



The Royal College
of Ophthalmologists

Annual Report and Accounts 2007



The Annual Report is available on the College website in a more accessible format www.rcophth.ac.uk

The College is grateful to Mr Richard Keeler FRCOphth (Hon) for providing the research and captions on the theme 'The Ancients' Interpretation of the Anatomy of the Eye'. These drawings demonstrate a wide variety of interpretations of the anatomy of the eye over many centuries. They range from Galen, a prominent physician in Ancient Greece, who stated that the lens was the essential organ of vision from which the visual emanation was emitted in the form of a cone to the German polymath, Christoph Scheiner, who in 1619 showed for the first time the correct position of the optic nerve. The illustrations were drawn by Professor H Magnus of Breslau in 1900.

Material for these brief sketches has partly been sourced from System of Ophthalmology. Vol 2 Sir Stewart Duke-Elder 1961 and The History of Ophthalmology Daniel Albert and Diane Edwards 1996 and to whom acknowledgement is hereby given.

This report has been made using paper from sustainable forests.

Editing, design and production by Scout Design & Communicate Ltd.



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The President



Miss Brenda Billington

2007 proved a very challenging year for the medical profession in Britain. Perhaps the most prominent topics have been workforce and recruitment, jobs for doctors and postgraduate training. We are proud that training offered in the UK is so highly regarded both here and overseas. However, the mismatch between numbers of applicants, training opportunities and consultant vacancies has put a severe strain on the system and caused a great deal of anguish for many.

There have been other challenges to address such as the inequalities of provision of care for patients - the so called "postcode lottery", and the roll out of ophthalmology services into the community requiring medical leadership for the integration with other professionals in the field. We have given recommendations and advice to the Department of Health and others, always underpinning it with scientific evidence and experience.

This annual report documents how the College addressed these issues and made advances, such as promoting

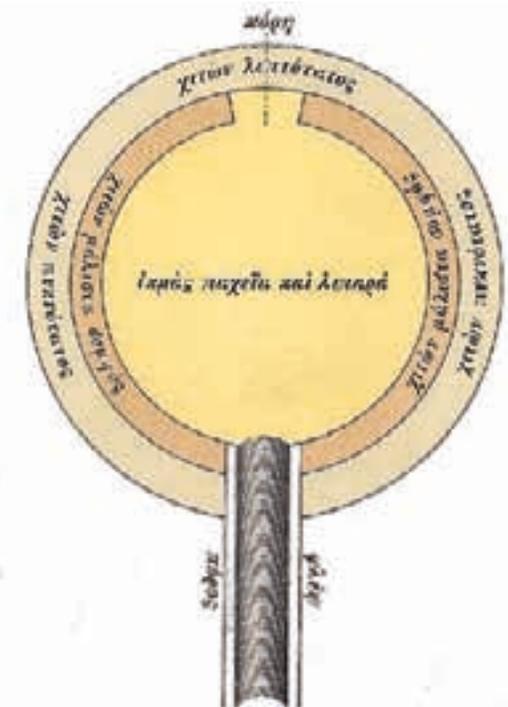
electronic care records, while remaining faithful to our vision to promote excellence in the care of patients.

You have a very committed team of College Officers who work closely together. All have significant clinical responsibilities as well and devote increasingly of their own time to College work as Trusts become more restrictive in their professional leave allowances. Of particular value are email discussions among the Officers and Council members when a "College View" can be rapidly collated and delivered. Often the deadline to respond to a national issue is in days or even hours! Many other College members who are experts in a particular field are also most helpful with prompt pertinent advice, appraising me of the issues so that I may speak accurately on your behalf. College Officers are ready to approach Ministers, give interviews to the media and draft press releases and have done on many occasions over the year. We all welcome questions, comments and suggestions from members and endeavour to respond in a timely fashion. The many members who have given feedback to the various consultations by email have been most helpful and contributed significantly to the drafting of the collective response.

Our College will be celebrating its 20th Anniversary in 2008. Despite being a small organisation we are a voice for ophthalmology among the big Colleges and 'punch above our weight', having an equal voice at meetings such as the Academy of Medical Royal Colleges. Our success as a College is entirely dependent upon the contribution from many consultants (nearly 30% of you at any one time) and from increasing numbers of staff and associate specialist ophthalmologists, who make the College work. Perhaps the health of the College may be gauged by the fact that over the year many excellent people have volunteered for roles for election to Council, for other College posts or to represent us externally on bodies such

as the National Institute for Health and Clinical Excellence or the General Optical Council. We have adopted new procedures for appointments to improve transparency and fairness. In the last year among those ophthalmologists who have completed their terms on Council and who have made significant contributions to College life are Professor Ian Rennie, Mr John Talbot and Professor David Wong. I am very grateful to you all for your support.

The work of the College is firmly underpinned by the dedicated staff at Cornwall Terrace led by Kathy Evans and to whom we are very grateful. I give particular mention to Penny Jagger who, as PA to the President, has now completed her first year in post. She has given unstinting and reliable support with great humour and ensured I arrive at the right place on time!



Eye after Democritus of Abdera (c 460-370 BC)
This eye shows two coats with no lens and a hollow optic nerve.

The Chief Executive



Mrs Kathy Evans

Members of staff are very clear that it is Council that determines the policies that the College will follow: our role is to ensure that the College functions efficiently and effectively. We continue to organise cycles of formal examinations, run the Annual Congress, seminars and the Skills Centre, produce EYE, guidelines and College News and host the British Ophthalmic Surveillance Unit. Staff support the development of the curriculum, continuing professional development, professional standards and assist Officers in their dealings with the Department of Health, the Postgraduate Medical Education and Training Board and the Modernising Medical Careers initiative.

A particular strand of work undertaken in 2007 follows from the recognition that committees are central to the life of the College. All standing committees (education, examinations, finance, professional standards, scientific and training) have been supported to review their terms of reference during the year and most subcommittees have followed suit. We have codified guidance for chairmen to help them ensure that committees are

well run and held a minute-taking course for new staff to ensure that meetings are properly recorded. Some preliminary work has been undertaken to review the byelaws and ordinances of the College to ensure that they are accurate and reflect the current configuration of the National Health Service. A paper, with recommendations for change, will be put before the Council in 2008; twenty years after the original documents were drawn up.

We have installed additional power points in the Council Room so that committee members can bring their laptops to meetings, a popular move that has reduced the amount of printed paper produced. We have experimented with various ways of sending out committee papers, including emailing documents, posting papers to a secure site on the College website and dispatching CDs. Next year we shall trial reusable memory sticks in the quest for a system that delivers information in a timely and low-cost manner.

We have improved our communication systems and in 2007 sent the first circular email to all consultants for whom we have an email address. Since then we have extended the process and we are now able to email other membership groups. We have developed a protocol so that members should not feel overwhelmed by emails but the medium has enabled the College to communicate on topics as diverse as Modernising Medical Careers, the Tooke Inquiry and the VISION 2020 UK Strategy. Members are urged to contact database@rcophth.ac.uk with their email address if they have not already done so or if they change their address. We hope eventually to be able to email the entire membership but the system can only hold one address at a time.

In October 2007 Officers and senior staff had the luxury of a day devoted to developing a strategy for

the College. Submissions were received from various groups including the Staff and Associate Specialists Ophthalmologists' Group, the Ophthalmic Trainees Group and the Lay Advisory Group and the resulting draft document was put before the December 2007 Council for consideration. By the time this report is published we will have emailed members with the strategic plans for 2008-2010 and invited comments.

We have made a small investment in technology so that the third floor now is a wireless zone and visitors to the College can access their emails. A donation from Bausch and Lomb has been used to purchase the 'Quizdom' package which brings an interactive electronic component to seminars and courses.

We try our best to squeeze as much value out from the resources available to us. To this end, we have increased the time that the switchboard is open from 5.00 pm to 5.30 pm and from January 2008 the switchboard will open at 8.30 am rather than 9.00 am - a modest extension but one that will enable us to better serve our members and the general public.

The Professional Standards Committee



Mr Richard Smith

The Professional Standards Committee continues to deal with a very wide range of issues which impinge on the day-to-day practice of ophthalmology in a rapidly changing world. The structure of the Committee and its subcommittees has been reorganised during the year in order to concentrate energies on the areas of most immediate relevance to the current challenges faced by the profession. The Information and Audit Subcommittee brings together a number of related strands of work previously undertaken by separate subcommittees. The new Quality and Safety Subcommittee unites the work of a number of ophthalmologists who represent the College on other bodies which have a remit for ensuring safe and effective clinical practice. The Primary Care Subcommittee has evolved into a group which reports both to the Professional Standards Committee and to VISION 2020 UK, the umbrella group for those working to reduce preventable sight loss, which reflects the multi-professional nature of primary care ophthalmology. The work of the Ocular Tissue Transplantation Standards Group has increased

in complexity during the last two years since the establishment of the Human Tissue Authority and the group has become a formal subcommittee.

Following Sir Liam Donaldson's report on the regulation of the medical profession in 2006, the Government produced a White Paper entitled "Trust, Assurance and Safety" which adopted most of the recommendations of the Donaldson Report, but incorporated many of the suggestions made by this College during the formal consultation period. Legislation, in the form of the Health and Social Care Bill was introduced to Parliament in November 2007 and will be debated in the coming months. The Bill makes significant changes to the structure of the bodies which regulate all healthcare professions and some of its proposals, such as the introduction of the civil standard of proof in fitness to practise cases, remain controversial. Within these far-reaching reforms of the regulatory system, there will be an opportunity for ophthalmologists to shape the standards by which our specialist practice is judged. We must use this opportunity well to ensure that the process of revalidation commands the confidence both of the general public and ophthalmologists and the College will be consulting its membership widely during 2008.

During 2008, secondary legislation to permit optometrists to prescribe drugs independently is likely to come before Parliament. In its response to the consultation, the College and the British Medical Association recommended that optometrists should be able to prescribe for a limited range of eye conditions from a limited formulary. The Commission on Human Medicines decided in August 2007 that optometrists who had undergone an additional course of study to become independent prescribers should be allowed to prescribe for any eye condition from the whole of the ophthalmic chapter of the British National Formulary,

but with the important provisos that they must prescribe only within their areas of competence and must take personal responsibility for their prescribing decisions.

In October 2007, a document entitled "A step by step guide to commissioning community eye care services" was published by NHS Primary Care Contracting. Unusually, the authorship of the document was not made public, nor was there an opportunity for the eye care professions to comment on it at draft stage. Whilst the guide contains many sound principles for designing and evaluating primary eye care services, it also contains some serious flaws which the College believes would work to the detriment of patient care were it put into practice uncritically. The College has produced a detailed response which can be viewed on the College website.

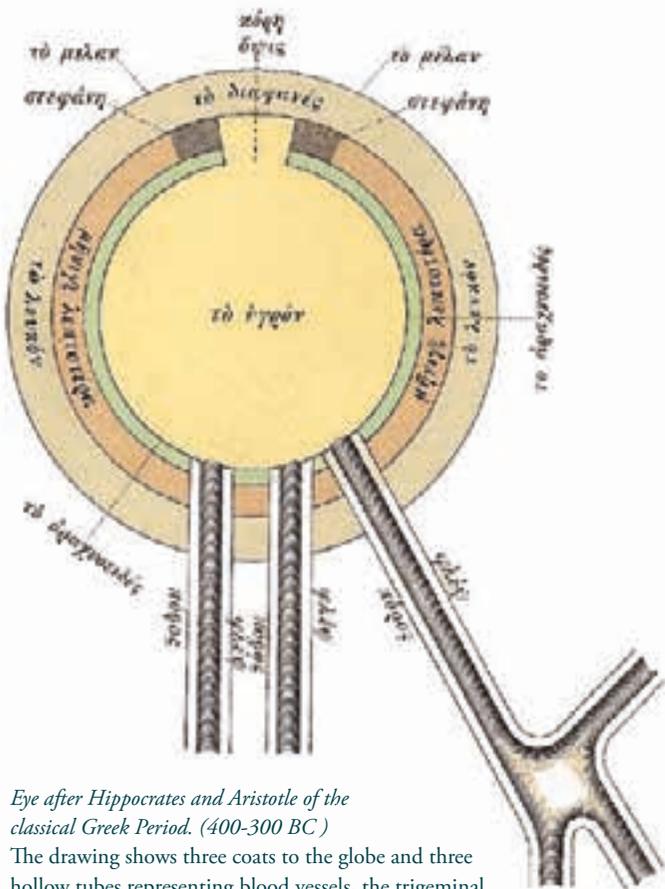
The professional standards section of the College website has been redesigned by Sara Felton to make it easier to locate documents on related topics. Commonly accessed documents are listed under the professional standards banner, and a more comprehensive range of documents is displayed under the professional standards section of the site-map.

Information and Audit Subcommittee

The Information and Audit Subcommittee has continued to build on the work of the "Do Once and Share" projects on cataract, glaucoma and diabetic eye disease with the development of data sets which, it is intended, will eventually become part of the national electronic patient record. Work is also underway on a data set for age-related maculopathy. Data sets are templates which allow the care of these conditions to be documented systematically and consistently. In 2006, the cataract data set was used to collate clinical data of

very high quality from 55,000 cataract operations. The ophthalmic data sets have received strong support from Connecting for Health's Chief Clinical Officer, who is keen to develop them as exemplars for the national electronic patient record.

The Subcommittee has also been active in less glamorous, but nevertheless important discussions, with the Department of Health to improve "Payment by Results", the pricing framework for NHS ophthalmology services. It has also been working with the Department of Health to pilot a new system of pricing known as "Normative Pricing".



Eye after Hippocrates and Aristotle of the classical Greek Period. (400-300 BC)
The drawing shows three coats to the globe and three hollow tubes representing blood vessels, the trigeminal nerve and the optic nerve connected to the chiasma.

Transplantation Services Group

Following a European Directive, the Human Tissue Authority (HTA) issued new regulations in July 2007 which require that all ocular tissue intended for transplantation must be obtained via an establishment licensed by the HTA. This directive affects the use of fresh limbal stem cell allografts and the direct importation of donor corneas from countries such as the United States of America. This important piece of information was the subject of the College's first ever electronic mail shot to UK consultants.

Another requirement of the HTA is that eye banks must have service agreements with all hospitals and other establishments which provide donor material for transplantation. Medical and non-medical personnel who retrieve cadaveric donor material should have undertaken one of the training courses run by the Bristol or Manchester eye banks.

Paediatric Subcommittee

The main achievement of the Paediatric Subcommittee was the development and implementation of a form to collect diagnostic information about children and young people registered as visually impaired. It is available on www.rcophth.ac.uk/about/publications/ under the section "Information from the Paediatric Subcommittee for Healthcare Professionals". We encourage members to download and fill in the forms when registering children in order that useful epidemiological information may be obtained. Papers relating to the care of children with strabismus, arthritis and those taking ethambutol have been placed on the same section of the website this year. Members of the Committee have met with the Chief Medical Officer to discuss provision for children with

Meares Irlen Syndrome, and have had input into the UK Vision Strategy, revised standards for newborn and 6 week physical examination published by the Royal College of Paediatrics and Child Health and the new Retinopathy of Prematurity guidelines.

Primary Care Group

In April 2007, the Royal National Institute for the Blind and VISION 2020 UK hosted a symposium to bring together representatives from the eye care professions and voluntary organisations with the aim of developing a UK vision strategy. A consultation document on the draft UK vision strategy was launched in November 2007. Mr Andrew Cassels-Brown led the working party responsible for the strategic objectives entitled: "Correction, treatment and the eye care journey".

There are many good examples of primary care ophthalmology services across the country which are safe, effective and integrated with the hospital eye service. However, there is a danger that government pressure to move hospital services into a community setting will result in the proliferation of poorly planned and evaluated initiatives which may be neither safe nor effective, nor ultimately, cost-effective.

Quality and Safety Subcommittee

The Quality and Safety (QaS) Subcommittee aims to consider ophthalmic patient safety, quality and value of care and medication and device related issues. Close working links have been forged with relevant NHS Agencies. The Medicines and Healthcare products Regulatory Authority (MHRA) has been especially supportive in working with QaS and in promoting the reporting of device related concerns by ophthalmic staff. Opacification of intraocular lenses (IOLs) remains an ongoing matter of concern to QaS members and a MHRA 'alert' on possible opacification of silicone IOLs by povidone iodine has resulted. QaS members are exercised by decontamination and infection control matters, particularly the implications for ophthalmic departments of off-site decontamination requirements at super-size sterile supplies departments. We are also exploring the implications of screening of all admitted or day case patients for MRSA, as is being suggested by Lord Darzi's review of the NHS.

The group wishes to develop a position on 'What is Quality in Ophthalmology Care' and would welcome suggestions to this end from College Members. We are keen to share examples of best practice and safer care with colleagues and NHS Agencies and with the Department of Health's '18 Weeks' team.

Workforce Subcommittee

At the beginning of 2007, there was huge concern for the prospects of those completing ophthalmic specialist training. During 2007, as at mid November, 62 substantive consultant posts had been advertised in the United Kingdom, plus a further 47 locum posts of variable duration. Clearly the improving financial situation in the NHS was beneficial but, of the substantive posts, 25% were in Medical Retina, which reflects the increasing workload in managing diabetic retinopathy, and age-related macular degeneration.

With the rapid changes in the way that ophthalmic care is delivered to the population, and the intention of government to move a substantial proportion of secondary care into a primary care setting, thoughts are turning to developing primary care ophthalmology as a sub-specialty within its own right. Ophthalmologists in the staff and associate specialist (SAS) grades make a major contribution to the ophthalmic workforce and will continue to do so in the future, probably with diversification of their role into emerging areas of practice such as primary care ophthalmology.

The future looks brighter than it did twelve months ago, we must hope that this improvement is maintained.



Subcommittee Chairmen

Information and Audit Subcommittee
Mr William Aylward
Ocular Tissue Transplantation Services Group
Mr Francisco Figueiredo
Paediatric Subcommittee
Mr Michael Clarke
Primary Care Group
Mr Richard Wormald
Quality and Safety Subcommittee
Mr Simon Kelly
Workforce Subcommittee
Mr Peter Black

Committee Members

Mr Richard Smith (Chairman)
The President
All College Officers
Subcommittee Chairmen
Miss Clare Bailey
Ms Maurina Baron (Lay Representative)
Mr Bernard Chang
Miss Parul Desai
Mr Andrew Elliott
Mr Anthony Evans
Mr Nicholas Hawksworth
Mr Husain Hilmi (SAS Group Representative)
Mr Graham Kyle
Mr Kerry Jordan
Dr Caroline MacEwen
Dr Mia Morris (APHO Representative)
Mr Amit Patel (OTG Representative)
Mr Michael Quinn
Mr John Sparrow
Mr George Turner
Mr John Twomey



Members of Council and Head Examiners at the 2007 Admissions Ceremony held at the Royal College of Surgeons of England

The Scientific Committee



Mr Winfried Amoaku

The main responsibilities of the Scientific Committee are detailed below but during the year the Committee also made a significant input into College-wide work on furthering information technology and e-Learning.

Age-related Macular Disease (AMD) Service Provisions Subcommittee

This Subcommittee was formed to evaluate models of AMD service provision in the NHS and to determine the impact of new intravitreal treatments on such provision. It will advise on the smooth introduction and incorporation of these new treatments into UK ophthalmic practice, and on AMD referral pathways as may be appropriate for different areas in relation to the distribution of medical retinal expertise, workload and accessibility of such new treatments to patients. The Subcommittee will also determine the minimum requirements for contemporary AMD service delivery

including Optical Coherent Tomography (OCT), digital Fundus Fluorescein Angiography (FFA) services, and electronic image transmission, in addition to availability of trained personnel.

Annual Congress

The International Conference Centre, Birmingham, a popular and efficient venue, was the location for the 2007 meeting. The programme was excellent and delegate numbers good despite the travails of MMC and the resulting delayed or re-scheduled interviews for ophthalmic specialist training posts, and reduced study leave budgets.

The highlights of Congress were the Duke Elder Lecture delivered by Professor Andrew Dick, and the Edridge Green Lecture by Mr Richard Harrad on amblyopia, both from Bristol. The Societas Ophthalmologica Europaea (SOE) Lecture was introduced by Mr Zdenek Gregor and delivered by Mr Andrew Scott.

Heidi Booth-Adams, Head of the Scientific Department, led the organisational team with dedication and flare. OPTIC UK once again provided an excellent trade exhibition.

The British Ophthalmological Surveillance Unit (BOSU)

BOSU continues to provide a methodological framework for the epidemiological investigation of the incidence, clinical features and treatments of uncommon ocular diseases of public health and scientific importance, which may result in improvements in the prevention and treatment of these diseases, as well as to inform service planning. This is achieved through a surveillance system where all consultant and specialists return monthly report cards to the BOSU secretariat.

Participation in the scheme has remained good with a mean monthly return rate of 77% but there are regional variations which are being investigated. The unit continues to operate on grants from outside the College, particularly The Guide Dogs for the Blind Association and the British Eye Research Foundation. Reports submitted to the unit are usually presented at scientific meetings and published in scientific journals including Eye.

Applications for new studies have to be submitted to BOSU for consideration using a process which is set out on the College website: www.rcophth.ac.uk/scientific/bosu

Eye

The journal, Eye, has continued to enjoy a rising impact factor with a current value of 2.01, the highest ever and is comparable to 1.87 in 2005. The continuing success gave rise to a higher number of manuscripts being received but the subsequent backlog of papers to be published has been intelligently managed and the lead time to publication will soon be at an appropriate level.

Professor Ian Rennie with the President after his last Council meeting, December 2007



Professor Ian Rennie, the Editor for 12 years, has moved the journal to contemporary times. His term of office ended in December 2007 and his foresight and energy is warmly acknowledged. The support of Assistant Editors Professor Andrew Lotery and Professor Arun Singh, the editorial board and the hard work of Elaine Hudson, the Editorial Assistant is also appreciated.

Professor Lotery has been appointed as the new Editor with effect from January 2008 and Professor Singh moves over to the British Journal of Ophthalmology as joint Editor. We wish them both well.

Guidelines

Guidelines produced by the College summarise the evidence base on particular subjects, which guides our practice and aims to gather consensus among ophthalmologists.

The Interim AMD Guidelines have been updated when necessary as the options for treatment of wet AMD have continued to evolve throughout the year. The definitive AMD guidelines are still under preparation and are expected to be ready for consultation in early 2008. The Retinopathy of Prematurity (ROP) Guidelines, which were jointly prepared by The Royal College of Paediatrics and Child Health (RCPCH) and the College, have now been accepted after amendments following the consultation process. The Vigabatrin Guidelines have been revised and have been sent out for consultation.

The production of guidelines continue to be a challenge as the services of a methodologist are beyond the resources of the College, although we aspire to the same methods of gathering, evaluating and grading of evidence as those employed by the Department of Health and the National Institute for Health and Clinical Excellence (NICE).

The Ocular Public Health Group

This group has been very active in the drive to educate healthcare professionals and the general public on the prevention of eye disease. It has been particularly successful in the campaign on smoking and AMD and other eye diseases. In September 2007 it hosted a successful day seminar on Community Care Ophthalmology and a similar one will be repeated next year.

The Seminar Programme

The most popular programmes were the Elizabeth Thomas Seminar, on contemporary management of AMD, and the series of intravitreal therapies seminars. For the first time, the Retinal Imaging Course (originally the 'Redhill Retinal Imaging Course' organised by Mr Amresh Chopdar) was run as a College event. This was very successful and will be repeated annually in July and, owing to its popularity, will be held at a larger venue.

The Committee extends its best wishes to Professor David Wong, the previous Chairman.

We look forward to seeing all of you at Congress in the newly completed Arena & Convention Centre, Liverpool, in May 2008 when we celebrate the 20th Anniversary of our College.

Committee members

Mr Winfried Amoaku (Chairman)
The President
All College Officers
Mr Nicholas Astbury
Professor Usha Chakravarthy
Mr Victor Chong
Mr Derek Forbes (Lay Representative)
Ms Wendy Franks
Mr Richard Harrad
Mr Parwez Hossain
Professor John Marshall
Miss Susan Mollan (OTG Representative)
Mr James Morgan
Mr Milind Pande
Mr Ian Pearce
Ms Jugnoo Rahi
Professor Ian Rennie
Miss Giuliana Silvestri
Mr John Sparrow
Professor Miles Stanford
Ms Gillian Vafidis
Mr Samuel Wong (SAS Group Representative)

The Education Committee



Mr David Cottrell

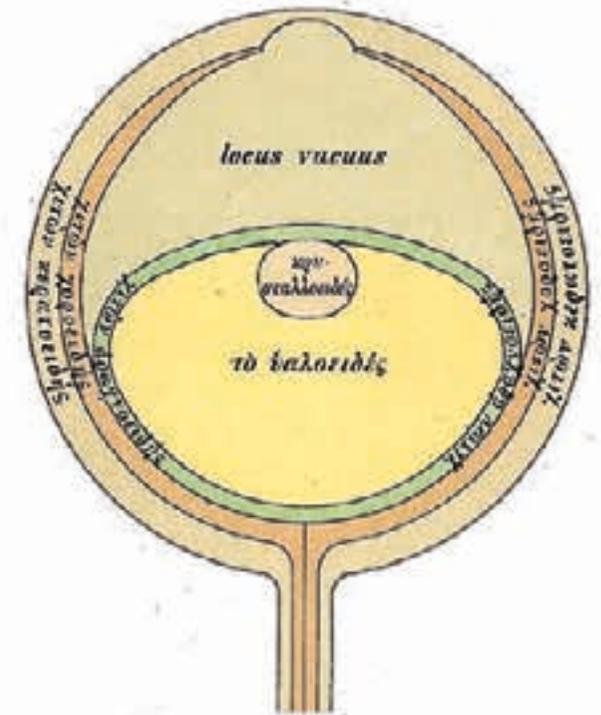
2007 was a very eventful year for medical education. The big news was, of course, the Medical Training Application Service (MTAS) which opened in January and collapsed in chaos several weeks later. It was the public face of the latest phase of the Government's Modernising Medical Careers (MMC) initiative.

MTAS was conceived as a way of making applications to medical training posts more objective, more transparent and more efficient in terms of time taken by applicants, selectors and deaneries. That it failed so dramatically in all these aims was a source of great concern for those who set up the scheme - although it cannot be said that they were not warned of pitfalls by many, including ourselves. Much has and will be written of the reasons for the failure but at least it seems clear that lessons have been learnt - in particular that major changes to selection systems should be piloted on a small scale before being rolled out.

MMC is inextricably linked with the new curriculum projects in which all colleges have been involved, and there is no suggestion that they should be abandoned. In common with those of other specialties, the new curriculum and its new assessment structure "went live" on 1st August 2007 for newly recruited trainees. Whilst there have inevitably been some teething troubles, it seems on the whole to be running smoothly. This is partly a consequence of the dedication of trainers and trainees in Mersey and West Midlands Deaneries, who took part in a pilot of the new system for 12 months from August 2006, which greatly helped us to resolve early difficulties. Workplace-based assessments (WBAs) are an integral part of MMC and the Postgraduate Medical Education and Training Board (PMETB) has insisted that they are incorporated into the assessment process of every college. They are a new concept to most of us and will take some getting used to, but have great potential advantages in reducing the number of exams which trainees need to take and in stimulating structured trainee-trainer discussions in the workplace.

In common with the other College Committees, we now have formal representation from staff and associate specialist doctors on the Committee. This excellent development means that the benefits of a perspective from the SAS Ophthalmologists' Group are now added to those already provided (and much appreciated) by the Lay Advisory Group and the Ophthalmic Trainees Group.

The reports of the subcommittees follow; grateful thanks are due to the respective chairmen who do most of the other work of the Education Committee with little of the glory.



Structure of the Eye following Aurelius Celsus. (c AD 131-201)
A lens, an anterior chamber and a vitreous are mentioned for the first time.

Awards and Scholarships Subcommittee

| AWARD | RECIPIENT | AMOUNT |
|---|-------------------|---------|
| Dorey Bequest Travel Award | Mr F Carbonaro | £400 |
| | Mr D Ezra | £400 |
| | Dr E MacDonald | £400 |
| Ethicon Foundation Fund | Miss T Fayers | £750 |
| | Mr K Fong | £900 |
| | Mr S Madge | £1,000 |
| | Mr K Mireskandari | £750 |
| International Glaucoma Association Fellowship | Miss S Low | £50,000 |
| | Mr I Murdoch | £50,000 |
| Patrick Trevor Roper Undergraduate Award | Mr G Ganeshanthan | £550 |
| | Ms R Lim | £550 |
| Pfizer Ophthalmic Fellowship | Mr S Madge | £17,500 |
| | Mr N Strouthidis | £17,500 |
| Sir William Lister Travel Award | Mr S Madge | £400 |
| | Miss C Wilson | £400 |

College Tutor Subcommittee

Two well attended induction days were held during the year. The dedication of the tutors to training and their enthusiasm for the hard tasks ahead was very heartening.

Continuing Professional Development (CPD) Subcommittee

The Subcommittee reviewed the implications of the Donaldson report on revalidation, "Good Doctors, Safer Patients" for CPD. It concluded that Donaldson requires all doctors to have a core knowledge base to perform safely and that it would not be adequate to focus exclusively on a subspecialty. This will have implications for the processes of relicensing and recertification, a subject for future debates.

The Subcommittee began preparations for an audit to take place in January 2008 which will consider the diaries of 10% of those registered for CPD. This necessitated a review of the function of the online diary and two modifications are planned as a result: the lock on the diary that prevents retrospective entry of activities three months after the end of the diary year to be removed and automatic reminders to be sent on a six monthly basis to those who had not made a diary entry during that period.

Finally, the Subcommittee has been instrumental in the purchase from the American Academy of Ophthalmology of a one year trial subscription to "Compass", an online source of review articles with self-test modules.

Curriculum Subcommittee

Approval of the new ophthalmic specialist training curriculum by the Postgraduate Medical Education and Training Board, in March 2006, did not mean the end of work for the Curriculum Subcommittee! - rather the start of the next phase. This has included:

- Piloting the new curriculum and the workplace-based assessments (WBAs) and following up on the results thereof
- Refining the whole assessment process (along with the Examinations Committee) and presenting it to PMETB in June - happily they accepted it with minimal conditions
- Working with the Training-the-Trainers Subcommittee to disseminate information about WBAs, what they mean and how they should be approached
- Developing the e-portfolio to make it easier for trainees to keep track of their learning in a formal, structured way and therefore to prepare in the best way for their annual assessments
- Making plans for annual curriculum review and evaluation in accordance with PMETB principles

Most of these represent current work in progress for the Subcommittee which will have a very busy year in 2008. I am extremely grateful, as always, for the stalwart support provided by all its members. This is exciting and very important work, contributing in a major way to furthering the College's aim of ensuring excellence in ophthalmic education, for the ultimate benefit of our patients.

E-Learning Subcommittee

2007 has been the first full year of the E-Learning Subcommittee. We have had a busy time, considering ways to deliver some of the teaching of ophthalmology by modern electronic means. The aim is to have 'blended learning' to support the new curriculum and initially work will concentrate on the early parts of training, with the idea of sharing resources across the country.

We have had demonstrations of technology, and discussions with the Department of Health (DH) and IT companies. Following a pilot module based on the Basic Microsurgical Skills course, we have subsequently decided to join the DH's E-Learning for Health project and the year culminated in a successful bid for funding for the College's inclusion from early in 2008. The College also now has an "audience response system" for use in tutorials and courses.

2008 will see much more activity as we begin to develop modules for the "Managed Learning Environment" and seek cases for the "Validated Case Archive", the main arms of the E-Learning for Health project and we hope to involve as many College members as possible. Other possible projects for the group include development of video conferencing, recording and online publishing of eponymous College lectures.

International Medical Graduates Subcommittee

In the first ten months of the year 13 International Medical Graduates (IMGs) obtained sponsorship through the scheme in order to obtain specialist training in the UK before returning to their home countries to practise. In addition a further six IMGs extended their period of training to gain even more value from their stay in the UK.

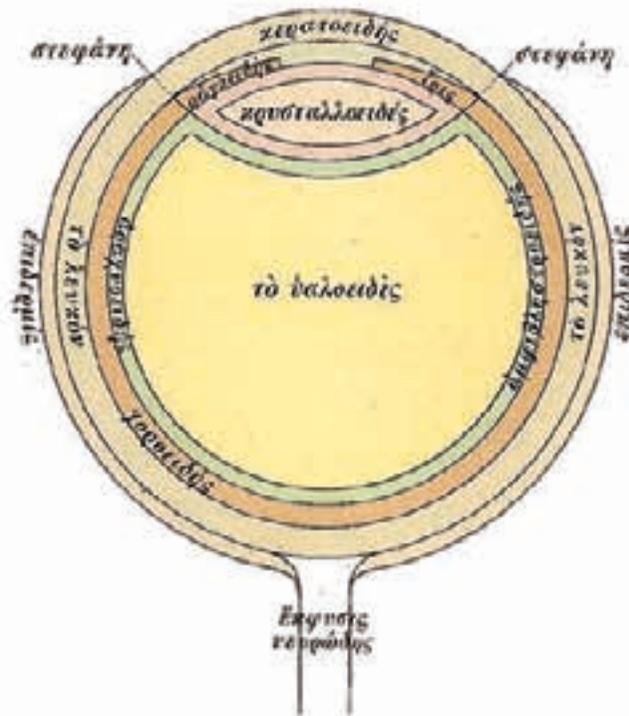
The Dual Sponsorship Scheme (DSS) is the College's main route for sponsoring IMGs who wish to receive some specialist training in the UK. A major change in registration legislation in 2007 required all medical graduates wishing to work in the UK to apply for full registration as the General Medical Council removed the option of limited registration. The College had to reapply to the General Medical Council for the recognition of the DSS and the Subcommittee took the opportunity to thoroughly revise the scheme's protocols, regulations and documentation. The resulting guide to the scheme is on the College website to assist potential sponsors and trainees. There are now four routes of entry into the scheme for IMGs with the introduction of the accreditation of certain overseas departments whose lead clinicians may sponsor trainees directly, thus negating the need for previous personal contact of the overseas sponsor with a UK sponsor. The Subcommittee looks forward to supporting many IMGs who wish to gain experience in the UK on the revised scheme.

Surgical Skills Subcommittee

The Skills Centre has hosted nine basic skills courses through the year, attended by 143 trainees. Though there was a temporary lull in demand for these around the time of the MTAS recruitment process, this has picked up and most have been fully subscribed since. The course manual has been rewritten, and minor alterations to the programme made to include teaching on applying an eye drape, and some guidance on surgical philosophy and theatre etiquette. The time spent in the Skills Centre itself has been increased. Intermediate level courses have been over-subscribed. In response to this, additional courses in oculoplastics and intermediate phaco surgery have been added to the programme for 2008.

The Department of Health has agreed to fund E-learning for the whole of the basic surgical skills syllabus, and this is currently in preparation. The subcommittee is exploring expansion of its courses to offer basic skills training to overseas doctors visiting solely for skills training, and also has been invited to visit overseas units to provide similar training.

Although future course attendance numbers are difficult to predict, particularly at a time of change in training structures, it seems likely that demand in 2008 will remain buoyant.



Eye after Rufus of Ephesus (c AD 98-117)
A fourth coat, the conjunctiva is shown and the (encapsulated) lens is placed in approximately the correct position.

Training the Trainers Subcommittee (TTT)

Two complete TTT courses were held during the year, attendance was good and the feedback very favourable. The course leaders have done a sterling job for the last three years; to avoid overburdening them it is proposed to change the leaders next year.

Training in workplace-based assessments (WBA) was introduced in 2006 and, although numbers were low, those who attended thoroughly enjoyed the day. We held four one day courses on WBA training at the College in 2007 and two abbreviated sessions in the Northern Region.

We plan to continue with WBA training at the College as a separate entity for at least another year but ultimately WBA training will be incorporated into the Training the Trainers and available twice yearly.

Undergraduate/Foundation Education Subcommittee

A questionnaire has been sent to all medical schools to determine the nature of current undergraduate ophthalmology teaching and the resources employed. The help of Miss Margaret Dayan is acknowledged.

The document 'Ophthalmology as a Career' is being revised with the help of Bruce James.

Final thanks are due to the staff of the Education and Training Department who support the Committee and sub-committees so admirably.



The Skills Centre at the College

Subcommittee Chairmen

Awards and Scholarships

Mr Bruce James

College Tutors

Mr David Smerdon

Continuing Professional Development

Mr Graham Kirkby

Curriculum

Mr David Cottrell

E-learning

Mr James Innes

International Medical Graduates (IMG) Training

Mr Stephen Vernon

Surgical Skills

Mr Mark Watts

Training the Trainers

Mr David Smerdon

Undergraduate/Foundation Education

Professor Philip Murray

Committee members

Mr David Cottrell (Chairman)

The President

All College Officers

Subcommittee Chairmen

Dr Karen Gillvray (SAS Group Representative)

Miss Rosalind Harrison (AHPO Representative)

Professor Huw Jones (Lead Dean for Ophthalmology)

Mr Michael Nelson

Dr Bina Parmar (OTG Representative)

Mrs Carol Watkins (Lay Representative)

The Training Committee



Mr Peter McDonnell

The past year has proved to be even more challenging and turbulent than predicted in my Annual Report for 2006. The challenges and turbulence associated with Modernising Medical Careers (MMC) severely affected many trainees, trainers and other College members.

To recap, MMC was a new type of seamless run-through specialty training, which started in August 2007. The Training Committee, along with other College committees and College staff, had worked hard to develop the proposed training programme, and gave advice to deaneries and specialist training committees on how to interview and assess applicants for these new training schemes. Unfortunately, the national computerised application system, the Medical Training Application Service (known as MTAS) failed early in the application timetable, and the end result was confusion and chaos, and the need for deaneries to arrange large numbers of additional interviews. The Training Committee was heavily involved in providing

general advice and guidance to trainees and trainers during this difficult period. The Government then established an Independent Inquiry into MMC, and the College has gathered the opinions of many of its members and has submitted its views to the Inquiry on this basis. The submissions are available on the College website. The Training Committee has also recently published guidance on the coming recruitment round of 2008 for speciality training.

The Postgraduate Medical Education and Training Board (PMETB) has now been established for two years. One of the key areas of engagement with PMETB for the Training Committee over the past year has been in relation to the Quality Assurance of training standards for ophthalmology. Since the previous

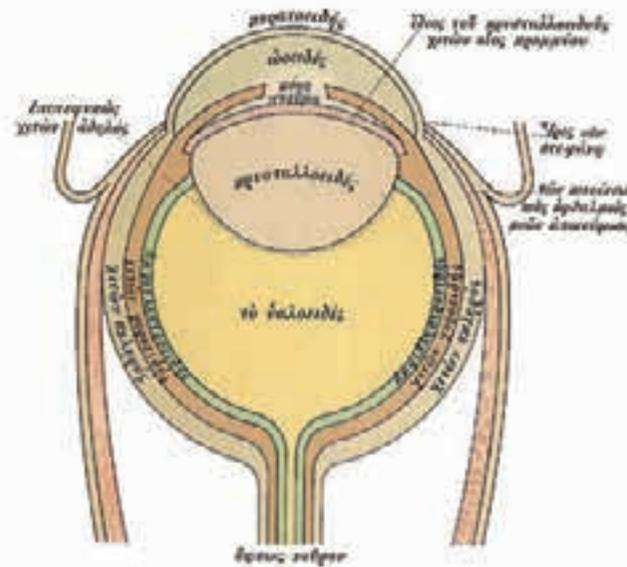
College inspections of training units were stopped by PMETB, the Committee is concerned that the national overview of training standards is missing. The Committee has therefore developed a new scheme of Faculty Support meetings for deaneries and specialist training committees and a pilot is currently taking place.

The Training Committee continues to assess the suitability of trainees to have their names entered upon the specialist register, and makes the appropriate recommendation to PMETB. In 2007 the Certificate of Completion of Training (CCT) was awarded to 72 ophthalmologists. The Committee also assesses many proposals from individual trainees for out of programme training or research to count towards their CCT.

Thank you to the members of the Committee who have worked hard over this difficult year, and a special thank you to the staff of the Education and Training Department led by Alex Tytko.

Equivalence of Training Subcommittee

The Equivalence of Training Subcommittee has continued to have an increasing workload in the past year. Through Article 14 of the Order that established PMETB, there is now a route onto the specialist register whereby previous experience, training and qualifications may be considered. The Subcommittee assists PMETB in its assessment of applications under Article 14. The work involved is very substantial both for College staff preparing the paperwork and for members of the Subcommittee who go through all the evidence supplied by the applicant. Typically an application has been between 300 and 500 pages of closely typed A4. In order to deal with the increasing workload, the Subcommittee has needed to meet more frequently.

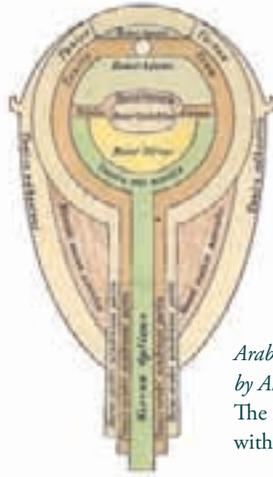


Eye after Claudius Galenus (Galen) (c AD 131-201)

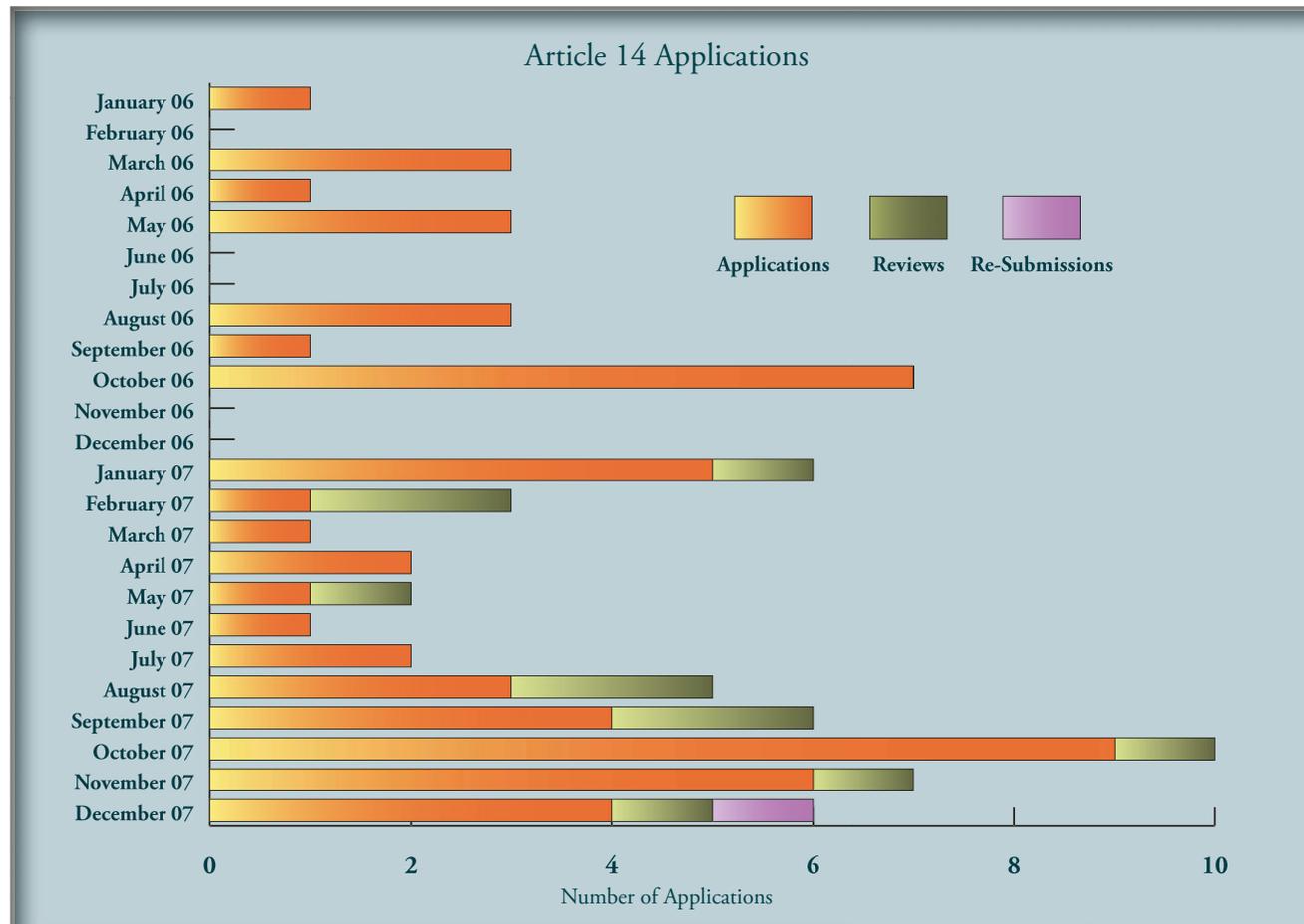
This schematic drawing shows seven coats, the conjunctiva, ocular muscle, sclera, choroid, retina, vitreous humour and the crystalline lens – the essential organ of vision from which visual emanation was emitted in the form of a cone.

It has also started to use a teleconference facility as a means of evaluating applications. The Subcommittee has also developed guidance for Article 14 applicants in ophthalmology which is on the College website. Recently the Subcommittee has recruited additional consultant members to help with its work.

During 2007 the Equivalence of Training Subcommittee met six times, held 12 teleconferences, and forwarded 26 recommendations to PMETB. To date the College has been informed that PMETB has agreed with 14 of the College recommendations and has not yet informed the College of its decisions on the remaining 12.



Arabic interpretation of the Eye by Alhazen (c 1038)
The lens is almost central with optic nerves entering it.



Committee members

- Mr Peter McDonnell (Chairman)
- The President
- All College Officers
- Mr Hatem Atta
- Miss Michèle Beaconsfield
- Mr Christopher Blyth
- Mr John Bradbury
- Miss Lucilla Butler
- Miss Clare Davey
- Mr Charles Diaper
- Mr Declan Flanagan
- Professor John Forrester
- Dr Nicholas George
- Mr Siddharth Goel (OTG Representative)
- Professor Huw Jones (Lead Postgraduate Dean)
- Miss Andrena McElvanney
- Dr Lalitha Moodaley (SAS Group Representative)
- Professor Colm O'Brien
- Mr James Sharkey
- Dr Jaswinder Singh
- Mr Peter Simcock
- Miss Fiona Spencer
- Professor Miles Stanford
- Mr Kevin Stannard
- Mr Michael Stewart (College Solicitor)
- Mr Victor Stone (Lay Representative)
- Mr Paul Sullivan
- Mr Stephen Vernon

Equivalence of Training Subcommittee

- Mr Peter McDonnell (Chairman)
- All members of the Training Committee
- Mr James Innes
- Mr Bruce James
- Professor Philip Murray
- Mr David Smerdon

The Examinations Committee



Mr Simon Keightley

2007 has been a challenging year for all committees concerned with training the future eye doctors. There has been considerable apprehension amongst trainees because of the uncertainty with the Medical Training Application Service (MTAS) selection process and the examination staff have fielded many telephone calls from trainees anxious about which examinations count towards specific parts of their training. The Examinations Committee continues to support this important group of ophthalmologists and is constantly updating its advice on the College website. It is interesting to note that the most “hits” on the website have been related to examinations queries. Like all College committees there is a trainee representative on the Examinations Committee and by this means information and advice is passed on to trainees across the country.

One of the interesting highlights of this year has been the approval of the new examinations structure by the Postgraduate Medical Education and Training

Board (PMETB). After a stimulating exchange, it was agreed that structured vivas could appear in the new Part 2 FRCOphth examination when it is first held in October 2008. PMETB need to see validated results of the examination before that time, however, and for this and other reasons it has been decided to hold a pilot Part 2 FRCOphth examination in May 2008. I am very much looking forward to seeing the whole thing in action for the first time. The new Part 1 FRCOphth and the Refraction Certificate are now up and running, and we have seen the number of candidates passing increase as they become more familiar with the format and the standard required. The Part 1 FRCOphth was held concurrently in South India and in Egypt for the first time this year. There were a small number of candidates at each centre but I feel that numbers will increase over the years.

The old-style examinations continue to run in parallel with the new ones but, as might be expected, numbers wishing to take these exams have declined because of the climate of uncertainty. The last of the Parts 2 and 3 MRCOphth examinations will be held in 2008 and we could expect a rush of candidates for these. The Fellowship Assessment will continue to run until the last trainee who wishes to use this route has completed it.

We have had some constructive meetings this year with our sister College, the Royal College of Surgeons of Edinburgh, which up until now has had its MRCS/FRCS accepted for ophthalmological training. This is now no longer the position because the only curriculum that PMETB accepts for ophthalmology training in the UK is that of this College therefore the assessment of the curriculum is through this College’s examinations only. We have therefore granted limited reciprocity for all those trainees who have some of the parts of the MRCS/

FRCSEd. Examination. This will allow them to take the remainder of the equivalent College examinations, thus being able to gain the Certificate of Completion of Training (CCT). As a result of discussions with the Royal College of Surgeons of Edinburgh we will be using the magnificent Quincentenary Hall at their premises to run the February 2008 Part 2 MRCOphth examination. We hope there will be many more opportunities to work closely with them.

2007 Exam Figures

| Part 1 | Cand Nos | No of Passes |
|---------------|------------|--------------|
| Jan-07 | 29 | 4 |
| May-07 | 40 | 5 |
| Oct-07 | 61 | 13 |
| TOTALS | 130 | 22 |

| Part 2 | Cand Nos | No of Passes |
|---------------|------------|--------------|
| Feb-07 | 54 | 19 |
| Jun-07 | 62 | 25 |
| Nov-07 | 63 | 35 |
| TOTALS | 179 | 79 |

| Part 3 | Cand Nos | No of Passes |
|---------------|------------|--------------|
| Mar-07 | 134 | 54 |
| Sep-07 | 117 | 57 |
| TOTALS | 251 | 111 |

| Diploma | Cand Nos | No of Passes |
|---------------|-----------|--------------|
| Jun-07 | 19 | 10 |
| Nov-07 | 15 | 5 |
| TOTALS | 34 | 15 |

| Duke Elder | Cand Nos | No of Passes |
|------------|----------|--------------|
| May-07 | 436 | 121 |

Perhaps the shape of things to come, the College held its first Certificate in Laser Refractive Surgery in October. This is a post-CCT certificate and is undertaken purely on a voluntary basis. It shows that the holder has a basic competency in this new technology and has attracted a lot of interest from practitioners across the country. With revalidation and recertification on the horizon, this may be one way of assessing all subspecialty disciplines.

As always, the College is indebted to the hospitals and eye departments that have opened their doors to us for all the examinations we have held. Because of the overlap, it has been a larger number than ever this year and will be the same for 2008. It is a stimulating experience to visit other colleagues' departments and I would very much like to thank all of them and their administrative teams who work so hard for us. Patients countrywide continue to present themselves with such great willingness and are always pleased to "give something back to the hospital". It never ceases to amaze me how wonderful these people are – without them we would not be able to assess anyone. A similarly vital role is played by all the examiners. We have a huge pool of people who are willing to commit several days every year to come and examine and I would personally like to thank you all very much indeed for making my job a lot easier than it could be.

I would also very much like to thank Emily Beet and her stalwart staff of four. They are the backbone of the department and their diligent work at the College oils the gearwheels of this very efficient machine.

In May 2008, I shall have been the Chairman of the Examinations Committee for four years and will be leaving office. The time has swiftly sped by and I think that much has been achieved thanks to the great team with whom I have had the privilege to have worked.

I shall miss the buzz and the intellectual stimulation of the role and I wish my successor well. I know the Examinations Department will be in good hands and will look forward to seeing the new examinations flower into successful assessments of our most excellent trainees.



Subcommittee Chairmen

| | |
|---|-----------------------|
| Part 1 | Professor Paul Bishop |
| Part 2 | Dr Caroline MacEwen |
| Part 3 | Mr Simon Keightley |
| Diploma | Dr Paul Baines |
| Certificate in Laser Refractive Surgery | Mr Jeremy Prydal |

Committee Members

Mr Simon Keightley (Chairman)
 The President
 All College Officers
 All Subcommittee Chairmen
 Mr Wagih Aclimandos
 Dr Patrick Gallagher
 Mr Faruque Ghanchi
 Dr Elizabeth Graham
 Dr Harold Hammer
 Miss Yogeswary Kurunadalingam
 (SAS Group Representative)
 Miss Amanda Lewis (OTG Representative)
 Mr William Meyer (Lay Representative)
 Professor Philip Murray
 Mr Michael Nelson

The International Subcommittee



Mr John Lee

There are many references elsewhere in the Annual Report to the debacle around the introduction of Modernising Medical Careers (MMC) initiative and particularly the Medical Training Application Service (MTAS). Less widely publicised was the fall-out from the unilateral action of the Department of Health and the Home Office, which announced on 7 March 2006 that “from 3 April 2006 International Medical Graduates (IMGs) - who are not UK or EEA nationals - wishing to work or train in the UK will need a work permit. This is a requirement. To obtain a work permit an employer must show that a genuine vacancy exists, which cannot be filled by a doctor who is a UK or EEA national.”

Given the long-term contribution that such doctors have made to the NHS, in ophthalmology as much as any other specialty, this was met with justifiable outrage, and the Subcommittee added its voice to those

representatives of other medical royal colleges, the UK medical schools, the British Medical Association and other interested groups in protesting. Eventually, the ruling was subjected to a judicial review, and later overturned.

The College was delighted to be approached this year by the East African College of Ophthalmologists for advice and help with developing their College. Two representatives visited the College in May 2007 and were invited to attend the Annual Congress as our guests. There was a very useful exchange of views and we agreed areas where the two Colleges could cooperate in the future. We look forward to establishing a similar rapport with the West African College of Ophthalmologists.

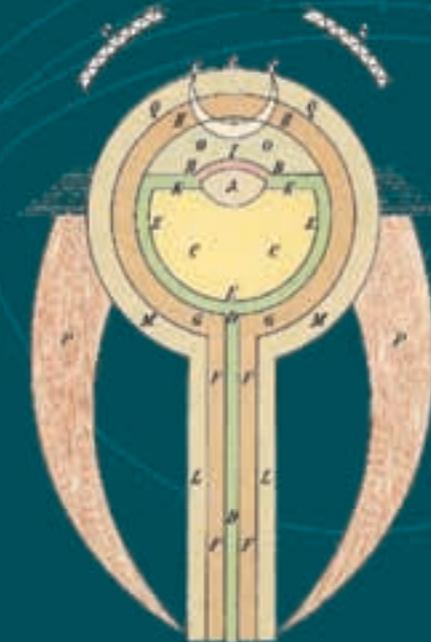
The Subcommittee also codified the assistance the College is able to offer refugee ophthalmologists already in the UK and this is available on the website. The opportunity for interaction with other ophthalmologists and access to the College’s educational resources may assist refugee doctors and their potential ophthalmic careers in the UK.

The International Committee was very happy to note the progress of the Examinations Committee in holding the Part 1 FRCOphth in Cairo, with the assistance of the British Council, and hopes to see more advances in this area.

Finally, we congratulate Mr Nick Astbury, past President of the College, and a member of the International Subcommittee, on the great success of the LINKS programme which partners UK eye units with units overseas, to allow exchange of skills and teaching. The programme goes from strength to strength under his inspired leadership.

Subcommittee members

Mr John Lee (Chairman)
The President
Dr Ahlam About
Mr Wagih Acimandos
Mr Nicholas Astbury
Miss Michèle Beaconsfield
Mr Timothy ffytche
Mr Zdenek Gregor
Mr Simon Keightley
Mr Stephen Vernon



Eye after Franciscus Maurolycus (1494-1577)
He refutes the Galenic doctrine declaring that the crystalline lens produces a direct image on the deeper parts of the eye.

The European Subcommittee



Miss Michèle Beaconsfield

Health tourism continues to exercise the European Commission (EC) and its Parliament (EP), and neither has maintained a consistent position. By the end of 2006 it had been agreed that healthcare provision, which includes ophthalmology and optometry, should not be subject to the regulations of the Services Directive. This Directive paves the way for caterers, travel agents and other professionals who provide a 'service' to set up business in other European states. Article 2 of the Directive clearly sets out those service activities excluded from the scope of the Directive and these include healthcare services, regardless of how they are organised and financed at national level, whether operating in the public or private sector.

Contributors to the consultation, which included the British Medical Association as well as subspecialty representation from the Sections of the Union Européenne des Médecins Spécialistes (UEMS) such as ophthalmology, favoured Community action on health services. However they highlighted the need for better information to be available as well as ensuring the quality

and safety of healthcare delivery. To simplify the control of cross border care, a highly controversial amendment calling for healthcare services to be reinstated into the Services Directive is being reconsidered by the EP. This has been met by clear remonstrations from the UEMS as it remains obvious to doctors that healthcare delivery cannot be governed and monitored and quality assured in the same way as the provision of plumbing. In light of the various attacks and criticisms, the EC has delayed publication of its unifying healthcare proposals.

The question remains whether this is a delaying tactic or involves meaningful modifications. As the lead time for elective surgery in the UK continues to decrease, these considerations may have little impact long term on the UK ophthalmic patient.

Meanwhile, real life goes on. Patient and doctor mobility being a fact of European life, specialty training programmes and their assessment need to be comparable, and professional guidelines and continuing professional development need to be harmonised. This is a long-term project in progress, with the European Board of Ophthalmology responsible for the former, and the Ophthalmic Section of the UEMS for the latter. Although European Specialist Medical exams have no legal standing in the UK, the European Board of Ophthalmology Diploma (EBOD) is increasingly being used as evidence of having reached a certain level of competence and was first adopted as a national 'exit assessment' by the Swiss some years ago. The French and Belgians have since included it as part of theirs, and it is expected that more continental nations will follow in due course. The UEMS has therefore asked all subspecialty European Boards that run exams to look at these with a view to agreeing on regulations regarding eligibility, format and validation.

Subcommittee members

Miss Michèle Beaconsfield (Chairman)
The President
Mr Wagih Aclimandos
Dr Thomas Barrie
Mr Larry Benjamin
Professor Alistair Fielder
Mr Timothy ffytche
Mr John Lee
Mr Alan Ridgway

The Staff and Associate Specialists Ophthalmologists' Group



Mr Jonathan Eason

The Staff and Associate Specialists Ophthalmologists' Group (SAS) was established in the autumn of 2006 and now meets three times a year.

SAS doctors represent a significant proportion of the ophthalmic workforce, and, although there were already some SAS doctors involved in College life, the structures were not in place to provide them with the representation required to recognise and acknowledge the contribution they make to ophthalmology. Many SAS ophthalmologists work to a very high level, including running services and departments. It would be fair to say that many SAS ophthalmologists have felt that the College is remote and not relevant to them.

The newly formed Group had two main aims:

- to identify as many SAS ophthalmologists as possible
- to establish lines of communication between the SAS Group, formed of regional representatives, and SAS ophthalmologists. The Group wanted to establish an

effective means of disseminating information to SAS members and to bring their comments and views back to the College

Committee members have been in communication with ophthalmology departments around the UK to try to contact all SAS ophthalmologists. They have succeeded in collecting email addresses for many, but if you are reading this and have not been contacted, please get in touch with your regional representative via sas@rcophth.ac.uk.

The SAS Ophthalmologists' Group members have been welcomed into College committee life and are now in a position to represent SAS ophthalmologists and inform College policies on the issues that affect us, such as education, continuing professional development (CPD) and training.

At the Annual Congress in May the SAS Ophthalmologists' Group held a Forum including a question and answer session with College Officers. It could have been called 'All the President's Men - on the spot!' The event was very successful with a good turnout and it will be repeated next year.

Having succeeded in meeting the primary goals in the last year the committee will now work to ensure:

- a future in which SAS members' views will be effectively communicated to the College
- the College has policies which encourage SAS ophthalmologists' career and personal development through training and a mature continuing professional development process

| Name | Region | Committee |
|---------------------------------------|----------------------|-------------------------------------|
| Mr Jonathan Eason (Chairman) | South West Thames | Finance |
| Miss Brenda Billington | The President | |
| Dr Sumedha Bhagat | Scotland West | Training the Trainers E-learning |
| Mr Napoleon Devarajan | Wales | Paediatric |
| Dr Surinder Dhanoo | Oxford | Continuing Professional Development |
| Dr Joanna Gall | Wessex | Lay Advisory Group |
| Dr Karen Gillvray | Northern Ireland | Education |
| Dr Jane Harcourt | Scotland East | |
| Dr Husain Hilmi | South Western | Professional Standards |
| Dr Elizabeth Kaonga | South East Thames | |
| Mr Thurairatnam Kathirgamakarthiseyan | West Midlands | Equality and Diversity |
| Dr Lesley Kaye | Mersey | |
| Miss Yogeswary Kurunadalingam | Yorkshire | Examinations |
| Dr Mona Loutfi | North West Thames | International Medical Graduates |
| Dr Lalitha Moodaley | Moorfields | Training |
| Mr A Sherif Omar | Northern | |
| Mr Francis Rajan | East Anglia | Surgical Skills |
| Dr Pauline Wilson | North East Thames | |
| Mr Samuel Wong | Trent | Scientific |
| Dr Lorna Young | North West | |

The Lay Advisory Group



Mr Tim Battle

The Lay Advisory Group has continued to meet quarterly to discuss members' activities in the work of the College. We have been joined this year by Victor Stone, John Cannon and Sylvia Simmons, all of whom add to the range of skills and experience we can offer. We have been pleased to welcome a member of the Staff and Associate Specialists Ophthalmologists' Group to our meetings.

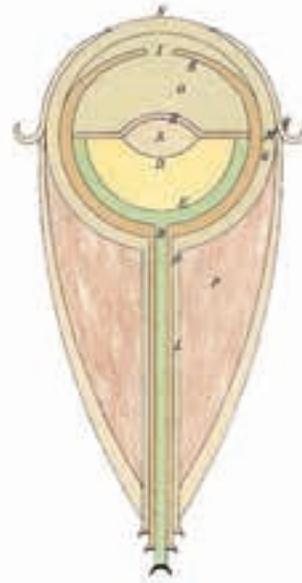
This year has seen the start of our active involvement in College examinations. Lay members have taken part in the communications stations of the examinations in Bristol and in Belfast and also in the new laser refractive surgery assessments. The Group considers this an important initiative and members have worked hard to ensure their involvement has been useful.

The LAG has commented on matters of interest to the College and on issues related to its own work. We have noted with deep concern the progress of Modernising Medical Careers from the worries over the apparent lack of posts at the start, through the crisis over short listing, to the inception and publication of the Tooke review.

We also noted the development of the UK Vision Strategy and welcome the commitment which such a plan will bring.

We are very pleased that the College has responded to a suggestion from one of our members by establishing a small group to examine the special requirements for care of people with learning disabilities. We hope that this work can be widely used both in eye care and also in other medical settings.

As ever, the LAG has been well supported by the President, Chief Executive and Chairs of Committees who have given their time to explain their work and to encourage debate about issues of importance in ophthalmic care. We are grateful for their time and for the efforts of our secretary, Sara Felton, who has organised and recorded our meetings with great diligence.



Drawing of the anatomy of the eye by Andreas Vesalius (1514-1565)

This shows a section of the eye which includes A, a crystalline humour B, an anterior sheath of the lens capsule and K, a ciliary zonule.

Lay Advisory Group Members

- Mr Tim Battle (Chairman)
- Miss Brenda Billington (President)
- Ms Maurina Baron (Professional Standards)
- Mr Mike Brace OBE (Paediatric)
- Mr John Cannon (Finance)
- Mr Bernard Chang (Council member)
- Mrs Kathy Evans (Chief Executive)
- Mr Derek Forbes (Scientific/Equality and Diversity)
- Dr Joanna Gall (SAS Group)
- Professor Helen Petrie (Information and Audit)
- Mr Graham Kyle (Council member)
- Ms Gill Levy (Ocular Public Health Group)
- Mr William Meyer (Examinations)
- Ms Sylvia Simmons
- Mr Victor Stone (Training)
- Mrs Carol Watkins (Education)

The Ophthalmic Trainees' Group (OTG)



Mr Jonathan Ross

The Ophthalmic Trainees' Group (OTG) provides a direct route for communication between the nation's ophthalmologists in training and the College. The OTG is also represented at the Academy Trainees Group (ATG) of the Academy of Medical Royal Colleges (AoMRC) on issues related to promoting the quality of postgraduate medical training.

Much of our activity this year has been dominated by the Medical Training Application Service (MTAS), the introduction of the run through grade and Modernising Medical Careers (MMC). MTAS caused considerable avoidable distress to trainees in the months leading up to August 2007. The College and the AoMRC made strong representation to central policy makers about the lack of true consultation with stakeholders, inadequate workforce planning, unrealistic timescales and centralised computer data security issues. Following the changeover in August an independent inquiry into the postgraduate medical reforms was instructed under

the guidance of Sir John Tooke, the initial findings of which were published in the seminal report 'Aspiring to Excellence' in October www.mmcinquiry.org.uk/MMC_InquiryReportREVD3.pdf.

The OTG participated in the consultation and welcomed the recommendations in the final report.

We have contributed to 'Ophthalmology as a Career', a guide for medical students and junior doctors. It contains information about the training structure, competition levels and opportunities within the specialty, as well as numerous personal accounts of trainees' career paths and their reasons for choosing ophthalmology and it will be available in 2008.

In the first quarter of 2007 there was much discussion of a mismatch between the number of trainees looking for consultant posts and the smaller number of posts being advertised. The OTG felt that there was a lack of readily available and accurate information to refer to so, with the assistance of the Workforce Subcommittee, we started collecting workforce data in 2007 which can be viewed at www.rcophth.ac.uk/training/otg/workforce-data. The data suggested there were below average numbers of consultant posts advertised in 2005 and 2006, but an above average number in 2007 which has helped reduce the imbalance. Ophthalmic trainees typically commit a minimum of seven years to specialist training. We believe that, subject to appropriate competency attainment, they should all have the opportunity to take up a substantive post at the end of this investment and should have access to more workforce planning data as they train, to help inform their choices. The Tooke Report also highlighted the need for a major review of NHS medical workforce planning.

Our annual symposium 'Ophthalmic Registrars and Young Consultants Learning the Essentials' (ORYCLE) was held in Manchester and sold out weeks in advance. The meeting was organised by Fiona Lyon and provided a non-clinical educational event of relevance to ophthalmologists in training and newly appointed consultants. Topics discussed included medico legal



Teaching aid used on Skills Centre courses

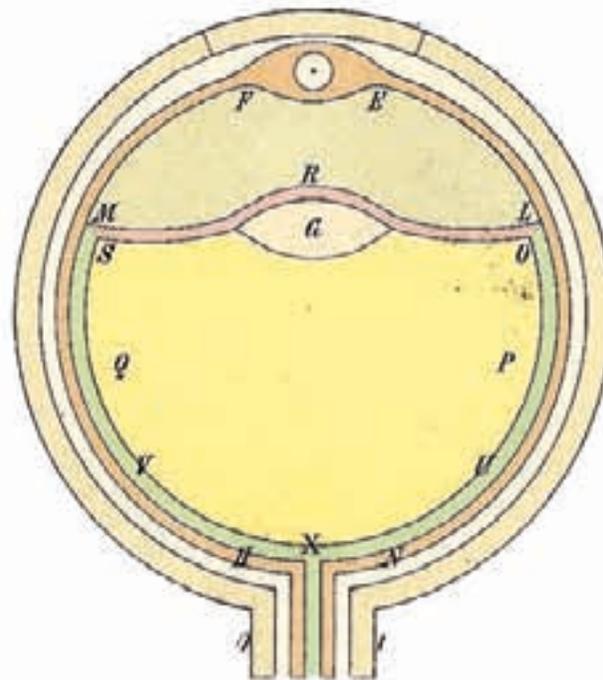
issues, reform in healthcare, service management, leadership, healthcare economics and international ophthalmology.

In 2007 we started work on a new website www.opthalmictrainee.com. It is run by the OTG and will deliver diverse educational material and



facilitate greater communication between junior ophthalmologists and the College.

I would like to thank all the OTG representatives for their valuable input and their supervising consultants for making provision for them to be absent from their clinical duties while at the College. I would also like to give thanks to Beth Barnes, the OTG coordinator, and to our president, Miss Billington, for their guidance and support. Above all I would like to thank all the junior ophthalmologists who have given their time and shared their views with us over the past year - canvassing their opinions is our top priority.

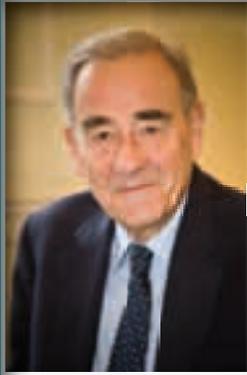


Eye after Giambattista della Porta (1538-1615)
 Depiction of the eye at the end of the 16th C and beginning of the 17th C.

| Name | Region | Committee |
|--------------------------|----------------------|------------------------|
| Mr Jonathan Ross | Chairman | Council |
| Miss Brenda Billington | The President | |
| Mr Siddharth Goel | Overseas Trainees | |
| Deputy Chairman | Training/ MMC issues | |
| Miss Shu Fen Ho | Trent * | |
| Mr Faisal Idrees | South Thames | |
| Miss Amanda Lewis | North Western | Examinations |
| Miss Fiona Lyon | Northern & Yorkshire | Finance |
| Dr Susan Mollan | West Midlands | Scientific |
| Dr Tanya Moutray | Northern Ireland | |
| Mr Nuwan Niyadurupola | Anglia & Oxford | |
| Dr Bina Parmar | North Thames | Education & E-learning |
| Mr Amit Patel | Wales | Professional Standards |
| Mr Manickham Thiagarajan | South Western | |

* The Trent Regional Representative covers the East Midlands Deaneries based in Nottingham and Leicester, and the South Yorkshire and South Humberside Deanery based in Sheffield.

The Museum and Library



Mr Richard Keeler
Honorary Curator

The collections of antique instruments and books continue to expand, mainly by gifts from ophthalmologists and relatives of deceased ophthalmologists.

The policy of disposing of duplicate items by swapping with other museums and collections has commenced.

Photographing and cataloguing each item in the collection is reaching its conclusion. The long process of dating and identifying other details, such as the manufacturer, of over 1,400 instruments is yet to be embarked on. However Ronald Bentley, retired surgical instrument expert from John Weiss, has volunteered his assistance and is well on his way to cataloguing the large collection of surgical instruments, some dating back to the middle of the 19th century.

New, bespoke and enclosed library shelves have been installed in the President's Room. Over 400 books are now on display including rare volumes and an impressive number of famous ophthalmological atlases.

During the year, 15 members of the International Ophthalmic Antiques Collectors Club paid a visit to the College's Museum as part of their 25th anniversary celebration.

The Museum was also open during a very successful Seniors' Day. These events provide an opportunity for retired members of the College to bring instruments and books they no longer want to be presented to the museum, all of which are gratefully received.



The Oxford Room

The Honorary Secretary



Mr Larry Benjamin

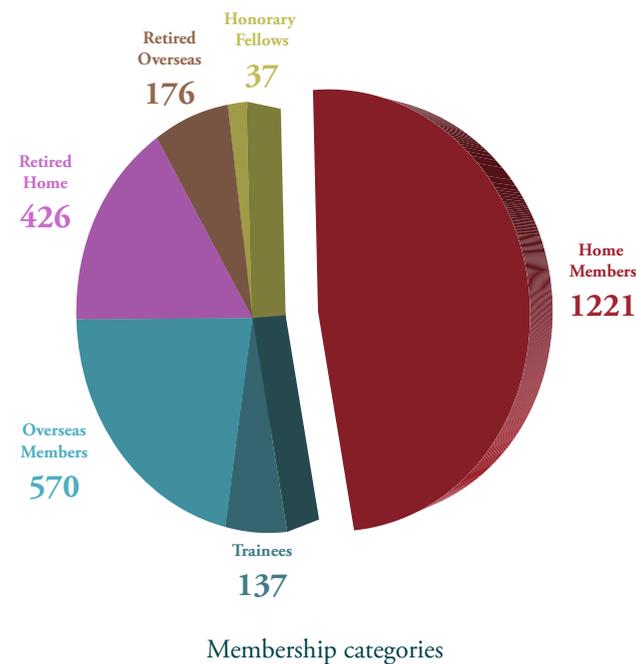
The difficulties experienced by the medical profession in 2007 have been thoroughly documented elsewhere in the annual report. This commentary seeks to emphasise the College's view that in troubled times the need to communicate quickly and effectively with the membership is of paramount importance. We have created an email database which has been used on a number of occasions when rapid feedback has been required and it is envisaged that this means of contacting members will become more important. I wish to reiterate the message that the College relies on its members to ensure that their email address is kept up to date and changes should be directed to: database@rcophth.ac.uk. Jackie Trevena, the Head of Finance and Membership Department, and her team will ensure that the records are updated.

The profile of the College has been heightened during the year, due in part to our relationship with Hayhurst Media. The College views on the new therapies for age-related macular degeneration were given prominence

in the media but topics such as laser refractive surgery also warranted comment. The College would like to thank the Officers and council members who have given their time and expertise this year which has resulted in increased exposure in the press, on radio and on television. The College has also taken a pro-active approach in communicating with other organisations in the ophthalmic and charitable sectors.

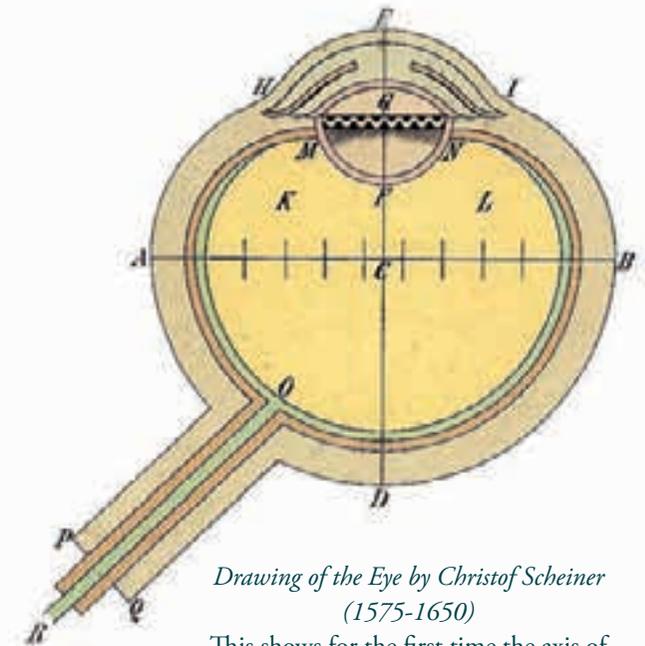
Central to our communication strategy is the website which had approximately 15,000 unique visitors per month and 22,500 visits in total per month. Keeping the site up to date and relevant is a major undertaking, with its many topical documents and links to important areas such as the new curriculum.

Communication with the staff grade and associate specialist ophthalmologists (SAS) has improved this year with the creation of the SAS Ophthalmologists'



Group and nearly all standing committees also have an SAS representative on them. This will ensure that this important group of ophthalmologists is more fully involved with College activities and the running of ophthalmic services generally.

The final aspect of communication to be addressed is the College's contact with the public. We provide information about specific ophthalmological conditions and general guidance in response to enquiries. Enquiries can range from requests for information on a disease or operation to those relating to precise points of care received by people up and down the UK. It is not appropriate to pass comments on individual patient care, and patients are often directed back to their local units for further information. Good communication is the bedrock of knowledge and understanding and this applies at all levels of our working lives.



Drawing of the Eye by Christof Scheiner (1575-1650)

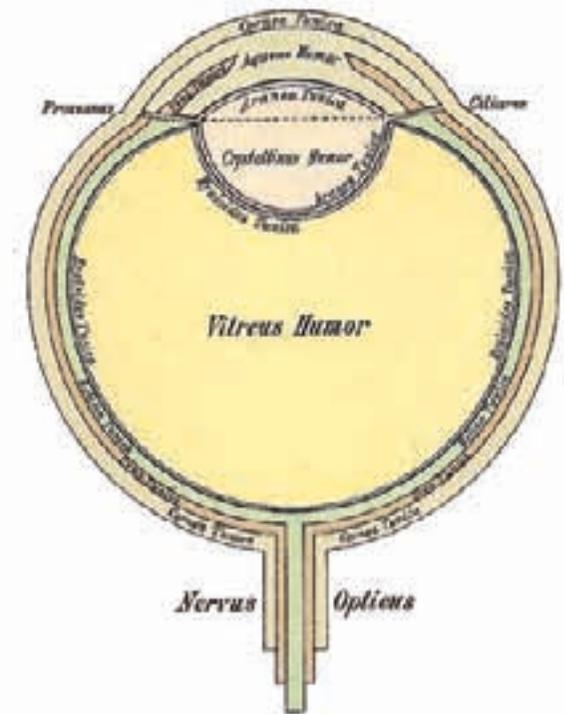
This shows for the first time the axis of the optic nerve set to the side, nasally.

Staff As at 31 December 2007

| | | | |
|---|------------------|---|--------------------|
| Chief Executive | Kathleen Evans | Examinations Assistant | Martin Reeves |
| Personal Assistant to the Chief Executive/ IT Manager | Sara Felton | Head of Scientific Department | Heidi Booth-Adams |
| Personal Assistant to the President | Penelope Jagger | Events and Scientific Coordinator | Gabriella Saunders |
| Head of Education and Training Department | Alexandra Tytko | BOSU Scientific Coordinator | Barnaby Foot |
| Deputy Head of Education and Training Department | Elizabeth Barnes | Head of Human Resources & Facilities | Jacqueline Trevena |
| Education and Training Administrator | Carol Welch | Head of Finance and Membership Department | Jacqueline Trevena |
| Education and Training Administrator | Susannah Grant | Finance Director | Mark Merrill |
| Skills Centre Coordinator | Katherine Miller | Finance Assistant | Jennifer Henry |
| Head of Examinations Department | Emily Beet | Membership Assistant | Deborah Fitzsimons |
| Deputy Head of Examinations Department | George Hibdige | Principal Receptionist | Karen Taylor |
| Examinations Administrator | Sophie Cox | Receptionist/Porter | William Carson |
| Examinations Coordinator | Sheila Patel | Eye Journal Secretary | Elaine Hudson |



The College Staff



Eye of Molinetti

The eye as perceived at the end of the 17th C.

| College Officers | | | |
|----------------------|-----------------------|------------------------|-------------------|
| Miss B M Billington | President | | |
| Professor S H D Wong | Senior Vice President | Scientific | Until 23 May 2007 |
| Mr S J Keightley | Senior Vice President | Examinations | From 23 May 2007 |
| Mr W M Amoaku | Vice President | Scientific | From 23 May 2007 |
| Mr D G Cottrell | Vice President | Education | |
| Mr P J McDonnell | Vice President | Training | |
| Mr R Smith | Vice President | Professional Standards | |
| Mr J F Talbot | Honorary Treasurer | Finance | Until 23 May 2007 |
| Miss C A Jones | Honorary Treasurer | Finance | From 23 May 2007 |
| Mr L Benjamin | Honorary Secretary | | |



The College Officers

| Regional Representatives | Region | |
|--------------------------|------------------|------------------------|
| Mr W M Amoaku | Trent | Until 23 May 2007 |
| Mr A A Castillo | Trent | From 23 May 2007 |
| Mr B Chang | Yorkshire | |
| Miss C C Davey | N E Thames | |
| Mr A J Elliott | S W Thames | Until 23 May 2007 |
| Mr W A Aclimandos | S W Thames | From 23 May 2007 |
| Mr A R Evans | Wessex | |
| Miss W A Franka | Moorfields | |
| Dr H M Hammer | Scotland West | |
| Mr N R Hawksworth | Wales | |
| Mr C B James | Oxford | |
| Miss C A Jones | S E Thames | Until 23 May 2007 |
| Miss A M McElvanney | S E Thames | From 23 May 2007 |
| Mr K Jordan | East Anglia | Until 14 December 2007 |
| Mr G R Kirkby | West Midlands | |
| Mr G M Kyle | Mersey | |
| Dr C J MacEwer | Scotland East | |
| Mr E P O'Donoghue | Eire | |
| Dr M J Quinn | Northern Ireland | |
| Mr D L Smerdon | Northern | |
| Mr G S Turner | North West | |
| Mr J M Twomey | South Western | |
| Ms G C Vafidis | N W Thames | |

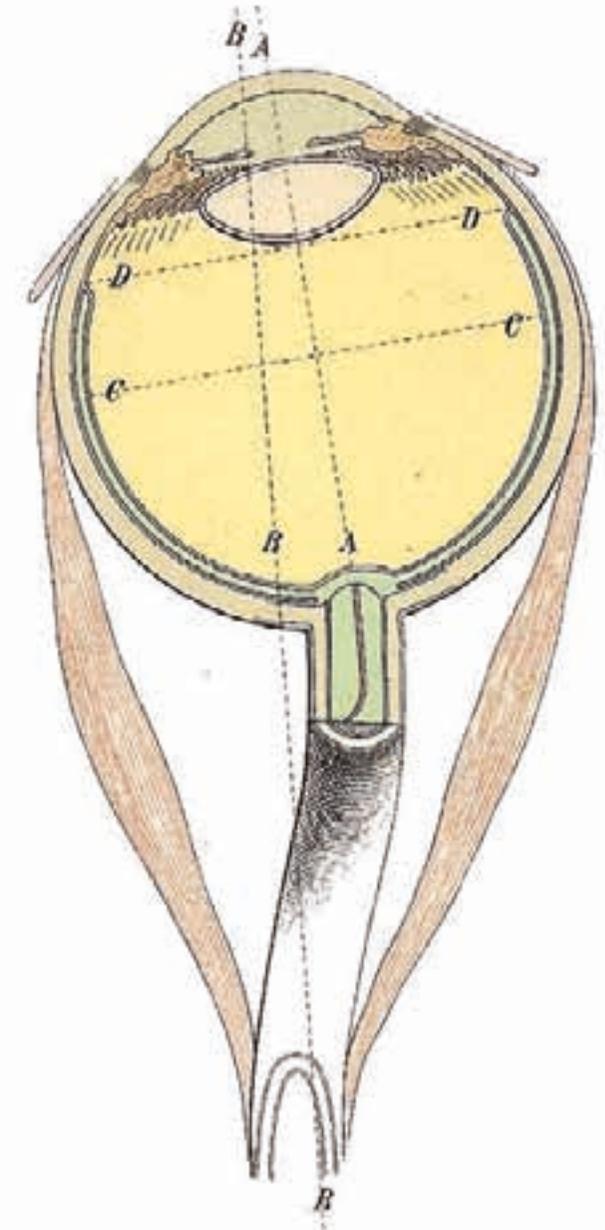
Co-opted members

| | | |
|-----------------|---------------------------------|--|
| Mr T P V Battle | Lay Advisory Group | |
| Mr J R Eason | Staff and Associate Specialists | |
| Mr J P Lee | Overseas | |
| Mr J J Ross | Ophthalmic Trainees | |

Editor of 'Eye'

| | | |
|----------------------|--|--|
| Professor I G Rennie | | |
|----------------------|--|--|

| Council Attendance 2007 | | | | | |
|-------------------------|---|-----|------|------|-----|
| Name | Status | Mar | June | Sept | Dec |
| Brenda Bilington | President | √ | √ | √ | √ |
| David Wong | Senior Vice President, Scientific (Term ended May AGM) | | * | * | * |
| Simon Keightley | Vice President, Examinations (Senior Vice President from May) | √ | √ | √ | √ |
| Winfried Amoaku | Vice President, Scientific (Term began May AGM) | * | √ | √ | √ |
| David Cottrell | Vice President, Education | √ | √ | √ | √ |
| Peter McDonnell | Vice President, Training | √ | √ | √ | √ |
| Richard Smith | Vice President, Professional Standards | √ | √ | √ | √ |
| John Talbot | Honorary Treasurer (Term ended May AGM) | √ | * | * | * |
| Carole Jones | Honorary Treasurer (Term began May AGM) | * | √ | √ | √ |
| Larry Benjamin | Honorary Secretary | √ | √ | √ | √ |
| | | | | | |
| Winfried Amoaku | Trent (Term ended May AGM) | √ | * | * | * |
| Andrew Castillo | Trent (Term began May AGM) | * | √ | √ | √ |
| Bernard Chang | Yorkshire | √ | √ | √ | √ |
| Clare Davey | North East Thames | √ | √ | √ | √ |
| Andrew Elliott | South West Thames (Term ended May AGM) | √ | * | * | * |
| Wagih Aclimandos | South West Thames (Term began May AGM) | * | √ | √ | √ |
| Anthony Evans | Wessex | | √ | √ | √ |
| Wendy Franks | Moorfields | | √ | √ | √ |
| Harold Hammer | Scotland West | √ | √ | √ | √ |
| Nicholas Hawksworth | Wales | √ | √ | √ | √ |
| Bruce James | Oxford | √ | √ | √ | √ |
| Carole Jones | South East Thames (Term ended May AGM) | √ | * | * | * |
| Andrena McElvanney | South East Thames (Term began May AGM) | * | √ | √ | √ |
| Kerry Jordan | East Anglia (Resigned as of 14 December 2007) | | | | * |
| Graham Kirkby | West Midlands | √ | √ | √ | √ |
| Graham Kyle | Mersey | √ | √ | √ | √ |
| Caroline MacEwen | Scotland East | √ | √ | | √ |
| Eamon O'Donoghue | Eire | √ | √ | | |
| Michael Quinn | Northern Ireland | √ | √ | √ | √ |
| David Smerdon | Northern | √ | | √ | |
| George Turner | North West | √ | √ | √ | √ |
| John Twomey | South Western | √ | √ | √ | √ |
| Gillian Vafidis | North West Thames | √ | √ | | √ |
| | | | | | |
| Tim Battle | Lay Advisory Group | √ | √ | √ | √ |
| Jonathan Eason | Staff and Associate Specialists (Term began May AGM) | * | √ | √ | √ |
| John Lee | Overseas | √ | √ | √ | √ |
| Jonathan Ross | Ophthalmic Trainees Group | √ | √ | √ | √ |
| | | | | | |
| Ian Rennie | Editor of 'Eye' | | √ | | √ |



Eye after Samuel Sommering (1755-1830)
 He was the first person to identify the macula lutea and fovea although interpreting it as a foramen. A depiction of the eye at the end of the 18th C.

The Equality and Diversity Report



Committee Members

Mr Winfried Amoaku (Chairman)
 Mr Peter Black
 Mr Derek Forbes (Lay Representative)
 Mr Thurairatnam Kathirgamakarthisgeyan
 (SAS Group Representative)

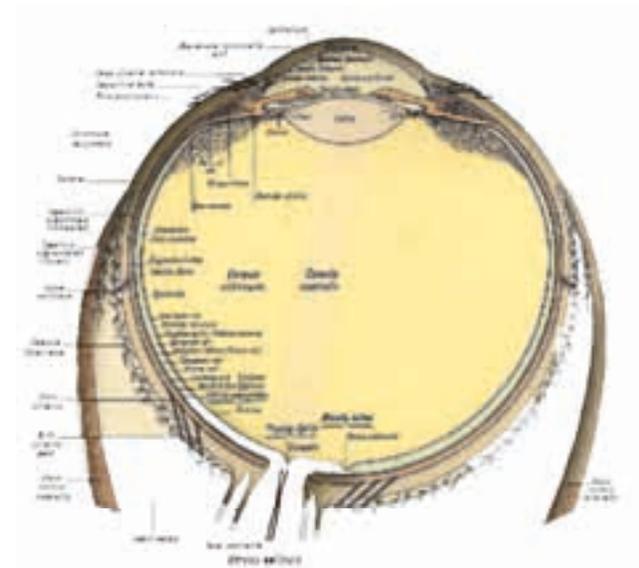
| Analysis of Gender | | |
|------------------------|--------|----------|
| Category | Male % | Female % |
| Council | 81 | 19 |
| Regional Advisers | 77 | 23 |
| Consultant Members | 81 | 19 |
| Examiners | 86 | 14 |
| Examination Candidates | 62 | 38 |
| Staff | 22 | 78 |

| Analysis of Ethnicity | | | | | | | |
|-----------------------|------------------|-------|-------------------------|-------|-------------------------|---------|-------|
| Category | % forms Received | White | Asian/ Asian British | Mixed | Black/ Black British | Chinese | Other |
| UK Population | | 92.0 | 3.0 | 1.2 | 2.0 | 0.4 | 0.4 |
| Council | 100 | 90.7 | 0.0 | 0.0 | 3.1 | 6.2 | 0.0 |
| Regional Advisers | 100 | 90.4 | 4.8 | 0.0 | 0.0 | 4.8 | 4.3 |
| Consultant Members | 90 | 76.6 | 14.9 | 1.4 | 1.0 | 3.2 | 2.9 |
| Other UK Members | 60 | 48.9 | 36.6 | 2.2 | 2.7 | 3.7 | 5.9 |
| UK Senior Members | 85 | 80.5 | 17.9 | 1.6 | 0.0 | 0.0 | 0.0 |
| Examiners | 90 | 75.9 | 15.6 | 2.2 | 0.9 | 1.4 | 4.0 |
| Candidates | 92 | 26.9 | 47.8 | 1.7 | 3.4 | 4.8 | 15.4 |
| Staff | 100 | 87.1 | 4.3 | 4.3 | 4.3 | 0.0 | 0.0 |

The College has a statutory duty to promote race equality following the Race Relations (Amendment) Act 2000.

The Council accepts that ethnic monitoring can be used to highlight any possible inequalities. In June 2007 it received a report that summarised the ethnic composition of the Council, Regional Advisers, the UK membership and the staff. The categories used in this exercise were developed by the Commission for Racial Equality and were used in the Population Census 2001. The information was derived from information supplied by the individuals concerned.

The College follows most of the recommendations set out by the British Medical Associations Equal Opportunities' Committee and will consider ways of improving future procedure. A feature of the annual Examiners' Training Day is a session on equality training.



The Eye after Professor Flemming, Kiel
 The eye as at the end of the 19th C.

The Honorary Treasurer's Report



Miss Carole Jones

I was delighted to be elected as Honorary Treasurer in March. John Talbot served as Treasurer for five years and it is an honour to succeed him.

2007 has proved to be an eventful year in the medical world. The College's financial position is summarised on the following page and this shows that, despite the disruptive changes in training, the College continues to maintain a stable financial position. There have been areas where we have performed less well than expected; the Examinations Department has seen a rise in its expenditure as it is organising two parallel examination systems at present and in 2007 a reduction in the number of ophthalmologists taking examinations reduced the College income from examination fees. It is assumed that the reduction in numbers was due to uncertainty around the new applications procedures with candidates postponing their Parts 2 and 3 MRCOphth

examinations until their employment position was more certain. It is hoped that there will be an increase in the number of candidates who sit examinations in 2008.

Our Congress provides a significant proportion of the College's income and it is a concern that as a consequence of a fall in the number of attendees in 2007 the contribution from Congress was reduced. It is hoped that this trend will be reversed at the forthcoming 20th Anniversary Congress in Liverpool.

Subscriptions were held at 2006 levels and those paying by direct debit increased in number as did our overall membership. A new category of trainee affiliate was introduced as junior ophthalmologists registered with the College to use their online portfolio.

The College's investments are managed by Sarasin Chiswell and met the performance benchmarks set on an overall return basis.

I look forward to 2008, hoping that, under the trusteeship of the College Council and with the support of our membership, the College continues to flourish as we celebrate our 20th year.

Committee members

Miss Carole Jones (Chairman)
The President
All College Officers
Mr Andrew Castillo
Mr John Cannon (Lay Representative)
Mr Bernard Chang
Mr Jonathan Eason (SAS Group Representative)
Miss Fiona Lyon (OTG Representative)

Donations and Grants

Donations and Grants have been received from:

Individual members of the College
Members of the public
Ageptha Pharmaceuticals Limited
Alcon Laboratories (UK) Limited
Bausch and Lomb (UK) Limited
British Eye Research Foundation
The Department of Health
Professor W S Foulds
The Guide Dogs for the Blind Association
Keeler Limited
The Macular Disease Society
Novartis Pharmaceuticals Limited
Pfizer Limited
Topcon (Great Britain) Limited
Carl Zeiss Limited

Auditors' Report

Independent auditors' statement to the Council of The Royal College of Ophthalmologists

We have examined the summarised financial statements which comprise the summary statement of financial activities and the summary balance sheet.

Respective responsibilities of the Council and auditors

The Council is responsible for preparing the summarised financial statements in accordance with United Kingdom law and the recommendations of the charities SORP.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements and the Annual Report. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 "The auditors' statement on the summary financial statement." issued by the Auditing Practices Board for use in the United Kingdom. Our report on the College's full annual financial statements describes the basis of our audit opinion on the financial statements.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and Council's Annual Report of The Royal College of Ophthalmologists for the year ended 31 December 2007.

Sayer Vincent
Chartered Accountants Registered Auditors
8 Angel Gate, City Road, London EC1V 2SJ
7 March 2008

Council's Statement

These summarised financial statements contain information from both the Statement of Financial Activities and the Balance Sheet for the year ended 31 December 2007 but are not the full statutory report and accounts. The full financial statements were approved by the Council on 7 March 2008 and subsequently submitted to the Charity Commission. They received an unqualified audit report and copies may be obtained from the Honorary Secretary, The Royal College of Ophthalmologists, 17 Cornwall Terrace, London NW1 4QW

Signed on behalf of Council
Mr L Benjamin
Honorary Secretary
7 March 2008

Statement of Financial Activities
For the year ended 31 December 2007



| | Unrestricted funds £ | Permanent endowment funds £ | Other restricted funds £ | 2007 Total £ | 2006 Total £ |
|--|----------------------------|--------------------------------------|-----------------------------------|--------------------|--------------------|
| Incoming resources | | | | | |
| <i>Incoming resources from generated funds</i> | | | | | |
| Voluntary income | 25,590 | - | 59,668 | 85,258 | 128,785 |
| Investment income | 136,283 | 3,510 | 32,465 | 172,258 | 137,880 |
| <i>Incoming resources from charitable activities</i> | | | | | |
| Subscriptions receivable | 874,936 | - | - | 874,936 | 837,806 |
| Annual Congress | 497,274 | - | - | 497,274 | 546,351 |
| Examinations Department | 323,668 | - | - | 323,668 | 446,214 |
| Journal - 'Eye' | 466,829 | - | - | 466,829 | 412,025 |
| Education and Training | 27,040 | - | 41,711 | 68,751 | 78,810 |
| Scholarships and Awards | - | - | 46,500 | 46,500 | 103,000 |
| Skills Courses | 80,120 | - | - | 80,120 | 76,626 |
| Seminars | 26,698 | - | 11,832 | 38,530 | 40,564 |
| Other incoming resources | 37,717 | - | 14,187 | 51,904 | 52,313 |
| Total incoming resources | 2,496,155 | 3,510 | 206,363 | 2,706,028 | 2,860,374 |
| Resources expended | | | | | |
| <i>Cost of generating funds</i> | | | | | |
| Investment Manager's Fees | 8,231 | 3,510 | 4,174 | 15,915 | 14,295 |
| <i>Charitable activities</i> | | | | | |
| Annual Congress Expenses | 481,565 | - | - | 481,565 | 533,957 |
| Examinations Department Expenses | 686,991 | - | - | 686,991 | 698,640 |
| Cost of Journal - 'Eye' | 462,458 | - | - | 462,458 | 397,262 |
| Education and Training | 314,658 | - | 41,711 | 356,369 | 319,099 |
| Scholarships and Awards | 12,499 | - | 40,790 | 53,289 | 64,289 |
| BOSU | 33,018 | - | 46,687 | 79,705 | 86,410 |
| Skills Courses | 132,959 | - | - | 132,959 | 150,757 |
| Costs of Seminars | 27,685 | - | 18,325 | 46,010 | 49,758 |
| Memorials, Bequests and other spending | 51,149 | - | 16,890 | 68,039 | 116,414 |
| Governance costs | 115,573 | - | - | 115,573 | 131,370 |
| Total resources expended | 2,326,786 | 3,510 | 168,577 | 2,498,873 | 2,562,251 |
| Net incoming resources | 169,369 | - | 37,786 | 207,155 | 298,123 |
| Other recognised gains | | | | | |
| Gains on investments | 50,054 | 24,128 | 14,268 | 88,450 | 163,481 |
| Net movements in funds | 219,423 | 24,128 | 52,054 | 295,605 | 461,604 |
| Funds at 1 January 2007 | 3,182,029 | 490,831 | 474,467 | 4,147,327 | 3,685,723 |
| Funds at 31 December 2007 | 3,401,452 | 514,959 | 526,521 | 4,442,932 | 4,147,327 |

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

Balance Sheet
as at 31 December 2007

| | 2007 | 2006 |
|--|-------------------------|-------------------------|
| £ | £ | £ |
| Fixed assets | | |
| Tangible assets | 1,030,593 | 1,045,088 |
| Investments | 2,198,605 | 2,070,358 |
| | <u>3,229,198</u> | <u>3,115,446</u> |
| Current assets | | |
| Debtors | 236,716 | 233,910 |
| Cash at bank and in hand | 1,316,215 | 1,124,029 |
| | <u>1,552,931</u> | <u>1,357,939</u> |
| Creditors: | | |
| Amounts falling due within one year | <u>339,197</u> | <u>326,058</u> |
| Net current assets | <u>1,213,734</u> | <u>1,031,881</u> |
| Net assets | <u><u>4,442,932</u></u> | <u><u>4,147,327</u></u> |
| Funds | | |
| Restricted funds | | |
| Permanent endowment funds | 514,959 | 490,831 |
| Other | 526,521 | 474,467 |
| Unrestricted funds | | |
| Designated funds | 1,379,033 | 1,396,192 |
| General funds | 2,022,419 | 1,785,837 |
| | <u>4,442,932</u> | <u>4,147,327</u> |

Approved by the Council on 7 March 2008 and signed on its behalf by

Miss B M Billington - President

Miss C A Jones - Honorary Treasurer



The Royal College
of Ophthalmologists

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London
NW1 4QW
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Fax: 020 7935 9838
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