

The Royal College of Ophthalmologists



Honorary Fellows, members of the first Council and members of the Steering Group at the Admissions Ceremony, June 2008



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

The annual report features the commemorative medallions and plaquettes of some of the past great names in ophthalmology. The images of these medallions have kindly been provided by Dr Jay M. Galst. Dr Galst, an ophthalmologist from New York, is the world's authority on the subject and most of the images of the medallions are taken from his extensive collection.

The College is grateful to Mr Richard Keeler FRCOphth (Hon) for providing the research and captions on the theme from material made available by Dr Galst.

This report has been made using paper from sustainable forests.

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2008 saw the 20th anniversary of the granting of the Royal Charter to found this College. I think you will agree that there has been steady and sustained progress over the years in the implementation of the College's aims to promote excellence in ophthalmic care for patients. We celebrated with an Anniversary Congress in Liverpool, including a magnificent Ball, and we were very pleased that our founding President, Professor Foulds, and Mrs Foulds were able to join us for the occasion. Some members of the Steering Group who planned the creation of the College as well as other members of its first Council also joined us at Congress or came to the Admissions Ceremony in June. It was their foresight, generosity, commitment and energy which persuaded first the ophthalmologists and then the Privy Council of the merits of the proposal. I think you will agree that ophthalmology is much stronger for having its own College.

The President Miss Brenda Billington



"I think you will agree that ophthalmology is much stronger for having its own College"

The Anniversary also prompted some memories, anecdotes and vignettes which we published as a special supplement to the summer edition of College News. Our thanks go to Senior Fellow, Mrs Enid Taylor, for coordinating this. However, we did not wish to be entirely inward looking in our celebrations so, during the Anniversary Ball, a Charity Auction was held organised by Trainee Member Miss Susie Mollan. This was both entertaining and a great success, raising funds to assist ophthalmologists in developing countries to travel to educational courses and conferences. To date, grants have been allocated to trainees at the St. John of Jerusalem Eye Hospital to attend microsurgical skills courses and to an ophthalmologist from Benin to attend the Congress in 2009.

Senior Fellows are most welcome to visit the College and the Seniors' Day event has now become a fixture in the College calendar. We are very grateful to our leading ophthalmologists who have given presentations to Seniors on their work and innovations and also to Mr Richard Keeler, our Curator, who adds a historical note to the occasion.

During my term as your President I have sought to ensure that quality care for patients is central to the deliberations and decisions of each committed team. As your representative in the wider scene at the Academy of Medical Royal Colleges, I have represented the ophthalmic perspective in the deliberations of the country's professional leaders, seeking to influence Government and regulators in the best interests of patients through projects and by consultations as appropriate. For example, the whole process of revalidation of doctors is being coordinated through the Academy as the forum for sharing ideas and methodology. Meetings

for debate are necessary and fruitful but often the timescale for action is short so email discussions between the Presidents occur on a frequent basis. The view for ophthalmology is part of this, with equal say among the specialties.

"Another goal of my Presidency has been to make the College more open to the membership"

Another goal of my Presidency has been to make the College more open to the membership and involve more ophthalmologists, particularly those in Staff and Associate Specialist positions, in College life. There is always room for improvement but with judicious use of email, the website and your kind invitations to attend regional meetings, I think your Officers and the College staff are well informed of ophthalmologists' views "at the coal face" and I hope you feel that your voice is being heard.

I know that national Clinical Excellence Awards are very important to our consultant members, particularly those who contribute significant amounts of their own time to research or education. I have been very keen to see ophthalmologists receive these and have worked hard to make our implementation of the scheme as open and fair as possible as well as providing advice on form completion and citation writing. We were very pleased that in 2008 three ophthalmologists received the highest level Platinum Award.

This AGM sees the completion of the terms of two of our Vice presidents, Mr David Cottrell and Mr Peter McDonnell. Both have served the College with distinction and together have proved a formidable team. They have steered postgraduate training in ophthalmology through the introduction of the Modernising Medical Careers scheme over all the hurdles presented by the Postgraduate Medical Education and Training Board (PMETB) with diligence, commitment and good humour. They leave a firm foundation, scrutinised in every detail, for trainers and trainees to build on in the future as the authorities 'tweak' the scheme in the years to come. We are most grateful.

I am also indebted to Mrs Kathy Evans and her staff for their endeavours and commitment to deliver the work of the College and particularly to Miss Penny Jagger who maintained irrepressible good humour and essential organisation as we juggled many and varied events and debates.

As I reach the end of my term I am mindful of the huge honour and privilege it has been to serve ophthalmology. I thank the team of Officers who have worked together so well. I thank all the Members who serve the College in so many ways. I thank all of you who have written to me individually giving comments and views. I wish the College well for the future under the able and charismatic leadership of Mr John Lee.

JACQUES DAVIEL 1693-1762

Front: This commemorative medal in bronze by
Aleth Guzman-Nageotte was struck for the
bicentennial of Daviel's death
Reverse: Profile of an enshrouded patient, hand raised
to light in the form of a radiating eye

Daviel's claim to fame was to be the first to extract a cataract in 1752





The Chief Executive Mrs Kathy Evans

"For the first time,
the College has
used electronic
questionnaires to
seek members'
views"

We have many continuing strands of work and we were very fortunate in 2008 to have a minimal staff turn-over. This meant that we could harness our energies to serve the College's committees and subcommittees, to run the Annual Congress, to organise the seminar programme and the Skills Centre. We continued to host the British Ophthalmological Surveillance Unit and to assist the Editor of *Eye* and those working groups writing and revising scientific guidelines and ophthalmic guidance. Staff administered programmes to support trainees through postgraduate ophthalmic training and Members and Fellows with continued professional development. This was particularly evident in the work undertaken to improve the e-portfolio and curriculum projects.

College News, précised minutes from Council and the website kept members informed of College activities and circular e-mails have been used to communicate with members and elicit responses on matters of professional judgement. Members are routinely encouraged to inform database@rcophth.ac.uk of their email address so that they can participate in these exchanges. For the first time, the College has used electronic questionnaires to seek members' views; feedback has been sought on revalidation, Eye and Congress and the results will be used to formulate future policy.

The College is the only body recognised by the Postgraduate Medical Education and Training Board able to conduct examinations and award Certificates and Diplomas in ophthalmology. In 2008 we introduced a new examination structure whilst phasing out the previous structure.

In addition to the usual bedrock of work we added various special projects. Some were to mark the 20th anniversary of the College. The first visible sign of celebrations was the banner that appeared in the reception area. In June this was taken to the *Eye* stand at the World Ophthalmology Congress in Hong Kong and in November it travelled to the American Academy of Ophthalmology in Atlanta. This demonstrates that the College seeks representation on international platforms whilst husbanding its resources carefully.

On a more prosaic note, the College's governing documents were extensively reviewed for the first time in twenty years to ensure that they were accurate and appropriate. Council authorised various changes to the byelaws and changes to the ordinances were approved at the May Annual General Meeting and await approval from the Privy Council.

Working at the College is very absorbing but sometimes we need to understand the pressures that ophthalmologists face in their working environment. During the year we introduced a scheme for senior staff to visit eye departments to witness something of the range of services provided. This scheme has been extended to the members of our Lay Advisory Group and everyone who has taken up the opportunity has found the experience of tremendous benefit in informing their work for the College, been most complimentary about the host ophthalmology department and come away with increased respect for the profession.

The work of the Professional Standards Committee this year has been dominated by national initiatives to introduce quality assurance to the delivery of healthcare.

The publication of Lord Darzi's review of the NHS, entitled 'High quality care for all' marked a significant change of focus in government policy from achieving shorter waiting times to achieving uniformly high standards of care. It is intended that high quality care should be explicit and measurable through the use of "clinical quality indicators" (CQI), many of which will be very specific (e.g. rates of particular surgical complications) and available to the general public at the level of individual hospitals. CQIs are two-edged swords and will need to be chosen carefully on the basis of good evidence. CQIs which may flow from NICE's imminent guidelines on the management of glaucoma will, on the one hand make it harder for Primary Care Trusts to commission poorly designed community-based glaucoma services "on the cheap" but may, on the other hand, require ophthalmologists to adhere more consistently to protocols for the assessment and treatment of glaucoma. There is a real danger that the quest for quality in healthcare could result in

The Professional Standards Committee Mr Richard Smith



an overemphasis on measurement to the detriment of compassionate care. The College's aim will be to have a relatively small number of CQIs which are based on good evidence and, where possible, the information needed for those measurements should also provide the information necessary to support the revalidation of ophthalmologists.

During the year, the committee has contributed to national consultations on the use of unlicensed medicines in ophthalmology, top-up payments for expensive drugs, and contingency plans for an influenza pandemic. It has established a working group to develop evidence-based recommendations for MRSA screening in patients undergoing day case cataract surgery under the leadership of Miss Suzanne Webber. It has provided advice to trusts and to individual members on a wide variety of professional issues. This is just a small sample of the varied work of this committee.

CHEVALIER JOHN TAYLOR 1703-1772

Commemorative bronze medal by Andreas Vestner issued in 1747

Taylor was a skilled operator but one of the most remarkable quacks in history who shouted loudly wherever he travelled that "he was the greatest ophthalmologist of all time"



Information and Audit Subcommittee

The Information and Audit Subcommittee has been involved in continuing work to establish datasets for common ophthalmic disorders. The appointment of two of our committee members, Mr John Sparrow and Miss Parul Desai, as clinical leads to *Connecting for Health* is seen as an important step forward in establishing clinical priorities with the national programme. The Subcommittee has also been involved in approving the updated procedural codes which form the basis of Payment by Results. We have given important feedback to the Department of Health on the first cut of tariffs for use from April 2009. These will use the new version of Healthcare Resource Groups which were designed to redress previous imbalances, particularly for complex ophthalmic procedures. On the negative side, our project to develop normative pricing for ophthalmology has been trimmed back, though work continues on cataract in the form of 'best pricing' as a means of setting future tariffs.

Ocular Tissue Transplantation Standards Group

One of the main achievements of the Subcommittee was to review the *Standards* for the retrieval of human ocular tissue used for transplantation, research and training in line with recent changes with the introduction in the UK by the Human Tissue Authority (HTA) of the European Tissue and Cells Directives. This is currently available on the College website.

The Subcommittee maintains very close links with the Ocular Tissue Advisory Group (OTAG), part of UK Transplant, now renamed Organ Donation and Transplantation, a division of NHS Blood and Transplant (NHS BT). Many centres in the UK are adopting corneal endothelial transplantation (EK) as an alternative to full-thickness corneal grafts in cases of endothelial failure. Whilst these techniques offer the benefits of local anaesthetic, faster recovery and more predictable refractive outcomes, success rates in terms of maintaining a clear graft at the end of the first year do not yet match those of full-thickness corneal grafts, although they are improving. This has put an enormous strain on the number of corneas available for transplantation in the UK. The Subcommittee issued a joint letter with OTAG to all centres in the UK undertaking corneal transplantation to request the help of surgeons in ensuring that follow up data on all corneal grafts is provided promptly to UK Transplant. Regular analysis of corneal graft outcomes by UK Transplant, including EK remains extremely important.

Ocular tissue donor selection discussions, eye bank and retrieval issues often dominate the agenda of the Subcommittee. It has developed over the years a very good relationship with all eye banks in the UK and was proud to celebrate in October the 20th Anniversary of Manchester Eye Bank.

Paediatric Subcommittee

The Subcommittee met three times in 2008. The main focus of the Subcommittee this year has been childhood visual screening. The concern of the Subcommittee is that the recommendations of the National Screening Committee (NSC) are not being universally implemented and that the vacuum is being filled by inappropriate

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schemes which are not always in the best interests of children. Following a meeting between interested parties, including representatives of the NSC, in March, it was established that Directors of Public Health (DPH) in each Primary Care Trust (PCT) have a responsibility for implementing the recommendations of the NSC and members of the College concerned about childhood visual screening in their area should contact the DPH in their PCT and copy correspondence to the College. It is hoped to continue this campaign through the UK Vision Strategy.

Other work undertaken this year includes the development of documents about desferrioxamine and ethambutol treatment and strabismus management, which have been placed on the paediatric section of the College website. The Subcommittee also contributed to the Retinopathy of Prematurity guidelines. Members of the Subcommittee have contributed to the NICE guidelines on suspected child abuse, and NICE technology appraisals of the use of opaque intra ocular lens (IOLs) and nystagmus surgery.

The Primary Care Group

The Group membership reflects all aspects of ophthalmic care and it advises on the best practice in primary care ophthalmology. It reports to both VISION 2020 UK and the Professional Standards Committee. VISION 2020 UK is an umbrella body which facilitates greater collaboration and co-operation between the organisations that focus on vision impairment and work to eradicate preventable blindness.

Quality and Safety Subcommittee

During the year the work of the Subcommittee has included a major revision of the *Patient Safety in Ophthalmology* document on the College website and a detailed submission to the Health Select Committee's inquiry into patient safety. The Subcommittee has continued to maintain close links with the Medicines and Healthcare Regulatory Authority (MHRA), and the National Patient Safety Agency (NPSA). The MHRA has an area of its website reserved for ophthalmology where safety issues relating to medicines or medical devices can be reported. There is a link to it from the College's website. Safety issues discussed with the NPSA include delayed glaucoma review appointments and incorrect intraocular lens power selection. The Subcommittee has contributed to the NPSA's revised *Safer Surgery Alert* which will be launched in January 2009, and it will work with the NPSA to adapt it for ophthalmic surgery. The Subcommittee is working with the Ophthalmic Pharmacists' Group to develop principles for the safe use of intracameral antibiotics.

Revalidation Subcommittee

The 2007 government white paper *Trust, Assurance and Safety* has resulted in a number of legislative changes during 2008 which set the scene for the periodic revalidation of all doctors. The General Medical Council retains responsibility for generic standards of medical practice while the Royal Colleges have been charged with the development of standards relevant to specialist practice. The Subcommittee was set up to draw together all relevant aspects of College work in preparation for this challenge. The College Officers, Mr Graham Kirkby, Chairman

Subcommittee Chairmen

Information and Audit Subcommittee
Mr William Aylward
Ocular Tissue Transplantation Services Group
Mr Francisco Figueiredo
Paediatric Subcommittee
Mr Michael Clarke
Primary Care Group
Mr Richard Wormald
Quality and Safety Subcommittee
Mr Simon Kelly
Revalidation Subcommittee
Mr Richard Smith
Workforce Subcommittee
Mr Peter Black

Committee Members

Mr Richard Smith Chairman The President All College Officers Subcommittee Chairmen Miss Clare Bailey Ms Maurina Baron Lay Representative Miss Parul Desai Mr Andrew Elliott Mr Anthony Evans Mr Nicholas Hawksworth Mr Husain Hilmi SAS Group Representative Mr Graham Kyle Dr Mia Morris Mr Amit Patel OTG Representative Mr Michael Quinn Mr John Sparrow Mr George Turner Mr John Twomey

of Continuing Professional Development Subcommittee and Miss Parul Desai of the Information and Audit Subcommittee attend the quarterly meetings. The College also has representation on the Academy of Medical Royal Colleges Revalidation Development Group which was set up to ensure consistent policies and implementation across the different medical specialties.

In May 2008, the College sent a questionnaire to the membership to ascertain views on assessment methods which might form part of recertification (the specialist element of revalidation). In general, members favoured assessment methods which were already familiar, such as clinical audit, continuing professional development and peer and patient feedback. More detailed consultation with College members on the subject will be led by the newly appointed Revalidation Project Lead, Mr Rob Johnston. The College has received a grant to fund a research project on case-mix adjusted outcomes in cataract surgery which will be supervised by Mr John Sparrow. It is expected that recertification for ophthalmologists will be introduced in 2011, although the process will be limited in scope at the start and will evolve over the next few years.

Workforce Subcommittee

The Subcommittee has met three times during the past twelve months. Current trends show that new and replacement consultant posts being advertised are approximately in balance with the numbers of ophthalmologists completing training. Half of all the posts advertised this year have asked for special interests in medical retina or oculoplastics.

In April 2008, the Specialty Doctor grade was introduced to replace the Staff and Associate Specialist grades. In theory, this should allow clinical and non-clinical responsibilities undertaken by SAS ophthalmologists to be recognised more fully than in the previous contracts, though whether the new contract will live up to its promise in practice remains to be seen.

Additional pressures on the ophthalmic workforce in the last year have come from the 18 week referral to treatment target, the implementation of the national diabetic retinopathy screening programme and the implementation of NICE guidelines on the treatment of macular degeneration.

The final reduction in working hours, under the European Working Time Directive, to 48 per week will come into force in 2009. It is likely that this will result in further concentration of emergency and weekend services into fewer hospitals.

GEORGE JOSEPH BEER 1763-1821

Commemorative memorial medal in tin by Johann Theuring c.1821

Beer was the greatest teacher of ophthalmology of his generation and helped establish ophthalmology as a sub speciality of medicine by the early part of the 19°C





The Scientific Committee
Mr Winfried Amoaku

The main responsibilities of the Scientific Committee are detailed below but during the year the Committee also made a significant input into College-wide work on furthering information technology and e-Learning.

Age-related Macular Disease (AMD) Service Provisions Subcommittee

This Subcommittee was formed to evaluate models of AMD service provision in the NHS and to determine the impact of new intravitreal treatments on such provision. It has been intricately involved in our responses to the different stages of the NICE Guidance TA 155 (ACD 2, FAD and Guidance). The Guidance implementation and service set up (including tariffs/re-imbursements) have been major issues that required attention.

Annual Congress

The Annual Congress this year marked the 20th Anniversary of the Royal Charter of our College. The new Arena and Convention Centre, Liverpool, was the location for the 2008 meeting. It proved to be a very successful venue, despite concerns about timely completion, and coincided with the city's celebration as the European City of Culture 2008. The trade exhibition under OPTIC UK was impressive and made good use of the vast space provided by the new centre. The scientific programme was excellent and delegate numbers were good and represented significant improvements on the previous year.

The highlights of Congress were the Bowman Lecture delivered by Professor Roger Hitchings (Moorfields, London) on progress in glaucoma, and the Edridge Green Lecture by Dr Anthony Norcia (San Francisco) on Amblyopia and neural connections. The Ashton Lecture was delivered by Professor Gregory Hageman (Iowa), on the aetiology of AMD, and the role of complement factor H. Professor Wallace Foulds, the first President of the College, presented his work on the aetiology of retinal oedema and angiogenesis, and treatments thereof.

The Societas Ophthalmologica Europaea (SOE) prize was awarded to AJ Shortt for obtaining one of the highest marks at abstract judging.

Mrs Heidi Booth-Adams, Head of the Scientific Department, led the organisational team with the usual dedication and flare.

The British Ophthalmological Surveillance Unit (BOSU)

The British Ophthalmological Surveillance Unit (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 that will lead to improvement in prevention or treatment of these diseases and service planning. This is achieved by operating a surveillance system in the UK by sending all consultant and associate specialist ophthalmologists a monthly report card. This allows research groups in ophthalmology and related

"The scientific programme was excellent and delegate numbers were good and represented significant improvements on the previous year"

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. We are also grateful to Fight for Sight for supporting the Research Bursary Award for ophthalmologists in training.

During 2008 a total of twelve different conditions appeared on the yellow card and we received 443 positive reports of cases of interest. In addition we supported the public health surveillance of ocular trauma in Scotland using a blue reporting card.

Eye

The journal, *Eye*, has continued to enjoy a rising impact factor with a current value of 2.29, the highest ever and is comparable to 1.87 in 2005 and 2.01 in 2007. The production of *Eye* depends on the support and commitment of the editorial team and, in particular, on Professor Lotery who became the Editor in January 2008. He has introduced changes that enhance the quality of the journal and an obvious change is the inclusion of abridged College Guidelines. Debate articles will now be included and there are plans to increase the number of pages per issue to reduce the backlog of articles accepted but not yet printed. It is also anticipated that *Eye* will feature a new cover from January 2009.

Guidelines

The Interim Age-related Macular Disease (AMD) Guidelines have been updated when necessary as the options for treatment of wet AMD have continued to evolve throughout the year. The definitive AMD guidelines went out for consultation in December and will be finalised for publication in early 2009. The Cataract Surgery Guidelines and Commissioning Cataract Surgery are currently being revised. Similarly, the Retinal Vein Occlusion guidelines are under revision. However, as the field is rapidly evolving, it is agreed that an Interim Guideline on the subject is more advisable at this time (similar to the scenario with AMD). Standards for Retrieval of Human Ocular Tissue used in Transplantation and Research have been updated. There was a good response to the consultation process on the NICE Glaucoma and Ocular Hypertension guidelines.

The production of evidenced based guidelines continues to be a challenge as the services of a methodologist are beyond the resources of the College. Nevertheless, we aspire to the same methods of gathering, evaluating and grading of evidence as those employed by the Department of Health and the National Institute for Health and Clinical Excellence (NICE).

Medical Futures Innovations Awards -The Ophthalmology Innovation Awards

The Medical Futures included ophthalmology in its programme for the first time this year. Essentially, the programme searches for and rewards new ideas for new technologies, services or therapies in eye care that would result in improvements to patient care. The list of 2008 winners was published in the December edition of *College News*.

"It was highlighted that with the ageing population conditions such as glaucoma and AMD were becoming major public health

problems"

The Ocular Public Health Group

This group has been very active in the drive to educate healthcare professionals and the general public on the prevention of eye disease. It has been particularly successful in the campaign on smoking and AMD and other eye diseases.

It is now agreed that an expanded remit of this group is necessary in order to deal with matters related to the National Vision Strategy and the *'Darzi Review'*. The Group's remit would cover epidemiology, how services should be planned and delivered and how preventable blindness could be eradicated. It was highlighted that with the ageing population conditions such as glaucoma and AMD were becoming major public health problems.

Committee members

Mr Winfried Amoaku Chairman The President All College Officers Mr Augusto Azuaro-Blanco Mr Nicholas Astbury Professor Victor Chong Mr Derek Forbes Lay Representative Miss Wendy Franks Mr Faruque Ghanchi Mr Richard Harrad Mr Parwez Hossain Mr Alistair Laidlaw **Professor Andrew Lotery** Professor John Marshall Miss Susan Mollan OTG Representative Mr James Morgan Mr Milind Pande Mr Ian Pearce Ms Jugnoo Rahi Mr John Sparrow Ms Gillian Vafidis Mr Colin Willoughby

The Research Fund

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

The College hopes to raise £1.5 - 2.0 million by the 25th Anniversary celebrations in 2013. Disbursements will commence in that year as part of Silver Jubilee celebrations, and continue on a regular basis thereafter. By the end of November 2008, an encouraging £67,000 had been accrued in the Fund.

The Seminar Programme

The most popular programmes were the Elizabeth Thomas Seminar, on advances in the management of AMD and juvenile macular disease, and the series of intravitreal therapies seminars. The 2nd Retinal Imaging Course (originally the 'Redhill Retinal Imaging Course') was run by the College at a larger venue outside College because of its popularity.

We look forward to seeing all of you at Congress in the popular International Convention Centre, Birmingham, in May 2009 when we celebrate the 21st Anniversary of our College. \blacksquare



Commemorative silver medal by W. Bain issued by the Royal London Ophthalmic Hospital c.1820

Saunders is best remembered as the founder of the original Moorfields Eye Hospital in 1805



The continuing rollout of the curriculum, assessments and portfolio has again been a major part of our work. It remains a challenge to all of us, from the most junior trainee through the hardworking trainers to the College Committees and Education Department staff - and especially the Training-the-Trainers/College Tutors team. Work-place Based Assessments (WBAs) are an excellent way of ensuring that trainees receive proper feedback and they should not become just a tick-box exercise. WBAs also make it easier to argue the need for "supporting professional activity" time in a consultant job plan.

The Committee continues to work with the Professional Standards Committee on plans for revalidation. The College is trying to work out a protocol which will be rigorous and yet, where possible, use data which is already being collected. Continuing Professional Development (CPD) is critically important in this process and the CPD Subcommittee is heavily involved. CPD for Staff and Associate Specialist doctors has been a prominent issue this year as the Department of Health made £12m available nationally for this purpose; the College has been pleased to arrange special places on training courses at the request of the London Deanery.

The Education Committee Mr David Cottrell



Changes in immigration rules have challenged the International Medical Graduates Subcommittee again and, once more, our very successful Dual Sponsorship Scheme has been under threat. Happily, it seems to have been rescued, thanks to the hard work of that Subcommittee.

The College has been very fortunate in acquiring a virtual reality surgical simulator with funding from the London Deanery. It is available for priority use by London trainers and their trainees, but is also open to other groups to use and is already forming an important part of the microsurgical skills courses. Appropriate use of all forms of IT for learning is of increasing importance and we are delighted at the progress made by the e-learning team in its work to support the curriculum.

My term of office ends in May 2009 and it has been a privilege to serve as Education Chairman. I have thoroughly enjoyed it, not only as a valuable job but also, because of the friendships formed. Justified criticism has of course come my way at times, but the immense support from the majority of members has been really gratifying. I would particularly like to commend the Subcommittee chairmen, our Lay Advisers and the College staff for their unstinting support and hard work - I shall miss you all! I offer my very best wishes to my successor.

Awards and Scholarships Subcommittee

Award	Recipient	Amount
Dorey Bequest Travel Award	Mr T Kersey Mr P S Cannon	£400 £400
Ethicon Foundation Fund	Mr G S Ang Mr P Cannon Mr Z I Carrim Mr M J Hawker	£1,000 £1,000 £700 £700
Fight For Sight Award	Miss R Pearson	£5,000
Keeler Scholarship	Mr D Morris	£20,000
Patrick Trevor Roper Undergraduate Award	Miss H N van Gemeren Mr N Mandal	£550 £550
Pfizer Ophthalmic Fellowship	Mr P Cannon Mr A Patel	£17,500 £17,500
Sir William Lister Travel Award	Mr Z I Carrim Mr M J Hawker	£400 £400

College Tutor Subcommittee

"We have also had the privilege of being asked to comment on curricula being developed in Africa and the Pacific"

Two College Tutor Induction days were held in 2008 and received good feedback. Two further sessions are planned for 2009.

Continuing Professional Development (CPD) Subcommittee

COMPASS. The College is keen to offer innovative learning opportunities to the membership, and following the disappointing response to the American Academy "Compass" programme during 2008, the College is delighted to offer all non-American members free access during 2009 to the AAO's much improved new product, "O.N.E". It allows access to full text articles in 5 important journals, and includes various other interactive educational quizzes and structured teaching cases.

CPD Audit. The College audited 10% of the membership registered for CPD, to ascertain whether members could provide proof of the CPD points they had claimed. The response rate was 67% and approximately 75% could provide all of the evidence required. This still left 25% who could not. An article was placed in *College News* drawing members' attention to the importance of keeping evidence to support Revalidation/Recertification.

Upgrade of the CPD on-line System. The College has submitted a bid for funding to amalgamate the current CPD diary for non-training grades with that of trainees so as to provide a seamless transition.

Curriculum Subcommittee

This has been a year of consolidation. Small changes have been made to a few details of the curriculum to ensure that it is consistent with achievable training programmes.

The e-portfolio continues to develop. Any new IT system will have some teething problems but the College staff have responded promptly when these have been identified, and short training videos have been developed to help users navigate it. Trainees have a natural mistrust of IT systems but there are many potential benefits: it is accessible anywhere there is an internet connection, is fully backedup, allows evidence to be associated easily with multiple learning outcomes and simplifies preparation for the Annual Review of Competence Progress (ARCP). Reflective learning is also supported.

I was invited to present on blueprinting of assessments, and the e-portfolio, at the World Ophthalmology Congress in Hong Kong which was exciting and revealed a lot of interest in the College's work. We have also had the privilege of being asked to comment on curricula being developed in Africa and the Pacific. Needs and demands are different there but the principles of excellence and thoroughness are the same

We have one more year to ensure that we meet all the standards of the Post Graduate Medical Education and Training Board for curricula and assessments - so this Subcommittee, and the Exams Committee, have some big challenges to meet during 2009.

E-learning Subcommittee

The main output of e-learning content will be via the e-learning for Healthcare collaboration. We will produce content in the form of an "Ophthapaedia", an online encyclopaedia written by members and trainees. There will also be a Learning Management System which we shall begin to populate with content from mid January 2009 and will initially support the early years of Ophthalmic Surgical Training. The pilot for this is the "blended learning" developed for the microsurgical skills course which went live in October. Finally, there will probably also be a Validated Case Archive in due course. We have appointed nine enthusiastic Section Editors who will control the content of this project and they have been hard at work mapping the curriculum in readiness for the next phase.

In addition to the collaboration, we have agreed a number of other initiatives, including the recording of eponymous lectures, development of recording equipment for teaching in the College Seminar room and a trial of software which would allow recording of "Powerpoint"-type lectures which could then be uploaded onto a server at the College.

ARTHUR JACOB 1790-1874

This medal in bronze by William Woodhouse was issued by the Royal College of Surgeons of Ireland in 1860 to commemorate Jacob's 70th birthday

Jacob, Irish anatomist and ophthalmologist, will be remembered as the discoverer of 'Jacob's membrane' and the description given to the rodent ulcer called 'Jacob's ulcer'



International Medical Graduates Subcommittee

By the end of the year we expect to have assisted 8 International Medical Graduates (IMGs) obtain registration via the General Medical Council through the Dual Sponsorship Scheme (DSS), allowing them to obtain specialist training in the UK before returning to their home countries to practise. These countries include Brazil, Canada, Australia, Israel and the USA. Feedback from IMGs returning home has been universally positive concerning all aspects of their time in the UK.

"Demand for surgical skills courses has remained strong this year and 172 trainees have attended the microsurgical skills courses"

In past years an IMG had to register with the GMC and obtain a work permit (visa) before training could commence in the UK. In early 2008, the Department of Health introduced a new Immigration System (IS) based on five tier points. The Medical Training Initiative (MTI) under which we operate the DSS will shortly be subsumed within the Government Authorised Exchange category (GAE), itself within Tier 5 of the new IS. In the GAE trainees will be able to gain access to a training visa for up to two years in order to gain specialist expertise before returning home.

The College wishes to remain actively involved in the process by which IMGs are trained in the UK. Since Modernising Medical Careers (MMC) started, locum training posts have been harder to fill and under the new scheme we may be able to facilitate quality training for IMGs in these posts as well as the traditional fellowship positions currently occupied by most DSS trainees.

Surgical Skills Subcommittee

Demand for surgical skills courses has remained strong this year and 172 trainees have attended the microsurgical skills courses. 60 others have attended intermediate and higher skills courses; in response to demand we have increased the number of places available on these.

The e-learning pilot on microsurgical skills is now active and all trainees complete this prior to attending the microsurgical skills course, thereby freeing up time for additional hands-on skills centre training. They also complete an interactive remote audience participation assessment of the knowledge they have gained from the e-learning, at the start of the course, to assess their knowledge base and encourage preparation for the course so that they can use their time most efficiently. This has proved entertaining and popular with both the trainees and trainers.

The major development within the skills faculty has been the introduction of the EYESi surgical simulator. This is computer based and simulates cataract and retinal surgery very realistically. Although we are still developing teaching programmes with it, it is now already a part of the microsurgical skills course and over the next year tuition in its use will be rolled out more widely to College members - especially to those in the London Deanery which kindly funded its purchase.

The Training-the-Trainers Subcommittee (TTT)

Subcommittee Chairmen

Awards and Scholarships Mr Bruce James **College Tutors** Mr David Smerdon **Continuing Professional Development** Mr Graham Kirkby Curriculum Mr David Cottrell E-learning Mr James Innes International Medical Graduates (IMG) Training Professor Stephen Vernon Surgical Skills Mr Mark Watts Training the Trainers Mr David Smerdon **Undergraduate/Foundation Education** Professor Philip Murray

Committee members

Mr David Cottrell Chairman
The President
All College Officers
Subcommittee Chairmen
Dr Karen Gillvray SAS Group Representative
Professor Huw Jones Lead Dean for Ophthalmology
Mr Michael Nelson
Mr Manickham Thiagarajan OTG Representative
Mrs Carol Watkins Lay Representative
Mrs Manijeh Wishart AHPO Representative

The Training-the-Trainers (TTT) courses are still very popular. In 2008 we ran 5 TTT days which were well-attended. Two Work-place Based Assessment training days were held at the College and another was held as part of the Leeds postgraduate teaching programme. Three training sessions in the use of the new curriculum and e-portfolio have been held in Newcastle, Belfast and Leeds. Specific training designed to fulfil the PMETB trainer specifications is being developed and the first of these sessions was held at the College in December for supervisors in the London Deanery. Further sessions are planned for London and Bristol early in 2009.

Undergraduate/Foundation Education Subcommittee

Over the last year the Undergraduate Education Subcommittee has concentrated on two main issues: identifying the provision of undergraduate ophthalmology teaching in the UK, and updating information for medical students.

Miss Margaret Dayan and Mr Oliver Baylis conducted a national questionnaire survey of undergraduate teaching looking at: the curriculum and its contents; organisation, training and delivery of teaching; medical student assessment and evaluation of courses; available resources; and what improvements could be made. The results were circulated as a report to the Education Committee, and a small working party is being formed to deal with the issues raised.

With the help of Mr Bruce James a completely revised 'Ophthalmology as a Career' document has been produced and includes illustrations and a number of vignettes from trainees as to why they enjoy the specialty.

SIR WILLIAM MACKENZIE 1791-1868

This award medal by the Glasgow Eye Infirmary was struck in silver by Kathleen Bruce-Scott 1939

MacKenzie was the foremost Scottish ophthalmologist of his time and wrote "A Practical Treatise on Disease of the Eye", 1830, which remained the leading English textbook for several decades





The Training Committee
Mr Peter McDonnell

"The Training
Committee
played a key
role in providing
published
guidance to
trainees and
deaneries"

After a period of considerable turbulence the environment of postgraduate medical education has become a little more settled during 2008. This year saw the second year of recruitment of trainee ophthalmologists to the new form of training known as run-through training. The process of selection and recruitment for ophthalmology in the UK was relatively trouble-free in 2008. The Training Committee played a key role in providing published guidance to trainees and deaneries and answered many questions and provided specific advice to individuals. The Committee is very grateful for the hard work and dedication of the consultant ophthalmologists in Deaneries who organised and ran the whole process.

At the same time the Departments of Health in the UK were consulting on how to take forward the recommendations of the independent inquiry on Postgraduate Medical Training by Professor Sir John Tooke, *Aspiring to Excellence*. The Training Committee, together with other College committees, has continued to work with Modernising Medical Careers (MMC) organisations in each of the four UK countries and has helped the Academy of Medical Royal Colleges to develop responses and recommendations for future change.

One of the recommendations of the Tooke report, which has been accepted by the UK Government, is to merge the Postgraduate Medical Education and Training Board (PMETB) with the General Medical Council (GMC). It is planned that this will happen by 2010. This means that the present functions of PMETB in relation to the regulation of postgraduate medical training will become the responsibility of the GMC from that date. Currently, PMETB is the body that provides approval for training programmes and posts in the UK and the College continues to work with PMETB and the Deaneries to ensure that high standards of ophthalmology training are maintained across the UK. The Training Committee is also continuing to pilot its own scheme of College Faculty Support meetings with Specialist Training Committees and Schools of Ophthalmology to provide support and advice from the Committee to the Deaneries.

The Training Committee continues to assess the suitability of trainees to have their names entered upon the specialist register and it makes the appropriate recommendation to PMETB. In 2008 the Certificate of Completion of Training (CCT) was awarded to 63 ophthalmologists. The Committee also assesses many proposals from individual trainees for out of programme training or research to count towards their CCT. Thank you to the members of the Committee who have worked hard over the year and a special thank you to the staff of the Education and Training Department led by Miss Alex Tytko and Miss Beth Barnes.

Equivalence of Training Subcommittee

The Equivalence of Training Subcommittee has continued to have an increasing workload in the past year. 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. The Subcommittee assists PMETB in its assessment of applications under Article 14 for the award of a Certificate of Eligibility for Specialist Registration (CESR). The work involved is very substantial both for College staff preparing the paperwork and for members of the

Committee members

Mr Peter McDonnell Chairman The President All College Officers Mr Hatem Atta Miss Michèle Beaconsfield Mr Christopher Blyth Mr John Bradbury Miss Clare Davev Dr Yvonne Delaney The Royal College of Surgeons of Ireland Mr Charles Diaper Mr Declan Flanagan Professor John Forrester Dr Nicholas George Professor Huw Jones Lead Postgraduate Dean Mr Nishant Kumar OTG Representative Miss Andrena McElvanney Dr Lalitha Moodaley SAS Group Representative Miss Rosemary Robinson Mr James Sharkey Dr Jaswinder Singh Mr Peter Simcock Miss Fiona Spencer Professor Miles Stanford Mr Kevin Stannard Mr Michael Stewart College Solicitor Mr Victor Stone Lay Representative Mr Paul Sullivan Professor Stephen Vernon Dr Iain Whyte

Equivalence of Training Subcommittee Chairman

Mr Peter McDonnell Chairman
All members of the Training Committee
Miss Lucilla Butler
Mr Puvana Chandra
Mr Bernard Chang
Mr Anthony Evans
Mr James Innes
Mr Bruce James
Dr John Murdoch
Professor Philip Murray
Dr Carmel Noonan
Miss Fiona Sullivan
Mr David Smerdon
Ms Gillian Vafidis

SIR WILLIAM BOWMAN 1816-1892

The Bowman Award medal by Frank Kovacs, struck in bronze, was issued by the Ophthalmological Society of the United Kingdom 1945

Bowman was a great physiologist, anatomist and general surgeon, but it was as an ophthalmologist that he will be remembered. He was the doyen of British ophthalmology during the 19th C and has 'Bowman's membrane', which he identified, named after him

Subcommittee who go through all the evidence supplied by the applicant. Typically an application has been between 300 and 500 pages of closely typed A4. In order to deal with the increasing workload, the Subcommittee now regularly uses a teleconference facility as a means of evaluating applications. The Subcommittee provides updated guidance for Article 14 applicants in ophthalmology which is on the College website. The Subcommittee continues to recruit additional consultant members to help with its work.

During 2008 the Equivalence of Training Subcommittee met four times, held 33 teleconferences and forwarded 37 recommendations to PMETB. To date the College has been informed that PMETB has agreed with 34 of the College recommendations and it has not yet informed the College of its decisions on the remaining three. In 2008 the CESR was awarded to 12 ophthalmologists.

In January 2009 a new Chairman, Mr Peter Simcock, will lead the work of the Subcommittee.



The simulator, as described in the Education Committee report, in use



This extremely busy year has seen the phasing out of the old examination structure leading to Fellowship of the College whilst simultaneously introducing the new structure. This has meant that a greater number of exams have been set and sat in one year than ever before.

The Examinations Committee Dr Caroline MacEwen



The new examination structure consists of three components – a Part 1 FRCOphth, a Refraction Certificate and a Part 2 FRCOphth. These examinations have been "decoupled" from training so that there are no stipulations to the accredited amount of training required to have been undertaken by candidates. However, trainees within ophthalmic specialist training (OST) in the UK are required to pass Part 1 FRCOphth before being allowed to proceed into year 3, pass the Refraction Certificate before being allowed to progress into year 4 and the Part 2 FRCOphth is required in order to complete training and gain a Certificate of Completion of Training (CCT).

Transition arrangements have been put in place for trainees who have all or some of the elements of the old style MRCOphth examinations. Reciprocal arrangements are also agreed with the Royal College of Surgeons of Edinburgh for those trainees who have some or all parts of the MRCS (Ed) examination.

This alteration to the examination structure has been brought about by recent changes to the training of junior doctors in this country. Examinations need to meet a number of standards set by the Postgraduate Medical Education and Training Board (PMETB) and, while we have approval for our new examination structure until 2010, we are required to provide evidence that they are entirely fit for purpose. A great deal of effort is being applied to setting the appropriate standards at each level of examination and collecting data to demonstrate the validity and reliability of the test items selected. This data will be available in the public domain and we are indebted to Mr Michael Nelson, the College's Education Adviser, for his comprehensive analysis of each individual examination which ultimately will provide the appropriate evidence that our assessment methods are meeting PMETB standards and will continue to be recognised after 2010.

The College does not limit its assessment profile to those candidates wishing to become Fellows. The Diploma Examination (DRCOphth) has continued to become an increasingly popular examination. This examination is sat by candidates who do not wish to undertake training to the level of a consultant but wish to have a qualification that demonstrates their experience and knowledge of ophthalmology, allowing them to work in a supervised manner. This examination can be sat in

isolation or along with the Refraction Certificate (the Diploma Plus). Furthermore some trainees may wish to sit this examination in order to demonstrate their competencies as they pass through OST.

Subcommittee Chairmen

Part 1 RCOphth Miss Clare Davey **Refraction Certificate** Mr Robert Taylor Part 2 FRCOphth (until 30 November 2008) Dr Caroline MacEwen Part 2 FRCOphth (from 1 December 2008) Mr Peter Tiffin Part 2 MRCOphth Dr Caroline MacEwen Part 3 MRCOphth Dr Caroline MacEwen Diploma **Dr Paul Baines** Laser Refractive Surgery Assessment Mr Jeremy Prydal

Committee Members

Dr Caroline MacEwen Chairman The President All College Officers All Subcommittee Chairmen Mr Wagih Aclimandos Mr Ali Amanat Dr Patrick Gallagher Mr Faruque Ghanchi Dr Elizabeth Graham Dr Harold Hammer Miss Yogeswary Kurunadalingam SAS Group Representative Miss Amanda Lewis OTG Representative Miss Sara Livesey Professor Philip Murray Mr Michael Nelson Ms Sylvia Simmons Lay Representative

The Certificate in Laser Refractive Surgery, which is a post CCT certificate, has also increased popularity with some laser surgery provider groups wishing their surgeons to hold this certificate to demonstrate their competency. This assessment identifies that the successful candidate has knowledge of laser technology and the surgical processes around refractive surgery.

The Royal College of Ophthalmologists examinations are clinically based and therefore depend upon patients being willing and available for the candidates to examine and discuss management. This in turn means that eye departments up and down the country are prepared to take time out of their clinical duties and allow us in to carry out our examinations. The large number of examinations run in 2008 meant that we are indebted to even more hospitals, chief executives, ophthalmologists, nurses, secretaries and patients than ever before. In this day of target driven medical practice, it is gratifying to note that the importance of assessment, and hence standards for the future, remains important.

There is a large group of examiners who give up periods of their time in order to assess the candidates. They have been extremely patient and supportive during this time of change. A comprehensive training programme is under way to ensure that they are fully aware of, and cognisant with, the new examination techniques. I am extremely grateful to each and every one of them for their continued input and support. I am particularly indebted to the Chairman of each of the Examination Subcommittees for their huge contribution, which most certainly does not go unnoticed. Thanks are also given to the Examinations Committee members for their input into making some difficult decisions in the past year.

Mrs Emily Beet, Head of the Examinations Department, runs an extremely efficient unit which is fundamental to the smooth running of all examinations that take place from the College. Candidates and examiners alike are grateful to the input from Emily and her team.

This year I succeeded Mr Simon Keightley who had been Chairman of the Examinations Committee for the preceding four years. He steered the examinations through an extremely difficult time of transition and I thank him for having left the department in a strong position.

FRANCISCUS CORNELIUS DONDERS 1818-1889

Commemorative medal by J.P.M. Menger, struck in bronze, for Donders' seventieth birthday

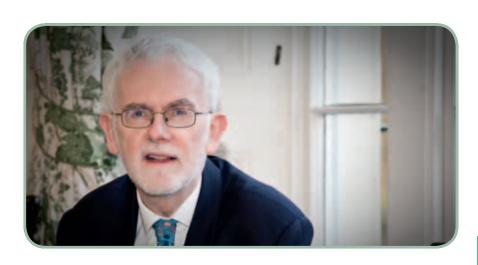
Donders is best remembered for his work on the anomalies of accommodation and refraction of the eye



In 2008 our President signed a Memorandum of Understanding with the Eastern Africa College of Ophthalmologists (EACO) and also attended the launch of their 5 Year Strategic Plan in September. This new organisation is keen to collaborate with our College in developing training for ophthalmologists (their aim is one ophthalmologist for every million of the population!). They have shown their curriculum to our Education Committee, which has supported it. We hope for further fruitful collaboration.

Mr Wagih Aclimandos is now the College's representative to the International Federation of Ophthalmological Societies, and is President Elect of the European Board of Ophthalmology.

The International Subcommittee Mr John Lee



Subcommittee members

Mr John Lee Chairman The President Mr Wagih Aclimandos Mr Nicholas Astbury Miss Michèle Beaconsfield Mr Timothy ffytche Mr Zdenek Gregor Dr Caroline MacEwen Professor Stephen Vernon Dr Ahlam Aboud, who provided a very useful perspective on Iraqi medical matters, has retired from the committee, and we thank her for her valuable contributions.

The VISION 2020 Links programme continues to flourish under Mr Nick Astbury, past President of the College and a member of the International Committee. This initiative partners UK eye units with units overseas to allow exchange of skills and teaching. The programme goes from strength to strength under his inspired leadership.

Finally, there is yet more disruption in the process for allowing international medical graduates to come and work in the UK. The whole process of sponsorship is being reorganised, and there is no clear guidance at the time of writing this report. Given the number of international graduates who look to the UK for further subspecialty training, this situation is to be deplored.

ALBRECHT VON GRAEFE 1828-1870

This bronze medal by F. Hartzer and Emil Weigand was presented to Hermann von Helmholtz. This is a copy of the von Graefe gold medal first presented in 1886 on the 500th anniversary of the University of Heidelberg and awarded every 10 years since

Von Graefe was perhaps the most gifted and outstanding ophthalmologist of his generation. His inventions and innovations are many but he is best known for his cataract section using the knife he invented





The European Subcommittee Miss Michèle Beaconsfield

Subcommittee members

Miss Michèle Beaconsfield Chairman The President Mr Wagih Aclimandos Mr Timothy ffytche Mr Alistair Fielder Mr John Lee The Hippocratic oath promises to keep skills and knowledge up to date, and Socrates suggested that if we think education is expensive, just think how much ignorance will cost. European Union medical directives have to date mostly been aimed at medical school and postgraduate training; this adds up to some 12-15 years yet we spend double that time in practice. The attention of European regulators is now turning to how to monitor, maintain and improve this professional period. This is all the more relevant as the EU directive on patient mobility is being revised: if patients are being told to expect both similar and good quality care across the EU, then - amongst other data - best medical practice needs to be exchanged between medical colleagues. Where better to reach a large audience than at a conference? While all UK colleges have well established CME/CPD programmes the same cannot be said for every European member state. The UEMS (Union Européenne des Médecins Spécilaistes) has set up the European Accreditation Council for CME (EACCME): this provides a coordinated system to facilitate the awarding of appropriate credit hours for activities, in particular for those member states that may not yet have a fully developed system of their own.

The perennial pantomime starring the EWTD (European Working Time Directive) oh yes we can opt out; oh no you can't! – appears to have come to an end. The EP (European parliament) vote in December confirmed that the 48-hour week (averaged over a reference period) comes into force in August 2009, with no possibility of extending the opt-out; all of resident on-call counts as work, and compensatory rest must be taken at the end of the working time rather than deferred. Only 3 member states can claim that the majority of their training programmes are currently compliant and, yes, the UK, that most eurosceptic of nations, is one of them. It will be interesting to see what has happened to the other 24 by this time next year.

"The Hippocratic oath promises to keep skills and knowledge up to date, and Socrates suggested that if we think education is expensive, just think how much ignorance will cost"



Commemorative medal struck in bronze by Charles Wiener in 1880

Mooren was a prolific writer, head of the Municipal Eye Hospital in Dusseldorf all his working life and known today for Mooren's Ulcer which he described in 1867



The SAS Group has continued to represent the interests of SAS Ophthalmologists in College Committees and Council meetings during 2008. We meet three times a year, in February, June and October.

The Staff and Associate Specialists Ophthalmologists' Group Mr Jonathan Eason

Mr Jonathan Eason



Chairman, South West Thames, Finance Miss Brenda Billington The President Dr Sumedha Bhagat Scotland West, Training the Trainers, E-learning Mr Napoleon Devarajan Wales, Paediatric Dr Surinder Dhanoa Oxford, Continuing Professional Development Dr Joanna Gall Wessex, Lay Advisory Group Dr Karen Gillvray Northern Ireland, Education Dr Jane Harcourt Scotland East, Workforce Dr Husain Hilmi South Western, Professional Standards Dr Elizabeth Kaonga **South East Thames** Mr Thurairatnam Kathirgamakarthigeyan West Midlands, Equality and Diversity Dr Lesley Kaye Mersey Miss Yogeswary Kurunadalingam Yorkshire, Examinations Dr Mona Loutfi North West Thames, International Medical Graduates Dr Lalitha Moodaley Moorfields, Training Mr A Sherif Omar Northern Mr Francis Rajan East Anglia, Surgical Skills Dr Pauline Wilson North East Thames Mr Samuel Wong Trent Dr Lorna Young

North West

We value the feedback and views we have already received from SAS Ophthalmologists around the country. However, to be able to represent our colleagues more effectively we need to hear from a wider range of SAS Ophthalmologists. We know that we represent a diverse group who have differing needs particularly in the areas of CPD, personal development and training. We also realise that there are varying levels of interest in College activities. However, at a time when money has been specifically allocated to Deaneries for SAS training, it is crucial that views and needs are aired and shared. You can contact the group through your regional representatives or directly at sas@rcophth.ac.uk.

A new initiative this year was the formation of a Joint College SAS Group with members invited from all the Medical Colleges. The aim of the group is to discuss broad issues that affect all SAS doctors whatever the speciality. We also aim to pool information and learn from each other, sharing good practice ideas and exploring areas of joint working. The Group met twice in 2008 and is planning to hold a multi-College meeting in the Autumn of 2009. This will be open to all SAS doctors in all specialties, with speakers from different fields who will discuss issues that affect us all.

In another important development this year, SAS doctors have become eligible to apply to train as examiners for certain parts of the College examination system. If you are interested in joining the panel of examiners for the Refraction Certificate please contact: emily.beet@rcophth.ac.uk .

This year saw another SAS Forum at the Annual Congress in Liverpool. Held in a spirit of openness, with questions put to College Officers, it probably was a bit too open with a large area of floor space between speakers on the dais and an audience around the walls of the room. I think we will close the gulf again in Birmingham in May! Suggestions for questions for College Officers or subjects for discussion are welcome.

You can read the Forum questions and answers and also access confirmed minutes of SAS Group meetings on our web page www.rcophth.ac.uk/about/college/sas-group .



The Ophthalmic Trainees' Group (OTG) Mr Faisal Idrees

"I can report
success in
achieving a
number of
our goals for
this year"

In 2008 the Royal College of Ophthalmologists celebrated the 20th anniversary of the granting of a Royal Charter. However, it was not until 1995 that the Ophthalmic Trainees' Group (OTG) was established.

Although the central role of the OTG remains communication in that we provide a two way communication between the College and trainees this is only part of the story. It is a credit to the College's open and receptive attitude that has enabled OTG committee members to continue to explore various ways of further enhancing training for the benefit of all.

During 2008, apart from regular email discussions, the OTG has met four times to raise matters currently facing trainees from around the United Kingdom whilst also debating issues that are on the horizon but likely to impact on training in the future. The OTG acts as the voice and ears of trainees on other College committees ensuring that both the old Calman trainees and the new Specialist Trainees receive the most thorough training opportunities possible and that neither group is disadvantaged.

Just some of the challenges faced during this year have been the changing delivery of training, the evolving new curriculum and assessment tools, the introduction of Postgraduate Schools, threats to the status of overseas graduates and position of CCT-holders with regard to consultant appointments. The OTG has been very vocal in expressing trainees' views about these important issues and have made significant contributions towards relevant documents and surveys such as the e-portfolio survey at the end of 2008.

2008 saw the introduction of OTG Taskforces with individual committee members taking a lead to study issues deemed important for trainees which reflects the proactive nature of the OTG. I can report success in achieving a number of our goals for this year. The first of two major goals for 2008, the establishment of a website (www.ophthalmictrainee.com) has been achieved with Mr Jonathan Ross as its webmaster. In 2009 it is hoped that it will migrate to the College website. The second strategic goal for 2008 was setting up a structure for collecting meaningful data useful for trainees regarding consultant appointments in subspecialties. This is currently underway and requires all trainees to provide ongoing data to their OTG representatives. Although this data will be presented in early 2009 other data in conjunction with the Workforce Subcommittee is available online now. Another achievement for 2008 was the designing of an OTG logo which has now been adopted.

HERMANN JAKOB KNAPP 1832-1911

This memorial award issued by the American Medical Association, Section on Ophthalmology was struck in 18k gold in 1911

Knapp, assistant to von Graefe and student to von Helmholtz and Donders, became a world renowned ophthalmic pathologist. He was co founder of the Archives of Ophthalmology and Otology



The sixth and last 'Ophthalmic Registrars and Young Consultant Learning the Essentials' (ORYCLE) held in Manchester and organised by Miss Amanda Lewis was a great success. This year the programme included setting up in independent practice and a session entitled "Congratulations you're a consultant – now what?" A representative from the Medical Protection Society reviewed statistics of what leads ophthalmologists into difficulty whilst a retired GP gave his personal experience of macular degeneration and its impact on his career and family life. Other topics included the experience of a fellowship in Australia, delivering ophthalmic care in the community and working with the new curriculum.

Mr Faisal Idrees Chairman, South Thames, Council, Training and Curriculum Miss Brenda Billington The President Mr Nishant Kumar Overseas Trainees, Deputy Chairman, Training, Equality and Diversity Dr James Cameron Scotland Miss Laura Crawley **North Thames** Miss Shu Fen Ho Trent*, MMC Working Party Miss Amanda Lewis North Western, Examinations Dr Tanya Moutray Northern Ireland Mr Nuwan Niyadurupola Anglia & Oxford, Workforce Mr Amit Patel Wales, Professional Standards Mr Fahd Quhill West Midlands Mr Jonathan Smith Northern & Yorkshire, Finance Mr Manickham Thiagarajan South Western, Education and E-learning Miss Susan Mollan Co-opted Member, Scientific Mr Jonathan Ross Just as years ago there was the Young Ophthalmologists Travelling Club (YOT Club) which evolved into ORYCLE, the OTG are establishing the Ophthalmic Training Club (OTC) for 2009. The OTC will try and foster camaraderie between ophthalmic colleagues whilst seeking to enrich their professional careers. It will still feature an annual meeting for all trainees and recently appointed Consultants with topics of interest for all stages of their careers and will also include a social event. The second part of the OTC will be a comprehensive online Fellowship Database listing subspecialist training opportunities available in the UK and abroad.

I hope that in 2015 when the OTG celebrates its 20th anniversary we are all able to look back upon 2008 as one of many years that the OTG has worked for the benefit of trainees during difficult years of change. I would like to thank all the current OTG representatives and those who have left over the year for their enthusiasm and contribution for making the OTG the vibrant team that it is. The story would not be complete without acknowledging Miss Beth Barnes and Miss Katie Miller. I would like to take this opportunity to thank Miss Brenda Billington and each of the College Officers who have attended the OTG committee meetings providing invaluable guidance and support.

* The Trent Regional Representative covers the East Midlands Deaneries based in Nottingham and Leicester, and the South Yorkshire and South Humberside Deanery based in Sheffield.

PHOTINOS PANAS 1832-1903

Co-opted Member, Website

This commemorative plaquette by Louis Alexandre Bottee was struck in bronze in 1903

Rev. Draped woman, Science, standing behind seated semi-nude youth, holding his hand she removes the bandages over his eyes with her other hand. The youth is dazzled by the sight of Athens visible in the background

Panas was co-founder of the Archives d'Ophtalmologie and the French Society of Ophthalmology 1883, as well as writing the best French textbook on ophthalmology of the period



The Lay Advisory Group (LAG) has continued to meet quarterly and now has members involved in all the major College committees. We are grateful to Committee Chairmen for their support in enabling our contribution and for the time that some have given to also attend meetings of our Group to explain their work.

The LAG has commented on matters of interest to the College and on issues related to its own work. These included comments on the UK Vision Strategy and aspects of its implementation; the leaflet "Understanding Vision Loss" designed to help nursing staff quickly assess a patient's vision; support for the inclusion of the number of surgical procedures in the curriculum; concern about the suggested ending of the Certificate of Visual Impairment (CVI) data collection; and issues of confidentiality during College examinations.

We have continued our involvement with the Academy of Medical Royal College's Patient/Lay Group and support the need for this to avoid duplicating work done in Colleges. The Chairman attended the launch event for the Department of Health's quality metrics and we hope that further lay involvement will be sought. The Chairman has also accepted an invitation to be the lay member on the Board of the London, Kent, Surrey and Sussex Specialty School of Ophthalmology.

The LAG was very pleased that the Council decided at its December meeting that a special resolution should be formulated for the Annual General Meeting whereby serving members of the LAG should be accorded membership of the College. Such an arrangement will serve the College and its members well in their work with lay people.

As ever, the LAG has been well supported by the President, Chief Executive and members who have encouraged debate about issues of importance in ophthalmic care. We are grateful for their time and for the efforts of our secretary, Mrs Sara Davey, who has organised and recorded our meetings with great diligence.





The Lay Advisory Group Mr Tim Battle

Lay Advisory Group Members

Mr Tim Battle Chairman
Miss Brenda Billington President
Ms Maurina Baron Professional Standards
Mr Mike Brace OBE Paediatric
Mr John Cannon Finance
Mr Bernard Chang Council member
Mrs Kathy Evans Chief Executive
Mr Derek Forbes Scientific/Equality and Diversity
Professor Helen Petrie
Information and Audit Subcommittee
Mr Graham Kyle Council member
Ms Gill Levy Ocular Public Health Group
Ms Sylvia Simmons Examinations
Mr Victor Stone Training/Equality and Diversity
Mrs Carol Watkins Education

The exercise of cataloguing the instrument and antiquarian books in the College's collections is now complete largely due to the invaluable help of Mr Michael Adams. However the long process of working out the date, manufacturer and inventor of each of the 1,400 instruments in the Museum has only just commenced.

The Museum and Library Mr Richard Keeler Honorary Curator



It has been a good year for donations to the library and museum. Of particular interest is an instruction manual on the Erisiphac and phacoerisis 1921, a copy of *Parson's Diseases of the Eye* annotated by Edward Nettleship and accompanied by a letter from him, *Snellen's Optotypi 1896*, a beautiful copy of *Oeller's Atlas of the Fundus 1896-99* and a booklet of original test types which is on loan.

Our collection of over 200 different ophthalmoscopes has recently attracted an important addition in the form of Gullstrand's Large Reflex-Free Ophthalmoscope made by Carl Zeiss, Jena. This was kindly donated by the Sussex Eye Hospital.

The archive of the Oxford Ophthalmological Congress has been deposited at the College for safe keeping and will be available for study following the centenary meeting in July. Preparations are in hand to hold an exhibition on the founder, Mr Robert Doyne, and the Congress during the meeting.

As in previous years, the College held a very successful Seniors' Day at which a talk about the collections was given and members were able to visit the Museum and Library.

Instruments from the College's collection, with a brief historical description, are now featuring on the cover of the *British Journal of Ophthalmology*.

HENRI DOR 1834-1912

This commemorative plaquette by Jean-Paul Aube struck in silver was for Dor's 76th birthday

Rev. Draped woman, Science, right arm extended and motioning away clouds to allow sunlight to shine down on city below, her left arm resting on a chair upon which is seated a semi-nude youth exclaiming at the sight

Dor was the co-founder of the Revue Generale d'Ophtalmologie and also co-founded the Heidelberg Congress and French Ophthalmological Society



Robust elections are an important part of the College agenda to ensure the continued smooth running of the various committees, subcommittees, examinations, symposia and the events that go to help make up a Royal College. This year was the first that all Fellows and Members who pay a subscription could vote for their President. The administration was carried out by Electoral Reform Services Limited, the commercial arm of the Electoral Reform Society, which ensured a fair and safe process. The turnout for voting was 45% of the eligible electorate which compares very favourably with other Colleges and similar organisations. Interestingly, 80% of voters used the paper voting system and only 20% sent electronic votes.

Mr John Lee of Moorfields Eye Hospital was returned as President from a strong field of 6 candidates and I am sure he will represent College views in the same selfless and energetic way that Miss Brenda Billington has.

Elections were also held during the year for the Chairman of the Examinations Committee and representatives were sought in five regions. In all cases a job description was prepared for prospective candidates so that the responsibilities could be understood and, in turn, nominees prepared a statement for the electorate to consider.

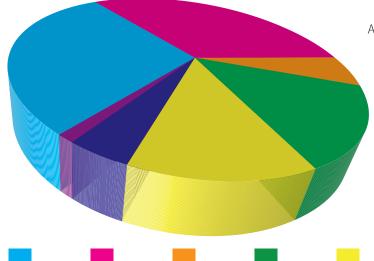
Regional Advisers are appointed by Council to act on behalf of the College to promote high standards of ophthalmology in the region through training, education and research. The process for appointing them has been reviewed and vacancies now appear in College News. The Fellowship by Election process has also been reviewed and now supporters must complete a structured reference on behalf of the candidate. It has also been clarified that Medical Ophthalmologists who fulfil the criteria are welcome to apply.

The College continues to enhance its media profile and organised two successful press launches during the year. The first, held in conjunction with the Guide Dogs for The Blind Association, promoted the Low Vision book by Anne Sinclair and Barbara Ryan, a book which was also distributed to each member. The second event was held in conjunction with the Macular Disease Society to increase awareness of Charles Bonnet syndrome.



The Honorary Secretary Mr Larry Benjamin





A consequence of greater public awareness is an increase in queries from the press, allied professionals and patients.

We do our best to answer these queries in a timely and appropriate manner. In this regard, and in so many others, I am indebted to Mrs Jackie Trevena and her staff for their invaluable help.

Consultants Home Members 1032

1237











Equality and Diversity Report

In June Council received a report that summarised 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 Associations Equal Opportunities Committee and will consider ways of improving future procedure. A feature of the annual Examiners' Training Day is a session on equality training.

Mr Winfried Amoaku Chairman
Mr Peter Black Workforce Subcommittee
Mr Derek Forbes (Lay Representative)
Mr Thurairatnam Kathirgamakarthigeyan
SAS Group Representative
Mr Nishant Kumar OTG Representative
Mr Victor Stone Lay Representative

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	3.1	3.1
Regional Advisers	100	90.6	4.7	0.0	0.0	4.7	0.0
Consultants Members	87	77.4	13.3	1.5	1.2	3.3	3.3
Other UK Members	62	48.9	36.6	2.2	2.7	3.7	5.9
UK Senior Members	93	73.8	24.9	1.3	0.0	0.0	0.0
Examiners	98	78.6	15.0	1.3	1.3	1.3	2.5
Candidates	82	28.0	46.2	2.8	6.9	5.6	10.5
Staff	100	87.1	4.3	4.3	4.3	0.0	0.0

Category	Male % %	Female %
Council	79	21
Regional Advisers	78	22
Consultants Members	81	19
Examiners	85	15
Examination Candidates	61	39
Staff	22	78

JULIUS HIRSCHBERG 1843-1925

This bronze commemorative plaquette by Ernst Herter honoured Hirschberg on his 70th birthday in 1913

Rev. Standing before the buildings of the University of Berlin, a draped woman uncovers with her left hand the eyes of an amazed old man

Hirschberg, historian without peer, wrote a vast history of ophthalmology over the period 1899 - 1918



Staff As at 31 December 2008

Chief Executive Kathleen Evans Personal Assistant to the Chief Executive/IT Manager Sara Davey Personal Assistant to the President Penelope Jagger Head of Education and Training Department Alexandra Tytko (on maternity leave) Elizabeth Barnes Acting Head of Education and Training Department Education and Training Administrator Carol Welch Education and Training Administrator Susannah Grant Education and Training Administrative Assistant Stephanie Oliver 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** Martin Reeves Head of Scientific Department Heidi Booth-Adams Events and Scientific Coordinator Gabriella Saunders **BOSU Scientific Coordinator** Barnaby Foot Journal Secretary Elaine Hudson Head of Finance and Membership Department Jacqueline Trevena Finance Director Mark Merrill Finance Assistant Jenny Henry Membership Assistant Esther Merrill Head of Human Resources and Facilities Jacqueline Trevena Principal Receptionist Karen Taylor Receptionist/porter William Carson



Donations and Grants

Donations and Grants have been received from Individual members of the College Members of the public Academy of Medical Royal Colleges AMO UK Limited Bausch and Lomb (UK) Limited **British Eye Research Foundation** (trading as Fight for Sight) The Department of Health The Guide Dogs for the Blind Association **Keeler Limited** The Macular Disease Society Medisoft Limited **Novartis Pharmaceuticals Limited** Pfizer Limited Spectrum Thea Limited Topcon (Great Britain) Veni Vidi Limited Carl Zeiss Limited

Council Attendance 2008				
	March	June	Sept	Dec
Brenda Billington	√	√ √	√	√
Simon Keightley	V	**	**	**
David Cottrell	√	√	√	√
Peter McDonnell	V	√	V	√
Richard Smith	V	√	√	√
Winfried Amoaku	√	√	√	√
Caroline MacEwen	√	√	√	√
Carole Jones	√	√	√	√
Larry Benjamin	√	√	-	√
Wagih Aclimandos	-	√	√	√
Ali Amanat	*	√	√	-
Andrew Castillo	√	√	V	√
Bernard Chang	√	√	V	√
Clare Davey	√	√	-	√
Anthony Evans	√	√	√	√
Wendy Franks	-	√	√	√
Harold Hammer	√	√	√	√
Nicholas Hawksworth	√	-	√	√
Bruce James	√	√	-	√
Graham Kirkby	-	-	√	√
Graham Kyle	√	√	√	√
Andrena McElvanney	V	√	√	√
Eamon O'Donoghue	V	√	√	-
Michael Quinn	√	√	-	-
David Smerdon	-	√	√	√
George Turner	V	√	√	√
John Twomey	√	√	√	√
Gillian Vafidis	V	-	√	√
lain Whyte	*	√	√	-
Tim Battle	√	-	-	√
Jonathan Eason	√	√	√	√
John Lee	√	√	√	√
Faisal Idrees	*	√	√	√
Jonathan Ross	-	**	**	**

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

HERMAN LUDWIG FERDINAND von HELMHOLTZ 1821-1894

This 1894 commemorative plaquette by Josef Tautenhayn struck in silver was for the 66th congress of German Naturalists and Physicians

Von Helmholtz will be remembered for many brilliant discoveries most especially as the inventor of the Ophthalmoscope in 1851





College Officers

Miss B M Billington President

Mr S J Keightley Senior Vice President

Mr D G Cottrell Senior Vice President

Mr W M Amoaku Mr D G Cottrell

Dr C J MacEwen

Mr P J McDonnell Mr R Smith

Miss C A Jones Mr L Benjamin

Vice President Vice President

Vice President

Vice President

Honorary Treasurer

Vice President

Honorary Secretary

Examinations

(Until 21 May 2008)

Education

(From 21 May 2008)

Scientific

Education

Examinations

(From 21 May 2008)

Training

Professional Standards

Finance

Regional representatives

Mr W A Aclimandos

Mr A Amanat

(From 1 March 2008)

Mr A A Castillo

Mr B Chang

Miss C C Davey

Mr A R Evans

Miss W A Franks

Dr H M Hammer

Mr N R Hawksworth

Mr C B James

Miss A M McElvanney

South West Thames

East Anglia

Trent

Yorkshire

North East Thames

Wessex

Moorfields

Scotland West

Wales

Oxford

S E Thames



Mr G R Kirkby Mr G M Kyle

Dr C J MacEwen

Mr I Whyte

Mr E P O'Donoghue

Dr M J Quinn

Mr D L Smerdon Mr G S Turner

Mr J M Twomey Ms G C Vafidis **West Midlands**

Mersey

Scotland East

(Until 21 May 2008)

Scotland East

(From 21 May 2008)

Northern Ireland

Northern

North West

South Western

N W Thames

Co-opted members

Mr T P V Battle

Mr J R Eason

Mr J P Lee

Mr F Idrees

Lay Advisory Group

Staff and Associate Specialists

Overseas

Ophthalmic Trainees

Editor of Eye

Professor A Lotery

The financial results of the College to 31 December 2008 are summarised on pages 38 and 39 of this Annual Report. They show a surplus of £511,624 before recognising the unrealised loss of £485,754 in the value of the College's investments. The surplus on the College's unrestricted funds, which cover the continuing and routine work of the College, amounts to £149,531. This is broadly

The Honorary Treasurer's Report Miss Carole Jones



in line with the previous year's result. The surplus on restricted funds includes sums received in 2008 both for capital equipment and for projects on which expenditure will not be made until 2009. I would like to highlight three areas on these accounts.

The College Congress, marking our 20th year, was held, for the first time, in Liverpool. This was a great success academically, socially and financially. We plan to return there in two years time. Congress 2009 will be in Birmingham and looks set to have a larger scientific programme and we hope that members will attend in even greater numbers. The financial success of the Congress is an important aspect of the College's economy but equally it is the one occcasion in the year that members meet as a College.

With the introduction of the new curriculum and the need to run two parallel examination schemes our examination income was below expenditure in 2008. We expect the costs of running examinations to exceed the income from examination fees for two further years as trainees now take the final part of the FRCOphth examination later in their training. Despite this reduction in revenue the overall examination cost to the candidates remains unchanged.

The College investment portfolio has been affected by the turbulence in world markets and we have had to write down our investment portfolio to its current market value. We do operate a robust reserves policy and more than 50% of our reserves are held in near cash instruments, these have maintained their value although the earned interest on these investments has been much reduced in the latter part of 2008.

The College budget for 2009 reflects our belief that the year will be a challenging one and we are looking to contain costs in a number of areas of expenditure. In particular we hope to reduce travel costs, whilst still encouraging and supporting members to participate fully in the work of the College. We have held the subscription rates for 2009 at the 2008 level and are encouraged that the new category of "trainee affiliate" has proved popular. As both a charity and a membership organisation we need your support to ensure that the College can prosper and so continue to champion excellence in the education, training and practice of ophthalmology.

Committee members

Miss Carole Jones Chairman
The President
All College Officers
Mr Andrew Castillo
Mr John Cannon Lay Representative
Mr Bernard Chang
Mr Jonathan Eason SAS Group Representative
Mr Jonathan Smith OTG Representative

Auditors' Report

Auditors' statement on summarised financial statements

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

We examined the summarised financial 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 auditors' 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 2008.

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

16 March 2009

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 2008 but are not the full statutory report and accounts. The full financial statements were approved by the Council on 13 March 2009 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 13 March 2009

Statement of Financial Activities For the year ended 31 December 2008

	Unrestricted	Endowment	Other	2008	2007
	funds	funds	restricted	Total	Total
	£	£	funds £	£	£
Incoming resources	L	L	L	L	L
Incoming resources from generated funds					
Voluntary income	4,000	67,250	381,488	452,738	85,258
Investment income	130,269	3,392	45,250	178,911	172,258
la consider de constante de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del con					
Incoming resources from charitable activities Subscriptions receivable	072 521			073 531	974.036
Annual Congress	872,531 563,142			872,531 563,142	874,936 497,274
Examinations Department	380,678	_	_	380,678	323,668
Journal -'Eye'	443,821	_	_	443,821	466,829
Education and Training	55,402	_	21,363	76,765	68,751
Scholarships and Awards	-	-	46,500	46,500	46,500
Skills Courses	94,268	-	-	94,268	80,120
Seminars	31,211	-	11,032	42,243	38,530
			•		
Other incoming resources	48,765		16,020	64,785	51,904
Total incoming resources	2,624,087	70,642	521,653	3,216,382	2,706,028
Resources expended					
Cost of generating funds					
Investment Manager's Fees	8,934	3,392	2,027	14,353	15,915
investment Managers rees	0,754	5,572	2,027	14,555	15,715
Charitable activities					
Annual Congress Expenses	498,920	-	-	498,920	481,565
Examinations Department Expenses	734,875	-	-	734,875	686,991
Cost of Journal - 'Eye'	460,091	-	-	460,091	462,458
Education and Training	412,163	-	23,863	436,026	356,369
Scholarships and Awards	21,259	-	66,789	88,048	53,289
BOSU	35,462	-	39,561	75,023	79,705
Skills Courses	154,168	-	3,199	157,367	132,959
Costs of Seminars	43,369	-	15,115	58,484	46,010
Memorials, Bequests and other spending	33,638	-	59,926	93,564	68,039
Governance costs	88,007	-	-	88,007	115,573
Total resources expended	2,490,886	3,392	210,480	2,704,758	2,498,873
Net incoming resources before transfers	133,201	67,250	311,173	511,624	207,155
3	,	,	,	,	,
Transfers between funds	16,330	-	(16,330)	-	-
Net incoming resources after transfers	149,531	67,250	294,843	511,624	207,155
Other recognised gains					
Unrealised (loss) / Gains on investments	(302,334)	(114,803)	(68,617)	(485,754)	88,450
Net movements in funds	(152,803)	(47,553)	226,226	25,870	295,605
	(.52,003)	(,555)		25,570	2,5,003
Funds at 1 January 2008	3,401,452	514,959	526,521	4,442,932	4,147,327
Funds at 31 December 2008	3,248,649	467,406	752,747	4,468,802	4,442,932



The Royal College of Ophthalmologists

17 Cornwall Terrace, London, NW1 4QW
Telephone: 020 7935 0702 Fax: 020 7935 9838
www.rcophth.ac.uk

Balance Sheet as at 31 December 2008

		2008	2007
	£	£	£
Fixed assets			
Tangible assets		1,081,273	1,030,593
Investments		1,749,724	2,198,605
		2,830,997	3,229,198
Current assets			
Debtors	255,647		236,716
Cash at bank and in hand	1,721,190		1,316,215
	1,976,837		1,552,931
Creditors:			
Amounts falling due within one year	339,032		339,197
Net current assets		1,637,805	1,213,734
Net assets		4,468,802	4,442,932
Funds			
Restricted funds			
Permanent endowment fund		400,156	514,959
Expendable endowment fund		67,250	,,,,,,,
Other		752,747	526,521
Unrestricted funds			
Designated funds		1,185,365	1,379,033
General funds		2,063,284	2,022,419
Total funds		4,468,802	4,442,932

Approved by the Council on 13 March 2009 and signed on its behalf by