanie Hingorani, Consultant Ophthalmic Surgeon, Clinical Director for Quality and Safety at Moorfields Eye Hospital and Chair, RCOphth Quality and Safety Group

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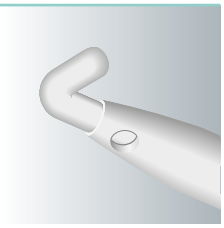
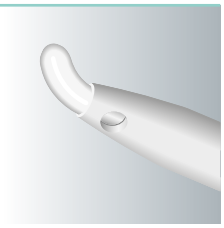


Straight shaft, 45° tip



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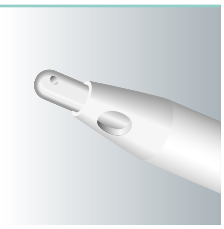

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Congratulations to XOVA grant recipients The International Centre for Eye Health (ICEH), London School of Hygiene and Tropical Medicine and the COECSA-RCOphth VISION 2020 LINK

XOVA is an award program sponsored by Novartis Pharmaceuticals and Alcon. It provides funding, in the form of a grant of up to €50,000 to eye care specialists who have devised non-profit sustainable initiatives that significantly impact on unmet health needs in the fields of ophthalmology and optometry.

Nick Astbury and Covadonga Bascaran were delighted to receive this grant for their program to improve cataract surgical outcomes through online continuing professional development (CPD) education in diagnostic training in sub-Saharan Africa.

It is estimated that 65 million people in sub-Saharan Africa have visual impairment due to cataracts. Most live in low-middle-income countries and develop cataracts much earlier than those in high-income countries. However the quality of cataract surgery in sub-Saharan Africa is often poor and good outcomes fail to reach standards set by the World Health Organization. There are currently no CPD courses on this topic in the region.

The ICEH will carry out an initial needs assessment to ensure the development of a CPD course is relevant for College of Ophthalmology of Eastern, Central and Southern Africa (COESCA) members in nine countries. A training program will be implemented for cataract surgeons and ophthalmologists, with the goal of improving cataract surgical outcomes through enhanced case selection, preoperative workup (including biometry), safe surgery and postoperative care.

Cosmetic Surgery Standards

Following the Keogh review of the regulation in cosmetic interventions, the Royal College of Surgeons (RCS) set up a committee incorporating all stake holders involved in the delivery of cosmetic surgery. The Cosmetic Surgery Interspecialty Committee (CSIC) after 18 months of discussions, has concluded the proposals to improve the delivery, safety and regulation of cosmetic surgery.

The main CSIC (Naresh Joshi) overseeing the work of three sub-groups delegated responsibility for delivering: standards for training and certification of surgeons (Naresh Joshi), clinical quality and outcomes (Bernie Chang), and patient information (Saj Ataullah / Ric Caesar). The RCOphth /BOPSS members have presented the ophthalmic /oculoplastics view point into the process and standards at all stages of discussions.

The periorbital module which will include, blepharoplasty (upper and lower) brow lifts and midfacial surgery will be the main area of involvement amongst the ophthalmologists.

From January 2016, it will be a legal requirement for every provider of cosmetic surgery to collect a defined set of private patient episode data, as set out by the Competition and Markets Authority (CMA). This will enable the Private Healthcare Information Network (PHIN) to publish performance measures by procedure, at both hospital and consultant level, from April 2017.

For more information visit **www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/cosmetic-surgery**

Congratulations to Alex Tytko on 25 years' service to the College

Alex joined in 1991 and has progressed to her current role as Head of Education & Training.

Alex manages a team of five that oversees all work relating to Education and Training for the College. During the years she has also worked for the European Board of Ophthalmology and has been Deputy Chief Executive.

Alex has seen many changes over the years and comments, 'The work has been rewarding, challenging, difficult at times but I have a real sense of worth on what we are doing at the College'.

Ophthalmologists in Training

A very lucky hand! Now, pick a card

Refractive Surgery
OPHTHALMOLOGY TRUMPS

RAISON D'ÊTRE	Intimidating refractive error
FATAL WEAKNESS	Measuring 6 metres accurately
WEAPON OF CHOICE	Femtosecond laser
ARCH NEMESIS	High Street LASIK establishment
REFRACTION	Plano (6/4 and N5 unaided)
ALTERNATIVE CAREER	Mobster
FAVOURITE SONG	Pulp Fiction - Opening Theme

Vitreoretinal Surgery
OPHTHALMOLOGY TRUMPS

RAISON D'ÊTRE	Ensuring a spheroid structure remains 'flat'
FATAL WEAKNESS	SF6 (inhaling to frighten theatre nurses)
WEAPON OF CHOICE	23-gauge trocars
ARCH NEMESIS	Proliferative Vitreoretinopathy
REFRACTION	-16.00DS
ALTERNATIVE CAREER	Loan shark
FAVOURITE SONG	Kanye West - Flashing Lights

Medical Retina
OPHTHALMOLOGY TRUMPS

RAISON D'ÊTRE	Drying fluid (µL)
FATAL WEAKNESS	Aquaphobia
WEAPON OF CHOICE	Xenon arc laser
ARCH NEMESIS	Vascular Endothelial Growth Factor
REFRACTION	-8.00DS
ALTERNATIVE CAREER	Radiologist
FAVOURITE SONG	Kitten - Cut it Out, Sugar

Neuro-Ophthalmology
OPHTHALMOLOGY TRUMPS

RAISON D'ÊTRE	Savouring the esoteric diagnosis
FATAL WEAKNESS	g. Cocaine 4% (fictional)
WEAPON OF CHOICE	Botulinum toxin
ARCH NEMESIS	MRI contraindication (various)
REFRACTION	-6.00DS (accommodative spasm)
ALTERNATIVE CAREER	World War Two code breaker
FAVOURITE SONG	N.E.R.D. - Brain

Imran Yusuf, Editor, Trainee section
trainee.editor@rcophth.ac.uk

Oculoplastic Surgery

OPHTHALMOLOGY TRUMPS

RAISON D'ÊTRE	Tidying the curtains
FATAL WEAKNESS	Moffat's solution (inc. 10% cocaine)
WEAPON OF CHOICE	Kerrison punch
ARCH NEMESIS	Gravity
REFRACTION	Never examined
ALTERNATIVE CAREER	Embalmer
FAVOURITE SONG	Ben E. King - Tears, Tears, Tears

Glaucoma

OPHTHALMOLOGY TRUMPS

RAISON D'ÊTRE	Decompressing eyeballs (mmHg)
FATAL WEAKNESS	Benzalkonium chloride
WEAPON OF CHOICE	Cyclodialysis spatula
ARCH NEMESIS	The Fibroblast
REFRACTION	+8.00DS
ALTERNATIVE CAREER	Weather Presenter (millibars)
FAVOURITE SONG	Queen - Under Pressure

Paediatrics

OPHTHALMOLOGY TRUMPS

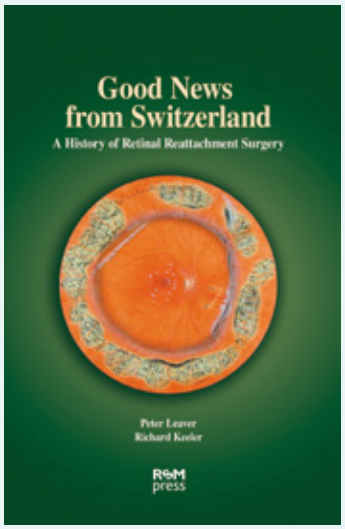
RAISON D'ÊTRE	Supporting the visual system in training
FATAL WEAKNESS	Ketamine anaesthesia
WEAPON OF CHOICE	Chavasse
ARCH NEMESIS	Peppa Pig
REFRACTION	+3.00DS (cycloplegic)
ALTERNATIVE CAREER	Illusionist
FAVOURITE SONG	New Kids on the Block - Stare at you

Cornea

OPHTHALMOLOGY TRUMPS

RAISON D'ÊTRE	Cleaning dirty windows
FATAL WEAKNESS	20% alcohol
WEAPON OF CHOICE	Diamond knife
ARCH NEMESIS	Pseudomonas aeruginosa
REFRACTION	+2.25/-8.75 x115 (irregular astigmatism)
ALTERNATIVE CAREER	Quintuple-glazing window salesman
FAVOURITE SONG	The Houdinis - Kicking in the front window

Good News from Switzerland: A History of Retinal Reattachment Surgery Book Offer



This account of the struggles, innovations and triumphs in the evolution and development of retinal reattachment surgery is written in a freely narrative style, combining careful research of previous literature with personal experience. The authors, Peter Leaver and Richard Keeler, have used their own different perspectives to tell the story, from the time when retinal detachment meant certain blindness, to the favourable outlook that is the case today.

The text is supported by a bibliography that is sufficiently comprehensive to enable the interested reader to explore the subject in greater depth, and is accompanied by a profusion of photographs, paintings and drawings, most of which have not been seen before.

All proceeds will be gifted to the College.

If you are interested in purchasing this book, please email your request to the College, **contact@rcophth.ac.uk** with your name, mailing address and number of copies required. Please send cheques (£25 per book) to the Finance Department at the College and made out to The Royal College of Ophthalmologists. Mark cheques on reverse **'BOOK'**.

coress

The CORESS system encompasses all the surgical specialties in UK and Irish practice and the four surgical Royal Colleges. In the summer of 2013, the RCOphth entered a formal agreement to join CORESS.

Coress is about 'feedback to the surgical community and elsewhere, the learning contained within confidential reports of surgical accidents, errors, mishaps and near-miss events in a manner which is effective'. It is about reporting in confidence any safety-related incident involving you, your colleagues, your hospital or other organisations that you deal with. Incidents may be diagnostic or operative errors, technical or maintenance failures, regulatory or procedural aspects or unsafe practices/ protocols.

Any surgeon, surgical trainee, or theatre staff can submit reports in confidence to CORESS, irrespective of specialty. Importantly, the system preserves the anonymity of the reporter and his/her institution of origin.

For the last reported incidents (pdf), visit the Professional Resources section on the College website.

Reports can be submitted online through **www.coress.org.uk** by simply downloading the Reporting Form and submitting it online or alternatively by post.

College support for new consultants

Recent surveys of newly appointed consultants and senior run-through trainees have shown that many feel some support in the early months or years of taking up a consultant post for the first time would be welcome.

We have arranged through College Tutors for an informal support system to be available for those who feel they would like some advice and support, particularly in issues such as dealing with colleagues, management, administration and organisation of their jobs.

In addition we continue to run regular courses at the College Congress and at other times of the year to complement this. Please see College website for further details.

The intention is that newly appointed consultants can team up with a "buddy" consultant to talk over issues and call when in need of advice.

This system is not intended to duplicate or replace the formal mentoring processes that most Trusts now offer (usually by a colleague in a different specialty) nor coaching or BMA advice. It is an informal introduction service to those who feel they would like to make contact with a friendly colleague who has been through the same adaptations required when moving from registrar to consultant level.

If you are about to take up a consultant post or have done so within the last three years please feel free to contact your College Tutor who will be able to set this up for you. If you wold like to volunteer as a buddy please contact your College Tutor who would be grateful for your help.

Mark Watts, Chairman - Education Committee

First annual meeting of BEECS a success

A fantastically successful inaugural Annual Meeting of the British Emergency Eye Care Society was held at the Royal College of Physicians on 2 October.

It was full to capacity with 122 consultants, nurse consultants, middle grade doctors, juniors, medical students, nurses and optometrists, all of whom have a significant role in emergency eye care. A light hearted approach was taken to a serious subject, following a rousing introduction by BEECS chair Seema Verma, as to the purpose of the Society.

We heard how, despite being a demanding and high intensity urgent care service, this emerging subspecialty has enough excitement and variety of challenges to fulfil anyone. This was echoed in the programme which covered topics ranging from medicolegal pitfalls to STDs, with a heated 'hot hat' debate rounding off the day. A keenly contested trainees' competition was won by Zaria Ali from Manchester, who was presented with a cheque for £100 by the BEECS committee.

Anyone interested in becoming a BEECS member, please contact **secretary@BEECS.co.uk** **www.BEECS.co.uk**

Awards and Prizes! Closing dates loom - 3 February 2016

Fight for Sight Award 2016
Applications are invited from young ophthalmologists and scientists working in the field of ophthalmology throughout the UK. College membership is not required but applicants must be under 40 on 1 January 2016.

Keeler Scholarship 2016
2016. Applications are invited from Fellows, Members or Affiliates of RCOphth to study, research or acquire special skills, knowledge or experience at a suitable location in the UK or elsewhere for a minimum period of six months.

For further information on the eligibility criteria and to download an application form, please follow the link **www.rcophth.ac.uk/professional-resources/awards-and-prizes/**

Obituaries

It is with regret that the College wishes to announce the following deaths.

William Haining, Dundee Scotland
John Andrew Roth, Reading England
Andrew Stuart, Subiaco Australia
Mary Starbuck, Canterbury England
Abraham Werb, Essex England

New Consultants

Appointee	NHS Trust	Hospital or Area
Lidia Martinez Alvarez	Sandwell and West Birmingham Hospitals NHS Trust	Birmingham and Midland Eye Centre
Paul Cannon	Central Manchester University Hospitals NHS Foundation Trust	Manchester Royal Eye Hospital
Ramandeep Chhabra	Central Manchester University Hospitals NHS Foundation Trust	Manchester Royal Eye Hospital
Muhammad Elahi	The Dudley Group NHS Foundation Trust	Russells Hall Hospital
Mohamed El-Ashry	Great Western Hospitals NHS Foundation Trust	Wiltshire
Omar Hadid	Stockport NHS Foundation Trust	Stepping Hill Hospital
Paul Haigh	University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital
Hugh Jewsbury	Cardiff and Vale University Health Board	University Hospital of Wales
Sharmina Khan	Moorfields Eye Hospital NHS Foundation Trust	Croydon University Hospital
Georgios Limitsios	University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital
Christopher Ian Lloyd	Great Ormond Street Hospital for Children NHS Trust	Great Ormond Street
Indira Moorthy Madgula	Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary
Rajarshi Mukherjee	The Leeds Teaching Hospitals NHS Trust	St James's University Hospital
Ramu Muniraju	Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital
Eleni Nikita	Moorfields Eye Hospital NHS Foundation Trust	Croydon University Hospital
Jyotin Pandit	Great Western Hospitals NHS Foundation Trust	Wiltshire
Chris Panos	Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital
Rathie Rajendram	Moorfields Eye Hospital NHS Foundation Trust	Moorfields Eye Centre at St George's
Gokularaj Ratnarajan	Queen Victoria Hospital NHS Foundation Trust	East Grinstead, Sussex
Pierre Rautenbach	Royal Cornwall Hospitals NHS Trust	Cornwall
Richard Stead	Nottingham University Hospitals NHS Trust	Nottingham
Liam Sullivan	Peterborough and Stamford NHS Foundation Trust	Peterborough City Hospital
Evripidis Sykakis	Barts Health NHS Trust	Whipps Cross Hospital
Maria Tsimpida	Barts Health NHS Trust	Royal London, Newham and Whipps Cross
Marta Garcia Vilaro	Barking, Havering and Redbridge University Hospitals NHS Trust	Queen's Hospital
Jerald William	University Hospitals Coventry and Warwickshire NHS Trust	Coventry
Geraint Williams	Worcestershire Acute Hospitals NHS Trust	Worcestershire
Aaron Yeung	Nottingham University Hospitals NHS Trust	Nottingham
Kimia Ziahosseini	Norfolk and Norwich University Hospital NHS Foundation Trust	Norfolk
Michael Adams	Buckingham Healthcare NHS Trust	Stoke Mandeville Hospital
Joanna Barnes	Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital
Tessa Fayers	Imperial College Healthcare NHS Trust	Western Eye Hospital
Paul Haigh	University Hospitals North Midlands Trust	Royal Stoke University Hospital
Kalman Hodosi	Ashford and St Peter's Hospitals NHS Foundation Trust	Surrey
Lavnish Joshi	Ashford and St Peter's Hospitals NHS Foundation Trust	Surrey
Karnesh Patel	Calderdale and Huddersfield NHS Foundation Trust	Huddersfield
Syed Raheman	Southport and Ormskirk Hospital NHS Trust	Southport
Richard Scawn	Buckingham Healthcare NHS Trust	Stoke Mandeville Hospital

We rely on medical personnel departments to confirm consultant appointments. This does not always happen, so please notify the College via **PSAssistant@rcophth.ac.uk** if there are any errors or omissions.

The ROYAL COLLEGE of OPHTHALMOLOGISTS

diary dates

RCOphth Seminars

Book your place by visiting www.rcophth.ac.uk/events and-courses/

All seminars and surgical skills courses are held at the RCOphth premises unless otherwise specified.

Ophthalmic study design and approaches to statistical analysis

TUESDAY 9 FEBRUARY 2016

This course is aimed at anyone interested in ophthalmic research. You should attend if you want to know how to select a study design and statistical approach appropriate to your research question. The speakers are members of the Ophthalmic Statistics Group, a group of statisticians whose aspiration is to raise the quality of statistics in ophthalmic journals, ACTIVE, a clinical trial centre – dedicated to eye research, and the Cochrane Eyes and Vision Group.

CESR Applicants Training Day

THURSDAY 11 FEBRUARY

This training session would be beneficial for anyone thinking of or in the process of applying for Specialist Registration via the CESR route. The Training Session will include:

- What is a CESR and who is eligible to apply?
- Tips on how to prepare a CESR application in Ophthalmology
- An overview of the process and why some applications are unsuccessful
- Practical exercise reviewing an evidence bundle to provide guidance on typed of evidence submitted
- Question and Answer session

Lunch Places are limited to 24 and will be allocated on a first come first serve basis.

Eye & Vision Research - NIHR Masterclass

WEDNESDAY 2 MARCH 2016

Popular collaborative seminar with NIHR which provides excellent educational content on research set up in the health service. This year we have enhanced the master class with the introduction of a new component on patient and public engagement. The day will offer an opportunity to interact with officials from the NIHR CRN Ophthalmology and gain first-hand knowledge of research set up especially for industry studies. The master class will cover key subjects of site set up, feasibility and finance.

Neuro-Ophthalmology - The Unmissable

WEDNESDAY 23 MARCH 2016

'Unmissable' *adj* ***1.*** so good that it should not be missed (Collins English Dictionary) ***2.*** disorders, that by their threat to life or sight, should not be missed (British Neuro-Ophthalmologists).

This seminar will review 10 disorders that must be diagnosed quickly and managed appropriately in order to prevent loss of life or sight. Four experienced neuro-ophthalmologists will review these disorders, beginning with a typical case, and going on to discuss why they are important, and key features in their presentation and management.

Microsurgical Techniques in Glaucoma

WEDNESDAY 27 APRIL 2016

This seminar will be chaired by Mr Mohit Gupta. A synopsis and full programme will follow.

Surgical Skills Courses

Please check the website or contact the Education and Training Co-ordinator on **020 3770 5341** or **skills.centre@rcophth.ac.uk** for availability as courses get fully booked quickly.

Wednesday 24 February 2016
Wednesday 9 March 2016
Wednesday 20 April 2016
Wednesday 11 May 2016
Wednesday 15 June 2016

Non-RCOphth Events

Book your place by visiting www.rcophth.ac.uk/events-and-courses/non-rcophth-events/

Understanding Diabetic Retinopathy

TUESDAY 2 - WEDNESDAY 3 FEBRUARY 2016

Venue: Moorfields Eye Hospital/Institute of Ophthalmology, London

International Council of Ophthalmology (ICO) 2016 World Ophthalmology Congress, Guadalajara, Mexico

FRIDAY 5 - TUESDAY 9 FEBRUARY 2016

Transforming the Ophthalmology Team

THURSDAY 11 FEBRUARY 2016

Venue: Royal Society of Medicine, London

Sam Gaussen Memorial Lecture

MONDAY 15 FEBRUARY 2016

Venue: Colston Hall, Bristol

Binocular, The Royal Free Strabismus Course

SATURDAY 5 MARCH 2016

Venue: The Atrium, Ground Floor, Royal Free Hospital, London

The Lang Lecture: Delivered by Prof. Alan Bird: Therapeutic challenges in early age-related macular disease

THURSDAY 10 MARCH 2016

Venue: Royal Society of Medicine

Cornea and Oculoplastics Course

THURSDAY 11 - FRIDAY 12 MARCH 2016

Venue: Corneo Plastic Unit, Queen Victoria Hospital

The 18th Medical Ophthalmological Society Meeting

THURSDAY 17 MARCH 2016

Venue: Robens Suite, Guy's Hospital, London

Course on: Glaucoma

THURSDAY 17 - FRIDAY 18 MARCH 2016

Venue: Moorfields Eye Hospital/ Institute of Ophthalmology, London

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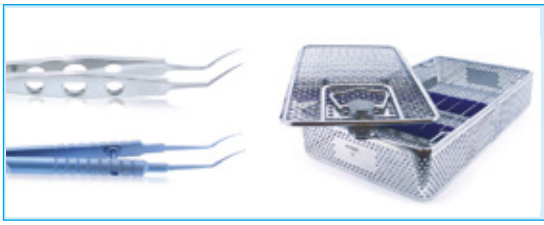

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