



The Royal College of Ophthalmologists

Annual Report
and Accounts 2006



The Charter and Seal



Contents

The President	4
The Chief Executive	5
The Professional Standards Committee	6
The Scientific Committee	8
The Education Committee	11
The Training Committee	14
The Examinations Committee	16
The International Subcommittee	18
The European Subcommittee	19
The Ophthalmic Trainees Group	20
The Lay Advisory Group	21
The Museum and Library	22
The Honorary Secretary	23
The Administration Team	25
The Council	27
The Honorary Treasurer	28
The Auditors' Report	29
Summarised Financial Statements	30

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

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This report has been produced from paper made from sustainable forests.

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The President

Miss Brenda Billington

In the past year the College has sought to promote excellence in all aspects of the practice of ophthalmology for the benefit of patients. We face rapid change in all areas: be it regulation of professionals, extended roles of allied professionals, reconfiguration of services or proliferation of providers. Excellent care for patients must be our aim and ophthalmologists need to be trained and kept up to date to deliver this.

The College has prepared a new training curriculum and assessment tools to conform to the new regulator's specification. The College sets standards and has developed datasets to monitor and to provide quality assurance for patient care. The College welcomes scientific advances and informs commissioners as to the infrastructure and human resources necessary to deliver new therapies to patients. The College publishes research to educate the profession: our journal, 'Eye', is flourishing.

This annual report gives an insight into how the College is working in all these areas. The public, the regulators and our members look to us for high standards and confident guidance as to how to proceed. Reports from the College committees give the details. All the Medical Royal Colleges have the same tasks but, as one of the smaller ones, we are proud to be in the vanguard: of being the first college to receive approval for the new Curriculum and of being one of only two colleges to pilot run-through training schemes. Diligent and sustained hard work from the Vice-Presidents, ably assisted by their Committee members and others who have devoted much of their own time to "get it right", has been necessary to achieve this within the timetable set for us. The College's network of Regional Advisers and College Tutors also plays a crucial role, not only in promoting standards of care for patients in their region and ensuring the practical application of the training schemes, but also by feeding back to the College the strengths and weaknesses of current ophthalmic practice and by making suggestions for improvements. We also value the feedback and suggestions we receive from many individual members.

For some time I have been aware that one group of our members has been underrepresented in College life. The inaugural meeting of the Staff and Associate Specialist Ophthalmologists' Group was held in the autumn. It was a very happy occasion with representatives attending from most regions. There is evident enthusiasm for greater involvement in the College. Regular meetings will be held to address issues of particular relevance to this group of specialists and one of their number will be elected to sit on the College Council as a co-opted member.

In the wider world the College has been in communication with new ophthalmic societies in Africa and is set to nurture links and to discuss matters of mutual interest. We have had meetings with leaders of professional bodies from several countries to share ideas. The College has been vociferous in challenging the Home Office changes to immigration rules, which have been detrimental to international medical graduates seeking training opportunities here. We are also working with other colleges to develop training schemes for doctors in countries such as Iraq where medical education has been continuing under difficult circumstances.

In the coming year your College will be working with the Deaneries to roll out our new run-through grade. We will be introducing a new examination structure and conducting examinations overseas. We will be working on better systems to support Regional Advisers and College Tutors. We are considering a system to accredit ophthalmic services so that patients may be confident that the care they receive is of an appropriate standard.

I would like to thank my fellow Officers and all those fellow Members who do so much for the College, often in their own time, as this is having a positive impact on the standards of ophthalmic care for the patients of our country. I am also indebted to our College Chief Executive, Kathy Evans, and all the staff who work so hard to support our endeavours.

The College has a small complement of staff, equal to 20 people working full time, but we do get through a lot of work. The focus of an annual report is usually on the changes experienced during the year in question. A number of changes have been required by the Postgraduate Medical Education and Training Board (PMETB) and the Modernising Medical Careers initiative (MMC) and there are full accounts elsewhere of the work undertaken by staff supporting College Officers to deliver a new curriculum and a new examination structure. However, a lot of time is still devoted to maintaining and developing the existing work of the College: the Annual Congress, the courses run in the Skills Centre, the seminar programme, the Continuing Professional Development programme (CPD) and the awards and scholarship schedule. In celebrating the innovations made during the year, it should not be forgotten that the College continues to develop policy through committees, produces the monthly scientific journal 'Eye' and a quarterly newsletter, runs the British Ophthalmic Surveillance Unit and conducts cycles of formal examinations.

Despite the demands of existing commitments and external agencies, 2006 was a year when The Royal College of Ophthalmologists looked outwards. We subscribed to Dods Parliamentary System so that we would know what was being said by the nation's elected representatives. We have been active participants in the All Party Parliamentary Group on Eye Health and Visual Impairment that advises Members of Parliament, culminating in a presentation on Independent Sector Treatment Centres given by Professor David Wong in

November. We have an electronic cutting service to track how ophthalmology is reported in the media and it was the first full year that we have had the services of Hayhurst Media, a public relations company. We have been cited in national newspapers 50 times (2005:18). The College has slender resources but it tries to drive home the message that quality of care for patients



Carved wood coat of arms presented to the College in 1997 by Professor Andrew Elkington and family.

is paramount and that the delivery of ophthalmology should be medically led. The College has also engaged with various optical bodies and forged stronger relations with the Royal National Institute for the Blind (RNIB) with reciprocal representation on committees.

We have tried to behave in an environmentally responsible fashion. The amount of paper consumed has been reduced by placing the College website at the centre of our communication strategy. For instance, all consultants were invited to review the draft retinopathy of prematurity guidelines that were posted to the publications section of the website, in earlier times every consultant would have been sent the document whether or not it was relevant to their work. Documents are emailed wherever possible; we have an ongoing, parallel project to collect every member's email address and all members are invited to contact database@rcophth.ac.uk with their address. The number of committees where papers are posted out has been significantly reduced and we are investigating ways of utilising technology to reduce posted papers still further. In a similar vein, we have held a number of phone conferences rather than convene meetings here at Cornwall Terrace, which saves members' time and travel expenses as well as improving our carbon footprint. We would like to extend this type of meeting but as it is most effective for small groups working on well defined projects it cannot replace all conventional meetings. We have also set up a regular collection of recyclable materials, serve Fairtrade tea and coffee at College events, and have installed a shower to encourage the cyclists and joggers amongst us - all very modest changes but part of an attempt to adopt sustainable policies.

During the year I reviewed the 'disaster recovery' procedures. Everything important about the College comes down to information and people. We work hard to improve the quality of information available and in terms of people, officers, members and staff, we are very fortunate. We have excellent individuals in post but when a vacancy arises, whether for a Council member, Regional Adviser, representative on an external committee or a salaried post, applicants of high calibre step forward.



The Chief Executive
Mrs Kathy Evans



The Professional Standards Committee

Mr Richard Smith

The Professional Standards Committee has a very wide brief to advise on the practice of ophthalmology. It deals with many enquiries from individual members, from trusts and from other organisations involved in healthcare which, in the past year have ranged from the re-use of tonometer prisms to the reporting of clinical incidents involving Independent Sector Treatment Centres.

As well as having Subcommittees, the Professional Standards Committee has a number of members who bring expertise to the Committee via liaison with other organisations: Simon Kelly has close links with the National Patient Safety Agency and has extracted valuable ophthalmic data from the National Reporting and Learning System; Nick Hawksworth advises on decontamination issues; Bernie Chang provides a link with the organisations which coordinate ocular pathology and oncology services; Andrew Elliott continues his work as ophthalmology adviser to the Driver and Vehicle Licensing Agency (DVLA), and Francisco Figueiredo advises on ocular tissue transplantation issues.

In August, the Chief Medical Officer's report on regulation of the medical profession was published. If its wide-ranging recommendations are adopted, the College will be expected to play a major role in determining the criteria by which we wish the specialist aspects of our work as ophthalmologists to be judged. This will be no easy task and we will consult widely in order to develop criteria for re-certification which are valid, reliable and fair.

Also in August, a government proposal to extend independent prescribing responsibilities to optometrists (subject to successful completion of additional training) was put out to public consultation. The Committee produced a response on behalf of the College highlighting the risks and pitfalls which will face optometrists who may be thinking of taking on this substantial responsibility.

Sometimes the Committee has to act as a 'watchdog' when professional standards in ophthalmology are under threat. We have protested against the withdrawal of the Department of Health sponsorship of the Drug and Therapeutics Bulletin. We continue to draw attention to the baleful effects of the

Independent Sector Treatment Centres (ISTCs) programme on training, workforce planning, service development and morale. The College submitted written evidence to the House of Commons Health Select Committee Inquiry into ISTCs and Simon Kelly gave evidence very effectively on this subject in March. The Healthcare Commission is currently conducting an investigation into clinical standards in ISTCs.

Clinical Effectiveness and Audit Subcommittee

The National Institute for Health and Clinical Excellence (NICE) has evolved its guideline and health technology assessments in order to simplify and shorten the processes involved. This will allow guidance statements to be produced in a more timely manner, in keeping with fast moving developments in healthcare. A full guideline on the Diagnosis and Management of Glaucoma has been formally commissioned and will be produced at the NICE National Collaborating Centre for Acute Care (NCC AC) located at the Royal College of Surgeons in London, with the chairman of the Guideline Development Group being a College Member. Important healthcare technology assessments for patients with exudative age-related macular degeneration (AMD) are also underway at NICE and the outcome of guidance for the NHS on these new treatments (biologics) is keenly awaited.

The Do Once And Share (DOAS) projects on cataract, glaucoma and diabetic retinopathy have now all submitted final reports. This work falls under the umbrella of Connecting for Health (previously the National Programme for IT). An important aspect of each of these projects has been the development of datasets and the College has set up a joint 'Clinical Effectiveness and Audit / IT Working Group' to facilitate and promote adoption of these datasets by the NHS Information Standards Board, with a view to their ultimate incorporation into the National Care Record system. As part of this work a multi-centre collaborative pilot project has been undertaken in which over 55,000 cataract care records have been extracted from Electronic Patient Record (EPR) systems. Analysis of this large and detailed dataset is currently ongoing and will provide benchmark updates for cataract surgery nationally and internationally.

Information Technology (IT) Subcommittee

Key activities of the Subcommittee this year have included finalising the next version of Healthcare Resource Groups (HRGs) for use in Payment by Results from next April. The Subcommittee has also been working with the Department of Health to set up pilot schemes for 'normative pricing', a method of setting tariffs in the future, which will more accurately reflect the range of sub-specialty work in ophthalmology. It has also played a supporting role in the continuing development of national datasets, which will form the backbone of any electronic patient record that is introduced by Connecting for Health.

Paediatric Subcommittee

The Paediatric Subcommittee met four times in 2006. The main achievements of the Subcommittee this year have been to negotiate an agreement with the British Society for Paediatric and Adolescent Rheumatology about new recommendations for uveitis screening for children with arthritis, and to agree a potential system for improving the collection of diagnostic information for children registered as sight impaired. The College recommendations for amblyopia treatment have been updated with recommendations for strabismus to follow. The Subcommittee has also highlighted concerns about the activities of behavioural optometrists to the General Optical Council (GOC) and two members of the Subcommittee recently met with the Chief Medical Officer to discuss a request that tinted lenses to treat Meares Irlen Syndrome be made available through the General Ophthalmic Services (GOS) budget. It has continued to support the British and Irish Orthoptic Society in ongoing battles about resources for orthoptic training and childhood vision screening. The Subcommittee has represented the College on the National Screening Committee review of neonatal and 6 week screening examinations and in 2007 will be acting as a stakeholder for the NICE guideline on the investigation of children who are suspected of being abused.

Primary Care Subcommittee

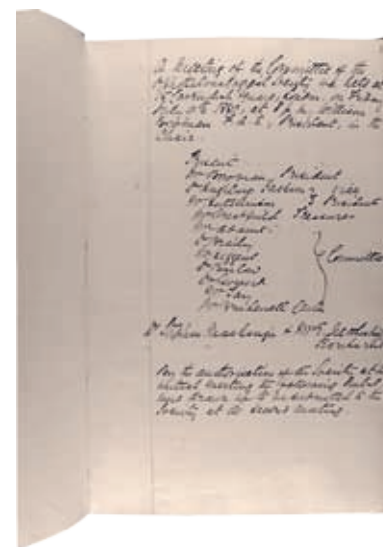
The Subcommittee continues to advocate a medically led, multi-professionally delivered model of ophthalmic primary care. One of its main tasks in the coming year will be to define an evidence base for ophthalmic primary care from the many initiatives currently in progress across the country.

Workforce Subcommittee

The Workforce Subcommittee has met three times during 2006. Implementation of the Modernising Medical Careers (MMC) project raises the possibility that a number of Senior House Officers will not be able to enter Ophthalmic Specialist Training (OST). MMC has requested an increase in the numbers entering OST, but the College has resisted this in order to avoid exacerbating the short-term surplus of trained ophthalmologists. It is likely that there will be a small addition in numbers.

The other major concern is the falling numbers of consultant posts available to those completing higher specialist training (HST). Although there had been a downward trend from 2004, this year has seen a large drop in the numbers of posts available, to the point that only half of all doctors completing HST are currently finding a consultant post within a reasonable time. Any decisions to change the numbers entering specialist training now will have their effect in seven years' time. The report: 'The Medical Workforce of the Future' has yet to appear and there may be other changes in government policy between now and then. The College has taken the view that we should hold steady with our current numbers for the time being, on the basis that the underlying need for ophthalmologists is unlikely to diminish.

First page from the minute book of the newly formed Ophthalmological Society of the United Kingdom 1880. Original committee members included Mr Bowman (Chairman), Dr Hughlings Jackson and Mr Nettleship.



Committee Members

All College Officers
Subcommittee Chairmen
Miss Clare Bailey
Ms Maurina Baron
(Lay Representative)
Mr Andrew Elliott
Mr Anthony Evans
Mr Francisco Figueiredo
Mr Nicholas Hawksworth
Mr Simon Kelly
Mr Graham Kyle
Mr Kerry Jordan
Dr Caroline MacEwen
Dr Mia Morris
Mr Amit Patel (OTG Representative)
Mr Michael Quinn
Mr George Turner
Mr John Twomey

Subcommittee Chairmen

Clinical Effectiveness and Audit

Mr John Sparrow

Information Technology

Mr William Aylward

Paediatric

Mr Michael Clarke

Primary Care

Mr Richard Wormald

Workforce

Mr Peter Black



The Scientific Committee

Professor David Wong

The main responsibilities of the Scientific Committee are: to plan and organise the Annual Congress that occurs in May each year, to prepare and run the College Seminars that take place throughout the year, to produce the journal, 'Eye', to generate College guidelines and to oversee work of the British Ophthalmological Surveillance Unit.

A Memorable Congress

During Congress the presidential chain of office was handed from Nick Astbury to Brenda Billington with an inspirational speech by Miss Billington challenging us to promote excellence in ophthalmology. Professor Alistair Fielder delivered the prestigious Bowman Lecture. Not only did we learn more about amblyopia, Alistair surprised us at the end by revealing his eminent ancestry and his personal connections with Sir William Bowman himself! The Edridge Green Lecturer, Professor Dean Bok, has a unique talent of making complex science accessible to even the non-expert and we could clearly see the huge impact of his research and the progress towards gene therapy for complicated diseases such as macular degeneration. His enthusiasm was infectious and his achievement is awesome. This year the International Council of Ophthalmology's Duke Elder Oration was given by Professor Bradley Straasma who effectively summarised current first-class treatment of malignant melanoma. We had the SOE lecture for the first time. It was introduced by the President of the European Society of Ophthalmology (SOE), Zdenek Gregor and delivered by Melissa Liew, whose research work on macular pigment was neat and impressive.

Behind the scenes, Heidi Booth-Adams (née Packer) ensured everything ran smoothly and oversaw the introduction of the new web based electronic registration.

Seminar Programme

The College Seminar Programme has been very well supported, with Winfried Amoaku as Honorary Programme and Seminar Secretary. The meetings are well attended and the Elizabeth Thomas Seminar was a particular success.

Guidelines

In the last 12 months, we published 'Guidelines on Intravitreal Injections Procedure' and 'Ocular Side-effects of Topiramate - FAQs'. We have withdrawn the guidelines for macular degeneration as the best options of treatment are rapidly evolving and have put in place a set of interim guidelines. Guidelines serve two functions; they gather consensus amongst ophthalmologists and they summarise the evidence base that guides our practice. There is a rigorous methodology that involves consultation with all 'stakeholders' in order to define the remit of the guidelines. Increasingly, the weighing of the evidence base is undertaken by large organisations, such as the Department of Health and National Institute of Health and Clinical Excellence, which have a lot of resources, especially manpower, at their disposal. 'Methodologists' are employed to trawl and review the literature systematically. We are a relatively small college and we cannot easily afford a full-time methodologist. For paediatrics we joined forces with the Royal College of Paediatrics and Child Health to produce the guideline for retinopathy of prematurity (ROP). This set of guidelines did involve a methodologist and the work is nearing completion. All UK consultants are invited to comment on draft College guidelines. Clearly, each of us has to 'live with' the guidelines and increasingly our practice is being measured against them. The ROP draft guidelines drew many comments and you need to know that each and every comment is fully discussed and considered. The task of producing guidelines is enormous and the wording has to be meticulous as the contents may be subjected to legal challenge. We are indebted to all the people who have contributed to this work in the past.

The British Ophthalmological Surveillance Unit (BOSU)

BOSU, established in 1997, provides a methodological framework for the epidemiological investigation of the incidence and clinical features of rare eye conditions, of public health or scientific importance, which will lead to improvement in prevention or treatment of these diseases and service planning. This is achieved by operating a surveillance system in the UK by sending all consultant and associated specialist ophthalmologists a monthly report card.



This allows research groups in ophthalmology and related fields to identify cases of rare diseases on a nationwide basis and carry out meaningful epidemiological analysis on sufficiently representative samples. The unit has once again been able to operate thanks to the kind support of the Guide Dogs for the Blind Association and the British Eye Research Foundation.

Current Studies

During 2006 a total of seven different conditions appeared on the card and we received 225 positive reports of cases of interest.

STUDY	PRINCIPAL INVESTIGATOR	LOCATION	CASE REPORTS IN 2006
Fungal keratitis	Mr Stephen Tuft	London	2
Incidence of traumatic optic neuropathy	Miss Vickie Lee	London	81
Late vitreoretinal complications in patients with a history of retinopathy of prematurity	Miss Rahila Zakir	London	37
Blindness due to idiopathic intracranial hypertension	Miss Jayne Best	Belfast	20
Incidence of severe chemical corneal injuries	Mr Paul Cauchi	Aberdeen	28
Incidence of childhood heredity retinal disorders	Professor Anthony Moore	London	48
Surveillance of congenital eye anomalies	Miss Clare Gilbert	London	17

The surveillance unit also hosted a symposium at Congress to report upon and discuss the achievements of the unit. In addition to the 6-monthly newsletter, feedback from surveillance studies have resulted in 5 conference presentations and 3 publications in peer review journals.

Applications

The unit has considered 11 applications to host studies on the card. Four studies are now ready to be introduced onto the BOSU surveillance card, whilst all other applications are currently progressing through the standard application process.

Bursaries to ophthalmologists in training

STUDY	RECIPIENT	AMOUNT AWARDED
Incidence of acute retinal necrosis	Miss Clara McAvoy	£5,000
Lebers hereditary optic neuropathy	Mr Patrick Yu Wai Man	£5,000



Photograph of William Bowman inscribed and signed by him "To Dr A. von Graefe from his sincere friend, May 14, 1858". This and one of F Donders were the only photographs on von Graefe's desk.



Committee Members

All College Officers
Mr Winfried Amoaku
Professor Usha Chakravarthy
Mr Derek Forbes
(Lay Representative)
Ms Wendy Franks
Mr Richard Harrad
Mr Martin Harris
Ms Shauna Quinn
Professor John Marshall
Professor Ian Rennie
Mr Jonathan Ross
(OTG Representative)
Miss Giuliana Silvestri
Mr John Sparrow
Professor Miles Stanford
Ms Gillian Vafidis

Participation Rates

The BOSU currently has 1089 ophthalmologists on the database. This is made up of 160 associate specialists, 929 consultants and senior academics. The mean monthly card return rate for the past 12 months has been 79%.



These data demonstrate that participation is, with the possible exception of the North Thames region, reasonably uniform across all regions and consistent throughout the year. Whilst the proportion of cards returned each month is between 75%-80% there is a higher proportion of ophthalmologists who participate regularly. As the graph below illustrates 85% of ophthalmologists return 6 or more cards out of 12 each year.



Eye

The journal enjoys its highest ever impact factor, the latest published figure (2005) is 1.867 (2004: 1.496). It also has its highest ever immediacy index at 0.375 (2004: 0.222) which is the average number of times an article is cited in the year it is published. This suggests that 'Eye' is now publishing more 'hot' topics that are picked up quickly.

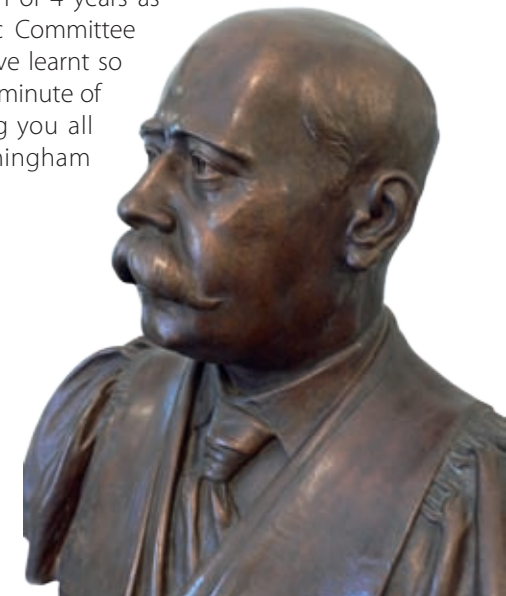
We are, however, the victim of success, receiving more manuscripts than before. The average time from receipt of papers in production to publication online is 5 months but the average time to print is a shade over 12 months. This backlog is too long and we have set in place procedures to reduce it to 3 months by January 2008.

We are indebted to the indefatigable editor, Professor Ian Rennie, the assistant editors, Andrew Lotery and Arun Singh, the editorial board, the 'Eye' secretary, Elaine Hudson, and our partners at Nature Publishing Ltd for their support and hard work.

Goodbyes

This year we will say goodbye and bon voyage to Nicky Briggs, our Events and Scientific Coordinator, who has decided to travel around the world. Time has flown by and my term of 4 years as Chairman of the Scientific Committee is coming to an end. I have learnt so much and I enjoyed every minute of it. I look forward to seeing you all at the Congress in Birmingham 2007.

Bust of Robert W Doyle FRCS, (1857-1916) on permanent loan from the Oxford Ophthalmological Congress which he founded in 1909.



We entered 2006 with an air of slightly anxious expectation about the major changes currently occurring in medical education. The year has seen many of our uncertainties resolved but often only to be replaced by new ones! One major uncertainty was however laid to rest in March, when we became the first college to have its new Curriculum approved by the Postgraduate Medical Education and Training Board (PMETB).

Whilst the current changes are not of our making, we retain our sense of excitement about the opportunities they offer. The Training and Education Committees have worked together in an endeavour to steer the changes in such a way as to improve the overall quality of training and assessment, and we hope this will benefit trainees and their future patients.

If we are anxious about these changes then, understandably, so are the trainees and trainers. Interpretation and dissemination of accurate information has proved essential to help allay these anxieties and, in cooperation with the Training Committee, we have produced a series of written guidance documents and run 'road shows' about Modernising Medical Careers (MMC) and the new Curriculum.

The College is particularly indebted to those brave trainees and trainers in the West Midlands and Mersey Deaneries who have taken part in the pilot project for the new Curriculum. Their enthusiasm is humbling and I believe that the benefits that will accrue from this project will be much greater than they realise.

The rest of the work of the Committee continues unabated, as is shown in the Subcommittee reports which follow. We are very grateful to the chairmen of these Subcommittees for their dedication over the years. Particular thanks are due to the retiring chairmen: Puvana Chandra (International Medical Graduates Training), John Jacob (Continuing Professional Development), John Brazier (Microsurgical Skills) and David Wong (Awards and Scholarships).

Phil Murray continues to look after undergraduate and foundation training. He represents our College on the

Foundation Curriculum Committee at the Academy of Medical Royal Colleges; the generic curriculum is being rewritten and he will then turn his attention to modifications to the ophthalmology foundation curriculum.

Ros Harrison represents the interests of the education of allied professions and has seen her work on this continue to develop well over the past year.

Looking after trainers is an essential part of College work, and Dave Smerdon has made an excellent start to his role as chairman of the Training the Trainers and the College Tutors' Subcommittees. MMC changes mean that this is a particularly critical and time-consuming role at present.

Our methods of learning are also changing as exemplified by the rise of 'e-learning' in various forms. Our Committee already had an 'Informatics' subsection, and a College Lecturers project, but we felt it would help to have a specific team looking at the whole arena of e-learning. Jim Innes has set up a new Subcommittee and we look forward to hearing how best to integrate these new media into our learning processes.

During 2006, a Private Members' Bill on regulation of laser refractive surgery did not make it to a second reading in Parliament, but served as a stimulus for the Education and Examinations Committees to continue work on a curriculum and associated assessment. Jeremy Prydal has ably chaired the Subcommittee in this somewhat contentious area.

So we are in the midst of great changes in medical education. Committee members are doing their best to ensure that standards are maintained throughout these changes so that our future patients will be treated by the best-trained staff possible. Carol Watkins, our Lay Member, deserves particular thanks for getting very involved in MMC and the new Curriculum and giving us a very valuable, patient-orientated, perspective on the changes. Department staff always deserve our grateful thanks, but they warrant special mention as they had to cope without Alex Tytko whilst she was on maternity leave, Beth Barnes did a marvellous job in her absence.



The Education Committee

Mr David Cottrell



Curriculum Subcommittee

The big news of 2006 was the approval by PMETB of our radically new Curriculum for Ophthalmic Specialist Training, which whilst being based on the principles of our previous curricula is structured and presented in a very different way. That was, however, only a milestone in our Curriculum journey as, at the time of writing, there remains much work to be done to tidy up the document and to refine and test the on-line portfolio. The enthusiasm of the pilot trainees and trainers, and the staff at Premier IT, has been invaluable, and they have all provided lots of excellent ideas.

After our elation at having the Curriculum approved, later in the year we discovered that the assessment processes linked to the Curriculum still needed separate approval. We shall return to PMETB during spring 2007 with an application for this approval, which includes work-based assessments and examinations. Continued close cooperation with the Examinations Committee will therefore remain critical.

The Curriculum team remains a delight to work with, and whilst we have been very busy we have had some great fun!



Tray, made of old Belgian silver, given to Sir Stewart Duke-Elder in 1962 by members of the International Council of Ophthalmology in recognition of his service of 12 years as President.

College Tutors' Subcommittee

This Subcommittee exists to oversee the College Tutor programme and to provide support to the tutors. A major component of this task is to run the College Tutors' induction days, which have been well attended. The new tutors have been enthusiastic but apprehensive about their widening role with MMC, the changes in the exam structure, the new Curriculum and their commitment to their own further education as part of the person specification of the College Tutor. They are a dedicated team who will try their best to promote education at all levels in their base units. The more established tutors also need updates and support of course; this is partly the responsibility of Regional Advisers and Programme Directors, but the Subcommittee strives to ensure that information is disseminated effectively.

Training the Trainers Subcommittee

There are three separate training days which are designed to lead from one to the other, with 'homework' being given out on days 1 and 2 but it has become apparent that each day is self-standing. The delegate feedback was good and the level of participation and enthusiasm of delegates was heartening. The College is very grateful to the excellent course leaders, it is hoped that they will continue but it would be sensible to increase the pool of trainers in the future.

International Medical Graduates (IMGs) Training Subcommittee

This has been a very eventful year, with the introduction of the new immigration and work permit rules in March adding to the uncertainties involved in MMC and their implications for IMGs seeking training in UK. Representations made to the ministers concerned (with the support of our President, the Chairman of the International Committee and many others) resulted in the Dual Sponsorship Scheme being accepted within the Medical Training Initiative of the Home Office, thus enabling our College to continue offering overseas doctors an opportunity to gain valuable targeted training in specific



HSA Skills Centre

areas for a limited period. The scheme helped 16 overseas doctors to train in the UK prior to returning to their countries of origin with useful new skills.

There has been a substantial increase in enquiries from IMGs and we have offered appropriate advice directly and through the updated web page. We have also worked closely with the General Medical Council to formulate new registration regulations.

A seminar on overseas ophthalmology at the College Congress helped to increase awareness of our work amongst the members of our College, indicating the contributions we can all make towards reducing the burden of world blindness and how the Vision 2020 initiative can be helped to achieve its goals.

Microsurgical Skills Subcommittee

Some of the phaco machines in the Skills Centre have been replaced; all the machines have been upgraded to offer the most modern phaco modalities and we have continued to make incremental improvements to other equipment. An arrangement with one manufacturer means that the Skills Centre is now hosting training sessions run by our industry colleagues as well as the usual courses run by the College.

The Higher Surgical Training (HST) course programme has continued without major change. Courses have generally been well subscribed and we thank all the consultants who give their time so generously for both HST and Microsurgical Skills courses.

We were pleased to welcome Katie Miller as Skills Centre Coordinator during 2006 who took over from Kate Ricketts in a seamless transition.

E-learning Subcommittee

E-learning is becoming an important part of Government strategy for delivery of training and professional development across the NHS.

Its aim is to research the available technology, consider the existing examples of e-learning and to advise the Education Committee on the possibilities for use of electronic learning methods by the College, bearing in mind the possible financial consequences. The Subcommittee first met in December; members had previously been able to evaluate the Royal College of Radiologists' on-line learning site in addition to several commercial e-learning sites. Of particular interest is the on-line learning available from the American Academy with whom negotiations on possible collaboration have taken place.

Awards and Scholarships Subcommittee

The table below shows the awards made during 2006. No suitable applications were received for the British Eye Research Foundation Award.

AWARD	RECIPIENT	AMOUNT
British Eye Research Foundation	No award made	N/A
Dorey Bequest Travel Award	Mr N Puvanachandra Miss S Low	£400 £400
Ethicon Foundation Fund	Mr C Gibbon Mr N Sinclair Mr M Smith Mr N Puvanachandra Miss N Amerasinghe	£600 £800 £600 £800 £600
Keeler Scholarship	Dr S Sharma	£20,000
Patrick Trevor Roper Undergraduate Award	Mr R Barry Ms J Cherry	£550 £550
Pfizer Ophthalmic Fellowship	Miss S Pathai	£35,000
Sir William Lister Travel Award	Dr O Morris Mr N Sinclair Mr M Smith	£400 £400 £400



Committee members

All College Officers
Subcommittee Chairmen
Dr Bina Parmar (OTG Representative)
Miss Rosalind Harrison (AHPO Representative)
Mr Graham Kirkby
Mr Bruce James
Mrs Carol Watkins (Lay Representative)

Subcommittee Chairmen

Awards and Scholarships

Professor David Wong

College Tutors

Mr David Smerdon

Continuing Professional Development

Mr John Jacob

Curriculum

Mr David Cottrell

E-learning

Mr James Innes

International Medical Graduates

(IMG) Training

Mr K Puvana Chandra

Laser Refractive Surgery

Mr Jeremy Prydal

Microsurgical Skills

Mr John Brazier

Training the Trainers

Mr David Smerdon

Undergraduate/Foundation Education

Professor Philip Murray



The Training Committee

Mr Peter McDonnell

2006 has been a very challenging year for the Training Committee because of the work relating to the introduction of the Modernising Medical Careers initiative and the Postgraduate Medical Education and Training Board. The Training Committee continues to work hard on behalf of College members, ensuring ophthalmology training will continue to be developed to the highest possible standards for the benefit of both patients and trainees.

Developed by the NHS organisation 'Modernising Medical Careers' (MMC), the new type of seamless 'run-through' specialty training is due to start in August 2007, and the College has been working hard over the past year to develop its plans for Ophthalmic Specialist Training (OST). The Training Committee has produced a number of helpful documents for trainees and trainers and other stakeholders such as deaneries. The Training Committee has also overseen, together with the Education Committee, the establishment of a pilot scheme for the first year of OST in two deaneries in England (West Midlands and Mersey). The initial feedback from this pilot has been very positive.

The other major change in the field of medical training is the establishment of a new statutory body, the Postgraduate Medical Education and Training Board (PMETB), which 'went live' on the 30th September 2005. PMETB has wide ranging powers, including responsibility for the quality assurance of standards of postgraduate medical training, responsibility for establishing who may be entered onto the specialist register, and responsibility for the award of the Certificate of Completion of Training. PMETB is now fully operational and the Education and Training Department is heavily engaged in a number of areas with PMETB. One area relates to the transfer of responsibility to PMETB of approval for all training programmes and posts. The transition period has seen the College undertaking considerable legacy work, covering 14 cases, with PMETB in relation to previous hospital visits and in relation to approval of individual posts.

The Training Committee continues to assess the suitability of trainees to have their names entered upon the specialist register, and makes the appropriate recommendation to

PMETB. In 2006, 59 ophthalmologists were awarded the Certificate of Completion of Training.

The Training Committee is always available to give advice to trainees at all levels, although trainees should first approach the College Tutor or Programme Director in their deanery. The Education and Training Department will be able to inform trainees of the relevant person. Enquiries should be addressed to the Chairman of the Training Committee and will be treated in confidence.

I would like to acknowledge the essential and unstinting contribution of the members of the Training Committee over the past year in relation to all the work mentioned above. Thank you.

I would also like to thank very much the hardworking staff of the Education and Training Department led by Beth Barnes, Acting Head of Department, whilst Alex Tytko was on maternity leave. We look forward to welcoming Alex back at the start of 2007.

Equivalence of Training Subcommittee

The Equivalence of Training Subcommittee has had a dramatic increase in its workload now that PMETB is up and running. Through Article 14 of the Order that established PMETB, there is now a route onto the specialist register whereby previous experience, training and qualifications may be considered. This Subcommittee assists PMETB in its assessment of applications under Article 14. It evaluated the first Article 14 application in early 2006, and since then the number of applications to consider has increased dramatically. The work involved is very substantial both for College staff preparing the paperwork and for members of the Subcommittee who go through all the evidence supplied by the applicant. Typically an application has been between 200 and 300 pages of closely typed A4. The Subcommittee now has to meet more frequently and has adopted monthly meetings to deal with the large increase in workload. It has also developed guidance for Article 14 applicants in ophthalmology which is on the College website.

During 2006 the Subcommittee met eight times and forwarded 16 recommendations to PMETB. To date, PMETB has agreed with 10 of the recommendations and has not yet informed the College of its decisions on the remaining 6 cases. Four ophthalmologists have been recommended for inclusion on to the specialist register through Article 14 in 2006.

During 2006 the Training Committee prepared the following documents which have been posted on the College website:

Update 2 - Modernising Medical Careers Update March
Paper on Transition to Modernising Medical Careers June
Guidance on SHO Reconfiguration June
Guide for delivery of Ophthalmic Specialist Training November
Update 3 - Entry to Specialist Training November
Guidance on portfolio preparation for trainees entering Ophthalmic Specialist Training December



Painting of Richard Banister, oculist, c1620, attributed to Cornelius Johnson. Banister was the first to observe that hardness of the eyeball was a sign of glaucoma.



Committee members

All College Officers
 Mr Amar Alwitary
 (OTG Representative)
 Miss Michèle Beaconsfield
 Mr Christopher Blyth
 Mr John Bradbury
 Miss Lucilla Butler
 Mr K Puvana Chandra
 Miss Clare Davey
 Mr Charles Diaper
 Mr Declan Flanagan
 Mr Nicholas George
 Miss Carole Jones
 Professor Huw Jones
 (Lead Postgraduate Dean)
 Professor Colm O'Brien
 Mr John Richardson
 (Lay Representative)
 Mr James Sharkey
 Dr Jaswinder Singh
 Professor Miles Stanford
 Mr Michael Stewart
 (College Solicitor)
 Mr Paul Sullivan
 Mr George Turner

Equivalence of Training Subcommittee Chairman

Mr Peter McDonnell



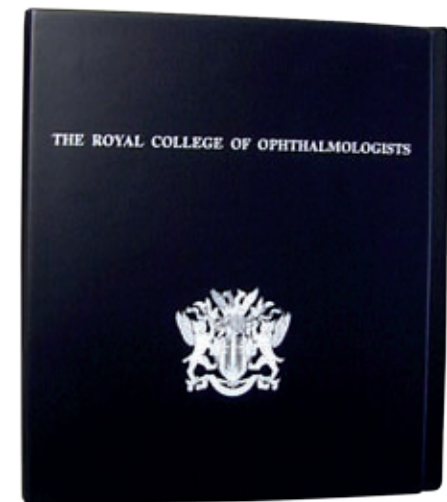
The Examinations Committee

Mr Simon Keightley

This year has been a real rollercoaster ride for all committees concerned with training. The Examinations Committee is no exception to this and has been plunged headlong into the highs and lows of the new training structure that combines the Postgraduate Medical Education and Training Board (PMETB) and Modernising Medical Careers (MMC). The Committee has sped along the tracks of this structure for the last year and a huge amount of work has been achieved in restructuring the assessment of the new breed of ophthalmic specialist trainees who will be in post from August 2007. Much of the time has been spent working with the Education Committee. The new Curriculum has been used as the backbone for training ophthalmologists and the new assessment structure is based upon it. PMETB are keen to approve this early in 2007 and there is feverish activity to complete the plans for the new examination structure. Many of the old Part 2 MRCOphth learning outcomes are to be replaced by workplace based assessments rather than formally assessed in examinations. This will increase the role and the responsibility of local trainers. The College will be actively engaged in standardising these assessments to ensure that trainees across the country receive a complete training in ophthalmology. Formal examinations run by the College are to be reduced from four to two, Part 1 and 2 FRCOphth with a Refraction Certificate in addition. The Membership examinations will gradually be phased out. The first Part 1 FRCOphth was held in London in October 2006; the pass rate was disappointing, but such is typical of new examinations when they are first introduced. Trainees will become used to the new syllabus and its blueprinting to the Curriculum over a period of time. This examination will now run three times a year and will also start to run overseas with the first overseas examination being held in Cairo next October. The first of the new Part 2 FRCOphth will be held in the autumn of 2008. The structure of this examination is still being worked upon, but trainees will need to realise that this will effectively be an exit-from-training examination and therefore the standard will be much higher than the old Part 3 MRCOphth examinations.

The old examination structure will continue to run for a certain time to allow trainees to follow this path if they so desire. Times of transition are difficult and it is always important to have clear communication for people in these circumstances. The College website has been invaluable to log these changing times and to produce as much up-to-date information as is possible. I appreciate the efforts of College staff who have worked hard to keep trainees aware of all the changes both on the website and on the telephone and email exchanges.

All the work on the new examination structure has been done by members of the Examination and Curriculum Committees and I am extraordinarily grateful to all those people who have beavered away so diligently.



Fellowship Assessment Folder

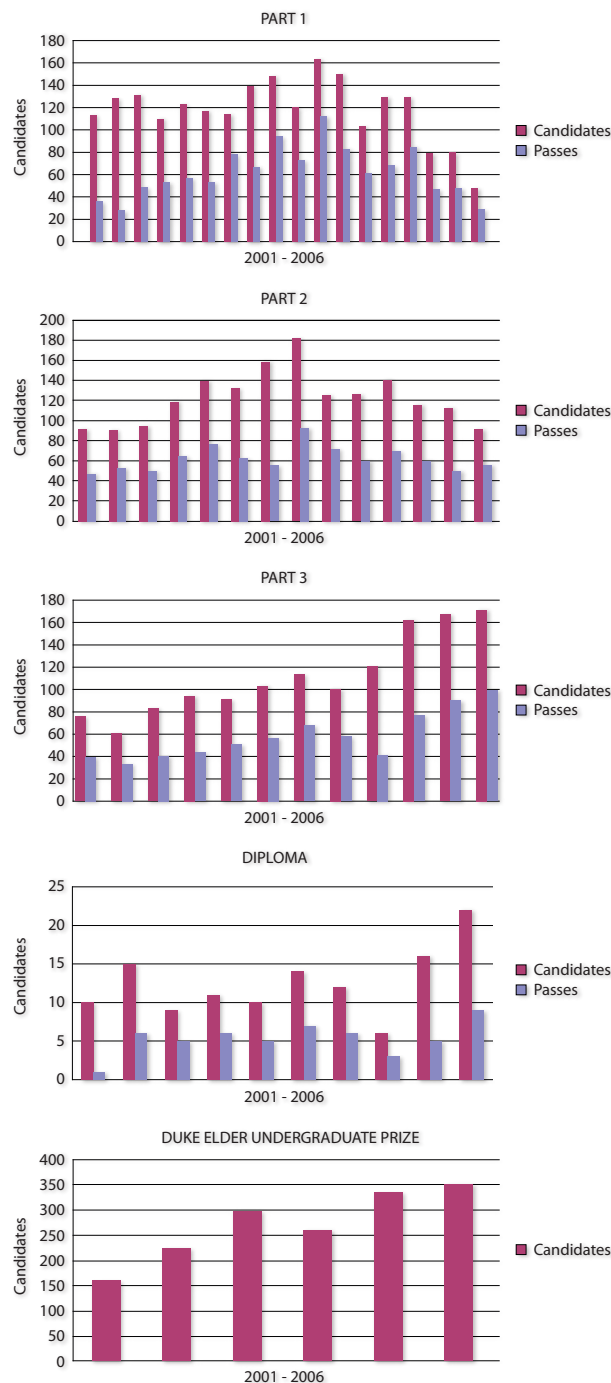
As always, I would like to thank the hospitals around the country that have found the time and resources to accommodate our examinations. I am very aware that in these cash-strapped times for the NHS, effectively closing outpatient clinics for days at a time does not go down well with chief executives. I am therefore very grateful to not only the ophthalmologists who give up their valuable time to organise the examinations within the hospitals, but also their dedicated secretaries and the management teams. It also goes without saying that we rely on the amazing patients in each hospital that gladly give their time to be examined. Without any of these groups, it would be impossible to run examinations at all.

Another vital group, without which we could not manage, are the examiners. Large numbers are required to keep the days we are in each hospital down to sensible numbers. They give of their time generously and I am always impressed by the consistency of assessments. I know that trainees get a very fair deal in our examinations and the public should be assured of the standard of ophthalmologists passing through our training structure.

A final paragraph must be included to thank the Examination staff who work tirelessly for the College. We have had many new brooms sweeping clean this year. I would like to thank Nina Leontieff who left us as Head of the Examinations Department in February. She was with the College for four years and guided the department forward very skilfully. She has been replaced by Emily Beet, who has proved to be a very worthy successor. Emily has been on maternity leave recently and her place has been taken temporarily by George Hibdige, the Deputy Head of Examinations, who has risen to the challenge so well.

The rollercoaster moves on relentlessly. The Examination Committee keeps firmly to the rails and will continue to ensure that ophthalmologists coming through the training structures both today and tomorrow are assessed appropriately and deemed properly trained.

Examination Results



Committee Members

All College Officers
 Mr Winfried Amoaku
 Dr Paul Baines
 Dr Thomas Barrie
 Professor Paul Bishop
 Mr Peter Black
 Dr Patrick Gallagher
 Mr Faruque Ghanchi
 Dr Elizabeth Graham
 Dr Harold Hammer
 Miss Amanda Lewis
 (OTG Representative)
 Dr Caroline MacEwen
 Mr William Meyer
 (Lay Representative)
 Professor Philip Murray
 Mr Michael Nelson



The International Subcommittee

Mr John Lee

The International Subcommittee was instituted in 2006, by the division of the existing European and International Subcommittee, ably chaired by Miss Michèle Beaconsfield, who continues as Chair of the European Subcommittee and is also a member of the International Subcommittee.

Two meetings have been held in 2006. The remit of the Subcommittee is as follows:

1. To act as a conduit between the College and international organisations
2. To represent, support and communicate with overseas members and fellows (currently 22% of the membership)
3. Support training and education of international doctors as per the College Charter- "to further instruction and training in ophthalmology both in the United Kingdom and overseas"
4. Other collaborations - e.g. LINKS programme, International Federation of Ophthalmic Societies, etc.

The discussions of the Subcommittee have recently touched on the status of ophthalmologists in Iraq, refugee doctors, and the recent Home Office/Department of Health ruling on work permits and the eligibility of non UK/EC doctors to be short listed for posts.

Subcommittee members

Dr Ahlam Aboud
Mr Wagih Aclimandos
Mr Nicholas Astbury
Miss Michèle Beaconsfield
Miss Brenda Billington (President)
Professor Usha Chakravarthy
Mr K Puvana Chandra
Mr Timothy ffytche
Mr Zdenek Gregor
Mr Simon Keightley
Mr John Talbot



Professor Norman Ashton's medals from eponymous lectures, awards and prizes 1954 - 1998

Health inequalities have naturally given rise not only to professional mobility but also to patient mobility across the European Union (EU) and the UEMS (union européenne des medecins spécialistes) considers professional regulation to be an essential contributor to the maintenance of health standards; to this end it has called on all groups involved in the safety and quality of healthcare to respect the primacy of the medical profession in regulating medical care.

It will come as no surprise that there is considerable variation across Europe regarding the constitution of regulatory bodies: a framework paper was therefore produced, with contributions from all specialist sections, by the working group on Continuing Professional Development (CPD) as a proposed template for those EU states that do not yet have as robust a system as others, such as the UK.

This is the third in a trilogy of policy papers, the first and second being CPD as a form of quality improvement, and Quality Assurance Mechanisms in medical care respectively. It includes personal functions such as education and fitness to practice, standards and ethics, certification and registration, as well as workplace functions (standards of environment) and the need to share information internationally.

There remains the thorny problem of authorisation and payment/reimbursement of cross border healthcare. The European Commission launched a public consultation on this and it will draw up formal proposals now that most responses have been collected, which hopefully will be made public in 2007.

The EU Directive on working time continues to present difficulties with the main stumbling point being the use of opt-out. The EU Council on employment and social affairs has once again failed to find common ground despite some interesting compromise solutions and evidence regarding damage to training submitted by the UEMS sections that have a surgical bias. Meanwhile certain EU states (UK, Netherlands, and Sweden) are already looking at their training programmes and altering them to fit the Directive.

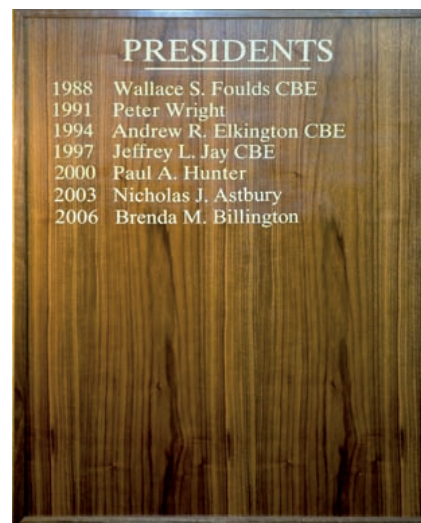
Subcommittee members

Mr Wagih Aclimandos
Dr Thomas Barrie
Miss Brenda Billington (President)
Professor Alistair Fielder
Mr Timothy ffytche
Dr Jeffrey Jay
Mr John Lee
Mr Alan Ridgway
Mr John Talbot



The European Subcommittee

Miss Michèle Beaconsfield



The President's Board



The Ophthalmic Trainees Group (OTG)

Mr Shamira Perera

The OTG serves to voice the opinions and concerns of the trainees to the College and to those who fashion our future. It has assisted the College to maintain the highest standards of training in an environment of change and deliver the necessary skills for tomorrow's ophthalmologists. It has also been instrumental in cascading knowledge to trainees via representation on each of the College committees.

Two trainees involved in the Ophthalmic Specialist Training pilot scheme attended the December meeting to give feedback on their experiences.

The acronyms MMC (Modernising Medical Careers) and PMETB (Postgraduate Medical Education and Training Board) are now commonplace among the vocabulary of current trainees. Their websites are being regularly reviewed as the future of ophthalmic training evolves. The new Curriculum has been ratified by PMETB and plans are in place for a smooth transition into the new Ophthalmic Specialist Training in 2007. This has been accompanied by an overhaul of the applications procedure for a fair and streamlined approach to appointments into the foundation years and specialist training in 2007. Certainly 2006 was the year where trainees looked towards the College for guidance and information. This encompassed matters ranging from those concerning the new examination structure and resulting options, to advice on Advanced Subspecialty Training Opportunities.

Not only are there changes to the entry into ophthalmology, but to the way in which we will practice throughout our careers. The Chief Medical Officer's report 'Good Doctors, Safer Patients' suggests many changes to medical regulation. The OTG has already replied to the Academy of Medical Royal Colleges Trainee Group with your views on issues such as the standardisation of appraisals and where the responsibility for setting standards of medical practice and assessing performance should lie. These proposed changes are especially pertinent to current trainees who are likely to be influenced by them throughout the whole of their practicing lives.

In March, Oulton Hall in Leeds was the location for the most successful OTG meeting to date. For the first time, senior house officers were welcomed alongside specialist registrars

and consultants as the OTG anticipated the new run through grades. I expect the fifth ORYCLE (Ophthalmic Registrars and Young Consultants Learning the Essentials) - scheduled for 29-30th March 2007 in Manchester to be a great success and to expand on a now familiar format of lectures, debates and social activities.

In a similar vein, the OTG continued to engage its trainees in 2006 by conducting a lively question and answer session at the Annual Congress (a summary of which is available on the College website). This helpful event was attended by over 150 trainees and will be repeated in 2007.

In total, the OTG has met four times this year and has provided strong and vocal representation on each of the College Committees. I would like to thank the representatives for their continued dedication and hard work as I finish my term as Chairman.

NAME	REGION	COMMITTEE
Mr Shamira Perera	Chairman	Council
Mr Amar Alwitary	Deputy Chairman Trent	Training
Mr Siddharth Goel	Overseas Trainees	MMC issues
Mr Faisal Idrees	South Thames	
Miss Amanda Lewis	North Western	Examinations
Miss Fiona Lyon	Northern & Yorkshire	Finance
Dr Susan Mollan	West Midlands	
Dr Tanya Moutray	Northern Ireland	
Mr Nuwan Niyadurupola	Anglia & Oxford	
Dr Bina Parmar	North Thames	Education & e-learning
Mr Amit Patel	Wales	Professional Standards
Mr Jonathan Ross	Scotland	Scientific
Mr Manickham Thiagarajan	South Western	

The Lay Advisory Group (LAG) owes an enormous debt to Betty Fisher who was its chairman for six years until the start of 2006 and whose untimely death was reported towards the year-end. All of us were recruited during her chairmanship and we work within a constitution that she had recently finished updating with the Group. Her openness, consideration for others and selfless work on behalf of the College are an example to us all.

The Group has continued to meet quarterly and now has members involved in all the major College committees. It is no surprise that some of us have found the technical subjects difficult to grasp and we are grateful to College chairmen for their support in enabling our contribution. The Group was pleased to have been invited by the Examinations Committee to undertake a more detailed involvement in the assessment of candidates in communications skills. Elizabeth Sideris has chaired the College's Excellence Awards Committee for a second year.

The LAG has commented on matters of interest to the College and on issues related to its own work. We have noted the progress of discussions to extend the prescribing regulations to optometrists; to alter the arrangements for undergraduate and postgraduate medical training; and the development of the Independent Sector Treatment Centres (ISTCs). All these developments challenged the traditional view of how ophthalmology should be undertaken and we have sought to contribute a lay view based on common sense.

As a result of the College strategic review, we have seen an updating of College materials available to members and to members of the public. We welcome the opportunity to be involved in these materials both in the development of College News and the website but also in the publications by EIDO Healthcare Ltd and others of use to patients and their relatives.

Lay Advisory Group Members

Mr Tim Battle (Chairman)
Miss Brenda Billington (President)
Ms Maurina Baron
Mr Mike Brace OBE
Mr Bernard Chang (Council member)
Mrs Kathy Evans (Chief Executive)
Mr Derek Forbes
Professor Helen Petrie
Mr Graham Kyle (Council member)
Ms Gill Levy
Mr William Meyer
Mr John Richardson
Mrs Elizabeth Sideris
Mrs Carol Watkins



The gavel, used in Council meetings, is a gift from the Ophthalmological Society of South Africa.



The Lay Advisory Group

Mr Tim Battle



The Museum and Library

Mr Richard Keeler,
Honorary Curator

Activity during the year has been mainly concentrated on the library collection of antiquarian books.

One of the highlights has been the receipt, on a permanent loan basis, of 160 books, from the collection of the late Professor Riddell of Glasgow. These books have been sorted and, where necessary, rebound.

Some interesting archival material was donated to the College including papers, photographs and original artwork from the late Seymour Philips's book 'Ophthalmic Surgery'. Copies from Professor Norman Ashton's private papers including poems, medical school pantomimes and photographs of his numerous paintings are now in the library. His famous speech and Bob Hope's reply at the Wilmer Institute in 1964 has been captured for posterity on CD.

At a ceremony in December, in the presence of the full Council, Peter Leaver, on behalf of Moorfields Surgeons' Association, presented to the College three specially printed and leather-bound copies of the full history of Moorfields Eye Hospital.

A copy of 'On Ophthalmia' by Arthur Edmonston 1806 has been added to the library's collection on the subject of the Egyptian Disease.

A number of gifts of instruments and books have been gratefully received during the year. The long process of cataloguing the collection of instruments continues with nearly 800 items identified.

Portrait of Helen Keller with her companion, Polly Thompson by Yosuf Karsh in 1948. It was given to Professor Norman Ashton as Helen Keller Laureate in 1998 and presented to the College by him.



Source: Library and Archives Canada: Yosuf Karsh PA-212243

One of my main tasks as Honorary Secretary is to ensure that the elections for regional representatives, College Officers and the President are properly conducted. It has been rewarding to see that these posts have been filled time and again by enthusiastic, imaginative people. Having a new person at the helm can seem unsettling, but Brenda Billington's role as Chairman of the Professional Standards Committee and before that as Honorary Secretary means that she comes to the post as President with huge experience and knowledge and will continue to support and promote ophthalmic standards in what will be trying times ahead.

In 2005 the membership were invited to participate in a ballot on the election process for electing the College President. The response was that the membership wished to be able to vote for future presidents; the current procedure is that Council members vote. We have been informed that the Privy Council has given outline approval to the change but that a special resolution is required at the 2007 Annual General Meeting in order to complete the process.

We have appointed a number of new Regional Advisers who promote high standards of ophthalmology through training, education and research in the regions. Advisers check the job descriptions of all consultant posts advertised in their region and report any inadequacies to the College. They should also be asked to comment on the job descriptions for other grades and be able to assist the Postgraduate Dean in the appointment of Associate Specialists. Regional Advisers perform an important role in maintaining a College presence in the regions and we are very pleased that dedicated ophthalmologists continue to volunteer.

At the year end the College had a membership of over 3,300. During the year we welcomed a number of new members as Fellows by Election. The process has been codified and is on the website in the membership section. In the year ahead we will clarify the form of the curriculum vitae required from each applicant and the structure of the references required from the referees.

Another strand of the role is to develop the College's communication strategy. A lot of work has been undertaken with other College Officers and senior College staff to produce timely responses to issues in the media. We receive innumerable requests from members of the public and patient interest groups who look to the College for information and advice. We cannot offer specific medical advice to patients but we try to help wherever possible.

Finally, my role is to support the Head of Human Resources, Jackie Trevena, as she implements personnel policies at the College. We have had a number of key staff appointments during the year, such as a new Head of Examinations Department and the new PA to the President and these changes have been handled well.

Undoubtedly, the next year or two will be challenging for all healthcare workers. The College has risen to these challenges and will, I believe, continue to do so with the help of the superb staff at Cornwall Terrace and the selfless input of the many ophthalmologists who contribute time and expertise.



The Honorary Secretary

Mr Larry Benjamin



Equality and Diversity Report

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

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

The College follows most of the recommendations set out by the British Medical Association's Equal Opportunities Committee and will consider ways of improving future procedure.

CATEGORY	% FORMS RECEIVED	WHITE	ASIAN/ ASIAN BRITISH	MIXED	BLACK/ BLACK BRITISH	CHINESE	OTHER
UK Population		92.0	3.0	1.2	2.0	0.4	0.4
Council	100	87.6	3.1	0.0	3.1	6.2	0.0
Regional Advisers	100	87.1	4.3	0.0	0.0	4.3	4.3
Consultants Members	90	79.6	13.7	0.7	0.8	2.6	2.6
Other UK Members	64	54.0	31.7	2.6	2.6	4.0	5.1
UK Senior Members	82	77.0	4.3	16.9	1.2	0.3	0.3
Examiners	87	65.0	15.5	1.4	0.9	0.8	16.4
Candidates	92	26.9	47.8	1.7	3.4	4.8	15.4
Staff	100	78.3	4.3	8.7	8.7	0.0	0.0

Chair, with kangaroo leather seat and made of wood from every state in Australia, given by the Australian College of Ophthalmology in 1989.



CATEGORY	MALE %	FEMALE %
Council	78	22
Regional Advisers	87	13
Consultants Members	83	17
Examiners	86	14
Examination Candidates	962	38
Staff	13	87



STAFF AS AT 31 DECEMBER 2006	
Chief Executive	Kathleen Evans
Personal Assistant to the Chief Executive/ IT Manager	Sara Felton
Personal Assistant to the President	Penelope Jagger
Deputy Chief Executive/ Head of Education and Training Department	Alexandra Tytko
Deputy Head of Education and Training Department	Elizabeth Barnes
Committee Coordinator	Denese Newell
Education and Training Administrator	Carol Welch
Education and Training Assistant	Susannah Grant
Skills Centre Coordinator	Katherine Miller
Head of Examinations Department	Emily Beet
Deputy Head of Examinations Department	George Hibdige
Examinations Administrator	Sophie Cox
Examinations Coordinator	Sheila Patel
Examinations Assistant	Deborah Fitzsimons
Head of Scientific Department	Heidi Booth-Adams
Events and Scientific Coordinator	Nicola Briggs
BOSU Scientific Coordinator	Barnaby Foot
Head of Human Resources & Facilities	Jacqueline Trevena
Head of Finance and Membership Department	Jacqueline Trevena
Finance Director	Mark Merrill
Finance Assistant	Jenny Henry
Membership Assistant	Nicole Bradshaw
Principal Receptionist	Karen Taylor
Receptionist	Rebecca Latham
Journal Secretary	Elaine Hudson

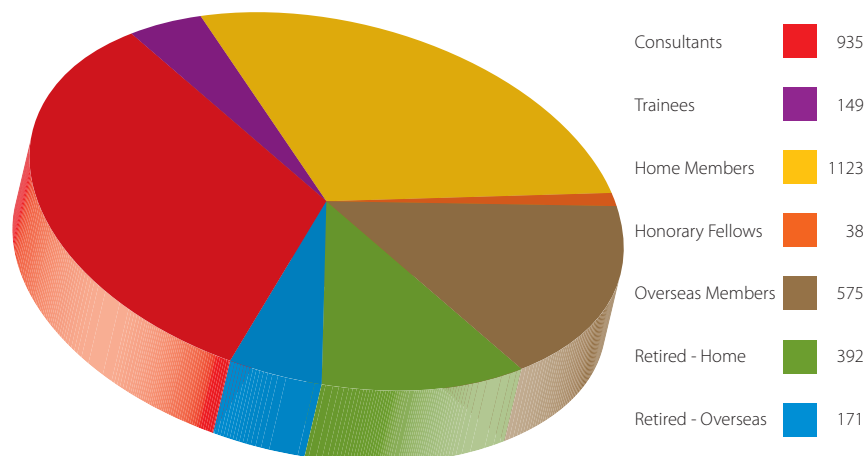


The Administration Team



TRUSTEES			
Miss B M Billington	President		From 24 May 2006
Mr N J Astbury	President		Until 24 May 2006
Professor S H D Wong	Senior Vice President	Scientific	
Miss B M Billington	Senior Vice President	Professional Standards	Until 24 May 2006
Mr R Smith	Vice President	Professional Standards	From 24 May 2006
Mr P J McDonnell	Vice President	Training	
Mr D G Cottrell	Vice President	Education	
Mr S J Keightley	Vice President	Examinations	
Mr J F Talbot	Honorary Treasurer	Finance	
Mr L Benjamin	Honorary Secretary		

Membership Categories



REGIONAL REPRESENTATIVES	REGION	
Mr W M Amoaku	Trent	
Dr P S Baines	Scotland East	Until 24 May 2006
Mr B Chang	Yorkshire	
Miss C C Davey	N E Thames	From 24 May 2006
Mr A J Elliott	S W Thames	
Mr A R Evans	Wessex	
Ms W A Franks	Moorfields	From 24 May 2006
Dr H M Hammer	Scotland West	
Mr M L Harris	N E Thames	Until 24 May 2006
Mr N R Hawsworth	Wales	
Mr J S H Jacob	South Western	Until 24 May 2006
Mr C B James	Oxford	From 24 May 2006
Miss C A Jones	S E Thames	
Mr K Jordan	East Anglia	
Mr S P Kelly	North West	Until 24 May 2006
Mr G R Kirkby	West Midlands	
Mr G M Kyle	Mersey	
Mr J P Lee	Moorfields	Until 24 May 2006
Dr C J MacEwen	Scotland East	From 24 May 2006
Mr E P O'Donoghue	Eire	
Dr M J Quinn	Northern Ireland	
Mr D L Smerdon	Northern	
Mr R G Smith	Oxford	Until 24 May 2006
Mr G S Turner	North West	From 24 May 2006
Mr J M Twomey	South Western	From 24 May 2006
Ms G C Vafidis	N W Thames	
CO-OPTED MEMBERS		
Mr J P Lee	Overseas	From 13 July 2006
Mr T P V Battle	Lay Advisory Group	From 13 July 2006
Mrs M E Fisher	Lay Advisory Group	Until 13 July 2006
Mr S Perera	Ophthalmic Trainees	
Professor I G Rennie	Editor of 'Eye'	



NAME	STATUS	MAR	JUNE	SEPT	DEC
Nick Astbury	President	√	**	**	**
Brenda Billington	President	*	√	√	√
David Wong	Senior Vice President, Scientific	√	√		√
Peter McDonnell	Vice President, Training	√	√	√	√
David Cottrell	Vice President, Education	√	√	√	√
Simon Keightley	Vice President, Examinations	√	√	√	√
Brenda Billington	Vice President, Professional Standards	√	**	**	**
Richard Smith	Vice President, Professional Standards	*	√	√	√
John Talbot	Honorary Treasurer	√	√	√	√
Larry Benjamin	Honorary Secretary	√	√	√	√
David Smerdon	Northern	√	√	√	√
Bernard Chang	Yorkshire	√	√	√	√
Winfried Amoaku	Trent	√	√	√	√
Kerry Jordan	East Anglia	√	√		√
Gillian Vafidis	North West Thames	√	√	√	√
Martin Harris	North East Thames	√	**	**	**
Clare Davey	North East Thames	*	√	√	√
Andrew Elliott	South West Thames	√		√	√
Carole Jones	South East Thames	√	√	√	√
Anthony Evans	Wessex	√		√	√
Richard Smith	Oxford	√	**	**	**
Bruce James	Oxford	*	√	√	√
John Jacob	South Western	√	**	**	**
John Twomey	South Western	*	√		√
Graham Kirkby	West Midlands		√	√	
Graham Kyle	Mersey	√	√	√	√
Simon Kelly	North West	√	**	**	**
George Turner	North West	*	√	√	√
Nicholas Hawksworth	Wales	√	√	√	√
Harold Hammer	Scotland West	√	√	√	√
Paul Baines	Scotland East	√	**	**	**
Caroline MacEwen	Scotland East	*	√	√	√
Michael Quinn	Northern Ireland	√	√	√	√
John Lee	Moorfields	√	**	**	**
Wendy Franks	Moorfields	*	√	√	√
Eamon O'Donoghue	Eire	√		√	√
John Lee	Overseas	***	***		√
Shamira Perera	Ophthalmic Trainees Group	√	√	√	√
Elizabeth Fisher	Lay Advisory Group			***	***
Tim Battle	Lay Advisory Group	***	***	√	√
Ian Rennie	Editor of 'Eye'		√		



Council at the Admissions Ceremony, Plaistres' Hall, London - June 2006

The Council

* Term of office began at the May Annual General Meeting

** Term of office ended at the May Annual General Meeting

***Hand over of office on 13 July



**The Honorary
Treasurer's Report**
Mr John Talbot

The summarised financial statements on pages 30 - 31 show the College to be in good financial shape. Our surplus is reduced from the levels achieved in the last two years but that was anticipated. I have referred in previous reports to the uncertainties about some of our sources of income and these uncertainties still persist.

Our regular activities of examinations, the Annual Congress, provision of skills training and seminars have all produced less income this year making us more dependent on subscriptions to support our other day to day activities of supporting ophthalmologists and the pursuit of excellence in the practice of ophthalmology. Nevertheless we set our budgets to cover our continuing operating expenses from our expected income from these sources.

I am grateful to those members who have responded to our request that they pay their subscription by direct debit. More than 50% of UK members now pay in this way, which reduces the administrative burden significantly and allows our staff to be involved in more productive activities.

We have benefited from several donations and grants this year which have allowed us to carry out a number of projects including a major improvement to the way in which we make the postgraduate training curriculum available to our members and the medical profession generally.

Our budget for 2007 reflects the uncertainty about the way in which some of our education and training work will be funded after 31 March when the Department of Health will cease to grant aid for some of this essential work. We expect our surpluses to be smaller in 2007 and in subsequent years.

I will be leaving my post as Honorary Treasurer in 2007 and I would like to express my gratitude to the Finance Director Mark Merrill, the Head of the Finance and Membership Department Jackie Trevena, other members of the Finance Department and to the Chief Executive Kathy Evans for all the assistance they have given myself, the Council and the membership. Through a cooperative effort, College finances have improved in the five years of my tenure and I am sure the College will continue to prosper under the care of my successor.

Committee members

- All College Officers
- Mr Tim Battle (Lay Representative)
- Mr Bernard Chang
- Miss Carole Jones
- Miss Fiona Lyon (OTG Representative)

Donations and Grants

DONATIONS AND GRANTS HAVE BEEN RECEIVED FROM:
Individual members of the College
Members of the public
Bausch and Lomb (UK) Limited
British Eye Research Foundation
The Department of Health
Ethicon
Professor W S Foulds
The Guide Dogs for the Blind Association
Keeler Limited
The Macular Disease Society
Novartis Pharmaceuticals Limited
Optelec Limited
Pfizer Limited
The Tennent Institute of Ophthalmology
Topcon (Great Britain) Limited
Carl Zeiss Limited

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

We examined the summarised statements of The Royal College of Ophthalmologists.

Respective responsibilities of the Council and auditors

The Council is responsible for preparing the summarised financial statements with the full financial statements and Council's Annual Report. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statements on the summary financial statement' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and Council's Annual Report of The Royal College of Ophthalmologists for the year ended 31 December 2006.

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

14 March 2007

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 2006 but are not the full statutory report and accounts. The full financial statements were approved by the Council on 9 March 2007 and subsequently submitted to the Charity Commission. They received an unqualified audit report and copies may be obtained from the Honorary Secretary, The Royal College of Ophthalmologists, 17 Cornwall Terrace, London NW1 4QW.

*Signed on behalf of Council
Mr L Benjamin
Honorary Secretary
9 March 2007*



The Auditors' Report

The Auditors' statement on the summarised financial statements



Statement of Financial Activities

For the year ended
31 December 2006

	Unrestricted funds £	Permanent endowment funds £	Other restricted funds £	2006 Total £	2005 Total £
Incoming resources					
<i>Incoming resources from generated funds</i>					
Voluntary income	35,900	-	92,885	128,785	109,655
Investment income	97,440	3,410	37,030	137,880	105,128
<i>Incoming resources from charitable activities</i>					
Subscriptions receivable	837,806	-	-	837,806	794,319
Annual Congress	546,351	-	-	546,351	547,674
Examinations Department	446,214	-	-	446,214	493,600
Journal - 'Eye'	412,025	-	-	412,025	432,280
Education and Training	12,138	-	66,672	78,810	53,261
Scholarships and Awards	-	-	103,000	103,000	16,410
Skills Courses	76,626	-	-	76,626	94,813
Seminars	31,900	-	8,664	40,564	39,118
Other Incoming resources	35,097	-	17,216	52,313	6,600
Total incoming resources	<u>2,531,497</u>	<u>3,410</u>	<u>325,467</u>	<u>2,860,374</u>	<u>2,692,858</u>
Resources expended					
<i>Cost of generating funds</i>					
Investment Manager's Fees	7,781	3,410	3,104	14,295	-
<i>Charitable activities</i>					
Annual Congress Expenses	533,957	-	-	533,957	490,202
Examinations Department Expenses	698,640	-	-	698,640	637,410
Cost of Journal - 'Eye'	397,262	-	-	397,262	368,546
Education and Training	249,864	-	69,235	319,099	298,695
Scholarships and Awards	-	-	64,289	64,289	10,138
BOSU	40,342	-	46,068	86,410	69,745
Skills Courses	147,200	-	3,557	150,757	193,474
Costs of Seminars	31,080	-	18,678	49,758	72,939
Memorials, Bequests and other spending	29,180	-	87,234	116,414	13,881
Governance costs	131,370	-	-	131,370	135,901
Total resources expended	<u>2,266,676</u>	<u>3,410</u>	<u>292,165</u>	<u>2,562,251</u>	<u>2,290,930</u>
Net incoming resources before transfers	264,821	-	33,302	298,123	401,928
Transfer between funds	(5000)	-	5,000	-	-
Net incoming resources after transfers	<u>259,821</u>	<u>-</u>	<u>38,302</u>	<u>298,123</u>	<u>401,928</u>
Other recognised gains					
Gains on investments	110,973	52,508	-	163,481	7,665
Net movements in funds	<u>370,794</u>	<u>52,508</u>	<u>38,302</u>	<u>461,604</u>	<u>409,593</u>
Funds at 1 January 2006	<u>2,811,235</u>	<u>438,323</u>	<u>436,165</u>	<u>3,685,723</u>	<u>3,276,130</u>
Funds at 31 December 2006	<u><u>3,182,029</u></u>	<u><u>490,831</u></u>	<u><u>474,467</u></u>	<u><u>4,147,327</u></u>	<u><u>3,685,723</u></u>

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



	2006	2005
£	£	£
Fixed assets		
Tangible assets	1,045,088	1,084,560
Investments	2,070,358	1,872,897
	<u>3,115,446</u>	<u>2,957,457</u>
Current assets		
Debtors	233,910	243,609
Cash at bank and in hand	1,124,029	846,757
	<u>1,357,939</u>	<u>1,090,366</u>
Creditors:		
Amounts falling due within one year	<u>326,058</u>	<u>362,100</u>
Net current assets	<u>1,031,881</u>	<u>728,266</u>
Net assets	<u><u>4,147,327</u></u>	<u><u>3,685,723</u></u>
Funds		
Restricted funds		
Permanent endowment funds	490,831	438,323
Other	474,467	436,165
Unrestricted funds		
Designated funds	1,396,192	1,492,136
General funds	1,785,837	1,319,099
	<u>4,147,327</u>	<u>3,685,723</u>
Total funds	<u><u>4,147,327</u></u>	<u><u>3,685,723</u></u>

Approved by the Council on 9 March 2007 and signed on its behalf by

Miss B M Billington - President

Mr J F Talbot - Honorary Treasurer

Balance Sheet

as at 31 December 2006



The Royal College of Ophthalmologists

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