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i. President
ii. Chief Executive
From the President

When I became President in May 2017 I paid tribute to the work Carrie MacEwen carried out during her term to ensure equal access to high quality eye care and this will remain a priority for the College.

There are two themes running through College work in 2017. The first is the effort taken to highlight and redress the imbalance between the capacity of eye units to deliver treatment, which is highly constrained, and demand, which increases at a relentless rate. The second theme is the emphasis placed on representing, supporting and engaging with members.

I will highlight the capacity and demand issues and Kathy Evans, the Chief Executive, will concentrate on the College’s relationship with members.

The year began with the publication of a BOSU surveillance study of sight loss due to delay in ophthalmic treatment or review. This demonstrated that patients with chronic eye conditions such as glaucoma are at risk if their follow-up appointments are cancelled. It does matter if patients are not seen at clinically appropriate intervals. [www.nature.com/eye/journal/vaop/current/full/eye20171a.html](www.nature.com/eye/journal/vaop/current/full/eye20171a.html)

There is a fundamental miss-match between resources and need. The combination of an increasing prevalence of ophthalmic disease in an aging population and the availability of new treatments has increased demand for ophthalmology services without a matching increase in ophthalmic workforce or infrastructure support. In March 2017 we published the workforce census which revealed that throughout the UK departments are struggling to provide the service required by their population. Around a half of the units have unfilled consultant and/or staff and associate specialist positions, over 90% are undertaking waiting list initiative surgery or clinics, with a similar proportion estimating that they require between one and five additional consultant ophthalmologists over the next two years.

However, in addition to providing evidence of problems, we contributed constructively to solutions. In February 2017, we published The Way Forward, a helpful resource for ophthalmologists wanting to develop their services to meet capacity needs. It was based on more than 200 structured interviews with clinical leads and it identified the real-life solutions. In July 2017 the first prospective annual report of the National Ophthalmology Database Audit demonstrated that a majority of cataract surgery centres are delivering high quality care for patients in England and Wales.

Through-out the year we built on the 2016 Common Clinical Competency Framework (CCCF), working with The College of Optometrists, The British and Irish Society of Orthoptists and The Royal College of Nursing to create a common curriculum. The project has caught the attention of Health Education England and in December 2017 it offered financial support to further develop an effective multi-professional team approach.

The RCOphth has also played its part in raising standards, contributing to the NICE cataract guidelines which made the economic case for cataract surgery and should silence those who advocate cataract rationing. Similarly, the RCOphth welcomes the NICE glaucoma and AMD guidelines and in 2017 it worked with NHS Clinical Commissioners (NHSCC) to secure better value from the significant funds currently being spent on treating wet age related macular degeneration (AMD). In the current NHS financial climate this is even more important as commissioners are having to make difficult spending decisions for every NHS pound.

We submitted evidence to The London Assembly Health Committee’s enquiry into eye health and preventing sight loss in London. Access to appropriate eye care in the capital is variable and the investigation sought to raise the overall standard available. We were pleased to host the launch of the report at the College – and three years on, 18 Stephenson Way still looks good.

From the President

Mike Burdon
President
In 2017 we reached the halfway point of the RCOphth’s Strategic Plan 2015-19, a good juncture to consider how we are doing against Strategic Aim 3: Represent, Support and Engage with our members. Accordingly, we got an external consultancy firm to run a membership survey as a follow up to the 2014 inaugural membership survey. From a response rate of 24% with 830 complete responses received, we learnt that a large majority of respondents (81%) agreed that the College is relevant to the changing face of the ophthalmic profession.

Many also considered that the College is forward thinking (70%) and inclusive (67%). Almost all respondents stated that they value the College as the UK’s examining body and provider of qualifications (95%). A slightly smaller proportion valued the College’s role as a training body (89%) and provider of education and skills (87%). However, less than half considered that it is easy to provide comments and feedback on their membership (49%) or that the College provides ways to offer new ideas (47%) and we intend to improve the two-way nature of communications. We send fortnightly EyeMails to all members and the scientific journal EYE is well received but we want to increase the opportunities for members to contact the College and we welcome feedback on any aspect of our work.

The new governance structure is working well and we have benefitted from the wisdom and input of our lay trustees. As part of the modernisation process, in 2017 we continued to open up College posts and now all chairs of major committees (Education, Examinations, Professional Standards, Scientific and Training) have been appointed by interview panel and the process has been extended throughout the College. It is getting harder for clinicians to get time away from their employing trusts but good people continue to come forward and take on College responsibilities. Indeed, the membership survey identified over 240 people who want to get involved in specific College roles.

We have invested time and energy into working in partnership with other organisations in the ophthalmic sector where we have common goals. We believe that our involvement with charities such as Fight for Sight and the RNIB and with professional bodies such as the other medical royal colleges and the College of Optometrists has made us a more effective organisation.

We could not function without the hard work and dedication of our clinicians, our lay advisers, our partners across the sector and our wonderful staff; I would like to thank them for their unstinting efforts.
An interim Uveitis policy for the use of adalimumab was implemented following in-depth discussions with NHS by Alison Davies, Chair of Specialised Ear and Ophthalmology Services CRG.

New defined Serum Eye Drops Guidance

Ocular Surface Disease with dry eye is a global public-health problem with significant impact on quality of life. Because of the variation in practice across the NHS, inequality of access to SED service and no regulated monitoring of outcome, RCOphth produced new guidelines. Download the open source Eye published paper.

NICE Cataract Guidelines

The College welcomed the new NICE guideline for the management of cataracts in adults, which emphasises the importance of patient communication, shared decision making, minimising and managing risk to improve the quality and safety of patient care.

The NICE guidelines demonstrate the cost effectiveness of cataract surgery through scientific and financial modelling, meaning that any arbitrary use of visual thresholds for referral or surgery which restricts access, creates inequitable care and is not justified.

1. Clinical guidelines

Clinical guidelines continue to be developed and published, including sharing those published by other organisations which are relevant to ophthalmologists and those working in the ophthalmic sector.
Ophthalmic Imaging
• Ophthalmic imaging is essential to the diagnosis, treatment, and long-term monitoring of many ocular conditions.

Clinical Audit and Clinical Effectiveness in Ophthalmology
• This document aims to provide a simple overview of the principles and practice of clinical effectiveness and clinical audit for ophthalmologists.

Ophthalmic Instrument Decontamination
• The effective decontamination of re-usable surgical instruments (or other clinical devices used in direct contact with tissues) is essential in minimising the risk of infectious agents.

Eye Care in the Intensive Care Unit (ICU)
• Advice and information for clinical staff involved in eye care in the ICU to protect the eye in vulnerable patients, identify disease affecting the eye in ITU patients, and specifically those which might need ophthalmic referral and deliver treatment to the eye when it is prescribed.

Healthcare Informatics
• As part of the ROphth Ophthalmic Services Guidance, Healthcare Informatics is the science of ensuring that the processing of information is efficient and safe for the benefit of patients.
Highlighting the impact of new tariffs on review patients

The RCOphth collaborated with NHS England to promote the local tariff variation option for ophthalmology when changes in tariffs for out-patients in England favoured payment for new patient over review appointments. NHS England highlighted our Local Tariff Variation and Ophthalmology Commissioning to help CCGs consider modifying options for future changes to their local tariff structure.

Clinical Leads Survey re access to cataract surgery

The RCOphth undertook a survey of ophthalmic clinical leads to understand how the current situation of visual acuity thresholds and other imposed restrictions affecting access to cataract surgery: 66% of those responding reported some form of restriction.

New commissioning guidance

In 2017 we published commissioning guidance on the following:

- Diagnostic Pathway following Child Vision Screening Oct 2017 on behalf of the RCOphth Paediatric sub-committee
- Strabismus surgery for adults in the United Kingdom indications, evidence base and benefits

2. Commissioning

The RCOphth continues to develop authoritative guidance to enable sustainable and consistent commissioning services.
New Refractive Surgery Standards Published

The Refractive Surgery Standards Working Group successfully launched a set of standards and patient information, including standards for advertising and marketing.

The Way Forward

The Way Forward, launched in February provides a resource for collaborating on the review and redesign of eye care services to overcome the shortfall in capacity.

New CVI Form

Working in partnership with The Royal College of Ophthalmologists, RNIB and other stakeholders, the Department of Health (England) updated the Certificate of Vision Impairment form and revised the Explanatory Notes for consultant ophthalmologists and hospital eye clinic staff in England.

Invited Service Reviews

The RCOphth expanded the External Service Review team to meet the increasing demand. This service, provided by the RCOphth, carries out independent reviews of hospital eye services as requested by healthcare organisations.
The RCOphth have been awarded a contract extension to continue to manage the National Ophthalmology Database (NOD) Audit Programme until 31 August 2019. The RCOphth will continue to deliver this vital initiative, commissioned by the Healthcare Quality Improvement Partnership as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP).
The Impact factor has risen again from 2.213 to 2.275 and Eye is ranked 21/59 in the ophthalmology category. The RCOphth thanked Andrew Lotery for his commitment as Editor in Chief for ten years and welcomed Sobha Sivaprasad who takes over the role in January 2018.

The EYE editorial panel have reduced the number of days from receipt to final decision from 77 days to just 50.

The College’s NICE accredited Commissioning Guide: Glaucoma was published in June 2016 and an executive summary published in Eye provides a review of the key components of the guidance, outlining how commissioners of glaucoma can work in partnership with a range of stakeholders to assess their current performance against evidence-based measures of best practice, and identify priorities for improvement.
This year saw an increase in the number of ophthalmologists achieving Fellowship as well as twice the usual number of new Fellows attending the Admission Ceremony, resulting in not one, but two ceremonies on the same day. The RCOphth considers that the increase in new fellowships shows a high standard of achievement amongst ophthalmologists and this was duly celebrated in a morning and an afternoon session for 44 diplomates, 115 new fellows and over 300 family and friends on 8 September 2017 at the Royal College of Obstetricians and Gynaecologists.

Following agreement with the Irish College of Ophthalmologists, the RCOphth is now able to offer Dublin as an examination centre for the Part 1 FRCOphth from January 2018.
RCOphth & Fight for Sight Trainee Ophthalmology Research Network Award Winners 2017

Liying Low, Fight for Sight Clinical Fellow, Ophthalmology ST at University of Birmingham was awarded the Clinical Fellowship to undertake her PhD project, investigating the links between the gut microbiome and inflammatory ocular disease: Novel use of Nanopore-sequencing for Rapid Identification of Causative Pathogens and their Resistance Genes in Endophthalmitis (Nano-PoRE study)

The DRY eye Outcome and Prescription Study (DROPS) is a large observational multi-centre study exploring the 'real world' effectiveness of artificial tears in dry eye disease. The aim is to include at least 1,000 symptomatic patients who are prescribed artificial tears. Trainees involved: Jelle Vehof, Victoria Nowak and Daren Hanumunthadu.

The Royal College of Ophthalmologists/National Institute of Health Research/Clinical Research Network Annual Research Awards 2017

These awards were presented to the following at Congress 2017:
Consultant – Non-commercial Research – Sobha Sivaprasad
Consultant – Commercial Research – Richard Gale
Trainee Research Award – Emily Shao
BOSU surveillance report

The research, conducted through the British Ophthalmological Surveillance Unit (BOSU), found patients suffering permanent and severe visual loss due to health service initiated delays.

VIEW>

R.E.D Trust BOSU Research Bursary

Mohsan Malik, ophthalmologist in training at The London School of Hygiene & Tropical Medicine, is the 2017 winner of the R.E.D. Trust BOSU Research Bursary. His study will aim to determine the incidence of fungal keratitis diagnosed in the UK and describe differences in the disease population since the 2003-05 UK incidence study (Tuft, Eye 23(6):1308-13. Oct 2008).

VIEW>

RCOphth Awards and Prizes

RCOphth offers a wide range of travel awards and clinical/research fellowships in partnership with other organisations.

VIEW>

Duke Elder Prize Winner

Joseph Aslan, doctor in training, was presented with the Duke Elder Prize Winner certificate at the Admissions Ceremony in September.
8. Educational Resources and Seminar Programme

Skills Courses
Nine Microsurgical Skills Courses were run in 2017, with over 180 delegates attending overall.

Eight curriculum based courses were run with over 100 delegates in attendance in total over 2017.

College role courses for trainers, tutors and supervisors were well attended by 182 consultants.

Seminar Programme
We continue to provide a comprehensive and well attended programme of educational seminars.

Ultrasound Course
VIEW >

Can I drive Doc
VIEW >

Skills in imaging, diagnosis and management of retinal diseases
VIEW >

Overall, 16 Seminars were organised with a total of 644 delegates and 131 speakers.

RCOphth Educational Programmes
An extensive review of current education needs was undertaken and has resulted in a new Educational Programme and also a number of appointments that aim to better educate and support ophthalmologists at all stages of their career and across all their roles.
9. Congress 2017

- 1,787 Unique visitors to the Congress app
- 1,486 Delegates across all four days of Congress
- 303 Individual talks and lectures
- 40 Number of exhibitors
- 1,400 Tweets using #RCOphth2017, increase of 60% on last year
- 211 posters showcased

An excellent 211 posters showcased
Use of ‘off-label’ drug bevacizumab (Avastin)

RCOphth collaborated with the BMJ in an article supporting the call for a much needed review of the ‘off-label’ status of bevacizumab (Avastin), particularly in relation to the news from the EU Court of Justice and the new opinion by the Advocate General.

RCOphth consults on a number of important topics

RCOphth responded to the following consultations based on relevance to the work of RCOphth:

- Recognising and regulating new non-medical healthcare professions
  
  VIEW >

- As a main stakeholder of the APPG Eye Health Group reviewing capacity and demand in eye care and contains RCOphth key messages
  
  VIEW >

- Relates to workforce and assessing the future training and roles of optometrists and dispensing opticians
  
  VIEW >
College News
- College News remains popular with two-thirds of responding members reading it very often or always
- Eyemail is sent every other Thursday to around 3,500 members with an average open rate of 47% and a click rate of 13%, slightly down on 2016 statistics

Twitter
- During 2017 the College’s audience on Twitter grew by 625 followers, from 2,689 to 3,314. This is an increase on a figure of 609 new followers during 2016
- RCOphth tweets were viewed on screen 460,000 times during 2017
- For the first time the College live-streamed a talk via Twitter, delivered by Mike Burdon at the College’s SAS Day

Facebook
- Over 2017 the College’s following on Facebook grew by 328 from 3,164 to 3,492 - a growth of 10.37% across the year. However, this is down on a growth rate of 16% during 2016
- During 2017 the College received 2,100 engagements (a comment, share or like) on posted content

LinkedIn
- The number of people following the College on LinkedIn more than doubled during 2017 to 431. With a growth of 106% during 2017, this makes LinkedIn the College’s fastest growing social media platform
Membership Survey

830 complete responses were received, a 24% response rate of the total membership.

Some key findings indicated that overall, a large majority of respondents agreed that the College is relevant to the changing face of the ophthalmic profession, valued as the UK’s examining and training body and provider of professional standards, education and skills. More work was needed in influencing policy and commissioning bodies and the website could be improved.

To read the full report, visit the members’ area on the RCOphth website.

The RCOphth hosted the London Assembly launch of their Health Committee report ‘Eye Health – preventing sight loss in London’ on 5 December 2017.

Along with a number of other eye sector organisations, patients and patient groups, we contributed to the final report findings.

VIEW >
Lifestyle Rewards

RCOphth partnered with Lifestyle Rewards Limited to offer a wide range of luxury products, services and experiences exclusively for members.

Equality, Diversity & Inclusion

The committee reviewed the following:

- A revised equality and diversity policy
- Recognition that Council and committees are representative of the membership
- Awareness of unconscious bias training for examiners offered to staff
- Broadening of process for selecting Honorary Fellows
Income 2017

<table>
<thead>
<tr>
<th></th>
<th>2017 £'000s</th>
<th>2016 £'000s</th>
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<tbody>
<tr>
<td>Subscriptions</td>
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<td>1,303</td>
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<tr>
<td>Examinations</td>
<td>693</td>
<td>670</td>
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<tr>
<td>Education and Training</td>
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<td>280</td>
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<tr>
<td>(inc Skills Courses)</td>
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<td></td>
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<tr>
<td>Professional Support</td>
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<td>983</td>
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<tr>
<td>(inc Congress and Seminars)</td>
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<td></td>
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<tr>
<td>Funding for National Cataract Audit</td>
<td>314</td>
<td>331</td>
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<tr>
<td>Eye journal - joint venture</td>
<td>643</td>
<td>637</td>
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<tr>
<td>Scholarships and Awards</td>
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<td>44</td>
</tr>
<tr>
<td>BOSU</td>
<td>49</td>
<td>43</td>
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<tr>
<td>Other trading activities</td>
<td>132</td>
<td>77</td>
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<tr>
<td>Investments</td>
<td>116</td>
<td>114</td>
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<tr>
<td><strong>Total income</strong></td>
<td><strong>4,584</strong></td>
<td><strong>4,482</strong></td>
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12. Finance

Statement of financial activities for the year ended 31 December 2017.
Income 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>£'000s</th>
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<tr>
<td>Examinations</td>
<td>1200</td>
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<tr>
<td>Education and Training (inc. Skills Courses)</td>
<td>1000</td>
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<tr>
<td>Funding for National Cataract Audit</td>
<td>800</td>
</tr>
<tr>
<td>Eye journal - joint venture</td>
<td>600</td>
</tr>
<tr>
<td>Scholarships and Awards</td>
<td>400</td>
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<tr>
<td>BOSU</td>
<td>200</td>
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<tr>
<td>Other trading activities</td>
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<td>Investments</td>
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(continued)
## Expenditure 2017

<table>
<thead>
<tr>
<th>Category</th>
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<th>2016 £'000s</th>
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</thead>
<tbody>
<tr>
<td>Examinations</td>
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<td>1,040</td>
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<tr>
<td>Education and Training (inc Skills Courses)</td>
<td>999</td>
<td>965</td>
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<tr>
<td>Professional Support (inc Congress and Seminars)</td>
<td>1,155</td>
<td>1,136</td>
</tr>
<tr>
<td>National Cataract Audit</td>
<td>335</td>
<td>394</td>
</tr>
<tr>
<td>Eye journal - joint venture</td>
<td>630</td>
<td>665</td>
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<tr>
<td>Scholarships and Awards</td>
<td>93</td>
<td>36</td>
</tr>
<tr>
<td>BOSU</td>
<td>152</td>
<td>156</td>
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<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>4,502</strong></td>
<td><strong>4,392</strong></td>
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<tr>
<td><strong>Gains on investment</strong></td>
<td><strong>156</strong></td>
<td><strong>172</strong></td>
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<tr>
<td><strong>Net movement in funds</strong></td>
<td><strong>238</strong></td>
<td><strong>262</strong></td>
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<tr>
<td><strong>Funds brought forward 1 January 2017</strong></td>
<td>12,581</td>
<td>12,319</td>
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<td><strong>Funds carried forward 31 December 2017</strong></td>
<td>12,819</td>
<td>12,581</td>
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</table>

### Pie Chart

- Examinations: 25%
- Education and Training (inc Skills Courses): 22%
- Professional Support (inc Congress and Seminars): 14%
- National Cataract Audit: 7%
- Eye journal - joint venture: 7%
- Scholarships and Awards: 2%
- BOSU: 3%
“The Royal College of Ophthalmologists is profoundly grateful for the year round support we receive from our members, ably supported by staff, to enable development and delivery of our activities. We work with partners, our lay advisors, consultants and SAS doctors to develop important guidelines. We run scientific and educational events with excellent speakers both from the UK and abroad; we rely on our trainers, assessors and examiners to help our trainees develop their skills and expertise. Our trainees are involved in all our work, adding their unique insights. And we need our Trustees and Council members that keep us on the right financial and strategic track.

To all of you - we would like to say, THANK YOU.”