IN THIS ISSUE:

<table>
<thead>
<tr>
<th>Leaders in collaborative care: living the RANZCO tagline</th>
</tr>
</thead>
<tbody>
<tr>
<td>RANZCO 2017 Workforce Survey out now!</td>
</tr>
<tr>
<td>Join us in Perth for RANZCO 2017</td>
</tr>
<tr>
<td>The road less travelled: practicing ophthalmology in a rural setting</td>
</tr>
</tbody>
</table>
When freedom becomes reality
Contents

Message from the President 4
Censor-in-Chief’s Update 6
CEO’s Corner 8
Membership Spotlight 10
Annual Scientific Congress 24
Indigenous Eye Health 34
Policy and Advocacy Matters 36
International Development 37
Feature Article
   The road less travelled: practicing ophthalmology in a rural setting 40
Branch Musings 46
Special Interest Groups 49
RANZCO Affiliates 54
Ophthal News 56
RANZCO Museum 62
Obituaries 63
Calendar of Events 66
Classifieds 68

Front cover: Gantheaume Point, Broome, Western Australia

Eye2Eye is published by The Royal Australian and New Zealand College of Ophthalmologists as information for its members. The views expressed in the publication are those of the authors and not necessarily of the College. The inclusion of advertising in this publication does not constitute College endorsement of the products or services advertised.

Editor: Laura Sefaj  Design and layout: Francine Dutton
The Royal Australian and New Zealand College of Ophthalmologists A.C.N 000 644 404
94-98 Chalmers Street
Surry Hills NSW 2010 Australia
Ph: +61 2 9690 1001  Fax: +61 2 9690 1321
E-mail: eye2eye@ranzco.edu
Website: www.ranzco.edu
Message from the President

Making the health system better

Advocacy has become a more important part of the work of the College over the past decade. While our health system is the envy of many countries, it can always be made better, and governments and health insurance companies can always make changes that will make it worse!

The health budget is currently less than 10% of GDP which compares favourably with other developed countries and provides excellent care to most of the population, particularly those in metropolitan areas and those with health insurance. Maintaining the system, at reasonable cost, with the increasing demands of an aging population, is the fundamental challenge for all health ministers. As we move from a system that is based on healing the sick to an ideal of making the well healthier, this will become even more difficult an issue.

Our role is to advocate on behalf of the patients that we look after, identifying problems and providing solutions based on our knowledge of the practical issues we face delivering care.

Over the past few months, RANZCO CEO, Dr David Andrews, and I have had numerous meetings with federal ministers, advisors and senior health bureaucrats in government and the Department of Health. We managed to bring a number of key issues to the attention of the Minister and senior department officials.

Access to Care

Both Minister Greg Hunt and Minister Ken Wyatt have declared a focus on Indigenous eye health as part of Closing the Gap. The Rural Health Outreach Fund aims to improve access to medical specialists in rural, regional and remote areas of Australia. This is essential for reducing the health inequalities of people living in these areas, particularly Indigenous people. Vision loss is an essential part of that but is hampered by a lack of coordination of services. We encouraged government to look at improving the coordination of services by better cooperation with the Visiting Optometrist Scheme and through the development of regional hubs for ophthalmology in Alice Springs and Broome. We strongly supported the Roadmap for Closing the Gap for Vision that has shown such positive results and emphasised the need for more focus on the problems of diabetes and cataract.
Access to care in metropolitan areas is hampered by an overburdened and poorly funded public system. As cataract waiting lists lengthen and outpatient departments become choked with patients requiring intravitreal injections and glaucoma care, it has become clear that public hospital ophthalmology needs to be better supported. Each of the RANZCO state branches are working on innovative solutions that should be supported by the department.

Workforce distribution is another key element of access to care in Australia. Strengthening regional centres and public hospitals will provide great benefits in overcoming the workforce maldistribution. RANZCO and the other colleges are developing regional training posts as a way of redistributing the workforce.

Health system viability
The other key issue we discussed was maintaining the viability of the health system. Our turn before the Medicare review is approaching and we need to be in a strong position to argue for rational adjustments to the schedule. In glaucoma, we highlighted the benefits of the new minimally invasive glaucoma surgery technology and ensured an expedited review by the Medical Services Advisory Committee. The RANZCO referral guidelines for glaucoma were showcased as an evidence based management system that should ensure the best quality of care without wasteful expense. Cost effective treatments for retinal diseases using anti-VEGF biosimilars or Avastin were proposed and could save the taxpayers many millions of dollars. We will continue to discuss the regulatory issues with the relevant departments to see if this is possible in Australia.

Private hospital industry
RANZCO has been involved in the Private Hospital Industry review. Premiums are under pressure as consumers complain that the policies fail to offer good value for money. Unsustainable price rises lead to patients dropping coverage and thereby increasing pressure on the public system. Cases of doctors charging exorbitant fees are used as examples adding to this perception of poor value and can be extremely damaging to the profession as a whole. I plan to explore ways of reducing this risk.

RANZCO not only delivers the highest standard of ophthalmological education and sets professional standards but also is now deeply engaged with government, hospital and health services on key policy changes that impact the health system and your practice. While we cannot succeed in every situation, by putting forward well thought through, evidence based and economically sensible proposals and arguments we can often persuade policy makers to modify the system in a way that makes things better for us all.

A/Prof Mark Daniell
President, RANZCO
The selection process for the RANZCO training program plays an essential part in determining the future of ophthalmology in Australia and New Zealand. It is important therefore that this process is as robust and transparent as possible, to ensure that future ophthalmologists are equipped to provide the best possible care for all people, across all areas of Australia and New Zealand. RANZCO also needs to make improvements to the selection process in response to recommendations from the Australian Medical Council’s (AMC’s) reaccreditation review.

Two key areas need to be addressed: the paucity of Indigenous and minority ophthalmologists in Australia and New Zealand, including Aboriginal, Torres Strait Islander, Māori and Pasifika, and the shortage of ophthalmologists in provincial and rural locations.

Indigenous and minority ophthalmologists

During their review of the College, the AMC identified as a priority the need for the College to engage more with Aboriginal, Torres Strait Islander, Māori and Pasifika communities and to try to encourage more Indigenous people into ophthalmology.

It is important that we improve representation of Indigenous people in ophthalmology because the better a medical profession understands and represents the cultural diversity of the communities we serve, the better outcomes we will see for those communities. This is perhaps particularly true given that ophthalmic care deals with an issue as emotive and sensitive as people’s sight, which is so intrinsically linked to how they are able to live their lives.

To increase the number of Indigenous and minority trainees, the College will take a two-pronged approach. First, we will increase our engagement with Indigenous trainees at an undergraduate level. We will engage with these undergraduates through the medical schools, including their in-house Aboriginal, Torres Strait Islander, Māori and Pasifika support networks, as well as through organisations such as the Australian Indigenous Doctors’ Association (AIDA) in Australia and Te Ohu Rata o Aotearoa (Te Ora) in New Zealand.

Second, we will adjust our selection process to encourage applications from Indigenous doctors, ensuring that the medical colleges, AIDA and Te Ora are aware of the changes and are able to promote them among their students and members.
Adjusting our selection process to increase the number of Indigenous doctors in our training program can be done in one of two ways. We could either allocate a certain number of places per year for Indigenous applicants, as long as they meet a defined minimum standard with their CV and references, or we could offer additional points in the general selection scheme for Indigenous applicants but not allocate specific places.

The former is the approach employed by other medical colleges, including the Royal Australasian College of Surgeons, and it has proved to be very successful.

Obviously, encouraging Indigenous doctors to become ophthalmologists does not end with the selection process and we would need to ensure adequate support all the way through the training process, just as support is offered to all trainees according to their needs. The College will seek guidance on this from AIDA and Te Ora.

However, it is worth noting that, regardless of the need for better representation of Indigenous people in ophthalmology, the College’s most important role is to produce fully qualified, high quality ophthalmologists. All trainees, without exception or compromise, must pass the same requirements to become fully qualified ophthalmologists and this will remain the case going forward.

The shortage of ophthalmologists in provincial and rural locations

Currently 30% of Australia’s population lives outside major urban centres but only 17% of our ophthalmologists practice in these locations. There is no disputing that it is difficult to recruit ophthalmologists into rural and provincial locations in both Australia and New Zealand. This has been a problem for years, is recognised by the RANZCO Workforce Committee and was also identified by the AMC. Currently the shortfall is made up by International Medical Graduates who are willing to work in these locations but RANZCO has a responsibility to do what it can to meet the eye health needs of people in rural areas.

There are a number of tools that can be used to increase the likelihood that ophthalmologists will choose to work in rural and provincial locations, including looking at how we select trainees who are more likely to choose to settle in a smaller centre long term.

Currently 30% of Australia’s population lives outside major urban centres but only 17% of our ophthalmologists practice in these locations.

There is strong evidence from several countries, including Australia and New Zealand, that the most effective way to do this is to select trainees who grew up in rural towns. This is known as the rural background effect (RBE) and it has been shown to have a strong positive impact.

Given this evidence, we will be considering criteria for preferentially selecting some applicants from rural/provincial backgrounds. For example, those who spent at least five years of school outside a major city.

However, in addition to adapting the selection criteria, there are also other factors that can have a positive impact. For example, the training program itself can be adjusted to encourage more ophthalmologists to settle in rural and provincial locations.

In Australia, it has been shown that those who train in rural clinical schools, such as the University of Queensland Rural Clinical School and the Rural Clinical School of Western Australia, are more likely to settle in a rural environment.

RANZCO has already begun implementing moves to ensure that all trainees spend at least six months in a smaller centre as part of their initial four years of training, giving them greater exposure to rural life.

There may also be opportunities in the future for trainees to select a ‘rural/provincial stream’ in training and spend additional time in smaller centres during their first four years.

There may also be benefit in trainees joining the training program earlier in their medical career, so that they spend less time studying in a major city and are more likely to put down roots in a rural centre. This approach may also help counter the misconception that applicants require a higher degree in order to get into ophthalmology.

In addition, the nature of practise in rural and provincial locations requires true general ophthalmologists who are capable of working independently or with a small number of colleagues in a smaller centre. We must therefore ensure that our trainees do not feel undue pressure to subspecialise and instead ensure that they are mandated to train in certain surgical procedures and interventions. RANZCO will also look into creating more formal provincial/rural 5th year posts with a focus on general ophthalmology and skills such as glaucoma surgery.

Another way to encourage more ophthalmologists to choose to practice in rural and provincial locations is to address the lifestyle issues that often deter people.

RANZCO will also work with the other specialist colleges to see how we can seek to broker better contracts through the health departments for those working in smaller centres in order to make the jobs more attractive. We will also continue to lobby the federal and state governments to encourage the development of policies that make rural opportunities more attractive for ophthalmologists.

Conclusion

It is undeniable that these groups, both Indigenous and rural, are currently under-represented in ophthalmology. Not only does RANZCO have a duty to try to fix that, we are also required by the AMC to do so. The evidence shows that the methods outlined above will progress our work and that this will help us all achieve our aims of better eye health for people across Australia and New Zealand.

Dr Justin Mora
Censor-in-Chief, RANZCO
I’m happy to announce that RANZCO has recently been granted deductible gift recipient (DGR) status in our own right in Australia and the equivalent charity status in New Zealand. The approval in April by a special listing through Parliament in Australia (only) means that any donations (over AUD2) to RANZCO for the purposes of education or research in medical knowledge or science can now be claimed as a tax deduction. In New Zealand, donations over NZD5 are tax deductible. The use of the funds is very broad so long as they are associated with education or research, and this is not restricted to work in Australia or New Zealand. I know many Fellows are keen supporters of these activities and are looking for an appropriate way to donate or leave a bequest to enable specific activities to be undertaken in Australia, New Zealand or developing countries.

One of the reasons for seeking the DGR status was to ensure we have good governance of existing bequests. An example is the Trevelyan-Smith bequest which was parked, for want of a better word, in the Benevolent Fund many years ago. The Trevelyan-Smith bequest was provided from the estate of Mrs Marjorie Trevelyan-Smith in 2003, to be used for education and training within ophthalmology. The bequest has been well managed within the Benevolent Fund portfolio and now sits at about AUD1,000,000. Income from the bequest has been used for education and training purposes, but not identified as well as it could. With the assistance of the Benevolent Fund Directors, Drs Brendan Nelson and Michael Steiner and Prof Stuart Graham, we have wound up the Trevelyan-Smith portion of the Fund and transferred this to RANZCO. Income from the bequest will continue to be used for education and training purposes.

We have separately wound up the Benevolent Fund itself and transferred the AUD$1,100,000 to RANZCO as an entity that now
has DGR status. The reason for this is that the Benevolent Fund is rarely called upon and does have very strict criteria for use in its current structure. By moving the funds, we are able to preserve the purpose but relieve some of the administration costs and time that comes with having a completely separate legal entity and directors. The funds will now be administered by the RANZCO Board and are still available for appropriate benevolent purposes by members. I know many Fellows have donated in the past to the Benevolent Fund and I can assure you that this is much appreciated and the funds have been used appropriately. This will not be affected by the change in corporate structure. If any RANZCO member has a need for financial assistance due to illness or misadventure, or knows another member in need, you can have a confidential discussion with me in the first instance before making an application.

On a different note, we are coming to the end of what has been a year long major review of policies and governance matters relating to education, training and complaints management. I am confident that we now have a suite of policies and processes that provide clear guidance, transparency of processes and decision making, natural justice and fairness to all people interacting with RANZCO. I would like to thank Brett Saunders, our in-house legal counsel for the past year, all those on committees and the Board who have been closely involved in this complicated process. Although some of the documents are highly detailed, they do provide a clear pathway to resolve any issues, but more importantly, they provide guidance that will ideally avoid small problems becoming bigger issues. Like all policies they will need regular review and may require small modification when tested with real examples, but we are now moving to the next step of communicating changes to Fellows and trainees in particular. Our Deputy CEO and Head of Education, Ruth Ferraro, has already been to many training sites to explain processes in detail, and I will be using the opportunity of other group meetings to explain the changes. We will be working with everyone to ensure the professional environment continues to be a great place to work and produces excellent outcomes for patients.

Dr David Andrews
Chief Executive Officer, RANZCO
RANZCO’s tagline is a proud declaration of the role that ophthalmologists play in the delivery of eye care as well as a recognition of the wider health care professionals with whom they work.

At an organisational level, the term “leaders in collaborative care” represents the role that RANZCO seeks to fill, not just as the educator of future and current ophthalmologists and the voice of the ophthalmology sector, but also as an enabler of better patient outcomes through more collaborative eye care. By putting collaboration at the heart of what we do, we are emphasising what is a universal truth for ophthalmologists, that patients’ best interests are paramount and that they are best served when all in the eye health care sector work together towards that joint objective.

Given the primacy of ophthalmology in the treatment and management of eye conditions, it behoves ophthalmologists, and RANZCO as the representative body, to show leadership in collaboration, setting the standard for how eye health care professionals work together in the interests of the patient.

Acknowledging that there is an important leadership role for us to play in promoting a collaborative approach to eye care is an important step, and one that RANZCO has embraced through our tag line. However, understanding how to make that a reality can be more difficult. It must begin with understanding what leadership is, what collaboration looks like and what the idea of care means, both more generally and in a specific eye care sense.

What is leadership?

Leadership is an easy concept to define; leadership is the act of leading a group or organisation, or the ability to do so. But what makes for good leadership is a much more abstract concept.

Peter Drucker, often called the father of modern management and leadership theory, said that “Management is doing things right; leadership is doing the right things.”

As leaders, RANZCO and our Fellows should ensure we are not merely doing things right, but that we are doing the right things. That means not only promoting and delivering excellence in ophthalmology, but also promoting excellence in the broader eye care sector and working with other eye care professionals to ensure the best possible eye health outcomes for patients and the best possible standard of care.

“What the standard you walk past is the standard you accept.” General David Morrison

What does collaboration look like?

Just as true leadership is more than just management or being in charge, collaborative working is more than just working with other people. Whereas one might work with people without much sharing of ideas and understanding of one another, collaboration requires understanding and sharing. By understanding not only the role that other collaborators play in the overall project, but also how their understanding can benefit our own, and vice versa, we are able to, as a group, work in diverse teams that can be both rewarding and frustrating. The research evidence is clear that a diverse team can...
produce results far greater than the sum of its parts, if individuals are respected, different perspectives are valued and conflict managed. In contrast, a conflicted team is every leader’s worst nightmare, with wasted energy and poor output.

Smart organisations are seeking to understand how diverse teams can operate to their full collaborative potential. At the heart of a successful diverse team stands the inclusive leader – with the power to unlock the potential of the group. And the key is not only team composition, but the creation of an inclusive and collaborative environment that enables everyone to contribute to their full potential.

With this in mind, RANZCO seeks to work collaboratively with a wide range of people and organisations, including our Fellows, other representative bodies and medical colleges, patient advocacy charities, federal and state governments, health care providers, the medical industry and our overseas counterparts. By working collaboratively with all of these groups, RANZCO is able to share messaging and policy, build the strength and influence of our voice and that of our members and demonstrate how the eye care sector can work together to deliver the best in eye care and eye health for people in Australia, New Zealand and further afield.

As ophthalmologists, RANZCO Fellows work collaboratively with all of these groups, as well as with individual eye care professionals, such as registrars and trainees, optometrists, orthoptists, nurses, GPs and anaesthetists. RANZCO Fellows also work extensively with other Fellows and trainees, so it is also essential that these working relationships are collaborative, with free and open sharing of ideas.

Throughout close collaboration, eye care professionals can ensure that each patient gets the care they need in the most effective and efficient way possible.

What does care mean to RANZCO?

There is a reason that health services are called care – health care, social care, aged care – and it is surely that to treat someone effectively, we must care about what happens to them; and to treat someone with respect, kindness and empathy, we must show that we care.

This is true not just of the relationship that doctors have with their patients, but also of the relationships that we all have with each other when working collaboratively on any project. We all work best within a team when we know that the people we are working with care not just about their individual outcomes, but about those of the whole group. We work better with people when they respect us, show us kindness and understanding and value our contribution – when they show that they care.

This is a principle that RANZCO tries to follow and promote in all our interactions, both internally in our interactions with our colleagues in the RANZCO office and with RANZCO Fellows and externally with the wide range of stakeholders with whom we interact.

How can we better live the RANZCO tagline?

Be a leader
- Get involved with Committees and Branches.
- Exhibit good leadership in your professional and personal life.
- Reflect on your ability to communicate effectively across different social and workplace scenarios.
- Think about and respectfully challenge the status quo so everyone can thrive and do their best work.
- Make sure you are doing the right things, not just doing things right.

Collaborate
- Be curious and open-minded about people and don’t make assumptions. Understand who they are: their differences and their similarities.
- Appreciate and seek different ideas and perspectives from a diversity of people.
- Create connections so everyone feels respected and valued and can fully contribute.
- Create a welcoming, safe and inclusive environment where everyone feels confident to speak their minds.
- Reflect on how you encourage your team(s) to devise new and innovative ways to solve problems.

Show that you care
- Care for yourself – remember that mental health matters.
- Lead by example.
- Extend the care you give to patients to your peers and colleagues.
- Be bold, challenge inconsistent and bad behavior and reward good behavior.
- Speak up when others are being made to feel small.
- Be aware of when people need more support and understanding.
- Show an interest in the people with whom you work.
- Ask what do we need to do to help everyone be productive.
Living the RANZCO tagline

Interview with Dr Nicholas Toalster, Member of the RANZCO Diversity and Inclusion Committee

Q Why did you want to specialise in ophthalmology?
A Drs Gregor and Heiner encouraged and inspired me to do medicine and eventually ophthalmology. I graduated medicine at the University of Queensland with honours in 2010 and undertook intern and residency at the Royal Brisbane and Women's Hospital, where I met my partner and now husband. We met at a work function, when we were both junior doctors. We married in a small, unofficial ceremony in 2014.

Q How would you describe your training?
A In commenting on my experiences of training in medicine I would say that I was greatly shocked by the comparison of having worked in private ophthalmology and then public hospitals. Instead of recognising, supporting and encouraging skills, individuality and initiative there was a culture of ‘just good enough’, ‘flying under the radar’ and calling out mistakes. My most vivid memory of this was as an intern. I was struggling to manage a patient by myself on the weekend so I rang the senior intensive care unit (ICU) registrar, who agreed to help, only to be rung later by the ICU consultant and yelled at for making an inappropriate referral. I was off duty at the time of the call and the call was so aggressive that I ended up breaking down in tears at my mother’s birthday party I was attending. This, and some other experiences, prompted me to co-found the Babel Project with Dr Ruth Taylor at the Royal Brisbane and Women’s Hospital. The Babel Project was a junior doctor support program aimed at promoting a supportive environment amongst doctors.

Q Can you tell us more about the Babel Project?
A The Babel Project was a concept that Dr Taylor and I came up with at the end of our intern year. It was a support program with formal and informal meetings between various levels of junior and senior doctors to act as a kind of pastoral care and support. Basically, all interns were put in groups of about 10 and paired with two residents to meet at least four times a year, or more if they wanted. Those residents then had registrars from previous years acting as their mentors and, overarching all of that, were some consultants. The idea was that you always had someone close to your level that you could go to with problems, but that if anything very serious happened, there was someone more senior to call on.

Q Can you tell us a little bit about yourself?
A I’m 35 years old and currently working as the Professorial Senior Registrar at Sydney Eye Hospital. I was born in South Africa, went to primary school in Cambridge, England and high school in Brisbane, Australia.

Q Can you tell us of your experiences in medicine before entering the RANZCO Vocational Training Program?
A I chose optometry as my first degree after graduating high school with little thought as to what that occupation entailed. I graduated in optometry at the Queensland University of Technology in 2001 with honours and, after less than six months of working as an optometrist, I was asked by a group of ophthalmologists in Queensland to work for them. Drs Darryl Gregor and Peter Heiner ended up becoming my mentors in life and work. They were incredibly encouraging, giving me responsibility and support in equal measures. They also treated my sexual orientation, personality and individuality as assets to be recognised and applauded.

Q There has been growing attention to bullying, harassment and discrimination in medicine; what is your experience with this?
A I would like to say that my experience within ophthalmology since moving to Sydney in 2013 to start my training has been almost uniformly good. I think we are lucky within ophthalmology that, compared to many other specialties, we are kind and supportive. However, as highlighted by the recent harassment and bullying survey, there is a considerable way to go.

Q Where have you trained?
A Primarily in cities or also rural locations? What are the pros and cons of each?
A I think the diversity offered in the training network at Sydney Eye Hospital is wonderful. I have had the opportunity to work in varied parts of Australia; from multicultural metropolitan Sydney to rural New South Wales and most recently Darwin and remote Aboriginal communities in the Northern Territory and Arnhem Land.
I have been welcomed and accepted warmly in all these places. I would say that the most difficult part of specialty training is the burden and separation from friends and family. I had to move away from my husband and family to undertake my training in Sydney. Because my husband is also a specialty trainee we have both had to move all over Australia, from Townsville to Melbourne. It is my personal belief that these incredible stresses on doctors are a major contributor to the internal cultural problems within medicine and thereby bullying and harassment. I think if we want to seriously tackle these issues we need to look at flexible options for training, and I am pleased to see the beginnings of discussions taking place around these topics.

Q How do you feel RANZCO is going with being diverse and inclusive and with tackling bullying, harassment and discrimination?

A I was thrilled to be invited to be a member of the RANZCO Diversity and Inclusion Committee because, based on my prior experiences, I believe that a culture that truly values and promotes each individual to maximise their uniqueness has innumerable benefits. I think I was lucky to see how well this could be done in my early career and then how badly this could be done later on.

Q What are your plans for the future?

A In terms of my plans for the future, I have recently been offered the corneal fellowship position at the Sydney Eye Hospital and thereafter hope to take up a fellowship in glaucoma. My eventual hope is to have a public position where I can bring some of the positive attitudes I was taught working in private medicine to the public sector.

Comment from Dr Peter Heiner

“Dr Darryl Gregor and myself ran a large ophthalmology practice at one stage where eight ophthalmologists worked. The practice employed numerous technical staff with different qualifications to assist in the ‘work up’ of patients. This included orthoptists, optometrists, science graduates and bio med science graduates. It was amazing how harmonious the group worked. We actively encouraged all our employees to continue their career development.

“A good mentoring relationship requires mutual respect for the professionalism of each party and a trust that the care of the patient always is the first priority.

“The society we live in is diverse. To care for patients with eye disease, ophthalmology should also be diverse. I believe ophthalmology has been at the forefront of the surgical specialities in this regard.”

Comment from Dr Darryl Gregor

“Dr Peter Heiner and I first met Dr Nicholas Toalster in 2003 and within three minutes we recognised he had huge potential. He had responded to an ad we placed looking for a clinical optometrist to oversee our refractive practice. Nick had great people skills and seemed to also have clinical skills. We continued to chat for about half an hour after the formal interview had ended - his enthusiasm made it clear he would be an asset to us - and we offered him the job. At that point Nick said something like, ‘I hope it won’t make any difference but I want you to know I’m gay’. Well, it made a huge difference. Peter and I felt it took great courage for Nick to be so open about his sexuality and from then on we knew he would have the confidence to manage even the most difficult patient interaction and we also knew he trusted us.

“To me, mentoring is about building mutual trust and obligations. Being a good role model is important but it’s also essential to look for the good in the mentee and encourage their potential. It’s about enabling the mentee to visualise themselves in a position they desire, and to guide them on the best pathway to get there. I think it’s also important to give the mentee the right to debate issues with you and to understand they’re an equal in those debates. They need to know discussions are a two-way street and their opinion is valued. As a mentor you occasionally have to dish out constructive criticism (and take it too) but it’s important to sandwich this criticism with praise.

“Nick brought positive cultural changes and energy to our organisation. With his help, we embraced sexual diversity in the workplace and in turn attracted patients with diverse backgrounds. We focused on the new, the different, the topical. We set the agenda. Put simply, diversity and open-mindedness brings growth and should be applauded but never mandated.”
Interview with RANZCO Fellow, Dr Rebecca Stack

Q Can you tell us a little bit about yourself?
A I am an ophthalmologist specialising in oculo-plastic surgery, mum to two gorgeous girls and married to a farmer. My professional roles currently are Clinical Director of the Ophthalmology Department at Christchurch Public Hospital, New Zealand; partner of Southern Eye Specialists, the South Island’s largest ophthalmology group practice; and a shareholder of a private day surgical ophthalmic facility, Christchurch Eye Surgery. I am also on the RACE Board of Examiners for RANZCO and the Board of Ophthalmology NZ. I am also a member of Global Women, an ophthalmic facility, Christchurch Eye Surgery. I am also on the RACE Board of Ophthalmology NZ. I am also a member of Global Women, an organisation established to promote gender diversity in the marketplace. As well as ophthalmology, I am passionate about opportunities for women and improving equality, especially with two young girls to nurture.

Q You co-founded Christchurch’s first dedicated eye surgery - can you tell us more about this? What were some of the main challenges?
A Christchurch Eye Surgery is a dedicated ophthalmic day surgical facility. It was developed as a collaboration of ophthalmologists and evolved from post-earthquake Christchurch. The dedicated facility is homed in an architecturally designed building that has won several design and building awards. We wanted to create a local landmark as well as a surgical facility. The goal was to create a centre of excellence for eyesore with the best of technology and the best trained staff and, by doing so, to design a patient experience that would be as pleasant and non-medical for patients as possible.

The challenges have been ongoing! Initially designing and building the facility and getting agreement from all stakeholders was a challenge. After opening, establishing the process and protocols, passing accreditation and developing the team were some of the challenges. Now growing the business and maintaining exceptional standards for patient care, keeping abreast of technological advances and maintaining a competitive advantage are some of the challenges we face.

Q What is it like working across several sites (public, private, teaching, etc.)? What are the pros and cons of each?
A Lunch in the car if at all! It’s a constant juggle and difficult to fit it all in. I enjoy the role at the public hospital and have recently taken on a management role as Clinical Director. It is great to work in a collegial environment and with registrars and medical students. There are opportunities for research, teaching and ongoing professional development. However, in a resource constrained public hospital system there are challenges with increasing demand and difficulty providing care to all that need it. The private system provides better remuneration and opportunities for more control over the way the work day is structured. Even working in a group practice it is more isolated than working in a public department and there are additional pressures in managing staff, marketing and business development that need to be done in addition to patient care. The mixture of both works for me.

Q You have won several awards including a mumtrepreneur award for Christchurch Eye Surgery – tell us more about your experiences of working, teaching and raising a family and how to juggle these responsibilities.
A Life is always a juggle and the challenges alter all the time. For me it is about trying to keep things in balance as much as possible and reassessing every few months and realigning. I am organised and realistic. I have lots of help both professionally and at home, a great personal assistant, a nanny and housekeeper, a fabulous husband and a supportive extended family to help. There is occasionally something that gets missed and I am having to learn to accept that (and I often wish for a clone!) I notice that my male colleagues are never asked how they manage juggling work and family…!

Q You graduated from the 2014-2015 RANZCO Leadership Development Program – what were some of the main things you learned from this program and how have you applied these to your work?
A This was a tremendous program. I found meeting other young leaders and hearing of their challenges and successes inspiring and the contacts will be useful for life. I enjoyed learning about the College structure and having the opportunity to see it in action. The most useful skills for me were a greater understanding of personality and leadership styles. This has led me to work more effectively in a team and to appreciate the skills other people can bring to the group to enhance the outcomes for all. A greater understanding of negotiation styles and strategies as well as gender differences has encouraged me to further fight for equal opportunities for women in our profession.

Q What do you do in your spare time? How do you unwind?
A I don’t have much spare time. Unwinding means turning of the devices and spending time with my family and trying to fit in some exercise. I enjoy spending time in the outdoors with my family either skiing, tramping, mountain biking or trail running. I like an occasional glass of wine with friends and we enjoy travelling both around NZ and, occasionally, overseas.
More than just a topographer

Keratograph 5M technology is a revolution in corneal topography and dry eye analysis. The high-resolution colour camera and the integrated magnification changer offer a new perspective on the tear film assessment procedure.

The Keratograph 5M measures corneal topography precisely. The built-in real keratometer and automatic measurement activation guarantee perfect reproducibility of K values. Data is acquired by non-contact measurement, automatically analysed and shown in comprehensive presentation formats.

- Corneal Topography
- Contact lens fitting
- TF-Scan, Tear Meniscus Height
- Oxi-Map

<table>
<thead>
<tr>
<th>Complete Dry Eye Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>TF-Scan, R-scan</td>
</tr>
<tr>
<td>Meibo-scan</td>
</tr>
<tr>
<td>Imaging</td>
</tr>
<tr>
<td>TF-Scan</td>
</tr>
</tbody>
</table>

- Meibo-Scan (Meibography of the upper and lower eye lid & 3D-Visualisation of the Meibomian glands)
- R-Scan (Automatic detection and classification of the bulbar redness)
- NIKBUT (non-invasive keratograph break up time)
- Color CCD camera
- TF-particle movement
- TF-lipid layer

**NEW from Rayner:**

**RayOne® Preloaded IOL**

Introducing RayOne® with patented **Lock & Roll™** technology for the **smallest fully preloaded IOL incision**

RayOne® with patented **Lock & Roll™** technology for a smoother, more consistent rolling and delivery of the lens via micro incision

- Rolls the lens to under half its size before injection
- Fully enclosed cartridge with no lens handling

**RayOne® nozzle**

- 1.65 mm RayOne® nozzle
- Smallest fully preloaded injector nozzle
- Full power range, from ~10.0 to +34.0 Dioptries
- Largest fully preloaded power range available

**Blephasteam®**

Moist heat therapy

**Eaglevision**

Duraplug, SuperEagle

**Mastrotot**

Expression Paddle

**Optimel Eye Drops**

0800 225 307
dfv.com.au
In early April RANZCO was delighted to announce the launch of the highly-anticipated NUCLEUS Program, exclusively created for RANZCO members and their staff to use in the preparation for practice accreditation, or solely as a quality improvement tool.

There are three primary applications of the NUCLEUS Program for improving the safety and quality of care provided in ophthalmology clinics:

1. **Quality improvement**
   NUCLEUS can be used as a quality improvement tool for all aspects of an ophthalmology practice. Quality improvement does not solely concern medical care provided, it also includes practice processes and all practice staff, including medical and non-medical staff members. Quality improvement involves continually raising the quality of care provided to patients resulting in safe, effective, patient centred, timely, efficient and equitable health care. The on-going cycle of monitoring and review is essential in ensuring a practice is operating at the highest possible level and providing the best care to patients.

2. **Preparation for accreditation**
   NUCLEUS can be used to assist ophthalmology practices with preparing the necessary documents, processes, policies and procedures required for practice accreditation. Accreditation can be awarded through an external accreditation body, against the National Safety and Quality Health Service (NSQHS) Standards. Accreditation and adherence to the NSQHS Standards is mandatory for licensed hospitals and day procedure services in Australia, however it is not a requirement for ophthalmology practices. We anticipate that this will change in the near future and have taken a proactive approach by promoting accreditation and assisting Fellows towards reaching that goal. There are currently no requirements from the New Zealand Ministry of Health for practice accreditation, however it is a Southern Cross Insurance requirement for New Zealand Fellows to comply with standards/procedures produced by RANZCO for office and room-based procedures, therefore participating in the NUCLES Program and working towards accreditation will satisfy Southern Cross contract requirements.

3. **Training and recruitment**
   NUCLEUS can also be used as a training tool to assist management staff in recruitment, orientation, and ongoing training for all staff members in policies, processes and procedures. The NUCLEUS program provides various templates that can be used during the recruitment and training process, including position descriptions, staff training registers and orientation check lists.

The NUCLEUS Program supplies members with resources required to comply with the NSQHS Standards. Each standard has its own gap analysis workbook and relevant templates that can be used to develop documentation to meet the requirements of the NSQHS Standards, and close the gap between what already exists in the practice and what is required.

**The NUCLES Program is now available to all Fellows through the RANZCO website.**

For further information, please refer to the NUCLEUS Program handbook, or contact Monica Nation, Coordinator, Education Email: mnation@ranzco.edu Phone: +61 2 9690 1001.
Ensuring ethics in human subject research

The National Health and Medical Research Council (NHMRC) is the principal organisation involved in delivering support and providing guidelines on ethics and related issues in the fields of health and human research in Australia. It draws upon resources of all components of the health system including governments, medical practitioners, nurses, allied health professionals, researchers, teaching and research institutions, public and private program managers, service administrators, community health organisations, social health researchers and consumers.

The RANZCO Human Research Ethics Committee (HREC) plays a fundamental role within the Australian system of ethical oversight of research involving humans. As well as reviewing research proposals that involve human participants to ensure they are ethically acceptable as set out in the National Statement on Ethical Conduct in Human Research, a vital role of the HREC is to protect the wellbeing and rights of participants involved in research.

The ability to raise concerns that can arise during a research project is imperative in ensuring that the research conducted is ethical and abides by guidelines set by the NHMRC. The question is “How do I voice my concerns?”

The information below is an adaptation of information available through the NHMRC website regarding how different people can raise their potential concerns regarding a project.

Participants

If you are a participant and have concerns regarding a research project that you are a part of, the key person to raise your concerns with is the lead researcher for the project. In cases where a participant feels uneasy voicing their concerns with the researcher, the next point of contact will be the RANZCO HREC or the nominated complaints officer. Contact details will have been provided within the written information sheet or consent form.

Non-Participants

People who are not directly linked to a research project or who are not necessarily participants can also voice any concerns that they may have regarding the conduct of the research project. Non-participants who wish to raise any concerns can direct it to either the lead researcher, the RANZCO HREC or the researcher’s organisation. Contact details can be found through the organisation’s website or switchboard.

Institutional Responses Regarding Complaints

RANZCO has a complaints policy and a complaints form in place. These are available on the RANZCO website. Any complaints that are submitted regarding the conduct of a research project will be handled in accordance to the RANZCO policy and will abide by the requirements of the National Statement.

RANZCO HREC Members: meet A/Prof Paul Healey

A/Prof Paul Healey is an ophthalmologist based in Sydney with clinical and research interests in glaucoma.

He is Director of Glaucoma Services, Westmead Hospital; Consultant Ophthalmologist, Sydney Eye Hospital; Director of Glaucoma Research, Westmead Institute for Medical Research; and Clinical Associate Professor, University of Sydney. After training in Cell Biology as the first medical student to work at the Garvan Institute, Sydney and subsequently at the Institute for Molecular Medicine in Oxford, UK, A/Prof Healey went on to graduate with Honours from the Medical School of the University of NSW before completing an MMed in Clinical Epidemiology and a PhD in Medicine at Sydney University. His Glaucoma Fellowship was at Moorfields Eye Hospital, London.

A/Prof Healey has been involved with RANZCO for many years as Chair of the Educational Strategies Working Group, Director of Training (NSW), state and federal QEC member, organiser or speaker at many RANZCO branch meetings and annual scientific congresses and, most recently, as member of the HREC.

Other volunteer appointments include the Australia and New Zealand Glaucoma Society, the Ophthalmic Research Institute of Australia (ORIA), the Asia-Pacific Glaucoma Society (APGS), the Asia-Pacific Academy of Ophthalmology (APAO) and the World Glaucoma Association (WGA). He is currently the Treasurer of the ORIA, APGS and WGA.

A/Prof Healey has many research interests including ophthalmic epidemiology and public health, cell biology, diagnostic test and screening evaluation and genetics. He has been honoured with a number of awards including the International Young Clinician-Scientist Award from the Association of International Glaucoma Societies and the Achievement Award from the APAO. He has made over 230 scientific presentations at international meetings throughout the world. He is an editorial board member of a number of journals and has published 150 scientific papers based on original research.

With his background in both cell biology and clinical epidemiology, A/Prof Healey brings valuable experience in best practices for research design and implementation to the HREC. He provides scientific and clinical expertise to the Committee in addition to his contribution to ethical assessment.
All About Women Festival 2017

For one weekend in March each year, the Sydney Opera House plays host to the All About Women conference, which takes place on or around International Women’s Day and is now in its fifth year. The conference features notable female speakers from around the world, including authors, business leaders, scientists, journalists, actors and political figures.

All About Women brings together thousands of women (and men!) who want to discuss and learn about women, feminism, equality and diversity. This year, that audience included at least two RANZCO Fellows and two members of RANZCO staff: RANZCO’s Vice President, Dr Di Semmonds, and the Chair of the RANZCO Younger Fellows Advisory Group, Dr Nisha Sachdev, attended along with Alex Arancibia, RANZCO’s General Manager of Membership Services, and Emma Carr, General Manager of Communications.

“I’ve attended the conference in the past,” explained Emma, “and I’ve always found it to be very inspiring and thought provoking. It is an important reminder of the challenges that many women face in work environments and in general life, as well as of the progress that has already been made.”

The conference aims to invigorate discussion on important issues and ideas that matter to women today, with a broad range of speakers on varied topics. One of the topics that was discussed in a number of events was women in the workplace. Leading Australian commentator on women in the workplace, Catherine Fox, spoke about the topic of her new book, Stop Fixing Women: Why Building Fairer Workplaces Is Everybody’s Business.

“Stop Fixing Women points out that the idea that women should change to fit in with a system that isn’t built for them, or by them, is problematic,” said Alex. “So, rather than fixing women, we need to look at the environments and systems in which we all live and work and see how we can adjust those so that they work equally well for women and men.”

Dr Semmonds agrees, saying “I think what most women want is equality and respect. It is amazing that women still earn less than men for the same job and hours. There is still a lot of unconscious bias and this is something we need to address at a College level. I took a lot away from the conference, including much that could benefit the College. I would definitely recommend more Fellows attend in the future, including the men, if they’re brave!”

Recognition for Clinical and Experimental Ophthalmology peer reviews

Scientific journals such as RANZCO’s Clinical and Experimental Ophthalmology (CEO) rely on a network of reviewers to facilitate the peer review process. Each year around 400 scientists and doctors spend anything from 30 minutes to several hours assessing papers that have been submitted to CEO, and providing detailed and constructive comments to help the Editors make a publication decision and the authors improve their papers. The work is unpaid, and largely unrecognised.

CEO has now teamed up with Publons to make it easier for reviewers to track and showcase their peer review contributions. After completing a CEO review, the reviewer is asked if he/she wishes the review details to be automatically forwarded onto Publons. If they agree, and the reviewer is signed up with Publons, the CEO review is then added to their Publons record. Scientists and doctors can use their Publons record as proof of their peer review contributions when applying for promotion or submitting grant applications.

CEO is very grateful to all the RANZCO Fellows who contribute their time to review for CEO, and is pleased that this work can now be documented and given the recognition it deserves.

If you wish to become a reviewer for CEO, please contact the Managing Editor, Vicky Cartwright, at ceojournal@ranzco.edu.
World Orthoptic Day 2017

To mark this year’s World Orthoptic Day, which took place on 5 June, we spoke to Sandra Staffieri on her role as a Clinical and Research Orthoptist at the Centre for Eye Research Australia.

Q What role do orthoptists play in treating eye problems in children?

A Orthoptists undertake specific training to examine, diagnose, manage and treat a variety of childhood eye conditions, most commonly this includes strabismus (turned eye) and refractive error (glasses). A child’s vision develops from birth until around seven or eight years of age and any condition that affects the eyes can significantly affect vision development. Less commonly, a child can develop eye problems that are usually associated with adults – like cataract and glaucoma. These conditions can be quite devastating to the child’s vision development and treatment is not as straightforward, particularly in the case of cataract, as it would be in an adult.

In some cases, orthoptists will work in their own private practice with paediatric patients being referred for assessment or management of eye movement problems (strabismus) and vision loss (amblyopia). Orthoptists are also active in the area of paediatric low vision. Through organisations such as the Royal Institute for Deaf and Blind Children and Vision Australia, an orthoptist can assess children with significant vision impairment in their own home environment or school setting and then provide a report to assist parents or teachers to provide a safe environment for the child as well as suggest ways to best optimise their vision for learning.

Q Can you tell us about your work with the Centre for Eye Research Australia as a research orthoptist?

A I have been extremely fortunate to have spent the last 10 years at the Centre for Eye Research Australia as a research orthoptist in the Clinical Genetics Unit. I have had the opportunity to work on many projects that involved assessing adults and children with different eye diseases or disorders, such as strabismus, cataract and glaucoma and then collect DNA samples to be sent for analysis. In this way, we are able to compare each individual’s eye problems – or lack of – with their genetic make-up and try to uncover the gene changes that result in their eye disease. We often look closely at families with hereditary eye disease as this gives us vital clues as to the possible gene changes that cause these conditions. This knowledge helps us better understand how these conditions occur and perhaps develop better treatments or strategies for earlier diagnosis to limit vision loss. It has been exciting to marry my clinical skills with research skills and be given the opportunity to be at the forefront of gene discovery, cutting-edge technology and gene-therapy, which is on the horizon. After so many years looking after children with irreversible vision loss, I can see the hope that research can provide for future generations.

Q You’ve done quite a bit of work in retinoblastoma care, can you tell us a bit about that?

A I have been the Retinoblastoma Care Coordinator at the Royal Children’s Hospital in Melbourne for 23 years. What started out as essentially an administrative role, has become much more than that. I coordinate all the care of children with retinoblastoma as there are many doctors, nurses, allied health personnel and teachers involved in each child’s care and treatment over many, many years. I also spend time counselling parents, providing information and assistance as required. With the support of a Centres of Research Excellence grant from the National Health and Medical Research Council (NHMRC), I was able to start looking at causes of delayed diagnosis for retinoblastoma in Victoria. The findings of this research paved the way for me to undertake a PhD to develop and evaluate an awareness program for parents to recognise and respond to the very earliest signs of the disease.
I have been fortunate enough to be supported for my studies by an NHMRC public health postgraduate scholarship.

Q It must be hard working with children affected by serious eye conditions, such as retinoblastoma. What role does the orthoptist play in helping parents cope with the situation?

A I spend a lot of time with parents not only at the acute stage – at first diagnosis and during treatment – but also in the months and years that follow to review the information they have been given and help them navigate their way through the health system. Not only does their child have cancer, they will also likely have a vision impairment of some kind. In addition, I support the survivors of retinoblastoma (many of whom we looked after a generation ago) who then have their own children with the same disease. I spend considerable time answering questions they might have after they have been to see the genetic counsellor.

All parents and survivors are provided with a lot of information that is often complex and difficult to understand, at a time when they are very anxious and distressed. My role is very much one of counselling and explaining the disease again, the treatment options and prognosis. In the acute stage, parents can be very worried about a red eye or some new sign or symptom. I like to think they can call me at any time and together we can decide if they need to be seen urgently and, if so, I can facilitate that.

Yes, it is hard sometimes, because you do develop a relationship with the child and the family over time but I guess I am only doing what I think I would want someone to do for me if I were in their shoes. I cannot begin to imagine, even after all these years, how it must feel to be told your child has eye cancer – because usually they are not even sick.

Q What’s the most challenging part of your role?

A It is my privilege to care for children with retinoblastoma and their families, but the most challenging thing is feeling helpless. Sometimes there is nothing more that can be done and the child needs to have their affected eye removed. They might have gone through many months of invasive treatments including chemotherapy, and we still lose the war. Sometimes we lose the war for both eyes. I guess the other difficulty is wondering if, had the child been diagnosed earlier, might the outcome have been different. The two most common signs of retinoblastoma are a white pupil or an eye turn. The child will be otherwise well, so it is common for these early signs to be overlooked simply because parents don’t know any different. In developed countries, the child will lose their eye, and might need chemotherapy, but they will survive. In developing countries though, they will likely lose their life. It is challenging for me to think that the majority of children in a developing country with retinoblastoma will die because of delayed diagnosis, when really it is the most survivable paediatric cancer in a developed country.

I look forward to my research perhaps developing a sustainable and cost-effective program to raise awareness of these early signs of retinoblastoma. Looking further ahead I hope to be able to examine how such a program might be adapted and implemented in developing countries to save lives.
This July we’re raising funds for medical research to help end blindness.
Help us find a cure for eye disease.
Register today juleye.com.au

JULY IS THE MONTH TO HELP END BLINDNESS.

Kirk Pengilly — INXS band member
Ambassador The Eye Surgeons’ Foundation.

An initiative of the Eye Surgeons’ Foundation
Complaints to regulators drive ophthalmologists’ medico-legal matters

Why do ophthalmologists seek Avant’s support? Our data provides some clues and our experts provide insight into which matters are becoming more prevalent and why.

Avant has over 70,000 members and insures more than half of all doctors in Australia. Our size means we handle a broad range of medico-legal matters across the country and have extensive claims data to draw upon. Our scope of work allows us to attract the very best medico-legal experts across every relevant area of law and jurisdiction and offer our members unparalleled defence. Looking at the new cases managed in the 2015–16 financial year highlights the different challenges doctors face across each specialty. Here we look at your area of practice and highlight the matters we have helped our members with last year.

The frequency of ophthalmologists’ claims has increased by 14% over the average of the previous three years. The number of ophthalmologists who are members of Avant has increased over the last four years, however we have accounted for this increase by looking at cases per 1,000 members. Our data shows that one in eight Avant ophthalmologist members had a claim last financial year.

Complaints to regulators increase

Avant supported more than 130 cases for ophthalmologist members in the last four years. In the last year, 65% of these were complaints to regulatory authorities (the highest proportion in comparison to other specialities) and 20% were compensation claims. In the last year, the number of cases involving complaints to regulators increased by 40%, which is well above the average for Avant members.

Andrew Vandervord, Practice Manager, Legal Professional Conduct – NSW at Avant Law, believes there are a number of factors that may be influencing the rise in complaints to regulators. He cites the ease with which patients can make complaints as a factor as patients can now make a complaint online in all states and territories. “The media coverage of complaints could also be driving awareness among the public about the avenues available for making a complaint,” he says.

Communication issues are a leading cause for complaint, as noted by the NSW Health Care Complaints Commission in its 2016 Annual Report: “although clinical care remains the largest allegation category, complaints about doctor-patient communication have increased more significantly than other categories, highlighting the importance of the doctor-patient relationship.”

Positive resolution for ophthalmologist communication complaint

In one case, an employee at a health facility made a complaint to the relevant state regulatory authority about an ophthalmologist member who had performed ophthalmic surgery on a patient. The ophthalmologist had reviewed the patient following surgery while a representative from the health facility was present. The employee at the health facility, who was not present at the consultation, alleged that the member spoke to their colleague in an unprofessional manner and the patient was inappropriately managed. The matter was referred to AHPRA and Avant helped the member respond to the allegations.

Supporting our philosophy of working with members to resolve matters favourably and efficiently, the complaint was resolved within months. Our medical defence team obtained a supportive witness statement which confirmed that the ophthalmologist had not been unprofessional. Ultimately, The Medical Board of Australia accepted that the member’s management had been reasonable and appropriate, and decided to take no further action. For tips and advice on improving communication visit avant.org.au/avant-learning-centre/ and go to the ‘Communication’ icon.
Compensation matters remain high

Although the frequency of compensation matters decreased for ophthalmologists last year, they were the second-most common area for which ophthalmologists sought Avant’s support.

Commonly, compensation complaints concern a complication of treatment that had not been mentioned or fully understood, but then materialised. For example, a patient sought compensation from an ophthalmologist member after alleging that they suffered significant complications following a procedure, including vision loss. Ultimately, the matter was settled, but it highlights the importance for ophthalmologists to warn patients of any possible risks of a procedure and to document this discussion and the patient’s consent.

In our five-minute video, Jo Montgomery, Senior Risk Manager at Avant, provides recommendations about your clinical and legal responsibilities when gaining consent and discussing material risk.

"Asking patients, ‘What is the one thing you’re worried about?’ and other similar open questions will help you in identifying risks material to the patient," she says. Contemporaneous notes should always accompany discussions about treatments and these should cover all aspects of the consent discussion such as:

- benefit and potential complications of procedures
- the risks and the alternative treatment options you discuss
- any questions the patient raised.

"In the event of a complication or adverse outcome of which the patient has been warned, the patient is much more likely to accept the consequences and less likely to litigate or complain if they had a good understanding of the risks involved," she says.

You can find the video at avant.org.au/avant-learning-centre/ under the ‘Consent’ icon.

This article has been reproduced with the permission of Avant. Information is only current at the date the article was originally published. Visit avant.org.au/news/ophthalmologists-medico-legal-matters/

Professional indemnity insurance products are issued by Avant Insurance Limited, ABN 82 003 707 471, AFSL 238 765. The information provided here is general advice only. You should consider the appropriateness of the advice having regard to your own objectives, financial situation and needs before deciding to purchase or continuing to hold a policy with us. For full details including the terms, conditions, and exclusions that apply, please read and consider the policy wording and PDS, which is available at www.avant.org.au or by contacting us on 1800 128 268.
Join us in Perth for RANZCO 2017!

RANZCO’s 49th Annual Scientific Congress is coming to Perth on 28 October – 1 November 2017. The Scientific Program Committee and RANZCO have been working hard to develop the Congress program, which offers a variety of symposia, workshops, presentations and keynote addresses from renowned local and international invited speakers.

The Scientific Program Committee Chair, Prof Helen Danesh-Meyer, says there has been an excellent response to calls for abstracts and that planning is progressing well.

“The Scientific Program Committee is very excited by the depth and breadth of submissions of courses/symposia for 2017 from all states in Australia as well as from New Zealand. The Special Interest Groups have particularly been focussing on submitting symposia that address cutting edge issues in ophthalmology. We are also pleased to announce a new symposium that will showcase internationally recognised RANZCO members,” said Prof Danesh-Meyer.

“We are looking forward to reviewing submissions and we encourage everyone to submit papers, posters, films and audits.”

Registration is now open!

Go to www.ranzco2017.com/registration/ to register.
Early bird registration closes on Wednesday 6 September!
Social Program

Welcome Reception

Date: Saturday 28 October 2017
Time: 18:00 – 19:30
Venue: The Summer Gardens, Perth Convention and Exhibition Centre

Graduation and Awards Ceremony and President’s Reception

Date: Sunday 29 October 2017
Time: 18:30 (for a 19:00 start) – 22:00
Venue: Winthrop Hall

Congress Dinner

Date: Tuesday 31 October 2017
Time: 19:00 – 22:00
Venue: Fraser’s Kings Park
Fraser Ave,
West Perth WA 6005

Senior & Retired Fellows’ Dinner

Date: Monday 30 October 2017
Time: 19:00 – 22:00
Venue: The Terrace Hotel Perth
237 St Georges Terrace,
Perth WA 6000

Practice Managers’ Dinner

Date: Monday 30 October 2017
Time: 19:00 – 22:00
Venue: The Reveley Bar
Eastern Promenade,
Riverside Drive, Perth

Younger Fellows’ Dinner

Date: Monday 30 October 2017
Time: 19:00 – 22:00
Venue: The Public House
263 Adelaide Terrace
Perth WA 6004
stroma of keratoconic patients and ultimately at the resolution of myopia through a short-term eye drop treatment. Prof Sherwin gained his PhD in Cell Biology from the University of Kent, Canterbury, UK. From there he took up an academic position at the University of Manchester where he specialised in molecular parasitology. He moved to the Department of Ophthalmology at the University of Auckland in 1998 to begin targeting corneal dystrophies and disorders using ocular stem cells, cell reprogramming and corneal engineering.

Q What prompted you to specialise in regenerative medicine and what are some recent, interesting discoveries in this area?

A The main focus of my laboratory is applying emerging technologies to the eye. That has centred around the use of stem cells and has recently moved into cell reprogramming. Conventional therapies for most diseases or disorders focus upon halting the disease progression but, in most cases, do not aim to restore the functional losses that occurred whilst the disease was ongoing. We aim to use both of these technologies for in vivo regeneration of tissues, not only structurally but also functionally. If we can harness the ability to restore tissues and organs to a previous healthy condition, then we will not only unlock the ability to treat disease, but also to reverse the degenerative effects of aging in those tissues.

Q How has your work contributed to research and treatment of ocular disorders and what are some of your most ground-breaking findings / innovations?

A My laboratory has been working on limbal stem cells and keratocyte progenitors cells with an aim of restoring function back to the limbus after trauma/injury/disease. Much international research has focused on isolation of limbal cells which were exclusively epithelial (limbal stem cell) or stromal (keratocyte progenitor cell) in order to decipher their individual roles in corneal homeostasis and wound repair. Our research aims to determine functional complexes of cells that are capable of restoring both epithelial and stromal repair components to the damaged area. We reason that the in vivo limbal niche is formed by a complex consortium of cellular components that interact to form this unique region of the ocular surface. Thus we have concentrated on isolating limbal cells by their functional ability to form stem cell spheres in culture and which, by their very nature, will include a diversity of cells both epithelial and stromal that contribute to the formation of the limbal niche.

Subsequent to isolation of these spheres we are investigating their potential use in corneal restoration after implantation.

Concurrently with this work, in collaboration with Prof Colin Green and Dr Carol Greene, we are working on being able to reprogram corneal cells in the eye in situ, so that we ultimately aim to switch on different functionalities in the corneal cells to promote regeneration. This would represent corneal engineering in the living eye as opposed to engineering new tissue in the culture dish for subsequent implantation into the eye.
Q What do you see as your most eminent accomplishment in your career?
A I think the most eminent accomplishment is the current collaborative work (with Prof Green and Dr Greene) where we are working towards reprogramming the corneal keratocytes to produce a different collagen matrix molecule which restores integrity and, possibly, even visual function to the keratoconic cornea. We have been able to induce the production of type II collagen by keratocytes using a combination of two exogenous factors. The deposition of this new collagen restores rigidity and plasticity to the corneal stroma without compromising corneal clarity. The technology works in human tissue in the laboratory and in vivo in animal models.

Q You’re presenting the Ida Mann Lecture at RANZCO’s 49th Annual Scientific Congress, can you give us a sneak peek of your presentation? What will be the focus of your lecture?
A Because my interests lie in regenerative medicine, I intend to focus on how far research has progressed towards this goal. The eye has long represented a willing organ in which to trial new technologies, from the first corneal transplant to the pioneering use of medical lasers. The eye is also at the forefront of the current race towards regenerative medicine. Clinical trials are being conducted around the world on stem cell transplantation and gene therapy for eye conditions. I aim to highlight some of this international research whilst also giving insights into the current work from my laboratory.

Q What will the audience be able to take away from your presentation?
A Hopefully the audience will already be aware of the potential of stem cell and cell reprogramming therapies. The presentation aims to highlight where we are so far on our journey towards regenerative medicine in the eye whilst also demonstrating the need for restraint and research to ensure that the promise provided by the new technologies is not derailed by ill-informed or premature introduction into the clinic.

Q Tell us an interesting fact about yourself.
A I love to cook and usually relax in the evening whilst preparing the evening meal. Ultimately I aim to get good enough so that when I retire from research I will be the first Professor to appear on Masterchef Australia.

Q What prompted you to specialise in cataract and refractive surgery and what are some recent breakthroughs in these areas?
A I love the ability to significantly impact a person’s life by a quick and elegant procedure. The immediacy of replacing a cloudy lens with an artificial lens, with the added bonus of decreasing their dependency on spectacles, was inspiring. The field of cataract surgery has changed since I entered ophthalmology. At the time of my residency, phacoemulsification was still so new that many attending had not yet mastered the technique. Since those days, we have seen the explosion of technology with innovations in refractive intraocular lenses, improvements in phacoemulsification systems, and the introduction of femtosecond lasers. Corneal refractive surgery also evolved during these decades to become a widely accepted and safe alternative to glasses or contact lenses.

Q How has your work contributed to your field of expertise and what are some of your most ground-breaking findings / innovations?
A I have spent most of my career investigating methods of teaching. I have attempted to improve the ways in which we educate learners by standardising methods of evaluation and feedback. Most physicians would agree that learning a medical field, especially a surgical field, is a difficult and lengthy process. Developing databases, for example, can help track outcomes and highlight areas that need improvement. We hope to change educational systems to not only improve the quality and reproducibility of surgical training but also increase patient safety during the training process.

Q What will the audience be able to take away from your presentation?
A Hopefully the audience will already be aware of the potential of stem cell and cell reprogramming therapies. The presentation aims to highlight where we are so far on our journey towards regenerative medicine in the eye whilst also demonstrating the need for restraint and research to ensure that the promise provided by the new technologies is not derailed by ill-informed or premature introduction into the clinic.

Q Tell us a little bit more about the work / research you’re involved in.
A I have spent most of my career investigating methods of teaching. I have attempted to improve the ways in which we educate learners by standardising methods of evaluation and feedback. Most physicians would agree that learning a medical field, especially a surgical field, is a difficult and lengthy process. Developing databases, for example, can help track outcomes and highlight areas that need improvement. We hope to change educational systems to not only improve the quality and reproducibility of surgical training but also increase patient safety during the training process.

Q Q What is the most prominent accomplishment in your career?
A I think the most prominent accomplishment is the current collaborative work (with Prof Green and Dr Greene) where we are working towards reprogramming the corneal keratocytes to produce a different collagen matrix molecule which restores integrity and, possibly, even visual function to the keratoconic cornea. We have been able to induce the production of type II collagen by keratocytes using a combination of two exogenous factors. The deposition of this new collagen restores rigidity and plasticity to the corneal stroma without compromising corneal clarity. The technology works in human tissue in the laboratory and in vivo in animal models.

Q You’re presenting the Ida Mann Lecture at RANZCO’s 49th Annual Scientific Congress, can you give us a sneak peek of your presentation? What will be the focus of your lecture?
A Because my interests lie in regenerative medicine, I intend to focus on how far research has progressed towards this goal. The eye has long represented a willing organ in which to trial new technologies, from the first corneal transplant to the pioneering use of medical lasers. The eye is also at the forefront of the current race towards regenerative medicine. Clinical trials are being conducted around the world on stem cell transplantation and gene therapy for eye conditions. I aim to highlight some of this international research whilst also giving insights into the current work from my laboratory.

Q What will the audience be able to take away from your presentation?
A Hopefully the audience will already be aware of the potential of stem cell and cell reprogramming therapies. The presentation aims to highlight where we are so far on our journey towards regenerative medicine in the eye whilst also demonstrating the need for restraint and research to ensure that the promise provided by the new technologies is not derailed by ill-informed or premature introduction into the clinic.

Q Tell us an interesting fact about yourself.
A I love to cook and usually relax in the evening whilst preparing the evening meal. Ultimately I aim to get good enough so that when I retire from research I will be the first Professor to appear on Masterchef Australia.

Q What prompted you to specialise in cataract and refractive surgery and what are some recent breakthroughs in these areas?
A I love the ability to significantly impact a person’s life by a quick and elegant procedure. The immediacy of replacing a cloudy lens with an artificial lens, with the added bonus of decreasing their dependency on spectacles, was inspiring. The field of cataract surgery has changed since I entered ophthalmology. At the time of my residency, phacoemulsification was still so new that many attending had not yet mastered the technique. Since those days, we have seen the explosion of technology with innovations in refractive intraocular lenses, improvements in phacoemulsification systems, and the introduction of femtosecond lasers. Corneal refractive surgery also evolved during these decades to become a widely accepted and safe alternative to glasses or contact lenses.

Q How has your work contributed to your field of expertise and what are some of your most ground-breaking findings / innovations?
A I have spent most of my career investigating methods of teaching. I have attempted to improve the ways in which we educate learners by standardising methods of evaluation and feedback. Most physicians would agree that learning a medical field, especially a surgical field, is a difficult and lengthy process. Developing databases, for example, can help track outcomes and highlight areas that need improvement. We hope to change educational systems to not only improve the quality and reproducibility of surgical training but also increase patient safety during the training process.

Q What will the audience be able to take away from your presentation?
A Hopefully the audience will already be aware of the potential of stem cell and cell reprogramming therapies. The presentation aims to highlight where we are so far on our journey towards regenerative medicine in the eye whilst also demonstrating the need for restraint and research to ensure that the promise provided by the new technologies is not derailed by ill-informed or premature introduction into the clinic.

Q Tell us a little bit more about the work / research you’re involved in.
A I have spent most of my career investigating methods of teaching. I have attempted to improve the ways in which we educate learners by standardising methods of evaluation and feedback. Most physicians would agree that learning a medical field, especially a surgical field, is a difficult and lengthy process. Developing databases, for example, can help track outcomes and highlight areas that need improvement. We hope to change educational systems to not only improve the quality and reproducibility of surgical training but also increase patient safety during the training process.

Q Tell us an interesting fact about yourself.
A I love to cook and usually relax in the evening whilst preparing the evening meal. Ultimately I aim to get good enough so that when I retire from research I will be the first Professor to appear on Masterchef Australia.
Ophthalmic plastic surgery and teaching methods in low resource settings

An International Development Workshop

Convened by the RANZCO International Development Committee, in collaboration with the Australian and New Zealand Society of Ophthalmic Plastic Surgeons (ANZSOPS).

On Friday 27 October 2017, Perth
(Directly preceding the RANZCO 49th Annual Scientific Congress).

Oculoplastic surgery has a diversity of disease manifestations, treatments and treatment variations. The workshop will allow for interactive discussions and presentations exploring contextual differences in limited and better resourced settings, as well as relevant teaching methods.
Congress App
The Congress app allows you to access details about speakers, the program and the industry exhibition from the palm of your hand. You can find speakers and sessions related to your specific area of interest, create a personalised schedule of your Congress sessions, take notes and view detailed maps of where events are taking place. The app will be available closer to Congress.

Keep up to date!
Ensure you keep up to date with all the exciting developments as Congress draws closer by visiting the Congress website: www.ranzco2017.com

Key Dates
Paper/Poster/Film/Audits Submission Deadline:
3 July 2017

Early Bird Registration Closes:
6 September 2017

Late Rate Registration Commences (Fellows Only):
3 October 2017

Contact
For more information, contact the Congress organisers:
Think Business Events
Level 1, 299 Elizabeth Street
Sydney NSW 2000
AUSTRALIA
Tel: +61 2 8251 0045
Fax: +61 2 8251 0097
Email: ranzco@thinkbusinessevents.com.au

Senior & Retired Fellows Dinner
Monday 30 October 2017
7pm to 10pm
The Terrace Hotel Perth
237 St Georges Terrace Perth

Please register online for this event
www.ranzco2017.com
This year the RANZCO Congress will be going green to help reduce wastage and shrink our environmental footprint with a range of initiatives.

No more clunky collateral
We’ll be doing away with the Congress satchel and program handbook. At the end of each Congress, staff usually collect and then dispose of numerous satchels and program handbooks, many of which cannot be repurposed due to sponsor branding. This year, reusable cotton tote bags and photocopies of the program book can be requested at the time of registration.

Recycle and reuse
At the end of your time at Congress, please look for the lanyard recycling stations and drop off your lanyard to be recycled or reused.
RANZCO and the Perth Conference and Exhibition Centre (PCEC) will be working with OzHarvest to manage any excess food from the meal breaks at Congress. OzHarvest is the first perishable food rescue organisation in Australia. They collect quality excess food and deliver it, direct and free of charge, to more than 900 charities.

Hydration
PCEC will have numerous water stations around the venue and RANZCO is hoping that reusable water bottles will be provided by a sponsor. If you already have a reusable water bottle, please bring it along and avoid the wastage of small plastic cups.

EarthCheck
In May 2008, PCEC was proud to receive EarthCheck Benchmarking in recognition of the Centre’s commitment to the environment. EarthCheck is recognised as the world’s largest environmental benchmarking, certification and management solution designed specifically for sustainable travel and tourism businesses to validate their carbon claims and guide their sustainability initiatives.

Younger Fellows Dinner
Monday 30 October 2017
7pm to 10pm
The Public House
263 Adelaide Terrace Perth

Please register online for this event:
www.ranzco2017.com
The 12th Annual RANZCO Practice Managers’ Conference will be held on 28 – 30 October 2017 at the Perth Convention and Exhibition Centre, offering a unique forum for all stakeholders to learn from each other’s practice, exchange experience and establish personal contacts. The success of last year’s conference held in Melbourne holds promise that taking part in the forthcoming conference will provide an excellent opportunity for a repeat of this success.

The organising committee is working on a program aimed to give an invaluable platform for interesting and stimulating discussions, covering important topics and hot issues with a comprehensive, in-depth update and exchange of research-based knowledge.

A social program that includes the highly anticipated conference dinner on Monday night (30 October) will allow participants to catch up with friends and colleagues and enjoy the fabulous fusion of flavours and cultures that Perth has to offer.

For this year, delegates have a choice to register for the full three-day conference or a one-day pass valid for any day of the conference.

Once again, Australian Association of Practice Management (AAPM) CPD points have been allocated to the conference. These points will be allocated on completion of the conference and will need to be applied for on an individual basis with proof of attendance. An electronic letter of attendance will be provided by RANZCO after the conference. CPD points are not automatically added to the Practice Manager’s AAPM membership profile; members will need to use the self-service area of the website and add them manually. Further details can be found on the AAPM website – aapm.org.au

Please visit the Practice Managers’ Conference page of the RANZCO Congress 2017 website (www.ranzco2017.com) for updates and detailed information, including the program, conference registration, accommodation and travel.
A BRAND NEW PERSPECTIVE

FRI 7 – SUN 9 JULY 2017

INTERNATIONAL CONVENTION CENTRE SYDNEY

REGISTRATION NOW: ODMA2017.COM.AU

VISION SUMMIT
Hear from the biggest line up of world class leaders.
Earn CPD Points.

MASTER CLASSES
3 days of expert advice on practical dispensing to improve your business.
Earn CPD Points.

DESIGN JUNCTION
Showcase of premium international & Australian eyewear brands.
Indigenous Eye Health

The gap for vision in Indigenous eye health is on track to be closed by 2020

Over 120 participants from across Australia attended the Close the Gap for Vision by 2020 National Conference 2017 in Melbourne to discuss Indigenous eye care. The conference, which coincided with National Close the Gap Day on 16 March, helped identify key areas for action. These included the funding and development of sustainable eye care system reforms, data collection, sharing and analysis, engagement with jurisdictional health departments, and geographically spreading improved eye care outcomes across the whole of the country.

The conference was hosted by Professor Hugh Taylor and the Indigenous Eye Health team at the University of Melbourne and was supported by Roadmap to Close the Gap for Vision partners including RANZCO, Optometry Australia, Vision 2020 Australia and the National Aboriginal Community Controlled Health Organisation.

Professor Taylor told Eye2Eye “The conference showcased a remarkable representation of the Indigenous health and eye care sector initiatives and achievements over the past few years and highlighted the remaining challenges.

“We know very good progress is being made in Aboriginal eye health as evidenced by the recently published National Eye Health Survey where blindness rates have halved, going from six times higher in Indigenous than non-Indigenous Australians to three times higher.

“However, vision loss has remained three times more common for Indigenous Australians compared to non-Indigenous Australians, pointing to more work needing to be done over the next four years,” Professor Taylor said.

The Roadmap to Close the Gap for Vision (the Roadmap) is a whole-of-system, evidence-based framework with 42 interlocking recommendations to improve Indigenous eye health. Of the 42 Roadmap recommendations, 11 are fully implemented and work is progressing on the remaining 31 recommendations. Over 18 regions, covering more than 40% of Australia’s Indigenous population in urban, regional and remote areas, are currently implementing Roadmap regional approaches.

RANZCO members played a key role at the conference and provided valuable input and experiences that informed proceedings. Dr Rowan Porter highlighted the success of the Indigenous Diabetes Eyes and Screening (IDEAS) van in diabetic retinopathy screening and treatment.
An important element in improving screening rates has been the provision of non-mydriatic cameras for use in 20 Aboriginal Medical Services around Queensland.

Dr Tim Henderson, from Alice Springs, talked about the challenges faced in delivering eye care in Central Australia and the need for more ophthalmology support and resources. Recruitment of more ophthalmologists to work in rural and remote regions is paramount to meet the demand of cataract surgery for Indigenous patients.

Even then, regions with a good ophthalmology workforce face their own challenges. The wait time for surgery of an Indigenous patient is usually longer when compared to a non-Indigenous patient in all states and territories of Australia. Dr Ben Clark, an ophthalmologist from Barwon Health, Geelong, Victoria is working to improve local cataract surgery pathways for Indigenous patients. The proposal is to run a fast-track cataract clinic, initially once per month, with the option to run more frequent sessions, if required. This would ensure that surgery is received in a timely manner.

Dr Clark said “I thought the conference presented a great opportunity to network and meet with people in the sector. In terms of the fast-track clinic at Barwon Health, it is still a work in progress. However, I’m quite hopeful that it will be of additional benefit in improving Indigenous eye health outcomes.”

The conference confirmed the importance of ophthalmologists being involved in local and regional stakeholder groups, ensuring closer collaboration with communities to reduce known barriers for care and championing systems reforms that better deliver equitable eye health outcomes. With less than four years left to close the gap for vision by 2020, ophthalmologists and RANZCO will play vital roles to ensure the improvement of eye health outcomes for Indigenous people.

**Indigenous Eye Health, The University of Melbourne**
Policy and Advocacy Matters

Transient Ischaemic Attacks: when urgent referral is required

Transient Ischaemic Attacks (TIAs) are warnings of possible serious problems, therefore URGENT investigations and review by a stroke physician are needed. Patients experiencing ocular TIA, such as amaurosis fugax, are at increased risk of a cerebrovascular accident. In these circumstances, timely medical assessment is indicated.

A patient information sheet on TIA is available for download from the RANZCO website. The information can be printed as a colour A4-size, double sided handout and made available in clinics/practices for patients suspected of having had a TIA to advise them of the seriousness of the situation.

For more information about the TIA patient information leaflet, please contact ranzco@ranzco.edu.

2017 RANZCO WORKFORCE SURVEY

Did you know?

While 80% of RANZCO practicing Fellows are based in major urban centres, over 40% have indicated practicing in regional, rural, or remote areas in some capacity. (2014 RANZCO Workforce Survey)

The RANZCO Workforce Survey plays a key role in helping the College plan its ongoing activities to support the Fellowship. Given the fast changing medical and policy landscape, knowing where we stand helps us chart a course to where we wish to be.

If you have not received your unique link to the survey yet, please contact policy@ranzco.edu
Dr Dalin Piseth Chea with her family

**Pushing the boundaries**

Cambodian ophthalmologist
Dr Dalin Piseth Chea recently graduated with a Master in Public Health from the University of Adelaide. Supported by the Australia Awards Scholarship from the Australian Department of Foreign Affairs and Trade, Dr Chea is the first graduate of the Cambodian Ophthalmology Residency Training Program to obtain a postgraduate degree overseas. In this interview, Dr Chea speaks of the positive outcomes from her studies in Australia, notwithstanding some of the challenges, including leaving her eight-month-old baby behind in order to be, what she calls, “a highly committed human resource for the country”.

**Q** Tell us a little bit about yourself – your work, your professional responsibilities, etc.

**A** I am an ophthalmologist in an eye unit at Calmette Hospital, Cambodia. In addition to every day clinical work, my colleagues and I are actively participating in community outreach activities organised by the hospital. I am currently working on two projects. The first project concerns transformation of the currently resource-limited unit to a comprehensive ophthalmology department in our five-year action plan. This department will also become a qualified ophthalmology training centre in Cambodia. Another project is the establishment of the first eye bank of Cambodia and the first cornea surgical training program in Cambodia.

**Q** Tell us about your Master in Public Health – how did it all come about, how long was it for, what was the focus, etc.?

**A** The Master of Public Health at the University of Adelaide was a two-year, full time master’s program by coursework. With strong commitment to do research about eye banking in my second year, I met the required score for all the core courses in the first year to go for the 24-unit thesis pathway in the second year. The first-year program was very comprehensive and covered an introduction to epidemiology, biostatistics, health economics, qualitative research, Indigenous health and health policy. The program focuses on empowering students to think creatively about the policies and practices that prevent disease, prolong life and make a difference to people’s health. While the core courses from the first year have brought broad knowledge on core subjects in the field of public health, the second year of this degree was mainly about researching eye banking in low resource settings, which was significantly practical for my project planning in Cambodia upon my graduation.

**Q** Why public health?

**A** Since we are lacking human resources in the field of public health, particularly in the eye care setting, eye care program planning is not
Training Program.

Cambodian Ophthalmology Residency
develop research programs for the
I was able to learn and apply to help
Health has research components that
unit. Thus, while I was looking for an
clinical practice, especially in each eye
well established and connected with
support system at the university,
and advice from my family, the student
the great support, encouragement
not have achieved this degree without
very carefully. Balancing what I could
management needed to be arranged
daughter to take care
the most difficult time. Having a
language barriers were inevitable
The last semester was
the most difficult time. Having a
take care of in my second academic year and
and having to meet all requirements to
complete a 24-unit thesis plus other family responsibilities, time and task management needed to be arranged
very carefully. Balancing what I could
manage to do and what I must do was
a challenging situation, and it was a
more struggling situation compared to
being a single student doing a
postgraduate degree overseas. I would
not have achieved this degree without
the great support, encouragement and advice from my family, the student support system at the university, friends and senior ophthalmologists in Adelaide. Having overcome my

personality trait of being silent about
personal issues, I finally had an open
discussion with my course coordinator
and supervisor about issues arising
in the last semester, which hugely
changed the situation and eventually
helped me graduate with very good
results. I would say being able to
maintain good physical and mental
health while studying abroad is the
most important element to manage all
kinds of situations. Also, to overcome
the challenges arising unexpectedly,
seeking support systems is very
beneficial.

Q What were some of the
challenges of doing a postgraduate
degree overseas and how did you
overcome them?
A Leaving my family behind, especially my eight-month old
daughter, to pursue this study was the hardest decision I ever made. It
was about balancing between being a responsible person for a family and
being a highly committed human resource for the country. I did not
have many challenges in regards to a culture shock since I am a well-
adapted person. However, other personal issues became unexplainable
in a new environment where I was alone and could not feel comfortable
sharing any personal stories. In addition, being an international student whose background was
from a developing country where basic knowledge acquired from
undergraduate studies was below the standard compared to Australians,
everything was new and tough for me. Plus, the new education system
and language barriers were inevitable challenges. The last semester was
the most difficult time. Having a
two-year old daughter to take care of in my second academic year and
having to meet all requirements to
complete a 24-unit thesis plus other family responsibilities, time and task management needed to be arranged
very carefully. Balancing what I could
manage to do and what I must do was
a challenging situation, and it was a
more struggling situation compared to
being a single student doing a
postgraduate degree overseas. I would
not have achieved this degree without
the great support, encouragement and advice from my family, the student support system at the university, friends and senior ophthalmologists in Adelaide. Having overcome my

Q Did you have mentors to assist
you?
A I had a very helpful and supportive mentor in A/Prof Craig Lockwood who
was my supervisor on my master’s
research thesis. I have learnt a lot from
him as well as from other colleagues
in the research institute, the Joanna
Briggs Institute, at the University of
Adelaide. Systematic reviews and
scoping reviews conducted by the
institute are very good evidence based
practice research methodologies that
I have learned and will surely apply
to my work place. In addition, I had a
clinical mentor, A/Professor Richard
Mills, who is a corneal surgeon at
Flinders Medical Centre. Apart from
the methodology, his mentoring is
important for the technical content of
the research.

Q Tell us more about your thesis
‘Eye banking in developing countries’
and your plans to establish an eye
bank in Cambodia.
A The full title of my research thesis
is “National and operational policy and
planning requirement to establish an
eye bank in a low resource setting: a
scoping review”. This scoping review
provides insight into the nature and
direction of existing evidence from
research papers. For a policy maker
who is interested in starting up an
eye bank and corneal transplantation
service in a low resource setting, the
mapped literature from this study
serves as a tool for framing the
planning and development of policy
positions contextualised by resource
availability for a feasible, functional
and sustainable eye banking and
eye donation program. Gaining a
lot of experience and knowledge
about eye banking from this research
outcome, to establish an eye bank is
the major project of the two projects
I am currently working on. We are
seeking support from international
stakeholders and local stakeholders
to make this project take off from
a very new experience toward a
self-sustained eye banking and eye
donation program in Cambodia.

Q What has changed since
returning to Cambodia? How has
your master’s influenced your work?
A Although I have not extended
my work further than the eye unit at
Calmette Hospital, the eye banking
project which is planned to be under
the National Program for Eye Health
is a very good application of what
I have gained from my master’s. In
addition to policy planning that
the Master in Public Health has
taught me, the research in eye
banking in a low resource setting
reflects many practical situations
that I can apply in the Cambodian
setting. Another aspect of this
project is the process of the program
planning and implementation. A few
ophthalmologists and residents who
have been in contact in regards to
working on this eye banking project
are interested in working together as
a team and a local committee of the
project. This is a new working culture
which has not been adopted by my
colleagues in the field. Thus, provided
that this way of working and planning
as a group is significant in enhancing
one’s potential for different tasks, I
am encouraging my colleagues and
our junior ophthalmologists to work
in this way rather than focusing only
on one particular interest individually.
As a result, we will be able to make
more changes toward efficient and
effective policy planning and program
implementation.

Q What advice would you give
to junior residents in Cambodia
considering studying abroad?
A As an old saying goes “Learning
is an unstoppable journey”. Studying
abroad is an adventure. The more we
take the journey the more we want
something more adventurous and
the more we feel excited about it.
Continuing education helps to change
our current situation and shape our
profession to something beyond
the repetitive routines. Without
pursuing the Master in Public Health
and conducting the research in eye
banking, I would be stuck in the same way of learning and working as I was upon becoming a certified ophthalmologist. I would not know as much about the global eye banking situation, and how to start this project in Cambodia. Without getting out of my comfort zone, I would not have met the many experts and highly experienced surgeons and researchers whose knowledge and experiences cannot be strictly found in books. Networking is the most important resource-seeking strategy that needs to be carried along when we start out and work on any project for both a study and career pathway.

Q: What about those who may be more reluctant to move out of their comfort zone – what advice would you give to them?

A: Getting out of our comfort zone is a frustrating decision, especially when we have a currently stable career life, a lot of family responsibilities and an unpromising situation upon returning. However, I believe that a strong commitment to a better change will eventually provide our family and society with a better livelihood in return. There is only one step to make this a possibility: it is to believe that we can do it and we will work hard to achieve it. I find my comfort zone can be anywhere when I learn to adjust to many different situations and train myself to be more proactive and creative toward a positive and friendly environment. My journey is not always smooth, and I fail a lot of times, yet I still keep going and remind myself to reassess my capacity and limitations, so I know well what I can achieve.

International Scholarship Program

RANZCO extends an invitation to ophthalmologists from Asia Pacific to apply for the opportunity to participate in the Ophthalmic plastic surgery and teaching methods in low resource settings International Development Workshop to be held on Friday 27 October 2017, and attend the RANZCO Annual Scientific Congress (28 October – 1 November 2017) in Perth, Australia.

To be eligible for a scholarship you will be an ophthalmologist from a developing country and have an active interest or expertise in oculoplastics. Scholarship recipients are expected to present on a relevant topic at the International Development Workshop on 27 October, attend Congress scientific sessions relevant to their interest, engage with Congress attendees, and be open to shared learning.

Applications are to be submitted through the International Scholarship Application Form available on the RANZCO website.
The road less travelled: practicing ophthalmology in a rural setting

Ophthalmology is a fulfilling career that can take you down many paths. From treating patients in a clinical setting, working as an academic at a university or research institute to providing eye health services to rural and remote communities, the opportunities to make a positive impact are countless and extend beyond borders, cultures and locations.

In this issue of *Eye2Eye*, we speak to five RANZCO Fellows involved in outreach work who recount the many rewards, and unique and memorable aspects, that come with providing ophthalmic services in rural and remote areas of Australia and New Zealand.

Gantheaume Point, Broome, Western Australia
Western NSW

Dr Ashish Agar

Dr Ashish Agar has been providing ophthalmology services in Far West NSW as part of his work with the Outback Eye Service (OES), based at the Prince of Wales Hospital (POWH), for almost 20 years. He is also Director of the Ophthalmology Service at Broken Hill Hospital and Chair the RANZCO Indigenous Committee.

“At POWH we have a great legacy left by Prof Fred Hollows, who started his pioneering outreach work here decades ago,” explains Dr Agar. “Under Fred’s successor, Prof Minas Coroneo, the OES has grown and been integrated into the academic university department of ophthalmology, and thus our RANZCO accredited registrar training program.”

The POWH training program requires all registrars to spend at least six months working with the OES and with the Royal Flying Doctor Service clinics as well as a rotation living in Broken Hill.

“It was really a great experience as a registrar, way back at the turn of the millennium,” recalls Dr Agar, “and I am fortunate to be able to continue this work now as a consultant, serving these unique communities and training the next generation.”

The OES serves almost two thirds of NSW, from Dubbo to Broken Hill to Lightning Ridge, and just about everywhere in between. It covers 600,000 km² and serves a population of 125,000, providing the only specialist ophthalmology service to almost the entire area. Importantly, this region is home to the highest proportion of Indigenous residents in NSW, as well as some of the most socio-economically disadvantaged communities in Australia.

“It’s quite simply an honour serving these remote communities,” says Dr Agar. “My work is certainly cut out for me as the only glaucoma subspecialist in the OES. The general ophthalmic pathology though is fairly standard, with cataracts being the main surgical procedure. Age-related macular degeneration is increasing but the rise of diabetic retinopathy, especially in the Indigenous community, is the most worrying,” explains Dr Agar.

While the range of ophthalmic conditions one comes across in regional NSW may not differ greatly from metropolitan sites, the main difference lies in the remoteness of the settings.

“Our workday depends on where we are,” explains Dr Agar. “Broken Hill visits cover three days and we use commercial regional airlines. The other OES sites, such as Bourke, are only accessible via the Royal Flying Doctor Service. So, it’s an early morning drive to Sydney’s civil aviation airport in Bankstown and a two-hour flight in to work. We usually stay a night and return to Bankstown the next day in time to get home for dinner. It’s the best commute ever!”

Working in remote areas also means greater reliance on colleagues and other health professionals.

“Collaborative care is just a fact of life out here. We can’t exactly refer to a subspecialist colleague down the road, so one’s general ophthalmology training is constantly being tested,” says Dr Agar.

“Our team is amazing. The OES consists of a core group of only three full time staff who defy all the odds and keep us running on a shoestring budget. They are the backbone of every visit by me or one of my 15 specialist colleagues on rotation, along with our RANZCO accredited registrar from POWH. An optometry team, also based in Sydney, has been affiliated with the OES for over 15 years now, and is an integral part of the service as there are no local practitioners in most locations. Locally we do have Aboriginal health workers and nurses who join us, and of course we work very closely with local GPs. The relationship amongst these disparate groups is really quite good, as we complement each other and have a clear common goal.”

And the best part of regional work? “Without a doubt it’s the patients,” says Dr Agar. “Bush folks are, like country folks everywhere I suppose, a different mob. Genuine, forthright and forever flexible and accommodating, in even the most trying of circumstances. Not to mention fun! The waiting room is usually the source of much laughter, and this more often than not carries on to the consultation chair or operating table. Our patients there are also very grateful for the OES’s commitment and therefore very supportive.”
While faced with particular challenges, Dr Agar says that remote and Indigenous work offers unique and memorable flavours of ophthalmology.

“Being away from home is never easy, but one trip every six to eight weeks is not too onerous and, after 17 years, we’re quite used to it now! Working out of your comfort zone is a chance to get a better perspective on things, and of course being able to give back to some of our most disadvantaged Australians is always rewarding,” says Dr Agar.

“Few areas of our clinical lives are so rewarding, and I think trainees realise this once they have the chance to experience it. This may also be their only exposure to Indigenous health, which is such a crucial area for all of us to be engaged in, and will increasingly become a necessary part of vocational training.”

**Western Australia**

**Dr Rhuju Mehta**

Dr Rhuju Mehta is currently undertaking a fellowship with Lions Outback Vision in Perth. The fellowship involves outpatient-based and surgical outreach trips to rural and remote parts of Western Australia as well as working with Indigenous patients.

“I’m based at the Lions Eye Institute in Perth and travel to different towns in the region. Having grown up in a small town in the Pilbara, I feel quite at home in rural WA and enjoy the atmosphere, pace of life and environment it offers,” says Dr Mehta.

“I travel every alternate week to a rural town for five days. The trips can be to towns as small as Leonora, with a population of just over 1000, or to larger centres like Broome. Most of the trips I go on are surgical trips so we have three days of clinics and two full days of operating.”

Dr Mehta became interested in regional work during her first year of training in Melbourne after hearing A/Prof Angus Turner speak of his outreach work.

“I was seeking a fellowship experience that would be challenging and allow me to work in a different environment to what I was used to in Melbourne. It is a fantastic general fellowship as there is a huge burden of diabetic eye disease in rural and Indigenous communities, plenty of cataracts and a good number of paediatric cases. It has also been great for pushing my comfort zones surgically - operating on a dense traumatic cataract in Derby on an Indigenous patient who doesn’t want to leave town and where the nearest vitreoretinal surgeon is in Perth, presents itself with a different set of challenges,” explains Dr Mehta.

But it is these very challenges that often lead to great initiatives. “In 2016, the Lions Outback Vision mobile outreach truck, the Lions Outback Vision Van, came into operation. The Van does two circuits around WA a year, visiting 16 centres at least twice throughout the year.

“The Vision Van is basically a fully equipped clinic on wheels with facilities for biometry, corneal topography, OCT, visual fields, wide-field angiography, laser and a treatment room for injections and minor procedures. This wonderful initiative allows us to bring city facilities to country patients. Operating happens at the local hospitals with usually 10-12 cases a day,” explains Dr Mehta.

“I am also involved in telehealth and do consultations via Skype with country patients who are seeing their optometrists or GPs. In addition, I teach the Rural Clinical School medical students at the various centres.”

While the clinical workload, such as diabetic eye disease and cataracts, is similar to what one would be exposed to in a metropolitan setting, working in regional sites calls for greater reliance on other health professionals.

“We have a co-dependant relationship with local optometrists and GPs, we rely on them for our referral base and to organise telehealth follow-ups or initial consultations. We also organise education sessions with GPs, nurses and optometrists,” explains Dr Mehta.

“We also work closely with Aboriginal liaison officers who play a key role in ensuring patients attend clinic and theatre. On our surgical trips, the local hospital and theatre staff have always been very welcoming and accommodating.”

Dr Mehta believes that working with rural patients can be very rewarding and satisfying and allows for a sense of ‘giving back’ to the community.

“We are so fortunate in ophthalmology to be able to make an improvement to a person’s quality of life and most patients, whether in the city or the country, are very grateful for the service we provide. Rural patients are great to work with; they are quite easy going, have a good sense of humour and love to have a good chat.”

In addition to a supportive and grateful community, there are many wonderful aspects that come with working in Australia’s remote regions.

“The opportunity to travel, camp and see outback Australia is a definite perk of this job,” says Dr Mehta. “I’ve been lucky enough to see some beautiful and remote parts of WA and travel with a fantastic team.”

“The sunsets at Gantheaume Point or Cable Beach in Broome are always spectacular. We’ve also been fortunate enough to go camping at Millstream-Chichester National Park which has some beautiful gorges and swimming holes.”

**Whangarei, New Zealand**

**Dr Brian Kent-Smith**

Dr Brian Kent-Smith, the newly elected Chair of the RANZCO New Zealand Branch, is a general ophthalmologist in Northland, New Zealand working in both public and private practice. He is based in Northland’s largest town, Whangarei, but does clinics in some of the smaller centres too.

Northland is a long, thin province at the top of New Zealand’s North Island with a population of approximately 160,000. Whangarei is Northland’s largest town, with a population of around 77,000 people. Despite being only 170km from Auckland, as the crow (or rather, as the plane) flies, Whangarei and the surrounding areas are a world away from New Zealand’s biggest city. Half of Northland’s land is given over to forestry and farming, with agriculture one of the major foundations of the economy.

The rolling countryside is complemented well by the countless beautiful beaches that attract visitors and underpin the growing tourism
sector, as well as a strong fishing industry.

Dr Kent-Smith enjoys the lifestyle that he and his family have here, having joined the community two decades ago. “I did my training in South Africa but decided to move my family to Whangarei 20 years ago and haven’t regretted it for a minute,” says Dr Kent-Smith. “I particularly love the ocean – fishing, diving, kayaking and swimming. It’s a wonderful lifestyle and my family love it here.”

“I love working in Northland. We see a wide range of ophthalmic conditions over a broad age spectrum which keeps the day interesting,” explains Dr Kent-Smith.

But just like outreach work in Australia, working in non-metropolitan New Zealand comes with its challenges. “Some of our smaller towns are a long distance from Whangarei and it is not possible to fully equip every centre. Some patients have to travel long distances to the hospital but minor procedures can be performed in some of the smaller centres,” says Dr Kent-Smith.

“But being away from large cities, having a degree of autonomy and having easy access to beautiful beaches are some of the things I enjoy most about Whangarei.”

Top End, Northern Territory

Dr Tharmalingam Mahendrarajah

Dr Tharmalingam Mahendrarajah or Dr Mahendra, as most would call him, began his ophthalmology career as a registrar in Darwin and now works as the head of the ophthalmology department at the Royal Darwin Hospital. Due to a shortage of specialists in the region, he was one of the only ophthalmic surgeons in Top End for a number of years, while also supporting both the Royal Darwin Hospital and Darwin Private Hospital.

“I live in the northern suburbs of Darwin, in Top End, which stretches across 400,000 km² and our ophthalmology department works across Darwin, Katherine, Gove and 33 other Indigenous community clinics so we have quite a bit of ground to cover. Because of the vast distances between communities, we need to fly to most places on charter planes so it’s definitely a different experience to working in a big city,” says Dr Mahendra.

Dr Mahendra notes that while working in remote areas can be difficult at times, the experience is unique and offers many benefits, especially for those keen to experience something different.

“Something that stands out in rural areas is the friendly environment and the laidback lifestyle. In a rural setting, you are exposed to many different cultures and you get to engage with different communities. Since you’re dealing with all aspects of general ophthalmology, you’re also dealing with all kinds of patients whereas in metropolitan areas there are more subspecialties and you may not have as much exposure to such a variety of patients,” explains Dr Mahendra.

Dr Mahendra believes that the diversity of eye conditions in patients in rural areas leads to greater professional development for those starting out in ophthalmology and medicine in general.

“We see a variety of pathologies in Darwin so trainees can gain a wealth of experience and there are many opportunities to develop their skills further. We get lots of visiting specialists here and we do have many subspecialty treatments in Darwin - giving trainees some great opportunities to work with skilled professionals from all over Australia,” adds Dr Mahendra.

However, Dr Mahendra stresses that it is important for those starting out in rural medicine to be prepared to overcome some of the challenges that come with working in remote communities – cultural differences, meeting patient demands and the lack of appropriate equipment.

“It’s great to work with different communities and gain a better
understanding of different cultures but it is important to be culturally sensitive when you're working with different communities. They may have different values/beliefs to you and some may even refuse surgery or medication."

What he enjoys most about his outreach work is the work-life balance that it offers – there are many things to do and see in Darwin with its tropical weather, rich Indigenous culture, tourist attractions and stunning landscapes.

"The wild life is spectacular and you can enjoy the true outdoors. What I enjoy the most are my afternoon walks on the beach; the sunsets are breathtaking! I also like to go down to the weekly Sunday markets, where you can buy some fresh produce from farmers and try international cuisine."

**Lightning Ridge, NSW**

**Dr Michael Hennessy**

Dr Michael Hennessy started his work in Lightning Ridge, NSW as part of his ophthalmology training at the Prince of Wales Hospital (POWH). He now splits his time working in remote areas with the Outback Eye Service (OES), his role as a Senior Staff Specialist Ophthalmologist at POWH and Conjoint Associate Professor at the University of NSW, as well as running a part-time practice in Bondi, Sydney.

"In 1995, I was asked to restart the clinic in Lightning Ridge which now involves running six fly-in, fly-out, one-day clinics per year," explains Dr Hennessy. "These clinics are general ophthalmology clinics, with local Indigenous patients accessing services, often with support from their local Aboriginal Medical Services eye health worker.

"My typical Lightning Ridge visits start by arriving early in the morning at Bankstown Airport, Sydney to board the Royal Flying Doctors plane by 6:45am (usually a Beechcraft KingAir, which is a pressurised twin turboprop that carries one pilot and ten passengers plus a lot of portable gear!)"

Visits to rural and remote communities, such as Lightning Ridge, require extensive planning and a team effort, involving the broader health care community. "On most trips the passengers consist of the complete eye care team – myself, a registrar, an orthoptist, an optometrist and a dispenser. When we land in Lightning Ridge, the rural service coordinator, who lives near Dubbo, meets us at around 9.15am. On the ground, the local community health centre provides the examination rooms to treat patients and clerical staff to handle patient check-ins."

While Dr Hennessy acknowledges that there are many challenges visiting ophthalmologists face when working in remote areas, such as logistics, equipment maintenance and funding issues, the rewards are well worthwhile and include the fulfilment that comes with providing eye health care services to disadvantaged communities and building longstanding relationships with local patients.

"The logistics of maintaining a service outside usual private practice/public hospital eye clinic arrangements can be very challenging," explains Dr Hennessy. "Overall, I enjoy having a busy clinical day that is out of the ordinary, and value the longstanding relationships I have formed with many of the patients, most of whom can still see very well! I also value and enjoy the support and companionship of the OES team."

Dr Hennessy encourages trainees to take part in outreach programs to experience the many advantages of working in rural and remote communities, both professional and personal.

"POWH trainees are required to participate in the POWH rural activities – six months working (and living) in Broken Hill, six months travelling to remote NSW clinics at least once per week. It is regarded as a valued and desirable element of their training, they all embrace the opportunity with enthusiasm, and, usually, continue in a role with the OES once they are qualified and return from overseas fellowships," says Dr Hennessy.

"You cannot overlook the firsthand experience you gain providing eye health care for people who may face significant barriers in accessing specialist services because of where they are located geographically. You also get to travel to less populous areas of our wonderful country."
The delegates shared the efforts and dream of Dr Michael Giblin, who organised the co-hosted ISOO meeting, making it one of the most successful ISOO meetings ever. As convenor of the RANZCO NSW section, Dr Gina Kourt compiled a most informative scientific program. Fellows and trainees had the opportunity to learn from stellar international experts as well as local luminaries in the important subjects of oncology and oculoplastic surgery. Enthralling international speakers included Drs Carol and Jerry Shields, Prof Bertil Damato, Dr Ralph Eagle and Prof Hans Grossniklaus.

An educational symposium for general practitioners was held on the Saturday afternoon.

The RANZCO NSW Branch Committee are working on the issues of diabetic screening, upskilling of general practitioners and modernising the Terms of Reference of RANZCO Branches. Cataract Surgery Utilisation Benchmarking in NSW hospitals, released by the Agency for Clinical Innovation, is being reviewed and a response is being formulated.

The Australian Medical Association (NSW) and the Australian Salaried Medical Officers Federation (NSW) hosted their Medical Careers Expo in May 2017. It was well attended by students from all medical schools. The participation of the NSW Branch at the Expo continues to be successful in raising the profile of ophthalmology with many students requesting further experience in this profession.

Drs Diana Semmonds, Nisha Sachdev, Daya Sharma and vocational trainee Luke Northey were NSW Branch Committee members in attendance to answer queries from medical students regarding the ophthalmology training program and a career as an ophthalmologist. Dr Sachdev provided an invited presentation on life as an ophthalmologist.

**A/Prof Andrew Chang**  
Chair, RANZCO NSW Branch
**Western Australia**

**Chair**
Dr Nigel Morlet

**Hon Secretary**
Dr David De La Hunty

**Hon Treasurer**
Dr Tom Cunneen

The Western Australian health services structure continues to evolve with the former Southern Health Service now split into two. Royal Perth Hospital, which houses our largest public eye clinic, has become the hub for the new Eastern Area Health Service.

The Southern Area Health Service now has the Fiona Stanley Hospital as the hub, but without consultant ophthalmology services as they are still based at the downgraded Fremantle Hospital. The on-call across both areas is shared by all consultants as the Fiona Stanley work is currently triaged to Royal Perth Hospital because Fiona Stanley Hospital does not have an after-hours service. As the small unaccredited ‘clinic’ at Fiona Stanley is principally staffed by registrars, they are rotated for only one session from both hospitals so as to not lose training time. Eventually we hope to have these awkward arrangements better resolved, but for now the current arrangements just suffice.

We have expanded the training program to 11 trainees with a new training post accredited at the Sir Charles Gairdner Hospital. This is a result of the appointment of more consultants and good availability of operating time at both Sir Charles Gairdner Hospital and Osborne Park Hospital facilitated by the fine efforts of the Department Head, Dr Vignesh Raja. Located on the same campus as Sir Charles Gairdner Hospital, the newly completed Children’s Hospital is still waiting to open; hopefully enough theatre availability will be provided to keep all our current training posts in paediatric ophthalmology. The Western Australia Branch executive recently endorsed the newly formed Western Australian Ophthalmic Registrars Society. We will provide them tangible support by committing funds for their ongoing educational activities such as the two OSCE practice sessions each year. We are also planning an annual Branch Dinner to thank those Fellows actively involved in training and to congratulate those registrars successful in their College exams.

The Branch’s continuing education program is now fully evolved into the new format: at the end of February/early March, we have the Inter-Hospitals Meeting which is hosted by one of the teaching hospitals each year and held at the Perkins Institute as a day-long Grand Rounds style format. It concentrates on the interface between ophthalmology and the rest of medicine; the two-day WA Branch meeting, which has international and interstate invited guests discussing ophthalmic topics of interest, held in mid-May; and the Pathology – Imaging Meeting held in late September or early October, which is another Grand Rounds style meeting at the Perkins looking specifically at ophthalmic pathology and imaging topics and cases. Our recent General Meeting in March voted to slightly increase the local Branch fees which now include the registration cost of the two-day Branch Meeting.

The routine is different this year, however, as the RANZCO Congress is in Perth in early November. We hope to hold the pathology imaging meeting as a seminar within that program, and the Branch Meeting has been put back to be a post-Congress satellite meeting to be held at the Cultural Centre in Margaret River on Saturday 4 November. We have an excellent contingent of local talent and a few guests discussing the very latest in international ophthalmic innovation resulting from their very own fine efforts. To follow we will enjoy a long degustation lunch at Leeuwin Estate.

Early March we were treated to a great day of lectures and cases around the topic of vascular disease at the Inter-Hospitals Meeting convened by Drs Jane Khan and Fred Chen from Royal Perth Hospital. The meeting was auspicious as it provided tangible evidence of closer ties with our neighbouring country, Indonesia. Not so long ago RANZCO signed a memorandum of understanding with the Indonesian College of Ophthalmology. More recently, the PERDAMI Bali branch, along with the University Udayana, Bali, signed a memorandum of understanding with the Centre of Ophthalmology and Visual Sciences, University of Western Australia. As a result, the WA Branch extended an open invitation to PERDAMI Bali ophthalmologists to attend any of our local meetings as guests, and we were visited by Drs Mas and Hani for the meeting in March. We hope this unique relationship with Bali ophthalmology will flourish over the coming years.

One of the most successful philanthropic enterprises in Australian ophthalmology comes from the efforts of a dedicated band of Perth ophthalmologists who had the foresight to set up a not-for-profit ophthalmic day surgery, now known as the Perth Eye Hospital, which recently celebrated 30 years as the premier stand-alone eye surgery facility in the state. Funds from ongoing operations are distributed by the charitable Eye Surgery Foundation, owner of the Perth Eye Hospital, to many ophthalmic causes and research efforts. Apart from providing AUD1,000,000 to Lions Eye Institute and long term support for the Bali Eye Project of the John Fawcett Foundation, the Eye Surgery Foundation is now the major funder of the Timorese ophthalmology training program. This is coordinated by Drs Phil House and Ross Littlewood along with A/Prof Nitin Verma from Hobart, and we are delighted that a large contingent from the Timor program will have a fully funded visit to Perth for the Congress in November.

Dr Jo Richards has produced a great collective audit for the Branch and general College to participate in the topic of antibiotic use. Again, it will follow the now well-established quality cycle process, but this time, it will run over two years and involve a didactic session at the RANZCO Congress. This is a great way to gain those elusive upper category continuing professional education points, as well as to reflect on your particular practice pattern in light of the feedback about other colleagues’ patterns of practice and the didactics presented in the process. We hope many in the Branch will participate again, as we had over two thirds doing so with the colour vision audit from last year.

*Dr Nigel Morlet*
Chair, RANZCO WA Branch
New Zealand
Chair
Dr Brian Kent-Smith
Hon Secretary & Hon Treasurer
Dr Andrea Vincent

RANZCO’s New Zealand Branch ran an advocacy campaign in late 2016 urging the New Zealand government to act over the serious delays to follow-up appointments that had led to multiple cases of preventable and irreversible blindness.

The Ministry of Health (MoH) responded on 23 December by announcing an allocation of NZD 2 million to District Health Boards (DHBs) in 2017 to develop and improve eye health services. RANZCO welcomed this first step by the government to resolve the crisis and ensure that patients receive timely and essential care.

A RANZCO NZ Branch Advisory Group has been working with the MoH as it allocates the funding to DHBs. The RANZCO NZ Branch will ensure that the funding is used to adequately manage the follow-up crisis. Preliminary data from the DHBs indicates that many have already made significant progress in reducing the backlog of patients waiting for overdue follow-up appointments.

Dealing with the overdue follow-ups, while critical, is not enough. Eye health services need to undertake initiatives to prevent the crisis from recurring and to manage the continuing increase in demand as the population ages.

Alongside the one-off funding, the MoH has committed to a long term national program to support ophthalmology services. This will include developing clinical prioritisation tools, follow-up management, new models of care and workforce modelling. RANZCO will sit on a newly-formed multidisciplinary MoH panel to provide on-going advice and strategy.

The RANZCO NZ Branch has been instrumental in ensuring that the MoH has proceeded with commissioning an in-depth report from Ernst & Young to develop a modern model of care for age-related macular degeneration. RANZCO has had substantial input to this report via the Clinical Directors’ Forum in Wellington in April and at an eye health sector workshop the following week. The final report was due by the end of May 2017, and RANZCO is hopeful that it will lead to positive long-term service change.

Ultimately the long-term capacity issues in publically-funded ophthalmology services cannot be resolved unless more resource is assigned to ensure hospital eye departments have sufficient administrative staff, allied health and ophthalmologists, as well as up-to-date equipment, facilities and adequate drug funding.

The RANZCO NZ Branch is pleased that adequate funding of ophthalmology services is now firmly on the agenda of the DHBs and the New Zealand MoH. The RANZCO NZ Branch will continue to work with and monitor these agencies to ensure the needs of our patients are met.

Dr Stephen Ng
Former Chair, RANZCO NZ Branch

Queensland
Chair
Dr Russell Perrin
Hon Secretary
Dr Mark Chiang
Hon Treasurer
Dr Oben Candemir

The RANZCO Queensland Branch Committee is delighted to announce that four Topham Scholarships have been awarded this year. Each scholarship is for $15,000 and intended to encourage and assist final year registrars travelling overseas to undertake further studies and broaden their knowledge.

Dr Brett Drury will undertake a corneal fellowship at Bristol Eye Hospital. David is also to be congratulated on winning the K.G. Howsam Medal for achieving the highest marks in the RANZCO final examinations for 2016. Dr Lindsay McGrath will undertake a fellowship in ocular oncology and oculoplastics later in the year. Dr Cameron McIntock will do a corneal fellowship at the Queen Victoria Hospital, East Grinstead.

The Queensland Branch Annual Scientific Meeting Organising Committee extends a warm invitation to all our interstate colleagues to this year’s scientific meeting to be held from 4 to 5 August on the beautiful Gold Coast. This year’s meeting will be a festival of all things retina. The program includes topics covering diabetic retinopathy, age-related maculopathy, paediatric retinal disease, uveitis and Indigenous ocular health.

International speakers include Dr Cathy Egan and Prof Adnan Tufail from Moorfields Eye Hospital Medical Retinal Service and Prof Nicholas Jones from Manchester Eye Hospital Uveitis Service. Noted local speakers will further enhance the program and include Prof Paul Mitchell, A/Prof Robyn Jamieson, A/Prof John Grigg, Dr Robyn Troutbeck, A/Prof Andrew Chang, Prof Mark Gillies and A/Prof Alex Hunyor. We hope this will be a great opportunity to learn, catch up with old friends and enjoy the warm Queensland winter sunshine.

Dr Russell Perrin
Chair, RANZCO Qld Branch
The combined International Society of Ocular Oncology (ISOO) Biennial Conference and the RANZCO NSW Branch Annual Scientific Meeting, which ran from 24 to 28 March, in its entirety, was, simply put, the best ocular oncology conference ever held anywhere in the world to date.

The conference venue was the newly rebuilt International Convention Centre in Darling Harbour, Sydney, complete with a panoramic harbour outlook. Aboriginal elder Uncle Chicka Madden opened both the RANZCO NSW Branch Annual Scientific Meeting and the ISOO 2017 with his Welcome to Country on behalf of the Garigal people.

The international leaders in ocular oncology were present and, of them, Drs Carol and Jerry Shields from the Wills Eye Hospital in Philadelphia, Prof Bertil Damato from the University of California in San Francisco and Dr Santosh Honavar from Hyderabad, India delivered illuminating didactic sessions on conjunctival tumours, retinoblastoma, lymphoma and eyelid and orbital tumours to those attending the RANZCO NSW Branch component of the combined conference, which ran from Friday 24 March to Saturday 25 March.

Dr Gina Kourt put together the most detailed and diverse program for the RANZCO meeting, which included educational videos, amongst many other highlights. We would like to thank Dr Rob McDonald for assembling a module within the conference for the general practitioner.

Another highlight was the combined session on what the ocular oncologist can learn from our knowledge of cutaneous melanoma. For this session, individuals who need to be acknowledged include those from the Melanoma Institute of Australia.

One of the invited speakers was Australia’s own Professor Max Conway, who wowed the crowd with his most erudite presentation on conjunctival melanoma.

The social events were outstanding, the highlight being the dinner in a marquee on the grounds of Sydney Hospital, Australia’s oldest hospital, where Sydney’s two top magicians, seemingly without effort, suspended the audience in disbelief.

Very special thanks to Denise Broeren and Dani Palmieri from Think Business Events who were the reason why everything went off without a hitch and why there were so many wonderful comments from delegates, some 150 locals and some 300 from every corner of the world.

Thank you also to Dr Rana’a Al Jamal, an ISOO delegate currently based in London, who very kindly agreed to act as the conference photographer.

Drs Michael Giblin and Gina Kourt
Convenors, ISOO 2017/NSW RANZCO ASM
On 14-17 September, Sydney will host the 33rd Clinical and Scientific Meeting of the Neuro-Ophthalmology Society of Australia (NOSA) and the NeuroVision Training Weekend.

We are pleased to announce that our key-note speakers will be Drs Nancy Newman and Valerie Biousse from Emory Eye Centre, Atlanta, Georgia. Drs Newman and Biousse are best known for editing the major neuro-ophthalmic text *Walsh & Hoyt’s Clinical Neuro Ophthalmology*. They are engaging lecturers, who infuse their talks with practical best-practice, evidence-based medicine and a good dose of humour. There will be a focus on treatment updates for giant cell arteritis and inherited optic neuropathies. In addition, we have Dr Steffen Hamann, from Copenhagen, Denmark giving us an update on the diagnosis and future management of optic disc drusen. Finally, Dr Mike Burdon, President of the Royal College of Ophthalmologists (UK) will give us an update on idiopathic intracranial hypertension and a series of educational cases.

The two-day NOSA meeting (14-15 September) will also feature research updates from the Asia-Pacific region and clinico-pathological correlation cases (Walsh-Williams cases), which will include commentary from neuro-radiologist Dr Yael Barnett and pathologist Dr Svetlana Cherepanoff. Finally, we will also have shorter case presentations and posters. The aim of the meeting is to provide an update on neuro-ophthalmic research and its application in day-to-day practice.

The NeuroVision Training Weekend (16-17 September) is aimed at those needing an update on the more basic side of neuro-ophthalmology. These two days are perfect for trainees in ophthalmology, neurology and neuro-surgery; in particular, pre-RACE candidates should attend. However, the weekend sessions will be equally valuable for general ophthalmologists, consultant neurologists, orthoptists and anyone who needs to learn more about neuro-ophthalmology. Some sessions are more didactic, covering the basics of afferent neuro-ophthalmology, neuro-radiology, retinal mimics of optic neuropathies and higher visual processing. This year we will also include a debate on the treatment of non-arteritic anterior ischemic optic neuropathy and a series of cases discussing swollen optic discs. Plenty of time is given for audience questions.

The social program also promises to be fun with the NOSA dinner at the beautiful Bentley Restaurant (14 September) and the NeuroVision dinner (16 September) at the Postales Spanish Restaurant under the Sydney GPO Building, 1 Martin Place. Please register early for the conference as dinner spaces will be limited.

The organising committee welcomes you to join us for these four days of neuro-ophthalmology in Sydney. Please go to http://nosa.com.au/ for more details or to register.

*Drs Clare Fraser, Kate Ahmad, Mitchell Lawlor*
The 2017 Retina Symposium was held in Sydney over two days on Saturday 3 and Sunday 4 June. As well as regular updates on macular degeneration and retinovascular conditions, this year’s program included sessions on genetic diseases and genetic testing, and the emerging imaging modality of OCT Angiography.

Medicare Item numbers for OCT

The recent addition of two new item numbers for OCT in limited situations is welcomed by both ophthalmologists and their patients. The use of these item numbers is restricted to assessing eligibility for people receiving PBS funded intravitreal therapies (11219) and to follow up people receiving intravitreal ocriplasmin (11220). Approval for such intravitreal therapies can now be given on the basis of OCT as well as fluorescein angiography (FA).

Although there are instances in which FA can be avoided or is contraindicated, it has long been the gold standard to evaluate people with macula and retinal pathology, and remains a pivotal investigation that should not be abandoned.

In neovascular AMD and other macular pathologies complicated by neovascularisation, diagnosis and management is now based on multimodal imaging including OCT, FA and other imaging techniques, particularly autofluorescence. OCT alone is not sufficient. Angiography is particularly important to prevent misdiagnosis and the resultant unnecessary treatment, as well as to identify subtypes such as polypoidal choroidal vasculopathy.

In retinovascular disease, including retinal vein occlusion and diabetes, angiography is pivotal to evaluating ischaemia, both in the macula and peripheral regions, which may require treatment and monitoring as part of the overall management plan in and of itself, and also impacts management decisions for macular oedema.

Dr Jennifer Arnold
Chair, ANZSRS

You can also follow us on social media:
- Facebook: RANZCOeyedoctor
- LinkedIn: RANZCO
- Twitter: RANZCOeyedoctor
- RANZCO Blog: ranzco.edu
- YouTube: RANZCOeyedoctor
Meet Lisa Cheng, the new CEO of The Eye Surgeons’ Foundation

Q Can you tell us a bit about your background, what you were doing prior to your work at the Eye Surgeons’ Foundation (ESF) and what drew you to the role?

A I have worked in the not-for-profit sector for 25 years. The last 15 years I’ve been in senior leadership roles for health-related organisations - Royal Rehab, Children’s Tumour Foundation, Prostate Cancer Foundation of Australia, The Children’s Hospital at Westmead and Children’s Cancer Institute Australia. In my last role, I was Executive Director of the Royal Rehab Foundation, raising money for research and innovative projects in the disability sector. I also enjoyed the unique experience of launching the world’s first luxury resort for people with spinal cord injury on Sydney’s Northern Beaches.

I have a passion for health and medical research having spent a good proportion of my career working in this space. The work of ESF resonated with me – the combination of raising money to support the brightest minds in research and leveraging the skill and knowledge of Australian ophthalmologists to build capacity and deliver quality health outcomes in the developing world was a powerful motivator for me. I believe very strongly in our mission and that the work we do has the potential to prevent vision loss.

Q What do you see as some of the key challenges lying ahead for ESF and how do you plan on tackling these?

A Apart from the obvious challenge of raising money in a highly competitive marketplace, I think the challenge for us is to engage our stakeholders – ophthalmologists, researchers, donors - keep them engaged and remain relevant to them.

From an organisational capacity perspective, building scale and efficiency is always hard for small not-for-profit organisations. Building strategic partnerships that can support this will be critical.

Q Can you tell us a bit about some of the projects ESF is currently working on?

A My most immediate focus will be on raising funds from the 2017 JulEYE campaign. It has achieved some great success in driving awareness of eye health but this has not necessarily converted into fundraising. So, my focus will be on building greater fundraising capacity for the campaign primarily through online and digital channels but we are also looking at ways to engage people in a fundraising event or activity that we could take to each major city across Australia. It’s early days yet but I am confident we have got a solid foundation to build from.

Q How do you see the organisation changing in two years, and how do you see yourself contributing to that change?

A First I’d like to thank and acknowledge the work of Jacinta Spurrett, former CEO of ESF, who resigned in September 2016. I’d like to think that in the next two years we...
will have built some recurrence into our revenue streams that is grounded in quality relationships with our donors. This will result in an increase in fundraising and an increase in funding for mission focused projects.

I see this coming through a more focussed effort on storytelling and communicating to our stakeholders why we need donations and how and where we direct them. I also want to strengthen the strong strategic alliances we have with RANZCO and the ORIA.

Q What goals would you like to achieve for the ESF over the next five years?
A I’d like to have made visible, measurable progress on each of our five Strategic Objectives:
• Raise funds for profound and lasting outcomes in eye health – through a transparent and robust process of identifying projects, raising and allocating funding and communicating impact.
• Build an inspiring brand to reach and engage donors and the public – based around telling the stories of our organisation.
• Develop a channel to reach and engage Fellows and their patients – to be a charity of choice.
• Create a public presence through eye health programs – through advocacy and stories about our impact.
• Operational efficiency and effectiveness – through strong governance and being transparent.

Q Tell us a little bit about the relationship between ESF and RANZCO and how you see the two organisations working together.
A ESF is the result of a unique and lasting alliance between RANZCO and the ORIA, both leaders in advancing eye health care. We share the same values and vision to improve eye health care through research, education, collaboration and advocacy.

I see our relationship as a very important, strategic one that underpins our ability to achieve our vision. The leadership, knowledge and expertise that RANZCO brings to ESF is fundamental to our role in supporting projects that will create a future where no one is blind.

Q What do you like to do outside of work, what are some of your hobbies/interests?
A I’m a mum to Madeleine, my 8-year old daughter. Like all mums, my weekends are spent driving to and from sporting and social commitments – for us that is karate and soccer. I also love to read – I have set myself the challenge of reading 30 books this year. I enjoy good design, food and wine, a good movie and I like to stay fit and active.

The Kim Frumar Cambodian Scholarship

The Eye Surgeons’ Foundation is pleased to announce that Dr Kossama Chukmol has been awarded the Kim Frumar Cambodian Scholarship for 2017.

Since 2007, the Ophthalmology Residents Training program in Cambodia has provided a structured general ophthalmology training to the local ophthalmology residents. It has been supported, financed and coordinated through the cooperative efforts of RANZCO, the Fred Hollows Foundation, the Eye Care Foundation, the Christian Blind Mission and the Cambodian National Program for Eye Health. Over the last 10 years RANZCO and many of its members have committed considerable time and effort to make this program a success.

The international lecturers involved in the program will be phased out over the next few years. It is envisaged that recent graduates of the training program will replace these visiting ophthalmologists as lecturers. In order to gain subspecialty training these lecturers will be funded by the Kim Frumar Cambodian Scholarship.

Dr Kossama Chukmol will do a 12-month fellowship in glaucoma with A/Prof Manchima Makornwattana at Thammasat University in Thailand. She will then return to Cambodia with subspecialty expertise that will greatly benefit the next generation of ophthalmology residents and patients.

The Kim Frumar Scholarship has been created in the memory of the late Dr Kim Frumar. The scholarship will continue the work that Dr Frumar was doing in Cambodia. It will financially support Cambodian graduates to complete subspecialty training in eye centres of high quality outside Cambodia.

The scholarship is funded by donations, and is coordinated by The Eye Surgeons’ Foundation. It is hoped that the scholarship will continue each year.

Donations can be made via The Eye Surgeons’ Foundation at www.eyesurgeonsfoundation.org.au.

Dr Kossama Chukmol
As usual, life is busy at the Australian Society of Ophthalmologists (ASO) headquarters. Currently we are planning our second visit to Canberra for the year where ASO representatives will hold a series of meetings with parliamentarians on both sides of politics.

Our goal is to make further headway on issues impacting on ophthalmologists and their patients. The most notable of these is, of course, the ongoing MBS Review and private health insurance reform.

Meantime, our work with collaborative partners such as RANZCO, the Council of Procedural Specialists, the Australian Medical Association, the Royal Australasian College of Surgeons, and the Australian Health Practitioner Regulation Agency remains busy and varied.

The policy arm of ASO has been hard at work in recent months preparing submissions on a broad range of issues, from responding to MBS amendments through to providing advice on proposed medication regulations for orthoptists.

It is when developing these submissions that the breadth of knowledge and industry insight our organisation can provide really comes to the fore.

Submissions and position statements developed by ASO draw on direct bedside analysis from doctors working in the range of sub-specialties of ophthalmology. This ensures that they offer the most practical industry input available.

For this reason, ASO continues to be an important voice in the health policy direction.

**ASO Business Skills Expo 2017**

More than 100 ophthalmologists, practice managers, and day hospital owners and managers gathered at the Intercontinental Hotel in Sydney’s Double Bay last month for the annual ASO Business Skills Expo.

Now in its fourth year, the Expo has become a valued educational event for ASO members and non-members alike.

The focus of the Expo is to explore the business-side of being an eye specialist and this year our learning program centered around the theme ‘Practice Values and Building Your Business’.

Topics explored included the intricacies of both selling and purchasing a practice, marketing an ophthalmology business, understanding advertising regulations, and insider updates on a range of issues within the healthcare sector in relation to ophthalmology as a craft group.

Delegate feedback on this year’s Expo has been overwhelmingly positive. Well done to Expo Coordinator, Dr Nisha Sachdev, for her work in pulling this innovative event together.

Now planning begins for Expo 2018.

Dr Michael Steiner
President, ASO

---

Are you a member of the ASO?

If you are interested in becoming a member of the ASO, visit [www.asoeye.org](http://www.asoeye.org) to download an ASO membership form.
ONZ Update

It is pleasing to report that things are getting busy for our committed team at Ophthalmology New Zealand (ONZ). Thanks to those that answered our survey, we have been able to identify a number of ways ONZ can better serve our members and the ophthalmologists of NZ as a whole.

Clinical Directors Meeting

On 4 April 2017, ONZ convened the Clinical Directors Meeting in Wellington. Previously this meeting had been convened by one of the Clinical Directors, Dr Dallas Alexander, with support from ONZ. The meeting is for all ophthalmic clinical leaders in the public system. Clinical directors, and/or their deputies, from nearly all the ophthalmology departments in NZ attended.

Topics covered ranged from competency, sexual harassment and bullying, to a workshop by Ernst & Young on the delivery of services to manage macular degeneration.

Funding and finding solutions to improve the issue of follow up appointment backlog was a major theme of this workshop. Following on from last year’s public awareness campaign, which highlighted instances of ophthalmic patients losing vision due to delayed follow-up in the public system, the government has offered extra funding. But it is up to the clinical leaders to find the solutions. It was a very productive meeting for sharing difficulties in managing the delivery of ophthalmic care in NZ and finding out how others have found successful approaches.

Business Forum

In response to our members’ suggestions we planned the Inaugural Business Forum ‘The Other Stuff – Practicing Ophthalmology in NZ in 2017’. The forum was held on Sunday 14 May, following on from the RANZCO NZ Branch meeting. The forum included a presentation by Southern Cross Insurance about their members’ survey that grades patients’ experience with individual ophthalmologists.

Website

Our website is currently under development and we are looking forward to incorporating members’ suggestions for its content.

Sponsorship for ONZ

Finally, and in order to assist us to give a better service to our members, we are happy to announce our sponsors for 2017. Our sponsors have been chosen for their unique understanding of the needs of both specialists and the NZ medical environment. They were also invited to present at our forum in their area of expertise.

• ANZ Bank – for their understanding of what finance you may need and how to structure this.
• Crowe Horwath – for their understanding of the issues in tax and accounting.
• Legacy Life – for their understanding of what level of insurance is appropriate at what stage.

We welcome and thank our sponsors for assisting us.

Dr Michael Merriman
Chair, ONZ

ONZ Business Forum

The Other Stuff – Practicing Ophthalmology in NZ in 2017
RANZCO Fellows honoured by APAO for their contributions to eye health

RANZCO Fellows Dr Laurence Sullivan, A/Prof James Elder, Prof Frank Martin, Prof Peter McCluskey, Prof David Mackey and Dr Jonathon Ng received awards recognising their long-standing service to eye health in the Asia-Pacific region at the 32nd Asia-Pacific Academy of Ophthalmology (APAO) Congress held in Singapore in March. Congratulations also to RANZCO Fellow, Prof Charles McGhee, for being appointed as the 21st President of the APAO.

Outstanding Service in Prevention of Blindness Awards

The Outstanding Service in Prevention of Blindness Awards are given to individuals or organisations whose contributions are instrumental in the prevention of blindness in the Asia-Pacific area.

Dr Laurence Sullivan

Dr Laurence Sullivan was honoured with the APAO Outstanding Service in Prevention of Blindness Award in recognition of his involvement in international development over many years.

Dr Sullivan’s interest in international development began when Prof Hugh Taylor asked him to visit Nepal. Dr Sullivan travelled to Tilganga a number of times, working with Dr Sanduk Ruit in the mid 1990s. He also worked in Fiji with Dr Jerry Beeve and the Beeve Foundation on Yasawa Island, where Dr Sullivan proposed to his (now) wife.

When Dr Sullivan’s children became a little older, he returned to volunteering in the Pacific region. He taught at the Pacific Eye Institute in Suva, working with Drs John Szetu and Biu Sikivou for a week each year for a number of years.

Dr Sullivan has been involved in curriculum development with the RANZCO team for the ophthalmic residents in training program in both Phnom Penh and Suva. He was a founding member of the RANZCO International Development Committee, and continues to volunteer with this committee.

Dr Sullivan’s current activities include the promotion and support of scholarships for postgraduate studies for young ophthalmologists from Cambodia and he is also involved in the development of the Cambodian Eye Bank to provide corneas for corneal transplantation in that country.

Achievement Awards

The APAO Achievement Award Program was established in 2008 to recognise individuals for their time and contribution to the scientific programs of the APAO Annual Congress.

A/Prof James Elder

A/Prof James Elder is an ophthalmologist at the Royal Children’s Hospital (where he was Director of the Department of Ophthalmology from 1994 to 2009) and an Associate Professor in the Department of Paediatrics of the University of Melbourne.

A/Prof Elder graduated from medicine at the University of Melbourne in 1981. He undertook ophthalmology training at the Royal Victorian Eye and Ear Hospital and was awarded Fellowship of RANZCO in 1987. He undertook further advanced training in paediatric and genetic ophthalmology at the Royal Children’s Hospital, Melbourne and the Hospital for Sick Children, Toronto. His surgical expertise covers most areas of paediatric ophthalmology including infant cataract, childhood glaucoma, strabismus oculoplastics and management of retinoblastoma.

Prof Frank Martin

Prof Frank Martin serves on the APAO Council and is currently Chairman of the APAO Advisory Committee. He was APAO President from 2007 to 2011. The APAO Achievement Award recognises Prof Martin’s involvement in teaching and lecturing at the APAO congresses. In 2015, he received the Golden Apple award for teaching in the APAO region.

“The late Prof Arthur Lim inspired me to become involved with the APAO,” said Prof Martin. “Involvement
in ophthalmology in the Asia-Pacific region has given me the opportunity to travel to countries that I otherwise would possibly not have visited. I have developed friendships with ophthalmologists in my region. It has also led to a number of Fellows travelling to Sydney to further their training in paediatric ophthalmology and strabismus at the Children’s Hospital at Westmead.

About eight years ago, Prof Martin founded the Asia-Pacific Society of Paediatric Ophthalmology and Strabismus. The Society will be having its inaugural meeting in Hong Kong in October 2017.

Prof Peter McCluskey

Prof Peter McCluskey is Professor and Chair of Ophthalmology in Sydney Medical School at the University of Sydney and Director of the Save Sight Institute at Sydney Eye Hospital. His primary clinical focus is vision threatening chronic inflammatory eye disease while his laboratory research focuses on mediators of inflammatory eye disease. He has ongoing clinical and laboratory collaborations in the United Kingdom, Vietnam and the United States.

Prof McCluskey has contributed regularly to the teaching and scientific program of the APAO conferences over the past 10 years in the areas of medical education, uveitis and inflammatory eye disease. He has given invited symposium presentations, subspecialty day presentations and scientific paper presentations. He has also contributed to organising and coordinating symposia at APAO meetings. His contributions to teaching and education have been acknowledged with the award of the 2013 Golden Apple Award for Best Teacher in the Asia-Pacific. His 2017 APAO achievement award acknowledges his sustained contribution to the scientific program of APAO conferences.

Prof David Mackey

Prof David Mackey is Professor of Ophthalmology and Director at the University of Western Australia Centre for Ophthalmology and Visual Science and Managing Director of the Lions Eye Institute. His genetics research into eye diseases over the last 30 years has included extensive collaboration with eye researchers in the Asia-Pacific region.

Prof Mackey was appointed as Regional Secretary (Australia and New Zealand) on the APAO Council in April 2014 and Chair of the APAO Membership Committee. The challenging role for the Membership Committee is to evaluate the eligibility of very diverse national and regional ophthalmological societies for membership of the APAO. With these two commitments, Prof Mackey attends a full day of Committee and Council meetings at every APAO Congress as well as online evaluation and approval of submitted documents that often require translation from local languages.

Dr Jonathon Ng

Dr Jonathon Ng, a Western Australian Fellow, received the APAO Achievement Award in recognition of his achievements and contributions to the APAO. This includes invited symposia on cataract surgery and postoperative endophthalmitis and chairing of free paper sessions and presentations on research conducted with the Eye and Vision Epidemiology Research Group in Perth. The most recent research has looked into the effects of cataract on driving using a driving simulator. At the upcoming RANZCO Congress in Perth, interested Fellows will have the opportunity to visit and try the simulator themselves. The state-of-art simulator is fully immersive and comprises a motion platform to recreate inertial forces for maximum realism.

RANZCO will be co-hosting the 35th APAO Congress in Auckland, New Zealand in 2020.

APAO is one of the oldest supra-regional ophthalmic societies, founded in 1960. APAO has 25 key member organisations comprising six major regional subspecialty societies and 19 national ophthalmic societies from different countries and territories in the Asia-Pacific region.
New APAO President

At the President’s Dinner of the APAO Congress, RANZCO Fellow, Prof Charles McGhee, was appointed as the 21st President of the society.

“The Asia Pacific Academy of Ophthalmology is one of the largest representative professional bodies in ophthalmology and the academy and its member societies have worked closely with RANZCO over many years in relation to education, provision of eye care and collaboration on international conferences – including APAO Sydney 2011. It is a great personal and professional honour to be elected President of APAO and I look forward to working with many talented colleagues in building rapport between ophthalmologists around the Asia Pacific region and welcoming delegates to APAO Auckland 2020,” said Prof McGhee.

RANZCO will be co-hosting the 35th APAO Congress in Auckland, New Zealand in 2020.

APAO is one of the oldest supra-regional ophthalmic societies, founded in 1960. APAO has 25 key member organisations comprising six major regional subspecialty societies and 19 national ophthalmic societies from different countries and territories in the Asia-Pacific region.

A/Prof Nitin Verma invested with prestigious position from the Hospital of St John of Jerusalem

RANZCO Fellow A/Prof Nitin Verma CStJ AM OTL was invested into The Most Venerable Order of the Hospital of St John of Jerusalem in the Grade of Commander on Saturday 6 May at Government House, Sydney by the Governor of NSW, the Deputy Prior His Excellency General The Honourable David Hurley AC DSC (Ret’d).

A/Prof Verma will be chairing the recently announced formation of the Asia-Pacific branch of the St John Ophthalmic Association (SOA). The Asia-Pacific branch of the SOA will join the United Kingdom and North American Priories in partnering with the St John of Jerusalem Eye Hospital Group to increase its capacity to save sight and restore lives.

The first meeting of the SOA will be held in Perth on Friday 27 October 2017.

The purpose of the SOA (Asia-Pacific) is to join with the efforts of the United Kingdom and North American branches in providing practical opportunities to collaborate with and assist the St John Eye Hospital in Jerusalem via:

- training (both locally in Jerusalem and internationally)
- research (clinical and laboratory)
- mentoring
- teaching programmes, and
- staff appointments.

St John invites interested RANZCO members to join the SOA (Asia-Pacific) by expressing your interest via email to enquiries@stjohn.org.au
RANZCO Fellow and former rugby great honoured at the National Portrait Gallery

A portrait of RANZCO Fellow Dr Mark Loane is the latest addition to the National Portrait Gallery’s permanent collection. The work is the final in a series of three commissioned portraits of Australian rugby greats and marks Dr Loane’s achievements in both medicine and sport – Dr Loane is a former rugby international who made his debut for the Wallabies against Tonga at the age of 18 when he was a second-year medical student at the University of Queensland.

Dr Loane was appointed Wallabies captain in 1979 against the All Blacks, and led the team to the first Bledisloe Cup victory in Australia in 45 years. He is the youngest forward selected to represent Australia since WW2 and, most likely, Australia’s youngest forward of all-time.

Dr Loane retired from rugby in 1982 to pursue studies in ophthalmology, receiving the Cedric Cohen Medal for the best pass in the eye surgery first part exam in 1984.

Dr Loane built a successful career in ophthalmology and dedicated his life to improving the eye health of rural, remote and Indigenous communities, especially in the remote areas of North Queensland. In 1999, he set up the Cape York Eye Health project to provide eye health services to the region’s remote and Indigenous communities. In 2011, he was awarded the Order of Australia (AM) in honour of his work with Indigenous communities.

Mr Angus Trumble, Director of the Portrait Gallery, believes the portrait is a worthy addition to the Gallery’s collection, noting Dr Loane’s successful and meaningful career spanning two very different fields.

Dr Loane is fondly remembered for his achievements on the football field as a former captain of the Wallabies, and is greatly admired as an ophthalmologist for his medical work with disadvantaged patients in remote areas,” said Mr Trumble.

The photograph of Dr Loane joins the two other works in the series added to the Gallery Collection – Ken Catchpole OAM by Gary Grealy and Mark Ella AM by Nikki Toole. The portrait is now on display to the public at the National Portrait Gallery in Canberra.
Grant to investigate the eye as a monitor of disease activity and repair in multiple sclerosis

RANZCO Fellow and Centre for Eye Research Australia (CERA) Deputy Director and Principal Investigator Dr Peter van Wijngaarden has been awarded an Incubator Grant from MS Research Australia to further his research on the eye as a monitor of disease activity and repair in multiple sclerosis (MS).

The visual pathway in the brain is often affected in MS and measuring damage via the visual system is attractive. The ability to correlate the loss of visual function, measured with routine eye tests, with non-invasive markers of structural change is a major advantage of studies of the visual system.

“I am delighted to receive the support of MS Research Australia to conduct this important work. The project is an extension of research that I undertook during my post-doctoral fellowship at the University of Cambridge and draws on local expertise in models of optic nerve injury and recovery,” said Dr van Wijngaarden.

“By its very nature, incubator funding allows us to embark on innovative research that might not attract funding under conventional funding schemes. The work will provide insights into the mechanisms of injury and repair in MS and may serve as a useful model in which to test therapies that aim to enhance regeneration of the central nervous system, with the aim of improving outcomes for people with this disease,” he said.

Dr van Wijngaarden will use his funding to develop a laboratory model of MS that is based on damage to the optic nerve and to allow researchers to test new therapies that aim to repair damaged myelin in MS and determine if they are effective.

“The funding will allow me to further develop collaborations with Dr Tobias Merson, from Monash University, and Associate Professor Bang Bui, from the Department of Optometry at the University of Melbourne,” said Dr van Wijngaarden.

World’s first professional qualification course for eye bankers

The Centre for Eye Research Australia (CERA) and the University of Melbourne are introducing the world’s first professional qualification course for eye bankers – the custodians of human tissue for eye transplant surgery.

“The international course has been developed in conjunction with sector partners the Eye Bank Association of Australia and New Zealand (EBAANZ) and Donatelife Australia,” said Dr Graeme Pollock from CERA’s Lions Eye Donation Service, who leads the course academic and teaching team.

“The course, placed within the University of Melbourne’s Medical School, will leverage from the accumulated knowledge and expertise of our system and from leading world experts in the field,” he said.

“The genesis of the course is the growing sophistication and technical advancement of the sector combined with an international call for education at a higher level and for professional minimum qualifications.

“The course is ideal for those new to eye banking and those working in relevant sectors wishing to improve their knowledge and skills.

“Graduates will transition beyond the fundamentals of eye banking and emerge as knowledgeable professionals and eye tissue custodians. They will develop skills that can be applied to all stages of eye tissue management including donor selection and recovery, recipient donor management, tissue examination and legal and regulatory requirements,” said Dr Pollock.

The online course, international in content, is designed in two parts: firstly, a one subject Specialist Certificate minimal qualification (one 12-week semester), with the option to continue towards the Graduate Certificate level (two additional subjects).

Both courses are now accepting applications and the Specialist Certificate course work will start in September 2017.
Vision 2020 Australia welcomes funding for Indigenous eye health

Vision 2020 Australia welcomes Australian Government funding for a national program to increase access to eye health and vision care services for Aboriginal Australians.

The initiative will provide eye health testing equipment, along with relevant training and support, to health services in more than 100 sites across Australia.

This will greatly increase access to detection and appropriate care of eye diseases for Aboriginal and Torres Strait Islander people.

Carla Northam, CEO of Vision 2020 Australia, says “Initiatives such as these are essential to improve eye health outcomes for Indigenous Australians. “Significant and troubling inequities in eye health exist between Aboriginal and non-Indigenous populations. The prevalence of vision impairment and blindness among Indigenous Australians is three times that of non-Indigenous Australians. The good news is 94% of vision loss in Aboriginal communities is preventable or treatable.”

Vision 2020 Australia members, Brien Holden Vision Institute and The Australian College of Optometry, will co-lead the new Provision of Eye Health Equipment and Training program, working with the Aboriginal Health Council of South Australia, the Centre for Eye Health and Optometry Australia.

The organisations will work collaboratively to implement the program with guidance from representatives from the Aboriginal and Torres Strait Islander health service sector.

Running until June 2019, the program will fund the installation of retinal cameras, aiding increased rates of diabetic retinopathy screening by Indigenous primary health care services and supporting referral pathways for comprehensive eye examination.

Health workers, including general practitioners, will have skills to interpret images taken with a retinal camera and understand when patients need to be referred to an optometrist or ophthalmologist.

Slit lamps will be provided at some of the 100 locations, which is essential equipment for visiting optometrists or ophthalmologists to conduct comprehensive eye examinations on site.

Health workers in Aboriginal health services will also be able to explain the impact of undiagnosed or untreated eye health disease to their patients.

Researchers aim to prevent concussion deaths

With no accepted, singular diagnostic tool for concussion, the team is working with Randwick Rugby Union Club to validate concussion tests that will aid the development of a more accurate system to diagnose mild traumatic brain injuries (mTBI).

Neuro-ophthalmologist Dr Clare Fraser of the University of Sydney’s Save Sight Institute is part of the team researching how the processing of information from the eyes can be used to diagnose concussion. She said the main issue when it comes to addressing concussion is its broad definition and underestimated danger to player health.

“Our main concerns regarding mTBI surround the lack of strong diagnostic criteria and the lack of objective markers for diagnosis. Players risk serious health complications if they return to play too soon,” says Dr Fraser.

The goal for the researchers is to develop a test that can accurately and objectively diagnose concussion and be used by non-medical professionals at all levels of sport with a view to preventing long-lasting damage, especially to developing brains in children and adolescents. It is believed that visual testing may prove to be the most reliable, portable and easiest to implement test in schools and amateur sports.

Throughout the 2017 rugby season the research team will do a range of tests on players from Randwick Rugby, including ground-breaking visual tests that measure disruptions in the brain’s visual stimulus processing.

“We predict that if there is diffuse brain injury (concussion), electrical impulses generated from the eyes will be reduced or slowed and this change can be measured using our technique,” says Dr Fraser.

“We hope this will provide a quick and reliable measure to diagnose concussion and also reveal when an injured player is showing good recovery.”
RANZCO Museum

It is now 100 years since the first use of poison gas in warfare. 1917 marked the highpoint of usage in which a quarter of the millions of shells lobbed by the combatants in WW1 were gas filled. Read more about the history of the weapon that struck terror, blinding and killing untold numbers, on the RANZCO Museum website at https://ranzco.edu/museum/presentations.

In 1945, Hans Goldmann in Bern, Switzerland developed the bowl perimeter, a marked advance in Kinetic perimetry where the luminance and test size of the stimulus was standardised. A few are still in use, although I know of one in country NSW where it stands as a unique garden ornament mistaken as a sundial! In the ’60s, Bausch and Lomb USA marketed the Auto Plot Tangent Screen, which combined use of a standardised tangent screen with a hand driven pantograph to record subject responses. Portable and simpler than the Goldmann perimeter, it provided an accurate recording of a kinetic field.

Richard Keeler, Curator of the Royal College of Ophthalmologists’ (UK) museum has recently published a collection of 42 articles written over recent years. The articles are fascinating and informative, providing insight and breadth into the history of ophthalmology. They can be obtained from https://www.rcophth.ac.uk/about/rcophth/museum/.

The 2017 RANZCO Congress takes place in Perth, WA. I am shortly visiting Prof Ian McAllister to plan the exhibit from his amazing collection.

Please keep up with all your donations of artefacts and memorabilia, they are most welcome.

Dr David Kaufman
RANZCO Museum Curator
Obituaries

Dr Anthony (Tony) King
16 April 1946 – 5 February 2017

Dr Tony King passed away at home on Sunday morning, 5 February 2017, following a seven-year battle with dementia. Early on in his diagnosis, Tony had insight into the disease that would eventually rob him of his brilliant mind, and realised he would not be able to communicate properly with his friends, family, colleagues and patients. Thus, although he would have blushed at being mentioned here in this esteemed publication, he wanted to make sure everyone knew he said “goodbye”. And now, finally, he can rest in peace.

Tony will be remembered for his vitality, generosity and bonhomie; a gentleman who cared greatly for all his patients and was a proud, devoted and fiercely loyal family man.

Born in Sydney’s Eastern Suburbs to Dr Leonard and Edna King, Tony was the eldest of two children. His father’s profession as an industrial chemist saw Tony and his sister, Christine, spend their formative years in Johannesburg, South Africa during apartheid. As a result, Tony was acutely aware, even from a young age, that some of us are born lucky, whilst others are dealt a different set of cards. His resilience, grace and sense of justice that may have developed from this early time abroad led him to live by the refrain “there but for the grace of God go you or I” – which goes someway to explain why this self-effacing and gentle man was held in such high regard – not least by his patients.

Upon returning to Sydney from South Africa, Tony attended Waverley College, graduating initially in 1962 and again in 1963, where he excelled not only as a student but also in the sporting arena. Tony played rugby and tennis and competed in swimming at NSW state level. He even repeated his final year so he could play in the 1st XV rugby and at the time was amongst the best swimmers in the state. Unfortunately for Tony, there were a few future Olympic swimmers in the state at that time, and when it was pointed out to the Christian Brothers that perhaps his time would be better used concentrating on studying in his final year and playing rugby, rather than at swimming training, as punishment, the Brothers dropped him to the 2nd XV rugby, and made him mark out all the lines on the field every Friday afternoon, instead of going to class. I am quite sure being chastened in this way would have eaten away at most; however, without protestation and in quiet defiance, Tony simply said to the Brothers “well, you’ve got to do what you’ve got to do” and achieved top marks, gaining entry into medicine. Tony was a man of principle, but he knew which battles to fight.

As the son of a former Wimbledon tennis player and Rhodes Scholar, Tony always felt he had big shoes to fill, however despite all his sporting and academic achievements he rarely spoke of them. He always believed that the key to his successes was his strong work ethic rather than natural intellect, remaining an incredibly humble man to the end.

Tony graduated from the University of New South Wales in 1972 with an MBBS and obtained his FRACS and FRACO in 1980. During this time, he held registrar appointments at Royal North Shore,
St Vincent’s, Concord and the Sydney Eye Hospital. It was whilst working as a Senior Resident Medical Officer at St Vincent’s that Tony met the love of his life, Anne, who was working as an anesthetics nurse.

Tony established his practices at Dee Why and Mona Vale in 1981 and held appointments as a Visiting Medical Officer at Mona Vale Hospital from 1982 and at Rockcastle Private Hospital. Tony’s particular field of interest was cataract surgery and he was a meticulous and innovative surgeon who cared immensely for the well being of all his patients. He was highly regarded by his colleagues and patients alike for his clinical and surgical skills and he was a steadfastly patient and compassionate doctor.

Tony was the Treasurer (1986-1994) and Chairman (1997-1999) of the RANZCO NSW Branch. Not only in charge of the purse strings, colleagues recount that Tony always ensured only the best wines were sourced for College dinners, such was his love and enthusiasm for a fine drop. If there was a person who knew more about wine, we are yet to meet him or her.

As a member of the 2002 International Congress of Ophthalmology Committee, part of Tony’s remit was to organise the trade exhibits. Like many of his colleagues, he thoroughly enjoyed attending conferences, developing and extending his knowledge to stay at the forefront of ophthalmological advances, consulting and sharing expertise and, of course, he loved the travel opportunities that accompanied such international jaunts. It is therefore somewhat cruel that, during the last conference he attended in Spain, he was struck down with a mystery illness, never to make a full recovery, which preceded his diagnosis of early-onset dementia and eventually forced him to retire in 2011.

In spite of his advancing illness and with sarcoidosis of the lungs, Tony courageously managed one final overseas trip in 2013 with wife Anne by his side. He could have chosen anywhere for his final hurrah, but instead of taking a cruise or putting his feet up at a resort (as was strongly suggested by his children), ever the intrepid traveller, Tony walked the final 130km of the Camino de Santiago de Compostela, without a guide. By the end of the pilgrimage, he was unable to walk and in a wheelchair, but consequently then had front row seats in the Cathedral for the pilgrim’s mass to witness the huge censer swing from the ceiling - a highlight of the journey.

Tony had many passions and diverse interests that he pursued with great fervour outside of his demanding workload. An appreciation of good food and fine wine, music and hi-fi, sports cars, art, rugby, just to name a few. He had a bon vivant side to him which he enjoyed sharing whenever possible with his friends and colleagues. A natural scholar and surgeon, Tony’s love of reading and researching, his attention to detail and precision extended well beyond the operating table. He believed that the secret to the perfect golf swing lay somewhere in the pages of the hundreds of golf books he bought over the years.

Tony was an adoring husband and devoted family man to his three children, Alexandra, Christopher and James, with an equally devoted and loving wife, Anne, who nursed him at home right to the end. We were awestruck at Tony’s bravery, fortitude and uncomplaining acceptance of his devastating diagnosis. Brave, stoic and modest, he faced death as he lived his life and will be enormously missed.

Mrs Alexandra King-Perzi
Dr Richard C. Troutman MD, DSc, died at his home in Bal Harbour, Florida on 5 April, 2017. Dr Troutman was 94. He was a gifted surgeon, exceptional teacher, an ophthalmologist loved by his patients, and the devoted husband of Dr Suzanne Véronneau.

His list of professional accomplishments is profound. He was first and foremost an exceptionally skilled corneal transplant surgeon. He authored and co-authored nine books and hundreds of scientific articles. He was Professor and Head of the Division of Ophthalmology at State University of New York Downstate Medical Centre from 1955-1983. He was Surgeon Director at the Manhattan Eye, Ear and Throat Hospital in the latter part of his career. Dick was instrumental in the design and use of the operating microscope for ophthalmology, at a time when such a thing was controversial. In 1965 he co-founded the International Microsurgery Study Group when instrumentation, sutures and suture materials were starting to be used in conjunction with microsurgery. He worked tirelessly to promote new techniques of microsurgery and was instrumental in establishing practical skills transfer courses at the American Academy of Ophthalmology in order to teach as many of his colleagues as possible. He was a founder and past president of the Castroviejo Corneal Society and co-founded the International Society of Refractive Surgery. He set up the Microsurgical Research Foundation and this continues to fund two prizes: the Troutman Prize for best original article in the International Society of Refractive Surgery Journal, and the Troutman Véronneau Prize which is awarded for original corneal work. In 2000 he received the Lifetime Achievement Award from the American Academy of Ophthalmology, and in 2002 he endowed the State University of New York Down State Medical Centre with a $1,000,000 gift from the Microsurgical Research Foundation to set up the Chair of Ophthalmology.

We were lucky to have been his fellows and got to know him personally; George Thomson in 1971-1972 and Michael Lawless in 1986-1987. Dick was a driven person, wanting always to succeed and be better. His fellowship program trained ophthalmologists from around the world from 1971-1991; mostly ophthalmologists from the United States, but two from Australia and a small number from Europe. They became a family to Dick Troutman and his wife, Suzanne. We would meet regularly at the American Academy of Ophthalmology for dinner and at other times during the year, and his fellows were a source of friendship and pride. He felt he had truly given back to ophthalmology by passing on his skills and enthusiasm to a new generation. Dick remained active and interested in ophthalmology up until just prior to his death, continuing to attend scientific meetings and give advice to fellows on their work and publications, and career paths. We loved him and he will be sadly missed.
<table>
<thead>
<tr>
<th>EVENT</th>
<th>DETAILS</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ophthalmology Updates! Conference 2017</strong></td>
<td>29-30 July 2017 Westin Hotel Heritage Ballroom, 1 Martin Place Sydney, NSW, Australia</td>
<td><strong>W:</strong> <a href="http://www.ophthalmologyupdates.com">www.ophthalmologyupdates.com</a></td>
</tr>
<tr>
<td><strong>AUSCRS Meeting 2017</strong></td>
<td>2-6 August 2017 Hamilton Island Conference Centre Whitsundays, QLD, Australia</td>
<td><strong>W:</strong> <a href="http://www.auscrs2017.org.au/">www.auscrs2017.org.au/</a></td>
</tr>
<tr>
<td><strong>Queensland Branch Annual Scientific Meeting</strong></td>
<td>4-5 August 2017 Sheraton Grand Mirage Resort, Gold Coast 71 Seaworld Dr Main Beach, QLD, Australia</td>
<td><strong>C:</strong> Ty Fleming  <strong>P:</strong> +61 7 3851 4298</td>
</tr>
<tr>
<td><strong>American Society of Retina Specialists Annual Meeting 2017</strong></td>
<td>11-15 August 2017 Hynes Convention Center 900 Boylston St Boston, MA, United States of America</td>
<td><strong>W:</strong> <a href="https://www.asrs.org/annual-meeting">https://www.asrs.org/annual-meeting</a></td>
</tr>
<tr>
<td><strong>Health Business Excellence Program - Sydney</strong></td>
<td>26-27 August 2017 Hilton Sydney 488 George Street Sydney, NSW, Australia</td>
<td><strong>C:</strong> Renae  <strong>P:</strong> 0410 002 345  <strong>E:</strong> <a href="mailto:admin@simbiz.com.au">admin@simbiz.com.au</a></td>
</tr>
<tr>
<td><strong>Australasian Academy of Facial Plastic Surgery (AAFPS) &amp; Blepharoplasty Australia Masters’ Symposium on Blepharoplasty and Facial Rejuvenation</strong></td>
<td>1-2 September 2017 International Convention Centre Sydney (ICC Sydney) Kent Street Sydney, NSW, Australia</td>
<td><strong>E:</strong> <a href="mailto:info@aafps.com.au">info@aafps.com.au</a></td>
</tr>
<tr>
<td><strong>American Society of Cataract and Refractive Surgery (ASCRS) 2017</strong></td>
<td>5-9 September 2017 Los Angeles Convention Centre 1201 S Figueroa St, Los Angeles, United States of America</td>
<td><strong>W:</strong> <a href="http://www.ranzco.edu">www.ranzco.edu</a> and go to the calendar of events</td>
</tr>
<tr>
<td><strong>European Society Of Retina Specialists (EURETINA) 2017</strong></td>
<td>7-10 September 2017 Barcelona International Convention Centre Plaça de Willy Brandt, 11-14 Barcelona, Spain</td>
<td><strong>W:</strong> <a href="http://www.ranzco.edu">www.ranzco.edu</a> and go to the calendar of events</td>
</tr>
<tr>
<td><strong>International Cornea And Contact Lens Congress</strong></td>
<td>8-10 September 2017 Sofitel Sydney Wentworth 61-101 Phillip Street Sydney, NSW, Australia</td>
<td><strong>W:</strong> <a href="http://www.cclsa.org.au/events/event/icclc-2017/">www.cclsa.org.au/events/event/icclc-2017/</a></td>
</tr>
<tr>
<td><strong>NOSA 2017</strong></td>
<td>14-17 September 2017 Sheraton on the Park 161 Elizabeth Street Sydney, Australia</td>
<td><strong>W:</strong> <a href="http://www.ranzco.edu">www.ranzco.edu</a> and go to the calendar of events</td>
</tr>
<tr>
<td>EVENT</td>
<td>DETAILS</td>
<td>CONTACT</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
</tbody>
</table>
| European Association for Vision and Eye Research (EVER) Congress 2017 | 27-30 September 2017  
Acropolis convention center  
1 Espace John Fitzgerald Kennedy  
Nice, France                  | W: www.ever.be/                                                          |
| 49th RANZCO Annual Scientific Congress         | 28 October - 01 November 2017  
Perth Convention and Exhibition Centre | W: www.ranzco2017.com                                                                 |
| Western Australia Branch Annual Scientific Meeting | 3-4 November 2017  
Venue to be advised                                                                 | C: Bec Piccoli  
E: ranzcowa@gmail.com                                                  |
| Health Business Excellence Program - Sydney     | 4-5 November 2017  
Hilton Sydney  
488 George Street  
Sydney, NSW, Australia                                                  | E: admin@simbiz.com.au                                                                  |
| American Academy of Ophthalmology (AAO) 2017  | 11-14 November 2017  
Ernest N. Morial Convention Center  
900 Convention Center Blvd,  
New Orleans, United States of America                                   | W: www.aao.org/annual-meeting                                                           |
| Dunedin Ophthalmology Clinical Course (Part 2 Course) | 20 November - 1 December 2017  
University of Otago  
362 Leith St  
North Dunedin, New Zealand                                                | W: www.ranzco.edu and go to the calendar of events  
E: sally@events4you.co.nz                                                     |
| APVRS 2017  
11th Asia-Pacific Vitreo-Retina Society Congress | 8-10 December 2017  
Kuala Lumpur Convention Centre  
Stall 7, Jalan Pinang, Kuala Lumpur City Centre  
Kuala Lumpur, Malaysia                                                        | W: http://2017.apvrs.org                                                                  |
Classifieds

Positions vacant

LOCUM - TAMWORTH
Calling new Fellows. Short or long term FIFO locum work OR bring your family and make your home in the beautiful city of Tamworth. One hour flying time from Sydney and Brisbane. Fulfilling work, great lifestyle, affordable housing, excellent schools, no traffic. Develop your subspecialty skills and broaden your general experience in a supportive practice with plenty of work. This is a genuine opportunity to be part of a supportive medical community delivering outstanding care to our community. Assistance with travel and accommodation available.

C: Dr Peter Hinchcliffe
P: 0412 808 240
E: peter@tamwortheyecentre.com.au

OPHTHALMOLOGIST NSW
Ophthalmologist wanted Sydney and Suburbs.

C: Lynne Cheesewright
P: 0414 629 780
E: lynne@winconsulting.com.au

RETINAL, WAGGA WAGGA
Ophthalmologist required 1-2 days a month in Wagga Wagga, NSW. Predominantly injection and laser. All equipment and staff provided, accommodation is also provided.

C: John Vecchio
P: +61 2 6925 6997
E: john@bettersight.com.au

OPHTHALMOLOGIST IN DANDENONG
A position has become available for a part-time ophthalmologist in our Dandenong practice. We are a boutique private billing practice with three senior ophthalmologists working as part of our team. The clinic was recently refurbished and we have updated all our equipment and now have state of the art facilities for our ophthalmologists to practice.

P: +61 3 9792 2156

OPHTHALMOLOGIST POSITION NSW
A high volume modern ophthalmology practice located in Inner West Sydney. We are seeking a board certified ophthalmologist to join our practice. Existing ophthalmologists include two subspecialty ophthalmologists, one retinal and one corneal refractive ophthalmologist. The practice is able to offer a variety of sessions. We have a complete range of the latest equipment in our clinic, including IOL Master, YAG/SLT/Retinal laser, Pentacam Topography, OCT and Humphrey Field Analyzer. Minor procedures, corneal collagen crosslinking and intravitreal injections are performed onsite in our spacious procedure room.

C: Donna Gomez or Hien Luong
P: +61 2 9789 6994
E: Admin@visionclinic.com.au

OPHTHALMOLOGIST RURAL AREA, ALBURY WODONGA
Albury Day Surgery is looking for expressions of interest from ophthalmologists who are interested in working with us on a full time or part time basis. Albury Day Surgery has a long history of providing high-end quick turnover cataract procedures and retinal surgery. We now have new ophthalmology rooms with new equipment and five new two-bedroom units adjacent to the day surgery. The units are available for patients or visiting specialists. There is a car available for visiting specialists and the consulting rooms are fully managed. There is an opportunity to acquire an interest in the Day Surgery business if required.

C: Khanh-Linh Luu
P: 0488 110 886
E: info@meyes.com.au

ASSOCIATE OPHTHALMOLOGIST PORT MACQUARIE NSW
An opportunity exists in Port Macquarie NSW, a rapidly growing regional hub, for an ophthalmologist to join our well-established practice on a full-time or part-time basis. Arrangements are flexible and include operating rights in the private sector at a purpose-built facility. All sub-speciality interests welcome except glaucoma and vitreo-retinal.

P: +61 5527 8032
E: lauren@pmec.net.au

Practice for lease

OPHTHALMIC PRACTICE IN INNER WEST
Established, state of the art, new and modern, purpose-built ophthalmic practice available for lease. Designed with excellent patient flow with four consultation rooms, four rooms for investigation equipment, laser room, and minor ops room. Close to public transport and council car park. Includes five staff underground car park.

C: Donna Gomez or Hien Luong
P: +61 2 9789 6994
E: Admin@visionclinic.com.au

Positions wanted

CONSULTANT
OPHTHALMOLOGIST SEeks POSITION, AUSTRALIA
Consultant ophthalmology MD FRCSGlasg searching for a job as an ophthalmologist.

C: Amr Ouda
E: dramrouda@gmail.com

SENIOR OPHTHALMOLOGIST AVAILABLE FOR LOCUM WORK
Senior Adelaide-based ophthalmologist available for locum work anywhere in Australia and New Zealand.

C: Dr Alec Jordan
E: +61 8 8267 2192