

# THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

*Eye Doctors setting the standards for patients*



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 ACTING PRESIDENT

### Mr Winfried Amoaku



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 CHIEF EXECUTIVE

### Kathy Evans



matters.

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

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](http://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](mailto: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  
Mr Larry Benjamin  
Miss Carole Jones  
Mr Graham Kirkby

Acting President  
Vice President  
Vice President  
Vice President

Dr Caroline MacEwen  
Mr Bernard Chang  
Mr Peter McDonnell  
Miss Andrena McElvanney  
Mr John Twomey

Vice President  
Honorary Secretary  
Honorary Treasurer  
Council member  
Council member

## 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<sup>2</sup> 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<sup>3</sup> 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](http://www.mmcinquiry.org.uk/MMC_FINAL_REPORT_REVD_4jan.pdf)

3 The European Working Time Directive

<http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modernisingworkforceplanninghome/Europeanworkingtimedirective/index.htm>

4 VISION 2020

<http://www.vision2020uk.org.uk/>

5 Good Doctors, Safer Patients

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4137232](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232)



## 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 Boroogh 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-vitreous 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 a 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](http://www.ahpo.org)

## THE SCIENTIFIC COMMITTEE

### Mr Winfried Amoaku



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.

<b>Study</b>	<b>Institution</b>	<b>Location</b>
Ocular Sebaceous Carcinoma	Royal Hallamshire Hospital NHS Trust	Sheffield
Complications of Strabismus surgery	Bradford Royal Infirmary	Bradford
Endophthalmitis Following Intravitreal Anti-VEGF Treatment	Ninewells Medical School	Dundee
Angioid Streak associated CNV	Aberdeen Royal Infirmary	Aberdeen
Ocular Syphilis	Barts & The London NHS Trust	London
Childhood Optic Neuritis	Birmingham Children's Hospital NHS Trust	Birmingham
Uveal Effusion Syndrome	King's College Hospital	London
Acute Corneal Hydrops	Moorfields Eye Hospital	London
Visual Impairment due to Adverse Drug Reaction	Institute of Child Health	London
Incidence Of Periorbital Necrotising Fasciitis	Gartnavel General Hospital	Glasgow
Incidence of Endophthalmitis following pars plana Vitrectomy	Royal Devon and Exeter Hospital	Exeter

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' 25<sup>th</sup> 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	Vice 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

Mr Nicholas Astbury

Mr Augusto Azuara-Blanco

Mr Susmito Biswas

Mr Michael Burdon

Professor Victor Chong

Miss Laura Crawley OTG Representative

Mr Faruque Ghanchi

Mr. Richard Harrad

Mr Parwez Hossain

Dr Lesley Kaye  
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

SAS Representative

## 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](http://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

Miss Carole Jones

Mr Graham Kirkby

Dr Caroline MacEwen

Mr Bernard Chang

Acting President

Vice President

Vice President

Vice President

Honorary Secretary

Mr Peter McDonnell

Honorary Treasurer

Subcommittee Chairmen

Mr Charles Diaper

Dr Richard Gale

Dr Karen Gillvray

Mr Michael Hayward

Mr Naresh Joshi

Mr Karl Mercieca

Mr Michael Nelson

Professor William Reid

Mrs Carol Watkins

Dr Iain Whyte

Mrs Manijeh Wishart

Medical Ophthalmology

SAS Group Representative

OTG Representative

Lead Dean for Ophthalmology

Lay Representative

AHPO\* Representative

\* Association of Health Professions in Ophthalmology

[www.ahpo.org](http://www.ahpo.org)



## THE TRAINING COMMITTEE

### Miss Carole Jones



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**

Mr Winfried Amoaku	Acting President
Mr Larry Benjamin	Vice President
Mr Graham Kirkby	Vice President
Dr Caroline MacEwen	Vice President
Mr Bernard Chang	Honorary Secretary
Mr Peter McDonnell	Honorary Treasurer
Mr John Bradbury	
Mr Andrew Castillo	
Mr Gordon Cropper	Lay Representative
Miss Clare Davey	
Professor Andrew Dick	Academic Group Representative
Mr John Ferris	
Mr Alex Foss	
Dr Nicholas George	
Mr Bruce James	
Dr Ewan Kemp	
Mr James Kirwan	
Mr Alex Macleod	
Mr Jay Menon	
Miss Lali Moodaley	SAS Group Representative
Mr William Newman	
Miss Carmel Noonan	
Miss Fiona O'Sullivan	
Mr Showrob Patwary	OTG Representative
Mr Anthony Quinn	
Professor W Reid	Lead Dean for Ophthalmology
Mrs Rosemary Robinson	
Mr Nicholas Sarkies	
Mr Peter Simcock	
Mr David Smerdon	

Miss Fiona Spencer  
Mr Michael Stewart  
Mr Paul Sullivan  
Professor Stephen Vernon

College Solicitor

**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

## THE EXAMINATION COMMITTEE

### 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

Mr Larry Benjamin

Miss Carole Jones

Mr Graham Kirkby

Mr Bernard Chang

Mr Peter McDonnell

Acting President

Vice President

Vice President

Vice President

Honorary Secretary

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	



## THE EUROPEAN SUBCOMMITTEE

### Miss Michèle Beaconsfield



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.

### Subcommittee members

Miss Michèle Beaconsfield

Chairman

Dr Caroline MacEwen  
Mr Wagih Aclimandos  
Mr Nicholas Astbury  
Mr Timothy ffytche  
Mr Alistair Fielder  
Mr Roger Humphry  
Mr George Turner

Vice President

## THE STAFF AND ASSOCIATE SPECIALISTS' (SAS) GROUP

### Mr Jonathan Eason



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](mailto: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.

Mr Jonathan Eason	Chairman	Council and Finance
	South West Thames	
Dr Sumedha Bhagat	Scotland West	Training the Trainers
Mr Napoleon Devarajan	Wales	Paediatric
Dr Surinder Dhanoa	Oxford	Continuing Professional Development

Dr Joanna Gall	Wessex	Lay Advisory Group
Dr Karen Gillvray	Northern Ireland	Education
Dr Jane Harcourt	Scotland East	Workforce
Dr Husain Hilmi	South Western	Professional Standards
Dr Elizabeth Kaonga	South East Thames	E-learning
Mr Thurairatnam Kathirgamakarthisgeyan	West Midlands	Equality and Diversity
Dr Lesley Kaye	Mersey	Scientific
Miss Yogeswary Kurunadalingam	Yorkshire	Examinations
Dr Mona Loutfi	North West Thames	
Miss Lali Moodaley	Moorfields	Training
Mr A Sherif Omar	Northern	
Dr Pauline Wilson (to 22 October 2010)		
Dr Mahendra Balapaskaran	North East Thames	
Dr Gillian Watts	North Western	
Mr Kuranager Poornesh	East Anglia	
Vacancy	Trent	

## 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.

<b><u>NAME</u></b>	<b><u>REGION</u></b>	<b><u>COMMITTEE</u></b>
Dr Michael O’Gallagher	Chairman	Council
	Northern Ireland	Equality and Diversity
Dr James Cameron	Scotland	Examinations
Miss Laura Crawley	North Thames	Scientific
Miss Julia Baxter	East Midlands	
Mr Karl Mercieca	North Western and Mersey	Education
Mr Nuwan Niyadurupola	Anglia & Oxford	Workforce
Mr Gareth Lewis	Wales	Finance
Mr Showrob Patwary	Deputy Chairman	E-learning * Training Curriculum
	West Midlands	
Mr Mark Doherty	Northern & Yorkshire	
Mr Jonathan Goodfellow	South West & Wessex	Professional Standards

\* Mr Patwary also represents the OTG on the Eye Vision Services Library Committee

## THE LAY ADVISORY GROUP

### Derek Forbes



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

Mr Wagih Aclimandos

Chairman and lay member of Council

Council member

Mr John Cannon	Lay member of the Finance Committee
Mr Gordon Cropper	Lay member of the Training Committee
Mrs Kathy Evans	Chief Executive
Miss Wendy Franks	Council member
Mr Stuart Holland	Lay member of the Revalidation Subcommittee
Professor Helen Petrie	Lay member of the Information and Audit Subcommittee
Ms Gill Levy	Lay member of the Ocular Public Health Group
Ms Sylvia Simmons	Lay member of Examinations Committee
Mr Victor Stone	Lay member Professional Standards and Equality and Diversity Committees
Mrs Carol Watkins	Lay member of the Education Committee
<u>Co-opted members</u>	
Mr Mike Brace CBE	Lay member of the Paediatric Committee



## THE EQUALITY AND DIVERSITY COMMITTEE

### Mr Winfried Amoaku



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.

as at 1 June 2010

	Total UK Population <i>per census 2001</i>	Council	Regional Advisers	Consultants	Other UK Members
<b>Total Population</b>	58.8 million	<b>32</b>	<b>24</b>	<b>1106</b>	<b>1432</b>
% forms returned	N/A	<b>97.0</b>	<b>96.0</b>	<b>86.0</b>	<b>56.3</b>
<b>White</b>					
White British	92.0	<b>77.5</b>	<b>74.0</b>	<b>64.0</b>	<b>29.2</b>
White Irish		<b>3.2</b>	<b>13.0</b>	<b>5.0</b>	<b>5.5</b>
White Other				<b>4.0</b>	<b>10.0</b>
<b>Mixed</b>	1.2			<b>1.7</b>	<b>2.2</b>
<b>Asian or Asian British</b>					
Indian	1.8	<b>3.2</b>		<b>12.5</b>	<b>24.4</b>
Pakistani	1.3	<b>6.5</b>		<b>1.8</b>	<b>4.8</b>
Bangladeshi	0.5				<b>1.4</b>
Other Asian	0.4			<b>2.4</b>	<b>8.4</b>
<b>Black or Black British</b>					
Black Caribbean	1.0			<b>0.2</b>	<b>0.5</b>
Black African	0.8	<b>3.2</b>		<b>1.3</b>	<b>2.7</b>
Black Other	0.2				
<b>Chinese</b>	0.4	<b>3.2</b>	<b>4.3</b>	<b>3.3</b>	<b>4.5</b>
<b>Other</b>					
Middle Eastern	0.4	<b>3.2</b>	<b>8.7</b>	<b>2.9</b>	<b>4.5</b>
<b>Total</b>	100.0	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Male	48.6	<b>78.0</b>	<b>75.0</b>	<b>79.0</b>	<b>not</b>
Female	51.4	<b>22.0</b>	<b>25.0</b>	<b>21.0</b>	<b>known</b>

Mr Winfried Amoaku

Dr Caroline MacEwen

MrThurairatnam Kathirgamakarthiseyan

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



Chief Executive	Kathleen Evans
Personal Assistant to the President	Penelope Jagger
Head of Education and Training Department	Alexandra Tytko
Deputy Head of Education and Training Department	Susannah Grant
Education and Training / Professional Standards Administrator	Carol Welch
Education and Training Administrator	Katherine Miller
Skills Centre Coordinator	Esther Merrill
Head of Professional Standards	Elizabeth Barnes
Head of Examinations Department	Emily Beet
Deputy Head of Examinations Department	George Hibdige
Examinations Administrator	Sophie Donovan
Examinations Coordinator	Sheila Patel
Head of Scientific Department	Heidi Booth-Adams
Events and Scientific Coordinator	Olivia Silby

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



Mr J P Lee	President		Until 8 October 2010
Mr W M Amoaku	Senior Vice President	Scientific	Acting President from 8 October 2010
Mr R Smith	Senior Vice President	Professional Standards	Until 26 May 2010
Mr G R Kirkby	Vice President	Professional Standards	From 26 May 2010
Mr L Benjamin	Vice President	Education	
Miss C A Jones	Vice President	Training	
Dr C J MacEwen	Vice President	Examinations	
Mr P J McDonnell	Honorary Treasurer	Finance	
Mr B Y P Chang	Honorary Secretary		

## REGIONAL REPRESENTATIVES

	<u>Region</u>
Mr W A Aclimandos	South East Thames
Mr S Biswas	North West
Mr A Amanat	East Anglia
Mr A A Castillo	Trent

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 Lotery

## COUNCIL ATTENDANCE 2010

NAME	STATUS	Mar	June	Sept	Dec
John Lee	President	√	√	√	–
Winfried Amoaku	SVP, Scientific/ Acting President	√	√	√	√
Richard Smith	SVP, Professional Standards	√	**	**	**
Graham Kirkby	VP, Professional Standards	*	√	√	√
Larry Benjamin	VP, Education	√	√	√	√
Carole Jones	VP, Training	√	√	√	√
Caroline MacEwen	VP, Examinations	√	√	√	√
Peter McDonnell	Honorary Treasurer	√	√	X	√
Bernard Chang	Honorary Secretary	√	√	√	√
Wagih Acimandos	South East Thames	√	√	√	√
Ali Amanat	East Anglia	√	√	√	X
Susmito Biswas	North West	√	X	√	√
Andrew Castillo	Trent	√	√	√	√
Clare Davey	North East Thames	√	√	X	√
Anthony Evans	Wessex	X	**	**	**
Alex MacLeod	Wessex	*	√	√	√
Wendy Franks	Moorfields	√	√	√	X
Harold Hammer	Scotland West	√	**	**	**
Charles Diaper	Scotland West	*	√	√	√
Nicholas Hawksworth	Wales	√	**	**	**
Carol Lane	Wales	*	√	√	√
Michael Hayward	Yorkshire	X	√	√	√

Bruce James	Oxford	√	√	√	√
Graham Kirkby	West Midlands	√	**	**	**
Michael Burdon	West Midlands	*	√	√	X
Graham Kyle	Mersey	√	**	**	**
William Newman	Mersey	*	√	√	√
Andrena McElvanney	South West Thames	√	√	X	√
Martin Murphy	Northern Ireland	√	√	√	√
Eamon O'Donoghue	Eire	X	√	X	X
David Smerdon	Northern	√	**	**	**
Peter Tiffin	Northern	*	√	√	X
John Twomey	South Western	√	√	√	√
Gillian Vafidis	North West Thames	√	√	√	√
Iain Whyte	Scotland East	√	√	√	X
Nick Astbury	Overseas	√	√	√	√
Jonathan Eason	Staff and Associate Specialists	√	√	√	X
Derek Forbes	Lay Advisory Group	X	√	√	√
Faisal Idrees	Ophthalmic Trainees' Group	X	***	√	***
Michael O'Gallagher	Ophthalmic Trainees' Group	***	√	***	√

- \* 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 it 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  
Mr Winfried Amoaku  
Mr Larry Benjamin  
Mr Graham Kirkby  
Miss Carole Jones  
Dr Caroline MacEwen  
Mr Bernard Chang

Chairman and Honorary Treasurer  
Vice President  
Vice President  
Vice President  
Vice President  
Vice President  
Honorary Secretary

Mr Susmito Biswas	Council member
Mr Andrew Castillo	Council member
Mr John Cannon	Lay Representative
Mr Jonathan Eason	SAS Group Representative
Mr Martin Murphy	Council member
Mr Gareth Lewis	OTG Representative

## **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<sup>th</sup> March 2011

## The Royal College of Ophthalmologists

### Statement of financial activities

#### For the year ended 31 December 2010

	Note	Unrestrict ed funds £	Endowme nt funds £	Other restrict ed funds £	2010 Total £	2009 Total £
<b>Incoming resources</b>						
<i>Incoming resources from generated funds</i>						
Voluntary income	2a, 2b	-	67,000	246,000	<b>313,000</b>	351,000
Activities for generating Funds				0	<b>0</b>	
Sponsorship income	2c	38,000	-	-	<b>38,000</b>	8,000
Investment income		78,000	22,000	17,000	<b>117,000</b>	107,000
<i>Incoming resources from charitable activities</i>						
Subscriptions Receivable					<b>1,004,000</b>	990,000
Examinations Department	3	1,004,000	-	-	<b>319,000</b>	300,000
Education, Training and Professional Standards		319,000	-	-	<b>64,000</b>	53,000
Skills Courses		64,000	-	-	<b>107,000</b>	103,000
Annual Congress		107,000	-	-	<b>596,000</b>	577,000
Journal -"Eye"		596,000	-	-	<b>539,000</b>	486,000
Seminars		539,000	-	-	<b>59,000</b>	69,000
		51,000	-	8,000		



Scholarships and Awards	4	-	-	51,000	51,000	83,000
Other incoming resources		81,000	-	17,000	98,000	43,000
<b>Total incoming resources</b>		<b>2,877,000</b>	<b>89,000</b>	<b>339,000</b>	<b>3,305,000</b>	<b>3,170,000</b>
<b>Resources expended</b>						
<i>Cost of generating funds</i>						
Investment Manager's Fees		12,000	4,000	1,000	17,000	14,000
<i>Charitable Activities</i>						
Examinations Department		565,000	-	-	565,000	673,000
Education and Training		349,000	-	173,000	522,000	580,000
Skills Courses		187,000	10,000	2,000	199,000	159,000
Professional Standards		165,000	-	57,000	222,000	-
Annual Congress		631,000	-	6,000	637,000	591,000
Journal - "Eye"		524,000	-	-	524,000	475,000
Seminars		66,000	-	12,000	78,000	70,000
Scholarships and Awards		13,000	-	54,000	67,000	69,000
BOSU		-	-	86,000	86,000	92,000
Projects, including Memorials and Bequests		-	-	-	-	31,000
Governance costs		40,000	-	-	40,000	56,000
<b>Total resources expended</b>	5	<b>2,552,000</b>	<b>14,000</b>	<b>391,000</b>	<b>2,957,000</b>	<b>2,810,000</b>
<b>Net Incoming resources before transfers</b>		<b>325,000</b>	<b>75,000</b>	<b>(52,000)</b>	<b>348,000</b>	<b>360,000</b>

<b>Transfers between funds</b>	18	(46,000)	(11,000 )	57,000	-	-
<b>Net incoming resources after transfers</b>	7	<b>279,000</b>	<b>64,000</b>	<b>5,000</b>	<b>348,000</b>	360,000
<b>Other recognised gains</b>						
Unrealised gain on investments		149,000	61,000	14,000	<b>224,000</b>	243,000
<b>Net movements in funds</b>		<u>428,000</u>	<u>125,000</u>	<u>19,000</u>	<u><b>572,000</b></u>	<u>603,000</u>
<b>Funds at 1 January 2010</b>		<u>3,558,000</u>	<u>568,000</u>	<u>946,000</u>	<u><b>5,072,000</b></u>	<u>4,469,000</u>
<b>Funds at 31 December 2010</b>		<u><b>3,986,000</b></u>	<u><b>693,000</b></u>	<u><b>965,000</b></u>	<u><b>5,644,000</b></u>	<u><b>5,072,000</b></u>

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

	£	2010 £	2009 £
<b>Fixed assets</b>			
Tangible assets		1,073,000	1,094,000
Investments		<u>2,508,000</u>	<u>2,032,000</u>
		<b>3,581,000</b>	<b>3,126,000</b>
<b>Current assets</b>			
Debtors	395,000		349,000
Short Term Deposits	1,704,000		1,000,000
Cash at Bank and in Hand	<u>211,000</u>		<u>939,000</u>
		<b>2,310,000</b>	<b>2,288,000</b>
<b>Creditors:</b>			
<b>Amounts falling due within one year</b>		<u>247,000</u>	<u>343,000</u>
<b>Net current assets</b>		<u>2,063,000</u>	<u>1,945,000</u>
<b>Net assets</b>		<u><b>5,644,000</b></u>	<u><b>5,071,000</b></u>
<b>Funds</b>			
Restricted funds			
Permanent endowment fund		513,000	466,000
Expendable endowment fund		180,000	102,000
Other		965,000	946,000
Unrestricted funds			
Designated funds		1,239,000	1,229,000
General funds		<u>2,747,000</u>	<u>2,328,000</u>
<b>Total funds</b>		<u><b>5,644,000</b></u>	<u><b>5,071,000</b></u>