

## **The President**

Mr John Lee

Life has been stimulating since taking over office from my predecessor, Miss Brenda Billington, in May 2009. Brenda was a highly effective College president, who made a particular point of encouraging the SAS ophthalmologists to form a College group, and to become involved with all the College standing committees. She managed to visit all of the UK regions during her term of office, and I intend to do the same. The College may be based in London, but it represents all ophthalmologists in the UK and indeed has many overseas members and fellows.

Brenda presided over Congress 2009 in Birmingham, which was a resounding success, ably organised by Mr Winfried Amoaku, Vice President and Chair of the Scientific Committee, and Heidi Booth-Adams, Head of the Scientific Department.

In 2009 we also had a significant rearrangement of College Officers. Mr David Cottrell stood down as Vice President and Chair of the Education Committee after a highly successful term of office in which our curriculum was greatly redesigned. He was succeeded by Mr Larry Benjamin. Miss Carole Jones became Vice-President and Chair of the Training Committee, Mr Peter McDonnell became Honorary Treasurer and Mr Bernie Chang was elected Honorary Secretary. I was delighted that I managed to persuade Mr Nick Astbury, a past President, to take over as Chair of the International Committee. I am most grateful to all of the College Officers for their tireless efforts and immense expertise.

In June we held another memorable Seniors' Day. This event, now very much part of the College calendar, sees around 30 retired fellows visiting the College for the day, where they are entertained and informed by a series of lectures (the man from the GMC was set upon for matters to do with retention fees, but escaped with his life) and enjoy lunch.

Also in June, we had the Annual Admission Ceremony, held in the nearby Royal College of Obstetricians and Gynaecologists, where diplomas were awarded to successful candidates in examinations. We also conferred Honorary Fellowships on Professor Sohan Singh Hayreh, Mr John Wright and Mr Redmond Smith for their many contributions to ophthalmology.

In August NICE brought forth their guidelines on glaucoma, followed with very little delay by guidance from the Association of Optometrists to their members on referral criteria for ocular hypertension which were, many felt, over cautious and likely to lead to many unnecessary referrals to the hospital eye service. Professor Steve Vernon, with his colleagues Mr David (Ted) Garway-Heath and Mr Alan Rotchford did an excellent job on a joint working party with the College of Optometrists to agree less stringent criteria for referral. The guidelines themselves were very good and, among others, Mr John Sparrow and Miss Wendy Franks made extensive contributions.

September saw the first meeting of an academic group under the auspices of the College, which we hope will encourage more young ophthalmologists to enter academic ophthalmology and encourage high quality research. Later in the year, I visited the Medical Research Council with Professors Andrew Dick and Andrew Lotery, where we had very constructive discussions on new research posts in ophthalmology.

In November our Patron, HRH The Duke of York visited the College for the first time since 2003. He saw demonstrations of the cataract surgery simulator, the Moorfields psychophysical test for early glaucoma, and heard presentations on ophthalmic trauma in Service personnel from Lieutenant-Colonel Andrew Jacks and on trachoma from Mr Saul Rajak and Mr Matthew Burton. He stayed half an hour longer than we had expected, so we assume he found the visit interesting.

I would like to take the opportunity of thanking all members of Council, as well as those College members who serve on the various standing committees, who give up their time and efforts for College work. However, the College would grind to a halt very quickly without the tireless work of the permanent staff. I am particularly grateful to Penny Jagger, my personal assistant, and to Kathy Evans, our Chief Executive.

So, on to 2010. I expect the main theme of the near future will be money. Whichever party wins the election, the country is short of funds, and that will hit the NHS. The question will be how to cut costs without reducing quality, and that will not be easy.

## **The Chief Executive**

Mrs Kathy Evans

We have aligned strategic review with the presidential term which has meant bringing the cycle forward by a year. The previous strategic plan, originally intended to cover 2008-10 correctly identified most trends and significant areas of work. Many notable successes have been recorded within the following committee reports but the 2009 achievements have been drawn together and tied back to the plan's key objectives on The Strategic Plan

In July, senior staff began formulating options for a new organisational structure. Council regional representatives and groups representing staff and associate specialists, trainees and lay advisers were then invited to submit views on the College's direction. We expanded the consultation process and, for the first time, a wide range of organisations completed a questionnaire on their perception of the College's work. Consequently, College Officers and senior staff had a lot of information to consider when they met in October 2009 for the third "Strategy Day". The resultant *Strategic Plan 2010-12* was presented to the December Council and is currently out for consultation with the membership.

Some organisational decisions have already been taken, a process enormously helped by the goodwill and imagination shown by the staff. We will create a specific department to support the Professional Standards Committee, whose responsibilities will increase as Revalidation draws closer. Beth Barnes has been appointed as the department head and she will take up her post in 2010. The roles of other staff members are being refined to ensure that the College is better able to serve its members. For instance, there will be greater prominence given to IT as Sara Davey will become the IT Director and she will help develop a website that is easy to navigate. There will be greater internal cohesion as Penny Jagger will support all committees and projects led by the President and more resources will be assigned to the Scientific Department so that the seminar programme can be expanded and clinical guidelines be delivered in a timely manner. The restructuring has been possible, in part, because the Examination Department has been re-organised following the voluntary redundancy of the Examinations Assistant and because the Education and Training Department willingly accepts change.

The Finance and Membership Department will merge with the Human Resources and Facilities Department and IT function to become the Operational Support Department. Whatever this area of work is called, it has had an exceptionally busy year: the boiler has been replaced, the pace of office refurbishment quickened to accommodate the planned changes, staff recruited and redundancy policies created. We have seen the membership grow and we have communicated with members by email, letter, survey and census.

You are almost certainly reading this Annual Report in an electronic format. The suggestion to move away from a glossy, printed version was first made by the Honorary Treasurer, partly to save costs, partly for ecological reasons.

Council supported the idea but determined that the membership should be consulted. A call for comment was included in the *Short Notes from Council (September 2009)* and more than 20 members, not connected with College committees, took the trouble to email their preference for an electronic version.

Please send your views on the College to me: [kathy.evans@rcophth.ac.uk](mailto:kathy.evans@rcophth.ac.uk)

## **Review of the Strategic Plan 2008-2010**

We have aligned strategic planning with the presidential term which has meant bringing the cycle forward by a year and the 2010-2012 plan is currently out for membership consultation. The previous plan, originally intended to cover 2008-10, picked up most trends and significant areas of work and after only 18 months there are notable successes to report. The significant achievements in 2009 include:

### **KEY OBJECTIVE 1: To lead the development and implementation of education, training and professional standards for ophthalmology in the United Kingdom.**

- The curriculum and assessments were approved by the Postgraduate Medical Education and Training Board (PMETB).
- The College secured a contract with *e-learning for healthcare (e-lfh)*, a Department of Health body, to deliver e-learning for the early years of Ophthalmic Surgical Training.
- The Revalidation Subcommittee has enabled the College to play an active part in the Academy of Medical Royal Colleges responses to the General Medical Council and to the Revalidation Support Team at the Department of Health.

### **KEY OBJECTIVE 2: To influence the development of eyecare services to meet the needs of patients**

- The College contributed to NICE guidelines on glaucoma and continues to work for solutions to the problems of unnecessary referrals.
- The production of seven major clinical guidelines. The changes in treatment for age-related macular degeneration (AMD) have been particularly rapid and the College has responded with timely interim guidance.

### **KEY OBJECTIVE 3: To support the professional development of all ophthalmologists in the United Kingdom throughout their careers**

- The appointment of a Revalidation Lead to define standards for revalidation where there is an evidence base and a consensus of support.
- Successful bids to fund the Revalidation Fellow to work on the cataract database and to create the National Ophthalmic Database.
- A highly successful Annual Congress.
- An expanded programme of "Training the Trainers".
- The acquisition of a cataract and vitreo-retinal simulator which has been integrated into the microsurgical skills courses.
- Increased advice for medical students, including the updated *Ophthalmology as a Career* document.

**KEY OBJECTIVE 4: To promote member participation and the benefits of membership of the College**

- The use of electronic questionnaires to seek the views of members.
- Increased media coverage generally and specifically on campaigns such as the Certificate of Laser Refractive Surgery assessment and the simulator.
- The first membership census.

**KEY OBJECTIVE 5: To ensure that internal structures result in efficient decision making, sound governance and financial security**

- Improved financial reporting
- Improved reporting on risks facing the College
- Review of the committee structure, leading to, among other things, the formation of an Academic Group

## **The Professional Standards Committee**

Mr Richard Smith

The first year of my term of office saw the National Health Service benefiting from several years-worth of unprecedented levels of government spending. As I prepare to hand over to my successor, the NHS faces several years of considerably reduced spending following the economic downturn of 2008. In theory, professional standards should be rooted in good scientific evidence and patient-centred ethics which should allow them to remain aloof from the vagaries of politics or economics but, in reality, professional practice is inevitably shaped by the nation's financial health.

Times of relative plenty do not automatically result in higher standards of patient care or value for money as the Independent Sector Treatment Centre (ISTC) programme of 2002-2007 has shown. By the same token, times of economic hardship should not necessarily herald a decline in clinical standards and the College will have an important role in advising on standards for safe, cost-effective practice during the coming few years.

The drive to improve the quality of clinical services in the NHS continues under the leadership of Professor Sir Bruce Keogh and in these economically challenged times, there is a dual emphasis on best value and best care. The College has formed a Quality Standards Development Group during 2009 to refine and test Indicators for Quality Improvement (IQIs) in various areas of ophthalmological practice. The raw material for IQIs is already in existence in routine ophthalmological practice and clinical audit in ophthalmology departments across the UK. For instance, an increasing number of units now routinely record visual and refractive results following cataract surgery. Foundation trusts are already required to produce Quality Accounts using the existing library of IQIs at the end of each year and this requirement is likely to extend to non-foundation trusts and independent hospitals in the near future.

2009 saw the publication of a NICE guideline on chronic open angle glaucoma. Whilst the guideline sets out clear evidence-based standards for the diagnosis, treatment and monitoring of glaucoma, its introduction was followed by advice from the Association of Optometrists to its members that all patients recording an intraocular pressure of over 21mm Hg on any occasion must be referred to the hospital eye service, which has resulted in a significant upsurge in referrals, many of which do not have glaucoma or ocular hypertension. In order to alleviate this situation, an inter-professional working group published supplementary guidance about referral from optometric practice (which were outside the remit of the NICE guideline) in December 2009.

Glaucoma was also on the radar screen of the National Patient Safety Agency during 2009 with the issue of an alert which required trusts in England to ensure that follow up of patients with established glaucoma was taking place in a timely fashion. The alert followed a number of reported instances of visual loss in patients who had been lost to follow up or whose appointments had been postponed.

The Ophthalmic Subcommittee of the Advisory Committee on Dangerous Pathogens under the chairmanship of Mr Ian Pearce has updated earlier guidance on measures to minimise the risk of iatrogenic transmission of the sporadic and variant forms of Creutzfeld-Jakob Disease. This has resulted in a helpful classification of ophthalmic procedures into low and high risk categories.

The College continues to lobby the Department of Health to provide direct support for the recording of diagnostic data from Certificate of Visual Impairment (CVI) forms which currently relies on financial support from Guide Dogs for the Blind Association. It also continues to encourage ophthalmologists to offer certification to all eligible patients.

The committee has responded to requests from a number of trusts for external clinical advice. External Clinical Advice Teams (ECATs) are convened for a variety of reasons including concerns about clinical services, provision of advice following adverse assessment by a regulator, investigation of possible outbreaks of postoperative endophthalmitis and to assist in the strategic planning of clinical services.

The subcommittees continue to make a major contribution to professional standards in ophthalmology and the main areas of work undertaken during the year are as follows:

### **Information and Audit**

- Development of specialised commissioning for Payment by Results (PbR)
- Continuing work with the information centre on development of OPCS codes for ophthalmology. OPCS = Office of Population, Censuses and Surveys: Classification of Interventions and Procedures
- Establishment of a subgroup to develop a standardised dataset for retinal detachment

### **Ocular Tissue Transplantation Services**

- Communication with ophthalmologists about the vital need to return data forms on all corneal transplants to Organ Donation and Transplantation (formerly UK Transplant), particularly for endothelial keratoplasty
- Working with the Eye Banks to evaluate technology for producing pre-cut corneal tissue for endothelial keratoplasty

### **Paediatrics**

Input to guidelines and good practice documents:

- Vision 2020 Strategy
- NICE guidance: Nystagmus Surgery, When to Suspect Child Maltreatment
- The Royal College of Paediatrics and Child Health guidelines: Brain Tumours in Children



- 3rd Edition of the National Definition Set, No. 23 Specialised Services for Children: Paediatric Ophthalmology
- Ophthalmic Services for Children (RCOphth website and the NHS evidence website)

#### Work in progress

- A Working Party on Child Abuse is being reconvened and Mr Patrick Watts has agreed to be the chairman
- An investigation into outcome measures for strabismus surgery
- Lobbying for a change in the Healthcare Resource Group (HRG) code for retinopathy of prematurity (ROP) treatment

#### **Primary Care (a multidisciplinary group which reports to Vision 2020 UK)**

- Commissioned by Map of Medicine to produce several clinical pathways for NHS Evidence
- Review of clinical guidance documents for optometrists

#### **Quality and Safety**

- Revision of “Patient Safety in Ophthalmology” chapter in Ophthalmic Services Guidance (also published in *Eye*)
- Submission to the Health Select Committee’s enquiry into patient safety
- Presentation on biometry errors at the Annual Congress in 2009
- Liaison with the National Patient Safety Agency (NPSA) on a modified version of the Safe Surgery checklist for cataract surgery
- Liaison with the Medicines and Healthcare Regulatory Agency on safety incidents involving intraocular cannulae
- Review of evidence on preparation and off-label use of drugs by the intracameral route by Mr Tim Rimmer and Lucy Titcomb, Chair, Ophthalmic Pharmacists’ Group

#### **Revalidation**

- Submission of outline specialist standards to the General Medical Council
- Commissioning of upgrade of the College’s Continuing Professional Development (CPD) software
- Research project to adjust surgical complication rates for preoperative risk factors
- Consultation with specialty groups on specialist standards in specialist areas of practice

#### **Workforce**

- Engagement with the NHS Workforce Review Team

Finally, I would like to pay tribute to all the members of the Professional Standards Committee and its subcommittees. They bring a great range of talent and expertise without which the committee could not function effectively

and give generously of their time and advice. I would also like especially to thank Penny Jagger who has provided tireless and efficient administrative support to the committee since 2006 during a time when it has evolved from being a paper-heavy committee to an almost entirely electronic committee. I leave the committee in the capable hands of Mr Graham Kirkby as chairman and Beth Barnes as head of the newly established department of professional standards.

## **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. It has continued to rely on the expertise and dedication of Heidi Booth-Adams, Head of the Scientific Department.

## **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 was intricately involved in College responses to the different stages of development of the NICE Technology Appraisal Guidance 155 on alternative treatments, ranibizumab and pegaptanib. The Guidance implementation and service set up have been major issues that required attention and a detailed understanding of hospital tariffs. The Subcommittee has continued to advise on improvements in the service provision for patients with AMD, and support ophthalmologists to set up and manage these services.

## **Annual Congress**

For the 21st anniversary of the Royal Charter of our College, we returned to the popular International Convention Centre in Birmingham. The Congress was hugely successful with increased delegate attendance and an enhanced programme, including more sessions and courses, the largest ever number of posters and additional breakfast meetings laid on to help ophthalmologists squeeze more out of the day. The trade exhibition, efficiently organised by OPTIC UK, was excellent.

The highlights of Congress included the eponymous lectures. The Duke Elder Lecture was delivered by Professor Anthony Moore (Great Ormond Street and Moorfields, London) on the rationale and methodology for targeting severe retinal disease with gene therapy. The Edridge Green Lecture on nystagmus and its genetics was given by Professor Irene Gottlob from Leicester. Professor Al Sommer from Baltimore, the inaugural OPTIC UK Lecturer, gave a personalised view of global health epidemiology and the problems of changing public attitudes to worldwide epidemics such as polio. These lectures are all too good to consign to the ether and College members can view them via the website.

The Societas Ophthalmologica Europaea (SOE) prize was awarded to Ms E. Hamblion for obtaining one of the highest marks at abstract judging. The AMO Prize was awarded to Ms A Taylor (and her BOSU Study Group) for one of the highest marks obtained during the abstract marking. The Foulds' Trophy for the best basic science research presented in the Rapid Fire went to M Moosagee, London.

## **The British Ophthalmological Surveillance Unit (BOSU)**

The British Ophthalmological Surveillance Unit (BOSU) was established in 1997. It provides a methodological framework for the epidemiological investigation of the incidence and clinical features of rare eye conditions of public health or scientific importance that will lead to improvement in prevention or treatment of these diseases and service planning. This is achieved by operating a surveillance system in the UK by sending all consultant and associated specialist ophthalmologists a monthly report card. This allows research groups in ophthalmology and related fields to identify cases of rare diseases on a nationwide basis and carry out meaningful epidemiological analysis on sufficiently representative samples. The unit has once again been able to operate thanks to the kind support of the Guide Dogs for the Blind Association. We are also grateful to Fight for Sight for supporting the Research Bursary Award for ophthalmologists in training.

### **BOSU Studies in 2009**

Participation in the scheme remains good with a mean monthly return rate of 76% but there are regional variations which are being investigated.

Applications for new studies have to be submitted to BOSU for consideration using a process which is set out on the College website:

[www.rcophth.ac.uk/scientific/bosu](http://www.rcophth.ac.uk/scientific/bosu)

### ***Eye***

In the last year *Eye* has published an increased level of content to help reduce our historical backlog of papers. This has also resulted in a progressive improvement in the production to print time over the course of the year. The average number of PubMed link to the *Eye* web site has seen a dramatic increase from an average of just over 3,600 in 2008 to 6,175 in 2009.

This year we introduced a means of continuing professional development online via Medscape and I am pleased to report that over 500 readers have used this service. Debate articles on controversies have been included in publications. Next year we plan to continue to innovate by producing a podcast CD to accompany the journal. In 2010 we will continue to strive to publish the highest quality articles. As always this only occurs because of the tireless work of the editorial board and the reviewers. The Editor, Professor Andrew Lotery, would like to personally thank all of the editorial board, the reviewers, Elaine Hudson and the team at Nature Publishing Group for their wonderful support of *Eye*.

### **Guidelines**

Guidelines produced by the College summarise the evidence base on particular subjects, which guides our practice and aims to gather consensus amongst ophthalmologists.

The year has seen the development and publication of more clinical guidelines than ever before; seven guidelines have been published. Interim guidelines were put in place to address current issues in the fast paced areas of retinal vein occlusions (RVO) and AMD before the final guidelines were finalised and published. Cataract, Nystagmus, RVO and Non-Accidental Injury guideline groups are currently active and completed guidelines will be published in 2010.

The National Institute for Health and Clinical Excellence (NICE) Glaucoma and Ocular Hypertension Guidelines were published to supersede the 2004 College Glaucoma Guidelines. The Glaucoma Guidelines group will determine whether there are any further issues on glaucoma and ocular hypertension which need to be addressed.

The production of guidelines continue to be a challenge as the services of a methodologist are beyond the resources of the College, although we aspire to the same methods of gathering, evaluating and grading of evidence as those employed by the Department of Health and NICE.

### **The Ocular Public Health Group**

This group has been active in the drive to educate healthcare professionals and the general public on the prevention of eye disease.

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, which aims to eradicate preventable blindness, and to the 2008 Darzi Review of the NHS, *High Quality Care for All*. The Group's remit will cover epidemiology and how services should be planned and delivered. It recognises that demographic changes will increase the number of patients likely to experience glaucoma and AMD.

### **The Research Fund**

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

The College hopes to raise £1.5 -2.0 million by The Royal College of Ophthalmologists' 25<sup>th</sup> Anniversary celebrations in 2013. Disbursements will commence in that year as part of Silver Jubilee celebrations, and continue on a regular basis thereafter. By the end of 2009 the Fund had accrued nearly £100,000.

### **The Seminar Programme**

We have been able to offer a vibrant and varied programme at the College. Some seminars were oversubscribed, necessitating moves to larger, external

venues. We also held one seminar in Edinburgh to address 'Shared Care', to complement the London seminar.

The annual Elizabeth Thomas Seminar continues to thrive and the 2009 topic *Advances in the Management of Macular Diseases* was particularly well received. The 3<sup>rd</sup> Retinal Imaging Course (originally the 'Redhill Retinal Imaging Course') had to be held at a larger venue outside College because of its popularity.

Looking to the future, the Focus on AMD Regional Seminars in 2010 will highlight the ongoing problems with treatments of AMD and encourage dialogue between professionals, service administrators, managers and commissioners.

We look forward to seeing all of you at Congress in the Arena Convention Centre, Liverpool in May 2010 where features include the first ever Retina Sub-specialty Day, the re-introduction of the Allied Professions Study Day, the UCAN Concert, a choice of breakfast meetings and 5 eponymous lectures.

## **The Education Committee**

Mr Larry Benjamin

It is a great privilege to take over the chairmanship of the Education Committee and especially pleasant as it was left in such good order by my predecessor, Mr David Cottrell. David still features significantly in College life as he kindly agreed to continue chairing the Curriculum Subcommittee which has been especially busy this year as the curriculum has had to be updated and re-submitted to PMETB in early 2010. This has been a major task because, not only has the curriculum been reviewed from an ophthalmological point of view, but several other curricula such as the medical leadership and the common competencies framework have also had to be included in the update.

This year has seen considerable financial pressure on many trusts and healthcare commissioners and in some areas this has affected access to the Continuing Professional Development programme (CPD) with some Trusts restricting activity outside their home environment. At present this is only until the end of this financial year but clearly there are implications for the future. One possible solution would be the use of e-learning and the e-learning Subcommittee has been diligently working towards a “soft launch” of the Eyesite website in March 2010. There is already routine use of blended learning on the microsurgical skills course and several other e-learning modules are nearing completion.

A pilot scheme will be introduced by the International Medical Graduates Subcommittee whereby graduates from outside the European Union will be matched to units in the UK for limited training. This may help to fill gaps on rotas as trainees take time out for a variety of reasons but these posts will be closely monitored against their requirement to be proper training posts. This pilot will run alongside the Dual Sponsorship Scheme.

Surgical simulation has been given a high profile by the Department of Health recently and the College is keen to encourage all Deaneries and, ultimately, all eye departments to have access to their own simulator. There are currently five ophthalmic surgical simulators in the country and work is on-going to more fully assess the role these will have in the future of training, re-training and perhaps even revalidation.

The work of the Education Committee is mainly carried out by its various subcommittees and below is listed the main achievements in 2009. I am deeply indebted and grateful for the time and effort put in by all the members as well as the untiring support of College staff.

### **Curriculum Subcommittee**

- Update of competency-based curriculum to the Postgraduate Medical Education and Training Board (PMETB)
- Incorporation of several new curricula into existing College framework
- e-portfolio made available on-line for use in Annual Reviews of Competency Progression (ARCP)

- Diabetic Retinopathy competencies aligned to be consistent with City and Guilds standards for screeners.

### **International Medical Graduates (IMG) Subcommittee**

- Pilot of new Medical Training Initiative Scheme
- Placement of 14 IMGs via the Dual Sponsorship Scheme

### **Surgical Skills Subcommittee**

- e-learning of specific modules is now a mandatory pre-requisite for the Microsurgical Skills courses and trainees are not issued with certificates of attendance until they have completed them. This approach has increased the time spent in the skills centre, and on skills board and simulator training and reduced the need for didactic lectures.
- There are an increased number of oculoplastic and intermediate phaco courses, in response to demand, and all our "higher" courses are now open to ophthalmologists at all levels.
- We shall be running skills courses at the 2010 Annual Congress, with one session for basic skills and two for intermediate/advanced phaco.
- Use of the College simulator is increasing but there are still only 5 within England, and none in Scotland and Wales. We would like to encourage local Deaneries to support their use – financially if possible.
- We are always looking for consumables, such as sutures, blades, tension rings, iris hooks etc which are surplus to requirements. Anyone who is willing to donate such items is asked to contact: [skills.centre@rcophth.ac.uk](mailto:skills.centre@rcophth.ac.uk)

### **Continuing Professional Development (CPD) Subcommittee**

- Continued access to the ONE network via the American Academy for all College members
- CPD website update is underway with Premier IT
- A new CPD categories and points allocation system has been developed
- A new return to work policy is being developed for those ophthalmologists who have had time out

### **College Tutor Subcommittee**

- Further College Tutor induction days have been held

### **Training the Trainers (TTT) Subcommittee**

- 8 TTT courses were held and they continue to be popular
- Several Regional training days have been held to allow trainers to achieve PMETB level 1 standard

### **Undergraduate / Foundation Education Subcommittee**

- Re-introduction into the undergraduate medical curriculum the importance of the use of the ophthalmoscope
- A working party convened to consider the results of a survey of undergraduate education

### **E-learning Subcommittee**



- Recording and on-line availability of Eponymous Lectures started
- Work undertaken on courses for Refraction and plans developed for Laser, Community Ophthalmology and Clinical assessment
- Launch of the Ophthalmopaedia due in March 2010– the working group of module editors is aiming for 100 articles to showcase
- Validated Case Archive work continues

### **Awards and Scholarships Subcommittee**

<b>AWARD</b>	<b>RECIPIENT</b>	<b>AMOUNT £</b>
Dorey Bequest Travel Award 2009	Miss S Thyagarajan Mr N Patel	500 500
Ethicon Foundation Fund 2009	Mr P T Ashwin Mr A Barsam - Mr N Kumar Mr N Patel Dr M Ugarte Mr P Yu Wai Man	900 500 500 500 900 500
Fight For Sight Award 2009	Mr A Shortt	5,000
International Glaucoma Association Fellowship 2009	Mrs A Choudhary Mr P Foster	50,000 50,000
Patrick Trevor Roper Undergraduate Award 2009	Miss M Gilligan Mr R Harrison	550 550
Sir William Lister Travel Award 2009	Mr D Gore	500

## **The Training Committee**

Miss Carole Jones

It was an honour to have taken over from Mr Peter McDonnell as Chairman of the Training Committee in May. This is the third year of Ophthalmic Specialty Training (OST), introduced as part of Modernising Medical Careers, and 2009 has seen the College refining its role in training.

As the College no longer independently visits training units, it has been essential to obtain feedback on the provision of training. Information has emerged from a number of sources, including the Postgraduate Medical Education and Training Board's (PMETB) Trainee and Trainers' Survey, and record of in-house assessment (RITA) or annual review of competence progression (ARCP) reviews from the Deaneries. The links between Deaneries and the College have been strengthened as the Heads of School have been invited to sit on the Training Committee. The Regional Advisers' and Programme Directors' Committee is another venue for the exchange of views and information between the College and its members involved in training.

The participation of the trainees in all areas of College life is important. The OST, with the new curriculum, is more familiar and its flexibility has become evident with a range of Trainee Selected Components (TSC) being arranged by trainees. Much of the work of the Training Department and Committee is the consideration of both Advances Subspecialty Training Opportunities (ASTO) and TSC applications, and I am grateful for Susannah Grant's help with this task.

The College is a members' organisation, and our effectiveness is dependent on the active involvement of our members. The various committee chairmen, College Officers and all those who sit on the committees, undertake this work with the support of their Trusts and also in their own time. If we are to continue to influence training within our profession this needs to continue and we recognise the support provided by the Trusts. I am indebted to past and present committee members who contribute to the work of the Training Committee, and I offer them my thanks.

A recurring theme is the ever changing challenges for the College and there is concern that, having developed a curriculum and a robust assessment mechanism, the future economic and service pressures will hamper training. There is also the danger that time constraints, coupled with the European Working Time Directive (EWTD), will prevent the delivery of appropriate training. I hope that by improving the lines of communication between the College, Deaneries and PMETB, robust quality assurance will prevent any devaluation in the standard of ophthalmology training.

Finally, I would like to welcome back Alex Tytko from maternity leave as Head of the Education and Training Department; and to thank Beth Barnes for her superb contribution as Acting Head during Alex's absence. I wish Beth well in her new role as Head of Professional Standards.

## **The Equivalence of Training Subcommittee**

This Subcommittee, chaired by Mr Peter Simcock, has considered 25 applications (11 re-submissions, 10 new applications and 4 reviews).

There have been changes in the way Article 14/ Certificate of Eligibility for Specialist Registration (CESR) applications have been processed this year with adoption of the General Medical Council's 4 Domain system of 'Good Medical Practice' as the basic structure for the application. This system is used for the evidence submitted for the application as well as the structured reports and the evaluation form. The first College evaluation under the 4 Domain headings took place in November 2009.

The PMETB generic guidance for Article 14/ CESR applications has changed this year and the committee also contributed ideas to PMETB regarding these changes. The committee has recently produced an updated 'Frequently Asked Questions' document to replace the old 'Tips for Article 14 applicants' and reflects the changes in the application form and process.

There remains 100% concordance between the committee's recommendation and PMETB's decision on these applications. We believe that this demonstrates the thorough nature of the College's evaluation, which generates clear and unambiguous recommendations.

## **The Examinations Committee**

Dr Caroline MacEwen

As part of the College's role in maintaining standards, external assessment in the form of high stakes examinations remains a core aspect of College business. In 2009 the new Fellowship examination structure (Part 1 FRCOphth, Refraction Certificate and Part 2 FRCOphth) has become established and continues to evolve to ensure compliance with the standards set by the Postgraduate Medical Education and Training Board (PMETB). This year a substantial amount of time and effort has been invested in evaluating and gathering data to provide evidence that our exams are acceptable and reliable. We will present our findings to PMETB in February 2010 when each examination, and the entire assessment structure, will be scrutinised.

The Fellowship Assessment, as an alternative route to Fellowship of the College, remains popular for those trainees with the old style MRCOphth. This case based exit assessment will continue to run until 2016, assuming that it passes PMETB's stringent requirements.

The Refraction Certificate has undergone major alterations and will be changed from a long case to a multi-station clinical assessment. This new form of exam was successfully piloted during the summer and will be adopted from 2010 onwards.

This year was marred by a significant problem with the printing of the papers for the May diet of the Part 1 FRCOphth, leading to the exam being declared void. The decision to annul the exam was not taken lightly but was necessary as evaluation of the questions presented to the candidates were not representative of the syllabus. This led to an extra-ordinary re-sit in July, for which all candidates expenses were covered in full by the College. Liaison with the Postgraduate Deans and PMETB ensured that no candidate was disadvantaged with regard to progression of training by this regrettable incident. This was due to an unforeseen error, but in light of this College policies have been amended to prevent a similar future occurrence.

The College also runs the Diploma Examination (DRCOphth) for ophthalmologists who wish to demonstrate their competence in ophthalmology but not to the level of an independent practitioner. This continues to be popular and it has been agreed that ophthalmologists who pass this exam and pass the Refraction Certificate will be offered membership (MRCOphth) with immediate effect.

The Certificate in Laser Refractive Surgery has become the recognised demonstration of competence in laser refractive techniques and now has been sat by more than 30% of laser refractive surgeons in this country. This acts as a mechanism to provide evidence of skills in this field and was devised in order to meet public demand for such evidence.

A large group of examiners has now been trained in current assessment and examination techniques ensuring that the exams are delivered in a fair and

standard fashion. Without these examiners and the departments that host the clinical component of Part 2 FRCOphth the College recognises that it would not be possible to run our examinations and is immensely grateful to them.

Each exam is set, standard set and reviewed by a dedicated sub-committee under the guidance of their chair: - Miss Clare Davey (Part 1 FRCOphth), Mr Robert Taylor (Refraction Certificate), Peter Tiffin (Part 2 FRCOphth), Mr Nick Wilson-Holt (DRCOphth) and Mr Jeremy Prydal (Certificate in Laser Refractive Surgery). Thanks are offered to them and are also forwarded to Mr Michael Nelson, in his role as Educational Adviser to the College, and to Emily Beet and her team in the Examinations Department.

## **The International Subcommittee**

Mr Nick Astbury

Our College is bound by its charter to 'further instruction and training in ophthalmology both in the United Kingdom and overseas'. This principle is embodied in the VISION 2020 link between the Eastern Africa College of Ophthalmologists and the College as well as 4 Eastern Africa teaching hospitals and 4 hospitals in the UK. This partnership aims to increase the quality and quantity of eye care training in Africa through curriculum development, training the trainers, developing sub-specialist skills and continuing professional education for all cadres of eye health workers. New funding may be available through the Department for International Development (DFID) and the Department of Health. Their International Health Links Funding Scheme (IHLFS) is jointly managed by THET\* and the British Council.

The College continues to be involved with overseas exams notably in Madurai and Cairo and now that FRCOphth Parts 1 and 2 and the refraction certificate have been decoupled from training they are available to be taken by overseas candidates.

Our College has run a successful Dual Sponsorship Scheme that allows international medical graduates of exceptional ability to undertake targeted periods of training in the UK. We now hope to pilot a new Medical Training Initiative utilising vacant posts on deanery training rotations.

We thank Mr John Lee for his chairmanship of the Committee since its inception and for his continued involvement as President.

\*THET = Tropical, Health and Education Trust, an international charity committed to improving health services in developing countries.

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

## **The European Subcommittee**

Miss Michèle Beaconsfield,

It is incumbent on those serving the public to ensure that services for the less fortunate do not become unfortunate services. The EU Treaty proposes effective and equitable access to cross border healthcare. Patients have the right to seek treatment in other member states and ideally mechanisms need to be in place to help those in need while guarding against favouring patients with means. In practical terms, the treatment required is likely to involve specialist care, often of the elderly. This could prejudice those member states that have a high percentage of retirees, who may not necessarily be their citizens.

Despite much discussion in recent months, the EU Council could not reach agreement on the draft directive regarding cross border care. The Swedish presidency (having made healthcare one of its priorities) made a new compromise proposal. Unfortunately this removed key elements which had been introduced by the UEMS (union européenne des médecins spécialistes) for patient safety, including the establishment of European wide standards for healthcare providers (doctors as well as hospitals/clinics) and the application of safety and quality standards to e-health and telemedicine uses. All specialist sections have therefore encouraged their members to lobby their health ministers to express the view that patient safety is a priority that cannot be compromised for the sake of political expediency.

In another lobbying activity regarding public health but more specific to us, the UEMS specialist section of Ophthalmology is engaged in persuading the European Commission to class non-corrective coloured 'cosmetic' contact lenses as medical devices. This would go some way to controlling their quality and distribution, away from the unregulated sale in supermarkets and on the internet. This should be blindingly obvious!

## **The Staff and Associate Specialists Ophthalmologists' Group**

Mr Jonathan Eason

It is just over three years since the SAS Group first met and the SAS Group committee members are at the end of their first term of office – some will stay on and others will be replaced – a process of renewal which helps to invigorate the group and stimulate new ideas. SAS ophthalmologists are an important group, making up around 40% of the ophthalmology workforce; as a result we are able to influence the College in significant and enduring ways.

In the last three years the main success of the group has been to infiltrate most College committees – for example, the Revalidation Committee – which have a considerable influence on all our working lives. We have a voice and are determined to use it effectively.

However, a significant challenge still remains: to be truly representative as a group we have to be in communication with our colleagues in every region. SAS ophthalmologists are a very diverse group of doctors with varied skills and special interests, different aspirations, goals and achievements, but for the SAS group to work well there has to be participation. We are keen to get much more feedback through regional representatives, or direct comments and suggestions by email ([sas@rcophth.ac.uk](mailto:sas@rcophth.ac.uk)).

The SAS group meets three times a year, in February, June and October. We are planning to hold a meeting to reach out and provide a unique educational opportunity for all SAS ophthalmologists in October 2010. Following another well attended and successful SAS Forum in Birmingham in May 2009, there will be another Forum held at the College Congress in Liverpool in May 2010. Please send us any comments or ideas on how to improve the structure/content/value of this undoubted highlight of the congress.

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



## The Ophthalmic Trainees' Group (OTG)

Mr Faisal Idrees



Tick, tock, tick, tock! Looking over at the clock makes one aware of the passing of time but in preparing an annual report one has the opportunity to review and reflect upon what has been achieved whilst keeping the future in perspective. After all what was the present at one time has now become the past and likewise many of the developments we hope to see next year in 2010 have been prepared for in 2009.

Much of 2009 has seen attempts at continuing to build structures to make the Ophthalmic Trainees Group (OTG) dynamic, proactive and relevant for the benefit of trainees nationally.

During 2009, considerable preparation has been put into establishing the Ophthalmic Training Club (OTC) with its motto '*to learn, to enjoy, to inspire*'. An aim of the OTC is to have a comprehensive database of Fellowship opportunities that are available in the UK and overseas listed by subspecialty. This database is currently being populated and will be available in early 2010 and be updated regularly thereafter. After much planning the inaugural meeting of the OTC is due to be held in May 2010. This combined educational and social event is designed to foster greater camaraderie amongst ophthalmologists at all levels.

In 2009 the OTG continued to take a proactive approach to issues important to trainees by setting up 'Taskforces' as required. The OTG Taskforce studying the effects of the introduction of the European Working Time Directive (EWTd) undertook a preliminary survey. The OTG Consultant Taskforce has collected the most comprehensive data on those obtaining their Certificate of Completion of Training (CCT) in 2007. The OTG will publish the results of these and other surveys to better inform the debate on matters effecting trainees.

Service and training are in reality inseparable but the pressures from a changing National Health Service on the training available is understandably taking its toll on the morale of trainees. If this continues into 2010 without a vigorous response by all parties, training will suffer and with it there will undoubtedly be greater disillusionment. Certainly the OTG continues to represent trainees at all levels of the College and we are fortunate that the College is both progressive and receptive to trainees and our concerns.

We were active in a number of debates including changes to the Fellowship Assessment. The OTG has also sought to collect detailed demographics of trainees in 2009 that will also be published in early 2010 to enable us to better represent them. To improve communication and relay important points to

trainees we have instituted 'The 5 Key points' for email distribution nationally to trainees soon after the quarterly OTG Committees meetings.

This is my last report as Chairman of the OTG and I would like to take this opportunity to thank all current and past OTG members who have, through their hard work, made the OTG stronger. The OTG continues to be a dynamic and organic organisation whose members each bring with them fresh perspectives and a goal to represent trainees vigorously so that the best training is available to all not just now but also to future generations. I would also like to sincerely thank Beth Barnes who has been the anchor of the OTG ensuring its smooth running and I am grateful to the College both to those who are in public view such as the President, Mr Lee and those behind the scenes including Kathy Evans who have been prepared genuinely to listen to the views of the OTG and thereby being receptive to trainees nationally.

Tick, tock, tick, tock! The future is here....

## **The Lay Advisory Group**

Mr Derek Forbes

The Lay Advisory Group (LAG) has continued to meet quarterly and has members involved in all the major College committees. The College's willing and positive welcome of a lay input is appreciated by all of us on the Lay Advisory Group and we are grateful to the committee chairmen for their support in enabling our contribution. We have been joined this year by Stuart Holland, Gordon Cropper and Brian Green.

The LAG has commented on matters of interest to the College and on issues that concerned us. The changes to lighting being brought about by EEC directive might feel some way away from day to day Ophthalmology but can have a major detrimental effect on people with reduced vision. We are pleased that there is a move to allow for the inclusion of numbers of surgical procedures in the training curriculum; we had felt strongly that a minimum amount of practical experience as well as achieving competency went together to build the best basis for patient care and safety. This view was strongly articulated for us by our representative on the Education Committee.

Our involvement in the communications stations of examinations continues and as a byproduct of being there we can know that the College continues to be a stern guardian of the standards needed for entry to the profession. This is a good thing to be able to tell the world at large.

This year saw a change of President; who has continued the College's practice of attending the LAG meetings together with the Chief Executive and we have had secretarial and administrative support from Sophie Cox. We are grateful for their time and effort. The role of a lay voice within College has continued to develop and grow and the work of our outgoing Chairman, Tim Battle has been very instrumental in this.

## Equality and Diversity Committee

The September 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.

Total Population	Total UK population 58.8m (per census 2001)	Council	Regional Advisers	Consultants	Other UK Members	Paying Senior Members	Staff	Examiners	Candidates
% forms returned	N/A	97.0	96.0	86.7	55.0	91.6	100.0		
<b>White</b>								80.5	23.9
White British	92.0	77.5	78.3	65.5	32.0	67.2	87.5		
White Irish		3.2	8.7	4.8	5.7	1.3			
White Other				3.7	7.1	3.9			
<b>Mixed</b>	1.2			1.5	2.4	1.3	4.17		1.0
<b>Asian or Asian British</b>								17.4	32.0
Indian	1.8	3.2		11.6	25.0	7.9	4.17		
Pakistani	1.3	6.5		2.1	4.6	5.3			
Bangladeshi	0.5			0.2	2.0	2.6			
Other Asian	0.4			3.2	8.8	9.2			
<b>Black or Black British</b>									
Black Caribbean	1.0			0.2	0.5	0.0	4.17		
Black African	0.8	3.2		1.0	2.8				
Black Other	0.2								
<b>Chinese</b>	0.4	3.2	4.3	3.2	4.2				17.9
Other	0.4			0.2	0.5			2.1	25.2
Middle Eastern		3.2	8.7	2.8	4.4	1.3			
<b>Examiners</b>	3.2	3.2	8.7	2.8	4.4	1.3			
<b>Candidates</b>									
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
Male	48.6	81.0	75.0	79.0	not known	84.5	20.8	86.3	53.0
Female	51.4	19.0	25.0	21.0		15.5	79.2	13.7	47.0

## **The Museum and Library**

Mr Richard Keeler, Honorary Curator

The Centennial meeting of the Oxford Ophthalmological Congress took place in July. It was accompanied by a large exhibition of archival material relating to the Congress and its founder Mr Robert Doyne. For the future it will be possible to study this material which will be stored at the College.

Various larger antique ophthalmological instruments, such as Gullstrand's non-reflective ophthalmoscope, have hitherto not been on display due to their poor condition. By good fortune the College now has access to someone who specialises in restoring these important historical instruments. Seven such instruments have now been restored to their former glory.

A talk about activity in the Museum and Library was given at the annual Seniors' Day held in June. Several items were donated to the collections on this occasion.

The antiquarian library has doubled in capacity with the addition of another lockable bookcase. There are now in excess of 500 antiquarian books on ophthalmology in the library, some scarce and one or two rare.

In November the College was pleased to receive from St George's Hospital, Tooting, Mr Gordon Catford's impressive collection of old intra ocular lenses. Amongst these are several original Ridley lenses made by Rayners in 1949. These will be on display in the Oxford Room early in 2010.

With the conversion of the panelled boardroom of Moorfields Eye Hospital for clinical work an opportunity presented itself for the College to have, on loan, some of the portraits that hung on the walls there. Five portraits, including those of Mr John Cunningham Saunders, Dr John Richard Farre, Sir John Tweedy, Mr George James Guthrie and Mr William Cumming will be joined by two from the Institute of Ophthalmology, those of Sir Stewart Duke-Elder and Sir John Herbert Parsons which will be hung on the walls of the stairwell, reception rooms and Oxford Room during 2010.

## **The Honorary Secretary**

Mr Bernard Chang

It is a privilege to have been voted Honorary Secretary and I spent the latter half of 2009 learning what to do. I thank Jackie Trevena, Head of the Finance and Membership Department and my predecessor, Mr Larry Benjamin, for guiding me through those early weeks when everything was new and for continuing to offer advice when needed.

One of the most time-consuming roles involves answering enquiries from the public and the press. Most questions are from individuals asking about their eye condition, which is challenging as I have tried to make the replies personal and useful without attempting a remote diagnosis. I have been touched by the number of positive responses and emails of appreciation sent in return.

Another role is preparing membership applications for Council to consider and it is important to balance the wish to increase membership with the need to protect the value of membership. The process of Fellowship by Election has been refined so that both applicants and sponsors have to make a declaration of probity. Applicants for Affiliate membership now have to make a similar declaration and it is made clear that affiliate membership does not, of itself, confer post-nominals letters i.e. MRCOphth.

The Honorary Secretary has responsibility for Council elections (regional representatives and College Officers) and for regional adviser appointments. I am pleased to report that participation levels remain high and that good candidates continue to step forward.

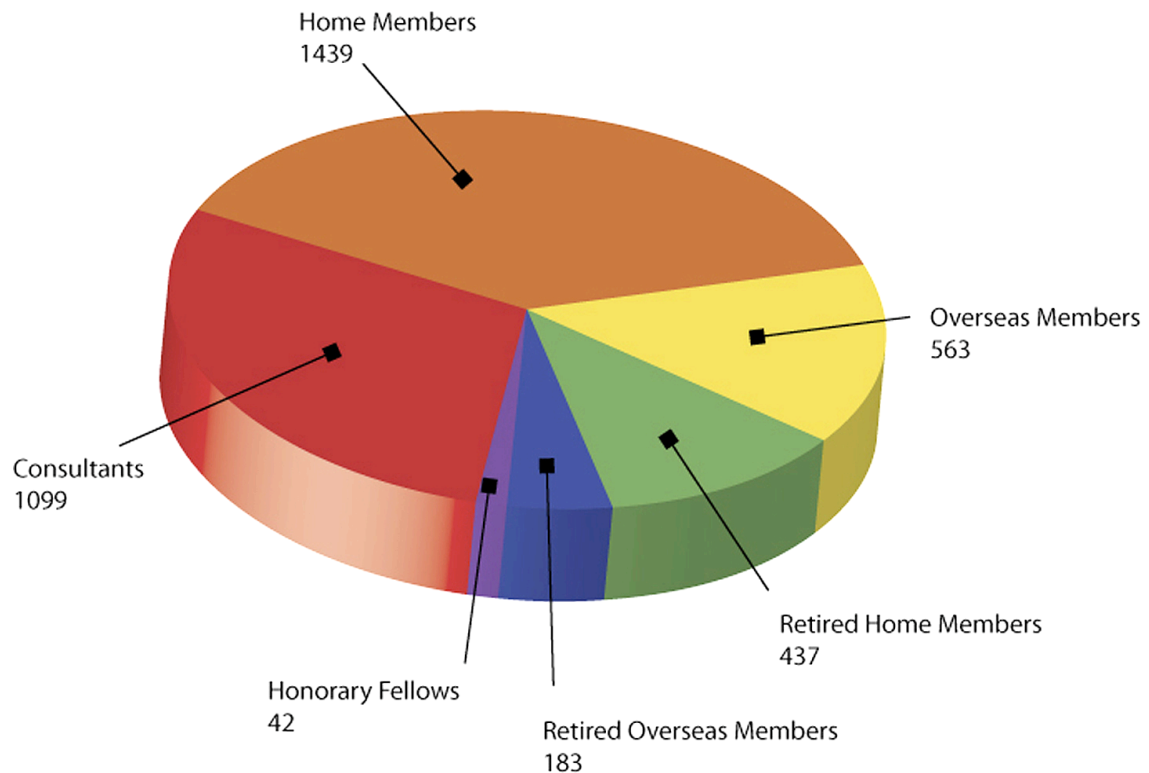
I also have some responsibilities for the staff and consequently I have spent a significant amount of time at Cornwall Terrace, attending committee and Council meetings and helping with the normal day to day running of the College. It is encouraging to see the enthusiasm and commitment of not just committee and Council members but of all the College staff. Please be assured that we are working hard for you, whether you are established ophthalmologists or ophthalmologists in training.

The College cannot function without the support and goodwill of members. As work pressures are ever increasing, I feel this has to be highlighted. Your time spent on committees, examining, training, attending congress and courses is what helps to keep your College thriving. Please continue to do this and get even more involved if you can.

2010 is the year of the Tiger on the Chinese calendar and I hope it brings us all good health and fortune.

### Membership Categories

Members are asked to notify the Membership Department of changes to their contact details ([database@rcophth.ac.uk](mailto:database@rcophth.ac.uk)) . We are especially keen to have current e-mail addresses.



### **Council Attendance 2009**

<b>NAME</b>	<b>STATUS</b>	<b>Mar</b>	<b>June</b>	<b>Sept</b>	<b>Dec</b>
Brenda Billington	President	✓	**	**	**
John Lee	President	*	✓	✓	✓
Richard Smith	VP, Professional Standards	✓	✓	✓	✓
Winfried Amoaku	VP, Scientific	✓	✓	✓	✓
David Cottrell	VP, Education	✓	**	**	**
Peter McDonnell	VP, Training/ Hon. Treasurer	✓	✓	✓	✓
Caroline MacEwen	VP, Examinations	✓	✓	x	✓
Carole Jones	Hon. Treasurer/ VP, Training	✓	✓	✓	✓
Larry Benjamin	Hon. Secretary /VP, Education	✓	✓	✓	✓
Bernard Chang	Honorary Secretary	*	✓	✓	✓
Waigh Aclimandos	South East Thames	✓	✓	✓	✓
Ali Amanat	East Anglia	x	✓	✓	✓
Andrew Castillo	Trent	✓	✓	✓	✓
Bernard Chang	Yorkshire	✓	**	**	**
Michael Hayward	Yorkshire	***	***	✓	✓
Clare Davey	North East Thames	✓	✓	✓	✓
Anthony Evans	Wessex	x	✓	✓	x
Wendy Franks	Moorfields	✓	✓	✓	✓
Harold Hammer	Scotland West	✓	✓	✓	✓
Nicholas Hawksworth	Wales	✓	✓	✓	✓
Bruce James	Oxford	✓	✓	✓	✓
Andrena McElvanney	South West Thames	✓	✓	✓	✓
Graham Kirkby	West Midlands	✓	✓	✓	✓
Graham Kyle	Mersey	✓	✓	✓	✓
Eamon O'Donoghue	Eire	✓	x	✓	✓
Michael Quinn	Northern Ireland	✓	**	**	**
Martin Murphy	Northern Ireland	*	✓	✓	✓
David Smerdon	Northern	✓	x	✓	✓
George Turner	North West	✓	**	**	**
Susmito Biswas	North West	*	x	✓	✓
John Twomey	South Western	✓	✓	x	✓
Gillian Vafidis	North West Thames	x	✓	✓	✓
Iain Whyte	Scotland East	✓	✓	✓	x
Tim Battle	Lay Advisory Group	✓	**	**	**
Derek Forbes	Lay Advisory Group	*	✓	✓	✓
Jonathan Eason	Staff and Associate Specialists	✓	✓	✓	✓
Faisal Idrees	Ophthalmic Trainees Group	✓	✓	x	✓



John Lee	Overseas	✓	**	**	**
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- \* Term of office began at the May Annual General Meeting
- \*\* Term of office ended at the May Annual General Meeting
- \*\*\* Term of office began on 1<sup>st</sup> July 2009

## **The Honorary Treasurer's Report**

Mr Peter McDonnell

I was honoured to be elected as Honorary Treasurer in March to succeed Miss Carole Jones who has done an excellent job in ensuring the financial stability of the College over her period of tenure.

The financial results of the College to 31 December 2009 are summarised on pages the Statement of Financial Activities and Balance Sheet of this Annual Report.

The overall net income before transfers amounts to £360,000 of which £175,000 is on the College's restricted funds. Much of this surplus is in respect of funding received in 2009 for projects where the expenditure will continue in 2010. The surplus on the recurring core activities of the College amounted to £147,000. It is important that we continue to make a modest surplus to enable the College to invest in services and support for members at all levels.

There has been an encouraging increase in new membership applications to the College across all grades of Ophthalmologists: this has improved the income from subscriptions for 2009. Because of the uncertain economic climate it has been agreed to hold the subscription rates unchanged for 2010; however the future financial pressures on the College budget mean that there will need to be a modest increase in subscriptions rates in 2011.

The financial aspects of the professional activities of the College continue to be monitored carefully by the Finance Committee. The College Congress in Birmingham in 2009 was both a scientific and financial success. The Examinations run by the College continue to go through a period of change as noted in previous reports, with less income received in 2009 than in 2008 which benefited from income from the last of the old style membership candidates. When the transition from the old examination system to the new one is fully completed it is expected that the costs of running examinations will be more in balance with the income generated through examination fees.

The College is also committing significant resources to preparing systems for the revalidation of ophthalmologists. The College has been able to find third party funding for most of this work.

This year has seen continued financial turbulence and uncertainty and the College investments have not been immune from this challenging environment. Nevertheless the College's invested funds managed by Sarasin and Partners have recovered some of the decrease in value that was experienced during 2008. Income from these investments has also been maintained despite the difficult investment conditions. The income from our cash deposits has fallen significantly.

The College building and its facilities need regular maintenance and upgrading to ensure that the College facilities are appropriate for all the professional activities that benefit members. The Committee sets aside funds for this crucial work and monitors the situation on an ongoing basis. A major upgrade of the Seminar room on the top floor of the College is planned in the near future, and the College will see if funds for this can be obtained from an outside body.

Thank you to the members of the Finance Committee for their help and support over the year, and a special thank you to Mark Merrill, the Finance Director and Jackie Trevena, the Head of the Finance and Membership Department and her staff.

## **Auditors' Report**

### **Auditor' statement on summarised financial statements**

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

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

#### **Respective responsibilities of the Council and auditors**

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

#### **Basis of opinion**

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

#### **Opinion**

In our opinion the summarised financial statements are consistent with the full financial statements and Council's Annual Report of The Royal College of Ophthalmologists for the year ended 31 December 2008.

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

17th March 2010

## **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 2009 but are not the full statutory report and accounts. The full financial statements were approved by the Council on 12 March 2010 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 B Chang  
*Honorary Secretary*  
12th March 2010

# The Royal College of Ophthalmologists

## Statement of financial activities

For the year ended 31 December 2009

	Unrestricted funds	Endowment funds	Other restricted funds	2009 Total	2008 Total
	£	£	£	£	£
<b>Incoming resources</b>					
<i>Incoming resources from generated funds</i>					
Voluntary income	15,000	32,000	304,000	351,000	453,000
Investment income	61,000	23,000	23,000	107,000	179,000
<i>Incoming resources from charitable activities</i>					
Subscriptions Receivable	990,000	-	-	990,000	873,000
Examinations Department	300,000	-	-	300,000	381,000
Education, Training and Professional Standards	50,000	-	3,000	53,000	77,000
Skills Courses	103,000	-	-	103,000	94,000
Annual Congress	577,000	-	-	577,000	563,000
Journal - "Eye"	486,000	-	-	486,000	444,000
Seminars	69,000	-	8,000	77,000	42,000
Scholarships and Awards	-	-	83,000	83,000	45,000
Other incoming resources	41,000	-	2,000	43,000	65,000
<b>Total incoming resources</b>	<b>2,692,000</b>	<b>55,000</b>	<b>423,000</b>	<b>3,170,000</b>	<b>3,216,000</b>
<b>Resources expended</b>					
<i>Cost of generating funds</i>					
Investment Manager's Fees	9,000	3,000	2,000	14,000	14,000
<i>Charitable Activities</i>					
Examinations Department	673,000	-	-	673,000	735,000
Education, Training and Professional Standards	450,000	-	130,000	580,000	436,000
Skills Courses	159,000	-	-	159,000	157,000
Annual Congress	591,000	-	-	591,000	499,000
Journal - "Eye"	475,000	-	-	475,000	460,000
Seminars	57,000	-	13,000	70,000	58,000
Scholarships and Awards	16,000	-	53,000	69,000	88,000
BOSU	41,000	-	51,000	92,000	75,000
Projects, including Memorials and Bequests	18,000	13,000	-	31,000	94,000
Governance costs	56,000	-	-	56,000	88,000
<b>Total resources expended</b>	<b>2,545,000</b>	<b>16,000</b>	<b>249,000</b>	<b>2,810,000</b>	<b>2,704,000</b>
<b>Net Incoming resources before transfers</b>	<b>147,000</b>	<b>39,000</b>	<b>174,000</b>	<b>360,000</b>	<b>512,000</b>
<b>Transfers between funds</b>	<b>11,000</b>	<b>-</b>	<b>(11,000)</b>	<b>-</b>	<b>-</b>
<b>Net incoming resources after transfers</b>	<b>158,000</b>	<b>39,000</b>	<b>163,000</b>	<b>360,000</b>	<b>512,000</b>
<b>Other recognised gains</b>					
Unrealised Gain/(Loss) on investments	151,000	62,000	30,000	243,000	(486,000)
<b>Net movements in funds</b>	<b>309,000</b>	<b>101,000</b>	<b>193,000</b>	<b>603,000</b>	<b>26,000</b>
<b>Funds at 1 January 2009</b>	<b>3,249,000</b>	<b>467,000</b>	<b>753,000</b>	<b>4,469,000</b>	<b>4,443,000</b>
<b>Funds at 31 December 2009</b>	<b>3,558,000</b>	<b>568,000</b>	<b>946,000</b>	<b>5,072,000</b>	<b>4,469,000</b>

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

## The Royal College of Ophthalmologists

### Balance sheet

As at 31 December 2009

	2009	2008
£	£	£
<b>Fixed assets</b>		
Tangible assets	1,094,000	1,081,000
Investments	2,032,000	1,750,000
	<b>3,126,000</b>	2,831,000
<b>Current assets</b>		
Debtors	349,000	256,000
Short Term Deposits	1,000,000	450,000
Cash at bank and in hand	939,000	1,271,000
	<b>2,288,000</b>	1,977,000
<b>Creditors:</b>		
<b>Amounts falling due within one year</b>	<b>343,000</b>	339,000
<b>Net current assets</b>	<b>1,945,000</b>	1,638,000
<b>Net assets</b>	<b>5,071,000</b>	4,469,000
<b>Funds</b>		
Restricted funds		
Permanent endowment fund	466,000	400,000
Expendable endowment fund	102,000	67,000
Other	946,000	753,000
Unrestricted funds		
Designated funds	1,229,000	1,185,000
General funds	2,328,000	2,063,000
<b>Total funds</b>	<b>5,071,000</b>	4,468,000

Approved by the Council on 12 March 2010 and signed on its behalf by

Mr John Lee - President

Mr Peter McDonnell - Honorary Treasurer