

THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

ANNUAL REPORT 2012



Eye doctors setting the standards for patients

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Welcome to the 2012 Annual Report of The Royal College of Ophthalmologists.

We are always 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 2012

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THE PRESIDENT

Professor Harminder Dua



‘Time flies when you are having fun’, whoever said that for the first time must have felt exactly like I have felt over the last year. ‘There has never been a dull moment’, to borrow another phrase. Writing the president’s piece for the annual report provides me with the opportunity to reflect on the bygone year, dwell on the job at hand and look ahead. All three give me an equal sense of quiet satisfaction of a job well done by the team of College officers in the Executive and Council ably and efficiently supported by the College staff led by Kathy Evans.

We have emerged from the turmoil of the Health and Social Care Reform Act and have kept pace with changes accruing therefrom. The College is ready to support its members when the Act officially kicks in, in April this year. We have worked with partners and other stakeholders to develop information resources for clinical commissioning groups and have contributed to the development of specialised commissioning. There will no doubt be teething problems along the way but the College is poised to support its members providing advice where needed and equally carrying their concerns back to where they can be addressed. Cataract rationing by setting of arbitrary visual acuity thresholds was a case in point. Members felt strongly about this as it was unfair to our patients. The College was able to fight this corner successfully and is now working with the National Commissioning Board to define an equitable and fair cataract pathway that will keep patients’ interests foremost. The medical director of NHS England has favourably considered our suggestion to include cosmetic laser refractive surgery in his on-going review of cosmetic surgery and this will figure in his final report. This facet of the College’s work illustrates our greater involvement in service delivery. Speaking as the voice of our Fellows and Members, what we say is indeed taken seriously. We have also been proactive in working with our sister organisations to keep eye care and eye health on the national agenda. The creation of the Clinical Council for Eye Care Commissioning led by the College is an example of working together for a common good.

A very important achievement of the year is the successful sale of our current premises at 17 Cornwall Terrace and purchase of the freehold of 18 Stephenson Way, our new home to be in a couple of years. The current property is leasehold with 65 years remaining on the lease. The value of the property to the College was predicted to drop with each passing year. It was incumbent on the College Council, as Trustees, to ensure that the best value of our most valuable asset was realised. The best market value for the property was indeed realised and plans for the re-design and refurbishment of the new property are well under way. Kathy provided admirable steer to this project and deserves our praise and gratitude.

The College’s ever increasing international profile is bringing us greater recognition and equally raising expectations. Our colleagues in many parts of the world are seeking our advice, help and guidance on several professional issues. There is increasing demand for us to conduct our examinations abroad in different parts of the world, conduct our courses overseas, accord CME accreditation to international meetings, train their trainers and other activities. There are calls from other international organisations for us to collaborate with them in the pursuit of similar goals. Our Charter mandates our involvement in the development of ophthalmology across the world and we are delighted to be able to make a difference by helping develop local infrastructure and sustainable resources. Our support to the Eastern African College of Ophthalmologists (EACO) and the Vision 2020 links programme are shining examples of laudable success.

You will read in the pages that follow, the achievements of the several and varied committees and subcommittees through which the College operates. Our internationally acclaimed microsurgical skills course; our revalidation resource, fully developed and launched online to support our

members in the task ahead; our clinical leads forum emphasising the College's engagement with service delivery; our scientifically rich annual congress and seminar programme; our ophthalmic surveillance unit that has now helped establish Scottish, Australian and New Zealand counterparts; our envy-of-the-world training programme matched by a modern, thorough and fair examination system mapped to a sophisticated curriculum, all based on a secure financial foundation constitute but a glimpse of what we have achieved, consolidated and continued to develop.

This year we celebrate our 25th Anniversary. We have a lot to be proud of and a lot to look forward to. Various events are planned through the year, not least at the College Congress in Liverpool, both socially and in the scientific programme. It was hoped that Royal Mail would grant our wish to mark the occasion with the release of a commemorative stamp. Nevertheless, with the help of commercial postal organisations we have produced stamps in US denomination and hopefully soon also in UK denomination. These will surely assume a place in the history of the College.

The College owes its success to its Fellows and Members who have each contributed in their own unique way. This involvement is important and essential for the College to remain relevant in the 21st century and face the future with confidence.

THE CHIEF EXECUTIVE

Kathy Evans



The 2011 annual report noted that Council had decided to explore options for 17 Cornwall Terrace and that a working group had been formed to identify the College's future accommodation needs. Since then the College has successfully approached Westminster City Council with a change of use application. We went on to dispose of our interest in the lease with the proviso that we may remain in situ, rent-free, until 2014. We have acquired a freehold building near Euston Square that will be refurbished to become a suitable home for the

College in the 21st century. The architects, Bennetts Associates, were appointed after a competitive interview process and the College has been wisely guided by our Solicitors, Camerons LLP and Henry Clarke, our property adviser. Plans to extend the building are currently before the London Borough of Camden and the end result should be headquarters that are stylish, efficient and where more seminars can be delivered and the skills centre expanded.

This is an opportune time to pay tribute to the founding fathers who set up the College and had the foresight to acquire first the leasehold of Bramber Court and then of Cornwall Terrace to put the RCOphth on the property ladder. We expect that the lease proceeds will cover the acquisition and refurbishment costs but we have started a Fund-raising Committee to add further value to the building.

The prospect of a new building will also usher in a new era of working. Our current premises are very special but a listed building has constraints and we will move to a more open-plan configuration which will lead to greater sharing of intelligence. We have started reviewing our record keeping policies with a view to accelerating the transfer to electronic records and department heads Alex Tytko, Emily Beet and Aziz Rajab-Ali are leading on this. Aziz also chairs the Information Communication Technology Steering Group which was formed following an independent audit of College's IT capabilities. This has been given additional momentum because we have to replace the College's database, a challenge that presents an opportunity to install a more integrated system. Regardless of these plans, we still urge members to contact database@rcophth.ac.uk when their circumstances change.

We continued to welcome a number of different groups to the College. In addition to a full programme of seminars and courses, we held our now customary Seniors' Day in July. We also held a number of Open House Afternoons during the London 2012 Olympics. Visitors were able to view items from our historical collection and a small exhibition celebrating the great advances in cataract surgery. The College was ably supported by a roster of members who acted as custodians and special thanks go to the Honorary Curator, Richard Keeler, and Miss Wendy Franks.

The College sponsors the Sight Loss and Vision Priority Setting Partnership, an initiative overseen by the James Lind Alliance, a non-profit making organisation funded by the National Institute for Health Research. Using our usual channels of communication, *College News*, the website and circular email, we promoted a survey designed to identify the most pressing unanswered questions about the prevention, diagnosis and treatment of sight loss and eye conditions. The aim is to ensure that future research can be prioritised according to the needs of patients, carers and eye health professionals. 2,220 people responded to the survey generating 4,461 questions and the results are currently being analysed.

In 2012 Dr Peter Morgan-Warren became the first Medical Research Council and RCOphth John Lee Fellow. His project will be on the development of a small molecule combinatorial treatment for RGC survival and axon regeneration to restore sight after optic neuropathy. This is a very fitting tribute to John whose memory lives on. We are now seeking funds to facilitate the appointment of a second MRC/RCOphth John Lee Fellow.

I have been very grateful to all the staff for their dedication and support throughout 2012 and fully expect 2013 to be an even busier year.

The Executive Committee

Professor Harminder Dua	President
Mr Larry Benjamin	Senior Vice President
Mr Michael Hayward	Vice President
Mr Graham Kirkby	Vice President
Professor Anthony Moore	Vice President
Mr Peter Tiffin	Vice President
Mr Bernard Chang	Honorary Secretary
Mr Peter McDonnell	Honorary Treasurer
Mr Andrew Castillo	Council member
Miss Andrena McElvanney	Council member

THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

THE 2012 – 2014 STRATEGIC PLAN

This an extract from the plan endorsed by the March 2012 Council. For the full text see <http://www.rcophth.ac.uk/collegepolicies>

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

High quality and efficient eye healthcare depends on the education and training of ophthalmologists. Training has at its core reliance on a structured, competency based approach which requires a significant commitment from senior and junior doctors. 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 College is the voice of the profession and it accepts the challenge of setting professional standards and advising on revalidation.

The Health and Social Care Bill 2011 proposes that all NHS Trusts become NHS Foundation Trusts or part of an existing NHS Foundation Trust by April 2014 and this together with the target culture often makes employers reluctant to release ophthalmologists for national purposes. The College relies on the dedication and goodwill of its members and it continues to press the government and the Department of Health 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

This is probably the biggest challenge that the College faces. The financial backdrop is that the NHS is required to save £20bn by 2015. However, advances in ophthalmology, new therapies and demographic changes, especially increased longevity, increase the demand on eyecare services. In addition, there is a drive to deliver community based care and a need to manage chronic ophthalmic disease. These factors have combined to lead to the resurgence of rationing in some areas and of some treatments. However, the recently published document *The Operating Framework for the NHS in England 2012/13* does make clear that blanket restrictions on procedures or minimum waiting times that do not take account of healthcare needs of individual patients are not acceptable, which is a position that the College welcomes.

The College needs to offer consistent, evidence-based advice that puts the patient at the centre and helps Commissioners use resources wisely. It is expressly prohibited from acting as a trade union and equally it should not be seen a block to change in order to protect the working practices and conditions of ophthalmologists. It is a challenge to be a relevant force whilst recognising the limits to the College's influence.

The College believes integration across primary, secondary and social care is best achieved by eyecare services that are substantially consultant led. It calls for more detailed clinical data to be gathered about the NHS and shared publicly in order to understand how quality can be improved and equitable access to care can be increased.

The College, though its academic group and links with funding bodies, should promote translational medicine to develop the new treatments of the future.

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 Consultant Ophthalmologist as the leader of the eye care team.

Ophthalmology is a popular specialty and the number of medical graduates will increase. There is huge pressure on training budgets and trainee numbers should be kept in line with the need for senior posts. Workforce planning and service commissioning must not happen in isolation and the College will engage further with the Centre for Workforce Intelligence.

The NHS requires a large cohort of specialty doctors to meet service needs and the College is committed to supporting this group gain access to training and enhanced experience.

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.

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 Health Department in each of the four countries of the UK, other medical Royal Colleges and allied para-medical groups. It is also a link between deaneries and trainees and between NHS Trusts and members as all consultant advisory appointments committees are advised to have a College representative. The College should encourage a dialogue with the Clinical Leads who have a pivotal role in the delivery of eyecare.

The College should develop mechanisms to help improve the performance of all ophthalmologists and set the standard for the profession. The College wishes to be inclusive; all members should be given the opportunity to participate in debates about national issues and feel able to contribute to decision making within the College.

A significant portion of the members are retired ophthalmologists and the College needs to find ways of drawing on their time, experience and contacts.

The College should set out clearly the extent to which it can engage with other ophthalmic membership organisations based both in the UK and overseas.

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

The College has a responsibility to protect existing assets, to diversify the College's financial base for financial security and to use resources wisely. A central plank of this strategy is to consider the future of its single greatest balance sheet asset, the long leasehold on 17 Cornwall Terrace.

Another significant, but unquantifiable, asset is the involvement of College members. The time that members can devote to College activities is a valuable and finite resource. The review of the committee structure will continue to ensure that all committees and subcommittees have clear terms of reference and an effective composition. The use of teleconferencing will be encouraged to reduce the time members spend travelling to and from the College.

The College relies on receiving information from its members. It will take steps to improve the reporting channels from member to regional representative, from regional representative to Council.

The College should consider and codify its relationship with pharmaceutical companies to ensure that its reputation is maintained.

PROFESSIONAL STANDARDS

Mr Graham Kirkby



It has been another busy and interesting year for the Professional Standards Committee (PSC). An astonishingly wide range of problems have been considered and actions taken.

One of the most important developments has been the commencement of Revalidation. The College has worked hard to try to ensure that Ophthalmologists are prepared for this and put in place several mechanisms to help members. These include the appointment of Revalidation speciality advisers, the creation of a Revalidation e-portfolio (a repository for the information doctors will need to revalidate) and the development of speciality standards and datasets. You can read more about these important developments below.

The College and the PSC are always keen to hear from members who would like to see new developments. One such request was received from Mr Ajai Tyagi, consultant in Birmingham, who wondered why the College did not have a forum where lead clinicians and clinical directors (CDs) could meet to discuss their problems. In fact, such a group did exist but had become almost inactive due to loss of funding from the King's Fund that had previously hosted it. The College asked Mr Richard Harrad if he would reform the group under the College auspices. This duly occurred and subsequently two excellent meetings have been held where in total about 70 lead clinicians attended. A full report is below. If you are a lead clinician or CD, do join this active group.

The College is quite often invited to carry out investigations into ophthalmic departments that are not functioning well, or where there has been a lapse in safe practice. An External Clinical Advisory Team (ECAT) of experienced clinicians examines the evidence and formulates a plan of remedial action. It may surprise some readers to know that the College does not lay down professional standards for clinicians. This is the remit of the GMC or National Clinical Assessment Service (NCAS). Therefore the College does not primarily investigate where a single clinician's practice may be at fault. This year, amongst other things, ECATs have investigated several instances of "never events" where the wrong IOL has been implanted. The College is grateful to all ECAT members but particularly to Richard Smith and Simon Kelly for their diligence and wisdom.

Most of the background work of the PSC is undertaken by subcommittees and the reports of their chairmen are below. The College is indebted to those who serve on and chair the subcommittees for the invaluable work that they do. Gratitude is also due to all those outside the committees who give freely of their time to help the College. Lucy Titcomb (Head of Ophthalmic Pharmacy in Birmingham) deserves special thanks for her help and advice on ophthalmic pharmaceutical matters.

As I have retired from clinical practice, I am standing down from the Chairmanship of the PSC a year early and would like to thank Beth Barnes who started as Head of Professional Standards at the same time as I took up the Chair and has been a tremendous help and support. I wish Mr Bernard Chang, who is taking over from me, every success for his term of office.

Continuing Professional Development

Due to the introduction of the revalidation process by the GMC starting in 2013, it is now mandatory for all active members to keep good records of their CPD activities for their annual Appraisal and for Revalidation. Our College and the Academy of Medical Royal Colleges have therefore decided that the biannual College CPD diary audit is no longer required.

The e-portfolio system for recording CPD activity is up and running for all members. We are considering the development of a mobile App for recording CPD activities. Further details will be put to the new Information Communication Technology (ICT) group. In the interim, we would like to encourage all members to use their Smart Phones to record their CPD activities via Wi-Fi or 3G network.

The American Academy of Ophthalmology – O.N.E. Network is to be reviewed this year and members are encouraged to use the facilities provided by the ONE Network.

Currently many recurrent academic meetings receive automatic CPD approval. From this year, only meetings with satisfactory feedback will receive automatic approval, and then, for five years only.

Informatics and Audit

Over the last year, the Information and Audit Committee has continued its work on establishing datasets for common ophthalmic disorders. The Subcommittee has made progress with two datasets this year, one for strabismus which was presented at the British and Irish Paediatric Ophthalmology and Strabismus Association meeting in September, and one for glaucoma, which is being developed in conjunction with the UK and Eire Glaucoma Society. The aim is to produce a full portfolio of data sets that can be used within electronic patient records, and be independent of the system on which the data is collected. Where possible, the data sets will include the minimum set of fields required for revalidation purposes. We also undertake maintenance of existing datasets, and this year approved changes in the established cataract national dataset.

We have produced guidelines for future sub-specialty datasets, and worked with CHIME (The informatics department of University College London) to evaluate the use of 'archetypes' as a way of standardising data across data sets, starting with visual acuity and intraocular pressure.

The Subcommittee also has the role of 'Expert Working Group' for ophthalmology, which works with the Information Centre in Leeds to review HRG codes for ophthalmology. We also had the important role of 'sense checking' the proposed tariff for ophthalmic procedures to be introduced in April 2013.

The Subcommittee also liaises with the Department of Health in a number of different areas where informatics issues have an impact on ophthalmology services. These include Choose and Book, Payment by Results, and the Clinical Advisory Panel.

We also assisted in the preparation of the National Data Quality Report by the Information Standards Management Service at Connecting for Health, and have supported the development of the e-CVI certification process.

Ophthalmology Lead Clinicians Forum

The Forum aims to provide an opportunity for Lead Clinicians and Clinical Directors to meet, share ideas and be informed of the latest developments in care delivery. There are also sessions aimed at developing management skills in a clinical setting. The OLCF, which was founded in 2002 at the King's Fund moved to the College in 2012 and meetings were held in March and October. In March there were presentations on Commissioning, Follow-up Delays and How to Survive as a Clinical Lead. The meeting in October had talks on Circle at Hinchingsbrooke Hospital, Specialist Commissioning, Medical Management and Rationing Ophthalmic Services and a workshop on Conflict Resolution.

Both meetings have been well attended and delegates have given the presentations high ratings. All ophthalmology lead clinicians and clinical directors are welcome and encouraged to attend the forum. Anyone who is interested should contact beth.barnes@rcophth.ac.uk

The clinical leads have responded to two surveys in the past year: on follow-up delays and the nature and prevalence of rationing in ophthalmology. The survey on follow-up delays was in response to a request from the NHS Medical Director Sir Bruce Keogh and has been used to inform policy national policy.

We are in the process of establishing an email link for members of the forum. The next meeting of the Ophthalmology Clinical Leads Forum will be on Wednesday 27 November 2013 at the College.

Ocular Tissue Transplantation Standards Group (OTTSG)

OTTSG became a virtual subcommittee two years ago after a thorough review process, so most discussions take place electronically.

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). These are both part of the Organ Donation and Transplantation, a division of NHS Blood and Transplant (NHS BT). We have had numerous discussions and meetings with OTAG and NHSBT representatives in an attempt to clearly define the specific roles of each Group in line with the Royal College of Ophthalmologists' and NHSBT's statutory responsibilities. It is a work in progress.

OTTSG continues to work together with consultant colleagues and trainees all over the country to highlight our professional responsibility to retrieve all donated eyes and avoid wastage as a mark of respect for the memory of the people who have donated their corneas for transplantation. OTTSG recently reviewed the College's document on "the Standards For The Retrieval of Human Ocular Tissue Used In Transplantation, Research And Training", in line with the Professional Standards and Scientific Committees' regular review requirements, and is currently looking into the best way to promote eye donation for research into rare diseases and training.

Finally, OTTSG continues to work together with all consultant colleagues in the UK involved with ocular tissue transplantation to ensure a prompt and comprehensive return of all transplant record and follow-up forms. This is a professional obligation fully supported by the Royal College of Ophthalmologists and NHSBT.

Paediatric Subcommittee

The Chairman (Professor Christopher Lloyd) and Professor Jugnoo Rahi represented the Committee at the UK Vision Strategy Action Group meetings in 2012. It was agreed to emphasise public endorsement of the NSC vision screening policy and to support better and more comprehensive implementation. The Group wrote to Earl Howe, Minister for Health, to emphasise the importance of this stance.

Specific paediatric ophthalmology advice was provided for the Specialist Services in ophthalmology document submitted to the NHS Commissioning Board (NHSCB). Miss Alison Davis is a member of the Paediatric Subcommittee and is also chair of the Ophthalmology Clinical Reference Group. Major issues for paediatric ophthalmology were identified as cataract surgery for children less than two years of age and the provision of specialised developmental clinical services to children with cerebral visual impairment.

The Ophthalmic Services for Children document was updated by the Chairman, Miss Jane Leitch, and Professor Jugnoo Rahi. It was added to the suite of Ophthalmic Services Guidance Chapters on the College website.

Several parent/patient information documents were produced and approved including one for Juvenile Idiopathic Arthritis and one for Aniridia is in final draft stage.

The Child Maltreatment Working Party (chaired by Mr Patrick Watts) met in February and worked on a comprehensive update document to the two previously produced (and published in Eye). The document is being produced in conjunction with the Royal College of Paediatrics and Child Health and it is planned to publish an executive summary of the document in Eye.

The Subcommittee provided RCOphth representation throughout the year at a number of related groups - including the RCS Children's Surgical Forum, the VISION 2020 UK Children's and Young People's Forum, the VISION 2020 UK Learning Difficulties Group and the VISION 2020 UK Low Vision Committee.

Quality and Safety Subcommittee

In July, Mr Simon Kelly handed over the chairmanship of the Subcommittee. He had chaired it with energy and enthusiasm since its inception in 2007; the College is grateful to him for his efforts.

During the year the Subcommittee drafted College responses to various public consultations and represented the College at meetings with other organisations.

Well before the PIP breast implant scandal earlier in the year, the College had been urging the establishment of a national database for all implants. The MHRA includes this in its recently proposed changes.

The Department of Health announced it would no longer be providing Hospital Building Notes. The College will share experience of new builds. An item in College News encouraged members to let the College know if they work in hospitals less than five years old.

In the autumn, concern was raised by NICE that patients were not receiving Ozurdex implants. However, an email to all 190 College members with an interest in medical retina did not reveal any members having difficulty providing these implants.

Lead clinicians have been encouraged to review cataract information leaflets to prompt patients to make sure their surgeon knows if they have had refractive surgery.

The Subcommittee has been joined by two new members - Tom Eke who will lead on the Confidential Reporting System in Surgery (CORESS) project with the Association of Surgeons of Great Britain and Ireland, to share experience of adverse events, and Jonathan Luck who has investigated "never event" wrong IOL insertions on behalf of the College.

Revalidation Subcommittee

The most significant event in the calendar for the Subcommittee in 2012 was the launch of revalidation in the UK on 3 December. From this date, the legislation requiring all doctors in active clinical practice in the UK to maintain a Licence to Practise came into full effect. Although only a minority of ophthalmologists will have had their first revalidation by the end of 2013, the requirements for annual appraisal and for collecting supporting information take immediate effect.

During 2012, the College invited applications from members to become Specialty Advisers for Revalidation, in anticipation of an upsurge of enquiries from ophthalmologists. Eight advisers (six consultants and two associate specialists) were appointed and underwent training. A dedicated email address (revalidation@rcophth.ac.uk) allows specialty advisers to answer queries whilst maintaining the confidentiality of the enquirer. There has been a steady increase in the number of enquiries, many of which relate to the anticipated arrangements for revalidation of ophthalmologists who work outside the hospital eye service. Members of the Subcommittee have accepted invitations to speak about revalidation at conferences, seminars and smaller meetings during the year.

A project is in progress to develop a section within the College website which will provide advice to assist appraisers and Responsible Officers in understanding the scope of practice of ophthalmologists and the supporting information that they are likely to bring to appraisal (www.rcophth.ac.uk/revalidation). An intercollegiate Revalidation Portfolio in collaboration with Equiniti will be launched in 2013 and will provide a resource for ophthalmologists to collate supporting information for appraisal. It is particularly aimed at those who do not currently have access to a system via their employer.

The Subcommittee will continue to seek clarification regarding the arrangements for revalidation of ophthalmologists who have not yet been able to make a connection with a Designated Body because of the circumstances of their work.

VISION 2020 Primary and Community Eye Care Group

This group exists to provide a multidisciplinary forum for advocacy and guidance for the provision of primary eye care. It meets twice a year co-chaired by Mr Richard Wormald and Lesley-Anne Baxter and the minutes are available on the VISION 2020 website. Miss Stella Hornby has replaced Miss Wendy Franks as the College representative. There are currently 56 clinical management guidance documents available on the College of Optometrists' website which have been approved by the group and are a valuable evidence-based resource particularly for anterior segment conditions. Most recently updated are conjunctival lesions and glaucoma.

The Map of Medicine has developed maps on glaucoma, cataract and red eye and is working on a map for the visual rehabilitation for patients with sight loss with the help of the UK Vision Strategy. The group has identified current barriers to multidisciplinary working within primary eye care such as the limitations of the current General Ophthalmic Services (GOS) contract for optometrists, IT issues and educational and training issues for accreditation of optometrists and GPs with a special interest in ophthalmology.

The demographic changes of an ageing population, impact of screening programmes and NICE guidance, referral refinement and shared care schemes are common to several sight-threatening eye diseases with glaucoma and diabetic retinopathy having the most developed models. Reducing avoidable sight loss and getting the best value for money for eye care for a population are challenging but necessary aspirations particularly in the current economic climate and the envisaged "Right Care" approach to commissioning.

Vision Standards Adviser

Work in vision standards has mainly focused on the 2009 European directive which aims to harmonise standards across Europe. This would have implications for acuity and field standards in Group 1 and Group 2 drivers and some new possibilities for exceptionality. Discussion at the Department for Transport's (DfT) Vision Panel has been dominated by attempts to implement this directive. On 1 May 2012 the acuity requirement for Group 1 drivers was changed by the DfT such that in addition to a number-plate test at 20m, drivers now also need to be able to see decimal 0.5 (6/12). Group 2 drivers must be able to see 0.8 (6/7.5) in the better eye, as opposed to the previous 6/9, and 0.5 (6/12) in the worst eye. This was to correct a previous inaccuracy whereby 0.8 was generously interpreted as 6/9. However, significant amendments suggested by the European Directive have not so far taken place e.g. accepting a slightly lower acuity in drivers with otherwise normal visual function (helpful for patients with albinism or nystagmus), and lowering the acceptable acuity of the worst eye in Group 2 drivers. This is significant because, for perhaps the first time, the DfT has ignored advice from the Vision Panel.

The vision standards representative (Andrew Elliott) continues to respond informally to requests for advice from ophthalmologists and members of the public.

Workforce Subcommittee

The Committee is principally concerned with training numbers of UK ophthalmologists and consultant job opportunities. The Committee scrutinises closely the numbers of CCT awards against available consultant jobs, which the past year, as in the preceding 5 years, have been in balance. In the current economic climate, there is downward pressure on training numbers across the spectrum of medical specialties, as the Department of Health (DH) believes rates of current consultant expansion cannot be sustained in the NHS, and many specialties remain threatened with reductions. The Committee has worked hard to influence the decision makers (in the four UK countries) in maintaining our current training establishment in keeping with the College's expressed wish to develop a service that is consultant delivered. The last 12 months have seen the Centre for Workforce Intelligence agreeing with the College's position and recommending the status quo in their recommendations for Ophthalmology. Additional work is in progress in supporting the Royal College of Physicians in increasing the number of consultant medical ophthalmologists in UK hospitals and the DH in development of members of the multidisciplinary ophthalmic team.

Chairman and Vice President

Mr Graham Kirkby

Subcommittee Chairmen:

Continuing Professional Development Subcommittee

Mr Jonathan Chan

Information and Audit Subcommittee

Mr William Aylward

Ophthalmology Lead Clinicians Forum

Mr Richard Harrad

Ocular Tissue Transplantation Standards Group (OTTSG)

Mr Francisco Figueiredo,

Paediatric Subcommittee

Professor Christopher Lloyd

Quality and Safety Subcommittee

Mr Timothy Rimmer

Revalidation Subcommittee

Mr Richard Smith

Workforce Subcommittee

Mr George Turner

VISION 2020 Primary and Community Eye Care Group

Chaired by Mr Richard Wormald and Lesley Anne Baxter under the auspices of V2020

Miss Stella Hornby is the RCOphth representative

Vision Standards Adviser

Mr Andrew Elliott

Committee Members

Professor Harminder Dua

President

Mr Larry Benjamin

Senior Vice President

Mr Michael Hayward

Vice President

Professor Anthony Moore

Vice President

Mr Peter Tiffin

Vice President

Mr Bernard Chang

Honorary Secretary

Mr Peter McDonnell

Honorary Treasurer

Subcommittee Chairmen

Mr Wagih Aclimandos

Miss Clare Bailey

Dr Lik Thai Lim

Mr Timothy Dabbs

Mr Francisco Figueiredo

Mr Husain Hilmi

Dr Gillian Watts

Miss Carol Lane

Miss Andrena McElvanney

Miss Rosalind Harrison

Professor John Sparrow

Miss Rea Mattocks

Mr John Twomey

Mr Nicholas Wilson-Holt

OTG Representative

Ocular Tissue Transplantation Standards Group

SAS Group Representative

AHPO* Representative

Lay Representative

* Association of Health Professions in Ophthalmology

www.ahpo.org

THE SCIENTIFIC COMMITTEE

Professor Anthony Moore



The Scientific Department has had another busy year. Heidi Booth-Adams, Head of the Scientific Department, and Olivia Sibly, Deputy Head, have worked very hard to ensure the department has run very smoothly. Alongside the regular departmental activities there has been an increasing workload from appraisals of new treatments by the National Institute for Health and Clinical Excellence (NICE) and the College is keen to work towards obtaining NICE accreditation for our College Guidelines. It has

become clear that the increased administrative work of the department merited the appointment of another member of staff. The Finance Committee agreed this appointment and we are pleased to welcome Alice Lancaster as our new Scientific and Events Assistant.

In 2013 the College will celebrate its 25th anniversary and we plan to celebrate this with a number of special symposia at the Annual Congress in Liverpool and with a reception at the Museum of Liverpool. There is an outstanding scientific program and we hope that a large number of College members will join us for this 25th anniversary meeting.

The Annual Congress 2012

In 2012 the Annual Congress returned to Liverpool and the meeting was a great success. The third Retina Day was very popular as usual, attracting 445 delegates. 1,300 delegates attended the main Congress. There were four excellent eponymous lectures. The Edridge Green Lecture was delivered by Professor Wolfgang Drexler from the Medical University of Vienna, Austria who described his work on high resolution OCT imaging of the retina. Professor Bertil Damato from the University of Liverpool delivered the Ashton Lecture on the subject of ocular melanomas and the Optic UK Lecture was delivered by Professor Paul Mitchell, a medical retina specialist from the University of Sydney. The Bowman Lecture was presented by Professor John Forrester, University of Aberdeen, who gave a wonderful overview of the role of disordered immunity in eye disease.

The Foulds Trophy, given for the best rapid fire presentation at Congress, was awarded to Mr Henri Sueke for his paper 'Virulence factors in *Pseudomonas aeruginosa* keratitis'. The John Lee Poster Prize, for the best poster presented at Congress was awarded to Dr Hildegard Nikki Hall for her poster 'Blindness due to diabetic eye disease in Fife: 2000-9 versus 1990-9'. The AMO Poster Prize was awarded to Dr Hari Jayaram for his paper 'Stem cell transplantation to the inner retina – development of a translational approach'. The Societas Ophthalmologica Europaea (SOE) prize was awarded to Dr Louise Porter for her poster 'Identification of a novel locus for autosomal dominant primary open angle glaucoma on 4q35.1-q35.2'. The Treacher Collins Prize for the best video shown at Congress was awarded to Dr Laura Crawley for her DVD 'Viscoelastic & Fluorescein: dacryocystorhinostomy'.

The British Ophthalmological Surveillance Unit (www.rcophth.ac.uk/bosu)

The British Ophthalmological Surveillance Unit (BOSU) was established in 1997 to aid the epidemiological investigation of the incidence and clinical features of rare eye disorders. BOSU activity continues to be strongly supported by ophthalmologists and more than 70% of cards are returned each month. We are grateful to Barny Foot for his hard work and expertise in administering the scheme. This year we have further developed our involvement in rare disease surveillance through operating the Scottish Ophthalmological Surveillance Unit and by developing international collaboration with the Australia and New Zealand Surveillance Unit. BOSU had been

generously supported until April 2012 by grants from the Guide Dogs for the Blind Association and more recently Fight for Sight have given a generous grant to allow BOSU activity to continue. We are grateful to the WF Ross Foundation and the RED Trust for supporting the Research Bursary for ophthalmic trainees. During 2012 a total of eleven different conditions appeared on the yellow card and we received 252 positive reports of cases of interest.

College Guidelines

In 2012 three guidelines were produced. The Local Anaesthesia in Ophthalmic Surgery, a joint guideline with the Royal College of Anaesthetists, was published in February. The Guidelines for the Management of Strabismus in Childhood were published in March and the Diabetic Retinopathy Guidelines were completed and published in December. In 2013 the College plans to revise the guidelines on Age-Related Macular Degeneration and Retinal Vein Occlusion. Guideline groups are hard at work on new Guidelines for Child Abuse and the Eye and the Management of Thyroid Eye Disease, which should be completed in 2013. All guidelines can be found at www.rcophth.ac.uk/clinicalguidelines

The College is working towards obtaining NICE accreditation for College guidelines in 2013.

The College guidelines are produced by small teams of consultant staff and trainees who give very generously of their time. We are extremely grateful for their contribution to this important College activity.

Eye

Eye continues to be very successful. During 2012, the submission of articles to Eye remained steady with an increased number of clinical trials, eponymous lectures and reviews published. In addition there is no longer any backlog of articles. Eye will be working to help celebrate the College's 25th anniversary in 2013 with a special 'Meet the Editor Seminar' at Congress and podcasts from Congress. The first international board meeting is planned for 2013 at ARVO.

Professor Andrew Lotery, the Editor in Chief, would like to thank the Editorial Board, the reviewers; Steve Beet, the Editorial Assistant and the team at Nature Publishing Group for all their support of the journal.

National Institute for Health and Clinical Excellence (NICE) Appraisals

2012 was a busy year with NICE Technology appraisals, scoping exercises and workshops, including those for Aflibercept (*Eylea*) for the treatment of wet AMD, Ocriplasmin for symptomatic vitreomacular adhesion, ranibizumab (*Lucentis*) for the treatment of choroidal neovascularisation associated with pathological myopia, Ranibizumab (*Lucentis*) for the treatment of macular oedema caused by retinal vein occlusion and aganirsen (GS-101) for pathological corneal neovascularisation.

In November, NICE decided not to recommend the use of flucinolone acetonide intravitreal implant (*Iluvein*) for the treatment of chronic diabetic macular oedema. The College expressed its disappointment but decided not to appeal the decision.

In November 2011, NICE did not recommend the use of ranibizumab (*Lucentis*) for the treatment of diabetic macular oedema. The College and other stakeholders appealed the decision but the original decision was upheld. Since then NICE has undertaken a rapid review of its existing guidance in response to a new patient access scheme from Novartis, the manufacturer of ranibizumab (*Lucentis*). We hope that this may lead to NICE approval of the use of ranibizumab (*Lucentis*) for some groups of patients with DMO.

The College is grateful to the many ophthalmologists particularly from the medical retina community who have given up their time to help with NICE work.

The Ophthalmic Public Health Group (OPHG)

The Ophthalmic Public Health Group has had its last meeting as a Subcommittee of the Scientific Committee and will now function as an independent group under the auspices of VISION2020. The Scientific Committee will continue to take a lead in public health activities within the College

Seminar Programme and FOCUS

The College had a successful 2012 Seminar Calendar. The annual Skills in Retinal Imaging Seminar in July and the Elizabeth Thomas Seminar in November both attracted particular strong support. An interesting seminar programme has been planned for 2013.

Mr Faruque Ghanchi has taken over from Professor Victor Chong as the Editor of FOCUS. FOCUS publishes short clinically relevant articles that appear in College News, the quarterly membership bulletin.

The World Ophthalmology Congress 2018

In February the College submitted an application to organise the World Ophthalmology Congress in 2018, unfortunately the bid was unsuccessful.

We look forward to another successful year in 2013 and hope to welcome you all to the Annual Congress in Liverpool in May.

Chairman

Professor Anthony Moore

Subcommittee Chairmen

The British Ophthalmological Surveillance Unit Executive Committee

Professor Miles Stanford

Editor of Eye

Professor Andrew Lotery

The Ophthalmic Public Health Group (OPHG)

Mr Andrew Cassels-Brown

Committee members

Professor Harminder Dua	President
Mr Larry Benjamin	Senior Vice President
Mr Michael Hayward	Vice President
Mr Graham Kirkby	Vice President
Mr Peter Tiffin	Vice President
Mr Bernard Chang	Honorary Secretary
Mr Peter McDonnell	Honorary Treasurer

Subcommittee Chairmen

Mr Augusto Azuara-Blanco

Mr Susmito Biswas

Mr Tom Bremridge

Mr Michael Burdon

Professor Victor Chong

LAG Representative

Ms Parul Desai
Mr Faruque Ghanchi
Mr Richard Harrad
Mrs Melanie Hingorani
Mr Parwez Hossain
Mr Hosam Kasaby
Dr Lesley Kaye
Miss Susan Mollan
Mr Ian Pearce
Mr Som Prasad
Mr Jeremy Prydal
Professor Jugnoo Rahi
Professor John Sparrow
Professor Paulo Stanga
Mr Richard Symes
Mr James Talks
Mr Anthony Vivian
Mr Colin Willoughby
Mr Richard Wormald

SAS Representative

OTG Representative

THE EDUCATION COMMITTEE

Mr Larry Benjamin



It is with some sadness that I write my last report as Chairman of the Education Committee and I would like to take this opportunity to thank all Committee members for their support during my chairmanship. I will be succeeded by Mr Mark Watts in May 2013 and wish him all the best in his new and challenging role. This is likely to be the last annual report with contributions from Mr David Cottrell as Chairman of the Curriculum Subcommittee. I would join with David to express gratitude to all past and present members and all the College staff involved for their dedicated support and hard work over the last several years.

The work of the Education Committee continues with great strength and below is a summary of the work undertaken during 2012.

Awards and Scholarships

<p>Pfizer Ophthalmic Fellowship <i>12 applications were received</i></p>	<p>Mr Fook Chang Lam was awarded £10,000 for his Cornea & External Disease Fellowship at the Netherlands Institute for Innovative Ocular Surgery which he will undertake in August 2013 for a period of 6 months</p> <p>Mr Jason Cheng was awarded £18,000 for his Clinical and Research Glaucoma Fellowship at the Western Toronto Hospital which he will undertake in July 2012 for a period of 12 months</p>
<p>Keeler Scholarship <i>14 applications were received</i></p>	<p>Mr Richard Scawn was awarded £30,000 for his Oculoplastics, Orbit and Reconstructive Surgery Fellowship at The Shiley Eye Centre in California which his will undertake in August 2012 for a period of 12 months</p>
<p>IGA <i>9 applications were received</i></p>	<p>Mr Anthony King was awarded £50,000 for the project 'Evaluation of inflammatory markers in patients on topical anti-glaucoma drop therapy- a comparative trial of preserved and non-preserved primary medical treatment in patient with advanced glaucoma'</p> <p>Mr Rupert Bourne was awarded £25,000 for the project 'Electronic National Ophthalmology Database Glaucoma Audit (ENGAGE)'</p> <p>Dr Naushin Waseem was awarded £25,000 for the project 'Identification of genes for Pigment Dispersion Syndrome by Next Generation Sequencing'</p>
<p>Fight for Sight <i>6 applications were received</i></p>	<p>Mr Tiarnan Keenan was awarded £5,000 for his paper on Mapping the Differential Distribution of Glycosaminoglycans in the Adult Human Retina, Choroid, and Sclera</p>
<p>Patrick Trevor Roper <i>35 applications were received</i></p>	<p>Miss Nada Anzak was awarded £550 to support her on the Harvard Stem Cell Institute Summer Internship Programme 2012</p> <p>Miss Laura Hughes was awarded £550 to support her elective at the Department of Ophthalmology at the University of Jikei School of Medicine Hospital in Tokyo, Japan</p> <p>Miss Sophie Poore was awarded £550 to support her to volunteer at the</p>

	Zoe Eye Clinic in Tegucigalpa, Honduras with Unite for Sight
Dorey Bequest and Sir William Lister Travel Awards <i>8 applications were received</i>	<p>Mr Jonathan Goodfellow was awarded £600 to undertake a 12 month Glaucoma Fellowship at the Royal Victorian Eye and Ear Hospital, Melbourne, Australia</p> <p>Mr Gerard McGowan was awarded £600 to undertake a five day observership in the Ophthalmology department at the University of Kiel, Germany</p> <p>Mrs Sumona McLaughlin was awarded £600 to undertake two one week observerships at Bristol Eye Infirmary and Moorfields Eye Hospital</p> <p>Mr Imran Yusuf was awarded £600 for a one week trip to Kenya 'to improve the management of advanced diabetic retinopathy in Kwale District Eye Centre'</p>
Ethicon <i>5 applications were received</i>	<p>Dr Tariq Ayoub was awarded £750 for support for a 12 month Trauma Ophthalmology Fellowship in Ispahani Islamia Eye Institute and Hospital in Bangladesh</p> <p>Miss Sophia Pathai was awarded £750 for support for a three week trip for 'CMV retinitis screening and treatment in a resource-poor setting: teaching and training in Myanmar'</p> <p>Mr Manoharan Shunmugam was awarded £750 for support for a 3 month Surgical Fellowship in Paediatric Vitreoretinal Surgery at the LV Prasad Eye Institute in India</p>

College Tutors

The role of the College Tutor has been updated and more clearly defined. The job description has been totally rewritten and detailed guidance about duties and responsibilities has been posted on the website. The eligibility criterion for College Tutors has been expanded to include SAS doctors, as it has previously been for Associate College Tutors. The responsibility of Regional Advisers for the support and development of College Tutors has been highlighted.

The College Tutor Induction Course, a one day course for newly appointed College Tutors, addresses areas not covered by deanery or trust courses, such as the duties beyond that of an educational supervisor, and ophthalmic-specific topics.

Two initiatives have been instituted this year:

1. Those College Tutors who had not been on the course were contacted, and followed up if necessary, to encourage them to come on the course. 83% of those in post for more than 6 months have now attended the course.
2. As there have been so many recent changes in training, longstanding College Tutors were encouraged to attend the course for an update. The course was renamed "College Tutor Training Day". Those who had been in post for more than three years, as well as those who were newly appointed, found the course very valuable, according to delegate feedback forms.

Training the Trainers

The course is usually run twice a year, as four separate days which can be taken in any order. The extra day on Assessment, which was introduced last year, is now well established. The faculty is slowly being increased to give a larger pool of potential speakers.

Delegates attending the course give very positive feedback. However both existing and potential delegates report that it is becoming increasingly difficult to get the time away from their units to attend and that financial support is minimal. This has led to incomplete uptake for some days.

International Block Course

Following interest from overseas delegates, the Autumn 2012 Course was run as a block on a Friday, Saturday, Monday, and Tuesday. Five delegates from Egypt, two from Uganda and two from Eire attended all days and UK delegates attended for some or all of the days. This was a huge success, and has laid the foundation for on-going support and collaboration over training methods, curricula and assessment techniques.

Work is underway to determine how we might further develop delivery of Training the Trainers, both to make it more accessible to UK ophthalmologists and to work with overseas partners.

Curriculum Subcommittee

The Curriculum Subcommittee continues to review the Curriculum on a rolling basis and to respond to comments from trainers, trainees and the General Medical Council so as to keep it up-to-date and relevant.

We have undertaken workshops with our colleagues in the Eastern Africa College of Ophthalmologists and have each learnt from the other.

We have conducted a major questionnaire review of Workplace-based Assessments (WpBAs) now that they have been in use for five years. We are currently debating the outcome in order to look for ways to make them more effective and potentially less onerous. We are watching with interest the pilot of "Supervised Learning Events" being conducted by Joint Royal Colleges of Physicians Training Board.

Major progress has been made in our work with the Medical Ophthalmology SAC Curriculum team to rationalise the two curricula.

We have completed adjustments to the Curriculum for OST so that trained ophthalmologists seeing diabetic patients are deemed competent to assess their retinopathy status without the need for further formal certification.

The e-portfolio and the web-based e-logbook continue to be developed. An app for the e-logbook is now available for the i-Phone/i-Pad and there are plans to produce one for the Android system in due course.

e-Learning Subcommittee

This year has seen the completion of the Basic Examination Course, and the development and completion of the Public Health Ophthalmology Course. Further funds have been made available for development of another two courses. These will be Glaucoma Surgery and Cornea – Ocular Surface courses, with a projected completion date of April 2013. Both of these new courses will support Royal College of Ophthalmologists live surgery courses.

Efforts continue to increase usage of existing e-learning courses. The Microsurgical Skills course adoption of blended learning has been particularly successful. Providers of refraction courses have been reminded about the e-learning course on refraction, with some already recommending use of e-learning prior to their live course. Similarly, some local laser training courses require pre-use of the laser e-learning course.

Ophthalmopaedia has not grown much at all this year, but a new initiative will give easier access for authors and editors, who will also gain central secretarial support. This will result in a much

easier publishing experience for authors who will at last be able to cite their work. Details will be published in Spring 2013.

More Eponymous Lectures have been made available via the College website. Agreement was reached this year to fund development of a Royal College of Ophthalmologists teaching image bank. This will become available in 2013, and will make available to Members many hundreds of images for teaching purposes.

International Medical Graduates (IMG) Subcommittee

2012 has been a busy year for the IMG Subcommittee with a total of 19 applications processed through the Dual Sponsorship Scheme (DSS) from individuals and one from an institute (The Wilmer Institute at the Johns Hopkins Hospital in Baltimore USA). Not only is this a 250% increase in numbers compared with four years ago but the process now requires more vigorous scrutiny of all aspects of the application.

The College, via the IMG Subcommittee, regularly gives advice on other IMG matters and this is a good point to thank the members of the Subcommittee and the College staff for their gargantuan efforts to process all queries promptly, and in particular, DSS documentation. Short turn round times are often desired for a number of reasons and the Subcommittee members and the secretariat work closely to reduce such times to a minimum.

At the beginning of 2012 there was a revision of all supporting documentation for the DSS, including the development of new application documents for applicants and UK sponsors together with pre-completed forms for College Tutors, Deaneries and Programme Directors. The new documentation went "live" later in the year in parallel with a revised DSS booklet (now in its fifth edition and available on the College website) keeping the scheme up to date with changing GMC regulations for IMG applications. In order to improve on the Scheme's governance and provide feedback useful for future placements/applications, this year we have introduced two new features of the scheme. Firstly feedback on the good (and bad) points of the "fellowship" is now a prerequisite of accepting a placement and is due from IMGs at the end of each training period in the UK. In addition, formal appraisal of the IMG, similar to that enjoyed by registrars in training, will occur, led by their UK sponsor.

In July we received satisfactory feedback from our annual audit from the GMC and towards the end of the year we secured funding from the Academy of Medical Royal Colleges to enable our College to continue the DSS and other IMG related work over the next year.

Future developments we are working on for 2013 include the setting up of a new College DSS "resource kit" to be made available to IMGs prior to entering the UK in order to aid their orientation and induction into the world of UK ophthalmology.

We expect there will be an increasing number of applications for support either through the DSS or otherwise in 2013. On an individual basis it is always pleasing to receive an email from an ex-IMG fellow. This reminds us that IMGs, working in very different cultures, who have benefited from College sponsorship do help to spread across the globe an understanding of what the College stands for and achieves.

Surgical Skills Subcommittee

Skills courses at the College have been well subscribed this year, with continuing high demand especially for places on the Basic Surgical Skills (BSS) Course. We have noted increasing difficulty in recruiting trainers to these courses as NHS Trusts cut down on time allowed for training and education but, so far, we have managed to maintain trainer levels. The advent of national recruitment has enabled us to ensure that all trainees entering run through training have completed the BSS course and is making demand management somewhat easier.

Demand for oculoplastics courses, which was previously very buoyant, has diminished somewhat, whilst other new courses have been introduced with good feedback. The new DSEK course run by Mr Martin Leyland and the established corneal course run by Professor Dua both received exceptionally good feedback, as did the first course we have run for medical students. These are all now regular fixtures on the training calendar. Links established with the Bristol and Moorfields corneal banks, as well as the Human Tissue Authority will greatly ease provision of further courses using human tissue in the future.

Karen Neilson was appointed as the new Education and Training Administrator and has seamlessly continued the hard work of Esther Merrill who left the College over the summer. Larry Benjamin has been appointed after competitive interview to take over as Surgical Skills Chairman from January 2013.

Plans for a new skills centre at our new premises are beginning to be formulated, and we have high hopes of a larger training capacity, hopefully with increased simulator provision too. Our e-learning portfolio continues to expand, and an on-line course to accompany Professor Bloom's glaucoma course is now under development. Around the country, the take up of simulators continues to increase and we have developed a College based user forum for trainers with a simulator.

Undergraduate/Foundation Subcommittee

The College continues its liaison with the British Undergraduate Ophthalmological Society (BUOS) and work continues on the undergraduate and foundation curriculum.

Finally, I would like to thank Alex Tytko and her team for their huge contribution to College life and work in general and for helping me through the last 4 years in particular. Their guidance and experience has been invaluable and I will miss working with them all.

Chairman and Vice President

Mr Larry Benjamin

Subcommittee Chairmen:

Awards and Scholarships Subcommittee

Mr Martin Leyland

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 Subcommittee

Professor Philip Murray

Committee members

Professor Harminder Dua	President
Mr Michael Hayward	Vice President
Mr Graham Kirkby	Vice President
Professor Anthony Moore	Vice President
Mr Peter Tiffin	Vice President
Mr Bernard Chang	Honorary Secretary
Mr Peter McDonnell	Honorary Treasurer

Subcommittee Chairmen

Mr Charles Diaper	
Dr Richard Gale	Medical Ophthalmology
Mr Naresh Joshi	
Miss Sharon Kerr	SAS Group Representative
Dr Murtuza Mookhtiar	OTG Representative
Mr Michael Nelson	
Dr Andy Simpson	
Miss Fiona Spencer	
Miss Chris Wall	Lay Representative
Professor William Reid	Lead Dean for Ophthalmology
Mrs Carol Watkins	Lay Representative
Dr Iain Whyte	
Mrs Manijeh Wishart	AHPO* Representative

* Association of Health Professions in Ophthalmology www.ahpo.org

THE TRAINING COMMITTEE

Mr Michael Hayward



Our year began with the National Recruitment programme for ST1 held in Bristol for three days in February. After on-line shortlisting a total of 189 candidates attended the selection centre over a three day period. The panel consisted of 44 consultants, 3 lay assessors and 4 actresses and the process was supported by 16 administrative staff. All 78 of the ST posts and 13 FTSTA posts were filled.

The interviews included: portfolio review – two panel members reviewing a single portfolio for 30 minutes, portfolio interview, communication and clinical scenario, critical analysis and a further clinical scenario. Each question was scored independently by two panel members.

The recruitment process was supported by an electronic application system (Intrepid Pathway). Via this system, applications were completed, submitted and tracked by applicants and interview slots booked. All communication to candidates was via the system. The offers process was managed through the same system. Each successful candidate was offered their highest ranked location available, dependant on their interview score. Encouragingly, the overall feedback from candidates was good.

Gordon Cropper, the Lay Member of the Training Committee who took part in the selection process, concluded his report on the recruitment process as follows:

“This initiative must be counted a success. There is scope for refinement, but in its structure and content the process achieved its objectives and at a significantly lower cost than the alternative of a series of locally based recruitment exercises. The key ingredients to success were the experience of the Severn Deanery and the careful preparation on the part of the College itself, and these are elements that should be retained”.

In 2013 we will in addition be interviewing for ST3 and LAT posts. The members of the Training Committee were unanimous in their desire to include Academic Clinical Fellows (ACF) recruitment into National Recruitment in 2013. However, the National Institute for Health Research (NIHR) has yet to be convinced that this is the best method for recruiting academic trainees.

The College has responsibility for the running and data storage of the e-logbook; this has been updated to facilitate easy entry of cumulative data about previous surgical experience. From August 2012 it was made compulsory for all trainees below ST7 level to use this. Although the e-logbook can be accessed from any connection to the internet, an iPhone app has also been created to make inputting of surgical data even more convenient following surgery.

The role of the College External Assessors at ARCPs has been further developed by allowing assessors more input into the process by encouraging them to intervene if they think a proposed outcome is inappropriate (rather than just noting the event). We make it clear to external assessors that the Panel may disagree with their point of view and that the outcome given remains the Panel's decision.

The College will continue to monitor the situation regarding cataract surgical training in relation to efficiency drives and private sector involvement. This is a continuing cause for concern in some areas, a concern which is likely to become more widespread unless commissioners incorporate robust arrangements for surgical training within contracts.

Significant progress in Medical Ophthalmology (MO) by the joint working of both the Royal College of Physicians and the RCOphth has been made this year. A new 5 year MO curriculum has been prepared in draft. The one year extension period is to accommodate training in 'core ophthalmology', optics and refraction and paediatric ophthalmology. Although new curriculum submissions are on hold due to the 'shape of training' review curriculum revisions are still allowed. We aim for submission to the General Medical Council early in 2013 for approval to be granted for September 2013. There has been a new MO training programme established in Yorkshire and 2 new programmes in London making a total of 10 training opportunities. There is a target to increase the number of training programmes to 20 over the next 5 years if support is forthcoming from the Centre for Workforce Intelligence (CfWI).

At present a trainee's paperwork and e-portfolio is only reviewed by the College when he or she submits an application for the Certificate of Completion of Training (CCT). The College will be developing a system to quality manage the assessment of training throughout all seven years. The new national Educational Supervisor and Clinical Supervisor reports are needed to facilitate this so this will remain work in progress. The College is aware that our CCT application system, which has not changed for many years, is not as efficient as it is in other Colleges and a working party has been formed to recommend changes to the process in the light of the new QM system.

At present we are formulating our submission to the Shape of Training Review. This review, led by the Vice-Chancellor of Nottingham University, may profoundly change the way that Postgraduate Medical Education and subsequent specialist careers are organised in the UK.

Equivalence of Training Subcommittee

The College have continuously updated the "Frequently Asked Questions" document on the website and this year has also seen a new "Guide for Applicants". The College has expanded the equivalence faculty with 6 new assessors and has also expanded the role of the Regional Adviser in reviewing the evidence bundle of applicants in their region prior to submission to the GMC.

There has also been extensive consultation between medical colleges and faculties and the GMC with regard to streamlining the application process but it is likely in the long term that the current paper based exercise will be replaced by more formal assessment of competence in practice and include a period of acclimatisation in UK practice for applicants from abroad. The report produced by the GMC in relation to this consultation exercise contained 3 quotations from feedback given by our College.

The College has also developed a data base this year to collect information on the background of the applicant and also the success in obtaining a certificate of eligibility for specialist registration (CESR) and a subsequent substantive consultant post. The data to date has been encouraging with a large proportion of successful CESR applicants obtaining a substantive consultant post.

The Equivalence faculty have performed a total of seventeen new applications, five re-applications and six reviews over the past year. The process remains a paper based exercise and requires considerable attention to detail by both applicant and assessor.

I would like to thank all members of the Training Committee, Equivalence of Training Subcommittee and the Recruitment Subcommittee for their outstanding contributions and Alex Tytko and Susannah Grant for their help and hard work.

Chairman and Vice President

Mr Michael Hayward

Committee members

Professor Harminder Dua	President
Mr Larry Benjamin	Senior Vice President
Mr Graham Kirkby	Vice President
Professor Anthony Moore	Vice President
Mr Peter Tiffin	Vice President
Mr Bernard Chang	Honorary Secretary
Mr Peter McDonnell	Honorary Treasurer

Miss Gill Adams	
Dr Julia Baxter	OTG Representative
Mr Dugald Bell	
Mr John Bradbury	
Mr Andrew Castillo	
Mr David Cottrell	
Mr Gordon Cropper	Lay Representative
Mr Sundheer Dhanireddy	SAS Group Representative
Professor Andrew Dick	Academic Group Representative
Mr John Ferris	
Dr Nicholas George	
Miss Clare Inkster	
Mr Bruce James	
Dr Ewan Kemp	
Mr Anthony King	
Mr James Kirwan	
Mr Alex Macleod	
Mr Stuart McGimpsey	
Miss Geeta Menon	
Mr Jay Menon	
Mr William Newman	
Miss Carmel Noonan	
Miss Fiona O'Sullivan	
Mr Anthony Quinn	
Professor William Reid	Lead Dean for Ophthalmology
Mrs Rosemary Robinson	
Mr Nicholas Sarkies	
Mr Peter Simcock	
Mr Michael Stewart	College Solicitor
Professor Stephen Vernon	

Equivalence of Training Subcommittee

Mr Peter Simcock	Chairman
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All members of the Training Committee

Mr Qazi Khalid Ali
Mr Chris Blyth
Mr Charles Diaper

Mr Anthony Evans
Mr Mohit Gupta
Mr James Innes
Mr Sajjad Mahmood
Professor Philip Murray
Mr Arthur Nylander
Mr Prasad Palimar
Mr Soupramanien Sandramouli
Professor Miles Stanford
Mr Kevin Stannard

Recruitment Subcommittee

Mr John Ferris	Chairman
Dr Julia Baxter	OTG Representative
Mr John Bradbury	
Mr Gordon Cropper	Lay Representative
Professor Andrew Dick	Academic Group Representative
Dr Nicholas George	
Mr Michael Hayward	
Miss Clare Inkster	
Mr Stuart McGimpsey	
Mr Jay Menon	
Miss Carmel Noonan	
Miss Fiona O'Sullivan	
Professor W Reid	Lead Dean for Ophthalmology
Mrs Rosemary Robinson	
Dr Geoffrey Wright	Host Deanery
Miss Leann King	Host Deanery

THE EXAMINATION COMMITTEE

Mr Peter Tiffin



2012 has, as ever, been a busy year for the Examinations department. The College continues to deliver reliable and valid high stakes professional examinations according to the stringent standards required by the General Medical Council (GMC). In so doing we strive to be as fair as possible to our candidates whilst ensuring that appropriate standards are maintained for the benefit of patients.

Our examinations continue to evolve in response to feedback from candidates, examiners and our regulator, the GMC. The first sitting of the revised Objectively Structured Clinical Examination (OSCE) based Refraction Certificate was in December 2012. The first sitting of the updated written component of the Part 2 FRCOphth examination will be in February 2013. In September 2012 we had the second sitting of the new format DRCOphth examination. Although not a necessity for ophthalmic surgical training (OST), the DRCOphth will form part of the training requirements for future Medical Ophthalmology trainees. It is also aimed at non-ophthalmologists practising ophthalmology as well as those in OST looking for some further examination experience prior to attempting the Part 2 FRCOphth.

The regulations and procedures surrounding post-graduate examinations also continue to change. Some changes are as a direct result of decisions made by the GMC. In this regard new regulations limiting the maximum number of attempts at any examination to six will come into force from August 2013. Similarly, the GMC's wish to ensure that trainees are trained to, and assessed on, only the most recent training curriculum means that we may have to bring forward the date of the proposed final sitting of the Fellowship Assessment. The GMC also interfaces with Colleges via the Academy Assessment Committee (AAC). In line with AAC guidance and in response to our own experience we have now updated our Appeals policy and Cheating and Misconduct policy to ensure that they are robust and follow best practice.

Our examinations continue to be held in high regard outside the UK and attract increasing interest from around the world. Our links with the Eastern Africa College of Ophthalmologists (EACO) are now well established and we continue to support their examinations. The Part 1 FRCOphth will be held in Malaysia for the first time in January 2013 and we are exploring the possibility of holding clinical examinations in Malaysia in the future.

The College would not be able to deliver examinations without the dedication and hard work of many people. We are indebted to all of our examiners and subcommittee members. 2012 has seen several changes to subcommittee chairman: Miss Clare Davey has retired as Senior Examiner for the Part 1 FRCOphth and has been succeeded by Miss Sara Livesey; Mr Bob Taylor has taken over as Senior Examiner for the Part 2 FRCOphth and has been succeeded by Mr Nick Hawksworth as Senior Examiner for the Refraction Certificate. I would like to thank Clare and Bob for all of their work over the last few years and to wish them success in their new roles. I would also like to thank Nick Wilson-Holt, Senior Examiner for the Diploma, and Jeremy Prydal, Senior Examiner for the Certificate in Laser Refractive Surgery, for their continued support. I am grateful to Emily Beet and her excellent team in the Examinations Department and Michael Nelson, the College's Education Advisor. We are extremely reliant on host Trusts and departments in order to stage our clinical examinations and I would like to thank all of those units who have staged examinations in the last year.

Finally, this is my first report as Chairman of the Examinations Committee having succeeded Professor Carrie MacEwen in May 2012. Under Carrie's skilful leadership the College has introduced a new system of examinations. We are grateful to her for leaving the College examinations in such a strong position.

Chairman and Senior Vice President

Mr Peter Tiffin

Subcommittee Chairmen:

Part 1 RCOphth

Miss Sara Livesey

Refraction Certificate

Part 2 FRCOphth

Mr Robert Taylor

Fellowship Assessment

Professor Caroline MacEwen

Diploma

Mr Nicholas Wilson-Holt

Laser Refractive Surgery Assessment

Mr Jeremy Prydal

Duke Elder (Undergraduate) Prize Examination

Mr Winfried Amoaku

Committee Members

Professor Harminder Dua	President
Mr Larry Benjamin	Senior Vice President
Mr Graham Kirkby	Vice President
Mr Michael Hayward	Vice President
Professor Anthony Moore	Vice President
Mr Bernard Chang	Honorary Secretary
Mr Peter McDonnell	Honorary Treasurer

All Subcommittee Chairmen

Mr Wagih Aclimandos	
Dr Jayasis Bandyopadhyay	SAS Group Representative
Mr Faruque Ghanchi	
Mr Saurabh Jain	
Professor Philip Murray	
Mr Michael Nelson	
Dr Louise O'Toole	
Ms Sylvia Simmons	Lay Representative
Dr Hannah Timlin	OTG Representative
Professor Stephen Vernon	

THE ACADEMIC GROUP

Professor Andrew Lotery and Professor Andrew Dick



The Academic Group has had a busy and successful year. Perhaps the most notable success has been the progress of several joint training fellowships: the Royal College of Ophthalmologists and the Medical Research Council John Lee Fellowship, the Medical Research Council, RCOphth and Novartis Fellowships and the fellowship that has been developed between Fight for Sight and the Medical Research Council. These prestigious fellowships allow junior ophthalmologists the opportunity to undertake a fully funded PhD which is the perfect launch pad to an academic career.

The group has continued, with support of the College and its representation on the Training Committee, to promote academic careers via several paths. Work continues on developing the core curriculum for academic trainees within the College curriculum.

The information booklet *Academic Ophthalmology as a Career* is available on the College website.

The "academic" sessions at the 2012 Annual Congress were very well received. The emphasis was on showcasing younger researchers work from around the country. A session on how to get published and to meet the editor of Eye will be part of the 2013 Annual Congress and we encourage you to attend Congress and in particular this session.

THE INTERNATIONAL SUBCOMMITTEE

Professor Caroline MacEwen



The International Sub-Committee continues to work to represent overseas Members and Fellows and to build links with institutions abroad to help the improvement of eye health globally through education, training and support. The College promotes an active dual sponsorship scheme which allows overseas medical trainees to come to the UK for a period of up to two years. Through this scheme an increasing number of overseas ophthalmologists receive specialist training here and then return to their own country to practise their acquired skills.

The VISION 2020 links programme works to improve the quality and quantity of ophthalmic training, mainly in Africa and the College link with the Eastern African College of Ophthalmologists (EACO) has gone from strength to strength this year. Training visits have taken place to Africa in order to build a curriculum and to enhance the examination and assessment processes. The Third EACO Fellowship Examination took place at Dar es Salaam, Tanzania and nine candidates were examined by the local ophthalmologists with support from our College. There is further development of this link planned with training the trainers and research methods being high on the agenda.

The College is an active Member of the Academy of Medical Royal Colleges International Forum (AoMRC IF) which provides shared knowledge and experience with the other UK colleges which can be mutually beneficial. The Forum has promoted the value of voluntary work in the development of International health care, and is working at breaking down barriers to this at various levels. The College would like to develop a database of all Members and Fellows who currently participate in work overseas, and those who would like to do so, in order to allow contact to be made between interested parties.

This year I have taken over from Mr Nick Astbury as Chairman of the International Subcommittee and I thank him for his excellent leadership over the past years. I am delighted that he remains on the Committee as a huge source of knowledge and support. The experience of each member is individual and invaluable to the functioning of this Subcommittee and I am most grateful to each for their role.

Subcommittee members

Professor Caroline MacEwen Chairman

Mr Wagih Aclimandos
Mr Nicholas Astbury
Miss Michèle Beaconsfield
Mr Michael Burdon
Mr Timothy ffytche
Miss Denise Mabey
Mr George Turner
Professor Stephen Vernon

THE EUROPEAN SUBCOMMITTEE

Miss Michèle Beaconsfield



Like Marmite, European issues are great polarisers: while our political leaders continue to argue the pros and cons, the College representatives of the Ophthalmic Section at the Union Européenne des Medecins Specialistes (OS at the UEMS) continue to try their best to protect our way of life and maintain standards.

Several amendments to the Recognition of Professional Qualifications have been put forward by the UEMS in preparation for the updating of this directive, some of direct relevance to cross border mobility of doctors. The proposed electronic professional card will have to contain relevant and verifiable information relating not just to the right to practise but also details of the competent authority responsible for monitoring this. The UEMS has successfully lobbied for evidence of competence to practise to be included. Thus one of the amendments now proposes that every 5 years, member states will have publicly available reports on procedures for ensuring continued professional development and fitness to practise. The UK is leading on this with revalidation; whatever the perceived weaknesses of this process, it is more developed than anything on the continent and is likely to be copied. It has also been successful in closing the partial activity access principle: where the scope of professional activities of itinerant workers is less than that permitted in the host state, they are entitled to 'partial activity access' – this will not be allowed for doctors.

For three years the OS has lobbied for non-corrective contact lenses to fall within EU regulation of medical devices; the European Commission has finally adopted legislative proposals to include these lenses in its new regulatory framework. In a parallel revision this year, fluorescein strips have now been upgraded from a medical device to a medicinal product, the latter being subject to much stricter manufacturing regulations. The UK re-graded strips as medicines some time ago so here their production is secure. On the continent however, this has prompted some companies to abandon their production as upgrading their manufacturing process was viewed as cost prohibitive. Continental ophthalmologists can import strips personally but presently cannot be reimbursed for them. The OS made formal representations in Brussels, together with other stakeholders, the outcome of which is pending.

The European Board of Ophthalmology, (EBO, training & education arm of the OS) diploma exam continues to gain recognition in member states for specialist registration; in some it has been 'de rigueur' for years. As it is presently the only communally recognised endpoint of diverse training programmes, and owing to our considerable experience in setting and running exams, the College representatives continue to revise and raise the exam's standards. The EBO is well under way in its review of the training charter for ophthalmic specialists, which in time should be adopted across the EU. Previous documents referred to a minimum three years training. The EBO has managed to persuade the UEMS to accept that this should be at least four years, and longer if individual member states wish it so. This will be reflected in the new ophthalmic charter, which when finalised may look familiar to UK readers as many concepts have been gleaned from College documents.

Subcommittee members

Miss Michèle Beaconsfield

Chairman

Mr Wagih Aclimandos
Mr Nicholas Astbury
Mr Timothy fytche
Mr Roger Humphry
Professor Caroline MacEwen
Mr George Turner

THE STAFF AND ASSOCIATE SPECIALISTS' (SAS) GROUP

Mr David Kinshuck



Despite a very busy year, the SAS membership flourishes. We were sad to lose several founding members of the Group who have served since 2006: Mr Jonathan Eason, the inaugural chairman, Dr Sumedha Bhagat, Dr Joanna Gall, Dr Jane Harcourt, Dr Karen Gilvray and Dr Lesley Kaye. I would like to thank them for their tremendous contribution to the College and I will certainly struggle without Jonathon's words of wisdom and sense of humour.

SAS doctors carry out about 33% of clinical ophthalmology care, and we all have faced tremendous problems in the changing NHS. The SAS' Group issues remain unchanged, primarily qualifying for the Certificate of Eligibility for Specialist Registration (CESR) for some members and revalidation for others. Terms and conditions concern all, but cannot be addressed by the College. Half of all SAS doctors are medical retina specialists and are stretched to deliver age-related macular disease anti-VEGF treatment. Many of us are extremely frustrated that we cannot use cheaper alternatives that would leave money for better care elsewhere, and look forward to being able to help our patients with diabetes similarly.

Most SAS posts offer little training and concentrate on service delivery, although some of these allow time for career development or CESR applications. Many members are losing their fight to keep surgical skills, and the lack of career and surgery development will have a major negative impact on the efficient delivery of cataract surgery in the next decade. A small number of SAS posts allow doctors to rotate between specialties, enabling CESR applications. Doctors applying for an SAS post need to choose their post accordingly, but there should be little shortage of applications to vacant posts if the job is designed appropriately.

Towards the end of the year the Committee, with tremendous help from Penny Jagger and Kathy Evans, and fantastic speakers, organised a really excellent refresher day in Bristol. The partly new Committee will try to equal this in October 2013 when we return to Birmingham.

Name	Region	Committee
Mr Jonathan Eason	Chairman South West Thames	Council and Finance Until October 2012
Mr David Kinshuck	Chairman West Midlands	Council & Equality & Diversity (from Oct 2012)
Dr Sumedha Bhagat	Scotland West	Training the Trainers Until October 2012
Dr Michael Mikhail	Scotland West	From October 2012

Mr Napoleon Devarajan	Wales	Paediatric Until October 2012
Mr Juan Salinas	Wales	From October 2012
Mr Allaa-Eldin Abumattar	Oxford	Revalidation Group
Dr Joanna Gall	Wessex	Lay Advisory Group Until October 2012
Mr Sambath Tiroumal	Wessex	Scientific Committee From October 2012
Dr Karen Gillvray	Northern Ireland	Education Until October 2012
Dr Jane Harcourt	Scotland East	Workforce Until October 2012
Dr Anne Sinclair	Scotland East	Lay Advisory Group From October 2012
Dr Husain Hilmi	South Western	Professional Standards Until June 2012
Mr Subjeer Dhanireddy	South Western	From June 2012 Training
Miss Sharon Kerr	South East Thames	Education
Mr Gulrez Ansari	South West Thames	Workforce From October 2012
Dr Lesley Kaye	Mersey	Scientific Until October 2012
Miss Yogeswary Kurunadalingam	Yorkshire	Examinations Until October 2012
Mr André Ruigrok	Yorkshire	From December 2012
Dr Gihan Ibrahim	North West Thames	

	Vacancy	
Mr Jayasis Bandyopadhyay	Northern	Examinations
Dr Mahendra Balapaskaran	North East Thames	CPD
Dr Gillian Watts	North Western	Professional Standards
Mr Kuranager Poornesh	East Anglia	
Dr Oral Adil Bekir	Trent	From June 2012

THE OPHTHALMIC TRAINEES' GROUP

Dr Michael O'Gallagher

The Ophthalmic Trainees' Group (OTG) ensures that the views of junior doctors are heard at all levels of the College. Representatives from the OTG contribute to all standing committees keeping training and education high on the College agenda. We have also provided the trainees' opinions on key College projects such as the planning of the new premises. In the 25th anniversary year we should be proud of being in an organisation which values the views of its junior members.

Next year will hopefully see the first cohort of junior doctors recruited to run-through Ophthalmic Specialist Training in 2007 awarded Certificate of Completion of Training. Already some of those who crossed over from the older curricula have achieved this important milestone. It is therefore an opportune time to draw on the experiences of those completing training to try and improve the curriculum where possible. The OTG continues to represent the views of trainees in this process, trying to bring about real improvements in the delivery of training and assessment.

Attempting to improve post-graduate medical training is not something confined to this College. We are working with our colleagues in the Academy of Medical Royal Colleges to influence future policy on training. We would encourage all interested parties to join us in contributing to the on-going Shape of Training Review. Although this consultation is at an early stage, robust contributions from those of us actively involved in training are essential to shape the best outcome for the trainees and trainers of the future.

Best wishes for 2013.

Name	Region	Committee
Dr Michael O'Gallagher	Northern Ireland/Chairman	Council
Mr Jonathan Goodfellow	South West (Peninsula and Severn)	Curriculum
Mr Mark Doherty	Northern	Academy Trainee Doctor Group
Dr John Bladen	North Thames	
Mr Richard Symes	South Thames	Scientific

Dr Mario Saldanha	Wales	
Dr Inderraj Hanspal	East Anglia	Finance
Mr Showrob Patwary	West Midlands /Deputy Chairman	Training, Recruitment
Mrs Karinya Lewis	Oxford and Wessex	Workforce Subcommittee, Equality and Diversity
Dr Julia Baxter	East Midlands	Examinations
Dr Hannah Timlin	Scotland - East	
Lik Thai Lim	Scotland – West	Professional Standards
Dr Anand Chawla	North Western and Mersey	
Dr Murtuza Mookhtiar	Yorkshire	Education, e-Learning

THE LAY ADVISORY GROUP

Mr Derek Forbes



Members of the Lay Group have again been involved in many aspects of College business over the year

We saw the first national recruitment process for doctors wishing to enter ophthalmology. A member of the Group attended as an observer and noted "that the initiative must be counted a success - the process achieved its objectives and at a significantly lower cost than the alternative of a series of locally based recruitment exercises."

Members of the Group had the opportunity to examine on behalf of the College in Part 2 of the FRCOphth Examination in the communication skills station. All of us who did so greatly enjoyed the experience and learned about the work and organisation that goes in to running the examinations and the willingness of patients to give up their time to assist. We have come away knowing the College is a stern guardian of the standards of the profession.

The College is well on the way to getting new premises and the Group was invited to have input to the architect's design process and give them a perspective from people with a visual impairment. This we did and while there is no one solution that will suit every eye condition the architects heard first-hand how getting in more light while generally good needs to come with consideration of glare and maintaining contrast.

During the year we heard about two patient support days. The first was for BUS - the Birdshot chorioretinopathy Uveitis Society and the second for glaucoma patients. Birdshot Uveitis is a rare condition and one of the strong messages to come out was the sense of isolation experienced by patients and how much they valued meeting others. Also valued was meeting with clinicians outside the clinic and talking, as equals, about the condition and the difficulties of living with it.

When we heard about the Glaucoma Day we heard exactly the same feelings expressed. Glaucoma is such a common condition that it could have been thought patients might have learnt about it by some process of osmosis. No - most patients first arrive in the eye unit somewhat frightened and unaware. Few have yet met others with whom they can share experience. The days also benefitted clinicians who valued being able to talk with patients outside the time constraints of clinic.

We say goodbye and thank you to Dr Joanna Gall who has been with us for six years as representative of the Staff and Associate Specialists Group. She joined us as that group was first formed and we appreciate the link with a group of professionals who provide such a large amount of care within eye units.

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 Tom Brembridge	Lay member of the Scientific Committee
Mr John Cannon	Lay member of the Finance Committee
Mr Hassan Chaudhury	
Mr Gordon Cropper	Lay member of the Training Committee
Professor Harminder Dua	President
Mrs Kathy Evans	Chief Executive
Mr Stuart Holland	Lay member of the Revalidation Subcommittee
Ms Rea Mattocks	Lay member of the Professional Standards
Professor Helen Petrie	Lay member of the Information and Audit Subcommittee
Ms Sylvia Simmons	Lay member of Examinations Committee
Mr Victor Stone	Lay member of the Equality and Diversity Committee
Mrs Christine Wall	Lay member of the Education Committee
<u>Co-opted members</u>	
Mrs Carol Watkins	Lay member of the Education Committee

THE EQUALITY AND DIVERSITY COMMITTEE

Mr Bernard Chang



The monitoring of ethnicity, gender, disability and age remains a central output of the membership and examination databases. The June 2012 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.

The June Council also approved a new Equality and Diversity statement and policy which reflects current good practice: www.rcophth.ac.uk/equalityanddiversity

In October a census was sent to all members to seek updated personal and professional information and permission to put their names and other details on the proposed website based public and members' area lists. The response rate at the year-end was a rather disappointing at approximately 20%.

The College's current building has many attractions but it is not accessible for wheelchair users or particularly welcoming for the visually impaired. The new premises will comply with the Equality Act 2010 and advice will be sought on how finishes could be used to aid visually impaired visitors, the Lay Advisory Group having already made welcome contributions in this regard.

EQUALITY AND DIVERSITY REPORT

COUNCIL, MEMBERS, REGIONAL ADVISERS and STAFF as at 1 June 2012

	Total UK Population	Council	Regional Advisers	Consultants	Other UK Members	Paying Seniors	Staff
	<i>per census 2001</i>						
Total Population	58.8 million	31	24	1166	1474	123	25
% forms returned		100.0	95.8	84.5	60.7	63.4	100.0
White	92.0						
White British		84.4	78.4	61.0	30.1	70.5	76.0
White Irish		3.1	4.3	4.7	5.0	1.3	
White Other			4.3	4.3	10.3	2.6	4.0

Mixed	1.2			1.1	2.0	0.0	
Asian or Asian British							
Indian	1.8	6.3		14.5	23.6	14.1	8.0
Pakistani	1.3			2.4	4.1	5.1	
Bangladeshi	0.5			0.4	1.3	1.3	
Other Asian	0.4		4.3	3.0	7.9	2.6	
Black or Black British							
Black Caribbean	1.0			0.3	0.4	0.0	4.0
Black African	0.8			1.3	3.1	0.0	
Black Other	0.2						
Chinese	0.4	3.1		3.5	5.7	0.0	
Other	0.4			0.2	2.0	0.0	8.0
Middle Eastern		3.1	8.7	3.3	4.4	2.6	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	48.6	84.4	75.0	76.9	57.8	75.3	32.0
Female	51.4	15.6	25.0	23.1	42.2	24.7	68.0

Equality and Diversity Committee Members

Mr Bernard Chang
Miss Andrena McElvanney
Mr David Kinshuck
Mrs Karinya Lewis
Mr George Turner
Mrs Christine Wall

Chairman
Council Representative
SAS Group Representative
OTG Representative
Workforce Subcommittee
Lay Representative

MUSEUM & LIBRARY REPORT

Richard Keeler



The past year has been a quieter one for acquisitions and group visits to the museum in the Oxford Room, although the Open Days during the London 2012 Olympics generated interest from members of the public. However there have been an increasing number of individual visitors asking to see the instrument collection and also the antiquarian books in the library. Donations of instrument and books continue to be gratefully received.

During the year two visits to Devon were made to meet Peter Paxton of the old Dispensing Opticians firm, Curry and Paxton, whose predecessor company was Pickard and Curry, 19th century ophthalmic instrument makers. This resulted in the donation of a number of unique and important early British ophthalmoscopes and a collection of old spectacles, cases and monocular telescopes.

The Honorary Curator hosted an evening event in December which was part of a two day symposium with King's College London titled *Iris Eyes: Vision in Modern Irish Culture*.

THE HONORARY SECRETARY

Mr Bernard Chang



As another year goes by there is much for our College to celebrate. The highlight for me this year has to be processing and admitting 11 new full members via the new Membership by Election category introduced last year. This will help our College be a more diverse and representative body especially with regards to our SAS group. Once again I thank the President and Council for allowing me to have the opportunity to do this work.

I have answered more than 20 enquiries from the public personally and would like to reiterate how gratifying yet humbling it is to receive the emails of thanks from the public. One has even resulted in me and the College being acknowledged in a novel by a first time author being published this year!

The Operational Support Department has once again been busy, running elections in order to ensure that our College has no unfilled vacancies. Last year there were four elections for College Officers including the re-election of our Honorary Treasurer as well as seven elections of Regional Representatives for Council. Even as I write this they are working on updating the College database. Please do take the time to inform us of any changes so we can better communicate with you.

This is also my last Annual Report as Honorary Secretary and I would like to thank all the staff in the Operational Support Department, especially Aziz Rajab-Ali, Sara Davey and Martin Reeves who have made the last four years extremely enjoyable and easy for me. It has been my privilege to have served as Honorary Secretary and I wish my successor well.

Once again can I urge all Fellows and Members to consider working for the College. I understand that it is now more difficult to get the time away but we truly rely on your goodwill and sacrifice to run our College.

2013 is the Year of the Water Snake. It is a year that promises progress and the water element bodes well for advances in science and research. This should augur well for our College whose role is to advance the science and practice of ophthalmology!

STAFF AS AT 31 DECEMBER 2012



Chief Executive

Kathleen Evans

Executive Assistant to the President and Chief Executive

Penelope Jagger

Head of Education and Training Department

Alexandra Tytko

Deputy Head of Education and Training Department

Susannah Grant

Education and Training Administrator

Karen Neilson

Education and Training Coordinator/Professional Standards Coordinator

Carol Welch

Education and Training Coordinator

Rosy Chirayath

Head of Professional Standards Department

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 Sibly
Scientific and Events Assistant	Alice Lancaster
BOSU Scientific Coordinator	Barnaby Foot
Eye Editorial Assistant	Stephen Beet
Head of Operational Support	Abdul Aziz Rajab-Ali
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



Council Members and Honorary Fellows at the Admission Ceremony September 2012

TRUSTEES

Professor H Dua	President	
Mr L Benjamin	Senior Vice President	Education
Mr P Tiffin	Vice-President	Examinations
Mr J M Hayward	Vice President	Training
Mr G R Kirkby	Vice President	Professional Standards
Professor A T Moore	Vice President	Scientific
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
Miss F Spencer	North West
	East Anglia
Mr A J Vivian	East Anglia
Mr A A Castillo	Trent

Miss C C Davey	North East Thames	Until May 2012
Mr S Jain	North East Thames	From May 2012
Mr J D A MacLeod	Wessex	
Miss W A Franks	Moorfields	Until May 2012
Miss G Adams	Moorfields	From May 2012
Mr C J M Diaper	Scotland West	
Mrs C M Lane	Wales	
Mr T R Dabbs	Yorkshire	
Mr C B James	Oxford	Until May 2012
Mr M Leyland	Oxford	From May 2012
Miss A M McElvanney	South West Thames	
Mr M A Burdon	West Midlands	
Mr W D Newman	Mersey	
Mr M F Murphy	Northern Ireland	
Dr L M O'Toole	Eire	
Mr P A C Tiffin	Northern	Until May 2012
Mr J Talks	Northern	From May 2012
Mr J M Twomey	South Western	Until May 2012
Mr N Wilson-Holt	South Western	From May 2012
Miss M C Corbett	N W Thames	From 25 May 2011
Mr I F Whyte	Scotland East	

CO-OPTED MEMBERS

Mr D Forbes	Lay Advisory Group	
Mr J R Eason	Staff and Associate Specialists	Until October 2012
Mr D Kinshuck		From October 2012
Professor C J MacEwen	Overseas	

Mr M K O'Gallagher

Ophthalmic Trainees

EDITOR of Eye

Professor A J Lotery

COUNCIL ATTENDANCE 2012

NAME	STATUS	Mar	June	Sept	Dec
Harminder Dua	President	√	√	√	√
Caroline MacEwen	Senior Vice President, Examinations	√	**	**	**
Larry Benjamin	Senior Vice President, Education	√	√	√	√
Michael Hayward	Vice President, Training	√	√	√	√
Graham Kirkby	Vice President, Professional Standards	√	√	x	√
Anthony Moore	Vice President, Scientific	√	x	x	√
Mr Peter Tiffin*	Vice President, Examinations	*	√	√	√
Peter McDonnell	Honorary Treasurer	√	√	√	√
Bernard Chang	Honorary Secretary	√	√	√	√
Wagih Aclimandos	South West Thames	√	√	√	√
Anthony Vivian	East Anglia	x	√	x	x
Susmito Biswas	North West	√	**	**	**
Fiona Spencer	North West	*	√	x	√
Andrew Castillo	Trent	√	√	√	√
Clare Davey*	North East Thames	√	**	**	**
Saurabh Jain	North East Thames	*	x	√	x
Charles Diaper	Scotland West	x	√	√	√
Gill Adams	Moorfields	√	√	√	√
Timothy Dabbs	Yorkshire	x	√	√	√
Bruce James	Oxford	√	**	**	**
Martin Leyland	Oxford	*	√	√	x
Andrena McElvanney	South West Thames	√	√	x	√
Carol Lane	Wales	√	√	√	√
Michael Burdon	West Midlands	√	√	x	√
Alexander MacLeod	Wessex	√	√	√	√
William Newman	Mersey	√	x	√	√

Louise O'Toole	Eire	√	x	√	√
James Talks	Northern	-	√	√	√
Martin Murphy	Northern Ireland	√	√	√	√
Peter Tiffin**	Northern	√	**	**	**
James Talks	Northern	*	√	√	√
John Twomey	South Western	√	**	**	**
Nick Wilson-Holt	South Western	*	√	√	√
Melanie Corbett	North West Thames	√	√	√	√
Iain Whyte	Scotland East	√	√	x	√
Derek Forbes	Lay Advisory Group	x	√	√	√
Jonathan Eason	Staff and Associate Specialists	√	√	√	****
David Kinshuck	Staff and Associate Specialists	***	***	***	√
Nicholas Astbury	Overseas	√	**	**	**
Caroline MacEwen	Overseas	*	√	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

*** Term of office began at the December Council Meeting

**** Term of office ended at the December Council Meeting

THE HONORARY TREASURER'S REPORT

Mr Peter McDonnell



The financial results of the College to 31 December 2012 are summarised in the Statement of Financial Activities and Balance Sheet of this Annual Report.

The overall net income before transfers amounts to £5,099,000 of which £4,810,000 relates to the surplus realised on the disposal of the College's current premises. The surplus from the ongoing activities of the College amounts to £289,000.

It is important that we continue to plan a balanced budget for the forthcoming year and if possible make a modest surplus to enable the College to invest in services and support for members at all levels.

Part of the sum raised from the sale of our current premises has already been used to acquire a freehold building in central London. The remainder will be used in 2013 and 2014 to fund the refurbishment needed to provide a College headquarters resource fit for the 21st century.

Membership levels have remained at a stable figure. A modest increase in subscriptions rates has been agreed for 2013 at slightly less than the current rate of inflation.

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

The College Congress in Liverpool in 2012 was a scientific success; developments continue in order to assure its longer term financial stability.

The Examinations run by the College are becoming self-supporting from the financial point of view as the previous diet of exams is gradually wound down, and the number of candidates taking the examinations continues to increase.

College work on the development of revalidation continues to be mainly funded with grants from other bodies, but it is likely that the College will incur increasing costs in the future in relation to revalidation and the Committee is monitoring the situation.

This year the financial markets have been slightly less volatile than previously and this has allowed stabilisation of the College's invested funds. The Committee continues to monitor closely these funds which are managed by Sarasin and Partners. 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 to Aziz Rajab-Ali, the Head of the Operational Support Department and the staff of the department.

Committee members

Mr Peter McDonnell
Professor Harminder Dua
Mr Larry Benjamin
Mr Graham Kirkby

Chairman and Honorary Treasurer
President
Senior Vice President
Vice President

Mr Michael Hayward	Vice President
Professor Anthony Moore	Vice President
Mr Peter Tiffin	Vice President
Mr Bernard Chang	Honorary Secretary
Mr Susmito Biswas	Council member
Mr John Cannon	Lay Representative
Mr Andrew Castillo	Council member
Mr Jonathan Eason	SAS Group Representative
Mr Inderraj Hanspal	OTG Representative
Mr Martin Murphy	Council member

Donations and Grants over £2,000

The Academy of Medical Royal Colleges
Allergan Ltd
Bausch and Lomb Ltd
B Billington
British Eye Research Foundation (*trading as Fight for Sight*)
British Paediatric Ophthalmology and Strabismus Association
Carl Zeiss Ltd
The Department of Health
Elizabeth Frankland Moore and Star Foundation
Guide Dogs for the Blind Association
Keeler Limited
S King
C Liu
Macular Disease Society
Merck, Sharp & Dohme Ltd
Moorfields Surgeons Association
Novartis Pharmaceuticals Ltd
The Oxford Ophthalmological Congress
Lord Pearson of Rannoch Charitable Trust
Pfizer Ltd
Thrombogenics Inc
Topcon GB Ltd

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 2012, 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 2012.

Sayer Vincent Statutory Auditors
8 Angel Gate, City Road, London EC1V 2SJ

19th March 2013

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 2012 but are not the full statutory report and accounts. The full financial statements were approved by the Council on XX March 2013 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
8 March 2013

STATEMENT OF FINANCIAL ACTIVITIES

The Royal College of Ophthalmologists						
Statement of financial activities						
For the year ended 31 December 2012						
	Unrestricted funds	Endowment funds	Other restricted funds	2012 Total	2011 Total	
	£'000s	£'000s	£'000s	£'000s	£'000s	
Incoming resources						
<i>Incoming resources from generated funds</i>						
Voluntary income	4	-	174	178	328	
Activities for generating funds						
Sponsorship income	54	-	-	54	40	
Investment income	116	28	17	161	130	
<i>Incoming resources from charitable activities</i>						
Subscriptions Receivable	1,116	-	-	1,116	1,032	
Examinations Department	557	-	-	557	460	
Education and Training Department	140	-	-	140	162	
Professional Standards Department	19	-	-	19	6	
Scientific Department	747	-	3	750	651	
Journal "Eye" - joint venture	669	-	-	669	589	
Scholarships and Awards	-	-	15	15	52	
Other incoming resources	46	-	-	46	44	
Surplus on disposal of functional property	4,810	-	-	4,810	-	
Total incoming resources	8,278	28	209	8,515	3,494	
Resources expended						
<i>Cost of generating funds</i>						
Investment Manager's Fees	12	3	1	16	18	
<i>Charitable Activities</i>						
Examinations	642	-	-	642	625	
Education and Training	609	-	46	655	658	
Professional Standards	199	-	38	237	239	
Scientific Activities	818	-	65	883	731	
Journal - "Eye"	678	-	-	678	566	
Scholarships and Awards	2	11	117	130	67	
BOSU	37	-	64	101	85	
Governance costs	74	-	-	74	72	
Total resources expended	3,071	14	331	3,416	3,061	
Net incoming resources before transfers	5,207	14	(122)	5,099	433	
Transfers between funds	9	(7)	(2)	-	-	
Net incoming/(outgoing) resources after transfers	5,216	7	(124)	5,099	433	
Other recognised gains						
Gain/(loss) on investments	93	37	11	141	(208)	
Net movements in funds	5,309	44	(113)	5,240	225	
Funds at 1 January 2012	4,135	705	1,029	5,869	5,644	
Funds at 31 December 2012	9,444	749	916	11,109	5,869	

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

BALANCE SHEET

The Royal College of Ophthalmologists				
Balance sheet				
As at 31 December 2012				
			2012	2011
	£000's		£000's	£000's
Fixed assets				
Tangible assets			2,974	1,038
Investments			2,100	2,360
			5,074	3,398
Current assets				
Debtors	5,545			477
Short Term Deposits	711			1,825
Cash at Bank and in Hand	146			688
	6,402			2,990
Creditors:				
Amounts falling due within one year	367			518
Net current assets			6,035	2,472
Net assets			11,109	5,870
Funds				
Restricted funds				
Permanent endowment fund			499	464
Expendable endowment fund			250	241
Other			915	1,029
Unrestricted funds				
Designated funds			5,991	1,195
General funds			3,454	2,941
Total funds			11,109	5,870
Approved by the Council on 8 March 2013 and signed on its behalf by				
Prof H Dua - President			Mr Peter McDonnell - Honorary Treasurer	