Welcome to the 2010 Annual Report of The Royal College of Ophthalmologists which we hope that you find interesting and easy to read.

We welcome your views on the Annual Report and on other aspects of College life. We are particularly keen to hear from ophthalmologists who would like to join the College, from members who would like to participate more fully in College activities and from members of the general public who wish to support the College with donations to the Research Fund or the John Lee Fellowship. Do please email the Chief Executive, Kathy Evans by using our Contact Form.

ANNUAL REPORT 2010

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The year began with the late President in charge. Following his untimely demise in early October, as the Senior Vice President, I became Acting President as dictated by the statutes. Mr John Lee was an impressive President. He visited the regions, provided support and advice to College officers as necessary and made a particular point of representing the entire membership at home and abroad. He raised the profile of ophthalmology when he alerted primary care trusts to the dangers of rationing ophthalmic care.

John presided over the Annual Congress in Liverpool, organised by myself as Chairman of the Scientific Committee and Heidi Booth-Adams, Head of the Scientific Department. This was a very successful meeting and saw the re-introduction of the Allied Profession’s Day, and the first Retina Subspecialty Day.

Mr Graham Kirkby became Vice President and Chairman of the Professional Standards Committee. He succeeded Mr Richard Smith who was very effective in this role. Richard continues, however, as the Revalidation Lead for the College.

The Seniors’ Day took place in June and was an enjoyable event.

The 2010 Admission’s Ceremony was held in September at the Royal College of Surgeons, Lincoln’s Inn Fields. Candidates, who were successful in different College examinations, as well as Elected Fellows, were presented with their diplomas. Honorary Fellowships were conferred on Tim ffytche, Paul Hunter and John Scott for their significant contributions to ophthalmology.

Elections for the President will take place early in 2011, in time for him/her to take office at the Annual General Meeting in May.

This year has seen the publication of the NHS White Paper, and planned budget cuts. There are significant challenges ahead as the NHS faces efficiency savings, and redirection of funds. This, along with the NHS re-organisation, represents considerable change over a short period. It falls to us, the professionals, to make the best care available to our patients.

I would like to thank the College officers, members of Council, and members of all College committees for their immense contributions to the work of the College. The work of the College staff is greatly appreciated, as without them the College cannot function. The Chief Executive, Kathy Evans, and the President’s PA, Penny Jagger, deserve special mention.
The review of the College in 2010 is dominated by the untimely death of Mr John Lee. The American writer James McGregor Burns noted "Leadership is one of the most observed and least understood phenomena on earth", and it is hard to convey the wide-ranging and beneficial impact that John had on the College. The Acting President, Winfried Amoaku, has reported on the College role on the national and international stage but this report will concentrate on internal matters.

John supported moves to make the College ever more involved with its constituent groups and was scheduled to speak at the first ophthalmic Staff and Associate Specialists’ National meeting in Birmingham and at the Ophthalmic Trainee Group meeting in London. He championed Seniors’ Day, which is held at the College, and pushed for the refurbishment of the Seminar Room to make it a more pleasurable experience. A grant from the Wolfson Foundation has made it possible to install new audio visual equipment and redecorate the room. Those attending Skills Centre courses and the seminar programme will also benefit from improved surroundings.

John was a staunch supporter of the Academic Group and took time during a busy and successful Annual Congress to attend one of its meetings. It is therefore entirely fitting that the College will join forces with the Medical Research Council to launch the MRC/RCOphth John Lee Fellowship in 2011. Any one wishing to donate to this excellent cause is invited to give via the JustGiving website linked to the College website or via the Gift Aid page.

John supported the reconfiguration of the College organisational structure and we now have a new Professional Standards department and an Operational Support department which is responsible for membership, finance, IT and the running of the building. This change has enabled the IT Director, Sara Davey, to devote time to improving the back-up procedures of College data and to project manage the new College website www.rcophth.ac.uk which is more accessible than its predecessor and enables us to send news and emails easily to the membership. The department has also entered the returns from the 2009 census and the quality of membership data has never been better but we still urge members to contact database@rcophth.ac.uk when their circumstances change.

John was enormously appreciative of the efforts of College officers and College staff – it was one of the things we had in common.

The Executive Committee

Mr Winfried Amoaku  Acting President
Mr Larry Benjamin  Vice President
Miss Carole Jones  Vice President
Mr Graham Kirkby  Vice President
THE STRATEGIC PLAN 2010-2012

This an extract from the plan endorsed by the March 2010 Council. For the full text see http://www.rcophth.ac.uk/page.asp?section=383&sectionTitle=College+Policies

Key Objectives

1. To lead the development and implementation of education, training and professional standards for ophthalmology in the United Kingdom.

2. To influence the development of eyecare services to meet the needs of patients

3. To support the professional development of all ophthalmologists in the United Kingdom throughout their careers.

4. To promote member participation and the benefits of membership of the College

5. To ensure that internal structures result in efficient decision making, sound governance and financial security

1. To lead the development and implementation of education, training and professional standards for ophthalmology in the United Kingdom

The College is the voice of the profession and it accepts the challenge of setting professional standards and advising on revalidation. The College will continue to develop its role as adviser on the development of ophthalmic education and training because it is in a unique position to provide expertise.

The pursuit of excellence in ophthalmology requires a UK dimension against the backdrop of increasing decentralisation of the NHS as the four home countries
develop separate health systems. The proliferation of Foundation Trusts and the target culture often makes employers reluctant to release ophthalmologists for national purposes but the College, which relies on the dedication and goodwill of its members, will press government to allow members to have the time to participate in College activities.

2. To influence the development of eyecare services to meet the needs of patients

The College will support ophthalmologists to deliver the best possible care for their patients with an emphasis on the need to communicate effectively.

The College view is that eyecare services should be substantially consultant led and it should lead the discussions on the evolving role of the consultant within the profession. It is also important to increase public awareness of the extensive and lengthy training that ophthalmologists undergo and differentiate their skills from non-medical professionals.

Advances in ophthalmology, new therapies and demographic changes, especially increased longevity, will all put additional pressure on eyecare services. The current drive to deliver community based care and manage chronic ophthalmic disease requires the College to expand its public health portfolio and engage actively in discussions with other health professionals and patients to deliver optimal care.

The College will allocate resources so that the patient information on the website is of a high standard and easy to locate. The College is greatly assisted by the Lay Advisory Group which acts as a critical friend and helps ensure that it focuses on the needs of patients.

3. To support the professional development of all ophthalmologists in the United Kingdom throughout their careers

There are many pressures on professional development. The College aims to contribute to the management of these conflicting targets whilst maintaining the role of the ophthalmologist as the leader of the eye care team.

Ophthalmology is a popular specialty and the number of medical graduates will increase but there is huge pressure on training budgets and trainee numbers should be kept in line with the availability of senior posts. The changes arising from the Modernising Medical Careers\textsuperscript{2} initiative have led to a greater reliance on structured, competence based training which requires a greater time commitment from senior and junior doctors. The difficulties are compounded by the European Working Time Directive\textsuperscript{3} which limits the hours that personnel may work.

NHS Trusts require a large cohort of specialty doctors to meet their service needs and the College is committed to supporting this group gain access to training and enhanced experience.
4. To promote member participation and benefits of membership of the College

The College is the professional body of ophthalmologists and all ophthalmologists working in the United Kingdom are encouraged to join to strengthen its voice. It is the link with the Department of Health, other medical Royal Colleges and allied para-medical groups. It is a link between deaneries and trainees; it is a link between NHS Trusts and members as all consultant advisory appointments committees are expected to have a College representative.

The College should inform and improve the performance of all ophthalmologists and set the standard for the profession. All members should feel able to contribute to decision making, and be given the opportunity to participate in national issues.

5. To ensure that internal structures result in efficient decision making, sound governance and financial security

The College starts with the premise that the time members can devote to its activities is a valuable and finite resource. It will therefore undertake a thorough review of its staffing requirements to create an administrative structure that properly serves the Council and committees. It will ensure that all committees have clear terms of reference and an effective composition and it will continue to develop teleconferencing and intelligent use of information technology to use members' time efficiently.

The responsibility remains to protect existing College assets, to diversify the College's financial base to ensure future financial security and to use resources wisely.

References

1. The College's charter, first object. 23-03-1988
   http://www.rcophth.ac.uk/about/college/charter

2. Modernizing Medical Careers
   http://www.mmcinquiry.org.uk/MMC_FINAL_REPORT_REVD_4jan.pdf

3 The European Working Time Directive

4 VISION 2020
   http://www.vision2020uk.org.uk/

5 Good Doctors, Safer Patients
PROFESSIONAL STANDARDS

Mr Graham Kirkby

In May I took over the chairmanship of the Professional Standards Committee (PSC) from Richard Smith and quickly realised the exceptional job he had done during his tenure. The work of the committee covers a great deal of what we do as ophthalmologists, and I would immediately like to thank the members of the committee who have given of their time and expertise so generously. Fortunately, Richard has continued as chairman of the Revalidation Subcommittee, whose work is of vital importance to ophthalmologists in preparation for the introduction of Revalidation in late 2012.

Now that another reorganisation of the NHS is upon us with the introduction of GP commissioning, the work of the PSC in helping ophthalmologists maintain the standard of care for patients in the climate of fiscal cutbacks is likely to increase. I was particularly pleased to see that the College Award for Innovation Prize Competition produced 10 excellent entries. The top 3 were forwarded to Professor Sir Bruce Keogh (Medical director for the NHS) who praised the College for its ‘outstanding initiative’. The winners, Dr Shyamanga Borooah and Dr Roshini Sanders, who described a photographic referral system for eye patients in Ayrshire, will receive a modest cash prize and present their work at the 2011 Annual Congress. A total of £6.6 million has been invested in the project, but it is expected to save £2.75 million p.a. through reduced waiting times and unnecessary appointments.

The committee issued guidance for venous thromboembolism (VTE) assessment of eye patients, pointing out the possibility of most patients being classified as not requiring individual assessment and being considered as a cohort, thus greatly reducing the workload for ophthalmologists. It also prepared a letter to the primary care trusts that was sent by the late President to them pointing out the dangers that could arise from rationing of care.

The matter of supporting professional activities sessions (SPAs) for new consultants continues to be a concern. The committee advised Council that the College should take a strong line and not approve new consultant posts with less than two SPAs. Mostly, taking this line has been successful and trusts are agreeing these terms and modifying job plans accordingly.

The committee has been heavily involved in negotiations with the English National Diabetic Screening programme. Miss Clare Bailey is now in charge of the College representation to that body and, with her small team, is making great progress in improving and strengthening our relationship with them.

The committee has been active in providing advice to a number of trusts in matters as diverse as outbreaks of intra-ocular inflammation after cataract surgery, organisation of eye departments and individual serious untoward incidents.
The PSC is indebted to Beth Barnes who took up the post of Head of Professional Standards in early 2010 and who is always willing to help College members with queries or pass them on to members of the committee.

The work of the Subcommittees is vital to the College and I thank all the chairmen and members who have worked so hard over the last year. The following are their reports:

**Continuing Professional Development (CPD) Subcommittee**

During 2010 the CPD Subcommittee was busy introducing a new way of recording CPD activities in line with recommendations from the Academy of Medical Royal Colleges and to help emphasise the importance of CPD for revalidation.

The previous CPD categories, A to D, will be replaced by a new CPD matrix.

We have also worked on upgrading the online CPD Diary. This included some general improvements to user interface and will allow one login for the e-portfolio and CPD Diaries, and the linking of CPD and e-portfolio activities to the General Medical Council’s revalidation domains and attributes.

We have also worked with the SAS Group to allow access to the majority of the e-portfolio functionality for Specialty Grade Doctors (SAS grade members) upon request, so assessors should be aware that from 2011 they may also be asked to undertake and approve assessments from the Ophthalmic Specialist Training Curriculum for SAS Members.

A 10% audit of External Postgraduate Academic Activities/Meetings recorded in the online CPD system has been carried out. The results will be published when available.

**Informatics and Audit Subcommittee**

The Subcommittee has supported the successful efforts of John Sparrow in achieving approval of the cataract dataset. In addition, we have been active in commissioning additional datasets from sub-speciality societies, including one for retinal detachment from the British and Eire Association of Vitreoretinal Surgeons (BEAVRS) and an update of the glaucoma data set by the United Kingdom and Eire Glaucoma Society (UKEGS). Approval of these datasets by this Subcommittee will allow them to be used for a variety of purposes, including collecting outcome data for revalidation. We aim to work with academic departments, for example UCL's Centre for Health Informatics and Multiprofessional Education (CHIME) in order to ensure a common approach to areas of overlap between datasets, such as measurement of visual acuity.

In our role as the Expert Working Group for Ophthalmology, we continue to review proposed tariffs for payment by results in the annual “road test”. Our critique of the road test last year did result in significant changes in the final tariff which led to the removal of several anomalies and perverse incentives.

This year has seen major changes in Connecting for Health, the national NHS programme for IT; it has instigated a new Professional Record Standards Development Body on which we are represented.
Finally we have representation within Choose and Book, a NHS system that combines electronic booking and a choice of place, date and time for first hospital or clinic appointments. This allows us to influence any changes which might have a negative impact on the already high number of incorrect referrals to secondary care.

**Ocular Tissue Transplantation Services Group (OTTSG)**

The OTTSG continues to work in close partnership with the Corneal Transplant Service (CTS) Eye Banks in Bristol and Manchester and the Ocular Tissue Advisory Group (OTAG), both part of UK Transplant, now renamed Organ Donation and Transplantation, a division of NHS Blood and Transplant (NHS BT).

Ocular tissue donor selection discussions and eye bank and retrieval issues frequently dominate the agenda of the Subcommittee. We continue to work together with consultant colleagues and trainees all over the country to highlight our professional responsibility to retrieve all donated eyes to avoid wastage and as a mark of respect for the memory of the people who have donated their corneas for transplantation.

More centres in the UK are adopting corneal endothelial transplantation (EK) as an alternative to full-thickness corneal grafts in cases of endothelial failure. Despite enormous developments in the technique, success rates in terms of maintaining a clear graft at the end of the first year do not yet match those of full-thickness corneal grafts, although they are improving. As a result, there has been an enormous strain on the number of corneas available for transplantation in the UK, combined with a reduced return rate of EK outcome data to ODT for analysis. OTTSG and OTAG continue to devote a lot of time working together with all corneal surgeons in the country to address this important matter. Regular analysis of corneal graft outcomes by ODT, including EK remains extremely important.

**Paediatric Subcommittee**

The main items of business included the Quality Standards Framework for Paediatric Ophthalmology, led by Jugnoo Rahi, the implications of the White Paper for Paediatric Ophthalmology and contributions to the UK Vision Strategy which were informed by a presentation to the July meeting by David Allen and Sonal Rughani from the RNIB. The Subcommittee considered bids for the national commissioning of two specialist paediatric ophthalmic services, which highlighted shortcomings in the consultation process with College members about such bids.

**Quality and Safety Subcommittee**

The College’s checklist for cataract surgery was launched at Congress 2010 and later featured in the World Health Organisation’s *Safer Surgery* newsletter as ‘Checklist of the Month’.

The reclassification of artificial tears to medical devices exercised the Subcommittee and we wish to engage the Royal Pharmaceutical Society to explore the possibility of producing new guidance material on this topic after appropriate scrutiny of the arguments.
The College continues to liaise with the Medicines & Healthcare products Regulatory Agency (MHRA) on various matters such as the reclassification of tamsulosin from prescription only medicine to pharmacy medicine. Members are reminded to visit the ophthalmology page on the MHRA website: http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/Ophthalmology/CON094196

It is a matter of regret that, following the review of Arms Length Bodies published by the Department of Health in 2010, the National Patient Safety Agency (NPSA) is to be abolished by April 2011. At the end of 2010 there were over 4.5 million patient safety incident reports, circa 28,000 from ophthalmology departments, on the National Reporting and Learning System (NRLS) database. Access to the NRLS database for review or research purposes is available to the College. In 2010 reports of clusters of endophthalmitis following intra-vitreal anti-VEGF injections have emerged at several hospitals. Breaches to the aseptic no touch technique may have been a factor. Delayed follow up of wet-AMD patients also emerged as a patient safety concern in 2010. The College will seek to work with the NHS Commissioning Board to stress patient safety issues relevant to ophthalmology services. We advise continued reporting of patient safety incidents via local clinical risk systems and ask that the College be advised of any threats (and indeed improvements) to local patient safety which may have wider implications.

Quality Standards Development Group

The Quality Standards Subcommittee has developed, in draft form, five questionnaires that focus on quality and patient safety in the areas of cataract, age-related maculopathy, glaucoma, diabetic retinopathy and vitreoretinal surgery which can be downloaded from the College website. The questionnaires are deliberately kept short and concentrate on aspects of the clinical service where problems are likely to occur if the service is under stress or is under-resourced. They can be used as simple audit tools to compare services or to demonstrate quality improvements. They mirror the QIPP (Quality, Innovation, Productivity and Prevention) and Effectiveness / Safety / Patient Experience formats which are in use nationally in other areas of healthcare. If these audit tools prove to be reliable and acceptable, they will be offered to the NHS as definitive quality standards for ophthalmology.

Revalidation

Draft specialty standards for revalidation were submitted to the General Medical Council (GMC) at the end of 2009. These received approval from the GMC for the purpose of the national pilots of ‘strengthened medical appraisal’ which are currently in progress. They provide detail in the areas of audit, clinical outcomes and continuing professional development. The GMC’s recent consultation on its plans for revalidation (October 2010) suggests that some changes will be made to simplify the general and specialist requirements for revalidation, and more information will be provided in the early part of 2011 to help ophthalmologists prepare for appraisal, and to guide those who will appraise ophthalmologists. We are particularly grateful for the help of ophthalmic sub-specialty societies and groups for their input into the draft specialty standards. In the autumn of 2010, a pilot project has offered strengthened medical appraisal to ophthalmologists who work outside the hospital eye service in diverse careers. Forty-two
volunteers have completed appraisals and the project (funded by the Academy of Medical Royal Colleges) will report early in 2011 and will inform the refinement of specialty standards for revalidation.

VISION 2020 Primary Eye Care Group

This multidisciplinary team of people seeks to facilitate the implementation of the UK VISION 2020 strategy to prevent avoidable sight loss and provide excellent support for those with irreversible sight loss.

Achievements in 2010

a) Clinical Management Guidance Documents

These were commissioned by the General Optical Council (GOC). Of the 60 commissioned, 55 have been completed and several have been updated as they have been posted for more than a year. The aim of the documents is to give optometrist guidance with regard to patients presenting with conditions other than refractive error. Some 80% the guidance relates to onward referral to an ophthalmologist. These documents are used by the GOC in fitness to practise cases.

b) Map of Medicine

The group accepted a contract from the Royal College of Ophthalmologists to produce five clinical pathways for Map of Medicine. These have all been completed and approved by PSC and are now available for use by health professionals. The group has agreed to update the pathways annually; Members of our College and other professional groups have been very generous in giving their time to review them.

Workforce Subcommittee

During 2010 the Subcommittee has been re-organised to reflect the independent departments of health in each of the four countries of the United Kingdom. Much of the work of the Subcommittee has been to establish links with and influence the newly created Centre for Workforce Intelligence (CFWI). In particular it seeks to maintain the training numbers in Ophthalmology, as the UK has fewer trained specialists than other equivalent European countries.

Chairman and Vice President
Mr Graham Kirkby

Subcommittee Chairmen:
Continuing Professional Development Subcommittee
Mr Jonathan Chan
Information and Audit Subcommittee
Mr William Aylward
Ocular Tissue Transplantation Services Group
Mr Francisco Figueiredo
**Paediatric Subcommittee**
Mr Michael Clarke

**Quality and Safety Subcommittee**
Mr Simon Kelly

**Quality Standards Development Group**
Mr Richard Smith

**Revalidation Subcommittee**
Mr Richard Smith

**VISION 20202 Primary Care Group**
Mr Richard Wormald and Miss Wendy Franks

**Workforce Subcommittee**
Mr George Turner

**Committee Members**
Mr Winfried Amoaku Acting President
Mr Larry Benjamin Vice President
Miss Carole Jones Vice President
Dr Caroline MacEwen Vice President
Mr Bernard Chang Honorary Secretary
Mr Peter McDonnell Honorary Treasurer

Subcommittee Chairmen
Mr Wagih Aclimandos
Miss Clare Bailey
Dr James Cameron OTG Representative
Miss Parul Desai
Mr Andrew Elliott
Mr Michael Hayward
Mr Husain Hilmi SAS Group Representative
Miss Carol Lane
Miss Andrena McElvanney
Mr Christopher Moody AHPO* Representative
Mr John Sparrow
Mr Victor Stone Lay Representative
Mr John Twomey

* Association of Health Professions in Ophthalmology www.ahpo.org
The main responsibilities of the Scientific Committee are detailed below. The hard work of Heidi Booth-Adams, Head of the Scientific Department and Olivia Sibly, Scientific & Events Coordinator has been a constant.

The Annual Congress

We returned for our second visit to the popular Arena Convention Centre in Liverpool. The Congress was hugely successful with increased delegate attendance and an enhanced programme, including more sessions and courses, the largest ever number of posters and additional breakfast meetings laid on to help ophthalmologists squeeze more out of the day. The first ever Retina Day was held on the Monday preceding Congress. This was hugely successful and will be repeated in 2011. The trade exhibition, efficiently organised by OPTIC UK, was excellent.

The highlights of Congress included the eponymous lectures. The Duke Elder Lecture was delivered by Professor Anthony Moore, Great Ormond Street and Moorfields, London on the rationale and methodology for targeting severe retinal disease with gene therapy. The Edridge Green Lecture on electrophysiology was given by Professor Graham Holder, Moorfields Eye Hospital. Professor Robert N. Frank from Kresge Eye Institute, Detroit, the second OPTIC UK Lecturer, gave an overview of recent developments in diabetic retinopathy. Professor Allen Foster delivered the inaugural Professor Barrie Jones Lecture. The Duke Elder Oration was delivered by Professor Mohammad Daud Khan from The Khyber Medical University, Pakistan on meeting the challenges of providing equitable eye care in Pakistan. These lectures are all too good to consign to the ether and are available to College members via the website.

The Societas Ophthalmologica Europaea (SOE) prize was awarded to Ms Karen Wong for obtaining one of the highest marks at abstract judging. The AMO Prize was awarded to Miss Mariya Moosajee for one of the highest marks obtained during the abstract marking. The Foulds’ Trophy for the best basic science research presented in the Rapid Fire went to Ms Sarah Zaher.

The British Ophthalmological Surveillance Unit (BOSU)

The British Ophthalmological Surveillance Unit (BOSU) was established in 1997. It provides a methodological framework for the epidemiological investigation of the incidence and clinical features of rare eye conditions of public health or scientific importance that will lead to improvement in prevention or treatment of these diseases and service planning. This is achieved by operating a surveillance system in the UK by sending all consultant and associated specialist ophthalmologists a monthly report card. There are 1167 ophthalmologists on the BOSU database and the mean monthly card return rate during 2010 was 77%. (2009: 77%).
The unit has once again been able to operate thanks to the kind support of the Guide Dogs for the Blind Association. We are also grateful to Fight for Sight for supporting the Research Bursary Award for ophthalmologists in training.

This year, a total of 11 different conditions appeared on the yellow card (listed in table below) and 205 positive reports of cases of interest were returned.

<table>
<thead>
<tr>
<th>Study</th>
<th>Institution</th>
<th>Location</th>
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<tbody>
<tr>
<td>Ocular Sebaceous Carcinoma</td>
<td>Royal Hallamshire Hospital NHS Trust</td>
<td>Sheffield</td>
</tr>
<tr>
<td>Complications of Strabismus surgery</td>
<td>Bradford Royal Infirmary</td>
<td>Bradford</td>
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<tr>
<td>Endophthalmitis Following Intravitreal Anti-VEGF Treatment</td>
<td>Ninewells Medical School</td>
<td>Dundee</td>
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<tr>
<td>Angioid Streak associated CNV</td>
<td>Aberdeen Royal Infirmary</td>
<td>Aberdeen</td>
</tr>
<tr>
<td>Ocular Syphilis</td>
<td>Barts &amp; The London NHS Trust</td>
<td>London</td>
</tr>
<tr>
<td>Childhood Optic Neuritis</td>
<td>Birmingham Children's Hospital NHS Trust</td>
<td>Birmingham</td>
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<tr>
<td>Uveal Effusion Syndrome</td>
<td>King's College Hospital</td>
<td>London</td>
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<tr>
<td>Acute Corneal Hydrops</td>
<td>Moorfields Eye Hospital</td>
<td>London</td>
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<tr>
<td>Visual Impairment due to Adverse Drug Reaction</td>
<td>Institute of Child Health</td>
<td>London</td>
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<tr>
<td>Incidence Of Periorbital Necrotising Fasciitis</td>
<td>Gartnavel General Hospital</td>
<td>Glasgow</td>
</tr>
<tr>
<td>Incidence of Endophthalmitis following pars plana Vitrectomy</td>
<td>Royal Devon and Exeter Hospital</td>
<td>Exeter</td>
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With the support of Fight for Sight, a research bursary of £6,000 to help ophthalmologists in training to conduct a BOSU project and, dependent upon the submission of satisfactory phase 2 applications, this has been awarded to Miss Mariya Moosajee from Moorfields Eye Hospital to look at Visual Loss from CNV in Children.

Thanks to the kind support of the WF Ross Foundation and support of Scottish ophthalmologists, it has been possible to establish a Scottish Ophthalmological Surveillance Unit to ascertain cases of less rare diseases. There will be one condition per year. The unit will support Miss Claire Murphy from Dundee with the surveillance of orbital cellulitis.

Four publications have arisen from studies run through the BOSU during 2010. There were three further presentations at the Annual Congress and the unit was invited to present a summary of its achievements at the Royal Australian and
New Zealand College of Ophthalmologists (RANZCO) Congress in Adelaide, November 2010 to demonstrate the value of rare eye disease surveillance in support of the newly formed Australia and New Zealand Ophthalmological Surveillance Unit.

EYE

In 2010, EYE overcame its historical backlog of papers. The average time for papers to reach print publication from submission was reduced to just over three months, a significant improvement from previous years. Once an article is accepted, it is typically available on-line within 30 days. Fast track publication has also been introduced and selected papers are now guaranteed a final decision within two weeks if accepted for “fast track”. Only the most novel and time sensitive papers will be accepted for “fast track”. The successful reduction of the backlog and thus more rapid publication of accepted work is due to the tireless work of the Editor-in-Chief, the editorial board and the reviewers.

The journal has now published two podcasts which have highlighted leading research published in the journal. These are available online from the journal website. In 2011 Eye will continue to strive to publish the highest quality articles and reviews. Publication of additional eponymous lectures from the Annual Congress is also planned.

The Editor-in-Chief, Professor Andrew Lotery, would like to personally thank all of the editorial board, the reviewers, our editorial assistant Steve Beet and the team at Nature Publishing Group for their wonderful support of EYE.

Guidelines

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

New interim guidelines were put in place to address current issues in the fast paced areas of retinal vein occlusions (RVO). The original intention to publish these as the definitive guideline was tempered by the rapidly changing technology in the field. The Cataract guidelines were updated, Nystagmus and Non-Accidental Injury guideline groups are currently active and completed guidelines will be published as soon as possible. The Diabetic Retinopathy Guidelines Development Group has been convened and is currently working to update the guidelines, including sections on diabetic retinopathy screening, and the interphase between screening and secondary care.

The National Institute for Health and Clinical Excellence (NICE) Glaucoma and Ocular Hypertension Guidelines were published to supersede the 2004 College Glaucoma Guidelines. The College Glaucoma Guidelines Group will produce a summary document on glaucoma and ocular hypertension to complement the NICE Guidelines.

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 NICE.
Medical Retinal (previously Age-related Macular Disease [AMD]) Service Provisions Subcommittee

This Subcommittee was originally formed to evaluate models of AMD service provision in the NHS, and to determine the impact of new intravitreal treatments on such provision. It was intricately involved in College responses to the different stages of development of the NICE Technology Appraisal Guidance 155 on alternative treatments, ranibizumab and pegaptanib. The Guidance implementation and service set up have been major issues that required attention and a detailed understanding of hospital tariffs. The Subcommittee has continued to advise on improvements in the service provision for patients with AMD, and support ophthalmologists to set up and manage these services.

This year, the attention of the Subcommittee has been expanded to include the provision of newer technologies in the treatment of other medical retinal therapies including those for retinal vein occlusions, diabetic macular oedema etc. These new technologies are currently under evaluation by NICE. It is expected that there will be a significant increase in service demand of up to two to three times that required for wet AMD alone.

The Ophthalmic Public Health Group (OPHG)

This group has been active in the drive to educate healthcare professionals and the general public on the prevention of eye disease.

The OPHG’s remit has been expanded and now has four work streams: advocacy, health promotions, technical support and training. This is in order to deal with matters related to the UK National Vision Strategy, which aims to eradicate preventable blindness, and to the 2008 Darzi Review of the NHS, High Quality Care for All. The Group’s remit covers epidemiology and how services should be planned and delivered, quality indicators, and the provision of training in public health for ophthalmologists. It recognises that demographic changes will increase the number of patients likely to experience glaucoma and AMD.

The Research Fund

The fund was set up as an endowment fund to assure a stable mechanism to enhance the conduct and dissemination of research in ophthalmology and visual sciences. It will allow the College to meet new challenges and promote innovation in eye research. Particularly, it aims to provide seed money to encourage young researchers to establish themselves on the research ladder to enable them to apply for other grants.

The College hopes to raise £1.5 -2.0 million by The Royal College of Ophthalmologists’ 25th Anniversary celebrations in 2013. Disbursements will commence in that year as part of Silver Jubilee celebrations, and continue on a regular basis thereafter. By the end of 2010 the fund stands at approximately £175,000.

The Seminar Programme

We have been able to offer a vibrant and varied programme at the College. Some seminars were oversubscribed, necessitating moves to larger, external venues. The ‘Focus on AMD’ regional seminars in 2010 highlighted the ongoing
problems with treatments of AMD and encouraged dialogue between professionals, service administrators, managers and commissioners.

The annual Elizabeth Thomas Seminar continues to thrive and the 2010 topic *Advances in the Management of Macular Diseases* was particularly well received.

The 'Focus on Diabetic Macular Oedema (DMO)' Regional Seminars in 2011 will highlight the emerging problems with treatments of DMO and encourage discussions between professionals, service administrators, managers and commissioners.

We look forward to seeing all of you at Congress in the International Convention Centre, Birmingham in May 2011 where features include the second Retina Sub-specialty Day, the Allied Professions Study Day, and a choice of breakfast meetings and three eponymous lectures.

**Chairman and Acting President**  
Mr Winfried Amoaku

**Subcommittee Chairmen**

- **The British Ophthalmological Surveillance Unit Executive Committee**  
  Professor Miles Stanford  
  **Editor of EYE**  
  Professor Andrew Lotery  
  **Medical Retinal Service Provisions Subcommittee**  
  Mr Winfried Amoaku  
  **The Ophthalmic Public Health Group (OPHG)**  
  Mr Andy Cassels-Brown

**Committee members**

Mr Larry Benjamin  
Miss Carole Jones  
Mr Graham Kirkby  
Dr Caroline MacEwen  
Mr Bernard Chang  
Mr Peter McDonnell  
Mr Nicholas Astbury  
Mr Augusto Azuara-Blanco  
Mr Susmito Biswas  
Mr Michael Burdon  
Professor Victor Chong  
Miss Laura Crawley  
Mr Faruque Ghanchi  
Mr. Richard Harrad  
Mr Parwez Hossain  

Vice President  
Vice President  
Vice President  
Vice President  
Honorary Secretary  
Honorary Treasurer  
OTG Representative
Dr Lesley Kaye          SAS Representative
Professor John Marshall
Dr Susan Mollan
Professor Tony Moore
Mr James Morgan
Mr Milind Pande
Mr Ian Pearce
Mr Som Prasad
Ms Jugnoo Rahi
Mr John Sparrow
Ms Gillian Vafidis
Mr Colin Willoughby
THE EDUCATION COMMITTEE

Mr Larry Benjamin

It is gratifying to report that the revised curriculum was accepted with only very minor changes by the General Medical Council. This is a tribute to the work of the curriculum Subcommittee under the guidance of Mr David Cottrell.

There was disappointment when the Department of Health (DH) withdrew funding from the e-Learning projects which were showing considerable progress. The education committee will now prioritise which projects will continue and how they might be funded. Fortunately, the microsurgical skills course blended learning component is still able to run with continued support from the DH support centre. This enables candidates to complete an on-line exercise before attendance at the course and thereby allow more time to be spent on practical exercises.

The new pilot scheme for international medical graduates placement on training schemes has vetted 10 CVs from abroad and hopefully suitable matching will now occur to enable these doctors to be placed in gaps on training schemes arising for a variety of reasons.

Miss Melanie Corbett took over the chairmanship of the College Tutors and Training the Trainers Subcommittee and although Mr David Smerdon will be a hard act to follow, Melanie will continue to take these committees forward.

A constructive and purposeful meeting was held in November at the Royal College of Physicians to discuss the future of medical ophthalmology. This was chaired by Mr Richard Gale, the new Chairman of the Medical Ophthalmology Specialist Advisory Committee. Representatives of a number of groups with relevant interests were present and these included trainees, physicians, medical ophthalmologists, ophthalmologists and staff from both Colleges. The discussions were fruitful and further meetings are planned to take forward this most important specialty.

As always, the various subcommittees that comprise the Education Committee have shouldered the majority of the work and I am very grateful to the subcommittee Chairmen and members who so ably contribute to this and I pay special tribute to the hard-working and dedicated College staff.

Awards and Scholarships Subcommittee

• Re-establishment of funding from Ethicon for awards

• Overseeing of all awards and bursaries including reviewing CVs and short-listing and interviewing candidates as appropriate

• Receiving and reviewing reports from successful candidates

College Tutors Subcommittee
• College Tutors induction courses run several times a year
• Work on web based access for course administration and sharing of professional development material.

**Curriculum Subcommittee**

• Submission and acceptance of first revision of new competence-based curriculum.
• Continued rolling revision of curriculum
• Alignment of e-portfolio and CPD on-line facility

**e-Learning Subcommittee**

• Development of third day of basic skills course for blended learning
• Option appraisal for continued development of e-Learning projects
• Further recording and distribution of named lectures
• Input into redesign of lecture theatre facilities
• Continued development of Ophthalmopaedia

**International Medical Graduates (IMG) Training Subcommittee**

• Roll-out of new IMG pilot scheme
• 20 applications for Dual Sponsorship scheme
• Revision of the guide to the Dual Sponsorship Scheme

**Surgical Skills Subcommittee**

• Busiest year so far for courses with 233 trainees attending basic skills course and 122 attending other skills courses
• Three phaco courses run at Congress
• Pioneering new course later in 2011 being developed for oculo-plastics and strabismus using cadavers at Bristol University
• Two new phaco machines installed in skills centre
• Esther Merrill has taken on the role of Skills Centre Coordinator

**Training the Trainers Subcommittee**

• Review of the high level three day Training the Trainers course has resulted in a new four day course as follows:
• Day 1 – what to teach and how to teach: adult learning theory, teaching skills
• Day 2 – feedback, appraisal and teaching practical skills
• Day 3 – assessment: theory, recruitment, work-place based assessments (WBAs), annual review of competency progression (ARCPs), examining (largely new)

• Day 4 – doctors in difficulty

Undergraduate / Foundation Subcommittee

• Liaison with newly formed British Undergraduate Ophthalmic Committee (www.BUOS.org)

• Letter to all university teaching departments outlining the importance of undergraduate ophthalmic teaching

• Gathering information on Foundation Training Programmes

Chairman and Vice President
Mr Larry Benjamin

Subcommittee Chairmen:

Awards and Scholarships Subcommittee
Mr Bruce James

College Tutor Subcommittee
Miss Melanie Corbett

Curriculum Subcommittee
Mr David Cottrell

E-learning Subcommittee
Mr James Innes

International Medical Graduates (IMG) Training Subcommittee
Professor Stephen Vernon

Surgical Skills Subcommittee
Mr Mark Watts

Training the Trainers Subcommittee
Miss Melanie Corbett

Undergraduate/Foundation Education
Professor Philip Murray

Committee members

Mr Winfried Amoaku Acting President
Miss Carole Jones Vice President
Mr Graham Kirkby Vice President
Dr Caroline MacEwen Vice President
Mr Bernard Chang Honorary Secretary
Mr Peter McDonnell                Honorary Treasurer

Subcommittee Chairmen

Mr Charles Diaper                  Medical Ophthalmology
Dr Richard Gale                    SAS Group Representative
Dr Karen Gillvray                  Medical Ophthalmology
Mr Michael Hayward                 SAS Group Representative
Mr Naresh Joshi                    Medical Ophthalmology
Mr Karl Mercieca                   OTG Representative
Mr Michael Nelson                  Lead Dean for Ophthalmology
Professor William Reid             Lay Representative
Mrs Carol Watkins                  Lay Representative
Dr Iain Whyte                      Lay Representative
Mrs Manijeh Wishart                Lay Representative

* Association of Health Professions in Ophthalmology       www.ahpo.org
Nationally, the role of the College in education and training has increased over the past 12 months. Since the amalgamation of the Postgraduate Medical Education and Training Board (PMETB) and the General Medical Council (GMC) we have seen a renewed enthusiasm to involve the profession, and I hope that this trend will continue.

Trainees are progressing well through Ophthalmic Specialty Training and we are beginning to see a few, who entered at the higher grades, completing their training. The College is well placed to review the efficacy of training because of its close links with the deaneries and from its role as Externals Advisers to both Annual Reviews of Competency Progression (ARCPs) and Deanery Review Boards. The GMC Trainees’ Survey also provides feedback, and contact with the Ophthalmic Trainees’ Group gives us additional insight into how the training system is being implemented.

Concern over service pressures on both trainees and trainers are frequently raised and the additional effect of the European Working Time Regulations (EWTR) on time available for training will continue to be monitored. To date, it seems that trainees are managing to achieve sufficient experience and training but, with the increased economic pressures, there will be further stresses within the NHS. Whilst the College charter prevents its involvement in terms and condition of employment for its members, we continue to stress to Trusts the need for sufficient time within job plans to allow staff to deliver training and undertake work-based assessments for trainees.

There have been two major areas of new activity within the department: developing a National Recruitment Scheme for ophthalmology (in partnership with the Severn Deanery); and moving towards a more streamline system for training in medical ophthalmology. In both these areas further will be heard in the coming year.

I would like to thank Alex Tytko, Head of the Education and Training Department, and her Deputy, Susannah Grant, and the rest of the departmental staff, for their help during the past 12 months. Also my thanks to all members of the Training Committee for their huge contribution to the running of the committee; it is only because of their efforts and expertise that the College is able to play its pivotal role in UK ophthalmology.

**Equivalence of Training Subcommittee**

This year has been a busy year with the merger of the PMETB and the GMC. The Education and Training Department have been working closely with the GMC to streamline processes for the Certificate confirming Eligibility for Specialist Registration (CESR).
The Subcommittee met four times in March, June, September and December.

It has evaluated a total of 17 new applications, six reapplications, four reviews and one appeal during 2010. To date all decisions made by the College evaluators have been supported by the GMC suggesting a continued high quality of evaluation by the College. All but two of the applications were set to the GMC within the specified deadline.

The College’s “Frequently asked questions” document has been updated this year and the GMC “Specialty Specific Guidance” is still under review and hopefully the new version will be available early in the New Year.

**Chairman and Vice President**
Miss Carole Jones

**Committee members**

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<td>Mr Winfried Amoaku</td>
<td>Acting President</td>
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<td>Mr Larry Benjamin</td>
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<td>Professor Andrew Dick</td>
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<td>Professor W Reid</td>
<td>Lead Dean for Ophthalmology</td>
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<td>Mrs Rosemary Robinson</td>
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<td>Mr Nicholas Sarkies</td>
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<td>Mr Peter Simcock</td>
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<td>Mr David Smerdon</td>
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Miss Fiona Spencer
Mr Michael Stewart    College Solicitor
Mr Paul Sullivan
Professor Stephen Vernon

**Equivalence of Training Subcommittee**
Mr Peter Simcock     Chairman

All members of the Training Committee

Miss Michèle Beaconsfield
Mr Chris Blyth
Mr Michael Briggs
Mr Puvana Chandra
Mr Charles Diaper
Mr Anthony Evans
Mr James Innes
Mr Bruce James
Dr John Murdoch
Professor Philip Murray
Mr Ian Simmons
Professor Miles Stanford
Mr Kevin Stannard
Dr Caroline MacEwen

This past year has been extremely busy for all committees involved with training and examinations because in early 2010 the General Medical Council (GMC) formally reviewed the College’s processes in these areas. Fortunately our integrated curriculum and assessment system was well received and full approval was granted. This means that the examination structure leading to Fellowship of the College in the form of Part 1 FRCOphth, the Refraction Certificate and Part 2 FRCOphth complies with the stringent standards set by the GMC. We are, however, still required to gather extensive data on all exams in order to provide continual evidence that they remain acceptable and reliable. This information is submitted to the GMC on an annual basis.

As an alternative route to fellowship of the College, the Fellowship (exit) Assessment remains popular for those trainees with the old style MRCOphth who were appointed to the specialist registrar grade or who were enrolled in specialty training at ST2 level or above in 2007 and ST3 level or above in 2008. This case based exit assessment will continue to run until 2016.

The College is involved with two assessments that do not lead to Fellowship of the College – the Diploma and the Certificate in Laser Refractive Surgery. The Diploma (DRCOphth) is aimed at ophthalmologists who wish to demonstrate their competence in ophthalmology but not to the level of an independent practitioner. This examination is currently being reviewed so that its format more closely reflects that of the fellowship structure, but the standard expected of the candidate is at a lower level. Candidates who pass this exam together with the Refraction Certificate are offered Membership of the College (MRCOphth). The Certificate in Laser Refractive Surgery has been passed by more than 50% of laser refractive surgeons in the UK. This provides evidence of skills in this field and was devised in order to meet public demand for such evidence. We await the Privy Council’s approval to offer post-nominals to successful candidates in this assessment.

Medical ophthalmology is expanding and developing as a separate specialty under the auspices of the Royal College of Physicians. The Examinations Committee is working with the medical ophthalmologists to develop their examinations and to share expertise and experience which will prevent duplication of effort and time in two closely related, but relatively small, specialties.

There has been demand to increase the availability of College exams abroad and we are keen to meet this where feasible. The Part 1 FRCOphth was taken in Dubai this year for the first time. In addition, the Examinations Department has been working closely with the Eastern Africa College of Ophthalmologists (EACO)
as part of the VISION 2020 Links Programme in order to promote excellent standards within their assessment system.

The College runs ten examinations per year and each one requires a considerable amount of new material which is provided by a host of examiners who have been trained in current assessment methods. The papers and clinical components then undergo a rigorous process of blueprinting and standard setting by a dedicated subcommittee. After each exam has been sat the candidates’ performance in each question is reviewed, in a type of post marketing surveillance, and material is reviewed and updated accordingly. The results are fully analysed in a variety of ways and an extensive report is submitted to the Examinations Committee and to the GMC. Copies of these reports are available under the Examinations section of the College website. This entire process takes time, assiduous care and dedication. Grateful thanks are extended to all involved, particularly the Subcommittee Chairmen (Peter Tiffin, Clare Davey, Robert Taylor, Nicholas Wilson-Holt, Jeremy Prydal and Winfried Amoaku), the College’s Education Advisor (Michael Nelson) and Head of the Examination Department (Emily Beet) and her team.

Chairman and Vice President
Dr Caroline MacEwen

Subcommittee Chairmen:

Part 1 RCOphth
Miss Clare Davey
Refraction Certificate
Mr Robert Taylor

Part 2 FRCOphth
Mr Peter Tiffin

Diploma
Mr Nick Wilson-Holt

Laser Refractive Surgery Assessment
Mr Jeremy Prydal

Duke Elder (Undergraduate) Prize Examination
Mr Winfried Amoaku

Committee Members

Mr Winfried Amoaku Acting President
Mr Larry Benjamin Vice President
Miss Carole Jones Vice President
Mr Graham Kirkby Vice President
Mr Bernard Chang Honorary Secretary
Mr Peter McDonnell Honorary Treasurer

All Subcommittee Chairmen

Mr Wagih Aclimandos
Mr Ali Amanat
Mr James Cameron OTG Representative
Mr Faruque Ghanchi
Dr Elizabeth Graham
Professor Susan Kennedy
Miss Yogeswary Kurunadalingam
Miss Sara Livesey
Professor Philip Murray
Mr Michael Nelson
Mr Paul Newman
Ms Sylvia Simmons

Ophthalmic Pathologists’ Group
SAS Group Representative
Ophthalmic Pathologists’ Group
Lay Representative
THE ACADEMIC GROUP
Professor Andrew Lotery

The Academic Group reports to the Executive Committee. It first met in late 2009, therefore 2010 has been its first full year of existence. In the 2009 census we asked members to provide details of their academic appointments and therefore we have a means of identifying and contacting the academic fraternity. We have held two meetings during the year to which all academics on the database were invited.

The Group seeks to promote research, funding and innovation in academic ophthalmology and we are encouraged that that the College has been able to join with the Medical Research Council to launch an Academic Fellowship. The applications received for the first award will be considered in March 2011 and in subsequent years the award will be named MRC/RCOphth John Lee Fellowship. Donations to support the fellowship can be made via the website.

The Group also seeks to develop the profile of Academic Medicine within the College; to enhance the quality of training and career development for potential and established clinical academic staff, and augment the standing of academic ophthalmology within the UK. To this end Professor Andrew Dick has joined the Training Committee to ensure that academic medicine is represented in deliberations. There was also a well received seminar on translational research held at the Institute of Ophthalmology in November.

There are plans to produce a companion guide to “Ophthalmology as a Career” to help trainees considering an academic career.

The Group has also considered the implications of a revised ophthalmic research strategy and how it might influence the national research agenda. This is a difficult topic given the large number of changes implemented in NHS Research but a reappraisal of the College’s role in promoting the agenda for academic medicine in the UK is apposite.
THE INTERNATIONAL SUBCOMMITTEE

Mr Nick Astbury

The International Subcommittee has a remit to serve ophthalmology overseas and to contribute to the global VISION 2020: The Right to Sight initiative, which aims to reduce the burden of blindness worldwide. The link between the Eastern Africa College of Ophthalmologists (EACO) and our College is a good example of collaboration between institutions. Link activities this year have included two-way training visits and a pilot of the first EACO fellowship examination in addition to RCOphth affiliate membership being offered to EACO members.

A successful International Session took place at this year’s Congress. Three links were highlighted by speakers from Africa, Indonesia and the UK.

There was a very positive response from the Sudan Medical Specialisation Board and the Sudan Ophthalmology Council following Simon Keightley’s visit to Khartoum as External Examiner for the Clinical MD examination in Ophthalmology.

The College plans to assist International Medical Graduates by matching them with suitable posts that provide one or more ophthalmic sub-specialities. This scheme will run as a pilot for a year. Interim and end of year reports will be sought from trusts.

Subcommittee members

Mr Nicholas Astbury Chairman
Dr Caroline MacEwen Vice President
Mr Wagih Aclimandos
Miss Michèle Beaconsfield
Mr Michael Brace Lay Representative
Mr Michael Burdon
Mr Timothy ffytche
Miss Denise Mabey
Mr Derek Tole
Mr George Turner
Professor Stephen Vernon
Mr David Yorston
There is nothing like an economic crisis and looming demographic changes to accelerate the concentration of minds of those at the heart of Europe with regards to the delivery of healthcare. The UEMS (Union Européenne des Médecins Spécialistes) represents and promotes the interests of 37 recognised specialties (sections) in the EU, including ophthalmology, and has been providing advice and recommendations to the Council of Health Ministers, reflecting its concern that any initiatives should be both appropriate and co-ordinated at European level. The Section of Ophthalmology has indicated that forecasting the workforce needs in eye healthcare will require a broad approach. This should include skill mix and task re-allocation, as well as increasing the number of ophthalmologists trained in the management of conditions such as age related macular degeneration and diabetic retinopathy. This will probably come at the cost of other sub-specialties as the number of ophthalmic training posts across the EU is unlikely to rise.

The UK and some Scandinavian nations are at the forefront of these changes, having trained nurses to perform certain medical acts, albeit under the aegis of the ophthalmologists and subject to audit; in France, orthoptists are trained and work beyond their traditional sphere. However, other EU states are resistant, and in many there is no medico-legal provision for this redeployment of tasks. The traditional concept of harmonisation will not be enforced, providing each state is able to demonstrate similar standards of delivery of care whatever their preferred system.

The section of Ophthalmology, reluctant to reinvent the wheel, has always welcomed College input through its representatives in all its initiatives and this is no exception. The logistics and criteria for CME/CPD have a healthy British influence, but the concept of formal yearly appraisal will take longer to instil. Assessing the criteria for specialist qualifications in ophthalmology across the EU will be a painful process, as the real disparities have never been openly acknowledged.

For the longer term, the standards of postgraduate training are being reviewed by the EBO (European Board of Ophthalmology, the section’s equivalent of the College’s Training Committee) and curricula and assessment of trainees formalised so they can be implemented on a national basis as in the UK.
Dr Caroline MacEwen  Vice President
Mr Wagih Aclimandos
Mr Nicholas Astbury
Mr Timothy fftyche
Mr Alistair Fielder
Mr Roger Humphry
Mr George Turner
This has been the most successful year for the RCOphth SAS Group so far. The highlight of the year was our first ever study day for SAS Ophthalmologists held in October 2010. The objective was to cover a broad range of topics in ophthalmology, and we were delighted that the meeting, which was held in Birmingham, was booked to capacity. We were privileged to hear some excellent talks from the speakers and the feedback from the meeting was so positive that we plan to make this an annual event.

There will be another opportunity at the Annual Congress in May to put questions to College officers. In 2010 we allowed questions to be put on the day, rather than being submitted in advance. This less formal format will be repeated in Birmingham in May 2011.

The SAS Group has welcomed some new representatives during the year and we will be seeing many more new faces over the next two years as the original members of the group come to the end of their terms of office. All SAS members of the College should consider taking on the role of representing their region on the Group. In addition, any SAS member can make their views heard by communicating with us either via their regional representative or via our email address sas@rcophth.ac.uk

The Chairman of the RCOphth SAS Group is a member of the Joint Royal College SAS Committee. In January 2010 the Joint Committee organised an inaugural study day for SAS doctors from all the Royal Colleges. Over 200 delegates attended and feedback from this meeting was very good. The next Joint Royal College meeting will be held in January 2012. In 2010 the RCOphth took on chairmanship of this committee, which will pass to the Royal College of Physicians in 2011.
<table>
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<tr>
<th>Name</th>
<th>Region</th>
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<tr>
<td>Dr Joanna Gall</td>
<td>Wessex</td>
<td>Lay Advisory Group</td>
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<td>Dr Karen Gillvray</td>
<td>Northern Ireland</td>
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<td>Dr Jane Harcourt</td>
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<td>Dr Husain Hilmi</td>
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<td>Miss Lali Moodaley</td>
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<td>Dr Pauline Wilson</td>
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<td>Dr Mahendra Balapaskaran</td>
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THE OPHTHALMIC TRAINEES’ GROUP

Dr Michael O’Gallagher

It has been a great honour to take on the role of Chairman of the Ophthalmic Trainees’ Group (OTG). I must pay tribute to my predecessor, Faisal Idrees, for his dedication, enthusiasm and hard work. I look forward to trying to live up to the high standards set by him.

Trainees and trainers have been through a number of years of extensive change in the delivery and assessment of post-graduate training in ophthalmology. Ophthalmic Specialist Training is now in its fourth year, and representation of trainees in the process of refining the scheme remains an important role for us. But it’s not our only role: representatives from the OTG sit on each of the College’s Standing Committees, ensuring that trainees have a voice in the full range of College matters. What’s more, the trainees’ voice is heard as we found out when we suggested a rebate on the Part Two FRCOphth fee for candidates who weren’t successful in the written paper.

The OTG represents ophthalmic trainees in other arenas also. We are represented at the Academy of Medical Royal Colleges Trainee Doctors’ Group, where matters affecting the training of juniors across specialties are discussed. We have also recently taken part in discussions at the Department of Health on the effects of the European Working Time Regulations (EWTR).

Effective representation is only possible when it is well informed. We continue to collect data from trainees on the effect of the EWTR, on the employment fate of those who have completed training, and on fellowship opportunities. We are grateful to trainees for their continued participation in our surveys.

Many of you will have attended the OTG Forum at Congress 2010, where there was an opportunity to put questions to the College officers. 2010 also saw the inaugural meeting of the Ophthalmic Training Club, which was well received by those who attended. It certainly lived up to its billing of “A Thousand Years of Wisdom”. We hope to see you at further events in the coming year.

2011 promises to be a year of change at the OTG. A change in our regional boundaries will result in elections in many regions and more representation of trainees at the College. I would encourage anybody interested in our work to contact your local representative. And who knows, there may be an upcoming election in your region!

I hope to be able to report back on further successes of the OTG in next year’s Annual Report. In the meantime, I would like to thank Alex Tytko, Susannah Grant and all the staff of the Education and Training Department for their endless support throughout the year.
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<th>NAME</th>
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<td>Dr Michael O’Gallagher</td>
<td>Chairman</td>
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<tr>
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<tr>
<td>Miss Julia Baxter</td>
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<tr>
<td>Mr Karl Mercieca</td>
<td>North Western and Mersey</td>
<td>Education</td>
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<tr>
<td>Mr Nuwan Niyadurupola</td>
<td>Anglia &amp; Oxford</td>
<td>Workforce</td>
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<tr>
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<tr>
<td>Mr Showrob Patwary</td>
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<tr>
<td>Mr Jonathan Goodfellow</td>
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<td>Professional Standards</td>
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* Mr Patwary also represents the OTG on the Eye Vision Services Library Committee
No review of the year just gone could ignore the sudden loss of our President, Mr John Lee in October. John had supported the Lay Advisory Group since taking office and his quick wit as well as his tremendous knowledge was appreciated by us all.

Members of the Lay Group serve on all the committees of the College so the issues we have been involved with, and on which we offer a lay input, are those detailed throughout the annual report.

If there is a theme that feels particular to our group then it is the “patient experience”. We were delighted to be involved with a College initiative asking for examples of innovation that delivered improvements and cost savings in medical care while preserving or improving the patient experience of the system. A development that we welcome is the increasing emphasis on patient feedback and involvement be it in research, service redesign or monitoring of current practice. These all fit with the direction of the current reforms to the NHS in England.

A person ends up as the patient of an ophthalmologist as a stage in a journey that takes in other professions and parts of the health system. For many, the starting place is a local optician and there are increasing examples of schemes where the optician is also part of the follow up or monitoring of patients. So it felt very appropriate to follow an invitation from the Lay Group of the College of Optometrists with a visit of their group to our College to hear about examples of shared care. The two lay bodies will look to meeting together again.

Lay members and patients attended the joint ‘Glaucoma Summit’ organised by the two Colleges to respond to the NICE consultation on quality standards in the treatment of glaucoma.

A group of people for whom access to medical care of all kinds has often been restricted are those with additional difficulties and learning difficulties in particular. I must thank my colleagues on the Lay Group for their work in helping the College develop guidance on the management of visual problems in adult patients who have learning disabilities.

We greatly appreciate the administrative support we receive and thanks go to Penny Jagger for looking after us so well.

**Lay Advisory Group Members**

- Mr Derek Forbes  
  Chairman and lay member of Council
- Mr Wagih Aclimandos  
  Council member
<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Mr John Cannon</td>
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<td>Mrs Kathy Evans</td>
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<td>Mr Stuart Holland</td>
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<td>Ms Gill Levy</td>
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<td>Mr Mike Brace CBE</td>
<td>Lay member of the Paediatric Committee</td>
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The June Council received a report that summarised the gender and ethnic composition of the Council, regional advisers, the UK membership, examination candidates, examiners 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.

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</table>
Mr Winfried Amoaku

Dr Caroline MacEwen

Mr Thurairatnam Kathirgamakarthigeyan

Dr Michael O’Gallagher

Mr Victor Stone

Mr George Turner

Chairman

Vice President

SAS Group Representative

OTG Representative

Lay Representative

Workforce Subcommittee
MUSEUM & LIBRARY REPORT

Richard Keeler

In June it was a pleasure to hold a reception for the families of ophthalmologist Josef Dallos and engineer George Nissel after the unveiling of two English Heritage plaques at 18 Cavendish Square, London. The College sponsored the plaque for Mr Dallos who laid the foundations for contact lenses as we know them today. It commemorates the invention of the living eye impression technique in 1930 and proclaims the building to be “the first contact lens only practice here 1937-1964.”

Throughout the year, the museum collection of ophthalmic instruments and the antiquarian library continued to expand.

During the year artefacts from Arthur George Leigh’s personal archive were gifted to the College by his daughter. One volume was a record of the short life of the Bowman Club just before the First World War. On the back pages are hand written records of the inter-ophthalmic London hospital golf matches before the Second World War.

A fascinating collection of old surgical instruments, books, catalogues and drawings belonging to John Jameson Evans and his son, Philip, were donated.

Another notable gift was a first edition of “Anatomy of the Eye” written by SE Whitnall.

The College has been entrusted with many antiquarian books on the eye from the old Birmingham and Midland Eye Hospital library including a first edition of Sir Isaac Newton’s “Optice”, 1706. These books are housed in a new bookcase in the President’s Room. The antiquarian library now has more than 600 volumes which include most of the important ophthalmic literature in the English language.

The collection of first and second generation of intraocular lenses has expanded through donations and work will begin in 2011 to display them.

A rare 1786 spring-loaded cataract knife designed by Pierre Guerin was acquired and has been added to the surgical instrument collection.

Perhaps the most important and impressive acquisitions on loan were the five large portraits of famous ophthalmologists which were previously hanging in the Moorfields Eye Hospital boardroom. Two other portraits, those of Sir John Herbert Parsons and Sir Stewart Duke-Elder have been loaned from the Institute of Ophthalmology. All these portraits, which have been repaired and restored, now adorn the walls of the stairwell and the Oxford Room of the College.
THE HONORARY SECRETARY

Mr Bernard Chang

2010 has proved a busy year and I would like to thank the Membership department for helping me to carry out my duties.

We have had an unusually high number (nine) of regional Council elections and have also appointed numerous Regional Advisers. In December, we also ran a Vice Presidential election for the Chairman of the Scientific Committee.

We are progressively moving towards electronic voting systems, making the process easier, as well as lowering costs. Even as I write this report, we are making preparations for the (unexpected) Presidential election using the Electoral Reform Services.

As ever, the College received a high volume of enquiries from individuals both in the UK and abroad. I have been able to answer them all promptly. This is particularly important as members of the public often feel that they have exhausted all other avenues of enquiry by the time they reach out to us. I feel both rewarded and humbled by the thank you replies as sometimes my responses can only confirm their poor prognoses rather than offer the new hope which they sought.

I hope members have noticed that the College has a new and improved website. Sara Davey deserves special acknowledgement for this.

We have made it easier for those wishing to join RCOphth, by introducing a simpler process for affiliate members. Changes include a new declaration form which requires referees to confirm the integrity of new members. I would like to ask for your help in encouraging non members to join our College.

I urge members and Fellows to continue to volunteer for College duties. I know that this is increasingly difficult but the College cannot run without you.

Once again, it is my privilege to serve as Honorary Secretary and to work with such dedicated colleagues and College staff.

I wish everyone a Happy 2011. It will be the Chinese New Year of the Rabbit which promises peace and stability.
# STAFF AS AT 31 DECEMBER 2010

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<td>Alexandra Tytko</td>
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<td>Susannah Grant</td>
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<td>Carol Welch</td>
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<td>Katherine Miller</td>
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<td>Esther Merrill</td>
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<td>Elizabeth Barnes</td>
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<td>Head of Scientific Department</td>
<td>Heidi Booth-Adams</td>
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<td>Events and Scientific Coordinator</td>
<td>Olivia Silby</td>
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BOSU Scientific Coordinator  Barnaby Foot

EYE Editorial Assistant  Steven Beet

Head of Operational Support  Jacqueline Trevena

Deputy Head of Operational Support and IT Director  Sara Davey

Finance Director  Mark Merrill

Finance Assistant  Jenny Henry

Membership Coordinator  Martin Reeves

Principal Receptionist  Karen Taylor

Receptionist/porter  William Carson
### TRUSTEES

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<tr>
<td>Mr J P Lee</td>
<td>President</td>
<td>Until 8 October 2010</td>
</tr>
<tr>
<td>Mr W M Amoaku</td>
<td>Senior Vice President</td>
<td>Scientific from 8 October 2010</td>
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<tr>
<td>Mr R Smith</td>
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<td>Mr G R Kirkby</td>
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<td>Professional Standards</td>
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<tr>
<td>Mr L Benjamin</td>
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<td>Education</td>
</tr>
<tr>
<td>Miss C A Jones</td>
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<td>Training</td>
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<tr>
<td>Dr C J MacEwen</td>
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<tr>
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<td>Finance</td>
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<tr>
<td>Mr B Y P Chang</td>
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### REGIONAL REPRESENTATIVES

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<td>Mr W A Aclimandos</td>
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<td>Mr S Biswas</td>
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<tr>
<td>Mr A Amanat</td>
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<tr>
<td>Mr A A Castillo</td>
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47
Miss C C Davey  North East Thames
Mr A R Evans  Wessex  Until 26 May 2010
Mr J D A MacLeod  Wessex  From 26 May 2010
Miss W A Franks  Moorfields
Dr H M Hammer  Scotland West  Until 26 May 2010
Mr C J M Diaper  Scotland West  From 26 May 2010
Mr N R Hawksworth  Wales  Until 26 May 2010
Mrs C M Lane  Wales  From 26 May 2010
Mr J M Hayward  Yorkshire
Mr C B James  Oxford
Miss A M McElvanney  South West Thames
Mr G R Kirkby  West Midlands  Until 26 May 2010
Mr M A Burdon  West Midlands  From 26 May 2010
Mr G M Kyle  Mersey  Until 26 May 2010
Mr W D Newman  Mersey  From 26 May 2010
Mr M F Murphy  Northern Ireland
Mr E P O’Donoghue  Eire
Mr D L Smerdon  Northern  Until 26 May 2010
Mr P A C Tiffin  Northern  From 26 May 2010
Mr J M Twomey  South Western
Ms G C Vafidis  N W Thames
Mr I F Whyte  Scotland East

CO-OPTED MEMBERS

Mr D Forbes  Lay Advisory Group
Mr J R Eason  Staff and Associate Specialists
Mr N J Astbury  Overseas
Mr F Idrees  Ophthalmic Trainees  Until 20 November 2010
Mr M K O’Gallagher  Ophthalmic Trainees  From 20 November 2010

EDITOR OF EYE
Professor A J Lottery
## COUNCIL ATTENDANCE 2010

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<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>David Smerdon</td>
<td>Northern</td>
<td>✓</td>
<td>**</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Peter Tiffin</td>
<td>Northern</td>
<td>*</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>John Twomey</td>
<td>South Western</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gillian Vafidis</td>
<td>North West Thames</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Iain Whyte</td>
<td>Scotland East</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
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<tr>
<td>Nick Astbury</td>
<td>Overseas</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Jonathan Eason</td>
<td>Staff and Associate Specialists</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>Derek Forbes</td>
<td>Lay Advisory Group</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Faisal Idrees</td>
<td>Ophthalmic Trainees’ Group</td>
<td>X</td>
<td>***</td>
<td>✓</td>
<td>***</td>
</tr>
<tr>
<td>Michael O’Gallagher</td>
<td>Ophthalmic Trainees’ Group</td>
<td>***</td>
<td>✓</td>
<td>***</td>
<td>✓</td>
</tr>
</tbody>
</table>

* Term of office began at the May Annual General Meeting
** Term of office ended at the May Annual General Meeting
*** OTG Chairmanship changed in November but Michael O’Gallagher deputised in June.
THE HONORARY TREASURER’S REPORT

Mr Peter McDonnell

The financial results of the College to 31 December 2010 are summarised on in the Statement of Financial Activities and Balance Sheet of this Annual Report.

The overall net income before transfers amounts to £348,000. There is net spending of £52,000 on the College’s restricted funds which is in respect of funding received in both 2009 and 2010. In addition there was net income of £75,000 on the two endowment funds. The surplus on the recurring core activities of the College amounted to £325,000. It is important that we continue to make a modest surplus to enable the College to invest in services and support for members at all levels.

Membership levels have maintained at the high level reported in 2009. A modest increase in subscriptions rates has been agreed for 2011.

The financial aspects of the professional activities of the College continue to be monitored carefully by the Finance Committee. The Examinations run by the College continue to go through a period of change as noted in previous reports, but income increased in 2010 and it is hoped that by 2011 the costs of running examinations will be more in balance with the income generated through examination fees. College work on the development of revalidation is so far mainly funded with grants from other bodies, but is possible that the College may incur increasing costs in the future in relation to revalidation and the Committee is monitoring the situation.

This year has seen a reduction, but not disappearance of, financial turbulence. Nevertheless the College’s invested funds managed by Sarasin and Partners have done well during 2010 on the back of a more favourable performance of equities. Interest rates for our cash deposits remain low.

Thank you to the members of the Finance Committee for their help and support over the year, and a special thank you to Mark Merrill, the Finance Director and Jackie Trevena, the Head of the Operational Support Department and her staff.

Committee members

Mr Peter McDonnell  Chairman and Honorary Treasurer
Mr Winfried Amoaku  Vice President
Mr Larry Benjamin  Vice President
Mr Graham Kirkby  Vice President
Miss Carole Jones  Vice President
Dr Caroline MacEwen  Vice President
Mr Bernard Chang  Honorary Secretary
Donations and Grants

Donations and Grants over £1,000 have been received from

Individual members of the College

Members of the public

Abbott Medical Optics

Academy of Medical Royal Colleges

Allergan UK

British Eye Research Foundation (trading as Fight for Sight)

The Department of Health

The Guide Dogs for the Blind Association

Keeler Limited

The Macular Disease Society

Merck Sharpe and Dohme Limited

Novartis Pharmaceuticals Limited

Optic UK

Pfizer Limited

The Wolfson Foundation
Auditors’ Report

Auditors’ statement on summarised financial statements

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

We have examined the summarised financial statements for the year ended 31 December 2010, which comprise the Statement of Financial Activities and the Balance Sheet.

Respective responsibilities of the Council and auditors

The Council is responsible for preparing the summarised financial statements in accordance with applicable 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 within the Annual Report with the full annual financial statements and the Report of the Council. 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 2008/3 issued by the Auditing Practices Board. Our report on the charity’s full annual financial statements describes the basis of our opinion on those financial statements and on the Report of the Council.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and the Report of the Council of The Royal College of Ophthalmologists for the year ended 31 December 2010.

Sayer Vincent Statutory Auditors

8 Angel Gate, City Road, London EC1V 2SJ

14 March 2011
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 2010 but are not the full statutory report and accounts. The full financial statements were approved by the Council on 11 March 2011 and subsequently submitted to the Charity Commission. The auditor has issued an unmodified report on the full financial statements and on the consistency of the Annual Report with those financial statements. Copies of the full annual accounts including the Report of the Council may be obtained from the Honorary Secretary, The Royal College of Ophthalmologists, 17 Cornwall Terrace, London NW1 4QW

Signed on behalf of Council

Mr P McDonnell

Honorary Treasurer

11\textsuperscript{th} March 2011
## The Royal College of Ophthalmologists

### Statement of financial activities

#### For the year ended 31 December 2010

<table>
<thead>
<tr>
<th>Note</th>
<th>Unrestricted funds</th>
<th>Endowment funds</th>
<th>Other restricted funds</th>
<th>Total 2010</th>
<th>Total 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

### Incoming resources

**Incoming resources from generated funds**

- **Voluntary income**
  - 2a, £246,000
  - 2b, £67,000

- **Activities for generating Funds**
  - **Sponsorship income**
    - 2c, £38,000
  - **Investment income**
    - £78,000

### Incoming resources from charitable activities

- **Subscriptions Receivable**
  - 3, £1,004,000

- **Examinations Department**
  - £319,000

- **Education, Training and Professional Standards**
  - £64,000

- **Skills Courses**
  - £107,000

- **Annual Congress**
  - £596,000

- **Journal -"Eye"**
  - £539,000

- **Seminars**
  - £51,000
<table>
<thead>
<tr>
<th>Scholarship and Awards</th>
<th>4</th>
<th>-</th>
<th>-</th>
<th>51,000</th>
<th><strong>51,000</strong></th>
<th>83,000</th>
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</thead>
<tbody>
<tr>
<td>Other incoming resources</td>
<td>81,000</td>
<td>-</td>
<td>17,000</td>
<td><strong>98,000</strong></td>
<td>43,000</td>
<td></td>
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<tr>
<td><strong>Total incoming resources</strong></td>
<td><strong>2,877,000</strong></td>
<td><strong>89,000</strong></td>
<td><strong>0</strong></td>
<td><strong>3,305,000</strong></td>
<td><strong>3,170,000</strong></td>
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<tr>
<td><strong>Resources expended</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Cost of generating funds</strong></td>
<td></td>
<td></td>
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<tr>
<td>Investment Manager's Fees</td>
<td>12,000</td>
<td>4,000</td>
<td>1,000</td>
<td><strong>17,000</strong></td>
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<td><strong>Charitable Activities</strong></td>
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<tr>
<td>Examinations Department</td>
<td>565,000</td>
<td>-</td>
<td>-</td>
<td><strong>565,000</strong></td>
<td>673,000</td>
<td></td>
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<tr>
<td>Education and Training</td>
<td>349,000</td>
<td>-</td>
<td>173,000</td>
<td><strong>522,000</strong></td>
<td>580,000</td>
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<td>Skills Courses</td>
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<td>10,000</td>
<td>2,000</td>
<td><strong>199,000</strong></td>
<td>159,000</td>
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<td>Professional Standards</td>
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<td>57,000</td>
<td>-</td>
<td><strong>222,000</strong></td>
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<td>Annual Congress</td>
<td>631,000</td>
<td>-</td>
<td>6,000</td>
<td><strong>637,000</strong></td>
<td>591,000</td>
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<tr>
<td>Journal - &quot;Eye&quot;</td>
<td>524,000</td>
<td>-</td>
<td>-</td>
<td><strong>524,000</strong></td>
<td>475,000</td>
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<td>Seminars</td>
<td>66,000</td>
<td>-</td>
<td>12,000</td>
<td><strong>78,000</strong></td>
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<tr>
<td>Scholarships and Awards</td>
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<td><strong>67,000</strong></td>
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<tr>
<td>BOSU</td>
<td>-</td>
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<td>86,000</td>
<td><strong>86,000</strong></td>
<td>92,000</td>
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<td>Projects, including Memorials and Bequests</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>31,000</td>
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<td>Governance costs</td>
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<td>-</td>
<td><strong>40,000</strong></td>
<td>56,000</td>
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<tr>
<td><strong>Total resources expended</strong></td>
<td><strong>5 2,552,000</strong></td>
<td><strong>14,000</strong></td>
<td><strong>391,00</strong></td>
<td><strong>2,957,00</strong></td>
<td><strong>2,810,00</strong></td>
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<td><strong>Net Incoming resources before transfers</strong></td>
<td><strong>325,000</strong></td>
<td><strong>75,000</strong></td>
<td><strong>0</strong></td>
<td><strong>(52,00)</strong></td>
<td><strong>348,00</strong></td>
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<tr>
<td></td>
<td>18</td>
<td>46,000</td>
<td></td>
<td>11,000</td>
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<td>57,000</td>
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<td>---------------------------</td>
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<td>--------</td>
<td>---</td>
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<tr>
<td><strong>Net incoming resources after transfers</strong></td>
<td>7</td>
<td>279,000</td>
<td>64,000</td>
<td>5,000</td>
<td>0</td>
<td>348,00</td>
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<td><strong>Other recognised gains</strong></td>
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<td>Unrealised gain on investments</td>
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<td>61,000</td>
<td>14,000</td>
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<td>572,00</td>
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<td>946,00</td>
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<td>693,00</td>
<td>965,00</td>
<td>0</td>
<td>5,644,00</td>
</tr>
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</table>

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

Balance sheet

As at 31 December 2010

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
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<tr>
<td><strong>Fixed assets</strong></td>
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<tr>
<td>Tangible assets</td>
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<td>1,094,000</td>
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<td>Investments</td>
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<td><strong>Total Fixed assets</strong></td>
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<td><strong>Current assets</strong></td>
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<td>Debtors</td>
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<td>349,000</td>
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<td>Short Term Deposits</td>
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<td>Cash at Bank and in Hand</td>
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<td>939,000</td>
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<tr>
<td><strong>Total Current assets</strong></td>
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<td>2,288,000</td>
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<td><strong>Creditors:</strong></td>
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<td>Amounts falling due within one year</td>
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<td>343,000</td>
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<tr>
<td><strong>Net current assets</strong></td>
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<tr>
<td><strong>Net assets</strong></td>
<td>5,644,000</td>
<td>5,071,000</td>
</tr>
<tr>
<td><strong>Funds</strong></td>
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<tr>
<td>Restricted funds</td>
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<tr>
<td>Permanent endowment fund</td>
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<td>Expendable endowment fund</td>
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<td>Other</td>
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<td>946,000</td>
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<td>Unrestricted funds</td>
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<td>General funds</td>
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<tr>
<td><strong>Total funds</strong></td>
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<td>5,071,000</td>
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