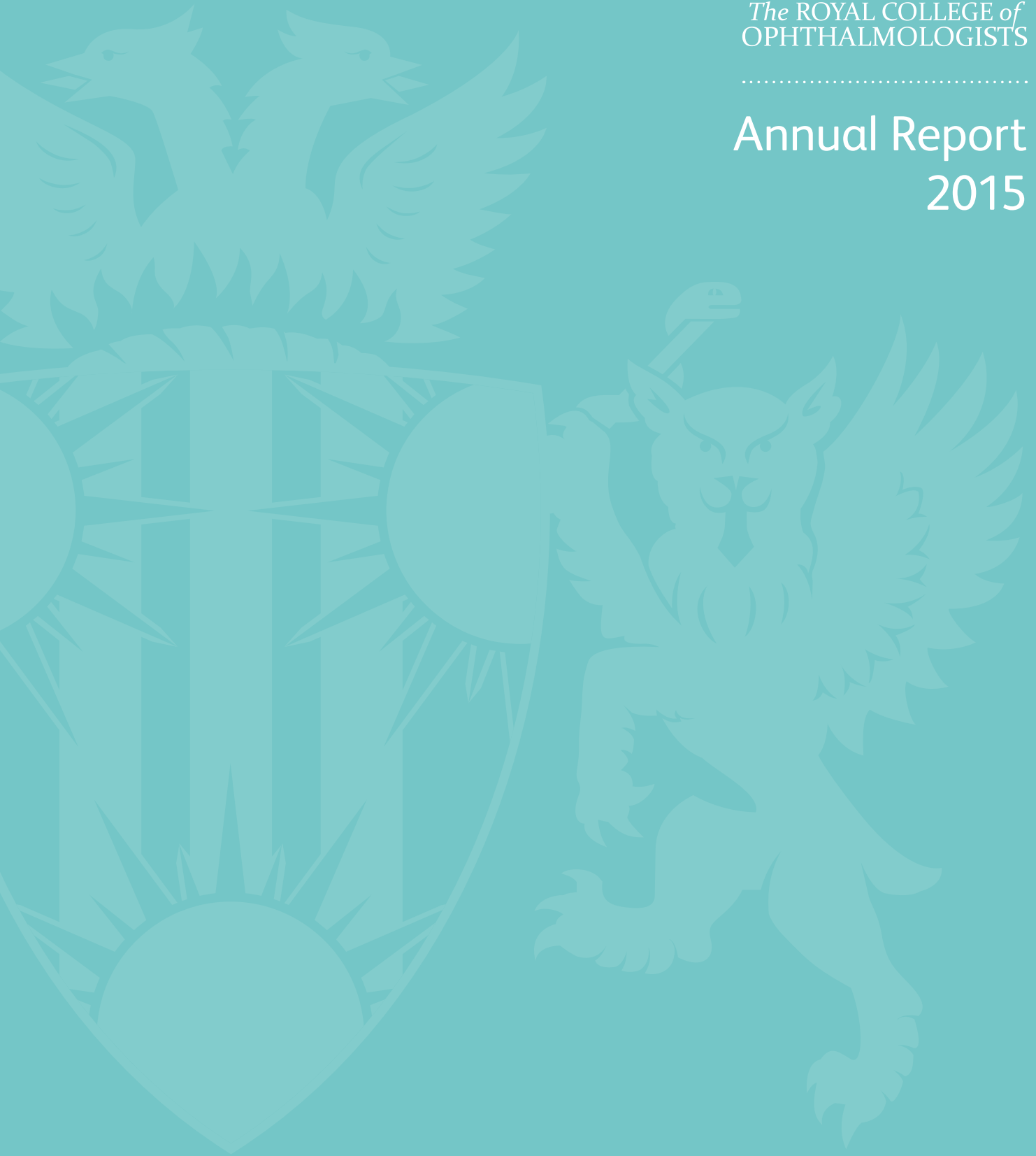


*The* ROYAL COLLEGE of  
OPHTHALMOLOGISTS

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# Annual Report 2015







The ROYAL COLLEGE of  
OPHTHALMOLOGISTS

# Annual Report 2015



2015 has been an exciting year of change, with the move to Stephenson Way proving to be a great catalyst for progress and innovation. The review of College governance continues, which will enable better protection of our assets and such proposed changes have already opened up College roles and activities to all members including junior doctors in training. This is a welcome and necessary move for a modern membership organisation.

One of my goals as president is to ensure that we have a more transparent and open College in order to be able to listen better and to encourage dialogue with members. As such, I have had the opportunity to visit the majority of regions in the UK and met a significant proportion of College members, which has allowed me to hear and discuss their views and concerns about ophthalmology directly – and how the College can help.

The increased demand on our limited resources is a common theme and the College must be seen as a more active voice, highlighting the risks to patient safety and providing solutions through more efficient working practices. In 2015, we launched our Manifesto which set out the capacity and demand challenge and the recommendations and solutions from the College. The Way Forward, commissioned in 2015, is a mechanism whereby the College is setting out to gather information and ideas directly from ophthalmologists and ophthalmology departments within the UK to optimise efficient working practices.

The ophthalmic team has already undergone considerable change and the delivery of a safe and sustainable health service depends on non-medical staff working together with ophthalmologists in novel ways. In association with the College of Optometrists, Royal College of Nursing,

British and Irish Orthoptic Society and Association of Health Professions in Ophthalmology, we are leading in the development of a more standardised approach to the delivery of an educated and trained multi-disciplinary workforce to provide eye health services.

In 2015, the BOSU study on patients coming to harm due to hospital initiated delay to follow up appointments was well supported by members and we expect to report back the analysis in early 2016.

We have continued to deliver our core services of education, training and examinations effectively. Despite the Shape of Training implementation not taking place, the curriculum, training and assessment mechanisms are continually under review and updated to meet the needs of ophthalmologists who will be delivering service to a changing population.

Our Strategic Plan 2015 – 2019, launched this year, is a focus for action and resource so that the College is positioned to meet the challenges facing our speciality not only for the present but also for the future. The three strategic aims are 1) to continue to provide high quality core services of education, training, assessment and continued professional development; 2) to influence and uphold standards in eye health and 3) lastly, but importantly, to better represent, engage and support our members.

This has meant progressive changes to staffing, technology and systems, innovative and new thinking around initiatives that support our aims and the way we work; such as improving our political awareness and influencing key decision makers. A steep learning curve for all those involved.

2015 was a tumultuous year for staff and I would like to thank everyone for handling the changes so well. I would particularly like to thank Penny Jagger who was the PA to the President for several years, but has now retired from full time working.

There will be no slowing down in 2016 with several challenges already looming on the horizon. With the support of the membership, Council, regional advisors, College tutors and all our hard-working committee members and staff, the College will be well prepared to meet them.

**Carrie MacEwen, President**



**Kathy Evans**  
Chief Executive

2015 was our first full year in Stephenson Way, there have been very few problems with the fabric of the premises in the last twelve months and it has been a pleasure to see the benefits that good design can bring.

We welcomed many members to seminars, skills courses, events and meetings through-out the year; we remain happy to show members round the building as it is an attractive, functional place, with a pleasing mix of original features and 21st century technology. We have been able to rent out meeting rooms not required by the College and we expect this to provide a useful income stream in the future. We are in an improving part of London. The College has banded together with its neighbours such as The Royal College of GPs, The Royal Asiatic Society, the Magic Circle and the Wellcome Foundation to form the Stephenson Way Community Group to enhance the local environment.

Our patron, HRH The Duke of York, came to the official launch of the building in March when the Strategic Plan 2015-19 was also launched. All strands of work highlighted below relate back to the plan, which was the result of a lot collaborative effort and which has given the staff a clear idea of what is expected of them.

The effective implementation of the Strategic Plan 2015-19 does, of course, require an efficient and motivated workforce. In April we began a Human Resources Review to ensure that the College's organisational structure could support the demands and expectation of members, allied organisations and patients. During this period we had an uncharacteristically high level of employees working in seconded or temporary posts and the review did result in two redundancies. All posts are now held by permanent employees, we have recruited a number of high calibre external applicants, we have converted the seconded posts into permanent appointments and we are now ready to face 2016 with a strong and committed workforce. In return, we expect to ramp up our staff development offering and the appraisal system.

We set up a short life Governance Working Party to identify ways of improving the existing governance structure, noting that the College has become an increasingly complex organisation and subject to greater regulatory burdens. In June Council accepted its recommendation that a small Trustee Board should be created to have the final responsibility for the financial, business and legal aspects of the College. It would bring in the expertise of lay members but medical members would always be in the majority. Council would

continue to have strong links with the regions and would manage the College's medical, professional and clinical obligations. The re-drafted Charter and Ordinances are currently with the Privy Council for outline approval and it is hoped that the members will accept the changed governance structure at the May 2016 Annual General Meeting.

A consequence of turning the spotlight on governance issues is that the College has decoupled the chairmanship of standing committees from the role of Vice Presidents and it now can appoint Chairs from a much wider pool of people. This has the potential to open up the process so that more members can participate in College life than ever before. It has also meant that the College has been able to create a Vice President – Policy and Communication Lead post which we expect to appoint to in early 2016. Thus, we should soon be equipped to raise the profile of ophthalmology, particularly with decision-makers.

In April the new website was launched, to integrate with the CRM database which was launched in the previous year. It is a modern and responsive website but websites are always a work-in-progress and members are encouraged to send their comments to the Communications Manager. Liz Price, [liz.price@rcophth.ac.uk](mailto:liz.price@rcophth.ac.uk)

Finally, a word about our relationship with the College of Ophthalmology of Eastern Central and Southern Africa (COECSA). Funding for the Links Programme via the Tropical Health & Education Trust (THET) has ended but the remaining funds have been eked out so that a variety of College staff and Officers have been involved in work to support the African College in terms of examinations, CPD, curriculum and governance. In 2015 it was a joy to strengthen these professional and personal links.



**Bernie Chang**

Chair, Professional Standards Committee



**Beth Barnes**

Head, Professional Support Department

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## Professional Standards Committee

As another year passes I am reminded of how privileged I am to be chair of this committee and its subcommittees which have so many dedicated members. We have achieved much on behalf of the College and ophthalmologists as a whole (see below). To allow the subcommittees to highlight their achievements, my introduction is deliberately short this year.

With the continuous changes in the NHS, it's not surprising that there are big challenges ahead including the possibility of credentialing looming and the introduction of Healthcare Resource Group (HRG) 4 plus (changing payments for procedures). We have set up a HRG working group specifically to advise Monitor and NHS England who set the price. The Keogh Review into cosmetic interventions led to the formation of the Refractive Surgery Standards Group which aims to improve the standards and safety of refractive surgery.

This was also a year of great change with the amalgamation of Professional Standards and Scientific departments. This was a logical step as there is significant overlap of the work done by both committees.

Beth Barnes deserves special mention for taking on the work of both committees.

I feel that John Sparrow and Richard Smith also need special acknowledgment for their leadership which saw the creation of our national cataract audit database and for producing the first of 2 NICE accredited commissioning guidance documents.

I also thank all subcommittee chairs and all committee and subcommittee members for their contribution.

2016 is the Chinese Year of the Monkey (my birth animal). It promises to be a year of opportunity and I hope that we will all make the most of whatever comes our way.

### Continuing Professional Development Subcommittee

Jonathan Chan

**During 2015 the CPD Committee has**

- Absorbed responsibility for revalidation lead by our revalidation leads, Kashif Qureshi and Priya Bhatt. This is in line with the direction taken by the Academy of Medical Royal Colleges.
- Updated the Colleges CPD Programme
- Reviewed over 100 event programmes for CPD points

- Worked with the College of Ophthalmology of Eastern, Central and Southern Africa (COECSA) on the launch of its CPD Portal
- Welcomed 5 new regional CPD Coordinators to the Subcommittee

In 2016 the work of the Subcommittee will be overseen mainly by the Education Committee with revalidation aspects maintaining a link with the Professional Standards Committee.

### Informatics and Audit Subcommittee

John Sparrow

The HQIP funded National Ophthalmology Audit is primarily focused on Cataract Care and has completed a 'legacy' data extraction from 42 electronically enabled units with analysis underway. The first prospective data collection period of the audit will run from September 2015 until August 2016, with electronic audit tools now being delivered through our sub-contractor (Medisoft) to NHS cataract surgery providers in England and Wales. Local community optometrists will be provided with a web-based tool with which they can return post-operative Visual Acuity (AC) and refractive information directly into the patient's EMR record back in the hospital. Data which are compliant with the National Cataract Minimum Dataset will be accepted from established EMR systems, including Medisoft & OpenEyes, as well as local databases wherever possible.

The feasibility electronic audits in Glaucoma, Retinal Detachment Surgery and AMD treatment will be based on the 'legacy' data, with analysis work underway.

The National Ophthalmology Audit Steering Group, including broad professional and patient representation, meets quarterly as a working group of the IT & Audit Subcommittee. This group, along with HQIP, ensure that the conduct and progress of the audit is satisfactory, with reports for College passing via the Professional Support Committee (PSC) to Council.

Following on from the review undertaken with the specialist societies of the BZ 'Eyes and Periorbital' tariff system in 2014, it has been decided that in future this critical work should be undertaken by a dedicated workgroup which reports directly to the PSC, rather than a sub-group of the IT & Audit committee. Recruitment to this group is underway with the expectation that it will be fully functional early on in 2016. It is anticipated that this group will work closely with the Case-Mix Office of the Health and Social Care Information Centre (HSCIC).

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## Clinical Leads Forum

Richard Harrad

The Forum provides an opportunity for Clinical Leads to meet, share ideas and be informed about the latest developments in clinical management.

34 Clinical Leads attended a meeting at the College in November 2015. There were 4 talks from colleagues in the morning: Christopher Liu gave an eloquent account of the role of the Clinical Lead based on his own experience. Lydia Chang spoke about integrated models of care between hospital and community ophthalmology. John Buchan explained how the clinical ophthalmology workload has expanded and changed over recent years and the workforce planning needed to meet this challenge. Michael Smith spoke about the importance of accurate coding and service line reporting in ensuring the department is properly paid for what it does. In the afternoon Robin Cordell of the Faculty of Medical Leadership and Management gave an interactive presentation on "Effective Leadership". Feedback from those who attended was overwhelmingly positive.

There is an active online discussion group for members of the Forum.

All ophthalmology lead clinicians and clinical directors are welcome to join.

## Ocular Tissue Transplant Standards Group

Damien Lake

The Ocular Tissue and Transplantation Standards Group met at the new Royal College of Ophthalmology in April 2015.

- An audit of emergency requests was presented by Isaac Zambrano. Between September and November 2014, 33 emergency requests for corneal tissue were made. Of these 20 were deemed legitimate, 7 were not considered urgent and for 6 cases further information was not made available. College members were reminded to communicate with the Eye Bank in cases of emergencies so mistaken requests for emergency tissue can be avoided.
- The definition of primary graft failure with respect to Descemet's Stripping Endothelial Keratoplasty was agreed to be "any graft in which the Cornea did not clear within 1 month of surgery"
- The definition of acute endophthalmitis remains as intraocular infection at 6 weeks after corneal transplantation or before. Chronic endophthalmitis therefore is intraocular infection more than 6 weeks after corneal transplantation.
- Donor selection: there remains little evidence to recommend either age or HLA matching. Results from the CTFS II study are awaited before reconsidering a change in policy.

- For Anterior lamellar keratoplasty the Upper age limit was recommended to be 80 years for donors due to new evidence (Cornea 2013;32(8):1105-9. Borderie et al. Donor Tissue selection for Anterior Lamellar keratoplasty.

## Paediatric Subcommittee

Chris Lloyd

- Clarification of the criteria and process for Visual Impairment certification of children with complex needs. Statement in College News aimed at Ophthalmologists and liaison with VISION2020 UK Low Vision committee and VISION2020 UK Children and Young Peoples Group with regard to this.
- Challenged the withdrawal of biologic agents for the treatment of refractory uveitis related to Juvenile Idiopathic Arthritis. Participation in the working party which successfully petitioned NHS England and subsequently had the decision overturned.
- Supported and approved British and Irish Orthoptist Society guideline documents for the management of convergence insufficiency and amblyopia.
- Recognition of the on-going difficulties in recruiting to UK paediatric ophthalmology consultant posts. Organisation of Study Day aimed at potential recruits – to be held prior to RCOphth congress 2016 to help address this.
- Emphasised via press statements that the RCOphth Paediatric Subcommittee continues to fully support the recommendations of the National Screening Committee - for vision screening of children at 4 to 5 years of age. Pointed out that routine refraction of asymptomatic children is not an effective use of resources.

## Primary and Community Eye Care Group

Stella Hornby

This group exists to provide a multidisciplinary forum for advocacy, collaboration and guidance for the provision of primary eye care and meets twice a year in London and reports to the Executive Committee of VISION2020 UK. It provides a review function for guidance documents about diagnosis and treatment of conditions that can be managed in primary eye care setting in England such as the General Optical Council guidance for independent prescribing for optometrists. Of relevance to this group the Clinical Council for Eye Health Commissioning has produced the Community Ophthalmology Framework in July 2015 which is available on the RCOphth website and also the VISION2020 UK website.

The College held two seminars on Primary Care Ophthalmology for the first time this year - one in London at the College in June and the other in Leeds in November which were attended by ophthalmologists, optometrists and GPs with a special interest in ophthalmology. The seminars covered a range of topics related to community



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eye care, inequality in eye health, commissioning and Local Eye Health Networks as well as relevant continuing professional development for general and community ophthalmologists.

## Quality and Safety Group

Melanie Hingorani

The Quality and Safety Group provides support to the Professional Standards Committee, and advice to College members and responses to external queries, on ophthalmic related quality and safety matters. During 2015 the group:

- Agreed new terms of reference in line with the College strategy
- Represented concerns of College members to NHS England regarding the classification of all wrong intraocular lens events as Never Events, given the complexity of the measurements, calculations and decision-making involved and the low degree of harm. The National Patient Safety Expert Group agreed that these were Never Events only when a deviation occurred from the point of decision for the specific IOL in theatre, and agreed to work with the College for an amendment to the next version of the national Never Event Framework.
- Supported the President in raising awareness at a national level about continuing problems with rising demand for ophthalmic care and patients experiencing delays in their outpatient care leading to harm or visual loss.
- Worked with the MHRA to successfully resolve an issue with the manufacturers of single use eye drop medications, reversing a decision to abandon successful ink labelling in favour of an inadequately visible labelling system.
- Supported the Surgical Never Events Taskforce in the launch and promotion of the new National Safety Standards for Invasive Procedures
- Creation of new resources on the patient safety information page of the College website, including the promotion of good practice by making available examples from around the UK of safety documents used in ophthalmic surgical practice such as checklists and policies.

## Workforce Subcommittee

Jane Harcourt

1. Submitted evidence to Health Education England to inform training numbers in 2016.
2. Supported the appointment of John Buchan as Principal Investigator in the Way Forward Project which will provide essential evidence to support redesign of eye health service provision in the UK.
3. Continued support for the work of the Association of Health Professionals in Ophthalmology (AHPO) within the College.

## Sustainability Working Group

Andrew Cassels-Brown

The Sustainability Working Group has had a productive first year with 3 consultants and 2 trainees working closely with representatives from the RCOphth Lay Advisory Group, the Centre for Sustainable Healthcare and the CEO from VISION2020 UK. They held a Sustainability Workshop at Congress 2015 and have been supported by Scientific Committees invitation to run an RCOphth based seminar “7 Steps to Sustainable Eye Health”. The Seminar was opened by a President’s welcome to the sustainable features of our new College building and had representation from the NHS Sustainability and Development Unit (SDU), the Centre for Sustainable Healthcare, the Allied Royal Medical Colleges and NICE.

The Working Group have also been contributing to RCOphth’s contribution to the “Choosing Wisely” programme. The SWG is also seeking to achieve wider engagement and more impact on sustainable eye health developments through possible funding of a Sustainability Fellow and Sustainability Network.

## Refractive Surgery Standards Working Group

Bruce Allan

This is a new College working group convened to develop, promote and uphold improved standards in the practice of refractive surgery in the UK. During 2015 we have developed draft guidance on standards for patient information relating to refractive surgery and began a revision of refractive surgery patient information and marketing in refractive surgery for early 2016. In 2016, we will also address key issues in quality of care including:

- The surgeon: training requirements for new entrants to refractive surgery in the UK and requirements for revalidation
- The setting: quality standards for the clinic and surgical environment
- Continuity of care: good lines of communication between the operating surgeon and the patient at every stage of the patient journey
- New technology: best practice for the introduction of new devices, implants, and procedures
- Record keeping: electronic data collection and audit standards
- Resolution and redress: a mechanism for constructive and timely back up for patients and surgeons with refractive surgery complications



**Michael Burdon**  
Chair, Scientific Committee



**Beth Barnes**  
Head, Professional Support  
Department

## Scientific Committee

2015 has been a year of development and consolidation for the Scientific Committee and the College team after a period of change in 2014. The Scientific Committee has been restructured in response to the College's Strategic Plan 2015-2019, to meet the needs of the College going forward. I would like to take this opportunity to thank all members of the Committee for their support and contributions. The Academic Subcommittee has also been reorganised and will convene in its new form under the chairmanship of Paul Bishop in early 2016.

George Hibdige has excelled in the new role as Events Manager delivering a first rate seminar calendar and successful Congress. In particular we were able to expand the number of specialty days to three; glaucoma, macular and neuro-ophthalmology, for the first time. The range of seminar topics has broadened and we have increased the range of venues across the UK for seminars. This will continue in 2016. We have also welcomed Victoria Newell to the team assisting with Congress and seminars. The Congress and seminars offer high quality sessions for ophthalmologists and other professions in the sector such as orthoptists, optometrists and GPs. They are such a success thanks to the hard work of numerous colleagues.

598 delegates attended 14 College seminars in 2015. Consultants made up 20% SAS Doctors made up 24%, and trainees/allied professionals 56% which shows that the College's seminar programme caters for all grades. Of the total amount of delegates who filled out post-seminar feedback forms, 99.2% said they WOULD recommend the seminar to colleagues.

With the aid of Barny Foot I have conducted an initial assessment of College guideline and introduced a new formalised process for developing guidelines in the future and initiated a plan for review of existing guidelines commencing in 2016.

College members continue to represent the profession under the auspices of the Scientific Committee engaging with NICE on technology appraisals and queries regarding new treatments. It is important that the College engages in this work to ensure that patients receive the access to the most appropriate treatments.

## British Ophthalmological Surveillance Unit Barny Foot

The British Ophthalmological Surveillance Unit (BOSU) provides a unique opportunity for the continuous epidemiological investigation of the incidence and clinical features of rare eye conditions of public health or scientific importance that leads to improvement in prevention or treatment of these diseases and service planning. The BOSU currently has a reporting base of 1,433 ophthalmologists. The mean monthly card return rate during 2015 has been 75%. This is 2% lower than the previous year.

During 2015 ten different conditions appeared on the yellow card and we received 654 positive reports of cases of interest.

Study	Institution	Location
Progressive Symptomatic Retinal Detachment Complicating Retinoschisis	John Ratcliffe Infirmary	Oxford
Optic Disc Pit Maculopathy	Sunderland Eye Infirmary	Sunderland
Paediatric Ocular Trauma Study	Birmingham Children's Hospital	Birmingham
Congenital Dacryocystocele	University Hospital of Wales	Cardiff
Sight Threatening complications of Laser Peripheral Iridotomy	James Paget Hospital	Great Yarmouth
Childhood uveitis not associated with JIA in UK	Moorfields Eye Hospital	London
Acanthamoeba Keratitis	Bristol Eye Hospital	Bristol
Diabetic Eye Disease in childhood	Institute of Child Health	London
Sight loss due to delay in Treatment or Review	The Royal College of Ophthalmologists	London
Dysthyroid Optic Neuropathy	Royal Victoria Hospital	Newcastle
Childhood Visual Impairment and Blindness	Institute of Child Health	London



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We have been able to operate for the past 4 years thanks to the kind support from Fight for Sight and we are pleased to report that they have agreed to continue this support until March 2018. Research Bursaries for ophthalmologists in training have been kindly supported by the WH Ross Foundation and the RED Trust.

This year with the support of the RED Trust and the WF Ross Foundation we were able to offer 2 research bursaries of £6,000 to help ophthalmologists in training to conduct a BOSU project and dependent upon the submission of satisfactory phase 2 applications the Red Trust Bursary has been awarded to Kate Shirley to study presumed ocular tuberculosis. The Ross Foundation Bursary received no applications and has not been awarded

The Ross Foundation has also continued support for the Scottish Ophthalmological Surveillance Unit to ascertain cases of less rare diseases. 5. The applicant selected to receive the 2014 bursary is V Swetha Jegathan to study Registrable blindness at first presentation to hospital eye services in Scotland and this project runs from Nov 2015 to Nov 2016.

#### **Publications arising from studies run through the BOSU for 2015.**

1. J A Bradbury What information can we give to the patient about the risks of strabismus surgery, Eye (Lond). Eye (Lond). 2015 Feb;29(2):252-7
2. Barsam A, Petrushkin H, Brennan N, Bunce C, Xing W, Foot B, Tuft S. Acute corneal hydrops in keratoconus: a national prospective study of incidence and management. Eye (Lond). Eye (Lond). 2015 Apr;29(4):469-74
3. Cumberland PM, Russell-Eggitt I, Rahi JS. Active surveillance of visual impairment due to adverse drug reactions: findings from a national study in the United Kingdom. Pharmacol Res Perspect. 2015 Feb;3(1)
4. Lee RM, Thompson JR, Eke T. Severe adverse events associated with local anaesthesia in cataract surgery: 1 year national survey of practice and complications in the UK Br J Ophthalmol. 2015 Sep 24

#### **College Congress Liverpool May 2016:**

##### **9 Accepted Abstracts**

##### **Rapid Fire**

1. Gill Adams UK National survey of treatment for retinopathy of prematurity (ROP)
2. Heidi Laviers Surgical management of Macular Hole Retinal Detachment secondary to Pathological Myopia in association with the British Ophthalmological Surveillance Unit.
3. Barny Foot Surveillance of Sight Loss due to delay in ophthalmic review in the UK: Frequency, cause and outcome

4. Kanmin Xue Incidence, Mechanism and Outcomes of Schisis Retinal Detachments Revealed through a Prospective National Study

##### **Poster presentations**

1. Hannah Timlin Morbidity and Mortality of Patients with Corneal Perforation from Peripheral Ulcerative Keratopathy due to Rheumatoid Arthritis: Findings of the British Ophthalmic Surveillance Unit Survey
2. Su-yin Koay Childhood uveitis: Preliminary results from the national survey of incidence, initial management and visual outcomes.
3. Gerard McGowan Incidence of submacular haemorrhage (SMH) in Scotland: Scottish Ophthalmic Surveillance Unit Study (SOSU) study<BR>
4. Javid Suleman Optic Disc Pit Maculopathy (ODPM) study
5. Ryan Davies The presentation, clinical features, complications and treatment of congenital dacryocystocele: In association with the british ophthalmological surveillance unit.

#### **Eye Editor's report 2015**

##### **Andrew Lotery**

Eye had a very good year in 2015. One notable achievement was an increase in the impact factor of the journal. The 2014 Impact Factor for EYE, released June 2015, increased from 1.897 to 2.082. Eye is now currently ranked in the Ophthalmology category 21st out of 56 journals. Eye continues to publish a wide variety of articles with its core aim to advance the science and practice of ophthalmology. Some highly cited articles from 2015 include "Familial exudative vitreoretinopathy and related retinopathies" and "Current concepts in the diagnosis, pathogenesis and management of nonarteritic anterior ischaemic optic neuropathy" illustrating the diverse and interesting range of topics covered.

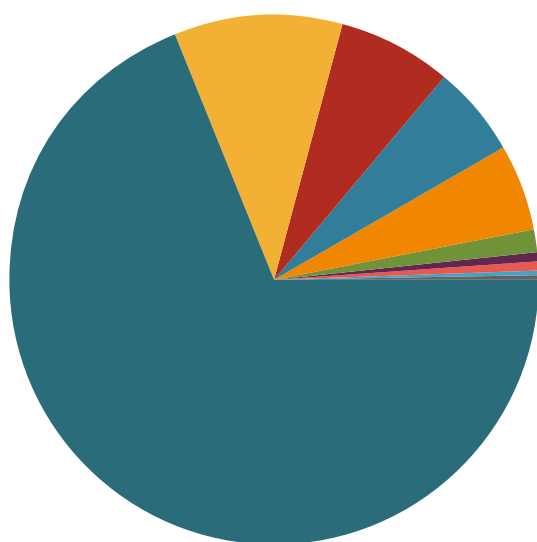
Recent initiatives include offering our authors the opportunity to publish supplemental data in an allied journal called "Scientific Data". We have introduced a new "Comment" section which discuss issues of particular interest to the field. This section is for articles which cover basic science and clinical issues or which bridge the gap between research and practise. Comments can be on recently published articles or draw focus to current happenings in the field. We now highlight some of the most interesting articles from the last quarter in each College News. We have published some very popular themed issues such as our recent Glaucoma special edition and another on Paediatric cataract is planned for 2016. We also published four web focuses on 2015 on the topics of the Cambridge Ophthalmological Symposium Papers; Vitreo-retinal Surgery; Paediatric Ophthalmology and Corneal Disease.

Our online presence continues to grow. In 2015 there were over 1.5 million full text (html and pdf) views on our website which is a monthly average of around 134,840. The highest proportions of visits to the website came from the USA (35%), followed by Great Britain (11%), India (6%), China (6%) and Australia (4%). Over 31,900 people receive our electronic table of contents. The journal is now on twitter, please follow us at @Eye\_Journal.

The success of the journal is thanks to the tireless efforts of our editorial board, Steve Beet our editorial assistant and also our reviewers. We thank our reviewers in our December issue but new for this year we have also introduced a free annual subscription to Nature for our "top ten reviewers".

### Manuscript Types Summary Report

Jan 2015 - Dec 2015



Manuscript Type	Received
Clinical Study	742
Correspondence	111
Laboratory Study	73
Review	6
Case Series	57
Cambridge Ophthalmological Symposium Paper	14
Editorial	5
Comment	5
Guideline	2
RCOphth Eponymous Lecture	2
<b>Total</b>	<b>1072</b>

## Focus

### Faruque Ghanchi, Editor Focus

Focus had another successful year with excellent articles for our readership. 2015 saw new format of Focus with new design and extended online articles. The subjects covered in this year's issues included Nystagmus, unexplained vitreous haemorrhage, cataract surgery in patients with learning disability, retinal autofluorescence and traumatic orbital haemorrhage.

The articles published in Focus remain popular in providing ready reference in key topical subjects. The online library of all focus issues has not only improved the access but Focus' presence on the web has expanded the reach of Focus articles internationally.

Our web presence has recorded increased traffic; Cataract surgery in patients with learning difficulty (Spring 2015) and Retinal Auto Fluorescence (RAF): Clinical applications of Confocal Blue laser RAF (Summer 2015) articles were most clicked. We have excellent papers on the web page now and we can expect increased visits in future. This is consistent with our Charter objective of promoting education.

Focus has built a strong tradition of publishing concise commissioned articles by our fellow ophthalmologists. Focus is on track for providing series of informative articles in the coming year covering all aspects of ophthalmology practice.



**Fiona Spencer**  
Chair, Training Committee



**Alex Tytko**  
Head, Education and Training  
Department

## Training Committee

As the first Chair of a Standing Committee to be appointed, rather than elected, to the role I am privileged to inherit an excellent structure of Subcommittees that really enhances the work of the Training Committee. This is due to the hard work of the previous Chair Mike Hayward. I was, as a member and Curriculum Lead, already involved in the current challenges the Committee faces.

The aims set out in our Strategic Plan to further develop training, education and assessment to meet the needs of ophthalmology specialists now, and for the future, in the UK and overseas underpin all our work. To enhance this the Curriculum Subcommittee has moved, from the Education Committee, to report directly to this Committee, which will help to strengthen the link between our educational aims and their delivery to doctors in training.

Whilst Shape of Training (SoT) was relatively quiet last year, this year has seen this subject firmly back on the agenda for all Colleges; the aim is to enhance focused patient care and to reduce emergency admissions by improving community care. Following a working party, the College submitted its proposed curricular pathway in September 2015. Colleges themselves are keen to maintain momentum and take forward a number of the changes identified in the exercise notwithstanding the wider decisions of Government. Having identified ways to further improve our training, we will work to develop and implement the pathways set out in our submission.

The Shape of Training Steering Group (STSG) statement issued in February 2015 announced: **“Further work will be undertaken to describe how doctors’ training can be more generic to better meet the current and future needs of patients. This will include a mapping exercise led by the Academy of Medical Royal Colleges and supported by the GMC to look at the extent to which Colleges have or can develop the generic components of their curricula”.**

This links with the GMC’s proposed framework for Generic Professional Capabilities (GPC) and will be a key driver for change and also a core part of the future training experience for doctors. Many of the changes required are cultural and attitudinal rather than technical. This coincides with the Committee’s work to emphasise the importance of generic capabilities already encompassed in the curriculum, ensuring trainees record evidence in these areas.

The development of a new e-portfolio, which will be rolled out in August 2016, will facilitate this. The portfolio will build on successful areas of the previous one with new enhancements to aid all users. This is driven by a Steering Group, chaired by a trainee, Alan Cunningham, and supported by Alex Tytko and myself, as Sponsors. We have appointed a new supplier and have a project manager in post. We will work closely with a range of College members who have volunteered to test the portfolio as it develops.

We continue to work closely with the Education Committee particularly in the role of Simulation and have incorporated this in Learning Outcomes adding “must be supported by simulation”. Regional programmes are being surveyed to review the opportunities for simulation and encouraged to develop these further in 2016.

## National Recruitment

John Ferris

- We ran a pilot project using the Machine Marked Test (MMT) pioneered by the Royal College of General Practitioners, comprising Situational Judgement and Clinical Problem Solving questions. Applicants sat these in the Pearson Centres around the country. The scores from the MMT were not used for shortlisting, but did contribute to 5% of the Selection Centre score.
- ST1 interviews were held in the Mercure Hotel in Bristol for the second consecutive year. There were a record 377 applicants for the ST1 positions in 2015, of which 275 were shortlisted and were interviewed, over a 2 day period, by 65 consultants.
- Scoring matrices were designed for each question in the interview stations and this innovation led to a much more consistent marking scheme, with lower inter-observer variability.
- The feedback from applicants was extremely positive. Over 80% of candidates rated all 6 aspects of the interview process as being Good or Excellent with 93% scoring the “clarity of the questions and attitude of the interviewers” as being Good or Excellent.
- All OST and LAT posts were successfully filled with by this single recruitment round. We thank all the consultant interviewers for their time and enthusiasm which have led to the success of the recruitment process.

## Certificate of Eligibility for Specialist Registration (CESR)

Soupramanien Sandramouli

This year we are piloting the use of a new application form, mapped directly to Curriculum Learning Outcomes, to aid the CESR process. Three of the initial applications made in 2015 were using the pilot form and a further 50 applicants have expressed interest in making an application via the Pilot as opposed to the usual format.

The table below represents the number of applications processed in 2015. All applicants working at the time of applying for the CESR have been based in the UK and mostly qualified in the Indian Sub-continent and the Middle East.

Type of Application Processed	Number of Applications	Granted registration for Specialist Register
Initial	15	4
Review	7	2
Appeal	2	2
Reapplication	1	1

Ten new assessors have been recruited successfully to the CESR Faculty. The aim is to build a Faculty of CESR Assessor independent to the Training Committee.

Three training days for Applicants and one training day for Assessors were held at the College, in collaboration with the GMC. The applicants training days are an insightful way for those doctors who wish to obtain specialist registration through alternative routes to speak to the professionals face to face. The events allow applicants at various stages to speak to College staff, Faculty chair, the GMC and some successful applicants. Feedback has shown how receiving firsthand knowledge, experience and guidance has proven to be a real asset to those doctors who wish to pursue a CESR application as some of the below highlights from individuals attended can be seen below.

‘It has helped me plan my application and collection of evidence’

‘The detailed explanation about the CESR application process was very informative and useful.’

## Evaluation of Training

Andrew Castillo

- Approval of new Trainee Selected Components (TSC) and Out of Programme (OOP) applications and renewal of validation of TSCs that have been approved for over 5 years.

- Development of post CCT fellowships with interaction with fellow Colleges and learned societies.
- Work towards developing regulated credentials with interaction with the GMC, in the future.
- Participation in pilot study on GMC Trainee Survey responses on bullying and undermining
- Work on Specialty Specific questions for GMC Trainee Survey and analysis of data from the survey.

## Quality of Assessment

Clare Inkster

- The main focus this year was the streamlining of the CCT application process. With increasing application numbers, it was becoming difficult to deliver on our promised targets for assessing applications. The previous process was a significant drain on consultant time, and also used a lot of administrative staff time chasing up the reviews. In the past 12 months we have developed a new process which brings us more in line with other Colleges, whilst preserving the rigour which has resulted in an increase in the standard of portfolio completion. We now review each portfolio via an enhanced administrative check alone, and only ask for consultant review if there is a problem identified administratively.
- A total of 93 CCT applications were processed in 2015, of which 10% required input of a consultant, and a smaller number were discussed at the Subcommittee. This process now appears to be working well, increasing efficiency whilst preserving the patient safety aspect.
- We provided externality to 22 out of a total of 23 ARCP panels around the country. For each of these, a detailed report was sent to the Dean, outlining areas of good practice and areas for development. Only one ARCP panel was found to have an instance of non-compliance with the Gold Guide.
- As a Subcommittee, we have made recommendations for changes to be made to the curriculum to provide greater assurance to the public regarding competency in cataract surgery at the point of CCT. These changes have to go through an approvals process at the GMC in the first instance. We have also recommended that trainees must demonstrate the ability to supervise cataract surgery in the final two years of training. These new requirements will provide better assurances to the public whilst retaining adequate flexibility for trainees in a variety of circumstances.
- For the next 12 months, the focus will be to improve the quality of the clinical and educational supervisor reports. We will be redeveloping the forms to make them more fit for purpose prior to the implementation

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of the new eportfolio. We are also in the process of developing a training package for delivering feedback and completion of reports. This has been piloted in London and Kent, Sussex and Surrey. ARCP panels will be asked to provide feedback to all educational supervisors on the quality of their forms. Through

constant scrutiny of the eportfolio, we have been able to identify patterns and trends in assessment practice around the country. This information has been used to make recommendations for future development of curriculum and supervisor training.

## Curriculum

Fiona Bishop

- The main focus of our work this year, along with our own rolling review of the curriculum, has been to continue to respond to specific requests for review of the curriculum requirements from trainees, trainers, other College committees and the lay body. Amongst other changes, this has led to the development of a DOPS tool to assess the skill of performing biometry and we are currently piloting a new tool a Demonstrated Professional Capability (DPC) to assess the management of an entire cataract list. Communication and response in this way ensures that we keep the curriculum up to date and we continue to encourage communication from members.
- We also responded to our regulator, in reviewing the GMC frame work of generic professional capabilities. This framework fits well with our own focus to ensure that the 'right hand side' of the curriculum (as viewed in the summary table of learning outcomes) is covered by training programmes.
- Our biggest piece of work, however, has been in the re-formatting of the curriculum. Our aim has been to combine the Learning outcomes with the information found in the study guide, so that they are easily viewed together. It is hoped this, together with the new e-portfolio, will make it much clearer for both trainee & assessor about what is required to complete each learning outcome.
- Outside of the UK we further developed our link with COECSA and continued work with them to complete the development of their new on-line curriculum.
- As with all College committees our membership is constantly renewed. We sadly said goodbye to Michael Nelson, as Education Advisor to the Curriculum Subcommittee, who has given us many years of invaluable advice, but have been delighted to appoint three new committee members including two with Educational higher qualifications.

I would like to take this opportunity to thank all the committee members for the dedication and hard work they give to support both the Committee and the College as a whole. I would also like to thank all the staff in the Education and Training department for their hard work and dedication throughout the year. There are many challenges ahead and I look forward to working with all the key stakeholders in moving the College forward in its aims to support both patients and doctors.





**Mark Watts**

Chair, Education Committee



**Alex Tytko**

Head, Education and Training  
Department

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## Education Committee

Another year has passed and the work of the Education Committee continues at a steady pace. We are always mindful of the work that we undertake encompasses the aims set out in our Strategic Plan in developing training, education and assessment to meet the needs of ophthalmology specialists now and for the future in the UK and overseas.

Following on from the Strategy Day, we have streamlined some of the topics that are discussed in both the Education and Training Committees. It is important to avoid duplication although it is very much acknowledged that these two Committees do work closely together. Simulation would focus in both Committees however as it was pertinent to both. Curriculum Subcommittee, Medical Ophthalmology and the logbook have moved to the Training Committee.

The work of the Education Committee is centred around education and lifelong learning which encompasses trainees as well as all other doctors. As part of the College's work to develop and support leadership in Ophthalmology it is recognised that this career change of moving from trainee to consultant can be one of the most challenging. A survey was undertaken which showed that trainees were concerned about the same issues as new consultants which were largely to do with management and not clinical skills. We have therefore established a "buddy" system for new consultants whereby they can meet up with supportive colleagues. This is organised through local College Tutors.

### E-learning

Kasra Taherian

#### Courses completed

**Strabismus** - 6 sessions

**DSEK** - 3 sessions

**Basic Examination Course** - 1 session

### ST1 Assessment Programme Pilot

Pilot work took place with Rosemary Robinson (Head of School, HEWM) to engage with the existing West Midlands team (Saaeha Rauz, Academic Tutor (Lead for induction) and Bushra Mushtaq (College Tutor, Lead for assessment) to develop an electronic version of the assessment with a view to potentially rolling out on a National programme. They explored and discussed various formats for assessment based upon existing programmes available on the e-LfH web-pages but the current format

of assessment was not deemed suitable and it has therefore been agreed that assessment and learning will be taken forward in a similar format to other sessions offered on the e-LfH platform in due course.

### Further courses

Work is currently taking place on securing authors to undertake sessions in the following courses:

- Ultrasonography of the eye to compliment a live course with simulation
- Intermediate Phaco-emulsification of Cataract
- Advanced Phaco-emulsification of Cataract
- Neurophysiology to compliment live courses in Neurophysiology testing of the eye and Neuro-ophthalmology to compliment live courses in neuro-ophthalmology.

### Ophthalmopaedia

We are currently implementing an expansion of The Ophthalmopaedia project. The aim of the project is to support the generation of 100 new articles of direct relevance to the wider Ophthalmic community. Attempts will also be made to tailor the new articles to the learning outcomes in the college curriculum wherever possible.

We are also in the process of sending communications to all authors who have articles on Ophthalmopaedia to assess whether the existing articles need updating. This work will be carried out over 2016.



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## Monthly Prize in 2015

Month	Trainee	Grade	Article
April	Pouya Alaghband	Specialist trainee at the Yorkshire and Humber Deanery	Ocular Surface Stem Cell Transplantation
May	Laura Steeples	Specialist trainee at North Western Deanery	Corneal Gluing
July	Hon Shing Ong	ST7 trainee	Laser Assisted in Situ Keratomileusis (LASIK)
October	Matthew Maguire	ST2 at the Royal Preston Hospital	Management of the small pupil in cataract surgery

## Quarterly Programme Usage Reports

E-learning for Healthcare (e-LfH) now have the facility to provide us with quarterly usage reports giving us total registered users, total active users and new active users, session activity i.e. number of sessions launched, completed, passed (if applicable) and learning hours (time spent); by programme, by country, by LETB (local education and training boards), session feedback – ratings & comments. These will help us to specifically tailor the content and further improve the material we provide for our members.

## Curriculum Study Guide

The Subcommittee is working together with the Curriculum Subcommittee to produce resources for the study guide. The Curriculum Subcommittee have agreed that an intermediate electronic framework is the way forward. This work will commence once the re-formatting of the curriculum has taken place.

## Appointment to the new Training the Trainers (TTT) Subcommittee and Faculty

Melanie Corbett

2015 saw the amalgamation of the College Tutor (CT) Subcommittee and the Training the Trainers (TTT) Subcommittee under the later name, as they have the same chairman and their work has become more intertwined. The TTT Project has two long-term aims:

- to be able to cascade essential-level TTT programmes locally by trained faculty, all over the country,
- to deliver high level training to the nation's top trainers.

Three new positions have been created and filled on the Subcommittee. Each member has responsibility for different grades of trainer, and the relevant Training the Trainers Courses:

- Overseas courses and e-learning

- Advanced TTT courses – for Training Programme Directors (TPDs), RAs, Heads of School, Directors of Medical Education, Deans and Masters of Education (MEd)
- College Tutor Training Days
- Supervisor Courses – including half a day at Annual Congress
- TTT for Trainees – a new course

New Faculty members have been appointed from experienced trainers who have attended multiple courses. They are being developed to help deliver the courses and create material. A new grade of Facilitator has been devised for those learning to become faculty. They lead small group discussions on the courses, and over time will lead some of the sessions so they can roll out the programme locally. The Advanced Trainers and Educators Group includes all those in senior training roles, or with an educational degree. They are invited to the Advanced courses.

## Restructuring of the Training the Trainers Courses

Training the Trainers courses are now delivered at the five different levels. All the courses incorporate pre-learning and post-course consolidation, so the face-to-face time can concentrate more effectively on practical skills and small group discussions.

College Tutor Training days continue to be repeated three times a year for new appointees or reappointments.

Three Supervisor courses on different topics, a different one of which is delivered at Annual Congress each year. Each course has learning outcomes which are mapped to the 7 domains of the GMC National Framework for Trainers. It is therefore easy for trainers to demonstrate evidence for the domains they have covered.

## TTT Collaboration with COECSA in Africa

2015 was the third year of collaboration with the College of Ophthalmology of Eastern Central and Southern Africa (COECSA). This year two further shorter courses were run at the COECSA Annual Congress in Navaisha, near Nairobi; and for examiners before the COECSA Fellowship Exam in Addis Ababa, Ethiopia.

Within COECSA there is now 1 Lead, 3 faculty and 4 facilitators who are able to deliver and assist at courses under the supervision and mentoring of the RCOphth Lead. Over 50 delegates from 8 countries have attended courses, and nearly 1 million patients a year are being treated by those who have benefitted from the programme.

## Development of Trainer resources and TTT e-learning materials

Training resources are being collated for uploading to the RCOphth website to help the sharing of best practice in training around the country.

RCOphth have secured a grant to collaborate with E-Learning for Health (e-lfh) to develop on-line material which can be used for pre-learning before courses, and also by faculty members when rolling out courses round the country.

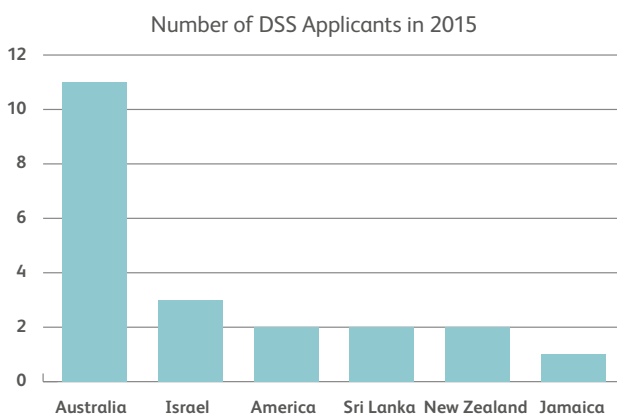
## Appointment of College Tutors (CTs) and Regional Advisors (RAs)

The application process has been streamlined by introduction of a panel which can confirm appointments so they may take up post straight away. An information pack is forwarded at that time to avoid waiting for the next CT Training Day to get started.

## International Medical Graduate (IMG) Subcommittee

Jai Shankar

The College has processed a total of three extensions. The Subcommittee has an increase of four new members.



All documents were reviewed and new appraisal forms have been created to provide more information with regard to how the scheme has been beneficial to the IMG's and the Trust.

A recent meeting with Moorfield's proved successful in strengthening the relationship for the dual sponsorship scheme, further meetings are being discussed with regards to strengthening the relationships with other Trusts up and down the country who use the scheme on a regular basis.

## Surgical Skills Subcommittee

Larry Benjamin

Curriculum based courses in 2015:

Courses	Number of Delegates
Neuro-ophthalmology	13 delegates
Cornea	12 delegates
Intermediate Phacoemulsification	24 delegates over 2 courses
IOL Course	12 delegates
Oculoplastics	12 delegates
Paediatric Ophthalmology	22 delegates
Medical Students Taster Day	24 delegates

In addition to the curriculum based courses, a number of commercial courses also ran at the college this includes The Carl Zeiss Academy and the Moorfields Undergraduate Day.

- Approximately 240 trainees attended the Microsurgical Skills courses in 2015.
- Additional Microsurgical Skills course ran in December to accommodate trainees who had not yet taken the Microsurgical Skills course.
- The Simulator is constantly in use by Trainees. In 2015 the simulator was booked over 70 times.
- Over 100 delegates attended Curriculum Based courses in 2015
- A successful Medical Students Taster Day ran in 2015 allowing Medical Students from all over the country to have a taste of Ophthalmology.

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## Awards and Scholarships

Stephen Kaye

In September 2015, Martin Leyland was replaced by Stephen Kaye. The Subcommittee saw two new members join namely, Irene Gottlob and Philip Bloom.

There are nine awards and they are given to support work both in the UK and particularly abroad. The conditions and amounts awarded were reviewed.

Conditions of awards require letters of support from the training programme, the overseas host and evidence of ethics approval if appropriate. Retrospective are not considered. Reports are required on completion of the work. It is intended that all reports will be published on the College's website.

The following awards made in 2015:

Award	Applicants	Amount
Ethicon Foundation Fund	3 applicants	Each awarded £1,000
International Glaucoma Award	2 applicants	1 awarded £18,858.57
Fight for Sight	21 applicants	1 awarded £5,000
Sir William Lister and The Dorey Bequest	1 applicant	(multiple awards of £300 – £600) not awarded
Patrick Trevor-Roper Undergraduate Award	20 applicants	3 awarded £550 each
Bayer Educational Grant	18 applicants	15 awarded between £500 and £1,500

## Undergraduate Training

Marie Tsaloumas

- Designed a flyer to be used at career fairs for ophthalmology.
- Presented the results of the British Undergraduate Ophthalmological Society (BUOS) survey. It was noted that 90% can use a direct ophthalmoscope, 50% can examine the eye in the visual system. It was felt that more time should be allocated to clinical skills (teaching and practice) and that there is a variation in teaching of ophthalmology across the UK.
- Began revision of the booklet, "Thinking about becoming an Ophthalmologist". The following sections have been submitted for correction and re-writing; the exam section by Peter Tiffin, the medical ophthalmology section by Erica Damato, what you can do as a medical student section by Marie Tsaloumas and the academic ophthalmology section by Paul Bishop.
- Developing a draft of the ophthalmology undergraduate curriculum that will be posted on the College's website as a learning guide.

## Foundation training

Peter Shah

- Set up first UK New Consultants Course for Ophthalmologists - excellent feedback (essentially covering Consultant Survival Skills)
- Set up a primer course for New Consultants that runs at the Annual Congress annually
- Set up first Foundation Essay Prize competition for all F1 and F2 doctors in UK (Winners to present work at Annual Congress)
- Work began to produce a unified undergraduate curriculum with Marie Tsaloumas, interfacing with the ophthalmology lead at RCGP.
- Development of a unified curriculum of Key Ophthalmology Skills for Foundation Doctors.

I would like to thank all of the members of the Education committee and its Subcommittees for all their hard work but most of all the support from College staff who have enacted our aspirations and supported us with sound knowledge and advice. In particular I am indebted to Alex Tytko who has supported us all with her customary efficiency.



**Peter Tiffin**

Chair, Examinations Committee



**Susannah Grant**

Head of the Examinations department

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## Examinations Committee

2015 has been busy all round with many changes. Garry Shuttleworth was appointed as Senior Examiner for the Refraction Certificate and took over from Nicholas Hawksworth in July 2015. Robert Taylor was appointed to succeed Peter Tiffin as Chair of Examinations from May 2016.

- 739 candidates, and 934 sittings at 13 exams
- 486 medical students sat the Duke Elder Undergraduate Prize examination across 34 medical schools in March 2015
- Final candidate passed the Fellowship Assessment
- Second Refraction Certificate examination in Kuching, Malaysia with 38% increase in candidate numbers and first sitting of Part 2 FRCOphth oral to be held in Singapore in March 2016.
- Online examination applications introduced through the College website

We are grateful for the dedication and support of our Educational Adviser, Michael Nelson, the Panel of Examiners and that of the Senior Examiners:

- Sara Livesey - Senior Examiner for the Part 1 FRCOphth
- Garry Shuttleworth – Senior Examiner for the Refraction Certificate
- Robert Taylor – Senior Examiner for the Part 2 FRCOphth
- Bridget Hemmant – Senior Examiner for the Diploma
- Jeremy Prydal – Senior Examiner for Certificate in Laser Refractive Surgery
- Winfried Amoaku – Senior Examiner for the Duke Elder Undergraduate Prize

We also appreciate the role that NHS units play in hosting clinical examinations. We are grateful to: Garry Shuttleworth and David Laws and the team at Singleton Hospital in Swansea, Yvonne D'Souza and team at the Manchester Royal Eye Hospital, and Bridget Hemmant and the team at the James Paget Hospital in Great Yarmouth who all hosted examinations in 2015.

We continue to expand the Panel of Examiners and 2015 saw an increase in appointments, including our first trainee examiners. We still need more examiners on the books, especially women.

It was a year of change for the staff of the Examinations Department. Emily Beet left after 13 years in the Examinations Department to take up the role of Director of Education at The Royal College of Emergency Medicine. Susannah Grant was appointed Head of Examinations, Sophie Donovan's appointment as Deputy Head of Examinations was made permanent. They are now supported by Bethan Landeg, Amanda Sia and Imogen Armstrong.



**Oliver Bowes**

Chair, Ophthalmologists in Training Group

## Ophthalmologists in Training Group

The Ophthalmologists in Training Group (OTG) represents the interests of ophthalmology trainees at the College and ensures that their voice is heard at all levels of College decision making, keeping training and education high on the College agenda.

The OTG is formed of nineteen regional representatives and meets three times a year. One representative from the OTG sits on each of the College committees, including Council. An OTG member also sits on the Academy of Medical Royal Colleges Trainee Doctors' Group and the British Medical Association Multi-Specialty Working Group.

Over the past 12 months, the OTG continue to be involved in the ongoing and evolving political landscape of ophthalmic training. We have responded to the Shape of Training report which looks set to remodel ophthalmic training in the UK and together with Council, we have publicly voiced our concerns regarding the imposition of the proposed new junior doctor contract.

In November, the OTG organised its 6th successful annual symposium in Bristol with sessions on cataract surgery, ophthalmology as a career and the future of ophthalmology training. In 2016, the symposium will return to London where we hope to deliver another successful event.

The OTG continue to collate and analyse the fate of ophthalmologists who have completed their training and have been awarded their Certificate of Completion of Training (CCT). This work analyses the trends in subspecialty and regional appointments. This work was recently published in Eye and results were presented at the RCOphth Annual Congress in Liverpool.

As part of the College's continued efforts to extend member involvement, Roly Megaw was appointed as trainee representative on the newly formed College Academic Subcommittee."



**Tom Bremridge**

Chair, Lay Advisory Group

## Lay Advisory Group

The Lay Advisory Group continues to play a busy and constructive role in the work of the College. The Group consisting of 10 lay members together with the President, clinicians and the College Chief Executive meet 4 times per year but equally make an active contribution through membership of College Committees, through reviewing papers out of committee and through membership of external bodies.

In the last year the Group has been involved in the following activities:

- Facilitation of a meeting between the President and a Government Health Minister
- Participation as lay selectors in the National Selection and Recruitment process for trainee ophthalmologists
- Participation as lay examiners on the communication skills station at the RCOphth Part 2 exams for potential consultants and at the Diploma Exams.
- Critical review of the following documents:
  - Standards for refractive surgery
  - Draft documents for the Way Forward Project
- Advice leaflet for Clinicians advising patients after diagnosis of visual impairment and registration
- Policy on treating patients with learning difficulties
- GMC guidance to clinicians and clinics offering cosmetic interventions
- Representation on a CRG for specialized commissioning in ophthalmology negotiating to achieve authorization for the use of biologics (adalimumab) for adults and children with Uveitis
- Membership and expert advice to the College working group developing a new E learning portfolio
- Launch of a new initiative to raise awareness among clinicians and GPs of Charles Bonnet Syndrome (hallucinations)
- Membership of a joint RCOphth/ RCGP working group raising awareness of ophthalmology among GPs
- Membership of a joint RCOphth/RCP working group on the curriculum for Medical Ophthalmology
- Representing the College on the Patient/Lay Group of the Academy of Medical Royal Colleges



**Clare Davey**

Chair International Committee



**Wagih Aclimandos**

Chair European Committee

## International and European Working Groups

### International Subcommittee

Highlights of the year include continued engagement with the College of Ophthalmology of Eastern, Central and Southern Africa (COECSA) as part of the VISION2020 UK Links programme, which is funded by the Tropical Health and Education Trust (THET). This is a multi-faceted project which has enabled: Fiona Spencer, Kathy Evans, Clare Davey, Melanie Corbett, Denise Maybe and Nick Astbury to work together with members from COECSA for three days in Dar-es-Salaam, in March 2015, as an end of project review, completing the curriculum development and teach the trainers course, and examination development.

George Hibdige and Beth Barnes attended the COECSA annual congress in Naivasha, Kenya. Two members of COECSA attended the Congress in Liverpool, as part of the Annual Congress Sponsorship Scheme. The Chief Executive of COECSA (Josiah Onyango) also attended. The Congress programme had a session lead by Matthew Burton on International Ophthalmology, which contained talks on Diabetic screening in Malawi, surgical treatment of trachoma, squamous cell carcinoma and incidence of posterior segment disease in East Africa, the session was well attended and had good feedback.

Members of the International Committee are supporting the leadership programme organised by the ICEH with a 3 day programme in Liverpool in September 2015, which was being rolled out in 12 countries in Africa in 2016 and 2017. The diabetic retinopathy screening and treatment programme DRnet.comm is also supported by members of the International Committee.

The College has reviewed its role within International Forum of the Academy of Medical Royal Colleges (AoMRC) as part of its strategic development, and has opted for continued dialogue with the other Royal Medical Colleges, as a communication forum but not as a development group.

### Europe Subcommittee

The College representatives attend and are actively involved with the EBO, the UEMS and the SOE.

Report from European Board of Ophthalmology:

The College has been represented on the EBO by Wagih Aclimandos and Roger Humphry. The GA of the EBO was held in Dubrovnik on 14 June 2015.

The EBO exam was held in Paris in May as usual. The number of candidates continues to increase now exceeding 600. Germany is considering adopting the EBO exam as an exit exam for their trainees. However it is difficult to get all the various regions within Germany to agree.

The first Subspecialty Glaucoma exam was also held in May 2015. This was the result of few years work and excellent collaboration between the EBO and the EGS. Work is progressing well for other Subspecialty exams to take place in 2017. The current President is keen that we do not proceed too quickly. An agreement has been reached between the EBO and the ESCRS and the EBO remain confident that it is on track for having at least another two subspecialty exam in 2017. Wagih Aclimandos has completed his two terms as College representative on the EBO but has been elected Chair of the Subspecialty Exams Committee. He will be replaced as College representative by Anna Maino.

### European Union of Medical Specialists (UEMS)

The GA was held in Dubrovnik on 13 June 2015. It was attended by Paul Ursell and Wagih Aclimandos.

Michele Beaconsfield was unanimously nominated as honorary member of the UEMS Ophthalmology section in recognition of her most valuable contribution to both the UEMS and the EBO.

Wagih Aclimandos was elected Vice-President of the UEMS section of Ophthalmology.

### European Society of Ophthalmology

The SOE Congress took place in Vienna 6-9 June 2015. The Vienna Congress was considered a great success with 3,920 delegates from 101 Countries. Unlike previous Congresses where the highest number of delegates were from the host country, on this occasion the largest number was from Italy (403). The number of Ophthalmologists from the UK remain the second largest for the third consecutive Congress at 282. Many interesting statistics: e.g 976 Abstracts submissions from 80 countries. The next Congress is to be held in Barcelona 10-13 June 2017.

The SOE Board meeting took place on 6 June and I was Elected Treasurer of the SOE and one of the four members of the Executive. The other members of the Executive consist of the current President Jan Tjeed Le Fabre (Netherlands), the Past-President Stefan Seregard (Sweden) and Thomas Fennech (Malta).





**David Kinshuck**

Chair, The Staff and Associate  
Specialist Ophthalmologists Group

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## The Staff and Associate Specialist Ophthalmologists Group

The SAS Group is represented through-out the College committee structure which means that SAS concerns and opinions are heard. However there are a number of vacancies, notably in East Anglia, Oxford, SE Thames, Northern, South West, Wessex and Yorkshire. We urge any SAS member in those regions interested in joining the Group to contact penny.jagger@rcophth.ac.uk. During 2015 representatives attended the College's standing committees and groups and were involved in delivering the highlights of the year; the SAS Forum at Congress and the SAS Day in November.

The 2015 SAS Forum was held at Congress, Liverpool where we hit on the winning formula of a lunch-time meeting that combined good food and interesting conversation. Jayasis Bandyopadhyay gave a well-received presentation on career progression and what SAS doctors were able to achieve.

During the Congress, SAS reps were on hand at the College stand to answer questions from members and potential members. We are aware that many SAS doctors are not College members and we urge appraisers to encourage them to join their professional body.

The 2015 SAS Day, held at the College, got very positive delegate feedback. There were updates from Narciss Okhravi on Uveitis treatment and from Stephen Kaye on Corneal Disease and keratoconus. Lively presentations from the GMC and a two-hander from Honorary Secretary, Bill Newman, and a Lay Adviser, Chris Wall, on the patient experience completed the sessions.

Anne Sinclair continued to work with Past President Nick Astbury to persuade the Department of Work and Pensions that significant sight loss should be recognised as a criterion for the receipt of Employment Support Allowance and that fairer means of assessment should be developed or that certification/registration of blindness be accepted.

I stood down as Chairman at the October meeting. I have enjoyed my three year term and I am leaving the SAS Group in the capable hands of Bronwen Attrup.



**Richard Keeler**

Honorary Curator

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## Museum & Library

A new location with new display cases was the feature of 2015 for the Museum and Library.

All the detailed planning for displaying the best artefacts in a beautiful new display cabinet in the College's reception area has paid off.

The advantage of the new location is obvious with all visitors having a chance to view the exhibits. The Surgery cabinet on the first floor of the skills centre is less accessible but for those who have not discovered it yet will be rewarded with the sight of such rare items as Pierre Guerin's spring-loaded cataract knife of 1785.

A series of staff introductions to the contents of the museum have taken place.

Little action has taken place with the antiquarian book collection. Plans are in place to produce a listing of all the books which will be available to College members on request



**William Newman**

Honorary Secretary

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## Operational Support

In March 2015 our patron, HRH Prince Andrew, officially opened the College's new premises in Stephenson Way, and since then we have continued to see many changes within the College at all levels.

In line with the strategic plan, Council reviewed the existing College governance structure, committee and staff structures to ensure that RCOPhth is fit for purpose for the future needs of the ophthalmic sector and its members. Plans are being put forward to the membership to alter the trustees of the College and its governance which will be voted upon at the 2016 AGM; and before this we will have appointed a new Vice President for Policy and Communications.

We are actively reviewing what membership benefits the College can offer and providing clearer information on the website with new application packs for all types of membership applications. We are currently reviewing the criteria for membership and fellowship by election, including changing the requirements to allow Staff and Associate Specialist Ophthalmologists (SAS) to become members by election after 5 years.

The Customer Relationship Management (CRM) database has continued to assist in the smooth running of the College allowing the start of a monthly e-newsletter to all members, and twice yearly subscriptions for direct debit payments. The membership team continue to expand the use of the CRM, learning and developing its capabilities to improve membership services.

The outcome of the HR Review saw a number of changes to the Operational Support team. These included the role of Head of Operational Support being made redundant. We wish to thank Aziz Rajab-Ali for all his hard work during his time with the College. Recognising that the new premises required focus, a new Facilities & Corporate Services Manager role was developed and Paul Heading was appointed. Beverley Russell, Membership Co-ordinator, accepted a permanent role, supporting the membership team. Thandi Mtetwa was appointed as the new Head of Finance and Operations in 2015 and joins the College early 2016.

My thanks go to all the staff and members who have helped to take these projects forward and been involved in the development of membership services, in particular all the help that I have been given as Honorary Secretary.



Liz Price

Communications Manager

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## Communications

2015 was an exceptional year for communications with the premier launch of the new premises at Stephenson Way, hosting HRH The Duke of York. The new website was also launched and is ever-evolving and improving to fulfil its potential as a 'one-stop shop' for the needs of members.

As well as the website, other communication channels have seen an improvement in engagement rates and we have established more regular content and features. College News remains a popular vehicle for articles and features from the President, committees and working groups, as well as partner organisations, keeping members informally up to date on the day to day activities in the ophthalmic sector.

Recognising that social media is a growing medium, the College employed a full time staff member, David Parkinson to focus on the website and our social media channels which include Facebook, Twitter and LinkedIn.

In 2015, the communications team also increased awareness of RCOphth and its aims through more public affairs activity, driven by our President, Carrie MacEwen.

- Apart from the homepage of **rcophth.ac.uk** - events, clinical guidelines and examinations are the most popular pages, each receiving over 35,000 views in 2015
- Twitter increased its following to over 2,000
  - Impressions increased by nearly 400% to over 57,000 towards the end of the year
- Facebook increased its 'likes' by 586 across the year
  - Our most popular post about the BBC report on 'Artificial Eye helps train ophthalmic surgeons' in November earned 4,382 impressions



**Mark Merrill**  
Finance Director



**Peter McDonnell**  
Honorary Treasurer

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## Finance

The financial aspects of College activities continue to be scrutinised by the Finance Committee.

The financial results of the College for the year to 31 December 2015 are summarised in the Statement of Financial Activities and Balance Sheet. These are shown on the following pages and are drawn from the full audited financial statements, copies of which can be obtained from the College on request. They are also published on the websites of both the Charity Commission and the Office of the Scottish Charity Regulator.

The new College premises at 18 Stephenson Way are functioning well and the final work on the building has been signed off with the building contractors.

The College has continued to invest in expanding the functionality of its membership database and has updated the College website. Work has now started on a replacement system for the e-portfolio used by College members: together these projects are a significant financial investment for the College.

The Annual Congress in Liverpool in 2015 was well attended and was a scientific success; developments continue to ensure its longer term financial stability.

The Examinations run by the College are becoming self-supporting from the financial point of view. The College is cautiously increasing the sitting of some of its examinations overseas; this is being done within an agreed financial framework with a view to all overseas examinations being on a cost neutral basis.

There has been a modest increase in the College's invested funds. The Committee continues to monitor closely these funds which are managed by Sarasin and Partners.

The financial aspects of College activities continue to be scrutinised by the Finance Committee and I thank the members of the Finance Committee for their help and support over the year. We also thank Mark Merrill, the Finance Director and Aziz Rajab-Ali, the Head of the Operational Support Department and the staff of the department. Rajab-Ali finished working in the department at the end of the year and a new appointment has been made to the post of Head of Finance and Operational Support who will start in 2016.

The financial results of the College for the year to 31 December 2015 are summarised in the Statement of Financial Activities and Balance Sheet. These are shown on the following pages and are drawn from the full audited financial statements, copies of which can be obtained from the College on request as well being published on [rcophth.ac.uk](http://rcophth.ac.uk)

# Statement of Financial Activities

For the year ended 31 December 2015

				2015	2014
	Unrestricted	Endowment	Restricted	Total	Restated
	£'000s	£'000s	£'000s	£'000s	Total
					£'000s
<b>Income from:</b>					
<b>Donations</b>	1	-	25	<b>26</b>	324
<b>Charitable Activities</b>					
Subscriptions	1,230	-	-	<b>1,230</b>	1,243
Examinations	546	-	-	<b>546</b>	668
Education and Training	185	-	162	<b>347</b>	330
Professional Support	931	-	35	<b>966</b>	896
National Ophthalmic Database	338	-	-	<b>338</b>	113
Journal 'Eye' - joint venture	584	-	-	<b>584</b>	565
Scholarships and Awards	-	-	36	<b>36</b>	39
The British Ophthalmological Surveillance Unit (BOSU)	-	-	51	<b>51</b>	36
<b>Other incoming resources</b>	85	-	-	<b>85</b>	83
<b>Investments</b>	80	29	10	<b>119</b>	146
<b>TOTAL INCOME</b>	<b>3,980</b>	<b>29</b>	<b>319</b>	<b>4,328</b>	<b>4,443</b>
<b>Expenditure on:</b>					
<b>Raising funds</b>	-	-	-	-	18
<b>Charitable Activities</b>					
Examinations	860	-	-	<b>860</b>	819
Education and Training	740	-	72	<b>812</b>	747
Professional Support	1,439	-	30	<b>1,469</b>	1,071
National Ophthalmic Database	342	-	-	<b>342</b>	122
Journal 'Eye' - joint venture	590	-	-	<b>590</b>	555
Scholarships and Awards	23	25	48	<b>96</b>	134
The British Ophthalmological Surveillance Unit (BOSU)	54	-	70	<b>124</b>	99
Non-recurring property and moving costs	-	-	-	-	570
<b>TOTAL EXPENDITURE</b>	<b>4,048</b>	<b>25</b>	<b>220</b>	<b>4,293</b>	<b>4,135</b>
<b>Net income before net gains / (losses) on investments</b>	(68)	4	99	<b>35</b>	308
Net (losses)/gains on investments	(4)	-	-	<b>(4)</b>	68
<b>Net income / (expenditure)</b>	(72)	4	99	<b>31</b>	376
Transfers between funds	39	-	(39)	-	-
<b>Net movements in funds</b>	(33)	4	60	<b>31</b>	376
<b>Reconciliation of funds</b>					
Total funds brought forward as restated	10,534	840	914	<b>12,288</b>	11,912
<b>TOTAL FUNDS CARRIED FORWARD AS RESTATED</b>	<b>10,501</b>	<b>844</b>	<b>974</b>	<b>12,319</b>	<b>12,288</b>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above.

# Balance Sheet

For the year ended 31 December 2015

		2015	2014
	£'000s	£'000s	As restated £'000s
<b>Fixed Assets</b>			
Tangible assets		7,340	7,509
Heritage Assets		58	58
Investments		2,494	2,459
		<b>9,892</b>	<b>10,026</b>
<b>Current Assets</b>			
Debtors	500		684
Cash at Bank and in Hand	2,768		2,175
	<b>3,268</b>		<b>2,859</b>
<b>Liabilities</b>			
Creditors: amounts falling due within one year	841		597
<b>Net current assets</b>		<b>2,427</b>	<b>2,262</b>
<b>Total assets less current liabilities</b>		<b>12,319</b>	<b>12,288</b>
<b>NET ASSETS</b>		<b>12,319</b>	<b>12,288</b>
<b>The Funds of the charity:</b>			
Endowment Funds		821	840
Restricted funds		997	900
<b>Unrestricted income funds:</b>			
Designated funds - functional property	7,375		7,526
Other designated funds	86		144
General funds	3,058		2,878
<b>Total unrestricted funds</b>		<b>10,501</b>	<b>10,548</b>
<b>TOTAL CHARITY FUNDS</b>		<b>12,319</b>	<b>12,288</b>

Approved by the Council on 11 March 2016 and signed on its behalf by

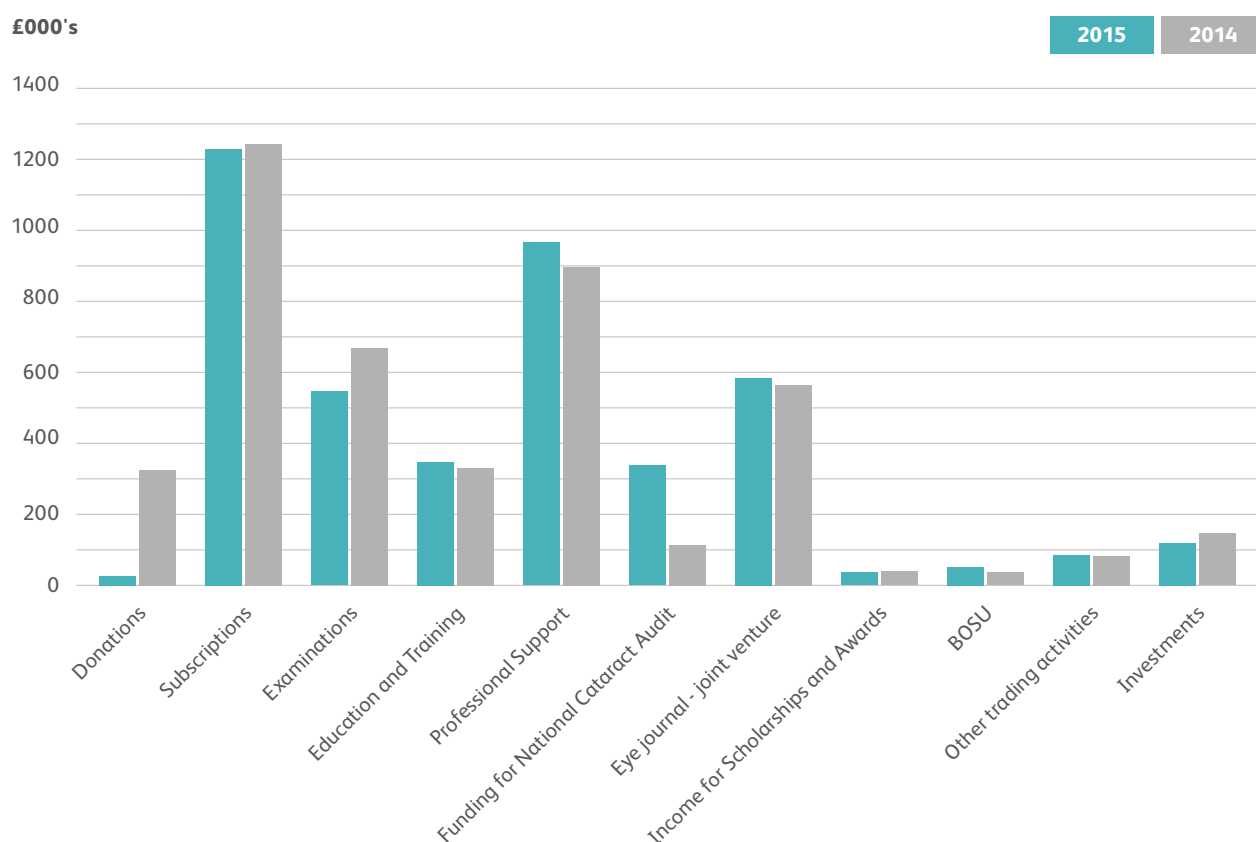
Caroline MacEwen - President

Peter McDonnell - Honorary Treasurer



# Income 2015

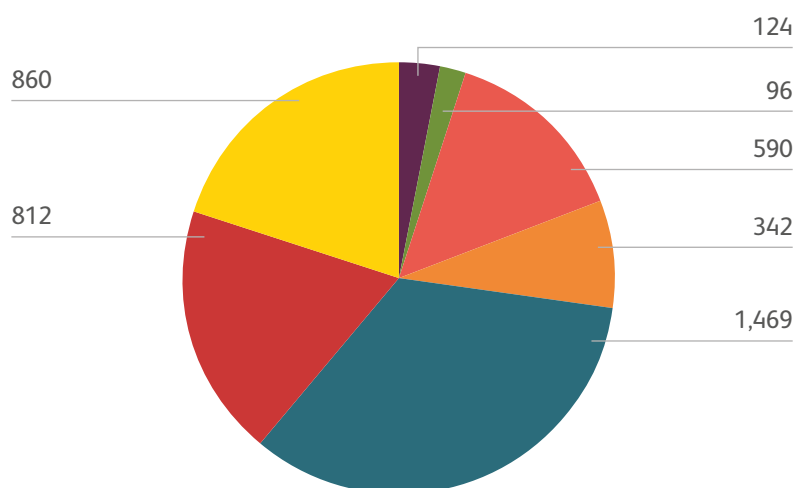
	2015 £'000s	2014 £'000s
Donations	26	324
Subscriptions	1,230	1,243
Examinations	546	668
Education and Training (inc Skills Courses)	347	330
Professional Support (inc Congress and Seminars)	966	896
Funding for National Cataract Audit	338	113
Eye journal - joint venture	584	565
Scholarships and Awards	36	39
BOSU	51	36
Other trading activities	85	83
Investments	119	146
<b>Total income</b>	<b>4,328</b>	<b>4,443</b>



# Expenditure 2015

	2015 £'000s	2014 £'000s
Examinations	860	819
Education and Training (inc Skills Courses)	812	747
Professional Support (inc Congress and Seminars)	1,469	1,071
National Cataract Audit	342	122
Eye journal - joint venture	590	555
Scholarships and Awards	96	134
BOSU	124	99
Non-recurring property and moving costs	0	570
Raising funds	0	18
<b>Total expenditure</b>	<b>4,293</b>	<b>4,135</b>

Expenditure £000's



	%	£'000s
Examinations	20	860
Education and Training (inc Skills Courses)	19	812
Professional Support (inc Congress and Seminars)	34	1,469
National Cataract Audit	8	342
Eye journal - joint venture	14	590
Scholarships and Awards	2	96
BOSU	3	124

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[@RCOphth](https://twitter.com/RCOphth)