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Cover pic: Lighthouse located in the southeast of New Zealand’s North Island, Wairarapa, close to Wellington.

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NEW CONSTITUTION
The delivery of the new Constitution was arduous but there is no doubt that RANZCO Fellows delivered a better result because of those very difficulties. The new Constitution was passed with a majority of 89%. RANZCO is now free to cast its collective gaze forwards to the future. There has already been significant interest amongst Fellows in contributing to RANZCO committees. Unfortunately, an unintended consequence of the new Constitution has been that former Vice President A/Prof Mark Daniell has been forced to leave the Board for a period of 12 months, however he will be eligible to be nominated for the presidential election at the Council meeting in July 2016.

WORKING TOWARDS EQUALITY
The RANZCO sexual harassment/bullying survey has now been completed. RANZCO’s survey tool is deliberately very similar to that used by the Royal Australasian College of Surgeons (RACS). The similarity in our methodologies will enable RANZCO to compare and contrast our results with those of RACS. The collated survey results will inform the RANZCO Board as to how we address this long-standing issue within the Australian and New Zealand medical education systems. The Board would ask that all Fellows please be aware that the Employee Assistance Program is available for themselves, their staff and their trainees, should anyone be experiencing sexual harassment or psychological stress in the workplace environment.

At the Australian Medical Association (AMA) summit on sexual harassment and bullying in April, there was broad acceptance that these issues are to some extent endemic across specialties and jurisdictions. It is noteworthy that at this stage RANZCO is the only college, other than RACS, to conduct a formalised survey to determine the nature and extent of the problem. I am proud to announce that the RANZCO board have a stated aim to achieve at least 35% participation of female Fellows, subject to qualification and experience, in all leadership groups within the College, from the Board to the QEC and across the broad church that is RANZCO.

CHARGING FOR CPD LECTURES?
I have previously mentioned that the RANZCO Board has advised all Fellows that they should not be paying money to Optometry Australia for the privilege of delivering Continuing Professional Development (CPD) lectures to optometrists, for the benefit of optometrists and their patients. RANZCO’s strident objections to Optometry Australia’s payment
demands were well covered in both *Insight* and *mivision* in July. In some states a detente has been reached, whereby CPD is continuing to be provided by ophthalmologists on a “non-accredited” basis, without any money changing hands, and the optometrists are themselves responsible for submitting the CPD documentation. It would seem that common sense is starting to prevail.

**COLLABORATIVE CARE**

Collaborative care with optometry is here to stay. Collaborative glaucoma management is being initiated in New South Wales by the Alliance for Clinical Innovation, under the leadership of Drs Andrew White and Michael Hennessy. The Collaborative Glaucoma Care program is in accordance with the collaborative guidelines listed on the RANZCO website. Collaborative guidelines have been developed in respect of age-related and diabetic retinopathy and will be signed off by the Australian and New Zealand Society of Retinal Specialists. Collaborative paediatrics/strabismus guidelines were discussed at length by the Paediatric Special Interest Group during their meeting in July. The promulgated paediatric guidelines will be based upon those which have proven successful in New Zealand.

Ophthalmology must occupy the ‘high ground’ in the clinical treatment and teaching of ophthalmology.

**RANZCO HQ UPDATES**

The renovation of RANZCO’s headquarters in Surry Hills is proceeding, on time and on budget. The work is expected to be completed by early December, in time for the December RANZCO Board meeting. Details relating to the official reopening will be forthcoming later in the year.

**EYES ON MBS REVIEW**

You will have heard that the Federal Government is currently undertaking a wide ranging Medicare Benefits Schedule (MBS) review. Despite assurances from the government that the MBS review is primarily about quality of care, be very clear that the underlying political agenda is about containing healthcare costs over the next decade. All specialties will be placed under the microscope. The MBS review is chaired by the highly respected Dean of Sydney University Medical School, Prof Bruce Robinson. At the table will be the CEOs of the private health funds, a large group of well-informed senior medical practitioners, as well as executives from the Department of Health.

I represented RANZCO at an AMA MBS review summit which was held in Canberra on 19 August. It is notable that Bruce acknowledged that the “price per unit of healthcare” is not increasing inordinately, but rather that the volume of healthcare services is the primary source of increased healthcare costs. The overarching principle of the review is to “fashion” a more efficient method of funding chronic healthcare, with bundled payments for chronic disease amongst other initiatives. The MBS specialties will be reviewed in four tranches between now and December 2016. Ophthalmology is not within the first tranche of specialties to be reviewed. It is hoped that the Federal AMA may be in a position to co-ordinate policy changes and cost savings across specialties, to navigate what will probably be a fraught, politically charged environment for the medical profession.

We can be very sure that the MBS review will be front of mind for at least the next 12 months.

Dr Bradley Horsburgh
President
VTP SELECTION PROCESS

Prospective Trainees, future Fellows and experienced educators have been taking important steps on their professional learning journeys with a range of activities that support the Vocational Training Program (VTP).

The 109 applications for selection to join the VTP, together with summarised referee reports, have now been reviewed by the Training Network Selection Committees and all candidates interviewed. This task is enormous and is a great example of collaborative effort, relying as it does on the Fellows, other medical professionals and College staff.

The selection process was finalised through the National Ophthalmology Matching Program on 31 August. If you would like further information on the selection process, perhaps for a prospective applicant, please visit http://ranzco.edu/index.php/education-training/selection.

CURRICULUM REVIEW PROJECT

The RANZCO VTP curriculum sets out what the new ophthalmologist needs to know and be able to do and, most importantly, how to apply that learning in a professional manner. The curriculum review project is nearing completion and is a reflection of the time, energy and expertise that more than 150 Fellows have contributed. Each curriculum standard has been made available to the community for comment. After its recent period of public consultation, the draft Social and Professional Responsibilities Curriculum Standard is being readied for approval by the Qualification and Education Committee. Reviews of the Evidence-based Ophthalmic Practice and Anatomy Curriculum Standards are also progressing. The Qualification and Education Committee will receive the final report from the Curriculum Committee on the curriculum review project at its meeting in Wellington in November.

ONLINE LEARNING

How we teach is as significant as what we teach. As well as creating resources, building our skills in online learning broadens and professionalises what we can offer. A significant example of this are the online modules in development on cultural awareness for ophthalmologists and Trainees working with Indigenous patients in Australia. After a review of offerings by other institutions, the RANZCO Indigenous Committee suggested five topics that could be useful for ophthalmologists, including historical context, planning an initial visit, in the clinic and ophthalmic surgery. These topics were further researched and developed to inform the upcoming production of a set of short video vignettes. External Aboriginal liaison officers will provide feedback on drafts, and the final version of the copy and storyboard will be further developed by the committee over the next few months.

TRAINEEES

The learning and teaching scene is set. Innovations that were put in place during my predecessors’ terms are maturing with the benefit of ongoing evaluation and adaptation. Let’s review how the Trainees are progressing.

Since January this year, 18 Trainees have completed the requirements of the VTP. Final year Trainees completed training in a wide variety of settings, in Australia, New Zealand, the United Kingdom, Canada, Singapore, East Timor and Fiji.
One of the most significant quality assurance measures we can have is to ensure the VTP has rigorous, expert-led examination processes. Visiting, as I do, a variety of examination centres each year, I am impressed with the calibre of Trainees, and the quality of the supervision and support provided to them by Fellows.

EXAMINATIONS – A SUCCESS

Semester two RANZCO Advanced Clinical Examination (RACE) and Ophthalmic Pathology examinations have been completed. The Royal Adelaide Hospital hosted the RACE clinical examinations in August with Dr Mark Chehade as Examiner-in-Charge.

The semester one Ophthalmic Basic Competencies and Knowledge (OBCK) exam was held at Sydney Eye Hospital on 29 May. All 27 candidates who presented passed the OBCK exam. I would like to take the opportunity to thank the term supervisors and clinical tutors for their part in the training of these Trainees.

The OBCK exam would not be a success without the Registrar of the Court, and I would like to thank Dr Marko Andric for organising patients and other logistical elements. So too, the hospital staff and exam assistants who helped to ensure a smooth process.

We are indebted to the examiners for their conscientious efforts on behalf of RANZCO and congratulate the candidates on their success.

“**The VTP has rigorous, expert-led examination processes.”**

The College is recruiting RANZCO and Royal College of Pathologists of Australasia Fellows to join the Ophthalmic Pathology Board of Examiners. If you would like to contribute your professional expertise to the training program as an examiner, please send your expression of interest with a copy of your curriculum vitae to Antonelle Clemente-Marquez at aclementemarquez@ranzco.edu by 30 October 2015. For more information please see page 26.

BUILDING COMMUNICATION SKILLS

In the College Oath, RANZCO Fellows pledge to put their patients first. Medical and surgical skills are needed, but effective communication is key to their practice. Tailored workshops have been developed for the College to provide guidance and structure practice in various aspects of communication, for Trainees and their clinical and surgical supervisors.

The last in the series of Ophthalmic Supervisor Training Workshops was held at Royal North Shore Hospital on 9 May. Scenario-based, professional actors took the part of trainees during the workshop. Term supervisors were able to explore techniques for handling difficult communication issues. Professional facilitators were also present during each scenario to assist the learning process. Feedback from this and previous workshops has been extremely positive. The workshops were funded by the Commonwealth government through the Specialist Training Program, and RANZCO intends to use the knowledge gained to develop further training resources and activities for term supervisors, clinical tutors and surgical supervisors.
A very successful Ophthalmic Simulation Communications and Clinical Scenario Workshop was held on Saturday 20 June at Royal North Shore Hospital. This workshop targeted Trainees and provided them with an opportunity to deal with challenging scenarios in which professional actors took the part of patients. A professional facilitator was present at each scenario together with an ophthalmology consultant to provide clinical and professional advice.

Feedback from all participating Trainees, consultants and facilitators was overwhelmingly positive. Many thanks to the five consultants who so freely gave of their time and expertise on the day. As with the Supervisors Workshop, this was also the last in a series funded by the Commonwealth Government through the Specialist Training Program. Given the positive outcomes of these workshops, RANZCO is investigating how it might offer this highly valuable training experience in the future.

EDUCATION TEAM AND INTERNATIONAL DEVELOPMENT

The learning needs of the ophthalmic team are another part of the College's current education strategic plan. The RANZCO Board has considered a proposal developed under the supervision of the Qualification and Education Committee for an ophthalmic assistant training program. The President will lead consultation with international ophthalmic education bodies regarding their programs before the Board makes a decision on how to proceed.

Other course development initiatives are underway in the Education team. This includes a revamp and expansion of the training opportunities – both online and face-to-face – available to those undertaking a range of mentoring and supervision activities in the VTP. Check in on Moodle, as new resources will be added as they are developed, and read the RANZCO E-News to learn about how you can participate.

I had the pleasure of participating in a trial Objective Structured Clinical Examination style examination in Cambodia in late June. It was a wonderful example, among many, of how RANZCO leads and shares educational best-practice in specialist medical training, not only in Australia and New Zealand, but in our region. My thanks to the Fellows and Trainees, and our supporters in the broader ophthalmic and education communities, who have contributed to our successes so far in 2015.

Dr Mark Renehan
Censor-in-Chief

Reference:


PBS Information: For Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.

www.biorevive.com

Recommend Tears Again® as first line treatment for dry eye. Research shows that dry eye is predominantly caused by excessive tear evaporation not insufficient tear production. Almost 80% of sufferers have a disturbance of the eye’s lipid layer – in contrast only around 10% have exclusive aqueous deficiencies. Tears Again® Liposomal Eye Spray stabilises the eye’s lipid layer, reducing excessive tear evaporation while hydrating and lubricating dry eyes.

References:
Some people may be wondering what effect the new constitution will have. In reality members will notice little immediate change in the day to day activities of RANZCO due to the new Constitution. Changes are mostly around who can be a Director and Councillor, and mechanisms for how this happens, and the introduction of the Code of Conduct as a requirement of membership. The following is a summary of the key changes.

- Voting members are now restricted to Fellows only. All other members enjoy the same privileges but cannot attend or vote at member meetings.
- Any Fellow can now be considered for Directorship, whereas before Directors had to come from existing Councillors. However, there is no change to the voting for Directors as this is still done by the Council. This change allows the many Fellows with appropriate expertise and experience to potentially become Directors without having to sit on Branch committees.
- The Council has been expanded. In addition to Board and Branch Councillors, the numbers of which are based on the number of members per Branch, the Council also includes the Chairs of the CPD, Scientific Program and International Development Committees, and a representative from the Younger Fellows Advisory Group, Senior and Retired Fellows Group, Professors Group, Australian Society of Ophthalmology, Ophthalmology New Zealand, Ophthalmic Research Institute of Australia, Save Sight Society New Zealand and the RANZCO Eye Foundation. It is thought this larger group will be able to provide a wide range of views from a broad spectrum of the Fellowship.
- The Board remains the legal authority. It is now capped at 11 Directors, whereas previously it was uncapped but restricted to Councillors.
- The Board cannot change governance rules without the ratification of Council.
- There will now be a President-elect position, voted by Council, appointed approximately six months before the end of any President’s two-year term. This will allow clear succession planning with an orderly handover. Again, as Directors can come from the full Fellowship, it does not automatically assume that the President will come from the existing Board.
- A number of processes around holding member meetings and voting have been clarified, and are now in line with modern corporation laws.
- The Constitution has adopted requirements of the Australian Charities and Not-for-profit Commission regulations and the Corporations Act (2001), both of which are important regulatory frameworks under which RANZCO must operate.
- The requirement to abide by RANZCO Professional Code of Conduct has been added as a requirement of membership. By agreeing to be a member, everyone agrees that they will abide by the Code. The Code is based largely on laws, regulations and guidelines relating to the practice of medicine in Australia and New Zealand, plus some common sense approaches to dealing
with patients and other health professionals. It is an important guide that ensures RANZCO maintains appropriate standards for our members.

- A number of objects which have been achieved or are inappropriate, such as owning property or applying for a Royal Charter, have been removed. Additional objects have been added to incorporate the ongoing international development and Indigenous work undertaken by RANZCO Fellows. The overarching objectives of training ophthalmologists and maintaining standards have not changed.

- There is no change to the way someone can join as a Fellow or member of RANZCO.

It was thought by many that the introduction of the requirement to abide by the Code of Conduct and the ability to discipline members or revoke Fellowship are in fact positive and important steps in maintaining RANZCO’s good reputation with existing membership, the public and government. However, a small number seemed to be concerned by the introduction of these elements. Any membership organisation needs clear mechanisms for maintaining the standards it wishes to set. There are already processes for dealing with complaints and seeking reconsideration of, or appealing, decisions of all RANZCO committees which includes the Council and Board. The ultimate step of reconsideration involves a largely external and completely independent group which would almost certainly include a senior legal expert. It is not likely that these processes will change greatly, and given their importance any changes would almost certainly have Council approval. Members who are acting in an ethical and responsible way should not feel threatened by the addition of the Code of Conduct or the processes in place to deal with inappropriate behaviour. There is also no intention to go on a ‘witch-hunt’. The changes simply provide appropriate pathways for dealing with situations that have the potential to damage RANZCO and ophthalmology as a profession.

“There is no change to the way someone can join as a Fellow or member of RANZCO.”

It may take a few years for the full impact of the new Constitution to become apparent, but I expect in time we will see the positive effects through changes to the Board and Council, and increased awareness of high ethical standards.

Dr David Andrews
CEO

The EGM, held on 13 June 2015.
People Profile

Chasing the Horizon - Prof Tony Wells
At first glance there appears to be few similarities between performing eye surgery and sailing a high-performance yacht around New Zealand’s North Island, but each can provide camaraderie, the buzz of working perfectly in-sync with a tight-knit team and the satisfaction of a successful outcome. One big difference, according to ophthalmologist Prof Tony Wells, is the adrenaline rush – the “good kind of adrenaline” – that comes with racing a yacht at 30 knots.

“There are times in a sailing race where it’s simultaneously terrifying and exhilarating,” says Tony, a glaucoma specialist from Wellington, New Zealand. Tony only took up sailing in 2006 but it’s now a big part of his life and lends balance to what could otherwise be an all-consuming job as an ophthalmologist.
HOW TO START YOUR CAREER WITH A BANG

To celebrate the last day of high school in Blenheim, New Zealand, Tony and his good mate booby-trapped the school’s common room with contact explosives. On the day Tony was being made Dux, he was also nearly expelled for this schoolyard prank with his friend. A few years later, this same mate’s father proved to be instrumental in Tony’s choice of career.

“When I finished my first year of medicine at university, I wasn’t thinking about a particular subspecialty area as I hadn’t really done anything medical at that point. My mate’s dad, Dr David Wilson, an ophthalmologist, invited me to come and watch him operate. I went along and I was just hooked,” says Tony. “It was clean and neat and interesting and I could see how happy people were after the surgery. I was pretty much sold on ophthalmology then and there.”

After finishing his ophthalmology training in New Zealand in 1999, Tony moved to the United Kingdom where he completed a three year clinical and research fellowship with Prof Sir Peng Khaw at Moorfields Eye Hospital. “I was incredibly lucky to do that fellowship with Peng. He specialises in advanced, very tricky glaucoma and paediatric glaucoma; drawing patients from all over Europe and the Middle East. In one clinic with Peng you’d see probably as much paediatric glaucoma as you would see in about 10 years of practice in a city the size of Wellington.”

ALL IN A DAY’S WORK

Tony divides his time between public and private practice. He is Head of the Ophthalmology Unit at the Wellington School of Medicine, and a member of RANZCO’s Australian and New Zealand Glaucoma Interest Group. He is also on the Advisory Board of the Association of International Glaucoma Societies.

In 2002 Tony founded Capital Vision Research Trust (CVRT), a registered charitable trust which provides funding for research into eye disease and treatments. “This idea stemmed from wanting to have a funding mechanism to support people doing research in Wellington,” says Tony. “When I first came back from my fellowship in the UK, Wellington had virtually no research and academic profile really. I was looking for ways to get that going as fast as we could and thought we could raise money locally to fund research locally.”

Since 2002, CVRT has supported the publication of more than 70 articles and textbook chapters in leading publications, funded a number of large research projects, provided regular education sessions for optometrists, nurses and GPs, and supported 10 research and clinical fellows. The most recent fellow is from Switzerland and started her glaucoma fellowship in July. “I enjoy having overseas fellows bring knowledge and ideas into our department. They are actively involved in research, work in the clinic with me, and also get to teach junior registrars and junior medical students so it’s beneficial all round.”

Tony says one of the research highlights to come out of CVRT involved trabeculectomy. “Wayne Birchall [then a New Zealand Fellow] and I researched the dynamics of how a trabeculectomy procedure works, which has been useful in guiding how we do this. On the back of that research, Peng Khaw and I ran one of the top 5% rated courses at the American Academy of Ophthalmology meeting a few years ago, so that was pretty cool.”

Another highlight for Tony was when CVRT, in partnership with Lions Clubs New Zealand, raised $300,000 for eye research. “Raising funds like that, in this current climate, comes down to good track record, the acknowledgement of the need, and the longstanding relationships built up over the years. That funding has just started rolling out into keratoconus research [Wellington Keratoconus Study] run by some of our cornea specialists here in Wellington, which is a big exciting project.”

While Tony is flat-out with his current roles, he is always thinking about new things on the horizon. An area of research he is currently undertaking is ocular biomechanics – how the tissues of the eye respond to stress and deformation. “It is particularly relevant to glaucoma because it’s part of the mechanism of how high pressure in the eye damages the optic nerve. And it is also relevant at the front of the eye where abnormalities in ocular biomechanics change the accuracy of pressure measurements as well.” Tony says this research may lead to a better understanding, which may then lead to new ways of measuring, treating or guiding how aggressive to be with intervention.

Prof Tony Wells teaching his Fellow in operating theatre.
UNCHARTED WATERS

In 2006 Tony’s wife, Vesna, booked him in for sailing lessons. “She decided I was far too obsessed with ophthalmology and needed another interest,” laughs Tony. “She found this amazing deal in the Bay of Islands (NZ) and booked us in. For five days we learnt to sail, and we slept, ate and cooked on the yacht. It was brilliant, and we were pretty much hooked.”

“We just planned to be cruising sailors; we weren’t going to be racers. However sailing friends told us that if we wanted to quickly become really good at sailing, we needed to do some racing. We did, and ended up winning the 2010 local regatta and the 2012 season championship on our Young 11 ‘Clear Vision’ with the help of some really good people on board,” says Tony.

With those wins under their belt, they took on bigger challenges. In 2011 Tony and Vesna tackled the Round North Island Two Handed Race with a crew of only two (short-handed sailing). “Depending on weather, it typically takes 8 to 13 days to cover 1300 nautical miles (2400 km) around New Zealand’s North Island (for comparison, the Sydney-Hobart fully crewed race is 630nm). During the race I got injured and hypothermic and we had to pull in to shore to recover. We recouped overnight, and went back out to re-join the race and still ended up coming fourth.”

Not long after this race, Tony and Vesna set their sights on a faster boat. “We chose a Shaw 12 designed by Auckland-based Rob Shaw and had her built by Craig Partridge Yachts in Kerikeri. We launched her in August 2013 and named her ‘Blink’ and, true to form, Blink is a very quick boat.”

Some of the YouTube video clips taken on-board Blink while racing look like they were filmed on a speedboat. “Blink is a very well-behaved boat, wonderfully stable and doesn’t mind being pushed hard,” says Tony. “That’s all part of Rob’s cleverness in design. One of the things that make Blink so fast is that it’s very very light. The whole boat weighs 3.6 tonnes, and 1.6 tonnes of that is the keel which can be canted 50° relative to the hull. The whole yacht is carbon fibre and foam but it’s engineered to be very strong. We’ve given it a pretty rough time during some races but it’s remained in good nick.”

MEMORABLE MOMENTS

Undaunted by Tony’s injuries in the 2011 Round North Island race, he and Vesna trained for the 2014 race (it’s held every three years) and looked forward to putting Blink through her paces. But it wasn’t to be. “Vesna unfortunately broke her arm in a sailing race in Wellington Harbour a few months before the race and it hadn’t recovered enough, so Rob Shaw, who designed Blink, raced with me and we won it.” Tony says one of his favourite sailing races was the Wellington to Akaroa race in March this year. “We sailed from Wellington to just off Kaikoura, halfway to Christchurch, in four hours, which is pretty quick. That leg of the race normally takes a day. We were doing between 25-30 knots boat speed, whereas most boats in those conditions would do something like 14-15 knots. It was a phenomenal experience, everything humming along just great. It was so intense we were rotating the helmsman every half hour.”

The worst sailing experience for Tony happened during the 2014 Round North Island Two Handed race. “It was probably scarier in hindsight. Rob and I were doing a sail change and I was on the foredeck. I got the new sail up and I was about halfway through pulling the old sail down when a big wave came and knocked the front of the boat about 40 degrees offline and I ended up being pinned underwater by the sail. There’s time-lapse footage of that trip, shot from the camera at the very back of the boat, and you can see Rob scrambling to get the boat upright to free me.”

Blink’s blog is: blinksail.blogspot.com
ANTIDOTE TO STRESS

Despite dangerous moments and injuries, the lure of sailing is powerful. “One of the things I like about it is that it’s very hard to think about anything else while you’re out sailing. You not only have to keep an eye on the boat, the sails, the weather, the wind direction, the swell and other boats, you have to look after each other and yourself as well. In some races we’ve forgotten to eat. It sounds stupid but there’s so much going on and you’re so tired that you just forget.”

And during a seven-day race around the island, it can be tricky to get enough sleep. “If it’s really tough going, we’re both up on deck taking turns at steering. If it’s really easy, you might snatch a few hours’ sleep. You’re both up during the day, and up for all of the manoeuvres – day or night.”

Probably the best thing about sailing is the sailing community, says Tony. “People can sometimes think of sailing as a snooty sport but that couldn’t be further from the truth. There are great people from all walks of life, real salt-of-the-earth people. You forge some pretty strong friendships when you’re out there being hammered by a storm and there’s only a handful of you running a boat.”

Tony sails all year round and races three times a week in summer. Asked whether his wife now regrets suggesting he get an interest outside of ophthalmology, he laughs. “My wife is part of the crew, she loves it. She comes out all the time and races. That works really well for us as a couple, we share a common interest in sailing. We can both get out there and thrash the boat around a racecourse and have a great time and we’ve been out doing something together; it’s fantastic.”

ON THE HORIZON

Tony says there’s a list of things he’d like to tackle in sailing but he has to balance that with the practicalities of work. “I’d love to do a Sydney to Hobart race in Blink, and the Transpac race from Los Angeles to Hawaii. Blink would probably do amazingly well in those races, but the logistics of getting the boat over there are fairly prohibitive. However we’re planning to race from New Zealand to Fiji. And of course the next Round North Island Two Handed race is in 2017, so I will probably be masochistic enough to do that race again. You remember the good bits and the rest of it just fades, somehow.”
Wellington Awaits – Congress flies into New Zealand

The excitement builds as RANZCO’s 47th Annual Scientific Congress – aka Wellington Congress – descends on the city and waterfront area.

Back in New Zealand for the first time in 12 years, several venues will play host to a plethora of eye specialists, researchers, orthoptists, practice managers, sponsors and others all with the common goal: to advance knowledge and treatment of eye diseases.
This year the event unofficially kicks off with the International Development Workshop on Friday 30 October, for those who are keen to arrive in Wellington early. There will be a distinct Kiwi flavour to certain parts of Congress – our lips are sealed! – and we welcome guests from diverse organisations such as the All Indian Ophthalmic Society and from countries in Europe, Asia and the Americas.

We interviewed Dr Keith Small, who has seen his fair share of Congresses and now takes on the plum role of Congress Convenor. Over to you, Keith.

**Dr Keith Small**

We interviewed Dr Keith Small, who has seen his fair share of Congresses and now takes on the plum role of Congress Convenor. Over to you, Keith.

**MANY CONGRESS REGULAR ATTENDEES MENTION THE JOY OF CATCHING UP WITH COLLEAGUES THEY HAVEN’T SEEN FOR A YEAR. WHAT LEVEL OF “CAMARADERIE” HAVE YOU EXPERIENCED?**

I always really enjoy the big College conference as a chance to catch up with colleagues I have known since I was a registrar or whom I’ve met since then either through common clinical interests or College activities. It’s particularly fun to meet up with people who have been my registrars in the past and to find out what they have been up to, though eventually that is going to make me feel old! Of course there are also lots of opportunities to make new friends and connections and I know the upcoming conference in Wellington, with its relatively compact setting right in the city and its great range of social activities, will really lend itself to this.

**THIS IS THE FIRST TIME THE RANZCO CONGRESS WILL BE IN NEW ZEALAND FOR OVER A DECADE. HOW HAS OPHTHALMOLOGY CHANGED IN YOUR COUNTRY SINCE THAT LAST EVENT?**

In one sense ophthalmology in New Zealand feels somewhat unchanged in that it is still a great community of clinicians with a common sense of purpose, and a strong commitment to the public health system and to teaching, and it’s a small enough group that most of us know each other on a first name basis. In another sense, however, things are very different. Apart from the obvious changes in clinical practice with the advent of vascular endothelial growth factor inhibitors and improved diagnostic imaging, the things that spring to mind are that we have a greater degree of sub-specialisation, a stronger and better structured training program and increasingly confident and competent optometric colleagues to work with in the future. Academic ophthalmology in New Zealand is also a lot more robust than it was 10 years ago, with an ongoing increase in academic activity in Auckland that we can all be proud of and an increased awareness around the country of the benefits good research brings to clinical practice.

**IS THERE SOMETHING ABOUT OPHTHALMOLOGY THAT DIFFERS FROM OTHER MEDICAL DISCIPLINES, THAT BECOMES EVIDENT AT BIG CONGRESSES SUCH AS THESE?**

The most obvious thing is the wonderful ability we have to directly visualise the pathology of so many of the diseases we treat. Each conference showcases an ever more impressive array of imaging technology which should be the envy of every other discipline. I am also always struck with the contrast between the things that we increasingly can do and the responsibilities we have to think about the things that we should do when we have limited resources and insatiable demand. We can offer an increasing range of procedures and treatments to patients with conditions that are troublesome but not blinding, and at the same time we have to consider our responsibilities to the growing number of patients either in our own communities or in the developing world for whom such treatments would be considered a luxury and who without treatment themselves are incapacitated. This contrast affects all aspects of healthcare but seems particularly stark in ophthalmology.

**AS CONVENOR, WHAT WOULD YOU URGE FIRST-TIME CONGRESS ATTENDEES TO DO TO GET THE MOST OUT OF THEIR EXPERIENCE?**

Sign up, turn up, dress up!

Go to sessions that you don’t know much about – challenge yourself to expand your interests. Wear your name badge and say hello to people you don’t know. Come to the social functions and take some time to get around the city and the country. You’ll have a fantastic time!
Continuing on from the last issue of Eye2Eye, we have interviewed our Congress overseas invited speakers to get to know them and what drives their professional curiosities.

Dr Douglas A. Jabs
Dr Douglas A. Jabs, MD, MBA, Professor of Ophthalmology, Professor of Medicine and Chair Emeritus of Ophthalmology at the Icahn School of Medicine at Mount Sinai.

ARE THERE ANY CONTROVERSIES IN UVEITIS OR CONTRARIAN VIEWS THAT CHALLENGE YOUR USUAL WAY OF THINKING?

A somewhat contrarian view, of which I am a big proponent and which appears to be gaining traction, is that our traditional approach to diagnosis, namely the “etiologic diagnosis” of uveitis in which one looks for the “cause” of the uveitis, is flawed. Most diseases in medicine are “complex disorders”, which are multifactorial in nature and for which we know risk factors and pathogenesis, but for which we do not know a singular “cause”. The diseases for which we truly know the “cause” are Mendelian genetic disorders, infectious diseases, and drug-related toxic or allergic reactions. Diseases such as sarcoidosis and juvenile idiopathic arthritis are, in fact, idiopathic (i.e. of “unknown cause”), so finding them in a patient with uveitis is important for the patient’s systemic health but does not actually tell us the “cause”.

The uveitides are a collection of over 30 diseases characterised by intraocular inflammation, each with its own features, risk factors, course, treatment and prognosis. As such we should be diagnosing the specific uveitic disease as it is critical to management. The laboratory should be used to eliminate infections, which would be treated differently (i.e. with antimicrobial agents) and to identify any relevant associated systemic disease that could affect the patient’s health. Exhaustive laboratory testing with tests of low positive predictive value when there is no evidence of end-organ disease is unwarranted.

ONE AREA OF YOUR EXPERTISE IS IN THE OCULAR COMPLICATIONS OF AUTOIMMUNE DISEASE. WHAT HAVE BEEN SOME INTERESTING DISCOVERIES IN THIS AREA?

Many of our therapies for the uveitides have been introduced for treatment of rheumatic diseases first and then adopted by the ophthalmic community. The success of rituximab for the treatment of rheumatoid arthritis and for vasculitides, such as granulomatosis with polyangiitis, has forced us to rethink our ideas about pathogenesis of these diseases. Traditionally, they were thought to be cell-mediated immune disorders, but the success of a monoclonal antibody directed against B cells suggests that the pathogenesis is more complicated. Furthermore, the apparent response of vasculitis-associated scleritis to rituximab suggests a role for this approach in the treatment of some cases of scleritis.

WHAT NEW SURGICAL TECHNIQUES WILL ENABLE TREATMENT TO BE MORE EFFICIENT AND SUCCESSFUL?

The treatment of the uveitides is largely medical and surgery typically is needed for the structural complications of the uveitides, such as cataract and glaucoma. Modern cataract surgery with intraocular lens placement can result in very good outcomes for uveitic cataracts if the eye has had inactive uveitis for a sufficient time (i.e. >3 months) and a short course of perioperative systemic corticosteroids, started prior to surgery, is used. In addition, paracentesis for polymerase chain reaction and diagnostic vitrectomy for polymerase chain reaction, cytology, flow cytometry and culture all are an important part of the diagnostic armamentarium. Modern vitreoretinal surgical techniques have made diagnostic vitrectomy a reasonable early diagnostic option.

The therapeutic surgical development is long-lasting surgical corticosteroid implants (such as the fluocinolone acetonide implant), which last three years, are US Food and Drug Administration-approved, and appear to be more effective at controlling the inflammation than systemic approaches for severe, non-infectious intermediate, posterior and pan-uveitides. However, systemic approaches are effective in the large majority of patients and local corticosteroid implants come at a cost of an increased rate of ocular hypertension and cataract versus systemic approaches.

ARE THERE ASPECTS OF UVEITIS WHICH YOU WOULD LIKE TO INVESTIGATE FURTHER, TO SATISFY YOUR PROFESSIONAL CURIOUSITY?

The Multicenter Uveitis Steroid Treatment Research Group, an international, US National Institutes of Health-funded, multicenter clinical trials group, is engaged in a long-term follow-up study of the original Multicenter Uveitis Steroid Treatment Trial patients to determine the long-term outcomes of these different treatment approaches (long-lasting local corticosteroid implants vs. systemic corticosteroids and immunosuppression) and is embarking on new clinical trials of the management of uveitic macular edema. We hope to do additional trials on the management of severe intermediate, posterior and panuveitides.

In addition, I recently have become interested in the immunology of age-related macular degeneration.
(AMD), as it appears that chronic systemic inflammation is a risk factor for AMD. The Studies of the Ocular Complications of AIDS Research Group recently reported that antiretroviral-treated, immunorestored patients with AIDS have a four-fold increased age-adjusted prevalence of intermediate-stage AMD compared to an HIV-uninfected cohort. Antiretroviral-treated, immunorestored HIV-infected persons have accentuated/accelerated aging and immunosenescence, and chronic immune activation and systemic inflammation appear to play a major role in this accentuated/accelerated aging. We believe that further study of this population with an increased prevalence of AMD can help us better understand the roles of immune activation and systemic inflammation in AMD in HIV-uninfected older persons.

For instance, genetics of glaucoma, new medications and sustained drug delivery, better methods of imaging to diagnose and monitor glaucoma, new forms of surgery (such as minimally invasive glaucoma surgery), and patient related disability and outcomes.

WHY ARE YOU INSPIRED TO WORK IN THIS FIELD?
I am driven by the blindness and visual disability I see in the patients under my care. It is a tragedy to have people with advanced undiagnosed glaucoma today or have patients go progressively blind.

WHAT HAS BEEN YOUR MAIN INSPIRATION IN YOUR CAREER?
I am inspired by my mentors who have advised me and pointed me in the direction of being a clinician scientist in glaucoma.

WELLINGTON CELEBRATES 150 YEARS IN 2015
The history of Wellington played out in a 3D lightshow on the side of Parliament buildings in July. The 150th anniversary of Wellington becoming the capital city of New Zealand was celebrated, with a lightshow making up part of the centrepiece of the event.

Thirty national institutions opened their doors free of charge, with a range of cultural performances.

Interestingly, the Senior and Retired Fellows Dinner will be held at the Wellington Club during Congress. The Club was first established in 1841 and is one of the world’s 50 oldest private members’ clubs. It has grown from 25 members in 1841, paying five pounds a year for membership, to a healthy 1270 members today.

MOJO MEANS COFFEE IN THE WINDY CITY
Mojo Coffee, which was founded in Wellington in 2003 and is also in Japan, is set to open in the central Chinese city of Xi’an. If you wanted to know more about the roasting process, Mojo or coffee in general, check out their website at www.mojocoffee.co.nz

Prof Tin Aung

Prof Tin Aung, MBBS, MMed, FRCS, FRCOphth, FAMS, PhD, Executive Director of the Singapore Eye Research Institute; Deputy Medical Director (Research) and Senior Consultant and Head of the Glaucoma Department at the Singapore National Eye Centre; Professor at the Department of Ophthalmology at Yong Loo Lin School of Medicine, National University of Singapore.

WHAT TYPE OF NEW THINKING IS LEADING THE WAY IN GLAUCOMA MANAGEMENT AND RESEARCH?
There is a lot of interest in several exciting areas of glaucoma research.
RANZCO Community

AWARD WINNING EYE SURGERY FACILITY

Christchurch Eye Surgery, the only purpose-built ophthalmic surgery facility in New Zealand’s South Island, has received extensive attention for its distinctive architectural design.

Within a year of opening, Christchurch Eye Surgery has won five architectural awards, including a commercial category award in the Canterbury Architecture Awards and the Warren and Mahoney Special Purpose Property Award (Excellence) at the Property Council NZ Awards.

“Christchurch Eye Surgery seems to have broken down perceptions of what a hospital should look and feel like. It has engendered a huge amount of interest in the medical community both locally and nationally,” said general manager, Ms Clare McArthur.

But it doesn’t stop there, Christchurch Eye Surgery co-founder and co-owner, Dr Rebecca Stack, won the best “Product or Service Business” category in the “Mumtrepreneur” awards in Wellington in July and was named the Supreme Winner and “Mumtrepreneur” of the year for the eye surgery.

“A calm, relaxing and caring environment is as important as surgical excellence, and the new centre has been designed with the comfort of patients at its core,” said Rebecca.

“The cedar cladding and large established trees helped to ensure the building is in harmony with the residential location, and also helped satisfy our aspirations for environmental sustainability, an inspirational workplace and a healing space for patients.”

The fully equipped surgical unit consists of two operating theatres, a large preoperative area, postoperative rooms, recovery spaces, reception and office areas.

The surgery is owned by a group of nine ophthalmic surgeons: Drs James Borthwick, Ian Dallison, Sean Every, David Kent, Malcolm McKellar, Jo-Anne Pon, John Rawstron, Allan Simpson and Rebecca Stack.
SYDNEY EYE HOSPITAL
GLAUCOMA WET LAB

The Glaucoma Surgical Wet Lab was established in 2015 to address the glaucoma surgery training needs of registrars at Sydney Eye Hospital. Some registrars do few glaucoma procedures during their training and some are not confident to do the surgery when offered due to lack of experience. This wet lab program has been designed to address this issue by providing one-on-one practical teaching in trabeculectomy techniques. The program consists of a brief lecture on the theory of trabeculectomy, followed by practice on pigs’ eyes at one of 10 wet lab stations. Consultants from the glaucoma unit and the glaucoma Fellow rotate through the room providing tuition. All registrars doing a term with a glaucoma consultant are required to attend the wet lab course in the first two weeks of their rotation.

Three courses have been run so far and glaucoma consultants have noticed a considerable improvement in registrar knowledge of trabeculectomy technique and their ability to perform the procedure. Registrars have also advised that they find these courses beneficial, and some feedback is included below.

Dr Chih-Hung (Nelson) Kuo, a fourth year registrar, described the glaucoma wet lab as a unique practical opportunity to learn the principles of trabeculectomy: “Two weeks after the wet lab session, I had the opportunity to do two trabeculectomies at Liverpool Hospital. Being able to demonstrate the ability to carry out the key steps (particularly releasible sutures) that I learnt during the lab session efficiently, I was able to complete the whole case as the supervising surgeon had more confidence in me and also, I did not take up extra theatre time.”

Dr Richard Parker, a second year registrar, found the glaucoma wet lab to be an excellent teaching experience and hopes it will continue to be part of the Sydney training program: “It allowed us to practice the elements of a trabeculectomy in a safe environment under the supervision of glaucoma sub-specialists. Opportunities for this kind of surgery are limited in the training program. The ability to practice the operation prior to undertaking it on a real patient increased my understanding of the procedure, giving me more confidence when first performing this surgery ‘for real’. This kind of wet lab is particularly valuable experience for registrars starting terms where they will get the opportunity to do these kind of operations on real patients, allowing them to consolidate the knowledge gained.”

Currently, sessions are run four times annually for NSW trainees. It is hoped that in the near future the program can be expanded to cover other glaucoma surgery techniques, such as tube and non-penetrating glaucoma surgery, and that trainees from across Australia and New Zealand can attend.

Dr Colin Clement
I have always enjoyed watching TV and movies in my spare time. Imagine my surprise when Luke from the Communications department of RANZCO rang and asked if I was able to help consult on a medical segment of a local TV show. As the time commitment required was short, I was more than happy to help out and at the same time, get an insider’s view of a TV production set.

It turned out to be a popular local comedy drama by Channel Nine called “House Husbands”. I admit I had never heard of nor seen the show and had to do some quick research on Google. The segment they needed help with was a scene where one of the emergency room doctors, Abi, was trying to remove a foreign body from an elderly lady with dementia. They had a slit lamp and a dental burr but had no idea how to use them.

It was a bit surreal sitting in a minivan on the way to the set with actresses Julia Morris and Natalie Saleeba. The set was at the old closed-off wing of Box Hill Hospital.

The atmosphere was really relaxed, the actresses were wearing their scrubs under big woollen jackets and walking around in their Ugg boots. They were all very receptive to my advice. Their set consisted of multiple trailers including their own mobile kitchen and chefs. All in all there were about 50 people from crew to actors and extras. It felt like one big family. The only time there was much anticipation or excitement was when the time for lunch was announced!

Initially, the script writers had written that a broken glass fragment was involved, which the doctor was supposed to remove with a needle and what they referred to as a ‘corneal drill’.

My job was mainly to show them how to assemble the parts of the dental burr; how to turn it on, how to sit the patient at the slit lamp and most importantly, remembering to switch the slit lamp on! I did point out that the foreign material they had chosen for the script and the choice of instruments used were not appropriate. However, in the end, as Natalie was quite apprehensive using a needle anyway, a compromise was achieved. They eventually decided to remove a foreign body (unspecified) with a cotton bud initially and later, the burr.

I was quite surprised however, that despite consulting medical experts when they were writing the script, there were still mistakes in terms of type of injury, foreign body and instrument required to perform the job.

In the end, it was not meant to be a highly technical medical drama like “ER” and the script writers’ aims were mainly to highlight the underlying tensions between the doctor and the charge nurse. It will be interesting to see how the episode was finally edited.

The experience was definitely a first for me and an eye-opener. Would love to do something like this again!

Dr Janice Thean
Membership Spotlight

BRAND NEW RANZCO WEBSITE!

You may have heard on social media and E-News lately, our website is getting a facelift! And with the imminent launch approaching, we thought we would share some changes you can expect to find on our new site.

While the look and feel of the website will remain largely the same, we have packed the new site with some great features. Here are just a few you can expect to see in our revamped website:

- A cleaner homepage, with easily accessible login moved to the top of page and sections laid out in grid format to find what you are looking for quicker;
- Navigation simplified and content easier to find:
  - Trainees: easily view and register for exams right from your dash;
  - Fellows: view CPD Diary snapshot from the dash, as well as upcoming CPD opportunities directly relating to you;
  - Payment gateway: pay your fees on the spot and receive a receipt instantly;
- Mobile friendly: easily view content straight from your smart phone or tablet.

There are many more features, follow us on Facebook and Twitter to find out more...

CALL FOR EXAMINERS IN OPHTHALMIC PATHOLOGY

The Chair of the Ophthalmic Pathology Board of Examiners, A/Prof Max Conway, would like to hear from Fellows and suitably qualified pathologists who are interested in becoming an Ophthalmic Pathology Examiner.

The eligibility criteria for an Ophthalmic Pathology Examiner is as follows:

- Be a Fellow of the College, or hold similar standing in a professional body akin to the College and recognised by the College;
- Be in active practice in ophthalmic pathology;
- Demonstrate commitment to the education of trainees (for example, by experience in a training hospital or university department, in the clinical education of trainees, or involvement in active education working groups or a regional Qualification and Education Committee);
- Be willing to commit the time and energy required to participate in the preparation for, as well as the implementation and required follow-up activities of an Ophthalmic Pathology exam.

If you are interested in becoming an Examiner for the Ophthalmic Pathology exam, please forward your expression of interest, with a copy of your curriculum vitae, to Antonelle Clemente-Marquez by email at aclementemarquez@ranzco.edu, no later than 5:00 PM (AEDT) Friday 30 October 2015.
Dr Jas T. Ruddal was appointed as the first ophthalmologist to the Royal Melbourne Hospital in 1858. He is credited with the introduction of the ophthalmoscope to Australia.

INFLATION

In 1898, Dr J. Jackson’s fee for strabismus surgery, including anaesthetic, was 10 guineas.

NEW ACQUISITION

Dr Andrew Stewart generously donated a Gullstrand slit lamp belonging to Dame Ida Mann from when she practised in Subiaco, Western Australia. Ida was famous for her pioneering work on the embryology of the eye. After migrating from England, she collaborated with Father Frank Flynn in identifying trachoma as a major eye morbidity in outback Western Australia.

RANZCO 2015 WELLINGTON CONFERENCE

Due to lack of available space, there will not be a Museum exhibit. However the lunchtime Seniors talk on Monday 2 November will host a session on ophthalmic curiosities.

Dr David Kaufman
Curator, RANZCO Museum
HUMAN RESEARCH ETHICS COMMITTEE

A key contribution to our ophthalmic knowledge base and improving patient outcomes is through clinical research. Over the last 13 months, RANZCO’s Human Research Ethics Committee (HREC) has carefully considered a number of studies, ranging from clinical trials to low and negligible risk (LNR) studies. While not as extensive as a clinical trial for prospective research design, LNR studies are still reviewed by the Committee, albeit in an expedited form.

Many clinical research projects (and clinical audits) can be considered as LNR studies. Such studies are initially considered by committee members out of session. Depending on the study and the amount of detail provided, the College writes a letter to the Principal Investigator confirming the study as LNR or, as is sometimes the case, outlining a need to resubmit their application with more detail. More often than not there are some issues that need more explanation or additional documentation, but these can often be dealt with quickly.

MARKING A DECADE OF CHANGE

August this year marks exactly 10 years since the RANZCO HREC was first registered with the National Health and Medical Research Council. Over that time, there have been changes to both the way the Committee conducts its business, as well as to the ‘National Statement on Ethical Conduct in Human Research (2007) Updated May 2015’ itself, with the most recent changes focusing on privacy and opt-out clauses for research participants. All changes have been designed to protect research participants, but at the same time ensure expedient consideration of the research project HREC application.

RESEARCH – AN INTEGRAL PART OF OPHTHALMOLOGY

Research is such an important feature of ophthalmology and the most recently adopted RANZCO Constitution (June 2015) reinforces this in its list of College Objectives, the first of which is: “To promote the study of the science and practice of ophthalmology and to promote investigation and research in ophthalmology and related sciences and branches of medicine and to bring together ophthalmologists for scientific discussions and to disseminate knowledge of the principles and practice of ophthalmology by such means as may be thought fit.”

Research is part of the DNA of our Constitution and it is therefore natural to have our own ethics committee, which was created to not only service the valuable human and health research being conducted within the ophthalmology and vision sectors, but also understand its particular needs.

THE ROLE OF THE ETHICS COMMITTEE IN THE RESEARCH PROCESS

Researchers go through a meticulous process of steps before they submit an application. Research can include the submission of a case study of a unique patient, which may lead to the generation of a hypothesis for further clinical study. Given the nature of ophthalmology there are many interesting and varied research proposals submitted for ethical consideration and these can include larger ‘multi-centered’ studies looking at new instrumentation, drug combinations or surgical outcomes. Probably the most popular research topic over the past few years has been retrospective audits of patient information, which are now submitted on the recently updated LNR form which can be found using the ‘Research’ link on the home page of the RANZCO website.

A key element in the ethical consideration of any research project is whether a study has sufficient scientific merit to be carried out on patients. The scientific method adhered to by prospective researchers seeks to answer a question to an observation by first designing a hypothesis which is subsequently tested through an experimental process. A key role of ethics committee members is to decide whether it is ethical to put subjects at risk or inconvenience them through participation in a study. The ‘National Statement on Ethical Conduct in Human Research’ is the benchmark by which submitted applications are judged and has been updated this year to improve patient rights and privacy.

When a study protocol is considered by the ethics committee, they need to ensure that the research question, treatment strategy, patient population, primary outcome and unit of analysis are clearly specified. The research question guides the study type best suited to answering the question, while the unit of analysis guides the type of clinical trial and the optimal statistical tests. The primary outcome directs the contextual elements of the clinical trial with efficacy studies focusing on ensuring an intervention works under ideal conditions, and use tools such as randomisation, blinding and placebos to maximise internal validity and reduce bias. Effectiveness studies, on the other hand, focus on external validity and look at how interventions work once we implement them under real-world conditions. Clinical research is a multi-faceted and inter-disciplinary field, and collaboration with other health professionals such as biostatisticians ensures details like appropriate sample sizes provide meaningful data.

If you would like to submit a study for consideration, the College uses the National Ethics Application Form from www.neaf.gov.au, which also has explanatory links and information for researchers. Low and negligible risk studies can be filled out on the College LNR Form.

The RANZCO website also has further resources including committee meeting dates.

You can also email Adam Kiernan at akiernan@ranzco.edu, if you have any further questions.

Prof Mark Radford, Chair HREC
Mrs Morgan Irvine
PRACTICE MANAGERS: PART TWO

STARTING PRACTICE: THE ESSENTIAL HANDBOOK

In the previous issue of Eye2Eye, I explained how I interviewed Mrs Colleen Sullivan about her most recent book Starting Practice: The Essential Handbook, written with Prof Geoffrey Meredith. It is of special interest to all setting up in Practice Management. Following is the second part of our interview.

What are the worst disasters a practice manager can face?
Fraud, litigation, loss of reputation, practice failure and workplace health and safety. All these things can be disasters, but one has to remember to keep things in perspective. With supportive senior management, you should be able to get through most difficulties.

What is the most satisfying thing you have achieved as a practice manager?
To have been part of the move to recognise the profession of Practice Managers and Practice Management, who they are and what they do.

In the book you comment about the importance of networking. You make it seem so easy. What should people do?
It means going to things, activities that are relevant and of interest, in order to share ideas and information, and belonging to professional associations like RANZCO and the Australian Association of Practice Managers.

What are your thoughts on mentoring within practice management?
It is really a very important thing. Mentoring is an opportunity not only to nurture, but also to help Practice Managers develop skills that improve their growth.

Are you planning another book?
If so, what is it about?
I am collaborating with a number of people in healthcare for my next book. I'm excited about it, but can't at this stage say more than it is due to be out in 2016 – watch this space!

Ms Peggy Ekeledo-Smith
Head of Practice
Moreton Eye Group, Brisbane

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NEW STAFF

DAVID M RUSSELL
GENERAL MANAGER - COMMUNICATIONS

I am privileged to have enjoyed a long and challenging career in professional communication spanning journalism, public relations and public affairs. The roles I have held have been exceptionally diverse but I find my current immersion in healthcare to be the most rewarding.

I gained early exposure to the sector doing the marketing for Australia’s first fee-for-service hospital emergency departments. More recently, I spent nearly two years undertaking policy, advocacy and engagement with the Australian Society of Ophthalmologists. The transition to RANZCO was unexpected but seamless.

It is the issues-rich environment of ophthalmology that constantly intrigues. The fascinating characters one gets to engage with just add lustre! Most importantly, though, is the ability to influence positive outcomes for patient safety and wellbeing. Managing the recent Supreme Court case over glaucoma diagnosis and treatment starkly illustrated the vulnerability of patients in the complex and, to them, frequently mystifying world of medicine. Their dependence on our competence can be gratifying but their need for our humanity should constantly challenge our priorities.

The College is traversing a period that promises to be unprecedented in the changes already being felt and those in the pipeline. They are as inexorable as they are sweeping. In this stead, RANZCO is privileged to have the leadership it does. From Dr David Andrews as CEO, supported by his dedicated and talented team, to the vision, experience and dedication of the Board and Council, RANZCO is served well.

Integrity is not a quality to be claimed but it characterises the leadership, structure and processes of the College. I am humbled and delighted to be able to play a very small role with such great people.

GUY GILLOR
POLICY OFFICER

I come into the role of Policy Officer after years of diverse professional and academic experience in the areas of public health and human rights. My PhD dissertation tracks the development of the movement to establish Aboriginal Community Controlled Health Services in Australia. I am driven by my passion for human rights, and their application in health policy and planning. I believe that health is not only a human right, but also that human rights are key determinants of health. In my new role at RANZCO, I hope to make a positive contribution to policy development around eye health matters. I am particularly excited to focus my work on policy around eye health for the first time, as vision may have a profound impact on peoples’ ability to exercise their human rights.

LAURA SEFAJ
SENIOR COMMUNICATIONS COORDINATOR

I joined RANZCO as Senior Communications Coordinator in late June 2015, a short time after having...
move to Australia from Switzerland. My professional experience is somewhat varied but has almost always been within an academic environment. I worked as an English teacher in Kosovo and Switzerland after completing my BA in English Language and Literature. Although I thoroughly enjoyed teaching, the global rise of non-communicable diseases sparked my interest in health promotion, and led me to doing my MSc in Communication, Management and Health.

My most recent role at the Institute of Communication and Health, University of Lugano, allowed me to pursue my interests by carrying out research on a number of health-related issues including smoking, vaccination, chronic pain management and doctor-patient communication. I presented two of my studies, “Adapting to a new healthcare system: Do health literacy and empowerment make a difference?” and “Illness representations among three migrant groups in Switzerland: a comparative study of back pain perceptions”, at the 2014 Communication, Medicine and Ethics conference in Lugano.

I am very excited to immerse myself in the world of ophthalmology, and hope to use my experience and interests, particularly health literacy, health disparities and patient empowerment, to provide input and new ideas for our many communication projects.

Outside of work I like to go biking and spend as much time as possible exploring the outdoors. I am also very keen on learning new things, in particular languages. I am fluent in Albanian, Italian, German, Swiss German, and currently learning Pashto, one of the main languages spoken in Afghanistan.

FAREWELL TO AVRIL

Ms Avril Cronk started at RANZCO in 2011 as a Communications and Congress Manager, and she was promoted in 2013 to General Manager, Community Relations and Congress where she managed the Communications team and the Congress. She went on maternity leave rather suddenly in November 2014 when her twin girls, Amelie and Camille, decided to make an early appearance. She recently decided to not return to RANZCO, instead she will be spending a few years living in rural NSW and enjoying her little bundles.

“There aren’t many jobs where one feels the need to write in the newsletter after they’ve left. In fact for me, this is a first. I thoroughly enjoyed my time at RANZCO and will always look back on the years I spent there and interaction with staff and members very fondly,” said Avril.

“It’s been fabulous to work on this magazine and the Congress, and see them go from strength to strength. For me, working on the 2013 Congress in Hobart was a real stand out. Not returning from maternity leave was a difficult decision, but the Communications team now in place are brilliant and my two girls rather time consuming.

“I hope to stay in touch with many of you and look forward to seeing the College grow and develop in the years to come”.

Avril Cronk’s identical twins Amelie and Camille playing in the sun.
2015 ANNUAL GENERAL MEETING

This year’s RANZCO Annual General Meeting (AGM) will be held on Sunday 1 November as part of the Wellington Congress. All RANZCO Fellows will be invited to attend via a meeting notice and are entitled to vote. In accordance with clause 27 of the RANZCO Constitution, meeting notices may be served by email, as well as by post or in person. For the 2015 AGM notice, these will only be sent via email. If you have opted out of receiving email communication from RANZCO, you will still receive the AGM notice via email. Please be sure to keep an eye out for this important piece of correspondence. We look forward to seeing you at the 2015 Congress and the AGM in particular.

Dr David Andrews

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Visit the Optos booths 43 and 44 at this year’s RANZCO Congress in Wellington, NZ
Branch Musings

NEW SOUTH WALES

Chair: Dr Tasha Micheli
Hon Secretary: Dr Kim Frumar
Hon Treasurer: Dr Andrew Chang

The New South Wales (NSW) Branch, in conjunction with the Asia-Pacific Vitreo-retina Society (APVRS) and Australian and New Zealand Society of Retinal Specialists, co-hosted the recent highly successful 9th APVRS Congress. This was held from 31 July to 2 August 2015 at the Hilton Hotel, Sydney, and also incorporated the NSW Branch 2015 Annual Scientific Meeting. Both the APVRS Congress President, Prof Ian Constable, and the Congress Convenor and Scientific Secretary, Dr Andrew Chang, assured us of a “meeting of high quality and depth” for general ophthalmologists and retinal specialists alike.

The overwhelming consensus and feedback from our RANZCO Fellows and the international delegates and guests was that the Congress surpassed their expectations with respect to both the comprehensive ophthalmic and social programs. Over 1,100 delegates attended. GPs also attended a workshop on ‘Managing eye problems in daily general practice’ on Saturday afternoon, 1 August 2015 with presentations from Drs Clare Fraser, Con Moshegov, Anthony Maloof, Christine Younan, Krishna Tumuluri, Michael Jones and Ilesh Patel. The NSW Branch sincerely appreciates the contribution from all the speakers and organising committee.

(Go to page 37 for more detail and pictures on the APVRS).

2016 BRANCH MEETING – LASERS IN OPHTHALMOLOGY

The theme for the 2016 NSW Branch Annual Scientific Meeting to be held from 18-19 March 2016, at the Crowne Plaza, Hunter Valley will be ‘Lasers in Ophthalmology’. We are very fortunate to have two renowned international keynote speakers. Professor John Marshall, often referred to as the ‘father of ophthalmic laser development’, is the Frost Professor of Ophthalmology at the Institute of Ophthalmology in association with Moorfields Eye Hospital, University College London. He is Emeritus Professor of Ophthalmology at Kings College London, Honorary Distinguished Professor University of Cardiff, Honorary Professor of the City University and Honorary Professor Glasgow Caledonian University. His research has concentrated on the inter-relationships between light and ageing, the environmental mechanism underlying age-related, diabetic and inherited retinal disease, and the development of lasers for use in ophthalmic diagnosis and surgery. In 2014 he was awarded the Zivojnovic award by the European Vitreo Retinal Society, a lifetime achievement award by the UK and Irish Society for Cataract and Refractive Surgery, delivered the Bowman Lecture and received the Bowman Medal.

The second international speaker is Dr Inder Paul Singh from Wisconsin, USA, who completed his fellowship in glaucoma at Duke University in July 2004 before returning to his hometown. He has pioneered the use of in-office lasers to remove visually significant floaters.
Registration details will be available on the RANZCO website and published later in the year. We welcome all RANZCO Fellows to what promises to be a great meeting, definitely not to be missed.

**MEDICAL CAREERS EVENTS**

The members of the NSW Branch Committee have been busy representing RANZCO. Dr Con Moshegov attended the Medicine and Health Careers and Research Evening, University of Sydney, on 20 May 2015 to answer enquiries from medical students regarding the ophthalmology training program. The annual Australian Medical Association Medical Careers’ Expo was held on Saturday 8 August 2015 at the Sydney Masonic Centre, Sydney from 10.00am to 3.00pm. I was assisted by NSW Fellow Dr Christine Younan, eye registrars Drs Marko Andric, Lianne Lim, Tish Ramakrishnan and Sartaj Sandhu, and RANZCO’s Ms Laura Sefaj and Ms Mena Graham, to whom I’m grateful.

**EXCITING NEWS**

With the unanimous support and financial backing of the NSW Branch, Dr Michael Giblin was successful in his bid, while in Paris in June 2015, for the International Society of Ocular Oncology Congress to be hosted and underpinned by the NSW Branch. This congress will be held in conjunction with the 2017 NSW Branch Annual Scientific Meeting from 24-28 March 2017 with the ISOO congress officially starting on Saturday, 25 March (this includes Friday, 24 March as a pre-day). The venue is the International Convention Centre, Darling Harbour, Sydney. This is another wonderful opportunity to combine our meeting with an international congress, as evident from the recent 9th APVRS Congress, where we can be joined by overseas delegates and exchange thoughts and ideas.

*Dr Tasha Micheli*

**NEW ZEALAND**

**Chair:** Dr Stephen Ng  
**Hon Secretary:** Dr Andrea Vincent  
**Hon Treasurer:** Dr Andrea Vincent

In June, the retirement of Prof Tony Molteno was recognised by a seminar in Dunedin held in his honour. His colleagues, ex-registrars and protégés celebrated his enormous contribution to ophthalmology at all levels – local, national and international. Of particular note is his contribution to medicine with the invention of, and subsequent research on the Molteno drain. His teaching and mentoring have inspired a generation of New Zealand and Australian ophthalmologists. Many of us have been the recipients of the Moltenos’ generous hospitality at their Dunedin home. The members of RANZCO New Zealand Branch, on behalf of RANZCO and countless grateful patients, wish Tony and his wife Tess all the best for his retirement.

In Taupo in May, the Save Sight Society of New Zealand held its annual meeting. The theme was ‘Fast & Furious – everything you wanted to know about eyes in just 2 days’. International and local keynote invited speakers as well as local ophthalmologists, optometrists, ophthalmic nurses and ophthalmologists-in-training delivered presentations to 195 delegates. Special thanks go to Prof Charles McGhee and his team at the New Zealand National Eye Centre for their excellent organisation of the meeting. The profits will fund New Zealand vision research. Furthermore, the Save Sight Society meeting is a key venue for ophthalmology, optometry, nursing, orthoptic and allied professions to meet in a collegial, educational forum.

Dr Rebecca Stack, RANZCO Fellow and Oculoplastic Surgeon, has recently won two national awards at the Flybuys-sponsored “Mumtrepreneur” awards. She won the “Best Product or Service Business” category and was the “Supreme Winner and Mumtrepreneur of the Year”. Rebecca was the driving force to develop a new ophthalmic facility – Christchurch Eye Surgery. “It is a constant struggle for mums to find the balance between running a successful business and finding the time to share precious moments with their children before they get older;” Rebecca said. No doubt she will use her Flybuys prize points for a well-deserved holiday with her husband, Patrick, and daughters Hannah, age six and Grace, age four.

Finally, we, NZ Branch members look forward to welcoming our Aussie cousins to the RANZCO Annual Congress in Wellington. Please keep sheep jokes to a minimum or we will be forced to rub your noses in it when the All Blacks win the Rugby World Cup!

*Dr Stephen Ng*

**NZ Branch Chair**

**Professors Tony Molteno and Helen Danesh-Meyer at the seminar held in his honour**

**Dr Rebecca Stack**
WESTERN AUSTRALIA

Chair: Dr Nigel Morlet
Hon Secretary: Dr David Delahunty
Hon Treasurer: Dr Rob Paul

Since the implementation of mandatory continuing professional development reporting for maintenance of medical registration, the Western Australia (WA) Branch has been acutely aware of the need to provide a range of local opportunities for Fellows. To meet those needs the teaching hospital grand rounds have been combined into a one day meeting at the new Harry Perkins Institute of Medical Research in Nedlands, hosted by the Lions Eye Institute, and convened by each teaching hospital in rotation. The new format has been well received despite a charge for attendance being introduced this year. Dr Vignesh Raja, head of the ophthalmology department at Sir Charles Gairdner Hospital, hosted the meeting on neuro-ophthalmology this last July which had nearly 120 registrants – a record attendance for WA.

As part of the meeting we established a neuro-imaging audit, and 21 out of the potential 67 Branch Fellows are currently participating. This is being co-ordinated by Dr Jo Richards with the help of Dr Xia Ni Wu, a senior registrar at Royal Perth Hospital. The follow up results will be presented at the December Pathology-Imaging Meeting at the Perkins, which will complete the audit cycle nicely. Collective audit is proving popular in WA and Jo is also co-ordinating one on intraocular lens glistening.

WA’s newest large tertiary general hospital, the Fiona Stanley Hospital, still has a number of ‘teething’ problems, one of which is the lack of ophthalmology services. The Branch is working through these issues with those from Royal Perth and Fremantle Hospitals who are indirectly covering the situation. The situation is not helped by the recent Department of Health manpower survey which suggests that ophthalmic services in WA will be in critical shortage next year. We are increasing the training positions to improve the situation, but the time lag will not cover the gap in services over the next few years. The pressure will be particularly felt by the public sector which is, as always, under-resourced and over-worked, and now in a state of flux with the uncertainties around the Fiona Stanley Hospital opening.

Dr Nigel Morlet
WA Branch Chair

VICTORIA

Chair: Dr Andrew Crawford
Hon Secretary: Dr David Van Der Straaten
Hon Treasurer: Dr Suki Sandhu

The Victorian Branch Committee is pleased to note that it has representatives from almost every major Victorian ophthalmology department and practice group. One of the committee’s important functions is to collect and represent the views of Victorian Fellows and the committee’s wide membership should allow most Fellows to find easy access to at least one committee member.

The committee is currently engaging with VicRoads in pursuit of improvements to the process of assessing fitness to drive. Fellows with particular views on this matter should convey these to the committee. The Victorian Government’s Sustainable Eye Health Project offers some opportunities for new service developments, the Branch has been involved in this project and will continue to represent the views of ophthalmology across the whole state. The Branch has also been attending at the Victorian Australian Medical Association Chairs of Colleges meetings and these have helped RANZCO to share information with our wider medical colleagues.

The Victorian Branch Scientific Meeting for 2016 will again be at the Woodward Centre at the University of Melbourne. All Fellows are reminded to keep Saturday 5 March 2016, free for another stimulating meeting.

The Victorian Branch Annual General Meeting will be held in October and elections will be held for Victorian Branch Officers and Victorian Federal Councillors. The success of the College is based on having good representation from a wide range of Fellows. All Fellows are urged to consider nominating for a College position; nomination forms and information will be supplied with the Notice of Meeting.

Dr Andrew Crawford
Vic Branch Chair

IMPORTANT DATES 2015/2016

4 December 2015
RANZCO Board Meeting

5 March 2016
VIC Branch
Annual Scientific Meeting

18-19 March 2016
NSW Branch
Annual Scientific Meeting

27-28 May 2016
NZ Branch
Annual Scientific Meeting
HOT TOPICS
DEFINE
TASMANIAN
BRANCH MEET

More than 70 delegates, speakers and sponsors descended on chilly Hobart for the annual Tasmanian branch meeting, held at the lovely Henry Jones Art Hotel in late June.

The winter solstice means Dark Mofo time in Hobart, a cultural celebration filled with shows, demonstrations, food, drink and plenty of lights!

Against this backdrop, a challenging program was held in conjunction with the Flinders University evidence-based ophthalmology group. Like all good conferences, plenty of thought went into a program that combined lectures, presentations, debates, free papers and plenty of time for questions and answers.

Proceedings kicked off on the Friday night, where a reception was held at Government House for all speakers, delegates and sponsors. The Saturday morning guest speaker was A/Prof Jennifer Tieman from Flinders University. Her work on knowledge networks has helped implement a research data management system to facilitate multisite clinical trial activity and automated literature retrieval for busy clinicians.

More than 70 delegates, speakers and sponsors.

Later that day topics focused on tube versus trabeculectomy, visual field defects and a rapid fire audits session that covered cataract surgery, intravitreal injections and more. The Congress Dinner was held at the Grand Chancellor Hotel.

On Sunday, topics focused on collagen cross-linking and the role of optical coherence tomography in glaucoma, amongst others. Of great interest was the presentation by Dr Scott Parkes, Head of the Intensive Care Unit at Launceston Hospital. Scott spent two months working in an Ebola clinic at Sierra Leone. He covered how and why Ebola is transmissible, with reference to clinical data and the challenges faced by doctors and other frontline health workers.

Later on Sunday, there was a debate around femtosecond laser versus conventional phaco, a hot topic with differing views among practising surgeons. The meeting closed with more free papers. A health sponsor turnout was complemented by the ophthalmic nurses joining the throng for morning tea, bringing together different areas of the eye care team.

A highlight on the Saturday afternoon was a GP education workshop, held specifically for GPs on common eye conditions and how best to treat them. Topics covered included pitfalls in ophthalmic examinations, acute painless vision loss, how to use an ophthalmoscope, telemedicine, collaborative care, and lumps and bumps on the ocular surface.

A big thank you to Drs Alex Hewitt, Guy Bylsma, Andrew Patrick, A/Profs Nitin Verma and Brendan Vote. We look forward to seeing you next year, where the theme will be genetics.
THE 9TH APVRS
Congress of the Asia Pacific Vitreo-retina Society

ASIA MEETS AUSTRALIA AT THE APVRS

The Asia-Pacific Vitreo-retina Society (APVRS) was delighted to join forces with the Australian and New Zealand Society of Retinal Specialists and RANZCO NSW in hosting the 9th APVRS Congress in Sydney, held from 31 July to 2 August.

“Retina is booming in the Asia Pacific region with so many new therapies and technologies now able to address much of the blinding eye disease. In this golden era of retina, the APVRS is growing rapidly in importance,” said Prof Ian Constable, the Congress President.

Over 1100 delegates (including 500 international guests) attended the three day scientific meeting. Emphasis was on new and emerging treatments and technologies, and controversies and challenges in management of vitreoretinal pathology. The meeting was conducted with warmth and an exciting vibe filled the conference venue at the Hilton Hotel.
The APVRS was formed in 2006 to create a platform for academic exchange for retinal specialists. The late Prof Yasuo Tano was the Founding President and was instrumental in the early success of the Society. From 2009, Prof Ian Constable has carried on Yasuo’s legacy by continuing the Society’s mission. Under the strong leadership of Ian and the APVRS Council, the Society has grown stronger. Each year the meeting is held in a different country in the Asia-Pacific region, and it was exciting that Sydney won the bid to hold this year’s meeting.

Following the successful bid, I worked closely with Ms Denise Broeren and her team from Think Business Events who worked expertly to ensure a well-organised meeting. Prof Dennis Lam, the Secretary General of APVRS, directed his influence and energy in promoting and driving the meeting internationally using the successful template of the Asia Pacific Academy of Ophthalmology. The support from industry at local and regional level was very generous. There were six industry-sponsored lunch symposia which provided additional valuable scientific education.

The scientific program was of exceptional quality and provided valuable education for general ophthalmologists and retinal specialists alike. Together with Dr Jennifer Arnold, we headed an enthusiastic group of 42 scientific co-ordinators of 17 symposia comprising over 100 invited speakers. The mixture of local and international co-ordinators provided a unique opportunity for interaction between the speakers as they combined to present exceptional quality scientific content. The symposia received universal positive appreciation from delegates.

In addition to the invited symposia, over 300 abstracts were received for free papers and posters. There were 46 rapid fire oral presentations, 72 hard copy posters and 109 electronic posters showcasing innovative ideas and research.

The highlight of the scientific program was the APVRS Tano Lecture given by Prof Tien Wong, Singapore National Eye Centre, on the increasing public health issues of myopic macular degeneration. The Australian and New Zealand Society of Retinal Specialists Neil Della Lecture was given by Prof Ian McAllister from the University of Western Australia on the mechanisms and treatment of retinal vein occlusions.

The Congress Party held at the Australian Maritime Museum was a unique Australian experience. With Sydney’s famous Darling Harbour in the background, delegates experienced the magnificent view and glittering lights of the city skyline, while enjoying canapés and drinks aboard the HMAS Vampire. Australian cuisine was served from live cooking stations, along with a chance to learn about and help create an Indigenous artwork. The beautiful painting will adorn the new RANZCO office. Local and international guests adored the cuddly native animals.

The 10th APVRS will be held from 8-10 December 2016 in Bangkok, Thailand. It will be held in conjunction with the 38th annual academic meeting of the Royal College of Ophthalmologists of Thailand. See you there!

Dr Andrew Chang PhD FRANZCO
Convenor of the 9th APVRS Congress
APVRS Scientific Secretary
Prof Kang-Mieler (USA) presenting on new drug delivery systems.

Prof Ian Constable, President of the Congress.

Guests and delegates at the APVRS Gala Night held at the National Maritime Museum.

APVRS and ANZSRS committee members.

Opening ceremony - strings and didgeridoo.
Policy and Advocacy Matters

WORKING TOWARDS BETTER PATIENT OUTCOMES

CHRONIC DISEASE MANAGEMENT

Fellows Drs John Downie, Peter Van Wijngaarden and Andrew White presented to RANZCO Council in June on best practice and models of care involving multidisciplinary teams in managing chronic disease (diabetic eye disease and glaucoma) in New South Wales and Victoria (primary health care and hospitals). Critical to the success of these initiatives to improve screening rates, access and management of chronic eye disease will include identification of the at-risk population, communication between service providers, use and availability of technology, innovative use of the eye health workforce and collaboration between the community, hospitals and service providers.

Through a Senate Review submission in Australia, RANZCO has advanced its positions on opportunities for the Medicare payment system to incentivise and encourage chronic disease prevention and management best practice. These include supporting the wider use of the HbA1c test to detect patients living with diabetes, supporting government funding for the proposed Medicare Benefits Schedule (MBS) item number to increase diabetic retinopathy screening rates for all diabetic patients, and supporting the extension of telehealth services to optometrists in geography Remote Areas zones 2-5 to meet the eye health needs of people living in outer regional towns, rural and remote communities.

In New Zealand, RANZCO Fellows Drs Jim Borthwick and Stephen Ng provided input into the National Health Committee Tier 1 paper on eye conditions. In particular, anti-vascular endothelial growth factor demands, need for follow-up of glaucoma and diabetes were identified as areas for improvement in treating eye conditions and improving the patient journey.

MEDICARE BENEFITS SCHEDULE REVIEWS UPDATE

Following the announcement by Australian Health Minister Ms Sussan Ley earlier this year that the MBS will be reviewed, a workshop was convened by the Department of Health in Canberra on 8 July 2015. Prof Bruce Robinson, Chair, MBS Reviews Taskforce provided an introduction, with Mr Martin Bowles, Secretary, Department of Health providing supplementary remarks. A/Prof Alex Hunyor, Chair, Medicare Advisory Committee and Mr Gerhard Schelthener, General Manager Policy and Programs attended on behalf of RANZCO.

The following reasons were provided for the need to review the MBS: obsolescence of some items; “indication creep”; inappropriate frequency/intensity; pricing failure; and bundling/unbundling.

All MBS items will be reviewed, with a view to increased value from services and a focus on evidence-based care. It was stressed by several speakers that this is not designed primarily to be a cost-cutting exercise.

Expected outcomes:
1. Identify major MBS issues;
2. Triage items for review;
3. Rapid review of relevant items;
4. Recommend changes to items;
5. Recommend system changes; and
6. Embed an ongoing review process.

Process and timelines:
The MBS Review Taskforce will oversee a large number of discipline groups to look at items, and some separate review groups to examine the rules of the MBS. These will be discipline based groups which will come back to the Taskforce with recommendations.

The approach taken to review the MBS will follow the Health Quality Ontario model for conducting rapid reviews. A discussion paper will be published in late September/early October calling for submissions from stakeholders to inform the first Government report.

In December 2015, the Taskforce will provide its first report to Government, identifying the priority items for review. It is expected that the bulk of the reviews will be done by the discipline groups in 2016. In December 2016 the Taskforce will provide its second report to Government, which will include recommendations for ongoing review of the MBS.

At its meeting on 18 August 2015, the Taskforce agreed to a list of Clinical Committees and working groups. Clinical Committees and working groups for priority establishment in 2015 are Diagnostic Imaging; Ear, Nose and Throat (ENT) Surgery; Clinical Haematology; Obstetrics; Thoracic Medicine; Gastroenterology; and Rules and Regulations. These Clinical Committees will review priority items during 2015, as well as test the underlying methodology ahead of the full roll out of the Review in 2016. It is expected that the Ophthalmology Clinical Committee will commence its work during the full roll out of the Review in 2016.

CHOOSING WISELY CAMPAIGN

RANZCO Fellow Dr Clayton Barnes has commenced engagement with the Fellowship to put together a list of recommendations of the tests, treatments and procedures that clinicians and consumers should...
question as these may not be beneficial. It is crucial that suggestions made include the specificity needed for this type of list, and that each recommendation should be based on the best available evidence.

Recognising the differences in practice and funding in Australia and New Zealand, it is important that responses from both countries are forthcoming.

Clayton can be contacted directly or via the RANZCO Policy Officer, Guy Gillor at ggillor@ranzco.edu.

ASSESSING FITNESS TO DRIVE

Fellows Dr Michael Delaney, Dr Paul Beaumont and Prof Justin O’Day from the RANZCO Visual Standards Subcommittee and orthoptist Ms Neryla Jolly collaborated with the National Transport Commission, Transport NSW and Optometry Australia, to review the “vision and eye disorders” guidelines for assessing an individual’s fitness to drive. Michael is confident that the adoption of the revised guidelines will be much fairer and safer for the public.

Prof Brien Holden OAM died suddenly on 27 July, aged 73. He must have been the world’s best known optometrist and certainly he did more than anyone else to address the needs of the 150 million people or so with poor vision because of uncorrected refractive error.

Born and trained in Melbourne, he completed a PhD in London before joining the Department of Optometry at the University of New South Wales. Here he started work on developing a better contact lens. His work led to the world dominant Focus Night and Day lens. His Cooperative Research Centre (CRC) for Eye Research and Technology was one of the first CRCs to be established and led into the highly successful Vision CRC, one of the most successful of all the CRCs. The royalties from the contact lens work were fed back to support further research but almost uniquely to also fund humanitarian work through the International Centre of Eyecare Education. The Centre provided eye care and affordable glasses to thousands of Aboriginal and Torres Strait Islander people, particularly in New South Wales and the Northern Territory. Later the Institute for Eye Research and the International Centre of Eyecare Education were renamed as parts of the Brien Holden Vision Institute.

His global reach and impact was quite extraordinary. Over many years he worked very closely with Dr Nag Rao at the LV Prasad Eye Institute in Hyderabad, India, and together they developed a world leading centre for eye care, teaching and research. He also had strong collaborations in several African countries and in China and East Asia.

Brien became a very active supporter and Board Member of the International Agency for the Prevention of Blindness. He worked closely with ophthalmology in providing appropriate eye care to all.

In so many ways Brien was larger than life. A large man himself, he had an extraordinary vision of what could be, a generosity of spirit that brought people in and supported them to share that vision and make it become a reality. He worked hard and he played hard. He was a warm and welcoming host and always fun to be with. A loving family man he was also surrounded by a large staff of people utterly devoted to him and his projects. He will be very sorely missed by all who worked with him and those who have benefitted from the work he did.

Prof Hugh R Taylor AC
International Development

BUILDING CAPACITY IN CLINICAL ASSESSMENT PRACTICES AT THE UNIVERSITY OF HEALTH SCIENCES, PHNOM PENH

Dr Mark Renehan, Censor-in-Chief and Mr Craig Dobney, Manager, Selection and Assessment, recently supported the Ophthalmology Residency Training (ORT) teaching faculty in preparing and conducting a mock Objective Structured Clinical Examination (OSCE) at the University of Health Sciences in Phnom Penh. The trial exam was an opportunity for ORT teaching faculty to consolidate their knowledge of the content and structure of an OSCE, in addition to developing their skills in utilising the resources and processes required to conduct an OSCE on the university campus.

The mock OSCE was held on Tuesday 23 June and it was deemed to be a very successful event by all participants. Mark and Craig assisted in the preparation of each station and observed the OSCE as it was conducted with candidates and patients.

The candidates were first year trainees who were observed throughout the OSCE by students in Years 2 and 3. In December, all students from Years 1, 2 and 3 will be examined in the same OSCE. At the conclusion of the OSCE, Mark and Craig engaged in a post-examination reflection and feedback session with the ORT teaching faculty. Craig also compiled a report which identified some recommendations that will contribute to preparing and conducting the OSCE in December. He included advice on improving logistical processes, in addition to standardising the assessment tools and increasing the number of candidates. The ORT teaching faculty was encouraged to consider these recommendations in the interest of improving the overall quality of the examination. This activity was funded by the Australian Department of Foreign Affairs and Trade and implemented through the East Asia Vision Program.

THERE WERE FIVE STATIONS INCLUDED IN THE MOCK OSCE

Station 1: Anterior segment - Dr Mark Renehan and Prof Ngy Meng assisted in preparing the anterior segment station for the examination.

Dr Kong Piseth was an examiner on the posterior segment station.

The candidate interviewed the patient while being observed by two examiners and a trainee.

Dr Mark Renehan checked equipment on the refraction station prior to the commencement of the OSCE.

Dr Mark Renehan checked equipment on the refraction station prior to the commencement of the OSCE.

Station 5: Paediatric/neuro ophthalmology
Dr Richard Hart, Chair of the RANZCO CPD Advisory Committee for Cambodia, presented on oculoplastics and CPD at the Cambodian Ophthalmological Society (COS) which hosted the 3rd ASEAN Economic Community Ophthalmology Meeting in Siem Reap, on 12 June. Richard’s CPD presentation, conducted as part of RANZCO’s capacity building project, was aimed at sharing his personal experience with CPD to help ensure the uptake of CPD by COS members.

Ms Tanya Parsons, Manager Professional Standards and CPD, also attended the meeting. While in Siem Reap, Tanya helped to consolidate plans to train COS members in utilising the new online CPD Diary co-developed by COS and RANZCO. RANZCO has been supporting the development of the CPD Diary and website which will be officially launched to COS members at the December 2015 Continuing Medical Education meeting.

In a recent visit to Phnom Penh, after observing the trial OSCE, Mr Gerhard Schlenther, General Manager, Policy and Programs, met with Dr Ny Tharath, Head of the Ophthalmology Department, and his staff in the Khmer-Soviet Friendship Hospital. Ny outlined the supervisory support that he provides to help trainees (ophthalmologists and nurses) to meet their training requirements. He provided a tour of the department and explained procedures for providing quality services to patients. Ny also participated in the recent trial Objective Structured Clinical Examination held at the University of Health Sciences and was impressed by the value that the new clinical examination is adding to the Ophthalmology Residency Training program. The project team met with key stakeholders including the Cambodian Ophthalmological Society and University of Health Sciences to encourage CPD uptake and follow up on assessment, including the development of multiple choice questions.
RANZCO NOMINATES DR LAURIE SULLIVAN AS EYE HEALTH LEADER

Every year, the International Agency for the Prevention of Blindness (IAPB) celebrates the work of Eye Health Leaders at its annual Council of Members. Responding to a call for nominations for eye care professionals from across the IAPB membership, RANZCO nominated Dr Laurie Sullivan who has had a long-term interest and involvement in international ophthalmology. Laurie has enriched the design and implementation of RANZCO’s capacity building projects in the Asia Pacific region, and has particularly contributed to educational and training development in Fiji and Cambodia. RANZCO is very pleased to recognise the much valued work of Laurie by nominating him as IAPB’s Eye Health Leader for 2015. Please go to IAPB’s website to see more details regarding Laurie’s nomination.

PacEYES ADDRESSES THE CHALLENGE OF ELIMINATING AVOIDABLE BLINDNESS IN THE PACIFIC

Themed ‘The Challenge of Eliminating Avoidable Blindness in the Pacific,’ The Pacific Eye Care Society (PacEyes) Regional Eye Health Conference was held from 15-17 June at the Holiday Inn, Suva, Fiji.

The conference was opened by the Hon Minister Jone Usamate, Minister for Health and Medical Services, Fiji. Sessions covered major diseases (cataract surgery, refractive error, diabetic retinopathy, glaucoma, trachoma and others), country reports and challenges experienced. RANZCO Fellow Prof Minas Coroneo was the key guest speaker. He presented on innovation, pterygium surgery and managing dry eye.

The conference was well attended by PacEyes members from all Pacific Island countries. Representatives from the World Health Organization, International Agency for the Prevention of Blindness, donors, RANZCO and key non-government organisation partners shared their experiences and commitments made to help reduce avoidable blindness. There was a focus on the rise of diabetes and related eye diseases in the Pacific Islands.

Dr Varanisese Naviri will take over as PacEYES President leading a new, enthusiastic young team of executives – including Drs Mundi Qalo, Lucilla Ah Ching and Salome Lolokabaira who are eager to take the organisation into the future. Dr Ana Cama will continue to play a supportive role as Immediate Past President.

During her Presidency, Ana helped develop the partnership between RANZCO and PacEYES to further build the capacity of PacEYES as an institution and assist in the continuing professional development of its members. At the Conference, Mr Gerhard Schlenther presented on this partnership, formalised earlier in June through the signing of a Memorandum of Understanding. Activities for collaboration cover leadership development, continuing professional development program enhancement, scientific exchanges and inter-college relationship development.

PacEYES took the opportunity at the conference to announce that applications are open to its members for the RANZCO Regional Leadership Development program. The program will include participation in the International Development Workshop co-hosted by RANZCO and PacEYES prior to the RANZCO Annual Scientific Congress in Wellington later this year.

Mr Iliesa Delana, Assistant Minister of Youth and Sports and the first Fijian athlete to win a medal (gold in high jump at the 2012 Paralympics), officially closed the conference with an inspirational talk about his journey of overcoming disability to being welcomed home from the Olympics by thousands of people in the rain for national celebrations.
Diabetic eye disease in a low resource setting: past, present and future.

RANZCO-PacEYES
International Development Workshop
Friday 30 October 2015
9.30am-5.00pm
Chartered Accountants House in Wellington
The Australian Society of Ophthalmologists (ASO) is passionate about raising awareness of the issues and challenges facing Australian ophthalmologists. Right now there are plenty to choose from.

**MEDIBANK’S STRONG-ARM TACTICS**

Media reports have been running hot on Medibank Private’s dispute with Calvary Hospital over contract negotiations. What Medibank’s lock-out with Calvary has fast exposed is the insurer’s desire to start restricting services and, with this, control consumer choice. The ASO is deeply concerned by the move and its effect on patient care. We fully support Australian Medical Association President Prof Brian Owler’s request that the profession be allowed to brief the Prime Minister on the realities of what’s at stake here.

**PRE-APPROVALS LOOK A LOT LIKE MANAGED CARE**

The ASO, in partnership with RANZCO, has been active in responding to recent moves by certain private health insurers to install a ‘pre-approval’ process for procedures which have potential to be ‘cosmetic’. Given that Medicare Benefits Schedule (MBS) descriptors for such procedures are already written to exclude inappropriate use, we consider this to be a gross intrusion on the sacred doctor-patient relationship. In fact, advice sought from the Federal Department of Health indicates that it may be unlawful for a health fund to require a pre-approval for a patient who has an insurance policy which covers them for a specific MBS item. Therefore, in a joint approach with RANZCO, we are advising our members that pre-approval is inappropriate and should not be undertaken for any services performed using MBS item numbers.

**VITAL INPUT ON OBA GUIDELINES**

Lengthy legal action initiated by the ASO and RANZCO, which also saw public support from other patient advocacy groups including Glaucoma Australia, resulted in the Optometry Board of Australia (OBA) reversing amendments to their guidelines for use of scheduled medicines – ‘Collaborative care guidelines’ and ‘Guidelines for care of patients with, or at high risk of developing, chronic glaucoma’. This reversal ensures that optometrists must make a specialist referral within four months. Ongoing mediated discussions have continued with the ASO, RANZCO, OBA, Optometry Australia and the Australian Health Practitioner Regulation Agency regarding further implementation of OBA guidelines. The ASO, along with the College, will continue to facilitate a collaborative ‘patient safety first’ firm approach to implementing guidelines that have clear referral pathways and are in the best interests of patient care.

**NEW CONSTITUTION FOR ASO**

A new ASO Constitution will be presented to members at the next ASO General Meeting, scheduled for November. The changed constitution will allow the ASO to move from its status as an Incorporated Association to one as a Company Limited. This will ensure that the Society enjoys the accepted and normal protections of a company while delivering ASO members greater confidence and certainty that our professional organisation is being managed in-line with Australian Securities and Investments Commission standards.

**BUSINESS SKILLS SEMINAR**

Following the success of the ASO Business Skills Expo in May, the Society is now poised to present a dynamic Business Skills Seminar at the RANZCO 47th Annual Scientific Congress in October. The Seminar will run from 9.30 am to 12.30 pm as part of the Saturday program for the Congress. To secure your spot contact the ASO office via phone 07 3831 3006 or email info@aso.asn.au.
The Ophthalmic Research Institute of Australia

ORIA RECEIVES SIGNIFICANT BEQUEST TO FUND RESEARCH INTO MACULAR DEGENERATION

The Ophthalmic Research Institute of Australia (ORIA) was thrilled to learn of the generosity of Mr Richard Humbley, who sadly died towards the end of 2014. We were fortunate to spend time with Richard during 2009. As part of his estate, Richard stipulated the formation of the Richard and Ina Humbley Foundation with the sole beneficiary being the ORIA. Ina had suffered from macular degeneration and predeceased her husband.

Richard was Managing Director of Cockatoo Island from 1971 to 1981. Prior to that he joined the Royal Australian Navy (RAN) volunteer reserve in 1941 after graduating from the University of Sydney with a Bachelor of Economics degree. His last RAN post was director general of naval production at the Navy Office in Canberra. Richard reached the rank of Captain in the RAN.

The income from this Foundation will be used in the future to support the ORIA’s annual funded research into macular degeneration in the hope of both assisting in alleviating symptoms for sufferers of the disease, and helping to add to the knowledge in finding a cure. We are indebted to the Humbleys and, along with the Trustees of the Richard and Ina Humbley Foundation, proud to carry out their wishes.

This is a perpetual Foundation and once it commences, will have equity of around $1.7 million, with the intention of building up the capital to $5 million.

The ORIA will receive income from the new Foundation from 2016. It is an example of the generosity of individuals in Australia who believe in the benefit of providing funds for research for a blinding disease affecting so many people.

During 2015, the ORIA is funding six projects investigating macular degeneration to a total amount of $300,000. In the last four years, the ORIA has provided over $1 million for macular degeneration research alone.

One of the current funded projects is being undertaken by an up and coming investigator who was awarded an ORIA New Investigator Grant. Dr Danuta Bukowska arrived in Australia from Poland after completing her PhD and is now working at the Lions Eye Institute in Perth. She describes her research project, titled “Investigating the mechanism of visual scotoma and metamorphopsia due to macular disease using multimodal imaging”, as follows:

“Macular diseases are common causes of blindness. Therefore, detection and quantification of the first symptoms of these diseases, such as metamorphopsia and visual scotoma, present great interest and remain a challenge. In this project we will use advanced optical methods for imaging the macula and its cellular structure in patients with macular diseases. We believe that this study will bring us closer to understand the mechanisms of these visual defects so we can predict how various types of metamorphopsia and visual scotoma respond to early intervention.”

Anne Dunn Snape, Executive Officer, ORIA

Mr Richard Humbley

Dr Danuta Bukowska

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Anne Dunn Snape, Executive Officer, ORIA
An Ophthalmology Heritage Medal

Celebrating 136 Years of the Royal Children’s Hospital in Brisbane

Hundreds of thousands of patients were treated in the eye outpatients department of the Royal Children’s Hospital in Brisbane over its 136 years. To commemorate this service, and to create an enduring memorial to the service of ophthalmologists, orthoptists, nurses and opticians who have cared for patients with eye diseases and injuries, the Royal Children’s Hospital struck an Ophthalmology Heritage and Tribute Medal in 2014.

The Royal Children’s Hospital in Brisbane was founded in 1878, as Australia’s second children’s hospital. The hospital closed at its site at Herston in North Brisbane in November 2014, its service subsumed by the opening in that month of a new hospital, the Lady Cilento Children’s Hospital, in South Brisbane. The 136 years of service of “The Children’s” in Brisbane, as one of the nation’s significant teaching and tertiary paediatric hospitals, included the care of millions of children and their families, leadership in both undergraduate and postgraduate medical education, and in clinical research.

Clinical ophthalmology was the first speciality to be developed in the (then) Hospital for Sick Children in Brisbane. As elsewhere in Australia, prior to the 1880s, those who cared for children were generalists, physicians and surgeons both.

Two diseases in particular, trachoma and lead poisoning, led to a Queensland focus on the specialised management of ophthalmic diseases. At the end of the 19th century, eye diseases were epidemic in Western Queensland children, of whom at least 20% were suffering from trachoma. In 1892, at the third Inter-colonial Medical Congress held in Sydney, two ophthalmologists from the Hospital for Sick Children in Brisbane, Drs Alfred Jefferis Turner and John Lockhart
Gibson, described an apparent epidemic of lead poisoning in Queensland children. The emergent epidemic syndrome comprised optic atrophy, anaemia, inanition and lower motor neurone paralysis. It was formally described by Dr Turner (1861-1947) in 1894.

**THE BIRTH OF OPHTHALMOLOGY IN AUSTRALIA**

Later, a paper from Dr Turner in the Australasian Medical Gazette of 1897, entitled “Lead poisoning among Queensland Children”, ushered in an era of three decades of advocacy to remove lead from domestic paint. A milestone paper written in 1904 with Dr Gibson (1860-1944), the pioneer Queensland ophthalmologist, was entitled “A Plea for Painted Railings and Painted Walls of Rooms as the Source of Lead Poisoning Amongst Queensland Children”. It highlighted the need for legislative action. Dr Gibson was a dominant extrovert, a founder of the discipline of ophthalmology in Australia, a leader and innovator in the collegiate world of medicine, and a courageous and decorated doctor-soldier.

Over the ensuing decades, a sequence of senior ophthalmologists served at the Children’s Hospital in Brisbane. The service of Dr Gibson as the senior consultant ophthalmologist (served 1884-1921) was followed by that of Dr Edward Oswald Marks (1882-1971) who served from 1921-1947; Dr Daniel Hart (served 1933-1956); Dr Malcolm Whaites (1949-1950); Dr Mark Harrison (served 1956-1965); Dr Laurel Macintosh (served 1958-1984), Dr Paul Spiro (1956-2014), Dr John Harrison (1986-98), Professor Timothy Sullivan (1989-2014) and the current author (Professor Glen Gole, 1990-2014). Dr Paul Spiro is particularly praiseworthy, beginning his career as an RMO in 1949, then as a consultant from 1956, giving a total 65 years of his life in the service of the hospital until his retirement in 2014 when the hospital closed. Scores of young ophthalmologists completed their training in paediatric ophthalmology at the Royal Children’s Hospital in Brisbane and tens of thousands of in-patients were treated in the Hospital’s two Eye Wards, Gray Eye Ward (opened in 1883) and The Davis Eye Ward, (opened on Whitsunday 1886), the first paediatric eye ward in Australia.

**THE OBVERSE – METAPHORS AND FAIRYTALES**

The obverse of the Heritage Medal portrays the armorial bearings of the Royal Children’s Hospital Brisbane, with the hospital’s motto, “Healing, Teaching, Caring”. The coat of arms, part of the achievement (comprising also the motto and badge of the Children’s Hospital), was bestowed by the Garter King of Arms, on behalf of the English College of Arms, in London in 1990. The shield is charged with a koala and her infant, portraying the concept of childhood and the importance of parental care. The Maltese or Crusader Cross in the shield denotes the hospital’s service to, and identity with, Queensland. The Maltese Cross formed part of the second badge (1908) of the Children’s Hospital and has featured in various emblems of the Hospital since that time. The supporters are a pre-adolescent boy and girl, of different ethnic origins, as metaphors of positive health and universal paediatric healthcare.

The helmet is of steel and faces to the observer’s left. The helmet is emblazoned with a chapeau, a humble medieval scholar’s bonnet, symbolising the origins of modern medicine and surgery in pre-Renaissance times. Surmounting the crest is the Queensland jabiru (Ephippiorhynchus asiaticus), a much-loved stork. This double heraldic metaphor denotes both geographic identity and gives a hint of the children’s fairytale in which the stork delivers healthy babies. The jabiru holds a snake within its beak. This is the children’s python (Antaresia maculosa), a carpet python, indigenous to Queensland and north-eastern New South Wales. Prof John Pearn used its heraldic incorporation in the hospital’s coat of arms, in place of the traditional Askleopian Serpent of Healing, as an heraldic pun.

**THE REVERSE – THE SAINT AND THE GODDESS**

The reverse of the Ophthalmology Heritage Tribute Medal portrays the jugate frontal images of Lucina, the Roman Goddess of Bringing the Child to the Light, and on the viewer’s right that of St Lucy, the patron saint of the blind and of those with eye diseases. The two figures are flanked by a dexter (beside Lucina) sprig of Duboisia sp., the Australian native corkwood, the major international commercial source of atropine-related alkaloids; and on the left by a sprig of Erythroxylum coca, the source of cocaine.

Lucina, literally “Light Bringing”, was one of the Roman di nisei, or birth goddesses, who also included Candelífera and Carmentes. Lucina was the transpersonalised Roman goddess, the last in the chronological sequence of several protective goddesses broadly caring for sight – beginning with Nekheb, the Egyptian childbirth goddess. Nekheb was followed by the Greek goddess Elleithyia, and was finally superseded by the Roman Lucina.

Saint Lucia, or Saint Lucy (283-304 AD), was a young Christian martyr from Syracuse in Sicily. Lucy was tortured and killed in the Diocletian persecutions of 304 AD. She remains one of the most important Christian saints. Her Feast Day is celebrated on 13 December. Her eyes were miraculously restored after their enucleation either by Roman guards or as a penitential act of self-mutilation. She is always portrayed in iconography with her enucleated eyes proffered to the viewer, offering the gift of sight. In this medallion iconography, Lucy offers this gift to supplicants for the protection or restoration of their sight.

**COCAINE AS AN ANAESTHETIC**

In 1860 Albert Neimann, a PhD student in Germany, isolated pure cocaine crystals as the alkaloid contained in and extracted from the Amazonian coca plant, Erythroxylum coca. The local analgesic effects of cocaine were discovered in 1879 by Prof Vassili van Anrep at the University of Würzburg. In 1884 Dr Karl Koller demonstrated (on himself) that cocaine was a powerful topical eye anaesthetic agent, thus introducing the era of painless eye surgery. Neimann...
named the extract "cocaine", from "coca" with the suffix "ine". Since that time, local anaesthetic agents (both generic and trade names) have been given the unifying suffix "aine", from cocaine, as the progenitor of all local anaesthetic agents. The chemical structure of cocaine was finally defined by Richard Willstatter in 1898.

ATROPINE ALKALOIDS

The majority of the world’s supply of hyosine (scopolamine), hyoscyamine and other atropine-related alkaloids comes from the Australian native corkwoods, Duboisia sp., particularly commercially-bred hybrids of Duboisia leichhardtii and Duboisia myoporoides. The trees, whose leaves today contain up to 8% dry-weight of alkaloid, are grown commercially in guarded plantations in south-east Queensland and northern New South Wales for the German-based pharmaceutical industry.

HERITAGE AND TRIBUTE MEDAL

The encircling motto, "Colatur ars ut liberorum visus servetur", was composed by Emeritus Professor Bob Milns, former Professor of Classics at the University of Queensland. It is freely translated as "May the art and science of ophthalmology be developed that children's sight might be preserved".

In the exergue is the College motto "Ut videant" in English, "That they may see", translated into Braille text by Mrs Kaye Gole, a Braille specialist. The Heritage and Tribute Medal was the concept of Prof John Pearn. The graphic artist was Ms Clare Pender of Talbot Press. Struck in October 2014, specimens of the Medal were deposited in various archival collections as an enduring metaphor of dedicated and skilled ophthalmic service to millions of Queensland children.

AN ENDURING RECORD

As time passes, much of history and heritage is lost. Oral history fades and is debased and many written archives and early electronic records relating to the history of ophthalmology have also been lost forever. One of the most enduring of all records are medals and medallions. Such constitute a "monumentum aere perennius", which will become one archive of the service of those who have striven to preserve children's vision.

Professors John Pearn and Glen Gole

Note: This article has drawn from a number of references including articles, reports, literature and others. For a full list, please email Prof John Pearn at j.pearn@uq.edu.au
Dr Arthur Karagiannis was the ophthalmologist who led the notorious glaucoma management legal case against the Optometry Board Australia (OBA). Yet ironically, this former President of the Australian Society of Ophthalmologists (ASO) and now Vice President of RANZCO, has the greatest respect for the profession of optometry and the benefits that flow from a seamless patient pathway.

It’s called the patient pathway. The process by which a patient has a medical issue assessed and treated, from the very first healthcare professional they present to (whether that be an optometrist, general practitioner or hospital emergency physician) right through until their medical issue is resolved. It includes all the healthcare providers they see along the way. Eye health professionals use this term to describe the relationship between the patient and the professions.

Back in 2006 RANZCO discussed the importance of the patient pathway in their monthly column in mivision, which sought to “improve communication with the eye care community in the interests of helping to achieve optimum patient outcomes”.

The way that Arthur practises provides the perfect example of the patient pathway in action. With his main private practice located in Adelaide, he also works out of the Victorian town of Mildura and the regional South Australian town of Berri. In Berri he works from a hospital clinic, and in Mildura from a large optometry practice.

“I started going to Mildura back in 2004 – I visited a few times looking for a practice to work from and I stumbled upon Stephen Jones and Associates – it’s a large practice with four optometrists. [Mr] Stephen Jones welcomed me in,” said Arthur.

“Primarily we work independently. I have my own patients, they have theirs and while we don’t share notes, the notes are all held in the same area … there are plenty of patients I see that I need following up by optometric care and so it works well because we’re all under the same roof.”

Mildura, a town of just over 30,000 people, is well served by a local ophthalmologist who practises there four days a week. The community is also supported by two other visiting ophthalmologists as well as Arthur. All three visiting ophthalmologists work out of Stephen Jones and Associates. Arthur says the system works well because he and the two other ophthalmologists visit there regularly working with the optometrists: Arthur concentrates mainly on cataract surgery, glaucoma management and pterygium surgery, the other two visiting ophthalmologists are sub-specialists in retina and ocular plastics.

WORK DISTILLED BY OPTOMETRISTS

Arthur says the cases he sees in the city differ from the majority of cases he sees in regional Australia; a function of scarcity of time and experience of the optometrist.

“The way I practise ophthalmology in Mildura is predominantly pathology based so work is being distilled to me by optometrists, whereas in the city based setting I have a broader referral base with referrals also from GPs and consequently I also treat a lot of diabetic and age-related macular degeneration patients,” he said.

“That means in Mildura my time is not taken up by problems that optometrists have been trained to deal with; like picking up cataracts or performing diabetic screenings. Sometimes GPs will refer a diabetic check to me and so I’ll write back and suggest they send their patient to an optometrist”.

He said this way of working means that optometrists in regional areas quickly
develop more skills because they see more pathology. It’s expertise that he helps facilitate in any way possible, because “the underlying principle is what’s in the best interest of the patient”.

“I’ve helped the optometrists who work in Stephen Jones’ practice and in other local practices to upskill in a significant way so they can see patients with me in real time, see what particular pathologies look like and how treatment can improve pathology. That makes a big difference in the way knowledge and experience is accumulated.”

Having been established for many years, Stephen Jones and Associates takes in several final year students and graduates of optometry from Melbourne University for their clinical experience and they all spend time with Arthur.

“Without fail they say they’ve seen more pathology in one day than in five years of training ... of course if they were there longer it would be even better because although they know a lot of theory and their optometric knowledge of the eye is good, unless they get to see pathology it can be hard to recognise it ... and this is where optometrists in the country benefit – they see pathology all the time, so even when they see something new, they’re more in tune and pick up a condition,” he said.

Stephen Jones, optometrist, agrees that the optometrists in his practice have benefited by being exposed to cases they would not otherwise see. “Our optometrists have learned how to best manage patients, what needs to be done and how quickly,” he said.

He said the arrangement is beneficial to the patient pathway because the optometrists have immediate access to advice from ophthalmologists, even when the doctors are out of the practice. “We have the ophthalmologic back up in the practice – we can easily talk to them while they are here or over the phone, so in many cases we co-manage patients that way.

The fact that we can contact Arthur at any time and say I’ve got a particular patient sitting in the chair and this is what’s happening, is reassuring from our point of view. A lot of optometrists wouldn’t have that relationship, and similarly, a lot of ophthalmologists wouldn’t necessarily feel comfortable having an optometrist instigate a treatment before they see the patient, which is what we are able to do.

“We’ve built up a very good mutual trust – they trust our skills and we are quite happy to do some of the leg work for them.”

With other optometrists in Mildura and one other ophthalmologist, Stephen said boundaries for patient referral and management are important. “We don’t push our patients to visit the ophthalmologists who are here unless they require their particular speciality, and similarly, when patients from other practices come to see one of the ophthalmologists here we are very careful to ensure the patient returns to the referring practice.”

WAY OF THE FUTURE

Stephen said the model of having optometry and ophthalmology working side by side in the same practice is a model for the future. “There is a lot of work that optometrists can do to help ophthalmologists ... maybe with the influx of optometrists coming through the university system, this is the way of the future”.

Sydney ophthalmologist and RANZCO Young Fellows Advisory Group member Dr Christine Younan agrees that when optometrists and ophthalmologists work more closely together, the patient benefits.

“Optometrists and ophthalmologists play an important role in ophthalmic healthcare. For a great many patients with vision problems, optometrists are the entry point into the patient pathway. As such, they play a vital role in the initial assessment of patients, in determining whether acute pathology exists or not, and in directing patients, where appropriate, to the next healthcare professional in a time appropriate manner. Where medical treatment is required, ophthalmologists will then become involved in patient care,” said Christine. “Optometrists and ophthalmologists have different training and different expertise, but we work together and complement each other’s skills to provide patients with eye problems the best level of care.”

Christine cited a recent example. “Our patients get the best care when we work together. I have a diabetic patient who has had extensive bilateral proliferative diabetic retinopathy, neovascular glaucoma and diabetic macular oedema in the past. She lives on the Central Coast. Her intraocular pressures have been difficult to control, and she occasionally has recurrent episodes of vitreous haemorrhage. On a day she feels her vision is ‘bad’, she pops in to see her optometrist, who often calls me if there are any changes. Recently her intraocular pressure was 70 mmHg on a ‘bad day’ in association with a dense vitreous haemorrhage. Her optometrist gave me a call and I was then able to expedite appropriate care.

By working together I believe we were able to give this patient timely and appropriate management of a serious condition that may have otherwise threatened her vision,” said Christine.

The idea of working closely with ophthalmology appeals to optometrist and National President of the Cornea and Contact Lens Society of Australia, Ms Jessica Chi who says she is passionate about her role in the patient pathway. “I absolutely believe in what we do as optometrists, we screen, detect, manage and treat conditions of the eye, refractive and also non-refractive. I am proud of my profession and I count each and every one of my colleagues a healthcare professional because I see the dedication we have first and foremost to the patient, but also to the profession. I see colleagues constantly upgrading their equipment so they can provide the best possible care, I see them regularly at conferences and meetings so they can further their knowledge and I hear wonderful stories
of how optometrists have changed their patients’ lives.

“I myself am therapeutically endorsed and I manage and I prescribe regularly when required, and my colleagues who are yet to become therapeutically endorsed would manage patients in similar ways except the prescription would usually be written by their general practitioner,” said Jessica.

Optometrist and academic Professor Nathan Efron said optometrists are absolutely equipped to do this. “Four of the five university-based optometry schools in Australia sit in faculties of health, and three are part of, or closely integrated with, schools of medicine. There is now considerable overlap between what ophthalmologists and therapeutically endorsed optometrists can prescribe. Referral and shared care protocols demand that eye care professionals are able to ‘speak the same language’, and have access to the same, updated information from pharmaceutical companies about these medications,” he said.

KNOWLEDGE ESSENTIAL TO WORKING TOGETHER

Dr David Andrews, CEO of RANZCO says a strong understanding of medications and treatments, as well as an understanding of the underlying cause and management of diseases, makes an optometrist a valuable part of the eye care team.

“It is important for optometrists to have a good understanding of a wide variety of therapeutic treatment options, the benefits and dangers. For some basic eye conditions it is appropriate that an optometrist provides a solution as they are generally more accessible than ophthalmologists. This may necessitate therapeutic endorsement, but I guess it really depends on how comfortable an optometrist feels about making a diagnosis and prescribing treatments... by understanding diseases and treatment options an optometrist is then able to properly advise a patient about different options, including those that can only be done by an ophthalmologist. They would also then be able to work with local ophthalmologists to assist in the management of chronic conditions or post-surgical follow up required,” said David.

According to the Optometry Board Australia’s May 2015 report, of 4902 registered optometrists in Australia, 1921 (39.19%) are now therapeutically endorsed, with the majority of those based in Victoria (727 or 59.11%) of general registrants are endorsed). The Australian Capital Territory has 25 therapeutically endorsed optometrists, New South Wales 407, Northern Territory 15, Queensland 387, South Australia 127, Tasmania 54, and Western Australia 158. Additionally, 21 optometrists of no mentioned state are endorsed.

COMPETENCIES REQUIRE INFORMATION

Optometry Australia CEO Ms Genevieve Quilty said “Optometry Australia believes information about medicines enhance the care an optometrist can provide their patient.

“The Australian health system is strong, and made stronger by health professionals who are well educated and connected,” she said. “Our education system, even prior to the changes to entry level standards, required optometrists to have an understanding of many matters including appropriate pharmacological agents.”

In 2008, the Optometry Australia entry level competency standards required that optometrists had competencies that included: “Appropriate pharmacological agents are selected and recommended for treatment of the patient’s condition: Ability, when choosing the most appropriate therapeutic agent(s) for the patient, to consider aspects such as available delivery systems (e.g. ointments, drops).”

The 2014 Optometry Australia entry-level competency standards specify “the ability to make prescribing decisions on the basis of the best available research evidence together with clinical expertise and the patient’s preferences”.

Jessica said these competencies are essential to meeting the needs of the patient pathway. “As a therapeutically endorsed and actively prescribing optometrist, we need to stay abreast of the uses, appropriate application and complications of the drugs on our prescribing list. Even if I was not therapeutically endorsed, I still believe that having access to the information provided by pharmaceutical companies is necessary.

“Having an understanding of ocular therapeutics doesn’t just give us the ability to prescribe therapeutics. It gives us a deeper understanding of the mechanisms in which ocular problems occur; the way they are managed and treated, and the potential side effects associated. Even if we are not managing the therapeutic or surgical management of the eye, as primary eye care practitioners, it is important for optometrists to understand how these work,” said Jessica.

“I also believe that we need to have an understanding of the systemic medications that our patients are on – hypertension, diabetes, high cholesterol, stroke – are some of the many systemic conditions that may cause effects in the eye, and may even be detected within the eye. In addition, various systemic medications can cause ocular side effects – yes we are optometrists looking mainly at the eye, however the eye is connected to the rest of the body,” added Jessica.

“We can afford far greater chair time than the ophthalmologist can, and we are frequently asked questions regarding their treatment and management. Being able to answer these questions helps to support the ophthalmologist and more importantly, help the patient understand their condition, why they need to adhere to the management plan and hopefully encourage compliance. I strongly believe that ophthalmologists and optometrists can and do work symbiotically, and understanding the therapeutic agents and their mechanisms will instil confidence in the ophthalmologist that I can
comfortably co-manage their patient, without compromising patient care and saving them valuable chair time,” said Jessica.

David said optometrists and ophthalmologists need to work together. “It is very important, neither profession can or should work in isolation. There are simply too many patients needing a vast range of services to manage their eye conditions. Ophthalmology and optometry have worked in an integrated eye care team for years and this is not likely to change”.

OPPORTUNITIES FOR THE FUTURE
Christine said there were opportunities to bring the two professions closer together in a way that would benefit the patient pathway. “I believe all ophthalmologists look forward to working closely with optometrists into the future. We both have so much to offer, and our different skills complement each other so well,” she said.

“I would certainly be interested in seeing an annual combined meeting of all eye healthcare professionals (ophthalmologists, optometrists, orthoptists and specialised ophthalmic nurses). While we all attend our own specialised meetings, it would be useful to learn about each other’s advances and have the opportunity for greater collaboration,” she said.

David said RANZCO is working on measures that will unite optometrists and ophthalmologists as well as others in the broader health professions. “RANZCO is keen for all members of the eye care team to work together as required. This means orthoptists, nurses, optometrists and GPs. By following the most appropriate pathway, patients will get the best treatment possible without wasting time or resources. RANZCO is developing tools to assist everyone understand the patient pathway for a number of major eye conditions, and we plan to work with optometry as these are rolled out in the near future.

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GLAUCOMA TREATMENT PIONEER FETED
SHAWN McAVINUE

A Dunedin professor who invented the first drainage device for glaucoma has been honoured at a function at the Otago Museum.

Dunedin School of Medicine research fellow Mrs Tui Bevin said 85 former students, registrars and colleagues of Prof Anthony Molteno travelled from across New Zealand and Australia to share stories at a glaucoma symposium and dinner to honour the “delightful, colourful raconteur” on Saturday, 30 May.

“There were a lot of stories to tell,” Tui said.

Anthony said the symposium was “great fun and very nice”.

“It was a pleasure to see all my colleagues and the people who trained with me and we had a great time.”

Tui said Anthony earned an international reputation for his research, most notably into the effects of the Molteno implant, the first successful glaucoma drainage device and one still considered to be the ‘gold standard’.

He established and directs the Otago Glaucoma Surgery Outcome Study, the world’s longest ongoing follow-up study into glaucoma surgery. It followed more than 1000 eyes with a Molteno implant, and more than 1000 eyes that had a trabeculectomy, at Dunedin Hospital since 1977 to determine their long-term outcomes.

Anthony published nearly 100 articles and seven book chapters.

His work received numerous international and national honours and awards, including the American Glaucoma Society’s innovator of the year award in 2015, the International Society of Glaucoma Surgery’s medal for outstanding achievement in 2014, Emeritus Membership of the Glaucoma Research Society in 2011, the RANZCO distinguished service award in 2009, the Lion Clubs International Foundation’s Melvin Jones Fellowship in 2008, he became an Officer of the New Zealand Order of Merit in the 2006 New Year’s Honour, and received the Goldmann Medal from the International Glaucoma Association in 1998 for his significant contribution to the understanding and treatment of glaucoma.

Anthony and his wife, Tess, have three children.

Prof Anthony Molteno:

- Graduated in medicine from Cape Town University in 1961.
- Specialised in ophthalmology, receiving his Edinburgh Fellowship in 1968.
- Took up an ophthalmologist position at the Karl Bremmer Hospital and Tygerberg Hospital, at Stellenbosch University, near Cape Town.
- Moved to Dunedin in 1977 and was appointed senior lecturer in ophthalmology at the University of Otago.
- Became professor in 2002 and emeritus professor in 2012.
- Retired from clinical and teaching work at the end 2014 but continues his research.

Reprinted with permission from Otago Daily Times, June 2015
TIMARU EYE SPECIALIST RETIRES

ESTHER ASHBY-COVENTRY

Ophthalmologist Dr Michael Mair is retiring after almost three decades serving the poor and the rich in Timaru.

Michael has tried to retire for years and finally made it official on Thursday 16 July, after 27 years as Timaru’s only eye specialist.

In his time he fought the New Zealand public health system and developed a computer system for managing patient records.

When his career began, lasers were “the size of a coffin now they are the size of radios”, he said. “When I started we didn’t even have computerised field units for glaucoma we had to do it all by hand. The most dramatic imaging acquisition is the optical coherence tomography which gives extra detail of pictures inside the eye.”

The ophthalmologist grew up in North London, England in a family of doctors, but it was his father’s temporary loss of sight which set him on his career path. His father was a chest physician who suffered from what was later understood to be Devic’s disease (pale nerve heads) causing blindness at the age of 21. A few years later he regained enough sight to work. “He was ashamed and we were not allowed to look in his eyes”, Michael said.

The family emigrated to Bermuda for three years when Michael was a boy, then returned to England where he was sent to Bedford boarding school at the age of 13. “It was cold, lonely and I hated it.”

Going on to study at Cambridge University, Westminster Medical School and Moorfields Eye Hospital, he returned to Cambridge then headed off to West Africa in 1972. For a few months he worked with the people of Sierre Leone learning more about the practical side of his profession. He

Dr Michael Mair gained his Diploma in Ophthalmology in 1974 from the UK Royal College of Surgeons.

An interest in human interaction led him to take a break from ophthalmology and undertake a research project on the melody of text, a micro analysis of spontaneous conversation, brain function and eye movements.

“When his career began, lasers were ‘the size of a coffin now they are the size of radios.’”

A job offer as a senior lecturer at Otago University came up and that was how he came to New Zealand in 1985. The position did not work out as anticipated and three years later he took up the role as Timaru Hospital’s ophthalmologist.

The size of the clinics were untenable and Michael was finding the healthcare system “monstrous”. He did not want patients to miss out because they could not afford to pay to see a specialist but the public sector was overcommitted. “I’m slightly socialist”. To work the system to the benefit of all people, Michael resigned and was re-employed on contract for both private and public patients.

In 2006 he converted a house on High St into an eye clinic, offering both sets of patients exactly the same standard of care and equipment. This turned out to be one of the highlights of his career as it worked so well. Another dream he realised was to develop a practice management system which is used throughout Australasia.

While Thursday 16 July marked his last working day, he spoke at a free public seminar on macular degeneration held at the Timaru RSA on Saturday 18 July.

The South Canterbury District Health Board has agreed to purchase his clinic company and plans to continue the Timaru Eye Clinic at the High St building. Meanwhile, Michael will enjoy an overseas trip and some long-awaited relaxation.

Reprinted with permission from Timaru Herald, July 2015.
PATIENTS AT RISK OF LOSING SUBSIDY FOR DRY EYE SYNDROME

RANZCO PRESS RELEASE
23 JULY 2015

Nearly half a million Australians who suffer dry eye syndrome that makes eyes feel ‘gritty’ or ‘sandy’ are at risk of losing a subsidy for ocular lubricants, often referred to as artificial tears.

There are serious concerns that the Commonwealth government may remove ocular lubricants from the Pharmaceutical Benefits Scheme which subsidises their cost.

The dry eye condition can seriously reduce quality of life and RANZCO believes treatments should remain subsidised. The condition, known as Sjogren’s syndrome (pronounced Show-grin’s), is an autoimmune disease with no current cure. The disorder attacks the body’s moisture-producing glands and affects around 1 in 200 Australians, 90% of them women.

Early diagnosis is important for preventing the more serious complications of the disease and RANZCO recommends people with dry eyes see an ophthalmologist regularly to check for damage.

Dr Elsie Chan says diagnosis is determined by an eye examination and performance of a Schirmer Test, which measures production of tears using a special paper strip placed under the lower eyelid. “If Sjogren’s syndrome is suspected as a cause”, she explains, “exploratory blood tests will also be performed.”

Elsie noted that some patients with Sjogren’s syndrome are prescribed hourly lubricant drops. “Diagnosed patients have lifelong symptoms that require effective management to prevent further eye complications and loss of vision. Universal access to affordable ocular lubricants that are the mainstay treatment to relieve dry eye syndrome for patients with this condition is critical.”

The exact cause of Sjogren’s syndrome is unknown but scientists think it has to do with a combination of genetics and infection with a virus or bacteria. The most frequent complaint is a sensation of a foreign body in the eye, often described as a gritty or sandy feeling.

Other symptoms include decreased tears, redness, a burning sensation, light sensitivity, eye fatigue, itching and a “filmy” effect that interferes with vision. Sjogren’s syndrome is often undiagnosed or misdiagnosed because symptoms may mimic those of menopause, drug side effects or inflammatory conditions such as rheumatoid arthritis. While most patients are diagnosed in their late 40s, age is no barrier and children can also suffer from it. The disease can affect nearly all ethnic groups.

THE YOUNGER FELLOWS ADVISORY GROUP

The Younger Fellows Advisory Group remains busy at both a Branch and Federal level as the second half of 2015 commences.

We are pleased to welcome three new representatives from New Zealand to the group – Drs Jesse Gale, Narme Deva and Kenneth Chan. I would also like to thank outgoing member Brent Gaskin for his time and commitment since coming on board in 2013.

At the recent New South Wales Branch meeting we held a lunchtime Symposium including presentations from Mr Scott Chapman (Tresscox Lawyers) who talked about minimising litigation in medical practice. Ms Suzanne Lyon (RANZCO Advocacy Officer) gave an informative update about workforce data available for optometrists and ophthalmologists.

Our congress plans continue to come together for Wellington. Once again we look forward to welcoming Fellows in their first 10 years since admittance to dinner at the Prefab Hall, only a 15 minute walk from the main Congress venue on the Monday night. It will be a great opportunity to network with colleagues and enjoy some great food and wine. We will have a couple of short presentations throughout the meal which will certainly get the conversation flowing. The dinner will cost $40 per head for three courses. It was a sell-out last year, so be quick to register on the Congress website www.ranzco2015.com.au

We will be presenting a session in the main program which will cover a number of topics including ethical practice, addressing complaints from patients, growing a new practice, research careers and much more. We are very pleased to have a number of Fellows including President Dr Brad Horsburgh and Congress Convener and Wellington local Dr Keith Small take part.

As always, if you have any issues you wish the group to consider please contact your local Younger Fellow representative.

Dr Christine Younan
Chair
RANZCO Clinical Audit Tool (RCAT) has been designed by Fellows for Fellows and provides a simple platform to manage your clinical audits.

**RCAT WILL HELP YOU TO:**
- Improve patient care leading to better outcomes;
- Learn more about your clinical practice through benchmarking;
- Provide quality service; and
- Earn compulsory Clinical Expertise CPD points.

RCAT is provided to RANZCO Fellows as a member benefit and is free to access and use. It currently facilitates cataract surgical audit, but other procedures will be added in future iterations. For more information or to register to use RCAT, please visit the CPD Resources and Tools section of the RANZCO website or contact Tanya Parsons, Manager, Professional Standards and CPD at tparsons@ranzco.edu or 02 9690 1001.
Obituaries

DR ALLAN ALEXANDER TYE
30 APRIL 1926 TO 7 MARCH 2015

In 1954, post WWII, many people in European countries wished to emigrate. Allan worked as a locum for the German Immigration Department, first in Hamburg and later in Hanau. Sadly, many did not pass the medical test as tuberculosis was rife at that time. It was during this period that he became engaged to Janet.

Travelling back to Australia he worked for an extended period as a locum for a Melbourne eye specialist. In the meantime, he and Janet’s courtship was largely by correspondence. Janet left England for Australia in early 1956.

In 1956 Allan was admitted as a Fellow of the Royal College of Surgeons. In the same year, Janet and he were married.

In 1957 Allan established his private practice in Adelaide. He also worked in an honorary position at the Royal Adelaide Hospital and later as honorary ophthalmologist at the Queen Elizabeth Hospital.

In 1956 Allan was admitted as a Fellow of the Royal College of Surgeons. In the same year, Janet and he were married.

In 1957 Allan established his private practice in Adelaide. He also worked in an honorary position at the Royal Adelaide Hospital and later as honorary ophthalmologist at the Queen Elizabeth Hospital. He also became a Visiting Specialist at Daw Park Repatriation Hospital. During these busy years he managed to fit in regular visits to the Northern Territory to treat Aboriginal people. On one occasion he worked with Prof Fred Hollows, AC whom he very much admired.

Allan retired from his Adelaide private practice in 1996. In that year, Janet and he moved to the town of Goolwa on the beautiful Fleurieu Peninsula. Allan worked occasionally in a consultative capacity until 2003. In his retirement he became interested in geology and joined the Field Geology Club of South Australia; he enjoyed many informative trips with them.

Pertinent to Allan’s family life; his son Michael wrote, “What I will miss is a father whose greatest accomplishment was winning the heart of a gorgeous woman who stayed with him for 60 years and together they allowed us children to pursue our own dreams, allowed us to make our own mistakes and provided the solid ground on which we could do this.

Dad was a unique, unpretentious, stubborn, studious, sociable yet solitary character. His legacy can be found in the love and pride his children carry for him, the love his family have for each other and the special memories of him we all have.”

Allan is survived by his wife, three sons and two daughters.

Mrs Janet Tye
On 6 June 2015, ophthalmology in the west and the people of the port city of Fremantle were made the poorer with the loss of Dr Douglas Blair Starling. His wonderful ability to warm the hearts of all who met him, as patients, colleagues or friends, will be sorely missed.

Doug was born in Melbourne but grew up in Adelaide. He developed a love of the water, with childhood excursions on the Murray in a canoe that he had made himself. The water was to return as a central part of his life much later.

After completing an MBBS in Adelaide in 1968, he followed many of his generation of medical colleagues overseas in pursuit of a broader experience in life and work. He travelled to Canada and completed house jobs in Edmonton before taking up an opportunity to pursue ophthalmology in Saskatoon. His obvious talents as a surgeon and leader led to an FRCS in ophthalmology in 1973.

He enjoyed the opportunities for adventure available to those supplying ophthalmology outreach services in the frozen far north of Canada. Floatplanes were used to access the remote Inuit communities. On one occasion he awoke to find the plane suddenly snap frozen in the lake. Undaunted, he returned to the clinic and waited until the freeze really set in. The plane was then broken out of the ice and took off on skis across the solid lake. Adventure enough, but more so for Doug who had completed his pilot’s licence in Canada and was both the ophthalmologist and the pilot for the trip.

With warmer climes calling, Doug returned to the Senior Registrar post at the Queen Elizabeth Hospital in Adelaide in 1974 before taking up the private practice of Dr Haddon Johnson in Mt Gambier. Like most ophthalmologists, Doug liked a well-organised work environment with a place for everything and everything in its place. So did Haddon of course, which would have been fine except that Doug was a left-hander and Haddon a right-hander. The daily rearranging rituals until Haddon retired, one can only imagine!

Doug settled well into the practice and indulged his penchant for property with a 40 acre farm complete with an 1880s homestead. The garden grew wonderful camellias, which were strategically placed by Doug on the emergency department Charge Nurse’s desk with a note or two. Christine enjoyed the charming approach and they were married in 1983. They had three children who warmly filled a great part of their lives.

Time in ‘The Mount’ was full and ophthalmology a broad discipline with few cases having to be sent away. Many patients enjoyed seeing the ‘Doc’ in the street or supermarket and ‘Coles consults’ were common in the supermarket aisle, as everyone knew Doug and his friendly manner. The remoteness did leave him feeling under-equipped in the rapidly changing area of posterior segment. To correct this he took a year out of his practice in 1985 to do a retinal fellowship in Sydney.

In 1989 the vicissitudes of dealing with the hospital administration in Mt Gambier and a visit to the west for an ophthalmic conference led Doug to a practice in Fremantle that he conducted until just a month before his death. His was a happy practice with the tone set from the top. “Go to work to have fun” was his formula. A broad clinical skill set and a positive approach to establishing a good communication with each patient meant Doug was very busy in the port city. Fremantle has many elderly Italian patients who were delighted when Doug would address them in Italian, a result of many industrious evenings in the local TAFE. Some patients who were opera aficionados even reported being welcomed into the
consulting room with a couple of bars from their favourite aria.

While maintaining a busy practice he was also involved with College activities and was the Chair of RANZCO WA from 1997 to 2003. His good grace and humour made him an ideal chair of meetings and he was able to bring disparate groups and interests together.

Fremantle also offered many opportunities to renew his connection with the water through the Swan River and the Indian Ocean. Although he hadn’t sailed as a youngster, he took up cruiser sailing as a 50 year old and soon developed a reputation as an impeccably fair and considerate skipper when racing or cruising. His predilection for learning new things led him again to the Fremantle TAFE and he completed a Yacht Masters certificate, complete with offshore and celestial navigation. The racing calendar at Royal Freshwater Bay Yacht Club kept him busy and he particularly enjoyed the offshore series, which put boat, crew and skipper more to the test.

Family life was Doug’s greatest pleasure of all. With three children, times at home were always full and often busy with creative endeavours as their two daughters, Gabrielle and Rochelle, had Christine’s flair for fashion and design. This meant many evenings were spent preparing for the next showing of their designs. Such was Doug’s committed support that he was often given the finer needlework tasks to complete to make sure that submission deadlines were met. Following Simon’s football career was also a favourite way to spend the weekend. During Simon’s time as captain of football, Doug took the fund raising task seriously and is reputed to have turned more than 3000 sausages on the BBQ that year. Not surprisingly the sausages were known for their orderly presentation on the hotplate!

Although always appearing in robust good health, an episode of chest pain as a 62 year old led to a cardiac arrest on the hospital steps. Resuscitated and stented, Doug awoke to thank Christine for her timely demand that, despite his protestations, Doug should immediately get into her car and be driven to the hospital, which saved his life. Another full decade of “having fun” at work and home elapsed before Doug became aware of the cancer which was to take his life a year later. He was able to continue working part-time until the final month and enjoyed seeing his many patients for what was to be the last time. He also kept his yacht ‘Hydrotherapy’ and would enjoy watching it finish well on race days, although from the clubhouse lawn and not on the helm.

Positive in his inimitable way till the last, he departed this world surrounded by Christine and their three children, with a large bunch of camellias at his side. He will be sorely missed by all those who had the good fortune to know him.

Dr Phil House
DR JOHN NORTON TAYLOR
17 FEBRUARY 1928 TO 26 MAY 2015

Born in Adelaide, Dr John Norton Taylor was a direct descendant of Eliza Sturt, the sister of Captain Charles Sturt, the Australian explorer.

The family moved to Melbourne in 1938 and for seven years John attended Trinity Grammar School as a boarder. He became vice captain of both the football and cricket teams in his final year and was a cadet lieutenant and school prefect in his final two years.

John graduated with MBBS in Melbourne in 1951. He acted as senior resident medical officer at Launceston General Hospital from 1952 to 1953, and subsequently as resident medical officer at the Royal Women’s Hospital in Melbourne in 1954.

In 1954 he accepted an urgent job offer to become a Medical Officer with the Australian Embassy in Rome, Italy. After only two weeks in Rome, he was posted to Greece to medically process potential migrants. Subsequent postings were to Cyprus and Beirut, with short stints in Rome, Naples, Sicily and Malta. In 1956, after 12 months based in Rome, he was moved to Trieste, Italy, to medically process potential migrants from this area as well as refugees from across the border. In 1957 John performed the same role in Yugoslavia for refugees of the Hungarian revolution.

Wanting to further his medical career, in 1958 he moved to London to study and specialise in ophthalmology. He commenced as an outpatient medical officer at Moorfields Eye Hospital and then finally as a resident medical officer at Bristol Eye Hospital. After 18 months he returned to Moorfields in London to finally achieve the degrees of FRCS (Eng), FRCS (Ed), FRCO and DO (Lond). At this stage, in 1962, he met and married a young Canadian nurse from Toronto whom friends called ‘Canadian Cathy’. After marrying in London they returned to Australia that year.

He was also appointed Director of the Orthoptic Department and, in view of the increasing complexity and knowledge required in modern ophthalmology, he introduced the concept of training orthoptists as medical technicians. In addition, he felt orthoptics should be a university degree in view of the knowledge now required to become an orthoptist and submitted a lengthy application for this to La Trobe University, which was accepted and acted upon. Over this period, John wrote numerous articles of original medical work which were published in medical journals both in Australia and overseas.

In the early 1970s, he joined Dr John Colvin in supplying a medical eye service to the Royal Flying Doctor Service, based at Broken Hill. For one full week every year he flew with them from this base to outback areas of NSW and the Queensland border to examine and treat eye conditions of Indigenous persons and others, in locations such as Wilcannia and Tibooburra.

During the 1990s he established other eye clinics in places of need, specifically in King Island in Bass Strait and Pambula in NSW, both of which he visited four times a year for one or two weeks at a time. His wife Cathy accompanied him on many of these medical adventures as his nurse assistant in the clinics he established.

John is survived by his wife Cathy, a daughter, two sons and three grandchildren.

“With support of the senior medical staff, in 1969 he founded and ran the Ocular Motility Clinic at the hospital – the first such clinic in Australia.”

Following his return to Australia, John added postgraduate Australian surgical degrees of FRACS and FRACO to his name. He joined the senior medical staff at the Royal Victorian Eye and Ear Hospital in Melbourne, where he became a senior surgeon in charge of a general eye clinic. While overseas he had become interested in ocular motility, or squint diagnosis and management, and with support of the senior medical staff, in 1969 he founded and ran the Ocular Motility Clinic at the hospital – the first such clinic in Australia.

Mrs Cathy Taylor
Dr Ron Saad grew up in the central suburbs of Sydney during the depression years. Those early years afforded opportunities in sport, particularly rugby and basketball. Initial ambitions to become an architect saw him attend a selective high school, Sydney Technical High School, where he played in the first 15.

His ambition changed in later years and he started his medical degree in 1941 but interrupted this to enlist in the Royal Australian Air Force during World War II. At the end of the war he recommenced his medical studies at Sydney University, where he attained a blue for basketball.

He graduated in 1951 and spent his residency at Repatriation Hospital Concord, after which he joined the immigration department and travelled Europe in the capacity of a migration doctor. It was in Vienna that he first met Dorli, and they married six months later.

Ron spent 1960 in London at the Institute of Ophthalmology where he obtained his DO. He obtained his FRACO in 1978.

From 1961 to 1981 he worked at the repatriation department. He became a senior consultant to the Department of Veterans’ Affairs.

When he departed from this role he continued to do some sessional work and private practice. He retired in 2003. However he continued to read journals and retain an interest in ophthalmology for the rest of his life.

He died on 20 January 2015 after a brief illness. He leaves behind his wife Dorli and son Nick.

“He became a senior consultant to the Department of Veterans’ Affairs when he retired to private practice in 1982.”

Dr Nick Saad
Calendar of Events

OCTOBER 2015

23 October 2015
Retina Australia – GLOBAL EYES 2015: Bionics, Gene Therapy, Stem Cells and More
Details:
Ibis Hotel
Melbourne, Victoria
Website:
www.ranzco.edu
and go to the events calendar

30 October 2015
RANZCO – PacEYES International Development Workshop
Details:
Chartered Accountants House
Wellington, New Zealand
Website:
www.ranzco.edu
and go to the events calendar

31 October - 4 November 2015
RANZCO 47th Annual Scientific Congress
Details:
TSB Bank Arena
Wellington, New Zealand
Website:
www.ranzco2015.com.au

NOVEMBER 2015

16-29 November 2015
Ophthalmology in South India – a Study Tour
Details:
Contact: Jon Baines
Email: info@jonbainestours.com.au
Phone: +61 3 9343 6367

FEBRUARY 2016

5-9 February 2016
World Ophthalmology congress (WOC) of the International Council of Ophthalmology
Details:
Guadalajara Mexico
Website:
https://www.woc2016.org/

12-13 February 2016
Australian and New Zealand Glaucoma Interest Group Meeting (ANZGIG)
Details:
Website:
www.ranzco.edu
and go to the events calendar

MARCH 2016

5 March 2016
Victorian Branch Annual Scientific Meeting
Details:
Website:
www.ranzco.edu
and go to the events calendar

5-6 March 2016
Australian and New Zealand Strabismus Society Meeting
Details:
Website:
www.ranzco.edu
and go to the events calendar
MOUNTAIN BIKING
“A fun day out for delegates, families and partners”

WAINUIOMATA BIKE PARK, WELLINGTON
Wednesday 4 November 2015

Proudly supported by

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TIME:
Riding and shuttles up the hill start from 1.30pm

PICK UPS:
Available from 12.00pm

DROP OFFS:
From 4.00pm

BBQ:
Of course! 12.30pm

BIKE HIRE:
$100 for the day
(please speak to iRide
+64 04471 1299 or
go to iride.net.nz)

CONTACT: Craig Norman
E: craig@optimed.co.nz
P: +64 02 7565 7200

Chris Ross
E: chris@toomac.co.nz
P: +64 02 7422 0221

* Road ride also available dependent on interest
Classifieds

**POSITIONS VACANT**

**Opportunity for an Ophthalmologist (subspeciality preferred)**

An opportunity has become available to join a fast growing new Ophthalmology Clinic in Melbourne’s Inner North West Region.

A young and vibrant team with the latest equipment on site - including OCT, imaging, Integre Pro, ANGIO, LENSTAR, HVF, PENTACAM.

It is a privately owned Practice focusing on exceptional patient care & experiencing dynamic growth. Prefer subspecialists - Retinal, Glaucoma, & Cornea. Flexible sessions available in varying locations.

Contact: Megan Loft
Phone: +61 3 9309 2999 or 0476862746
Email: manager@specialisteyesurgeons.com.au

**Ophthalmologist**

Wagga Wagga

We are seeking a dynamic Ophthalmologist to come join our ever expanding practice in rural NSW. In 2014 the practice was fully renovated and equipped with state of the art equipment which includes IOL Master, OCT, Visucam, Humphrey Fields Machine Yag Laser and so on.

Our practice is also designed with spacious minor operating room, equipped with Autoclave instrument sterilisation facilities, wheelchair access to all rooms and amenities and private parking for up to 20 cars.

We are within walking distance to two private Hospitals and the Public Hospital with operating available for both.

Contact: Dr Paul Latimer
Phone: 0418213245
Email: paullatimer@bettersight.com.au

**Full or Part-Time Ophthalmologist**

Forster, NSW

We are seeking a full or part time Ophthalmologist who is keen to make a long-term commitment to move to our area and join our busy practice as soon as possible. Applicants must have full AHPRA registration and RANZCO accreditation.

This well-established dynamic facility is purpose-built and well-equipped with a substantial investment in technology and provides general ophthalmology services comprising cataract, glaucoma, medical retina and oculoplastics. Surgical procedures are undertaken with regular lists at both public and private hospitals and in the minor ops theatre in the rooms. There are visiting consultants in vitreoretinal surgery and medical retina whom attend the practice on a regular basis.

Email: sandra@forstereyesurgery.com.au
Phone: +61 2 6555 5669

**Surgical Assistant**

Chatswood, NSW

Cataract Surgeon requires a Surgical Assistant. This would involve weekly cataract and other anterior Segment surgical procedures as an Assistant, working on the Lower North Shore, Sydney. Operating sessions run from 7.30am to about 2-3pm every Wednesday. The list is particularly suitable for those preparing for interviews to join the college as Trainees, allowing time for research and working for a high degree.

Contact: Mel or Robyn
Phone: +61 2 9411 3277

**Ophthalmologist with Corneal/Refractive Surgery Experience**

Christchurch, New Zealand

Ophthalmologist with a specialty interest in cataract & refractive surgery to join Fendalton Eye Clinic. General ophthalmology would also be included.

Corneal/refractive sub-speciality fellowship training would be an advantage. We would also be interested in discussing a future role in the clinic with a registrar who is either about to or currently embarking on fellowship training.

The position is a mix of general ophthalmology and cataract & refractive surgery. Must be RANZCO accredited.

Email: jane@lasik.co.nz

**Ophthalmologists**

Peninsula Eye Hospital, Redcliffe, QLD

Owned by a practicing Ophthalmologist, Peninsula Eye Hospital, which forms part of the Moreton Eye Group, is a leading private hospital specialising in Ophthalmology. This day hospital is located on Moreton Bay and has a co-located clinic, along with clinics at both North Lakes and Caboolture.

We are seeking two ophthalmologists; one with Cornea fellowship training and post fellowship experience in the care of patients with Corneal & Ocular surfaces diseases. We are also looking for an Ocular plastic fellowship trained and post fellowship experience in the care of patients.

Our clinics are well equipped and our staff are professional and well trained in the care of patients.

Contact: Dr Graham Hay-Smith
Email: hay-smith@moretoneye.com.au
Phone: 0497 567 637

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*Eye2Eye Spring 2015*
LOCUMS

Locum Ophthalmologist - Inner West Sydney
Inner West Sydney

Ophthalmologists required in a well established and expanding practice in The Inner West Sydney. It is a state of the art eye clinic available for sessional locum ophthalmologists with a view to associateship. This purpose-built consulting suite is furnished to the highest standards to suit the modern ophthalmologist. Our rooms are designed with a spacious operating theatre. All subspecialties welcome.

Key highlights of the property are:
• Large and inviting waiting room and reception area
• 4 fully equipped consulting rooms designed to facilitate work flow
• Orthoptic staff and workstation
• Autoclave and instrument sterilising facilities
• Spacious operating theatre
• Wheelchair access and amenities
• Staff parking available

Contact Donna
Email: donna@ivisionclinic.com.au
Mobile: 0430 312 313.

Locum wanted
Newcastle, NSW

Locum with a view to becoming an associate required for a well established busy Newcastle practice. The surgery has been recently moved into new rooms and is expanding. Ophthalmologists with sub-specialities in Retina, Oculoplastics and Cornea have the latest equipment including OCT, Heidelberg Angiography, Humphrey field testing and Topographer. We have an associated Day surgery and Femtosecond laser for both cataract surgery and refractive surgery. Consulting and surgery will be available and subspecialty training would be welcome. Flexible sessions at varying locations are available.

Contact: Emma Benn
Email: emma@eyespecialists.net.au
Phone: +61 2 4940 8255

EQUIPMENT WANTED

Goldman/Perimeter
Royal Rehab Hospital Ryde NSW

The Goldman is required as a “patient friendly” method to test Brain Injured patients for the presence and extent of field loss. Royal Rehab operates on a very tight budget!

Contact: Neryla Jolly
Phone: 0425 315 954

Equipment Wanted
Australia Wide

I am searching for a second-hand dark adaptometer, Medmont C100 colour vision tester and a Farnsworth lantern.

Contact Heather Mack
Phone: 0416 175 665

EQUIPMENT FOR SALE

Luneau L105 Instrument Console
Newcastle, Sydney

• Luneau L105 Instrument Console
• Good (used) condition
• 15+ years old
• Independent Chair and Table Height Control
• $3500 negotiable

Contact: Emma Benn
Email: emma@eyespecialists.net.au
Phone: +61 2 4940 8255

Haag-Streit Octopus Perimeter 101
Macquarie Park, NSW

• Excellent condition.
• Rarely used – was acquired for clinical trial only.
• Includes Blue/Yellow, static/kinetic perimetry.
• $3000 negotiable

Contact: Priya Narayan
Phone: 9812 3927
Email: priya.narayan@muh.org.au

The ophthalmology media awards honour journalists who excel in reporting and raising the profile of eye disease/eye health.

Prize valued at $5,000

For more information and to apply please visit: www.ranzco.edu/mediaawards