

THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

ANNUAL REPORT 2011



Eye doctors setting the standards for patients

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Welcome to the 2011 Annual Report of The Royal College of Ophthalmologists which we hope that you find interesting and easy to read.

We welcome your views on the Annual Report and on other aspects of College life. We are particularly keen to hear from ophthalmologists who would like to join the College, from members who would like to participate more fully in College activities and from members of the general public who wish to support the College with donations to the Research Fund or the John Lee Fellowship. Do please email the Chief Executive, Kathy Evans by using our [Contact Form](#).

ANNUAL REPORT 2011

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THE PRESIDENT

Professor Harminder Dua



Let me begin by expressing my gratitude to the rank and file of members who participated in the democratic process that culminated in my appointment to the highest office of the College. It is a high honour and a privilege, a serious responsibility and a challenge, all of which I embrace. I hope to serve to the best of my ability and more.

The first six months have been in the deep end of choppy waters. The very specific debate around the use of bevacizumab (Avastin) and ranibizumab (Lucentis) in the treatment of age-related macular degeneration, on the one hand, and the proposed Health and Social Care Bill, with its promises and pitfalls, on the other, were and still are the major issues before us. Entwined within these were concerns about conflicts of interest and the negative impact of the mandated £20 billion saving target in the NHS on delivery of eye care.

Some problems were easy to fix and have been dealt with; others are still work in progress. College Officers and staff have worked as one team to make things happen. We now have a more robust 'conflict of interest' policy and a comprehensive '[declaration of interest](#)' form which will enable the public and members to view all College activity in the spirit of openness and transparency. While we continue to press the Department of Health (DH), the National Institute of Health and Clinical Excellence (NICE), the General Medical Council (GMC) and the NHS Executive to provide national guidance on the use of Avastin and Lucentis, off-label vs licensed drugs, we decided that we had to provide our own guidance that our members rightly demanded. This process culminated in the publication of the report of the working group and the [College statement](#) on the issue, both of which have been welcomed by the vast majority of members who prescribe these medications.

Through the Academy of Medical Royal Colleges and individually, I have engaged with decision makers to voice concerns related to delivery of eye care and surgical training. In this regard I have met with parliamentarians and peers, the Secretary of State for Health, Mr Andrew Lansley, the Minister for Public Health, Anne Milton, the Chief Medical Officer England, Dame Sally Davies, the Medical Director of the NHS, Sir Bruce Keogh, the Chairman of NICE, Sir Michael Rawlins, and others. Our efforts have often been linked with those of other organisations such as the College of Optometrists, the UK Vision Strategy, the Royal National Institute of Blind People (RNIB) and the Optical Confederation. A notable success has been the inclusion, for the first time, of 'preventable sight loss' as a public health indicator in the public health outcomes framework for England. I am also pleased to report that the collective voice of all Royal Colleges through the Academy has persuaded the Chief Medical Officers of all four countries, the Medical Director of the NHS and the Chairman of the GMC to jointly sign a document, which has been sent to all employers in the NHS, urging them to look favourably on requests from doctors for absence to undertake national work of benefit to healthcare systems across the UK, which includes work for the DH, NICE, GMC and the Royal Colleges. Our battle to reverse the arbitrary visual acuity thresholds set by commissioners for first and second eye cataract surgery and the ban on certain procedures continues. In this regard we have joined forces with our colleagues in the College of Optometrists to develop joint commissioning guidelines for provision of primary eye care.

Looking ahead, it is imperative that we adapt to the changing pressures and demands of an ever changing NHS. In our strategic plan for the next three years we have moved to include 'service delivery' as a major area of engagement as undoubtedly it is something that will test our

endurance in the months to come. We have also decided to reach out to our most junior colleagues, the medical students and to call upon the wealth of experience and expertise of our retired colleagues by re-engaging with them proactively as we deal with the challenges of the future.

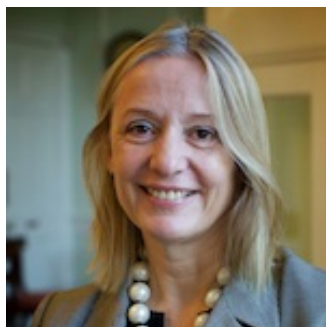
The College has enhanced its role as a facilitator of research. The College's research fund and the MRC and RCOphth John Lee Fellowship, set up in fond memory of my predecessor, were the first major steps in this direction. The Council of the Oxford Ophthalmological Congress and the British Paediatric Ophthalmology and Strabismus Association have been particularly generous supporters in regard of the latter. Their contributions are acknowledged with great appreciation. I am pleased to report that a very generous grant from Novartis has been matched by the Medical Research Council in setting up joint MRC/RCOphth/Novartis clinical research training fellowships, six in all that will be awarded over the next three years. The College is grateful to Novartis for this initiative.

Finally, I wish to express my strong desire and wish to communicate with as many members of the College as often as possible, to listen to your views, thoughts, ideas and concerns. To facilitate this I have set up the President's Forum accessible via a link on the home page of the College's web site. By listening to what you have to say I can serve you better. A good example of this, which is also posted at the forum is the creation of [Membership by Election](#) which will enable affiliate members who meet the eligibility criteria to become full members, use the post-nominal of MRCOphth, have voting rights and much more besides.

To the members and fellows of the College I reiterate, you belong to the College as much as the College belongs to you. Get involved in College affairs and enjoy a very rewarding and fulfilling experience.

THE CHIEF EXECUTIVE

Kathy Evans



The year began with a memorial service for the late President, Mr John Lee. It was a very moving, well attended and fitting occasion which celebrated the many facets of his life. A [recording of the event](#) can be accessed by members:

John had helped set up the first joint College and Medical Research Council Fellowship and it has been agreed that the second and subsequent fellowships should be renamed the MRC and RCOphth John Lee Fellowship. Sufficient funds have already been raised to meet the expenses associated with the inaugural fellowship, helped enormously by generous donations from the Oxford Congress, the British Paediatric Ophthalmology and Strabismus Association (who donated the entire proceeds of their 2011 meeting) and from many family members, friends and colleagues. The John Lee Fellowship Fundraising Committee is now committed to generating funds for future Fellows.

Throughout the first part of the year Mr Winfried Amoaku worked diligently as the Acting President and then in May, Professor Harminder Dua took office as the elected President. An early decision was to consider the Strategic Plan 2010-2012 to ensure that the plan remains coterminous with the presidential term. The 2012-2014 plan was initially considered by the December 2011 College Council and following consultation with the membership was endorsed at the March 2012 Council. It can be viewed: <http://www.rcophth.ac.uk/collegepolicies>

During the year, the Council decided to explore options for the building and agreed to submit a change of use application to Westminster City Council that would allow 17 Cornwall Terrace to become a residential dwelling and therefore a more valuable commodity. A working group has been formed to identify the College's future accommodation needs and the membership will be kept informed of developments.

The College membership system was enhanced with the addition of an events package. It is now possible to book and pay for events such as seminars and training the trainers days electronically. The quality of membership data remains high but we still urge members to contact database@rcophth.ac.uk when their circumstances change. We have also started a Twitter feed (just add @RCOphth to follow us) so that we have another means of sending messages to members.

Finally, it was a placid year in terms of staff turnover. I wish to add to the tributes elsewhere paid to Jackie Trevena, who retired as Head of Operational Support. I have been very grateful to Jackie and indeed all the staff for their dedication and support throughout the busy year that was 2011. There is no reason to suppose that 2012 will be any quieter.

The Executive Committee

Professor Harminder Dua	President
Professor Caroline MacEwen	Senior Vice President
Mr Larry Benjamin	Vice President
Mr Michael Hayward	Vice President
Mr Graham Kirkby	Vice President
Professor Anthony Moore	Vice President

Mr Bernard Chang
Mr Peter McDonnell
Miss Andrena McElvanney
Mr John Twomey

Honorary Secretary
Honorary Treasurer
Council member
Council member

THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

THE 2012 – 2014 STRATEGIC PLAN

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

KEY OBJECTIVES

1. To lead the development and implementation of education, training and professional standards for ophthalmology in the United Kingdom.
2. To influence the development of eyecare services to meet the needs of patients
3. To support the professional development of all ophthalmologists in the United Kingdom throughout their careers.
4. To promote member participation and the benefits of membership of the College
5. To ensure that internal structures result in efficient decision making, sound governance and financial security.

1. To lead the development and implementation of education, training and professional standards for ophthalmology in the United Kingdom

High quality and efficient eye healthcare depends on the education and training of ophthalmologists. Training has at its core reliance on a structured, competency based approach which requires a significant commitment from senior and junior doctors. The College will continue to develop its role as adviser on the development of ophthalmic education and training because it is in a unique position to provide expertise.

The pursuit of excellence in ophthalmology requires a UK dimension against the backdrop of increasing decentralisation of the NHS as the four home countries develop separate health systems. The College is the voice of the profession and it accepts the challenge of setting professional standards and advising on revalidation.

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

2. To influence the development of eyecare services to meet the needs of patients

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

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

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

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

The College is greatly assisted by the Lay Advisory Group which acts as a critical friend and helps ensure that it focuses on the needs of patients.

3. To support the professional development of all ophthalmologists in the United Kingdom throughout their careers

There are many pressures on professional development. The College aims to contribute to the management of these conflicting targets whilst maintaining the role of the Consultant Ophthalmologist as the leader of the eye care team.

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

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

It is also important to increase public awareness of the extensive and lengthy training that ophthalmologists undergo and differentiate their skills from non-medical professionals.

4. To promote member participation and benefits of membership of the College

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

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

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

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

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

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

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

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

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

PROFESSIONAL STANDARDS

Mr Graham Kirkby



It has been another busy and interesting year for the Professional Standards Committee (PSC). A wide range of problems have been considered and actions taken as the *Short Notes* from each recent PSC meeting testify (please see the [Members' area](#) of the College website). Most of the hard work is produced by subcommittees and the reports of their chairmen are below. The College is indebted to those who serve on and chair the subcommittees for the invaluable work that they do.

Some individuals undertake very important work for the PSC outside the subcommittees. Of particular importance has been work by Mr John Sparrow on [New to follow up ratios in ophthalmology outpatients services](#) recognising that purchasers of ophthalmic care are unaware of the differing need for follow up of our patients. He has prepared a document that is exceptionally useful to those who negotiate with commissioners. Miss Clare Bailey has negotiated successfully with the English National Screening Programme for Diabetic Retinopathy (whose leadership has changed) over how often, and who, should complete the External Quality Assurance Test Set. Lucy Titcomb (Lead Ophthalmic Pharmacist at the Birmingham & Midland Eye Centre) deserves special thanks for her help and advice on ophthalmic pharmaceutical matters. Following a Department of Health initiative, a number of committee members volunteered to be the "stars" in an NHS Direct video [Patient Decision Aid for Cataract Surgery](#).

The PSC suggested to the National Institute for Health and Clinical Excellence (NICE) a number of topics to be developed as a Quality Standard. There will ultimately be a suite of about 150 of these, covering the important topics in medicine. A Glaucoma Quality Standard already exists and it seems likely that Cataract and Age-related Macular Degeneration will follow in due course.

The Committee has been working jointly with the College of Optometrists (CoOptoms) to draft guidance to help commissioners make reasoned decisions about commissioning services and what standards to apply to them. A joint working group has been convened chaired jointly by Mr Richard Smith and the President of the College of Optometrists, Dr Cindy Tromans. Several members from each College and commissioning representatives have been identified to help with this important work which is on-going.

Finally, 2012 is the year when Revalidation will start. Mr Richard Smith and Beth Barnes have undertaken a huge amount of work for the College and Ophthalmologists in helping to prepare us for this. The College has joined a consortium with several others (lead by the [RCP](#)) and the commercial entity, Equiniti 360° Clinical, to provide an on-line Revalidation e-portfolio which will act as a repository for all the information doctors will need to revalidate. We will be advising shortly on how this may be used.

Revalidation

A pilot study of appraisal of ophthalmologists working outside the hospital eye service was completed in December 2010 and presented to the Academy of Medical Royal Colleges in January 2011. It was well received and helped to inform discussions with the General Medical Council, following which the GMC issued definitive guidance in April 2011 on the core supporting information which all doctors will in future be expected to provide for appraisal.

During 2010, the Revalidation Subcommittee had posted draft guidance on the items of specialty-specific supporting information that ophthalmologists might need to bring to appraisal once revalidation comes into full effect. We received constructive feedback on the draft guidance from individual college members and sub-specialty societies, and during the summer of 2011, we updated the guidance to take account of feedback and to make it consistent with the GMC's requirements. The updated guidance is available on the [College website](#) in a similar format to that used by the other medical royal colleges and is accompanied by an explanatory document entitled: "[Preparing for revalidation as an ophthalmologist](#)". It is not envisaged that there will be further significant changes to either the GMC's requirements or the College guidance on appraisal for revalidation between now and when revalidation comes into force in late 2012.

The next major task for the subcommittee is to develop specialty guidance for appraisers (noting that not all ophthalmologists will be appraised by other ophthalmologists) and guidance for those who may in future need to provide specialist advice regarding revalidation.

Quality Standards Development Group

There are many possible approaches to the measurement of quality of care, ranging from simple surveys of the opinions of service users to detailed measurements of multiple aspects of process and outcome. The aim of the Quality Standards Group has been to provide a means of measuring quality of care in ophthalmology which is easy to use, yet is sufficiently rigorous to differentiate between a clinical service which is providing good care to patients and one which is struggling. [Seven questionnaires](#) covering the clinical areas of glaucoma, cataract, age-related macular degeneration, vitreoretinal surgery, diabetic retinopathy, oculoplastics and ophthalmology service for children were formally launched at the College Congress in Birmingham in May 2011 following a period of consultation. The questionnaires ([which can all be downloaded from the quality standards section of the College website](#)) are suitable for use in local clinical audit projects to identify areas for improvement in a clinical service, with subsequent re-audit to evaluate the effect of changes to the service. Trusts may also wish to use data derived from the questionnaires for inclusion in annual quality accounts. There is not yet sufficient experience with use of the questionnaires to recommend that they be used to compare the performance of one clinical service with another, but this is an area for future research. It is inevitable that providers of clinical services will increasingly be expected to provide evidence that their services are delivering safe, effective and patient-centred clinical care. Why not be prepared and ready to respond: "Here is one I did earlier...."?

Continuing Professional Development (CPD) Subcommittee

The CPD diary merged with the [e-portfolio](#) and the new system was launched in February 2011. Local presentations on the use of the online CPD system have been given and have been successful. In the future the presentation on navigating the portfolio will be included in the help manual of the e-portfolio system and published in the CPD section of the College website for all members. The help manuals on the e-portfolio will be reviewed and simplified in the near future.

In the recent CPD Diary audit, it was noted that the West Midlands region had the highest number of non-respondents: 40 members selected for the audit did not respond. It has been decided that a reminder of the importance of audit should be sent to the non-respondents in the next audit cycle. It has been suggested at a recent Subcommittee meeting that in future the process of the CPD audit should be centralised and requests for evidence should be sent out by the College instead of by individual regional coordinators. The coordinators will concentrate mainly on assessing the evidence and producing the results of the audit accordingly. We are liaising with the IT provider regarding the audit capabilities in order to make the process more efficient.

A recent audit of the usage of the American Academy of Ophthalmology [One Network](#) shows that the uptake was 33% of eligible members. So as to increase uptake we intend to advertise the One Network in the next College News and also in the Resources section of the e-portfolio system. The College will continue subscribing to the One Network for a further 2 year cycle.

The College decided that CPD diary access for overseas members would be made available without a charge, as an additional membership benefit and to increase the international profile of the College. The overseas members will receive the same CPD access as UK members and would be included in the CPD audit.

VISION 2020 Primary Eye Care Group

The group has completed 61 clinical management guidance documents for the College of Optometrists and these are being updated as the evidence base changes. The documents were written by Professors Lawrenson and Buckley with input from other members of the group. The Professional Standards Committee of The Royal College of Ophthalmologists has approved the contents of the guidance and they are available for use on the [web](#).

Currently all the guidance documents are for anterior segment eye conditions. Guidance for treatment of retinal conditions will be produced if the College of Optometrists agrees and is prepared to fund the work involved. If so, expertise will be needed from Fellows of the RCOphth.

The group has produced five eye care pathways for [Map of Medicine](#). Miss Wendy Franks is to meet with Beth Barnes and the Map of Medicine team to discuss updating the pathways in the New Year.

The group plans to change its name to the Primary and Community Eye Care Group to reflect its interest in all aspects of delivery of eye care outside the secondary care setting.

Quality and Safety

The College continues to liaise with various bodies on ophthalmic safety matters. Ophthalmic pharmacist Lucy Titcomb has been active in liaising on pharmacy matters including problems with supply of some medications. We have contacted medicines manufacturers with our concerns as necessary. Work to agree a list of 'ophthalmic specials' is on-going. We are also looking at standards for solutions injected into the eye.

Alerts concerning blocked [ranibizumab injection needles](#) and labelling errors with [dexamethasone minims](#) were provided to College members. We were critical of [poor communication](#) of the blocked needles alert. An alert concerning [repackaged bevacizumab in the USA](#) was noted.

Delayed follow up of wet-AMD patients has emerged as a patient safety concern as did delayed follow up of glaucoma patients in the past. The College has highlighted the risks of NHS organisations focusing on targets such as new to follow up ratios rather than on patients.

The College responded to a consultation exercise on 'Never Events' and which included a proposal to label IOL errors as 'never events'. The Government published the revised [list](#); IOL errors do not constitute a 'never event' in this revision. There is a clause excluding from fault, implants that are part of the surgical plan but are later found to be sub-optimal.

The College has updated its guidance on [patient safety](#). In summary, ophthalmologists should complete a local clinical incident report for patient safety incidents; device and medication failures

should be reported to the the Medicines and Healthcare products Regulatory Agency (MHRA) and adverse drug reactions reported via the Yellow Card scheme.

Workforce Subcommittee

During 2011, the Workforce Sub-committee has continued to discuss and lobby in each of the four Departments of Health (or equivalent) of the four UK countries for the interests of patients to be met by an appropriately trained ophthalmic workforce. Developing economic constraints in health care and the need to balance budgets is a predominant driver from the centre; however the Chairman and Sub-committee members have worked hard throughout the year to maintain the College's view of the need for Consultant expansion in Ophthalmology to deliver the service by appropriately trained specialists. To date this has been maintained and 2011 the number of Consultant vacancies has broadly kept balance with those emerging from UK training but, over the last decade, has required expansion in consultant numbers. Close liaison has been maintained with the Manpower Committee of the Academy of Royal Colleges and with the Centre for Workforce Intelligence (CfWI), the management consultancy engaged by the DoH in England to advise on all matters concerning workforce in healthcare, whose lead is followed closely by the other administrations. In formulating the CfWI's Medical Specialty Recommendations in Ophthalmology (2011) the efficacy and expediency of multi-disciplinary clinical teams led by Consultant Ophthalmologists in clinical settings facilitating team working with new to follow up ratios appropriate for patients with chronic ocular conditions has been stressed. The College is supporting a proposed expansion in training of Consultant Medical Ophthalmologists (in partnership with the Royal College of Physicians), to which the committee has been contributing in an advisory role to the Centre for Workforce Intelligence.

Informatics and Audit Subcommittee

Over the last year, the Information and Audit Committee has continued its work with establishing datasets for common ophthalmic disorders. The Subcommittee has collaborated with BEAVRS, the national specialist society for vitreoretinal surgery to draft a retinal detachment [data set](#). In addition, new data sets have been commissioned for glaucoma, and strabismus. The aim is to produce a full portfolio of data sets that can be used within electronic patient records, and be comparable irrespective of the system on which the data is collected. Where possible, the data sets will include the minimum set of fields required for revalidation purposes. We have also been working closely with the Royal College of Physicians on standard data sets for inpatient discharge letters and similar functions.

The Subcommittee also has the role of 'Expert Working Group' for ophthalmology, which works with the Information Centre in Leeds to review HRG codes for ophthalmology. We also have the important role of 'sense checking' the proposed tariff for ophthalmic procedures to be introduced in April 2012.

The Subcommittee has also advised on the incorporation of the National Ophthalmic Database (NOD) into the College, and on the OpenEyes open source EPR project. We have responded to a number of important consultations, including "Liberating the NHS - an information revolution".

Paediatric Subcommittee

Important business this year included input into the establishment of a joint working party between the RCOphth and the College of Optometrists to develop clinical guidance for children's eye care, the trialling of the Quality Standards Framework for Paediatric Ophthalmology (led by Professor Jugnoo Rahi), the development of [protocols for Strabismus management](#) (Mr Anthony

Vivian), and the re-establishment of the Child Abuse Working Party (led by Mr Patrick Watts). The Vision 2020 UK Learning Disabilities Group is now represented on the Subcommittee (Ms Jane Leitch) and input into the Department of Health document on the commissioning of Low Vision Services has been provided (Mr Robert Taylor). Several patient information documents have been produced and issues relating to neonatal screening, aniridia, diabetic retinopathy in children and patient satisfaction surveys considered.

The Subcommittee discussed both the successful and unsuccessful bids for national commissioning of specialist services relevant to paediatric ophthalmology and emphasised the importance of an informed consultation process with College members about such bids.

Chairman and Vice President

Mr Graham Kirkby

Subcommittee Chairmen:

Continuing Professional Development Subcommittee

Mr Jonathan Chan

Information and Audit Subcommittee

Mr William Aylward

Paediatric Subcommittee

Mr Christopher Lloyd

Quality and Safety Subcommittee

Mr Simon Kelly

Quality Standards Development Group

Mr Richard Smith

Revalidation Subcommittee

Mr Richard Smith

VISION 2020 Primary Care Group

Mr Richard Wormald and Miss Wendy Franks

Workforce Subcommittee

Mr George Turner

Committee Members

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

Subcommittee Chairmen

Mr Wagih Aclimandos	
Miss Clare Bailey	
Dr Julia Baxter	OTG Representative
Mr Andrew Elliott	
Mr Francisco Figueiredo	Ocular Tissue Transplantation Standards Group
Mr Husain Hilmi	SAS Group Representative

Miss Carol Lane	
Miss Andrena McElvanney	
Mr Christopher Mody	AHPO* Representative
Mr John Sparrow	
Mr Victor Stone	Lay Representative
Mr John Twomey	

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

THE SCIENTIFIC COMMITTEE

Professor Anthony Moore



This has been a year of transition for the Scientific Committee. Mr Winfried Amoaku retired from his four-year term of office as Chairman of the Scientific Committee at the 2011 Annual General Meeting, having made an enormous contribution to the College. Heidi Booth-Adams, Head of the Scientific Department and Olivia Sibly, Scientific & Events Coordinator, have worked exceptionally hard this year to ensure the department has run very smoothly. The key responsibilities of the Scientific Committee are outlined

below:

The Annual Congress

In 2011, the Annual Congress returned to Birmingham and the meeting was a great success. The Retina Day was, again, very popular with 390 delegates and over 1,400 delegates attended the main congress. The highlights of the meeting were the eponymous lectures. The Duke Elder lecture was given by Professor Graeme Black from Manchester University who explained how advances in molecular genetics have translated into improvements in patient care. In his Edridge Green Lecture Professor Eberhart Zrenner from Tuebingen, Germany, gave an overview of the major advances his team have made in the development of a retinal prosthesis for patients who have lost vision from retinal degeneration. Professor Stanley Chang, chairman of the ophthalmology department at Columbia University, USA, gave the Optic UK lecture on the subject of the management of retinal detachment associated with optic disc anomalies.

The Foulds Trophy, for the best rapid fire presentation at the Congress, was awarded to Mr Kamaljit Balaggan for his paper on the inhibition of choroidal neovascularisation by gene transfer of the VEGF antagonist Sflt-1. The AMO Prize was awarded to Ms Ameenat Lola Solebo for her paper reporting the results of a UK and Ireland study of primary intraocular lens implantation in children. The Societas Ophthalmologica Europaea (SOE) prize was awarded to Mr Mahiul Muqit for his paper on the epidemiology of ocular sebaceous cell carcinoma.

The British Ophthalmological Surveillance Unit (BOSU)

The British Ophthalmological Surveillance Unit (BOSU) provides a unique opportunity for the continuous epidemiological investigation of the incidence and clinical features of rare eye conditions of public health or scientific importance. BOSU activity has been strongly supported by College members since being started in 1997. There are 1,206 ophthalmologists on the BOSU database and, on average, 76% of cards were returned each month in 2011. The administration of BOSU continues in the capable hands of Barny Foot. Please see www.rcophth.ac.uk/bosu BOSU has been generously supported by grants from the Guide Dogs for the Blind Association and we are grateful to Fight for Sight and the WF Ross Foundation for supporting the Research Bursary Awards for ophthalmologists in training. In 2011 seven different disorders were included on the yellow card and nine applications have already been received for 2012.

College Guidelines

Another area of Scientific Committee activity has been the production of College guidelines. During 2011, working groups have been developing guidelines for the management of diabetic retinopathy, local anaesthesia for cataract surgery, childhood strabismus and thyroid eye disease. In 2012, the College plans to work towards obtaining NICE accreditation for College guidelines. This will entail significant changes to the way in which guidelines are produced.

The Scientific Committee this year had also been tasked with producing a definitive statement of the College view on the use of anti-VEGF agents for the treatment of age-related macular degeneration. There has been pressure on ophthalmologists from PCTs to prescribe bevacizumab (Avastin) 'off label' rather than ranibizumab (Lucentis) which is licensed for intraocular use and is NICE approved in order to save costs (Avastin is considerably cheaper than Lucentis.) A small working group of medical retina experts were asked to review the published literature on the relative efficacy and safety of the two anti-VEGF agents. This review and careful scrutiny of current General Medical Council guidance on the use of 'off label' drugs formed the basis of the College advice, namely that ophthalmologists should continue to use the licensed drug rather than the cheaper alternative. The full statement can be found at www.rcophth.ac.uk/wetamdstatement

Eye

Eye continues to be a very successful. During 2011, the submission of articles to Eye increased to more than 90 per month. The time to online publication is now 27 days, which is comparable to other journals published by Nature Publishing Group. The time for articles to appear in print in the journal has also significantly decreased this year.

Professor Andrew Lotery, the editor of Eye, has continued to introduce new innovations on the website, including: article of the month, online polls and downloadable podcasts. Over 68,000 unique users access the journal online each month. A recent independent survey of hospital doctors identified that Eye was much more widely read than comparable ophthalmic journals. Professor Lotery plans to build on these successes in 2012. He would like to thank: the editorial board reviewers; Steve Beet, the editorial assistant; and the team at Nature Publishing Group for their support of the journal.

The Medical Retinal Service Provisions Subcommittee

The Medical Retina Service Provisions Subcommittee, chaired by Mr Winfried Amoaku, has played a key role over the last few years in advising the Scientific Committee on NICE technology appraisals and other aspects of novel treatments for medical retina disease. There has been, over the last 4-5 years, a revolution in the way that medical retinal disorders are managed and the subcommittee has done extremely valuable work in ensuring that the College view has been represented at NICE and amongst commissioners. The work of the Subcommittee has now been absorbed into the main Scientific Committee.

NICE (the National Institute for Health and Clinical Excellence) Appraisals

A significant amount of Scientific Committee activity is related to College input into NICE technology appraisals. Most of the NICE appraisals in 2011 have related to treatment of medical retina disorders. The College is extremely grateful for the many ophthalmologists who have given up their time to respond to NICE single technology appraisals and represent the College at Appraisal Meetings.

This year, a dexamethasone intravitreal implant (Ozurdex) was approved for the treatment of macular oedema caused by retinal vein occlusion. Unfortunately, NICE did not approve the use of Ranibizumab (Lucentis) for the treatment of diabetic macular oedema. The College, amongst other organisations, appealed against the NICE decision, but the appeal was not upheld.

The Ophthalmic Public Health Group (OPHG)

The Ophthalmic Public Health Group, chaired by Mr Andy Cassels-Brown, has continued to pursue an active programme. The Group has followed four main work-streams: advocacy, evidence-based ophthalmology, health promotion and training. The subcommittees work closely with RNIB, Vision 2020 and other organisations to influence public healthy policy. On the health promotion side, the OPHG has contributed to the EU advertising policy to incorporate messages about smoking and blindness on cigarette packaging. The OPHG has also continued to deliver educational seminars on ophthalmic public health.

Seminar Programme and FOCUS

The College has continued with its successful seminar programme in 2011. The subjects covered ranged from medico-legal work to shared care in glaucoma. There was, again this year, a very successful Elizabeth Thomas seminar on macular degeneration, chaired by Mr Winfried Amoaku. There is a strong seminar programme planned for 2012.

Professor Victor Chong continues as editor of FOCUS, short, clinically relevant articles that appear in *College News*, the quarterly membership bulletin.

The World Ophthalmology Congress 2018

The College has submitted an application to organise the World Ophthalmology Congress in London in 2018. If successful, the event will be held at the ExCel Centre in London. Heidi Booth-Adams has worked hard to develop a strong case for holding the WOC in London and our President will present the bid to the International Council of Ophthalmology in Abu Dhabi in February.

We look forward to another successful year in 2012 and hope to welcome you all to the Annual Congress in Liverpool in May.

Chairman

Professor Anthony Moore

Subcommittee Chairmen

The British Ophthalmological Surveillance Unit Executive Committee

Professor Miles Stanford

Editor of Eye

Professor Andrew Lotery

The Ophthalmic Public Health Group (OPHG)

Mr Andrew Cassels-Brown

Committee Members

Professor Harminder Dua
Professor Caroline MacEwen
Mr Larry Benjamin
Mr Michael Hayward
Mr Graham Kirkby
Mr Bernard Chang
Mr Peter McDonnell

President
Senior Vice President
Vice President
Vice President
Vice President
Honorary Secretary
Honorary Treasurer

Subcommittee Members

Mr Augusto Azuara-Blanco
Mr Susmito Biswas
Mr Tom Bremridge
Mr Michael Burdon
Professor Victor Chong
Mr Faruque Ghanchi
Mr Richard Harrad
Mr Parwez Hossain
Mr Sam Kasaby
Dr Lesley Kaye
Professor John Marshall
Miss Susan Mollan
Professor James Morgan
Mr Ian Pearce
Mr Som Prasad
Professor Jugnoo Rahi
Mr John Sparrow
Professor Paulo Stanga
Mr Richard Symes
Mr Colin Willoughby

LAG Representative

SAS Representative

OTG Representative

THE EDUCATION COMMITTEE

Mr Larry Benjamin



Several new initiatives have taken place this year. The e-logbook was launched in August and provides a safe repository for trainees' surgical records and progress whilst allowing analysis of the data entered. Trainees receive a weekly back-up of the information stored; the use of the log book is mandatory for all trainees who started in August 2011. Out thanks go to Dr Andy Simpson who created the original software and who continues to be involved in its development.

The microsurgical skills courses have been better attended than ever before. New courses on oculoplastics and strabismus surgery were run using cadavers at Bristol University and were a great success. A new course on posterior lamellar corneal transplantation (Descemet's Stripping Endothelial Keratoplasty or DSEK) is being developed to try to help reduce the learning curve for this technique. There are around 12 surgical simulators in use around the UK and each new trainee is introduced to the simulator on the microsurgical skills course.

E-learning has been re-invigorated with the launch of an on-line refraction module. The blended learning aspect of the microsurgical skills course now has had a third day module on cataracts and completion of the e-learning modules before the practical course is compulsory.

Medical Ophthalmology is well on the road to an improved structure with better definitions for training requirements; an examination structure leading to appropriate post-nominals has been proposed.

I continue to be indebted to the hard working and efficient College staff who run the various subcommittees that report to the Education Committee. I also thank the subcommittee chairmen and members who provide so much expertise and wisdom.

Awards and Scholarship Subcommittee

- Continued to attract a high standard of applications for the various awards and scholarships
- Reviewed all applications for awards, conducted interviews and reviewed all submitted reports from successful candidates

Award Recipients:

AWARD	RECIPIENT	AMOUNT
Dorey Bequest Travel Award 2011	Mr D M Spokes	£600
	Mr H A C Spratt	£600
Ethicon Foundation Fund 2011	Mr J Cheng	£600
	Dr A Hussain	£600
	Mr F Qureshi	£700

Ethicon Foundation Fund 2011	Mr R Scawn	£900
	Mr D M Spokes	£700
	Mr H A Spratt	£800
	Mr G Toor	£700
Fight For Sight Award 2011	Mr R Medina Benavente	£5,000
International Glaucoma Association Research Awards 2011	Mr C Sheridan	£50,000
	Mr A Bastawrous	£50,000
	Miss R Mathew	£50,000
Patrick Trevor Roper Undergraduate Award 2011	Dr E Lightman	£550
	Dr F S Tariq	£550
Pfizer Ophthalmic Fellowship 2011	Mr A Tatham	£35,000
Sir William Lister Travel Award 2011	Dr L T Lim	£600
	Miss S Mollan	£600

College Tutors Subcommittee/Training the Trainers (TTT) Subcommittee

- Successful implementation of the new Assessment Day of TTT course
- Course planned for Doctors from abroad
- Continued development of web based resources
- Increase in the number of College Tutor Induction Days

Curriculum Subcommittee

- Continued rolling review of the curriculum and responding to trainees, trainers and other stakeholder feedback
- New e-logbook with weekly back-up launched in August 2011
- Continued e-portfolio developments
- Piloted medical leadership work-place based assessments.

e-Learning Subcommittee

- Continued development of on-line presentation/lecture provision
- Refraction module now on-line
- Seminar Room update completed
- Continued development of community ophthalmology development

International Medical Graduates (IMG) Subcommittee

- Pilot scheme completed and evaluated
- Continued development of Dual Sponsorship scheme
- 23 applications for the Dual Sponsorship Scheme
- Responded to UK Borders Agency Consultation on changes to medical immigration.
- Formation of the IMG Tier 5 Scheme (designed for doctors who require support for Tier 5 visa only) 5 applications were processed

Surgical skills Subcommittee

- New cadaver course successfully introduced

- Continued development of new courses (DSEK)
- Increased number of course attendees
- Completion of Day 3 of the e-learning skills module
- Purchase of new editing equipment for courses
- Confirmed development of medical students Taster Day in 2012
- Increase in numbers of trainers joining the Faculty

Undergraduate / Foundation Subcommittee

- Continued liaison with the British Undergraduate Ophthalmology Society (BUOS) and input to their annual meeting
- Continued work on undergraduate / foundation curriculum

Chairman and Vice President

Mr Larry Benjamin

Subcommittee Chairmen:

Awards and Scholarships Subcommittee

Mr Bruce James

College Tutor Subcommittee

Miss Melanie Corbett

Curriculum Subcommittee

Mr David Cottrell

E-learning Subcommittee

Mr James Innes

International Medical Graduates (IMG) Training Subcommittee

Professor Stephen Vernon

Surgical Skills Subcommittee

Mr Mark Watts

Training the Trainers Subcommittee

Miss Melanie Corbett

Undergraduate/Foundation Education

Professor Philip Murray

Committee Members

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

Subcommittee Members

Mr Charles Diaper

Dr Richard Gale

Medical Ophthalmology

Dr Karen Gillvray	SAS Group Representative
Mr Naresh Joshi	
Dr Murtuza Mookhtiar	OTG Representative
Mr Michael Nelson	
Miss Louise O'Toole	
Dr Andy Simpson	
Professor William Reid	Lead Dean for Ophthalmology
Mrs Carol Watkins	Lay Representative
Dr Iain Whyte	
Mrs Manijeh Wishart	AHPO* Representative

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

THE TRAINING COMMITTEE

Mr Michael Hayward



Our first year of National Recruitment has begun under the stewardship of the Severn Deanery. At the time of writing, applications have closed and joint electronic short-listing is taking place across the UK. Ophthalmic representatives from all UK Deaneries will come together in Bristol in February 2012 to interview applicants. Although there has been natural lamenting of the local process significant savings will be achieved in terms both of consultant and trainee time.

Over the years both national microsurgical skills courses and local wet-labs have introduced trainees to surgical techniques. In the past two years these have been complimented by simulators. These offer more advanced training in cataract surgery but they are expensive to buy (circa £150,000) and only 12 are available in the UK. However, trainees still need many hours of direct surgical experience and the College is concerned with the possible effects of the governments NHS reforms on this aspect surgical training. Independent Sector Treatment Centres (ISTCs), with few exceptions, do not provide surgical training and audits in different areas of the country have shown that they operate on a cohort of patients with less ophthalmic and systemic co-morbidity. NHS training departments have thus found themselves coping with increasingly complex cases not suitable for the training and this situation may be exacerbated by the reforms unless commissioners take a different approach with providers.

The joint development of the Medical Ophthalmology Training Programme by our College and the Royal College of Physicians has made significant progress this year. We now need local and Centre for Workforce Intelligence (CfWI) vision to create medical ophthalmology training posts and for consultant appointment committees to consider the advantages of a medical ophthalmologist for appropriate posts.

One innovation, launched early in 2011, was the on-line Training Directory. This replaced the printed version and is a more succinct document that can be kept up to date more easily.

The Committee is aware of the need to constantly review our training methods and processes to cope with a fast changing training environment and the requirement to deliver ophthalmic care in different ways and settings. Next year we will begin three new projects: a revision of the document 'Guide to Delivery of OST Training', building on the work performed by the College's external assessors in quality assuring the Annual Review of Competence Progression (ARCP) process and an evaluation of Trainee Selected Components (previously: Advanced Subspecialty Training Opportunities (ASTOs)).

The Committee welcomes, and indeed would encourage, any information or contribution to the issues covered in this brief either through Schools or Regional Representatives and Advisers or directly to training@rcophth.ac.uk

I should like to thank Miss Carole Jones for passing on knowledge and advice as I succeeded her to this post and to the staff in the Education and Training Department and members of the Committee who have handled the transition with a great deal of tact and forbearance.

Equivalence of Training Sub-committee

We updated the website in 2011 to simplify the web page and also change the terminology as the term "Article 14" had been replaced by the Certificate of Eligibility for Specialist Registration (CESR) or equivalence route. The FAQ document has been updated and a new CESR application guide, produced in June 2011, is in the public domain and available from the website. Further guidance documents for assessors were also produced in 2011.

The College decided to reduce the number of assessors from three to two as there have been times when it has been difficult to find assessors able to spend the considerable amount of time required for performing an evaluation. This is in line with many other larger Colleges who use two assessors only. It is important to make the evaluation process less time consuming for the assessors but at the same time still maintain a rigorous and detailed evaluation to the required standard. At present the same evaluation form is used by all Colleges and Specialties. The General Medical Council (GMC) has allowed a degree of pre-population of the evaluation form to make it more "user friendly" for assessing ophthalmologists and the College would support further improvements and changes to the constraints and format of the present evaluation form.

Fourteen new applications, five reviews and three re-applications were received in 2011. It was disappointing, however, that towards the end of the year ten requests for re-writes of the evaluation form were received from the GMC with a degree of inconsistency in the queries needing to be addressed. It is hoped that with the completion of the move to Manchester by the GMC and the new training of GMC advisers that the request for re-writes can be reduced in 2012. To date, all the recommendations by the College assessors have been upheld by the GMC and this demonstrates the high standard of evaluations performed by the College.

Chairman and Vice President

Mr Michael Hayward

Committee Members

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

Mr Dugald Bell	
Mr John Bradbury	
Mr Andrew Castillo	
Mr David Cottrell	
Mr Gordon Cropper	Lay Representative
Miss Clare Davey	
Professor Andrew Dick	Academic Group Representative
Mr John Ferris	
Mr Alex Foss	
Dr Nicholas George	
Miss Clare Inkster	

Mr Bruce James	
Dr Ewan Kemp	
Mr James Kirwan	
Mr Alex Macleod	
Mr Stuart McGimpsey	
Miss Geeta Menon	
Mr Jay Menon	
Miss Lali Moodaley	SAS Group Representative
Mr William Newman	
Miss Carmel Noonan	
Miss Fiona O'Sullivan	
Mr Showrob Patwary	OTG Representative
Mr Anthony Quinn	
Professor W Reid	Lead Dean for Ophthalmology
Mrs Rosemary Robinson	
Mr Nicholas Sarkies	
Mr Peter Simcock	
Mr Michael Stewart	College Solicitor
Mr Paul Sullivan	
Professor Stephen Vernon	

Equivalence of Training Subcommittee

Mr Peter Simcock	Chairman
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All members of the Training Committee

Miss Michèle Beaconsfield
 Mr Chris Blyth
 Mr Michael Briggs
 Mr Puvana Chandra
 Mr Charles Diaper
 Mr Anthony Evans
 Mr James Innes
 Mr Bruce James
 Dr John Murdoch
 Professor Philip Murray
 Mr Ian Simmons
 Professor Miles Stanford
 Mr Kevin Stannard

THE EXAMINATION COMMITTEE

Professor Caroline MacEwen



Success in high stakes examinations is an important and significant aspect of all ophthalmologists' careers. The College Examinations Committee and Department work in partnership with our regulator, the General Medical Council (GMC), to ensure that these assessments are evidence based, valid and reliable. This year has been no exception in that we have developed a new Diploma examination and have modified the other exams based on feedback and review. The Diploma has proved popular with career grade staff and trainees, and will form an essential part of the Medical Ophthalmology assessment process.

The examination structure leading to Fellowship of the College in the form of Part 1 FRCOphth, the Refraction Certificate and Part 2 FRCOphth already fully complies with the stringent standards set by the GMC; we are required to gather extensive data on these exams in order to provide continued evidence that they remain acceptable and reliable. This information is submitted to the GMC on an annual basis and feedback is received and acted upon.

The Fellowship (exit) Assessment remains popular, as an alternative route to fellowship of the College, for eligible trainees. This year has been a 'bumper' year for this exam, but the numbers of those eligible to sit will reduce rapidly until this case based exit assessment finishes in 2016.

The Certificate in Laser Refractive Surgery now has been passed by the majority of laser refractive surgeons in the UK. This was devised in order to meet public demand for evidence that laser surgeons meet an appropriate level of competence in this field. We await the Privy Council's approval to offer post-nominals to successful candidates in this assessment.

There has been demand to increase the availability of College exams abroad and we are keen to set standards in assessment when requested and where feasible. The College's Vision 2020 Link with the Eastern Africa College of Ophthalmologists (EACO) has continued to flourish with their examination mirroring our Part 2 FRCOphth, but with necessary local modifications.

Each clinical exam takes place in a clinical environment, which has implications for the host departments with regard to knock on effects on clinical activity. However, most hospitals still recognise the importance of adequate clinical assessment and we are most grateful to all those who have welcomed us into their clinical areas this year. The Refraction Certificate now takes place in optometry schools during university holidays and this has been very successful.

Each exam is individually set to a well designed blueprint, and each requires considerable new material, all of which needs to be standard set. This work is done by all examiners who have all been fully trained in current assessment methods. A full report is completed for each exam and abridged copies of these reports are available under the Examinations section of the College website.

This is my fourth and final annual report of the Examination Committee; in May 2012 I will be demitting office as my term will have come to an end. I have found the role of Vice President interesting and challenging, but have been ably supported throughout by the Subcommittee Chairs (Peter Tiffin, Clare Davey, Robert Taylor, Nicholas Wilson-Holt and Jeremy Prydal), the College's

Education Advisor (Michael Nelson) and Head of the Examinations Department (Emily Beet) and her team to whom I give my thanks.

Chairman and Senior Vice President

Professor Caroline MacEwen

Subcommittee Chairmen:

Part 1 FRCOphth

Miss Clare Davey

Refraction Certificate

Mr Robert Taylor

Part 2 FRCOphth

Mr Peter Tiffin

Diploma

Mr Nicholas Wilson-Holt

Laser Refractive Surgery Assessment

Mr Jeremy Prydal

Duke Elder (Undergraduate) Prize Examination

Mr Winfried Amoaku

Committee Members

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

All Subcommittee Chairmen

Mr Wagih Aclimandos	
Dr Julia Baxter	OTG Representative
Mr Faruque Ghanchi	
Dr Elizabeth Graham	
Miss Yogeswary Kurunadalingam	SAS Group Representative
Miss Sara Livesey	
Professor Philip Murray	
Mr Michael Nelson	
Ms Sylvia Simmons	Lay Representative

THE ACADEMIC GROUP

Professor Andrew Lotery and Professor Andrew Dick



The Academic Group has had a busy and successful year. Perhaps the most notable success has been the launch of a joint training fellowship between the Royal College of Ophthalmologists and the Medical Research Council. This prestigious fellowship allows junior ophthalmologists the opportunity to undertake a fully funded PhD and is the perfect launch pad to an academic career. Congratulations to Dr Michelle Chan who has been appointed as the first fellow. The next fellowship to be awarded will be renamed as "The MRC and RCOphth John Lee Fellowship".

The group has continued, with support of the College and its representation on the Training Committee, to promote academic careers via several paths. This has included highlighting the needs of training for academics during their NIHR* academic posts (academic clinical fellows and academic clinical lecturers) as well as developing a central core of clinical research in the curriculum of all trainees which bodes well for the delivery of clinical care in the future. The group has also developed an information booklet [*Academic Ophthalmology as a Career*](#) and this is now available on the College website.

Members of the College can now signify their academic affiliations on the membership database which also means that the College can target mail shots with an academic component. The "academic" sessions at the 2011 Annual Congress were very well received. The emphasis was on showcasing younger researchers work from around the country. This will be repeated at the 2012 Annual Congress and we encourage you to attend.

In summary there has never been a better time to consider a career in academic ophthalmology!

* NIHR National Institute for Health Research

THE INTERNATIONAL SUBCOMMITTEE

Mr Nicholas Astbury



The International sub-committee has a dual function of representing overseas members (24%) and addressing ways in which the College can contribute to the reduction of global blindness through education and training.

This year the College has been actively involved with the Eastern Africa College of Ophthalmologists (EACO) as part of the VISION 2020 Links Programme which now oversees 25 international links. Training visits have included CPD and curriculum workshops held in Addis Ababa and

Nairobi respectively, where both events were well attended and in which College staff participated.

In November, the second EACO fellowship exam took place at the University of Nairobi. Six candidates were examined by local ophthalmologists who had been trained by College members the previous year. The exam was a success and is another step towards raising standards and increasing capacity in Eastern Africa. The observers noted that the 'clinical' patients had conditions that would rarely be seen in the UK.

We share our knowledge with other Colleges through the Academy International Forum and are closely associated with the European sub-committee with whom we are likely to merge again in 2012.

Our thanks go to Tim ffytche who has been an enthusiastic member of the committee for many years and has encouraged many ophthalmologists to give their services overseas.

Subcommittee members

Mr Nicholas Astbury

Chairman

Professor Caroline MacEwen

Senior Vice President

Mr Wagih Aclimandos

Miss Michèle Beaconsfield

Mr Michael Brace CBE

Lay Representative

Mr Michael Burdon

Mr Timothy ffytche

Miss Denise Mabey

Mr Derek Tole

Mr George Turner

Professor Stephen Vernon

Mr David Yorston

THE EUROPEAN SUBCOMMITTEE

Miss Michèle Beaconsfield



Equality and freedom of mobility across the EU both for doctors and patients is a wonderful ideal, but the necessary harmonisation of disparate health systems to achieve this was never going to be easy. Sadly there is nothing like a peppering of serious clinical events, some culminating in death, to speed up activity. The European Commission (EC) is now proposing changes to the EU directive (2005/36/EC) on mutual recognition of professional qualifications. Of particular interest is their acceptance, albeit reluctant, that qualifications are in fact not equivalent across the EU and therefore competencies and not degrees per se need to be looked at. This is why an electronic 'professional card' which only states degrees and registration is being resisted by professional bodies, although viewed by the EC as desirable.

This means not only examining postgraduate training programmes but also their methods of assessment. The College representatives at the EBO (European Board of Ophthalmology) are relentlessly active in influencing their continental counterparts with the robust principles and practices of RCOphth specialist training. By the same token the College representatives at the ophthalmic section of the UEMS (Union Européenne des Médecins Spécialistes) have been steadfast in their insistence that continuing professional development should be more than random 'point collection' and continue to pressurise their colleagues to embrace the concept of professional development and appraisal. The UEMS has now completed a major overhaul of its accreditation system for scientific meetings and European conferences are increasingly applying for EACCME (European Accreditation Council for CME) points to secure international attendance.

The EC will also be looking at the vexed legal question of testing language competency of migrating specialists as this may after all be a legitimate way of safeguarding the interests of patients. Furthermore the UEMS, as well as national bodies such as the British Medical Association, have been lobbying to lift information restrictions on the registration details of European doctors so that the General Medical Council would be able to contact its opposite numbers directly for information. Like all things European, a work in progress.

Subcommittee members

Miss Michèle Beaconsfield

Chairman

Professor Caroline MacEwen

Senior Vice President

Mr Wagih Aclimandos

Mr Nicholas Astbury

Mr Timothy ffytche

Mr Alistair Fielder

Mr Roger Humphry

Mr George Turner

THE STAFF AND ASSOCIATE SPECIALISTS' (SAS) GROUP

Mr Jonathan Eason



It is now five years since the SAS Group first met, and it is time to reflect not only the last year but also the achievements of the Group - and the one issue that still haunts your representatives.

The SAS Group represents SAS Ophthalmologists on all main College committees, and on Council. The President attends our meetings (held three times a year) along with the Chief Executive so that we have a direct line to the highest level of the organisation.

We have our own Forum at every College Congress which provides an opportunity to speak directly to the President and College Officers, ask the questions that need to be asked, and discuss important issues in an open and free manner.

We have held two very successful study days. They have provided an opportunity to learn and to meet colleagues from around the country – which is conducive to an excellent day away from the front line of ophthalmology. We intend to continue this as an annual event with plans already well advanced for this year's meeting in Bristol.

We were founder members of the Joint Royal College SAS Committee (JRC SAS) which has sought to share experiences from different specialities. In 2011 JRC SAS affiliated to the Academy of Medical Royal Colleges (AoMRC) giving us another opportunity to inform and influence senior figures from the medical world.

However, we remain haunted by the problems of communication with you as our constituent group. The College database improves all the time but we are never completely sure that we are in contact with all the SAS ophthalmologists that we should be. If you are not in contact with your regional rep, send an email to sas@rcophth.ac.uk and membership@rcophth.ac.uk so that we may update your contact details.

In conclusion, most of the areas discussed in our original five year plan have been met and improved upon through our representation within the College itself and now at a wider level through the AoMRC, but some elements remain as work in progress, which, after all, is probably how it should be.

Name	Region	Committee
Mr Jonathan Eason	Chairman South West Thames	Council and Finance
Dr Sumedha Bhagat	Scotland West	e-Portfolio
Mr Napoleon Devarajan	Wales	Paediatric
Mr Allaa-Eldin Abumattar	Oxford	
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
Miss Sharon Kerr	South East Thames	E-learning
Mr David Kinshuck	West Midlands	Equality and Diversity
Dr Lesley Kaye	Mersey	Scientific
Miss Yogeswary Kurunadalingam	Yorkshire	Examinations
Dr Gihan Ibrahim	North West Thames	
Miss Lali Moodaley	Moorfields	Training
Mr Jayasis Bandyopadhyay	Northern	
Dr Mahendra Balapaskaran	North East Thames	
Dr Gillian Watts	North Western	
Mr Kuranager Poornesh	East Anglia	
Vacancy	Trent	

THE OPHTHALMIC TRAINEES' GROUP

Dr Michael O'Gallagher

The Ophthalmic Trainees' Group (OTG) continues to ensure that the voice of the trainees is heard at all levels in College. We have increased the number of regional representatives this year to strengthen this voice, and we have organised our representation by deanery to reflect the increased role of deaneries in our training programmes. We have also continued to ensure that the views of ophthalmic trainees influence national policy at the Academy of Medical Royal Colleges, at the Department of Health and at the British Medical Association.

Representation requires listening and we continue to listen to trainees' opinions on what we do. As a result of feedback we are changing the format of the OTG Forum at Congress allowing questions from the floor to the College officers. Also, based on feedback we made changes to the format of the OTG Annual Symposium, ensuring that those who attended in November had an even better day than last year. We continue to bring trainees' views on the new curriculum to the relevant committees, and this has resulted in several changes to the curriculum so far.

During the coming year we want to improve how we represent trainees. We want to ensure that those groups of trainees with particular needs feel that their representation is adequate, for example academic trainees and those trainees who work less than full time. We will also be looking at ways to improve communication with trainees.

Please continue to share your views with us.

Contact your regional representative, or email otg@rcophth.ac.uk.

Name	Region	Committee
Dr Michael O'Gallagher	Chairman Northern Ireland	Council
Mr Jonathan Goodfellow	South West (Peninsula and Severn)	Curriculum
Mr Mark Doherty	Northern	Academy Trainee Doctor Group
Dr John Bladen	North Thames	
Mr Richard Symes	South Thames	Scientific
Dr Mario Saldanha	Wales	
Dr Inderraj Hanspal	East Anglia	Finance
Mr Showrob Patwary	Deputy Chairman West Midlands	Training and Recruitment
Mrs Karinya Lewis	Oxford and Wessex	Workforce Subcommittee, Equality and Diversity

Dr Julia Baxter	East Midlands	Examinations
Dr Hannah Timlin	Scotland - East	
Lik Thai Lim	Scotland – West	Professional Standards
Dr Anand Chawla	North Western and Mersey	
Dr Murtuza Mookhtiar	Yorkshire	Education and e-Learning

THE LAY ADVISORY GROUP

Derek Forbes



In May the College elected a new President, Professor Harminder Dua, and we are delighted that he has followed precedent and joins us regularly; exploring and explaining topics that may be of concern to us.

Members of the Lay Group serve on all the committees of the College so the issues that we have been involved with, and on which we offer lay input, are those detailed throughout the annual report.

Members of the Lay Group were involved in the development of College's guidance on [The Management of Patients with Learning Difficulties](#) and its publication on the website was the culmination of a great deal of work. I would like to thank all the people who worked so hard to achieve this.

During the course of the year we have heard from some of the other professions involved in eye care. An ophthalmic nurse and an ophthalmic optician gave us an introduction to their roles and gave an opportunity for the Lay Group to discuss how they should all fit together for the benefit of the patient.

The introduction of the Health and Social Care Bill is setting the scene for major changes in the NHS. The College has supported the development of a web based resource [The Commissioning Guide for Eye Care and Sight Loss Services](#) and is working with the College of Optometrists in the development of condition specific commissioning guidance. The Lay Group greatly welcomes these joint approaches.

A long standing member of the Lay Group, Mr Mike Brace, until recently chief executive of VISION 2020 UK, was made an honorary fellow of the College at the admissions ceremony in September. We would like to add our congratulations to him and note a lifetime of work in the field of sight loss, eye health and getting different people and professions together for the benefit of people with reduced vision.

We greatly appreciate the administrative support that we receive and thanks go to Penny Jagger for looking after us so well.

Lay Advisory Group Members

Mr Derek Forbes	Chairman and lay member of Council
Mr Wagih Aclimandos	Council member
Mr Tom Brembridge	Lay member of the Scientific Committee
Mr John Cannon	Lay member of the Finance Committee
Mr Gordon Cropper	Lay member of the Training Committee
Mrs Kathy Evans	Chief Executive
Miss Wendy Franks	Council member
Mr Stuart Holland	Lay member of the Revalidation Subcommittee
Professor Helen Petrie	Lay member of the Information and Audit Subcommittee
Ms Gill Levy	Lay member of the Ocular Public Health Group

Ms Sylvia Simmons
Mr Victor Stone

Lay member of Examinations Committee
Lay member of the Professional Standards and Equality and
Diversity Committees

Co-opted members

Mr Mike Brace CBE
Mrs Carol Watkins

Lay member of the Paediatric Subcommittee
Lay member of the Education Committee

THE EQUALITY AND DIVERSITY COMMITTEE

Mr Bernard Chang



I took over the chairmanship of the Committee from Mr Winfried Amoaku who had successfully steered it since 2005 and made monitoring of ethnicity, gender, disability and age a central output of the membership and examination databases. The June Council received a report that summarised the gender and ethnic composition of the Council, regional advisers, the UK membership, examination candidates, examiners and the staff. The categories used in this exercise were developed by the Commission for Racial Equality and were used in the Population

Census 2001. The information was derived from information supplied by the individuals concerned.

The Committee is concerned that the response rate from Staff and Associate Specialists and trainees is lower than for other groups (see the table below). Responses are sought on a voluntary basis and steps will be taken to encourage participation among these doctors.

Our College continues to have good representation from all ethnic backgrounds, male and female, in terms of members, examiners and regional representatives. This gives me confidence that future developments will take into account the views from across the membership.

As of June 2011

	Total UK Population (per census 2001)	Council	Regional Advisers	Consultants	Other UK Members	Paying Senior Members	Staff
Total Population	58.8 million	31	23	1138	1453	99	23
% forms returned	N/A	100.0	100.0	84.4	56.0	88.0	100.0
White							
White British	92.0	77.6	74.1	62.4	30.5	66.7	82.6
White Irish		6.4	4.3	4.9	5.2	4.6	
White Other			4.3	4.6	7.4	2.3	
Mixed	1.2			1.7	2.8		4.35
Asian or Asian British							
Indian	1.8	3.2		13.0	25.3	12.6	8.7
Pakistani	1.3	3.2		1.9	4.4	4.6	
Bangladeshi	0.5			0.3	1.4	2.3	
Other Asian	0.4		4.3	3.0	7.9	4.6	
Black or Black British							
Black Caribbean	1.0			0.3	0.4	0.0	4.35
Black African	0.8	3.2		1.4	3.3	0.0	
Black Other	0.2			0.0	0.0	0.0	
Chinese	0.4	3.2	4.3	3.4	4.8	0.0	
Other	0.4				1.7	0.0	
Middle Eastern		3.2	8.7	3.1	4.9	2.3	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	48.6	77.4	74.0	77.4	60.0	82.0	21.74
Female	51.4	22.6	26.0	22.6	40.0	18.0	78.26

Equality and Diversity Committee Members

Mr Bernard Chang	Chairman
Professor Caroline MacEwen	Senior Vice President
Mr David Kinshuck	SAS Group Representative
Mrs Karinya Lewis	OTG Representative
Mr Victor Stone	Lay Representative
Mr George Turner	Workforce Subcommittee

MUSEUM & LIBRARY REPORT

Richard Keeler



The instrument and antiquarian collections continue to attract attention from visitors to the Oxford Room and we have benefited from several donations during the year. As a result of entertaining twenty members of the Ophthalmic Club for dinner and a tour of the Museum and Library a most generous gift has enabled us to purchase a rare edition of Sir William Read's "*A short account of all the Diseases incident to the Eyes*" which was published in 1710.

Other notable gifts have been a signed paperweight in the form of a contact lens belonging to Ida Mann, numerous instruments belonging to Frank Juler, which were donated to the College by his grandson and fundus paintings by Paul Cibis. We also received a large collection of ophthalmic instruments and spy glasses from the great-grandson of a founder of the late 19th century company Pickard and Curry (which later traded as Curry and Paxton).

A framed portrait of Sir Anderson Critchett Bt, donated by Roger McGuinness FRCOphth, now hangs in the Oxford Room. The original appeared in the Vanity Fair supplement of 18th May 1905 with the caption: "King's Oculist". The artist was Sir Leslie Ward who was popularly known as "Spy".

THE HONORARY SECRETARY

Mr Bernard Chang



2011 has been another hectic year of elections which started with that of the new President. We then held elections for two new Vice Presidents (Training and Examinations) and seven new regional (Council) representatives. It was encouraging that despite increasing NHS pressures, ophthalmologists continue to put themselves forward for College activities such as these.

I would like to formally thank Jackie Trevena for helping me with the elections and my other tasks as Honorary Secretary. After over 20 years of service to our College, she retired this year and I am sure we all wish her a long and happy retirement!

Taking over as Head of the Operational Support Department, we welcome Mr Aziz Rajab-Ali who brings with him experience and knowledge gained from other charities and educational institutions.

The College still receives many enquiries from members of the public and I continue to enjoy responding to them. It helps when almost invariably they write back with their appreciation to the College for taking the time to reply.

We also continue to get a steady number of applicants for membership of our College. We have taken a big step to be more inclusive with the introduction of a new category of membership: membership by election which recognises the long term NHS service of staff grade and associate specialists as well as the contribution newly appointed consultants can bring. Members by Election will be granted full privileges including voting and standing for elections in addition to being awarded the post nominals of MRCPophth. I very much hope that existing Affiliates and non members will take the opportunity to apply ([details are on our website](#)).

I took over as Chair of the Equality and Diversity Committee this year. Encouragingly, this College continues to show great diversity in all aspects and we will continue to monitor this closely.

2012 is the year of the Dragon and we Chinese believe it brings unpredictability but also excitement. I wish you all lots of the latter!

STAFF AS AT 31 DECEMBER 2011



Chief Executive

Executive Assistant to the President and Chief Executive

Head of Education and Training Department

Deputy Head of Education and Training Department

Education and Training / Professional Standards Administrator

Skills Centre Coordinator

Education and Training Administrator

Head of Professional Standards Department

Head of Examinations Department

Deputy Head of Examinations Department

Examinations Coordinator

Examinations Administrator (maternity cover)

Head of Scientific Department

Events and Scientific Coordinator

BOSU Scientific Coordinator

Eye Editorial Assistant

Head of Operational Support

Kathleen Evans

Penelope Jagger

Alexandra Tytko

Susannah Grant

Carol Welch

Esther Merrill

Rosy Chirayath

Elizabeth Barnes

Emily Beet

George Hibdige

Sheila Patel

Nicholas Worrall

Heidi Booth-Adams

Olivia Sibly

Barnaby Foot

Steven Beet

Abdul Aziz Rajab-Ali

Deputy Head of Operational Support and IT Director
Finance Director
Finance Assistant
Membership Coordinator
Principal Receptionist
Receptionist / Porter

Sara Davey
Mark Merrill
Jenny Henry
Martin Reeves
Karen Taylor
William Carson

TRUSTEES



Council Members and Honorary Fellows at the Admission Ceremony September 2011

Mr W M Amoaku	Senior Vice President	Scientific	Acting President from 8 October 2010 to 25 May 2011
Professor H Dua	President		From 25 May 2011
Professor C J MacEwen	Senior Vice President	Examinations	
Mr L Benjamin	Vice President	Education	
Miss C A Jones	Vice President	Training	Until 12 September 2011
Mr J M Hayward	Vice President	Training	From 12 September 2011
Mr G R Kirkby	Vice President	Professional Standards	
Professor A T Moore	Vice President	Scientific	From 25 May 2011
Mr P J McDonnell	Honorary Treasurer	Finance	
Mr B Y P Chang	Honorary Secretary		

REGIONAL REPRESENTATIVES

	<u>Region</u>	
Mr W A Aclimandos	South East Thames	
Mr S Biswas	North West	
Mr L A Amanat	East Anglia	Until 25 May 2011
Mr A J Vivian	East Anglia	From 25 May 2011
Mr A A Castillo	Trent	
Miss C C Davey	North East Thames	
Mr J D A MacLeod	Wessex	
Miss W A Franks	Moorfields	

Mr C J M Diaper	Scotland West	
Mrs C M Lane	Wales	
Mr J M Hayward	Yorkshire	Until 9 December 2011
Mr T R Dabbs	Yorkshire	From 9 December 2011
Mr C B James	Oxford	
Miss A M McElvanney	South West Thames	
Mr M A Burdon	West Midlands	
Mr W D Newman	Mersey	
Mr M F Murphy	Northern Ireland	
Mr E P O'Donoghue	Eire	Until 25 May 2011
Dr L M O'Toole	Eire	From 25 May 2011
Mr P A C Tiffin	Northern	
Mr J M Twomey	South Western	
Ms G C Vafidis	N W Thames	Until 25 May 2011
Miss M C Corbett	N W Thames	From 25 May 2011
Mr I F Whyte	Scotland East	

CO-OPTED MEMBERS

Mr D Forbes	Lay Advisory Group
Mr J R Eason	Staff and Associate Specialists
Mr N J Astbury	Overseas
Mr M K O'Gallagher	Ophthalmic Trainees

EDITOR OF EYE

Professor A J Lotery

COUNCIL ATTENDANCE 2011

NAME	STATUS	Mar	June	Sept	Dec
Winfried Amoaku **	Acting President	√	-	-	-
Harminder Dua *	President	√	√	√	√
Caroline MacEwen	Senior Vice President, Examinations	√	√	x	√
Larry Benjamin	Vice President, Education	√	√	√	√
Carole Jones	Vice President, Training	√	√	√	-
Michael Hayward ***	Vice President, Training	-	-	-	√
Graham Kirkby	Vice President, Professional Standard	√	√	√	√
Anthony Moore *	Vice President, Scientific	-	x	√	√
Peter McDonnell	Honorary Treasurer	√	√	√	√
Bernard Chang	Honorary Secretary	√	√	√	√
Wagih Aclimandos	South East Thames	√	√	√	√
Liaquat Ali Amanat **	East Anglia	x	-	-	-
Anthony Vivian *	East Anglia	-	√	√	√
Susmito Biswas	North West	√	√	x	√
Andrew Castillo	Trent	x	√	√	√
Clare Davey	North East Thames	√	√	√	√
Charles Diaper	Scotland West	x	√	x	√
Wendy Franks	Moorfields	√	√	x	√
Michael Hayward	Yorkshire	√	√	√	-
Timothy Dabbs ****	Yorkshire	-	-	-	√
Bruce James	Oxford	√	√	√	√
Andrena McElvanney	South West Thames	√	√	x	√
Carol Lane	Wales	√	√	√	√
Michael Burdon	West Midlands	√	√	x	√
Alexander MacLeod	Wessex	√	√	√	√

William Newman	Mersey	√	√	√	√
Eamon O'Donoghue **	Eire	x	-	-	-
Louise O'Toole *	Eire		√	√	√
Martin Murphy	Northern Ireland	√	√	√	√
Peter Tiffin	Northern	√	√	√	√
John Twomey	South Western	√	√	√	√
Gillian Vafidis **	North West Thames	√	-	-	-
Melanie Corbett*	North West Thames	-	√	√	√
Iain Whyte	Scotland East	√	√	x	√
Derek Forbes	Lay Advisory Group	x	√	√	√
Jonathan Eason	Staff and Associate Specialists	√	√	√	√
Nicholas Astbury	Overseas	√	√	√	√
Michael O'Gallagher	Ophthalmic Trainees Group	√	√	√	x

* Term of office began at the May Annual General Meeting

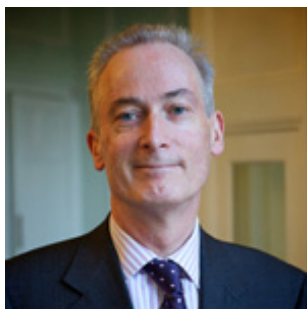
** Term of office ended at the May Annual General Meeting

*** Term of office began at the conclusion of September Council Meeting

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

THE HONORARY TREASURER'S REPORT

Mr Peter McDonnell



The financial results of the College to 31 December 2011 are summarised in the Statement of Financial Activities and Balance Sheet of this Annual Report.

The overall net income before transfers amounts to £434,000 of which £74,000 is on the College's restricted funds. Much of this surplus is in respect of funding received in 2010 for projects where the expenditure will continue in 2011. The surplus on the recurring core activities of the College amounted to £287,000 and there was a net income of £73,000 on the endowment funds. It is important that we continue to plan a balanced budget for the forthcoming year and if possible make a modest surplus to enable the College to invest in services and support for members at all levels.

Membership levels and the income from subscriptions have remained stable. A modest increase in subscriptions rates has been agreed for 2012.

The financial aspects of the professional activities of the College continue to be monitored carefully by the Finance Committee. The Annual Congress in Liverpool in 2011 was a scientific success; considerable efforts are being made to preserve the financial stability of future events. The Examinations run by the College continue to go through a period of change as noted in previous reports. The number of candidates taking the examinations has increased in 2011 and this will help the costs of running examinations to become more in balance with the income generated through examination fees. College work on the development of revalidation is so far mainly funded with grants from other bodies, but it is possible that the College may incur costs in the future in relation to revalidation and the Committee is monitoring the situation.

This year has seen further significant turbulence in world financial markets. The Committee is closely monitoring the College's invested funds managed by Sarasin and Partners. Interest rates for our cash deposits remain low.

Thank you to the members of the Finance Committee for their help and support over the year, and a special thank you to Mark Merrill, the Finance Director and Jackie Trevena, the Head of the Operational Support Department and her staff. Jackie has recently retired and we wish her all the best for the future. We welcome Mr Aziz Rajab-Ali who has recently been appointed as Head of the Department.

Committee Members

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

Mr Susmito Biswas	Council member
Mr John Cannon	Lay Representative
Mr Andrew Castillo	Council member
Mr Jonathan Eason	SAS Group Representative
Mr Inderraj Hanspal	OTG Representative
Mr Martin Murphy	Council member

Donations and Grants over £2,000

The Academy of Medical Royal Colleges

Allergan UK

Bausch and Lomb Ltd

B Billington

British Eye Research Foundation (*trading as Fight for Sight*)

British Paediatric Ophthalmology and Strabismus Association

Carl Zeiss Ltd

The Department of Health

Elizabeth Frankland Moore and Star Foundation

Guide Dogs for the Blind Association

Keeler Limited

S King

C Liu

Macular Disease Society

Merck Sharpe and Dohme Limited

Moorfields Surgeons Association

Novartis Pharmaceuticals Limited

The Oxford Ophthalmological Congress

Lord Pearson of Rannoch Charitable Trust

Pfizer Ltd

Thrombogenics Inc

Topcon GB Ltd

Auditors' Report

Auditors' statement on summarised financial statements

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

We have examined the summarised financial statements for the year ended 31 December 2011, which comprise the Statement of Financial Activities and the Balance Sheet.

Respective responsibilities of the Council and auditors

The Council is responsible for preparing the summarised financial statements in accordance with applicable United Kingdom law and the recommendations of the charities SORP. Our responsibility is to report to you our opinion on the consistency of the summarised financial statements within the Annual Report with the full annual financial statements and the Report of the Council. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the charity's full annual financial statements describes the basis of our opinion on those financial statements and on the Report of the Council.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and the Report of the Council of The Royal College of Ophthalmologists for the year ended 31 December 2011.

Sayer Vincent Statutory Auditors

8 Angel Gate, City Road, London EC1V 2SJ

9 March 2012

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 2011 but are not the full statutory report and accounts. The full financial statements were approved by the Council on 9 March 2012 and subsequently submitted to the Charity Commission. The auditor has issued an unmodified report on the full financial statements and on the consistency of the Annual Report with those financial statements. Copies of the full annual accounts including the Report of the Council may be obtained from the Honorary Secretary, The Royal College of Ophthalmologists, 17 Cornwall Terrace, London NW1 4QW

Signed on behalf of Council

Mr P McDonnell
Honorary Treasurer
9 March 2012

STATEMENT OF FINANCIAL ACTIVITIES

The Royal College of Ophthalmologists

Statement of financial activities

For the year ended 31 December 2011

	Unrestricted funds	Endowment funds	Other restricted funds	2011 Total	2010 Total
	£	£	£	£	£
Incoming resources					
	2,000	67,000	259,000	328,000	313,000
	40,000	-	-	40,000	38,000
	88,000	28,000	14,000	130,000	117,000
<i>Incoming resources from charitable activities</i>					
Subscriptions Receivable	1,032,000	-	-	1,032,000	1,004,000
Examinations Department	460,000	-	-	460,000	319,000
Education, Training and Professional Standards	64,000	-	-	64,000	64,000
Skills Courses	104,000	-	-	104,000	107,000
Annual Congress	602,000	-	-	602,000	596,000
Journal - "Eye"	589,000	-	-	589,000	539,000
Seminars	39,000	-	11,000	50,000	59,000
Scholarships and Awards	-	-	52,000	52,000	51,000
Other incoming resources	43,000	-	1,000	44,000	98,000
Total incoming resources	3,063,000	95,000	337,000	3,495,000	3,305,000
Resources expended					
<i>Cost of generating funds</i>					
Investment Manager's Fees	12,000	4,000	2,000	18,000	17,000
<i>Charitable Activities</i>					
Examinations Department	625,000	-	-	625,000	565,000
Education and Training	370,000	-	101,000	471,000	522,000
Skills Courses	177,000	10,000	-	187,000	199,000
Professional Standards	194,000	-	45,000	239,000	222,000
Annual Congress	658,000	-	6,000	664,000	637,000
Journal - "Eye"	567,000	-	-	567,000	524,000
Seminars	50,000	-	17,000	67,000	78,000
Scholarships and Awards	15,000	-	52,000	67,000	67,000
BOSU	36,000	-	48,000	84,000	86,000
Projects, including Memorials and Bequests	-	-	-	-	-
Governance costs	72,000	-	-	72,000	40,000
Total resources expended	2,776,000	14,000	271,000	3,061,000	2,957,000

Net Incoming resources before transfers	287,000	81,000	66,000	434,000	348,000
Transfers between funds	-	(8,000)	8,000	-	-
Net incoming resources after transfers	287,000	73,000	74,000	434,000	348,000
Other recognised gains					
Unrealised (loss)/gain on investments	(138,000)	(60,000)	(10,000)	(208,000)	224,000
Net movements in funds	149,000	13,000	64,000	226,000	572,000
Funds at 1 January 2011	3,986,000	693,000	965,000	5,644,000	5,072,000
Funds at 31 December 2011	4,135,000	706,000	1,029,000	5,870,000	5,644,000

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

BALANCE SHEET

The Royal College of Ophthalmologists

Balance sheet

As at 31 December 2011

	2011	2010
£	£	£
Fixed assets		
Tangible assets	1,038,000	1,073,000
Investments	2,360,000	2,508,000
	3,398,000	3,581,000
Current assets		
Debtors	477,000	395,000
Short Term Deposits	1,825,000	1,704,000
Cash at Bank and in Hand	688,000	211,000
	2,990,000	2,310,000
Creditors:		
Amounts falling due within one year	518,000	247,000
Net current assets	2,472,000	2,063,000
Net assets	5,870,000	5,644,000
Funds		
Restricted funds		
Permanent endowment fund	465,000	513,000
Expendable endowment fund	241,000	180,000
Other	1,029,000	965,000
Unrestricted funds		
Designated funds	1,195,000	1,239,000
General funds	2,940,000	2,747,000
Total funds	5,870,000	5,644,000

Approved by the Council on 9 March 2012 and signed on its behalf by:

Professor H Dua – President

Mr P McDonnell – Honorary Treasurer