The RANZCO Congress is nearly here!

Medicare Advisory Update

Innovations in Technology are changing the face of eye care
President’s Update

College in Good Spirits

As College President, I’ve had the privilege to contribute to RANZCO News over the last two years.

During this time I’ve made comments about many aspects of professionalism from a broad perspective.

There have been discussions on the importance of integrated care, which is of great significance in light of the current legal action questioning the determination of the scope of practice for glaucoma treatment for optometrists by the Optometry Board of Australia under legislation of the Australian Health Practitioners Regulation Authority.

It remains pivotal that we keep our own house in order and, to that end, the discussions around ethical practices and acknowledgement of the principles of our updated Professional Code of Conduct served to remind Fellows of appropriate expectations to ensure excellent outcomes for patients.

As a result of the RANZCO office review last year a Membership Services department was created. This has improved the Continuing Professional Development (CPD) interface, the most commonly used link the College has with Fellows, and as a result there has been an improvement in compliance. CPD is intended to make sure that we as ophthalmologists are performing well. The next phase is to ensure our places of practice and the integrated teams we work alongside are also up to high and consistent professional standards. This is the rationale behind our intention to facilitate voluntary practice accreditation, and the anticipation that there will be political pressure to make this mandatory in the future. Demonstrating to regulatory authorities that we are striving to improve many aspects of our performance may well be taken into account as the real threat of revalidation looms.

What is practice accreditation?

Practice accreditation is the process by which an independent and recognised body deems a practice has to meet a set of criteria or standards. RANZCO regards practice accreditation as a means of ensuring a high and consistent level of service is provided to all patients, as a means to track performance and to improve outcomes. In Australia and New Zealand, practice accreditation for ophthalmic practices is not mandatory yet, however, it is mandatory for general practitioner practices.

Accreditation can help an organisation to:

- Provide independent recognition that the organisation is committed to safety and quality.
- Foster a culture of quality.
- Provide consumers with confidence.
- Build a better, more efficient organisation with quality and performance assurance.
- Increase capability.
- Reduce risk.
- Provide a competitive advantage over organisations that are not accredited, and
- Comply with regulatory requirements, where relevant.

In Australia the government established the Australian Commission on Safety and Quality in Health Care (ACSQHC), who have developed the National Safety and Quality Health Service (NSQHS) Standards. These standards provide a nationally consistent statement of the level of care consumers should be able to expect from health services. In New Zealand there are no equivalent standards for ophthalmic practices but the New Zealand Ministry of Health have confirmed that practice accreditation in line with the NSQHS Standards would be considered relevant in their jurisdiction.

The 10 National Safety and Quality Health Service Standards are:

1. Governance for safety and quality in health service organisations
2. Partnering with consumers
3. Preventing and controlling healthcare associated infections
4. Medication safety
5. Patient identification and procedure matching
6. Clinical handover
7. Blood and blood products
8. Preventing and managing pressure injuries
9. Recognising and responding to clinical deterioration in acute health care
10. Preventing falls and harm from falls
**Who provides practice accreditation?**

The Australian Health Service Quality Accreditation Scheme (AHSQAS) has approved a range of Accreditation providers. Quality Innovation Performance (QIP) is one such approved accreditation provider and are a wholly owned subsidiary of Australian General Practice Accreditation Limited (AGPAL); the provider of choice to more than 4,000 general practices, approximately 75% of a defined market.

RANZCO has engaged QIP to assist in interpreting and applying the 10 NSQHS Standards to ophthalmic practices; adding in examples specific to ophthalmology and selecting evidence that is relevant and measurable. The Fellows working with QIP are members of the RANZCO Professional Standards Committee and are supported by Mrs Tanya Parsons, CPD and Professional Standards Manager. As well as contributing to the interpretation and evidence requirements, the Committee and QIP will also be developing resources to assist practices undergoing accreditation. Finally, QIP will manage and oversee the accreditation process, although Fellows should feel free to contact RANZCO for support.

**Why accredit your practice?**

Most importantly, practice accreditation is a recognised means to improve service delivery to your patients. Further, RANZCO expects that practice accreditation will become mandatory in the future and would like to set the standards in advance of government. This is an opportunity to define the conversation.

Acting first provides RANZCO with an opportunity to demonstrate its commitment to safety and quality by implementing a self-regulated accreditation scheme that is responsive to the needs and expectations of the profession, provides a sound evidence-based approach to accreditation, and focuses on education and support to assist ophthalmology practices to meet the requirements of a set of robust professional standards.

**How is RANZCO approaching it?**

RANZCO’s relationship with QIP does not preclude Fellows from using other accreditation service providers. However, as the Professional Standards Committee will work closely with QIP, you can be assured that their accreditation program is 100% orientated to ophthalmic practices. QIP is RANZCO’s preferred accreditation provider and QIP is offering discounted rates to RANZCO members. Accreditation will initially be done through desktop audits, with the first round of accreditation being valid for two years and then subsequently running in three year cycles. The first two year cycle will cost a practice less than $1,200. The cost for non-RANZCO fellows is much higher, around $4,500.

**The main steps in the proposed accreditation process are:**

1. Registration
2. Self-assessment
3. Application
4. Desktop assessment using AccreditationPro, a QIP product
5. Accreditation decision
6. Recognition
7. Monitoring and improvement

I am confident that we are doing the right thing by getting on the front foot with accreditation as part of RANZCO’s wider commitment to best patient outcomes and before it becomes a mandatory requirement. If you’d like more information, please contact CPD and Professional Standards Manager, Tanya Parsons at the College.

*Dr Stephen Best*

*President*

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*Dr David Andrews and Dr Stephen Best at the Council mid year meeting*
Focus on Selection

Selection

Applications for selection to commence on the Vocational Training Program in 2015 were received from 109 applicants. Training Network Selection Committees reviewed these applications together with summarised referee reports. Interviews with shortlisted applicants were conducted in each network in August, with the process finalised through the National Ophthalmology Matching Program on 1 September. I offer my congratulations to all those appointed and wish them well as they embark upon their new careers.

A Selection workshop was held in May to provide training to the RANZCO representatives who are on each of the Training Network Selection Committees. This workshop was a success, with a well-received presentation from A/Prof Chris Roberts who presented on interview techniques and authentic tasks. This workshop began discussion on improved methods for interviewing and the College is currently researching further tools to assist the Training Network Selection Committees.

Ophthalmic Sciences and Ophthalmic Basic Competencies and Knowledge Exams

The 2014 semester 2 Ophthalmic Sciences (OS) exams are underway and planning for these exams is going smoothly through the collaborative efforts of RANZCO Examiners, Fellows, College staff and invigilators. The semester 1 Ophthalmic Basic Competencies and Knowledge (OBCK) exam was held at Sydney Eye Hospital on 30 May. The OBCK exam consisted of 14 clinical stations, covering posterior and anterior segment examinations, pupil assessment, ocular motility, refraction, communication and data. Twenty-four candidates sat this exam and I congratulate the 22 candidates who passed. Chaired by Dr Neil Murray, the exam was conducted by Drs Peter Martin (Examiner in Charge), Andrea Vincent, Ridia Lim, Christine Younan, Tu Tran, Daya Sharma, Kiran Sindhu and Sam Lerts. Dr Ikke Sumantri, Chair of the National Examination Board, Indonesian College of Ophthalmologists, also attended as an invited observer.

As well as the examiners, I would like to thank the Registrar of the Court, Dr Alex Hamilton, for his efforts in arranging suitable patients for the exam, equipment
set up and arranging the exam assistants. Thanks also to the RANZCO staff who attended and managed the exam arrangements, as well as to the hospital staff and exam assistants who helped to ensure a smooth process.

Dr Neil Murray has been appointed as Chair-OBCK Board of Examiners. Dr Catherine Green stood down from this role after six years, however she continues as Chair-OS Board of Examiners. As OBCK Chair, Dr Green led a major review of the OBCK curriculum standard, as well as ensuring the exam process remained fair and robust. I would like to thank Cathy for her continued commitment to education and training within the College.

Advanced exams
Six candidates presented in semester 2 for exams in Ophthalmic Pathology, to be sat in decentralised venues. Once again a robust and fair exam was prepared by Chair Dr Max Conway and the Board of Examiners in Ophthalmic Pathology. Fifteen candidates registered for the Semester 2 RANZCO Advanced Clinical Examinations (RACE) written and clinical exams, which were held in Brisbane with Dr Diana Conrad as Examiner in Charge. I would like to thank Dr Conrad, RACE Chair Dr Justin Mora, RACE examiners and exam assistants for their commitment to conducting this exam to the highest standards. I would also like to acknowledge the contribution of the patients who volunteered to assist with both OBCK and RACE, as these exams would not be possible without them. I have been impressed by the high degree of preparation evident in the candidature.

Curriculum
At its May meeting, the Qualification and Education Committee (QEC) resolved that additional time was necessary for its members to review the content of the revised Clinical Curriculum Performance Standards. The comments received by the due date (10 June 2014) have been reviewed by the Curriculum Committee. Once the amendments to the complete set of curriculum documents have been finalised, they will be referred for out-of-session endorsement by the QEC and then, the Board. Once adopted, it is anticipated that the new standards will be implemented for the December 2015 RACE examination.

The Anatomy Curriculum review team met for the first time in late June. Supported by one of Australia’s leading anatomy educators, Prof Paul McMenamin, Cathy Green’s team will develop a revised curriculum focused on supporting clinically-relevant learning in this most fundamental area.

As I have written many times, the education mission of RANZCO is dependent on contributions of time and energy from the Fellowship. Your participation in a working group to review the College’s work-based assessment methods and tools is now invited. If you are involved in the training program and would like to participate, please contact Ms Neridah Baker, Manager, Curriculum and Course Development.

Communications workshops
The third Simulation Communications and Clinical Scenario Workshop was held in Sydney on 14 June 2014. The workshop targeted 1st and 2nd year trainees, providing them with the latest research on communicating with patients in a clinical setting. The format of the workshop was highly interactive, with the participants being presented with a range of pre- and postoperative ophthalmic clinical scenarios and complex communication issues.

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The workshop was facilitated by Prof Stewart Dunn, Professor of Psychological Medicine at the University of Sydney and Director of the Pam McLean Communications Centre. Stewart and his staff are internationally recognised for their skill in leading innovative workshops in medical communication.

The trainees were split into groups of five or six and rotated through five different scenarios with trained professional actors taking the role of the patient. Each group was accompanied by a facilitator to ensure maximum effectiveness of the scenario and an ophthalmology consultant was also present to provide clinical expertise and patient/doctor advice where required.

Fellows volunteering their time at the Communications Workshop: Drs Michael Hennessy, Colin Thompson and Con Petsoglou
Feedback from the trainees indicated that the workshop was an outstanding success, not only providing a challenge but at the same time a comprehensive learning experience.

It is hoped that another similar workshop will be offered in 2015 and RANZCO would encourage as many 1st and 2nd year trainees as possible to attend.

Special thanks to the ophthalmology consultants, Drs Michael Hennessy, Colin Thompson and Con Petsoglou, who so generously provided their time and expertise on the day. It was quite obvious how much the trainees appreciated having consultants present to advise and guide them through sometimes quite confronting situations.

RANZCO acknowledges the financial contribution to the workshop from the Australian Government under the Specialist Training Program.

**Training posts**

2014 has proven to be a busy year for the Training Post Inspectorate, with an inspection of the Sydney Eye Hospital Metropolitan Network being conducted by Prof Glen Gole and A/Prof John Crompton in March this year and Drs Brian Sloan and Alex Hunyor Snr travelling south in June to inspect training posts in the South Australia Metropolitan Network. Recommendations were made by the Inspectorate for consideration by QEC. Alex has now stepped down from his role in the Training Post Inspectorate, and on behalf of the College I would like to thank him for his expertise and commitment over many years in ensuring that the high standards of training posts in the vocational training program are maintained.

**Specialist International Medical Graduates**

In December 2013 the Medical Board of Australia announced changes to the specialist recognition pathway, to be implemented from 1 July 2014. The most significant change was that applications for specialist recognition will go directly to the relevant specialist college and no longer via the Australian Medical Council. The Medical Board of Australia also redefined the definitions of comparability, but continues to allow considerable flexibility as to how each college conducts its assessments.

As a result of these changes, and partly with further evolution in its processes, the Committee has redeveloped the web pages relating to Specialist International Medical Graduates on the RANZCO website, and revised or created policies, guidelines and information sheets on many aspects of the assessment process.

“RANZCO is now assuming a more direct involvement with the development of the New Zealand IMG Committee.”

In addition to the significant changes to the Australian specialist pathway process, RANZCO has also become more involved in the assessment of International Medical Graduates (IMG) in New Zealand. Previously, the Federal College had no involvement in the assessment of IMGs in New Zealand, which was carried out by the New Zealand branch of the QEC in association with the Medical Council of New Zealand. RANZCO is now assuming a more direct involvement with the development of the New Zealand IMG Committee, whose Terms of Reference were approved in June after consultation between the Censor in Chief, the New Zealand QEC and the RANZCO Specialist IMG Committee.

The College Coordinator for International Graduates and Development will provide administrative support to the new committee, whose role will be to provide advice to the Medical Council of New Zealand on an applicant’s suitability for registration within a vocational scope of practice in New Zealand.

I would like to thank all Fellows who are involved in the education and training activities and committees of the College for your commitment to maintaining the high standards of the vocational training program in the training of our future colleagues.

*Dr Mark Renehan*

*Censor-in-Chief*
Improving Governance

In the last 12 months the Board has been through an assessment process run by the Australian Institute of Company Directors.

Thankfully this showed nothing to be concerned about but did offer some suggestions for improvement, which the Board is addressing. We have also undertaken a review of our Constitution, By-Laws and Branch Regulations to ensure they meet the current and future needs of the organisation and ophthalmology in Australia and New Zealand. Unfortunately this was not so good. With this in mind the Board asked for a completely new version of each document, which the Council reviewed in June. All members will soon receive new documents for consideration and voting will occur at the Annual General Meeting in November.

Why do we need to change these documents? The current Constitution, although amended in 2011, is built substantially on the Articles of Association which were used to establish the College almost 50 years ago. Since then a lot has changed in the world of corporate governance and corporations’ law. Much of this is not reflected in the RANZCO Constitution, and in order to improve our overall standards we need to make some significant changes. Rather than further amend the existing Constitution we decided to start from scratch. This also allowed an opportunity to review the By-Laws and Branch regulations, which flow from the Constitution. In all this, the objects and purpose of the College do not change. The revised documents simply provide greater clarity around how the Council, Board and Branches are elected and run. They provide clarity around membership. They provide a stronger mechanism for dealing with complaints or other issues. They provide an opportunity for Fellows to participate with your College in a more active and transparent way. Importantly, they also align with current best practice and corporations law, which protects not only the Directors but also all members.

The documents have been developed with the help of a working group consisting of current Directors, current Councillors, a former President and lawyers who specialise in not-for-profit governance. They have been discussed at the recent Council meeting and a number of Board meetings, which has resulted in numerous amendments. The final versions will be released to all members, along with more a detailed explanation of changes, well before the Annual General Meeting. There will be sufficient time at the meeting for members to ask questions and learn more.

At the heart of this whole process is the continuing evolvement of RANZCO into a multi-purpose membership organisation representing the wide interests of ophthalmology in Australia and New Zealand. Much has happened over the last 12 months, particularly in the areas of policy development, advocacy and communications. Numerous external parties are looking more and more at RANZCO to take the lead in areas of ophthalmology other than just education and training. I will continue to work with the Board to ensure we meet the needs of members and retain our position as the leaders in eye care.

I have just returned from Cambodia where I spent a few days talking to local ophthalmologists, trainees, the University of Health Sciences and visiting outreach clinics. This was all in conjunction with a number of partners from Vision 2020 Australia. The feedback is overwhelmingly positive with respect to the work from RANZCO Fellows and staff. Although this is only a very small part of what we do, it is clearly extremely important, and in many cases life changing, to those on the receiving end.

I hope to see many of you in Brisbane at Congress where we have developed an interesting and wide-ranging program. I’m sure there will be much debate about all the topics I have mentioned above, but it certainly makes RANZCO and interesting place to work and a lively membership organisation. Unfortunately Congress will likely be the last big event for some time for Ms Avril Cronk, our General Manager, Community Relations and Congress, as she heads off on maternity leave later in the year. We all wish Avril and her husband well as they negotiate first time parenthood with twins, and look forward to her return. Any of you who have worked or interacted with Avril will know that she has made an enormous difference to the standard of our communications and Congress over recent years.

Dr David Andrews
RANZCO CEO

David with Amanda Vanstone (Vision2020 Australia) and partners in Cambodia
Branch Updates

New South Wales

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

Plans are proceeding well for the 9th Asia-Pacific Vitreo-retina Society meeting in 2015 (Hilton Hotel, Sydney), which as stated in the previous newsletter, will be combined with both the 2015 NSW Annual Scientific Meeting and Australian and New Zealand Society of Retinal Specialists meeting. It was confirmed by the council of the Asia-Pacific Vitreo-retina Society that the new date of the meeting will be 31 July – 2 August 2015. This is to avoid a clash with the Pan-American Association of Ophthalmology and Asia-Pacific Association of Cataract and Refractive Surgeons meetings. The revised date will be on the RANZCO website. We look forward to seeing you there.

The Branch continues to be very involved in presenting at medical careers events and expos to inform final year medical students and junior doctors about the ophthalmology training program and answer their queries. These include the following:

1. The ‘Bonded Support Program Career Options Afternoon’ (managed by the Australian College of Rural and Remote Medicine) held on Saturday 5 April 2014.
2. The ‘University of Western Sydney Medical Society’s Careers Night’ held at the Campbelltown campus on Monday 21 July 2014. I’d like to personally thank Ms Christine McGuiigan from RANZCO for having assisted me that evening.
3. The Annual Australian Medical Association (NSW) Medical Careers Expo held at Sydney Showground, Sydney Olympic Park on 30 August 2014. The Branch again sponsored a College booth, which was manned by several Committee members and eye registrars throughout the day.

The Branch’s Annual General Meeting will be held on Monday 13 October 2014 at the Establishment Hotel, Sydney, with Mr Scott Chapman from TressCox Lawyers as the main guest speaker on the topic ‘Medicolegal Update’. Drs Michael Delaney and Frank Bors have also kindly accepted to comment on the current ‘Expert Witness Panel’ and other related medicolegal issues. A request for Continuing Professional Development points for the latter has been forwarded to RANZCO for approval.

Dr Tasha Micheli
NSW Branch Chair
New Zealand

Chair: Dr James Borthwick  
Hon Secretary: Dr Stephen Ng  
Hon Treasurer: Dr Andrea Vincent

With the New Zealand Parliamentary elections in September, it has been a quiet winter in New Zealand. Although members of Parliament and the Health Minister have been hard to meet, the Branch has had several engagements with the Ministry of Health and the National Health Committee. The main thrust for these meetings and presentations has been trying to get equitable care for macular degeneration with anti-vascular endothelial growth factor drugs. We have been encouraged by the response of the Ministry and the National Health Committee. The National Health Committee, who report directly to the Minister of Health, are looking to investigate the pathway for macular degeneration treatment.

Last year the Branch made submissions to a Parliamentary Committee about the danger of high-power laser pointers to the eye. We are pleased our submissions have helped in the introduction of new regulations that have now been passed, introducing new controls over the importation, supply and acquisition of high-power laser pointers.

Glaucoma New Zealand had a successful July raising the awareness of glaucoma. There were many presentations held around the country and interviews with ophthalmologists on local TV. An innovative program of B.I.G. (Beat Invisible Glaucoma) Breakfasts were successfully held around the country.

Dr Derek Sherwood, the past Chair of the New Zealand Branch, has been elected as Chair of the Council of Medical Colleges. It is great to have our ophthalmologists leading such an influential group that provides well-informed opinions and advice to Ministers and government agencies and other relevant bodies on health postgraduate medical training and workforce issues.

Dr James Borthwick  
NZ Branch Chair

Queensland

Chair: Dr Rowan Porter  
Hon Secretary: Dr Anil Sharma  
Hon Treasurer: Dr Russell Perrin

“If you do one good deed, your reward usually is to be set to do another and harder and better one.” C.S. Lewis.

Qld Branch, with the help of the Queensland government, is set on a course of renewal that began at the margins of our community and is growing to involve the whole community.

This journey began when Mr Campbell Newman’s wife began ‘Homeless Connect’ in 2006 when the current premier of Queensland was the Brisbane City Council Mayor. Prof Glen Gole, then Secretary of the Branch, was approached to participate with a small optometry team at City Hall and participation continues today.

Queensland’s Australian of the Year 2011, A/Prof Noel Hayman, the first Indigenous doctor in Queensland, invited the Branch secretary to participate in the design of the Centre for Excellence in Indigenous Health that opened in August 2013. This model of primary care delivery on one floor and selected specialty services including ophthalmology on the second floor has been successful and is already being copied state wide.

The IDEAS Van, Indigenous diabetes initiative, run by Diamond Jubilee Partnerships, is an example of the state wide application of the Centre for Excellence model. This mobile ophthalmology clinic is extending from eight hubs to a further eight smaller centres this year. The 34 automated non mydriatic fundus cameras spread between 63 Indigenous primary care centres and the Royal Flying Doctors Service are the new mode of screening backed by a retinal reading centre. Endocrine services are being integrated.

Qld Branch overseas training scholarships for Queensland registrars are set to begin this year. Funds have also now been received from the late Dr Les Topham’s estate for further scholarships next year. It is hoped this program will include a commitment to ‘give back’ on registrars return to Australia by providing teaching, research or public service commitments at public hospitals. Senior fellows are also contributing funds to this project.

Most recently it has been announced that the state government will spend $20 million to address the 19,000 patients waiting for their first outpatient appointment over the next 12 months. The Branch is providing a non-financial, strategic plan to assist government in instituting changes with benefits now and beyond the next 12 months.

Dr Rowan Porter  
Qld Branch Chair

South Australia

Chair: Dr Garry Davis  
Hon Secretary: Dr John Landers  
Hon Treasurer: Dr John Landers

Arrangements are well underway for the 2015 RANZCO South Australia Branch conference, which will be held from 28-29 March at the Adelaide Zoo. Keynote speakers Prof Justine Smith from Adelaide, A/Prof Anthony Hall and Dr Lyndall Lim from Melbourne will address inflammatory eye disease. A warm welcome is extended to all Fellows and trainees for what will be a stimulating meeting at a beautiful location, when Adelaide is still in Festival mode. More details will be available soon.

Dr Garry Davis  
SA Branch Chair
PERTH

32nd Annual Cornea and Eye Bank Meeting
Perth Convention and Exhibition Centre, Western Australia 5-6 March 2015

Visit Western Australia to experience the sunsets over the sea, wineries, cafes and all that the west coast has to offer

Keep up with the state of the art in cornea

Guest speaker and Coster Lecturer
Prof. Julie T. Daniels Professor of Regenerative Medicine and Cellular Therapy, Director Cells for Sight Tissue Bank (Moorfields Eye Hospital)

Video and case presentations welcome

For further details on this meeting
Contact Dr Andrea Ang
Email: perthcsm2015@lei.org.au
Website: http://anz-cornea-society.org
Member Updates

Medicare Advisory Update

A recent matter of great concern is the introduction by some health funds of a “pre-approval” process for certain procedures, whereby patients may not receive the health fund benefits to which they are entitled unless written approval is sought in advance by their treating doctor.

At present this particularly affects oculoplastic surgeons, but has wide-ranging ramifications for the profession as a whole. Any such interference with the doctor-patient relationship is inappropriate and will be strongly resisted by RANZCO, which is working closely with the Australian Society of Ophthalmologists, Australian Medical Association and other professional bodies. The College is committed to ensuring that its Fellows comply with all existing aspects of Medicare and health fund regulations. This additional administrative burden of “pre-approval”, which is unnecessary given the very specific wording of the existing Medicare Benefits Schedule, is not appropriate. Furthermore, such pre-approval may contravene the Private Health Insurance Act 2007. Hopefully this matter will be satisfactorily resolved in the near future.

Unfortunately RANZCO continues to be asked by the Department of Health regarding aberrant billing practices by a small minority of our Fellows. While in some cases there are good explanations for unusual patterns of practice, it is disheartening to be asked to explain behaviour that is clearly unethical and in some cases potentially fraudulent. The Medicare Advisory Committee will refer matters of concern to the Professional Code of Conduct Committee where it is felt that the College’s Professional Code of Conduct has been breached. Fellows should be aware that Medicare Australia will be increasing its scrutiny of specialist billing practices. The majority of Fellows who practice and bill ethically and appropriately have no cause for concern in this regard.

This issue is by no means isolated to ophthalmology, and the recent Royal Australasian College of Surgeons (RACS) Council Highlights newsletter featured an article entitled “Extortionate Fees – they are unethical”. While over-charging per se is not a fraudulent practice, it is a related area of professional concern. The RACS Council concluded that “There was unanimous agreement that excessive and extortionate fees are damaging to the professional standing of surgeons and to the profession itself. They are an
issue that the profession now needs to have a very clear position about.\textquotedblright; This applies equally to ophthalmology, and the College Board – via its Professional Code of Conduct Committee – is taking a strong stance on such issues. Please see also the article below by RANZCO Vice President and Chair of the Professional Code of Conduct Committee, Dr Brad Horsburgh.

\textit{A/Prof Alex P Hunyor}

\textit{Chair, RANZCO Medicare Advisory Committee}

The winds of change are blowing through Canberra

Potential abuse use of the Medicare Safety Net

Four weeks ago, I met with Dr Megan Keaney who heads the Medical Specialist Services Branch, within the Medical Benefits Division of the Department of Health.

The College meets with the Department on a regular basis to discuss policy issues relating to Medicare funding arrangements, including the structure of the Medicare Benefits Schedule (MBS), individual MBS items and the operation of the Medicare Safety Net. Although the Department of Human Services has responsibility for claims payments and compliance, the Department of Health has overall policy responsibility for the MBS. Many Fellows would be aware that there have been a series of changes to the Extended Medicare Safety Net since its inception in the mid 2000s. These changes have been designed to address inappropriate use and include capping of safety net benefits for a number of ophthalmology items. I was very concerned and disappointed to learn that the Department of Health has identified a change in fee charging behaviour by a small number of ophthalmologists following the capping of cataract surgery items and the associated anaesthetic items in November 2012. It appears that these practitioners are now charging exorbitant fees for uncapped items which are being billed in association with cataract surgery (when previously the service was not billed with cataract surgery). This issue has been referred to the Department of Human Services for investigation and if inappropriate practice is identified, compliance action will follow.

The use of testimonials and social media (e.g. Facebook) is illegal if the practitioner is able to exercise editorial control over the content on the (or an arm’s length) social media website.

Medicare provides rebates for ‘clinically relevant’ services, those being professional services that are judged by peers to be clinically appropriate. The proper exercise of clinical judgement, in a way that would be approved by other ophthalmologists, underpins our current Medicare system. This legal framework compliments the RANZCO Professional Code of Conduct which sets out the ethical obligations of Fellows. Clearly, providing and billing a service that is clinically unnecessary or using the MBS and the safety net to maximise Medicare rebates is not conduct that would be approved by the great majority of Fellows.

Historically, Medicare compliance has been the responsibility of the Department of Human Services. The Department of Human Services have generally concentrated their efforts in enforcing compliance in general practice, both because the expenditure in general practice is very large and also because monitoring general practice billing is relatively easy because of timed consultations. RANZCO has been informed that the Department of Human Services plans to increase its scrutiny of specialist medical practice and we can expect to see more specialists referred to the Professional Services Review, if inappropriate practice is identified.

Apropos the investigation above – enquiries are continuing.

Advertising

Advertising, and the issues arising therefrom, have been a problem amongst Fellows for many years. The rules surrounding the use of advertising are now much clearer, with the publication of advertising guidelines on the Australian Health Practitioner Regulation Agency (AHPRA) website, www.AHPRA.gov.au

Long story short – testimonials are illegal

The use of testimonials and social media (e.g. Facebook) is illegal if the practitioner is able to exercise editorial control over the content on the (or an arm’s length) social media website. Testimonials on a third party website over which the ophthalmologist has no editorial control are permitted.

The AHPRA Agency website clearly lists the range of penalties which may be enforced, ranging from the issuance of a rectification notice through to practice deregistration. Investigation of inappropriate advertising may be initiated by the Agency or, more likely, following a complaint from a member of the general public or another medical practitioner. In the case of a complaint from a professional colleague/competitor, full disclosure of the identity of the complainant and natural justice rules must apply.

It has been an eventful period since the formation of the Professional Code of Conduct Committee. I suspect this may continue.

\textit{Dr Brad Horsburgh}

\textit{Vice President and Chair, Code of Conduct Committee}
Glucoma court case delayed again

As all of you are no doubt aware, there has been a further lengthy delay to our Supreme Court action. Disappointing and frustrating to say the least!

At a recent directions hearing in the Supreme Court of Queensland, Justice Anthe Philippides heard assessments from both sides and, with so much evidence to be led and a large number of witnesses to be cross-examined, it was determined that it would require a full seven to eight sitting days to hear.

The volume of affidavit material and number of witnesses being sought by the Optometry Board of Australia (OBA) has been described as almost unheard-of for a judicial review.

Justice Philippides told the hearing that she had only one, five-day block of time available prior to Christmas. Consequently, the review would have to be heard in two or more blocks with the strong likelihood that this would force the matter into the 2015 sittings of the court. Not desirable at all.

We need a public adjudication as soon as possible, the other side of course want to do anything they can to avoid going to court.

Both the Australian Society of Ophthalmologists (ASO) and RANZCO agreed that deferring the case until the end of the year would, at the end of the day, result in a quicker judgement.

The Honourable Justice Alan Wilson will now commence the review on 1 December and 10 consecutive sitting days have been allocated for the hearing. Hopefully more than enough time to have everything heard.

You should also be aware that the OBA has again complicated this issue and occasioned further delays by once more challenging the standing of both the ASO and RANZCO to seek a judicial review of the glaucoma ruling. This is despite an unequivocal determination early this year by Justice James Douglas that both organisations have legitimate interests in the matter sufficient to warrant them being able to seek the review.

OBA still refuses to pay costs awarded against it by Justice Douglas in the earlier sitting case. We have continuously expressed our frustration and concern at the lengthy delays occasioned by OBAs approach to the review. We have made it clear that there is no room for any kind of settlement. This is going to court.

On behalf of all ophthalmologists, I would like to express my sincerest gratitude to Profs Ivan Goldberg and Stuart Graham for their Herculean effort in providing the expert testimony, multiple hours with the lawyers, reading and responding to the endless affidavits that we have received. Their commitment to this is unwavering. I can’t wait to see their expert testimony presented in court.

I also want to thank Dr David Andrews and RANZCO for their unwavering support and assistance to the ASO in meeting this challenge. The already tight bond between us has been cemented even further.

Roll on December...

Dr Arthur Karagiannis
ASO President

RHCE Stream One providing online CPD resources for rural specialists

Medical specialists working in rural Australia can now access CPD resources through the newly upgraded Rural Health Continuing Education (RHCE) website.

Developed by participating Specialist Medical Colleges such as RANZCO, through the RHCE Stream One sub-program, these resources and modules are applicable across specialisations and available to all registered health professionals.

Current courses include:
- Intercultural Learning;
- Indigenous Health;
- Management Essentials; and
- Peer Review and Audit.

Podcasts and resources for workshop facilitators are also available.

To access the courses and modules simply register on the site www.ruralspecialist.org.au. An Australian Health Practitioner Regulation Agency registration number is required; however medical students or health workers in rural areas who do not have a registration number can email the RHCE Program Management Unit at admin@ruralspecialist.org.au to ask for access.

Other site content includes:
- Details about other RHCE Continuing Professional Development projects, and the appropriate College contact so you can get involved;
- A regularly updated list of upcoming events and CPD activities of particular interest to rural health practitioners; and
- A Useful Links page, making it easy to navigate to sites that offer locum support, grants, and a range of rural and Indigenous health services.

The site will continue to expand, with more resources to be added as they are developed.

RHCE is an initiative of the Australian Government, Department of Health and is managed by the Committee of Presidents of Medical Colleges
Update from the Membership Services Team

Continuing Professional Development

The Continuing Professional Development (CPD) Committee and Secretariat have been focusing on ways to assist Fellows with CPD compliance, as well as on the introduction of some initiatives to improve access to CPD resources and tools:

- A register of Fellows willing to participate in peer review practice visits is being developed to help facilitate this CPD activity. There are also templates that will assist you in preparing for and conducting practice visits on the CPD section of the website.
- The development of the RANZCO Clinical Audit Tool is progressing well – high level specifications have been agreed on and a demonstration tool for cataract surgery is being built for review and testing by the CPD Committee and Clinical Audit Working Group.
- The Rural Health Continuing Education supported project to create education modules for tele-ophthalmology is also moving forward. A plan for the content of the modules has been drafted and the Steering Committee are discussing how this content should be presented.

If you would like any information on these initiatives, contact Mrs Tanya Parsons via email tparsons@ranzco.edu or phone 02 9690 1001.

Professional standards

Work has commenced to develop a voluntary practice accreditation program, with Quality Innovation Performance (QIP) reviewing the applicability of the National Safety and Quality Health Service and New Zealand Health and Disability Services standards to ophthalmology. The Professional Standards Committee will be guiding the work to ensure that the program is relevant to Fellows. If you are interested in participating in the pilot program, please contact Mrs Tanya Parsons via email tparsons@ranzco.edu or phone 02 9690 1001.

Younger Fellows, Practice Managers and Senior Fellows at Congress

The Younger Fellows Advisory Group has been working hard to put together an interesting program for Congress. This includes a Younger Fellows Dinner, sponsored by Avant, at the Stonehouse Restaurant on Monday evening and a Younger Fellows Course as part of the main scientific program, tentatively scheduled for Tuesday. The Congress section of the RANZCO News includes more information on Younger Fellow activities, as well as all the latest on the Senior and Retired Fellows activities. The RANZCO Practice Managers’ Conference timetable is available on the Congress website (http://www.ranzco2014.com.au). Registration is reduced for Practice Managers who are members of RANZCO and we also welcome non-member Practice Managers to attend the Conference, so please spread the word among your networks.

Also keep a look out for updates on the Museum, which will have a display in the main trade hall and lunch time talks taking place in the adjacent Senior and Retired Fellows’ Lounge.

Exciting new IT developments

Do you serve on a RANZCO Committee?

Early October will see the launch of an exciting new development for RANZCO Fellows who are involved in Committees and Groups. RANZCO will be launching a new online space where Committee and Group members can log in to access and share documents and chat. RANZCO is currently using SharePoint for file management and as an intranet but come October, it will also become an online collaboration space.

We will be sending out instructions to any Fellows on Committees and Groups that explain how the new system will work. If you already have a Windows email account (Outlook.com, OneDrive, Windows Phone, Xbox LIVE or Hotmail) then you are half the way there. If not, we will be asking you to create an account. Please ask the staff member who supports any Committees or Groups you are on for more information and keep an eye out for some ‘walk-through’ instructions and tips and tricks.

Associations Forum

Many of you may not be aware that RANZCO is a member of the Associations Forum; a commercial, member-based network of associations, charities, clubs, societies and other not-for-profit organisations. I recently attended their National Conference to learn more about the challenges and opportunities facing organisations in the not-for-profit space. There was good representation from medical associations, charities and Colleges. The major theme centred on the move from face-to-face to online, for everything from meetings to courses and events. RANZCO’s upcoming foray into online collaboration is timely and we hope you will find it a more user friendly way of carrying out the invaluable Committee and Group work that so many of you donate your time and skills to doing.

Alex Arancibia
General Manager, Membership Services

Practice Managers Conference during the 2013 RANZCO Congress in Tasmania
Human Research Ethics Committee

It’s been nearly 10 years since RANZCO decided to form a Human Research Ethics Committee which was officially registered with the National Health and Medical Research Council in August 2005.

Over that period there have been dozens of applications, ranging from simple practice audits which were classified as low or negligible risk to full clinical studies. The variation in the types of research has also been interesting. Some of the studies have involved the use of different drug combinations to treat diseases such as glaucoma, while others have centred on instruments or lenses used by ophthalmologists such as a visual tracking system for laser surgery or monitoring different types of intraocular lenses in vivo. The incidence of surgical complications has also been a common topic for investigation by ophthalmologists and information from these types of studies no doubt adds to the knowledgebase of all those involved in this area.

To help prospective investigators there are several resources on the RANZCO website which can guide researchers into producing a scientifically and ethically sound application.

Of course not all studies submitted are approved at the first submission and often the principal investigator will need to resubmit their application. The most common reasons for resubmission revolve around patient privacy and consent, and this is often combined with a poorly written patient information sheet which fails to explain in simple enough terms the scope of the study. Sometimes an application is unclear about how investigators are going to randomise patients or utilise power calculations if limited participants are recruited for the study. To help prospective investigators there are several resources on the RANZCO website which can guide researchers into producing a scientifically and ethically sound application.

Another area that has been improved is in the assessment of studies that are low and/or negligible risk.

There has been a steady change in the mix of Human Research Ethics Committee members over the last few years. The National Health and Medical Research Council requires that representatives come from differing backgrounds, including Fellows and lay persons. Our most recent female lay person appointees are Ms Kylie Lloyd who comes from a scientific research background (Masters of Public Health at Boston University) and Ms Wendy Radford as the Pastoral care representative. Mr Bradley Sheehan is our most recent male lay person appointee who has had extensive clinical and regulatory experience in the conduct of studies locally and overseas. Bradley also has a high degree of knowledge in regard to National Ethics Application Forms and the Clinical Trial Notification/Clinical Trial Exemption processes, including those overseas as well as regulatory affairs and therapeutic product manufacture. We are very fortunate to have these two committed people on our committee. Recently our longest serving lay person committee member resigned; Mr Robert Cann bought to the committee an unparalleled commitment to detail and was able to pick up on even minor inconsistencies in any application. He will be missed and we wish him well in his future endeavours.

There has been a concerted effort to streamline some of the processes within the committee and to this end there have been several small, albeit important, changes to the way the committee operates. There is now a scientific sub-committee which operates in conjunction with the Ethics Committee, whose role is to assess whether the application has scientific merit. This can sometimes be the case where studies may be lacking something as simple as a control group to which the test arm of the study is compared against. This is obviously an important part of any study and one that is often neglected by investigators who have not had much research experience.

Another area that has been improved is in the assessment of studies that are low and/or negligible risk. Committee members were recently asked to develop and refine a PDF fillable form that would simplify the process of filling in and assessing a low and/or negligible risk study. Once such a study is submitted to the College, it is quickly reviewed by the scientific sub-committee who then pass it on to a subset of the full Ethics Committee. That way only a few key people are involved and it expedites the whole process, allowing for speedier responses back to the investigators.

If you would like to submit a research proposal to the RANZCO Ethics Committee, then perhaps the best place to start would be the RANZCO website which goes through some of the information in more detail and includes meeting dates. Application forms and other links can be found at www.ranzco.edu/HREC or email akiernan@ranzco.edu

Prof Mark Radford
Chair, Human Research and Ethics Committee

“Another area that has been improved is in the assessment of studies that are low and/or negligible risk.”
Clinical and Experimental Ophthalmology 2013 Impact Factor

The 2013 Journal Citation Reports have been published.

We are pleased to announce that RANZCO’s scientific journal, Clinical and Experimental Ophthalmology (CEO), has maintained the high Impact Factor (IF) achieved over the past two years, recording a new IF of 1.95 (a very slight drop from the 1.96 recorded for 2012).

This ranks CEO 24th of the 59 ophthalmology journals listed and among the top general ophthalmology journals.

The IF of an academic journal is a measure reflecting the average number of citations to recent articles published in the journal, calculated by dividing the number of citations made in the IF year to articles published in the preceding two years, by the number of articles published in the same two year period. It is frequently used as a proxy for the relative importance of a journal within its field, with journals with higher IFs deemed to be more important than those with lower ones.

A high IF suggests a quality journal, making the journal more attractive to both contributors and readers. This excellent news is the result of a dedicated and focused drive by the Editors, Editorial Board, RANZCO and Wiley-Blackwell to publish top quality international research in a prestigious journal. The journal’s Editors, Prof Bob Casson and A/Prof Salmaan Al-Qureshi, would like to thank all those who have contributed to CEO’s success over the past few years.

2013 top articles


Most downloaded: ‘Anatomy and physiology of the human eye: effects of mucopolysaccharidoses disease on structure and function – a review’ by Colin E Willoughby, Diego Ponzin, Stefano Ferrari, Aires Lobo, Klara Landau and Yadollah Omidi

Remember – free access for Fellows

RANZCO Fellows and trainees have full access to all CEO articles, from issue 1 in 1973 to the current issue. Simply login to the ‘Membership Services’ section of the RANZCO website, and click the ‘CEO Journal’ link.

Victoria Cartwright
Managing Editor, CEO Journal

Authorised Prescriber Scheme for Intravitreal Triamcinolone Acetonide

Fellows can now apply to the Australian Government Therapeutic Goods Administration (TGA) to become Authorised Prescribers of unregistered triamcinolone under the TGAs Authorised Prescriber Scheme, instead of using the Special Access Scheme (SAS).

In October 2013, the TGA contacted RANZCO, concerned by the high volume of requests being made by ophthalmologists under the SAS for use of triamcinolone acetonide, a product not listed on the Australian Register of Therapeutic Goods.

In negotiations with the TGA, the College emphasised the value of triamcinolone treatment in certain circumstances and described the difficulties associated with finding a sponsor for this product. It was subsequently agreed that RANZCO would develop guidelines for Fellows on the use of intravitreal triamcinolone acetonide (IVTA). As a result, the TGA are now allowing Fellows to use the Authorised Prescriber Scheme to prescribe IVTA instead of using SAS.

Under the Authorised Prescriber Scheme, Fellows do not have to apply to the TGA on a patient-by-patient basis as per the SAS, but rather may prescribe to patients with a specified condition in their immediate care without further TGA approval. There is an obligation, however, to report to the TGA the number of patients treated on a six monthly basis.

Should you wish to apply to the TGA to become an Authorised Prescriber,
details on the information and forms to be provided to the TGA are available on the Health Professionals section of the TGA website, www.tga.gov.au

The TGA website also sets out information on the requirement to obtain endorsement from an ethics committee. Fellows who do not have access to an ethics committee can request an endorsement letter from RANZCO (being a specialist college having expertise relevant to treatment of the condition for which use of the product is being sought) by emailing RANZCO Policy Officer, Ms Ritu Mohan, at rmohan@ranzco.edu

Fellows endorsed by RANZCO and approved by the TGA are expected to follow RANZCO’s Clinical Practice Guidelines for the Use of Intravitreal Triamcinolone Acetonide available on the Policies page of the RANZCO website. The document provides guidance regarding the appropriate patient selection and clinical indication for the use of IVTA. Included are specific guidelines for the appropriate preparation of the medication, prevention and management of the possible complications of IVTA, the manner in which to obtain informed consent for the use of IVTA, as well as appropriate documentation of its use.

Fellows may also like to refer to the document Access to unapproved therapeutic goods – Authorised Prescribers on the TGA website, which provides guidance on the basic principles governing the supply of unapproved therapeutic products under the Authorised Prescriber mechanism, and reporting of adverse outcomes associated with the use of unapproved therapeutic goods.

**RANZCO Policy and Advocacy Team**

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### mEYE World Photographic Competition 2014 – Call for Entries

The Macular Disease Foundation Australia is calling for entries into the fourth annual mEYE World Photographic Competition and is asking all Australians to submit a photograph that captures the theme: ‘a sight worth saving’.

This year’s competition boasts a high profile judging panel including media identity and Patron of the Macular Disease Foundation Australia Ms Ita Buttrose AO, OBE, iconic Australian artist Mr Ken Done, internationally recognised photographer Mr Rex Dupain and one of Australia’s longest serving news photographers, Mr Alan Pryke. The competition provides an opportunity for enthusiasts and budding photographers to showcase their talent while raising awareness of macular disease and supporting the Foundation in its pursuit to save sight.

There are four categories for entry including open (general public), healthcare professional, macular disease community and junior (under 18). Mr Chris Barry, an ophthalmic photographer from Sorrento in Western Australia, took out last year’s Healthcare Professionals category with a striking image of a tropical storm looming over Gantheaume Point in Broome (pictured above). “This beautiful world around us contains many magnificent sights. The mechanism of seeing seems so fragile and delicate compared to the vastness of the world around us”, he wrote.

Entries must be submitted online and in conjunction with 30 to 60 words that explain how the entrant’s photograph shows ‘a sight worth saving’. Entries will be judged on their creativity, composition, content and technique.

**To enter visit**
www.meyephotocomp.com.au

The mEYE World Photographic Competition runs from 2 September to 12 November 2014.
Honours and Awards

Pride of Australia Medal Nominations

The Pride of Australia Medal celebrates the unsung heroes of the community, this year two of our Fellows have been nominated.

Prof Stephanie Watson

Prof Stephanie Watson, ophthalmic surgeon specialising in cataract, corneal and laser surgery with expertise in eye disease in adults and children was nominated for a Care and Compassion medal in the Pride of Australia awards.

Dr James Muecke AM

Dr James Muecke, South Australian ophthalmologist and founder of Sight For All, has been nominated for a Pride of Australia Care and Compassion Medal for his work.

Prof David Mackey

Prof David Mackey has secured one of only two Australian Fellowships to attend the Harvard Business School's Strategic Perspectives in Non-profit Management course in Boston later this year.

David joins a select group of non-profit sector leaders who are responsible for shaping their organisation’s direction, mission, policies and major programs.

A/Prof Nitin Verma appointed as Hospitaller, St John Ambulance Australia

A/Prof Nitin Verma has been appointed as Hospitaller for St John Ambulance Australia. The Hospitaller has responsibility for promoting the work of the St John ophthalmic programs.

St John Ambulance Australia is primarily known for its first aid services at events, first aid training, first aid kits and products, and running the ambulance service in Western Australia and Northern Territory. St John also supports some ophthalmic programs in Australia, Timor Leste and Jerusalem.

The title Hospitaller provides a link to the history of St John. In the 11th century, the Order of St John established a hospital in Jerusalem to care for sick and poor pilgrims. The order was known as the Hospitallers of St John in Jerusalem.

Queen’s Birthday Honour

We would like to congratulate Dr Frank Cheok for receiving a Medal of the Order Recipients (OAM) for “service to medicine, particularly ophthalmology, to professional organisations and to the community”.

Frank has been greatly involved with RANZCO for a number of years. Frank is Chair of the Senior and Retired Fellows' Group which was formed to ensure that we retain an ongoing meaningful association with our Senior and Retired Fellows, who are over 65 years of age. The main focus of the group is to organise a social program at the Annual Congress.

Frank was modest in accepting his award: “Thank you. I was honoured for myself and the College but humbled and happy for Mee-Na and the family. Also surprised as it was totally unexpected.”
RANZCO Leadership Development Program

The RANZCO Leadership Development Program (LDP) is part of RANZCO’s charter to build leadership and advocacy skills within its Fellows. The first session for the 2014/2015 group was held from 21 to 22 June.

We spoke to two participants Drs Jane Khan and Andrew Thompson about their expectations and experiences from the program.

The first session highlighted the future direction of the program and aims of the LDP, focussing on participants getting to know one another and looking at personality profiles. The participants had completed an online assessment prior to the session and received their own personality profile which enlightened many to read about themselves in a report that was extremely accurate. Andrew recalls, “I learned how I interact with people according to my and their personal styles, how I like to be interacted with and how I tend to react in certain situations.”

This session also coincided with the College Council meeting, which LDP participants were able to attend. “I thought the Council meeting was highly informative and was exactly what I was hoping to experience. It was also refreshingly informal – people really could speak their mind,” said Jane. Andrew added “Whilst I had a vague idea of how some of the College worked due to being an examiner in Basic Sciences, it was interesting to see the workings of RANZCO on some major issues affecting the College overall.”

Jane works at the Royal Perth Hospital and at the Western Eye – she is looking to develop her skills and work in training and teaching ‘on the run’, finding useful tools for both trainees and trainers to improve the learning experience for all. “I am also interested in the potential to train ophthalmic assistants and technicians under the umbrella of RANZCO.”

Initially Jane hoped that the program would give her an idea of the mechanics of the College and potential roles she may be specifically skilled towards. “I hope to extend myself through this program and put my hand up to be more involved – the more you put in – the more you get out.”

Andrew works at Park Street Eye Clinic, Tauranga, New Zealand – with areas of special interest in glaucoma and medical retina. “This practice is an association of independent eye specialists that provides both private and public ophthalmology services to the Bay of Plenty region of New Zealand. Andrew’s initial expectations for the program were to develop effective leadership and negotiation skills, learn to delegate more and how to motivate people to embrace change and progress. “Following the first session, I think my expectations are achievable. Development of effective leadership obviously starts with understanding what leadership is. When I first asked myself that question I struggled to come up with an adequate definition! Some of the skills learnt in the first session alone were highly relevant and useful. Having an increased understanding of people and different personality types was a great place to start. I expect future sessions will build on other skills that are important in good and effective leadership.”

“I look forward to the LDP requirement to complete a self-directed project as it will be a great opportunity to put into practice skills that will be learnt on the program while hopefully making a positive contribution to ophthalmology. Skills learnt on the LDP so far have already come in useful when dealing with landscapers, builders and bank managers! So, the LDP has a useful impact on all areas of one’s life not just work,” concludes Andrew.

Both Jane and Andrew are already looking forward to the next session, scheduled for 30 January to 1 February 2015.
The RANZCO Congress is nearly here!

The weekend after G20 will see Brisbane’s Southbank come alive with the ophthalmic profession.

The Program is ready!
The Scientific Program Committee have been busy grading and allocating the 260 rapid fire papers, posters and films which were submitted. “We were very impressed by the number of submissions for our second call for abstracts this year, this shows the true quality of the meeting,” Prof Helen Danesh-Meyer, Chair of the Scientific Program Committee.

At Congress this year you will hear from excellent presenters such as Glaucoma speaker Dr Richard Wormald, who will discuss evidence in glaucoma practice, to change our thinking about glaucoma and how we treat it. And Dr Garry Brian presenting the Hollows lecture on Wednesday afternoon who will discuss the need to find a broader alliance with those working in developing countries to effect lasting change.

The final program and speakers can be accessed from the Congress website: www.ranzco2014.com.au

Registration
Registration is easy, simply go to www.ranzco2014.com.au/registration and follow the prompts.

While registration is included as part of Fellows membership, you must register to attend by 31 October to not incur a fee. To qualify for the complimentary registration you must have paid your 2014/2015 RANZCO fees.

Accommodation
While most accommodation directly next to the Brisbane Convention and Exhibition Centre has now sold out, there are still many four and five star hotels available on the other side of the river, a nice walk, or a short taxi ride away. Please view www.ranzco2014.com.au/accommodation for more information.

Make sure your name is down for the social events!
Welcome Reception
Gallery of Modern Art
Saturday 22 November

Arrange at 6.30pm to have a drink and view some of Brisbane’s finest modern art, then join friends and colleagues for canapés overlooking the Brisbane River.
Annual Scientific Congress

Graduation Ceremony and President’s Reception
Sofitel Brisbane
Sunday 23 November
Welcome new graduates into the fold, listen to inspiring guest speaker, Amanda Vanstone, celebrate the achievements of some outstanding Fellows, thank the outgoing President and welcome a new President.
Following the ceremony, enjoy Sofitel’s well renowned food and service at the President’s reception.

Congress Dinner
Hillstone St Lucia
Tuesday 24 November
The 2014 Congress dinner is sure to impress, set in a ‘Queenslander style’ venue with lovely views. Guests will enjoy a diverse menu and numerous musical acts.

Breakfast and dinner sessions
You can now register for various Breakfast sessions and one dinner session on the registration form. If you registered early and didn’t get to select them, you can easily log back in and update your registration or email angeli.kar@thinkbusinessevents.com.au

Sunday breakfast, 6.30 – 7.45am: Allergan and Abbott
Monday breakfast, 7.00 – 8.15am: Novartis
Monday dinner, 6.00pm onwards: Alcon
Tuesday breakfast, 6.45 – 8.00am: Bausch and Lomb and Bayer
Wednesday breakfast, 6.45- 8.00am: ANZGIG Glaucoma Breakfast
Sponsored by Alcon

In the trade hall
Lunch with an expert
For the first time this year, Fellows and Trainees can put their name down to have an informal discussion with expert speakers on any topics during the lunch break. ‘There will be tables of ten, at a dedicated section in the trade hall, if one wishes to have a chat or discussion with an expert in their areas of interest and “pick their brains” over lunch, you can put your name down with sponsors during the breaks. It’s a great opportunity to ask questions and get to know the experts on a more personal level,” says Congress Convenor A/Prof Anthony Kwan.

Senior/Retired Fellows
Senior and Retired Fellows can again sit down with a cup of coffee or tea and chat to colleagues in the Senior and Retired Fellows lounge area. At lunchtime you will hear presentations such as one by local Brisbane retired ophthalmologist and artist Dr Grahame Readshaw. Grahame is the author of Keep it Simple System for Watercolour Painting and Looking Up: Looking Back at Old Brisbane.

There will be a dinner for Senior and Retired Fellows on Monday 24 November, at French restaurant Era Bistro (a five minute walk from the Convention Centre). An invitation has gone out to all Senior and Retired members. For more information or to attend please contact Mrs Kathy Kiernan on kkiernan@ranzco.edu or (02) 9690 1001.

RANZCO Museum
The exhibit, which will be situated in the main trade hall, will include multiple posters concerned with the evolution of cataract surgery through the ages—couching, early C20 through to the development of phacoemulsification. The exhibit features the evolution of congenital cataract surgery and the work of Sir Norman Gregg. Early instruments, their sterilisation, post operative care and accounts by Fellows of their early experiences with cataract surgery will also be featured. Additionally, there will be an exhibit on orthoptic diagnostic and therapeutic equipment and posters relating to the history of amblyopia. Videos of early cataract surgery and interviews about nursing eye patients in 1950 will be playing on screens during the day.

Speakers networking lounge area
Relax and meet up with colleagues and invited speakers at the networking area, which can be found in the centre of the trade hall.

Other meetings held on Friday 21 November and Saturday 22 November
The International Development Workshop
Friday 9.00–5.00pm, Queensland Eye Institute
This interactive workshop is suited to those interested in development work. The keynote speaker will be Dr Nag Rao, Founder and Chair of LV Prasad Eye Institute. The program will also feature presenters from the Asia Pacific region and RANZCO Fellows. Participants are encouraged to share experiences and knowledge with others in low resource settings and with Fellows.

The workshop is facilitated by the International Development Committee and RANZCO Asia-Pacific International Development unit. For more information please contact Ms Kate Morrison, Asia-Pacific Project Officer, on 02 9690 1001, or kmorrison@ranzco.edu

ANZSRS Meeting
Saturday 12.30–5.00pm
Brisbane Convention and Exhibition Centre
The Australian and New Zealand Society of Retina Specialists will hold their meeting at the Convention Centre on Saturday at 12.30pm. Lunch will be held beforehand at 12.00pm.

CPR Refresher course
Saturday 22 November
4.00pm–5.30pm
Brisbane Convention and Exhibition Centre
Are your CPR skills a bit rusty? Attend a 1.5-hour CPR refresher course on Saturday afternoon at Congress to refresh your knowledge and skills. Fee: $50 per person.
CPD Workshops
Saturday 10.30am–12.30pm and 1.30pm–3.30pm
Touting and Twittigation – Surviving the social media minefield.
Presented by MIGA.
Fee: $50 per person.

Saturday 22 November, 10.30am–12.30pm and 1.30pm–3.30pm
Telehealth – Risks, Responsibilities and Reward and Advertising your practice.
Presented by MDA National.
Fee: $50 per person.

Associated meetings
Practice Managers’ Conference
Sunday 23–Wednesday 26 November 2014
Please register via the Congress website, a draft program is available at www.ranzco2014.com.au

Orthoptics Australia Conference
Sunday 23–Wednesday 26 November
If you would like to register for the Orthoptics conference, please visit the Orthoptics Australia website at www.orthoptics.org.au

General Practitioners’ Workshop
Saturday 22 November 2014
Queensland Eye Institute
Register your interest:

The Australian Ophthalmic Nurses’ Association
Saturday 22 November 2013
Please visit www.aona.org.au for more information.

Other Congress activities
Bike riding
If you would like to go on a bike ride while in Brisbane, join Fellow Dr Phung Vu on Saturday morning at 6.00am outside the Regatta Hotel at the bus stop on Coronation Drive. Please email Phung at phung_marjolein@mac.com or ranzco@thinkbusinessevents.com.au for more information.

Partners’ activity
If your partner is attending Congress this year and is interested in meeting up with other partners for coffee and a stroll of some of Brisbane’s finest art galleries on Monday, please contact kkiernan@ranzco.edu for more information.

City Botanical Gardens
Kangaroo Point Cliffs

Gallery of Modern Art, the venue for the Welcome Reception
International Development

RANZCO Fellows continue to strengthen the capacity of the next generation of Pacific Island ophthalmologists through teaching visits to the Pacific Eye Institute (PEI).

RANZCO facilitated teaching visits to PEI are now in its 4th year with Drs Antony Bedggood, Brian Sloan, Peter Cooper, Michael Loughnan and John Dickson. They have already completed visits in neuro-ophthalmology, oculoplastics, paediatric ophthalmology, cornea and strabismus respectively.

Over half of the Fellows who visited PEI in 2014 are returning for the second or third time. Michael, a Melbourne based corneal specialist who was involved in the development of the specialist visiting teachers program, returned to PEI this year to teach cornea. He commented that “the students were really engaged with the teaching and motivated to learn. After seven years of going to PEI I think this was the most successful visit”.

Feedback from the trainees consistently indicates that the majority of their learning needs were entirely met and the content of the teaching sessions have positively impacted on their practice. For example, a better approach to patients in terms of recognition, follow up and investigation, being more vigilant, better history taking, and helping them to better understand a complex topic and improving their exam skills.

Building retina capacity in Vietnam

Dr Hua Anh Duc is the first Vietnamese ophthalmologist to commence a Retina Fellowship at LV Prasad Eye Institute in India. The 15 month Retina Fellowship is being facilitated by RANZCO within the framework of the East Asia Vision program, supported by the Department of Foreign Affairs and Trade.

RANZCO, in partnership with the Vietnam Institute of Ophthalmology and the Ho Chi Minh City Eye Hospital, identified retina as a priority area in Vietnam. Specialised training to build the capacity of local ophthalmologists is required to address emerging diseases such as diabetes.

“I chose retina because I have fallen in love with it since I was a resident in Vietnam. Besides that, we don’t have enough retina specialists in my hospital in Ho Chi Minh City. A long-term retina fellowship will enable me to strengthen my skills in clinical examinations and basic diagnostics,” said Duc Anh. The Fellowship also provides an opportunity for Duc Anh to develop networks with peers and mentors at LV Prasad Eye Institute, who will provide...
support when he returns to Vietnam. On return from his Fellowship, Duc Anh will work as a retinal subspecialist. He will also be expected to transfer his knowledge to his peers, trainees, basic eye doctors and nurses, thus creating sustainability in the workforce.

**Pacific Eyes Online**

Developed by RANZCO, Pacific Eyes Online allows Pacific Eye Institute clinical staff and trainees, and other ophthalmologists from the Pacific Islands, to discuss clinical issues with RANZCO Fellows familiar with the local context. The online platform was specifically developed with the intent of extending and deepening the learning experience for both present and past Pacific Eye Institute students by keeping them connected with visiting RANZCO specialist teaching staff.

At the beginning of each month, a RANZCO Fellow posts a relevant case study accompanied by a de-identified clinical photo, whereupon participants then have the opportunity to identify the issue, suggest the appropriate treatment and discuss. Another part of the site allows for Pacific Island trainees and ophthalmologists to share interesting cases and seek advice on management and diagnosis. There is also a journal club which allows for sharing of relevant peer-reviewed publications and discussion.

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**RANZCO CEO visits University of Health Sciences**

RANZCO CEO David Andrews visited the University of Health Sciences (UHS) in Phnom Penh, Cambodia in August 2014 to review progress of the collaboration between UHS and RANZCO and discuss future plans.

*Pictured right: Visiting the simulation lab at UHS, which will include a wet lab area to be developed in collaboration with RANZCO in 2015*

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David Andrews and Amanda Vanstone, Chair Vision 2020 Australia, in scrubs observing cataract surgery in Cambodia
Innovations in Technology are changing the face of eye care

By embracing technology, many efficiencies have been gained in the day-to-day practice of Dr Brendan Cronin (pictured left) at the Queensland Eye Institute. Not limiting tech benefits to his own practice, he is now using new technology to provide free digital ophthalmology resources for patients, medical students and GPs – in the form of iPhone apps, audio ‘textbooks’ and online courses.
After resisting the ‘paperless office’ for some time, Brendan decided to make the most out of technology to streamline the way his practice functioned. “People often complain that paperless medical record systems actually slow them down. I thought that for about a year, until I started using one and making it work for me. The way I want it to work. It is now unequivocally much faster than using a paper-based patient record system.”

“One benefit is the way Brendan uses his computer systems to generate automatic letters for different diseases. ‘For routine reviews, the software can automatically generate a letter for me, it can put in the patient’s vision, their intraocular pressure and automatically insert an image. It can send the letter straight to the GP or optometrist. It’s very fast and cheap and very effective. I don’t have to dictate the letter or get someone to type it or send it out. For me, it saves an enormous amount of time – at least 30% of all my letters can be auto-generated,” says Brendan.

Data integration

Brendan says one of the best things about technology in ophthalmology practice now is ‘integration’. “For example, we used to separately look at a scan and a photo and an angiogram. Now ophthalmic companies are working towards overlaying all these in the one report, so you can have a photo of the retina overlaid with the Optical Coherence Tomography scan and then overlay an angiogram on that.

“One of the best things about technology in ophthalmology practice now is ‘integration’. For example, we used to separately look at a scan and a photo and an angiogram. Now ophthalmic companies are working towards overlaying all these in the one report, so you can have a photo of the retina overlaid with the Optical Coherence Tomography scan and then overlay an angiogram on that.”

Smartphones

Smartphones and tablet devices have become almost ubiquitous now, and with the push to develop associated devices and applications for use across every sector, including healthcare. “There is an attachment now for an iPhone that allows GPs and medical students to take up-close photos of the eye as a diagnostic tool and the image can go straight into medical records software,” says Brendan. “The adaptor is suitable for most of the equipment GPs already have, so there is very little outlay. The adaptor costs about $100 instead of buying a very expensive piece of technology which could generally cost around $10,000. This type of thing can change things for doctors in emergency departments, GPs and medical students – perhaps not so much for ophthalmologists.”

Eye Dr app

Last year Brendan worked with an IT student and developed a free iPhone app to help patients manage their eye conditions. The app is called ‘Eye Dr’. It has a number of features including reminders for when eye drops or other medications are due, screening tools for macular degeneration (Amsler grid), and educational videos on glaucoma and macular degeneration.

The app also has a ‘keratitis mode’ which patients can use to remind them to take their eye drops hourly for 48 hours. “At this stage the Eye Dr app is only available for Apple iPhones, there’s no android version as yet,” says Brendan.

Audiobook

Since launching the app, Brendan has moved on to developing other online resources. He recently wrote and released an audiobook ‘textbook’ for medical students called ‘Ophthalmology for Medical Students’. It is available now from iTunes and Amazon for a small fee. However Brendan is currently working on a website to go with it, and the aim is for the audio-textbook to be free to download, so medical students can just jump online and listen to it or download it to their digital device at no cost. Brendan says while the audiobook is not designed to teach medical students everything, it is a good resource which can be updated constantly. “It won’t ever go out of date. This makes the information that was traditionally in textbook format now easily accessible and instantly downloadable so students can listen to it on their phone on the train on the way to uni each day.”

He recently wrote and released an audiobook ‘textbook’ for medical students called ‘Ophthalmology for Medical Students’.

“This allows the structural and functional analyses of the same parts of the eye, matching them up with each other to provide more accurate diagnosis, better assessment of disease progression and monitoring of treatment.”

Online ophthalmology course

Building on his ‘Ophthalmology for Medical Students’ online audiobook, Brendan is currently working on a complete ophthalmology course for universities. “Students will be able
to access this course from their smartphones. It will be free and interactive and they can log-on and get the textbook in audio form as well as have video lectures and slideshows. Each day they’ll also get Tweets and Facebook updates which will have little facts about ophthalmology.”

“It is intentionally accessible and non-threatening, so there’s less barriers to learning.”

Brendan is designing the course so universities can sign up to it for a nominal maintenance fee but students will have free access to the course via a username and password. “It will all be done through the website, and it is designed so students won’t be able to sit the online exam until they’ve watched all of the videos, signed up to all the Tweets, done all the interactive eye examinations and all the pre-reading.

It is designed so it’s all digitally logged – the university can actually see what the student has or hasn’t done. And the computer does it all; the uni just gets an email saying the student has passed or failed.”

“What I’m designing is very general across ophthalmology,” adds Brendan. “It is intentionally accessible and non-threatening, so there’s less barriers to learning. It should be going live in mid-2015. Getting the website right is complex, but we’re taking our time, doing it well, and making it very secure so students can’t hack it and cheat. And if, over time, people say it needs to include this or it doesn’t cover that, the course content can be rapidly and regularly updated, changed and kept progressive and relevant.”
People Profile

– A/Prof Anthony Kwan

A/Prof Anthony Kwan was recently appointed Chair of the Australian and New Zealand Society of Retinal Specialists (ANZSRS) and is the 2014 Congress Convenor. During this busy time we caught up with Anthony to learn about how he got to where he is today and his future plans.

As you did your medical degree and ophthalmology training in England, what made you decide to come to Australia? Are you glad you made that decision?

After completing my schooling and medical degree in England, and ophthalmology training at Moorfields Eye Hospital in London, I wanted to broaden my experience with a fellowship overseas. I was fortunate to be given that opportunity by Prof Ian McAllister in Perth, Western Australia. I had a great year both in terms of clinical experience and personal development; it was wonderful for my family as my wife’s family lives in Australia. When I was offered an exciting position that encompasses both clinical and academic challenges at Queensland Eye Institute by Prof Lawrie Hirst in Brisbane, it was not a difficult decision for me to move to Australia where my children can also be close to my wife’s family. It has been 10 years since I first set foot in Australia and everyone in the family is pleased with our choice.

How was the transition from working in England to Australia?

It has been a relatively smooth transition. Having worked in Perth helped me to understand the Australian ophthalmology training program and Medicare system. Spending another 18 months at Moorfields for another fellowship prior to our relocation gave me time to plan for our move. I am very fortunate to have a very supportive wife and it helps that she can practice as a GP here. Most of the colleagues both in Queensland and interstate have been very receptive and supportive, and this has made the transition at work pleasant. Lastly having worked in London for over 10 years, I got to know a number of the Australian and New Zealand ophthalmologists who came to London for their fellowships; it was like meeting up with old friends again when we see each other at meetings.
What lead you to specialise as a vitreoretinal surgeon/retinal specialist?
Like a lot of ophthalmologists, I like microsurgery. With the advent of small gauge vitreoretinal surgery, it makes vitreous and retinal surgery more challenging and exciting than ever before. Hence I became more interested in and passionate with this specialty. We are blessed that we live in a time when there are so much advancement in the field of retina, there isn’t a dull moment at work.

What are your major roles in ophthalmology clinical work, teaching and research at the moment?
I have certainly been keeping myself busy since I started in Brisbane. For clinical work, I spend one day a week in a public hospital, Mater Health Services, and also act as their director of ophthalmology. Moreover, I have clinical commitments in Brisbane and in the Gold Coast. For teaching, being an Associate Professor at the University of Queensland, I am regularly involved with teaching, mentoring and lecturing ophthalmic trainees, optometrists and GPs. For research, apart from clinical trials, I am fortunate that, at Queensland Eye Institute, we have a great team of scientists who let me help them in retinal cell culture work which has been my interest since working on retinal transplantation at the Institute of Ophthalmology, London. With the increasing commitment, I sadly had to relinquish a number of College roles including basic sciences (anatomy) examiner, member of the Queensland RANZCO Qualification and Education Committee, section editor of the College journal (Clinical and Experimental Ophthalmology), and Board member of the Ophthalmic Research Institute of Australia. I am most grateful for the experience I gained through these roles and I strongly encourage young fellows to participate in College activities as these experiences are both fulfilling and rewarding.

Congratulations on your new role as Chair of ANZSRS, what plans do you have for this special interest group going forward? What do you think are the biggest challenges of this role?
As I mentioned earlier, it is an extremely exciting time to be involved in the management of retinal diseases as there are so many therapies and new emerging treatments that can potentially help our patients. It is an absolute honour to be asked to become the Chair of ANZSRS, and I am most grateful for the opportunity and the support I receive from my interstate colleagues. With an increasing number of trainees choosing retina as their subspecialty, ANZSRS membership numbers are increasing. Our mid-year symposium and the annual ANZSRS meeting at the RANZCO Conference are well attended. We are planning to have different themes to these meetings to make them more interesting, for example electrodiagnostic flavour in the most recent meeting. We are always looking forward to collaborate and exchange ideas with other retinal specialists overseas, so we are very excited that the mid-year ANZSRS meeting will be held in conjunction with the 9th Asia-Pacific Vitreo-retina Society congress in Sydney in 2015. Lastly, the biggest challenges of this role are to continue to galvanise the retinal community and to update our members with the latest development in the retina world. I hope I can do a good a job as my predecessor, Dr Willie Campbell from Melbourne.

How is your role as Congress convenor going? What exciting things does Brisbane have to offer for this year’s congress location?
I am given the task of being the convenor this year; it gives me the perfect opportunity to thank the College for letting me into ‘their family’ and my colleagues who have welcomed me since I arrived in Australia 10 years ago. Brisbane has really developed over the past 10 years, and is now aptly called a world city. Those who have not been to the city for a while will surely be amazed and impressed by its transformation. The Congress will follow straight on from the G20 world leaders meeting at the very same convention centre, so the city will definitely still be buzzing with excitement. The reception will be held at the famous Gallery of Modern Art that has secured a number of exclusive exhibitions for the past few years and the Congress dinner will be celebrated at an iconic Queenslander style homestead – the Hillstone St Lucia. It is a grand old homestead set amongst the rolling acres of the St Lucia golf course. The organising committee is certain that our guests will have a memorable and enjoyable time.
RANZCO Museum

Early 20th Century cataract surgeons were often itinerant. Multiple devices for transporting surgical equipment were developed, as in this handsome four drawer instrument case. The ivory handled instruments were sterilised by soaking in alcohol.

The surgery was performed gloveless with an assistant holding a light. Cataracts were removed through a Graefe section by extra capsular expression with the aid of magnifying loupes.

This fine pair of folding cataract knives suited below the portability of the surgeons. Made of tortoise shell and stainless steel, they required re-sharpening and testing between each case on kid skin drums in which the weight of the knife was enough to perforate the stretched skin if the knife was sharp enough.

Museum at Congress

Preparations are well advanced for the Museum Exhibition at RANZCO Brisbane which includes a large collection relating to the history of cataract surgery. Some excellent posters, are being prepared for the Museum and a prize will be awarded to the winner of the best poster in honour of Dr Jim Martin, the former Curator of the Museum.

Any enquiries regarding submission of a poster which is in a separate section to the other scientific posters, should be made to the Curator at ranzco@ranzco.edu

Due to renovations at the Eye and Ear Hospital in Melbourne, the whole museum storage area has to be packed up and transported to a new location for the duration, which is expected to last between two and three years. Again I am very grateful to the tireless work given by my assistants and volunteers.

Dr David Kaufman
Curator

Pictured left: Delegates looking at the Museum Exhibition in Tasmania 2013
Other lives

– Dr Hessom Razavi

Poetry, bikram yoga, hip-hop and Lions are just a few of Hessom’s passions – not to mention his work in public health and rural/remote ophthalmology.
Public health

Dr Hessom Razavi, RANZCO 5th year Trainee, has been interested in public health and the way it compliments medicine since medical school. “It’s about how ‘simple’ changes such as sanitation, clean water and vaccinations can have a huge impact... it’s strange but I even enjoyed statistics and epidemiology!” This interest led Hessom to the MSc in Public Health for Eye Care from the London School of Hygiene and Tropical Medicine. “It was a natural fit, a niche topic looking at prevention of blindness in developing countries, along the lines of VISION 2020.

This curiosity morphed into a fundraiser and awareness event, where I was blindfolded for 24 hours

The teaching was excellent and I enjoyed it immensely, and it culminated in a field study in Iran on childhood blindness. Ultimately public health is about equity, a person’s right to basic health care regardless of their background or circumstances.” This Master’s program confirmed Hessom’s interest in the area of public health and led to a year of work as a Research Fellow with the course organisers at the International Centre for Eye Health, within the London School of Hygiene and Tropical Medicine. “Working with colleagues like Profs Clare Gilbert and Allen Foster was inspirational, and I met many others doing similar work in places like India and South Africa.” It’s an aspect of ophthalmology that Hessom would love to continue.

Fellowship with Lions Eye Institute in remote Western Australia

This passion of public health has continued and this year it’s taken the shape of an ‘Outback Fellowship’, providing outreach work to rural and remote communities in Western Australia with A/Prof Angus Turner. “It’s rewarding work, personally and professionally. Diabetic retinopathy is the ‘tsunami’ that may well influence my future career path as much as anything.” He feels this is a natural fit. “Angus and I have been chatting since 2008 so in retrospect this year was always going to happen – thankfully the funders agreed.” Lions Outback Vision is all about health equity, providing city-level services to rural and remote communities, through outreach visits by optometrists and ophthalmologists, all working together. There’s also the emerging role of telehealth, using technology to bridge the gap, which Hessom believes will only grow in future. “As you’d expect there are a high proportion of Aboriginal patients, with problems like dense cataracts and severe diabetic retinopathy, and often simply the need for glasses. And the unit aims to be evidence-based, with a research arm as well.” Hessom works in many remote areas such remote areas as Halls Creek. “It’s amazing, I think, and sometimes confusing.” He recalls flying in on a Cessna (small, piston-powered aircraft) and seeing a side of Australia which you might not otherwise know. “Immense landscapes, ramshackle communities, personalities galore and of course ‘the Gap’: folks in poor health, less access to education, alcohol abuse and so on.” Through this work Hessom also experiences wonderful interactions, instances of hope and success. “I like to think our work is contributing to change in its own small way. I love the sense of humour in Aboriginal communities. Sometimes you see a deep acceptance of life, which is humbling. The story of Indigenous Australia and colonisation is complex, barbed and unfinished, not one that I pretend to understand, and cause for lots of reflection this year.”
Hip-hop
Hessom has been hip-hop dancing since high school. “I’m smitten by its confidence and energy. Hip-hop has many connotations, often negative, and people need to understand that there is ‘good hip-hop’ and ‘bad hip-hop’, just like cheap goon versus quality wine.” Hessom believes that often the hip-hop that makes it onto the radio is the cheaper stuff; you need to search for the quality. “At its core hip-hop is about expression, language and storytelling. It is rooted in the history of West African ‘griots’, traditional bards who were often royal advisers. With the slave trade and evolution of black music in America, hip-hop emerged in the late 70’s. Breakdancing is the dancers’ ‘offshoot’ of hip-hop.” Hessom still performs at gigs and festivals, though he is now leaning towards words more than actions – “my body leans closer to 40 than 30.”

Writing
Hessom wrote an article for the Community Eye Health Journal after one day watching a blind man with a cane negotiate a busy sidewalk in London, then realising that he had no idea what it was like to be blind. “This curiosity morphed into a fundraiser and awareness event, where I was blindfolded for 24 hours, aided by a friend and sighted guide, Puneet Sayal. We kicked off the event at a restaurant called ‘Dans le Noir’ in Clerkenwell, which is pitch black (not a single photon of light), and where your waiters and guides are actually blind – an interesting role reversal. The experience was artificial for me, obviously, but it did raise funds for childhood blindness, and I got a small taste of the importance of dignity and inclusion when dealing with anyone with a disability.”

Also being a wildlife enthusiast, particularly big cats, Hessom wrote an article about his experience in The West Australian newspaper. An excerpt reads: “Back in Perth at the Lions Eye Institute, we study toxoplasmosis and posterior uveitis. But when I dream, I see those majestic cats, that green quartz valley, and an eye-to-eye relationship with the proudest, fiercest predators in Africa.”

Along with writing articles such as the above, Hessom has been writing poetry since 2006, on his own and as part of writers’ groups. “I have been fortunate enough to have great mentors and be published. It’s a great complement to a technical, scientific career – I’m sure there’s some right-brain/left-brain ‘synergistic’ explanation.”

Other interests
Hessom is a huge fan of bikram yoga, which is practiced in a room heated to 40°C. “It is the ultimate sweaty salve after a long day of work.”

“My family are awesome! We are originally from the Lorestan province of Iran and speak a mixture of Farsi and English at home, otherwise known as ‘Finglish’.”

You can read some of Hessom’s articles and poetry via the RANZCO blog: www.ranzco.edu/blog
RANZCO Eye Foundation

**JulEYE 2014—attracts enormous media exposure**

With one quarter remaining of The RANZCO Eye Foundation’s calendar financial year, we predict that we will have reached our budgeted fundraising levels in order to cover our committed program funding by the end of the third quarter.

Our primary focus from September onwards will be to attract as many donations as possible in order to attain our predicted level of funding and to hopefully over-achieve our financial year budget, as well as relieve funding pressure into the first quarter for 2015.

JulEYE 2014 was our strongest media year yet. National coverage for our Community Service Advertising has been widespread, with our ‘Black Spot’ campaign supported by some very high calibre national and state-wide media including: Channel 10, Channel 7, Sky News, Prime 7, FOX Channels International, FOXTEL, The Daily Telegraph, The Sunday Telegraph, Bauer Media and The Australian Radio Network. We were pleased to report that all confirmed media outlets were committed to running our adverts well into August, with some having already committed to providing exposure for our campaign at other times of the year including World Sight Day in October.

**2014 Public Relations Campaign**

Again this year, to provide our messaging renewed focus, we conducted a national News Poll – an online survey that revealed Australians are still taking their eye health for granted. With renewed messaging, our public relations campaign saw widespread support across Australia’s national media. Highlights included articles in national publications such as The Sunday Telegraph, Daily Telegraph, BUPA Magazine and Readers Digest (Australia), as well as coverage on Channel 10’s Daily Edition and Prime 7 Tamworth (local news) as well as a valuable selection of radio, online and print media segments. The Foundation was engaged in more than 64 interviews (still counting at the time of writing) across radio stations nationally with more than 580 air plays to date (final...
The RANZCO Eye Foundation was fortunate to have more than 900 media 'hits' across the nation, over a variety of well-respected metropolitan and regional electronic and print media. It is impossible to estimate the value of this coverage to the foundation.

Once again behind the campaign this year was Mr Kirk Pengilly and his daughter April, helping to spread the word about the importance of having your eyes checked regularly. Kirk and April played a major role in The RANZCO Eye Foundation’s 2014 Social media activity for JulEYE (Facebook and JulEYE blog). This focus worked well with us hitting our target of more than 650 ‘Likes’, which has built a community of people genuinely interested eye health.

Also via social and traditional media, The RANZCO Eye Foundation ran a competition exclusively through Harvey Norman. We were thrilled to receive in excess of 1700 entries for this competition.

In addition, merchandise promotion through ophthalmology practices was good again this year – thank you to everyone who participated. Early indications show that the reach for our 2014 public relations and advertising campaign will far exceed previous JulEYE campaign reach and circulation figures.

Highlights included articles in national publications such as The Sunday Telegraph, Daily Telegraph, BUPA Magazine and Readers Digest (Australia), as well as coverage on Channel 10’s Daily Edition and Prime 7 Tamworth (local news) and a valuable selection of radio, online and print media segments.

The RANZCO Eye Foundation announces the appointment of the Governor-General as Patron

The RANZCO Eye Foundation is delighted to announce the appointment of the Governor-General, His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd) as Patron. His support will be invaluable as we continue to shine the spotlight on the often overlooked problem of eye health in Australia and its surrounding regions.

The RANZCO Eye Foundation continues to applaud the great work of our teams from ophthalmologists, the researchers in various programs and to the eye care teams in the field that bring sight and new hope to the more disadvantaged communities. This incredibly vital work helps us to get a step closer towards delivering on our vision to give every person the opportunity to see, and our mission to lead efforts to preserve sight and provide resources to prevent avoidable blindness throughout Australasia.

2015 RANZCO Eye Foundation/Novartis and Bayer Medical Retina Scholarships

Following advice from the selection committee, The RANZCO Eye Foundation has recently awarded two medical retina scholarships for 2015 to Dr Matthew Simunovic (RANZCO Eye Foundation/Novartis Medical Retina Scholarship) and Dr Chandra Balaratnasingam (RANZCO Eye Foundation/Bayer Medical Retina Scholarship). These scholarships will be announced formally as part of the Congress Opening Ceremony on Sunday 23 November 2014.

Jacinta Spurrett
CEO, The RANZCO Eye Foundation

Imagine if the big moments in your life looked like this?

1 in 4 Australians are at risk of losing all or part of their vision due to eye disease.

75% of vision loss is preventable or treatable if caught early.

Get your eyes tested this JulEYE.
eyefoundation.org.au
Dr Peter Anderson
14 August 1925 – 8 May 2014

Distinguished St Vincent’s ophthalmic surgeon Dr Peter Anderson passed away on 8 May 2014, aged 88. Peter was a member of the St Vincent’s department of ophthalmology since 1957 and was still practising on a part-time basis, seeing patients three weeks before he died.

Peter will be remembered as a very practical, friendly and forthright ophthalmologist. He cared very much about his patients and they cared about him. He was a devoted and innovative ophthalmic surgeon, particularly in corneal and cataract surgery. Peter specialised in corneal transplantation surgery in the 1960s, and was also an early advocate of intraocular lenses for cataract surgery, implanting the second intraocular lens in Australia at St Vincent’s Hospital. He retired from surgical practice in the early 1990s (not making the transition to phacoemulsification – Peter was at a departmental meeting when phacoemulsification was being discussed and, on being told that you have to use both hands and both feet simultaneously during the procedure, he proclaimed in his characteristic deep gruff voice “I’m not a bloody monkey!”) but continued consultations and seeing patients on a part-time basis at St Vincent’s Clinic, as well as his practices in Hornsby and Macquarie St. Peter was active in any meeting and made his views plain, always in a friendly and forceful manner.

Peter was born at Burwood in 1925, the third in a family of four children. He went to school at Santa Sabina in Strathfield, and then to Riverview as a boarder. He enjoyed his school years, loved his sport, (including handball, and swimming) and even repeated his final year so that he could play in the 1st XI cricket team, in which they were beaten outright in every game. Peter finished high school in 1942, went to Sydney University to study Arts, and enrolled in the Royal Australian Airforce in April 1944. He trained as a radio telephony operator and spent the remainder of the war in New Guinea.

He started medicine in 1946, and after graduating was a resident at Lewisham Hospital and then an eye registrar at St Vincent’s from 1954 to 1956. He obtained his Diploma of Ophthalmology at Sydney University in 1956 and was awarded the Cedric Cohen Memorial Prize for the best results in the Diploma. His particular field of expertise was cataract surgery, corneal grafting, contact lenses and general ophthalmology. In 1964 he spent six weeks overseas in London, France, New York and San Francisco studying corneal graft surgery with the best surgeons of the day. He also made regular trips to India performing sight saving surgery at numerous eye camps. This started in 1974 when he went to Bihar in India to help with an eye camp and he subsequently returned in 1975, 1976, 1978, 1984 and 1990 to teach corneal grafting taking corneas for this purpose.

Dr Frank Cheok recalls the eye camps, “Peter had an amazing relationship with the Jesuit Indian mission in Hazaribagh. He inspired me to go and the next year Ross Benger and Alex Hunyor came as well. The eye camps were run in conjunction with Rotary and we worked with the local professor of ophthalmology Dr Kashap and his team. We did intracapsular surgery with sutures and Dr Kashap did Graefe section which was much faster with no sutures.

We operated by the light of a torch. In the hall there were rows and rows of preoperative patients having drops and cotton wool in either right or left ear to indicate which eye was to be operated on. There was great confusion as the cotton wool tended to fall out so this was substituted by sticking plaster on the patient’s temple”.

In 1984 Peter began consulting in medico legal work and a couple of years later became a member of the Medico Legal Society. He wrote articles on contact lenses in the *Australian Medical Journal*, and also in the *Australian Journal of Ophthalmology* on complications of corneal grafting.

Peter had a long association with Rotary and also with Riverview College. He was a past president of the Old Ignatians Union.

Peter was a keen sportsman – an excellent skier in his younger days (winning a cross-country race from Charlotte’s Pass to Thredbo) and surfed all his life, particularly from the family holiday home on the NSW central coast. He was also an excellent snooker player, and many an afternoon found him playing snooker at the University Club in Sydney after a morning’s consultations. Later in life he took up golf with a passion. On the back cover of the booklet at his funeral was a typical Peter quote – “Golf is a bit like life–one damn thing after the other, but hope springs eternal for a good score one day.”

Peter had a wonderful marriage to Joy for over 60 years, and was farewelled by Joy, their seven children and many grandchildren, together with numerous colleagues, friends and patients at a moving funeral at St Mary’s Church in North Sydney. His son Anthony noted in the eulogy that Peter “had a glint in his eye and a playfulness of a kid his whole life… he was playful, witty and gregarious.” He will be long remembered and sorely missed.

*Dr John Kennedy*
Medical visionary and pioneering eye surgeon Professor Arthur Lim has died at age 80.

Arthur, who had worked closely with many RANZCO Fellows, passed on peacefully at home with his loving family and close ones by his side.

Of his many achievements, Arthur was the founding Medical Director of the Singapore National Eye Center (SNEC) and the Singapore Eye Research Institute and the National University Hospital’s ophthalmology department. He was a strong supporter of the Asia Pacific Academy of Ophthalmology (APAO) and has served as APAO’s Secretary General and contributed to the development of APAO globally.

Many senior RANZCO Fellows remember working with Arthur and share their memories below:

Prof Frank Martin AM: “Arthur Lim was the most influential figure in the development of ophthalmology in the Asia Pacific region. He collaborated with colleagues in Australia and New Zealand most notably Profs Ian Constable and Frank Billson in establishing microsurgery courses to bring modern cataract and other surgical procedures to the developing world. He established an eye hospital in Tianjin China and supported it not only with his work but financially. Arthur was a giant in ophthalmology and is responsible for the strength of the APAO in world ophthalmology.”

Prof Hugh Taylor AC: “I well remember first meeting Arthur when he came to Melbourne for a microsurgery course while I was a registrar. He was always most generous with his time and his interest and I often saw him at things like IAPB meetings and of course ICO. The ICO he organised in Singapore in 1990, was a triumph and I think he had his photograph taken with every single delegate. He essentially was the APAO for close to three decades and transformed it into the dynamic regional body it is today. Of course this international work and contribution is almost insignificant when put alongside the transformation of eye care in Singapore itself. When Arthur returned from training in London, ophthalmology in Singapore was nascent at best. With his vision, energy, creativity and hard work, Singapore became a world leader, work you and the team he trained are continuing.

Whenever we met, he was always cheerful and interested, full of ideas and energy. He also loved painting and I remember several times being shown his latest paintings and the cards he sent were always received with much interest.

His was a giant in ophthalmology and a world leader with a profound and world-wide influence. I would like to send condolences on behalf of the International Council of Ophthalmology to Arthur’s family and colleagues. We are all the richer for having known Arthur and the poorer for his passing.”

Prof Ian Constable AO: “Arthur Lim harboured a personal vision to raise the quality of Ophthalmology in Singapore and the Asia-Pacific region to world best standard all his professional life. He trained in Moorfields then set up a flourishing practice. He was a great teacher and set up microsurgical courses all over Asia. He set up his own publishing firm and wrote numerous practical textbooks in many languages. He drove the fledgling Asia-Pacific Academy of Ophthalmology as secretary-general to include all Nations in the region. He raised the funding, ensured major Government backing and built the Singapore National Centre. He set up large scale cataract training programmes in China largely with his own money.

Through all this Arthur nurtured a fond relationship with Australia and New Zealand. His two daughters were educated here and one stayed permanently in each country. An icon and founding father of modern Singapore, Arthur Lim will be fondly remembered.”

Prof Doug Coster AO: “Arthur Lim was a large presence in ophthalmology. He was responsible for elevating Singaporean ophthalmology to the current high level it enjoys. He achieved this through his own efforts - he had a large practice with patients seeking him from all over Asia - and by encouraging and creating opportunities for the next generation. He was part of the Singapore elite and the nationalistic fervour that underpinned the nations rapid development in so many fields. He was a true internationalist with friends and associations all over the world - including Australia. He didn’t hesitate to involve people from around the world in his efforts to develop ophthalmology in Singapore. At a personal level his enthusiasm was infectious. Whether pursuing his clinical practice in ophthalmology, or anything he was involved in, writing, publishing, painting etc. he attacked the activity with extraordinary zeal. His relentless enthusiasm was the key to his many successes.”
I was extremely fortunate to have been accepted as a fellow in glaucoma and education at Moorfields Eye Hospital, UK for a period of 1.5 years from mid-2012. The glaucoma component was supervised by the recently knighted Prof Sir Peng Khaw and the education component was supervised by Prof Peter Shah.

This was my third long trip to the UK but the first time with my family. I had previously spent over two years as a glaucoma research fellow on separate occasions at Birmingham and Midland Eye Centre under the wing of Peter. This experience prepared me well for this advance fellowship in both paediatric and adult glaucoma. The first mission after arriving in London was to find a comfortable and affordable accommodation with good schools nearby for my five-year-old daughter. At the same time the place needed to be convenient in terms of transport. This proved to be quite a challenge but we ended up living in East Finchley, a beautiful and quiet suburb on the Northern Line just outside zone 2 where I could get to Moorfields in approximately 30 minutes with a single tube ride. This was essential as I knew some of Peng’s clinics and theatre sessions can finish very late!

My weekly schedules during the fellowship varied depending on the different research and education activities. The fixed sessions were the triple session outpatient clinics on Wednesdays and the triple session theatre on Thursdays with Peng. Being one of the most prominent figures in ophthalmology, Peng is a man full of energy and enthusiasm that most people would have trouble keeping up with. Despite his multiple roles covering research at the Institute of Ophthalmology as well as clinical and administrative/executive activities at Moorfields, he was always easily approachable and looked after his fellows well.

A typical Wednesday would start with glaucoma teaching undertaken by a different consultant in the morning, following with the paediatric glaucoma clinic at the Children’s Eye Centre. I am sure this is “the clinic” where
one would manage the most severe paediatric glaucoma in the UK, if not in the world. Not infrequently, we would also manage overseas patients including performing their operations. We would also see all the preoperative patients for Thursday the day before because of the unpredictability of paediatric glaucoma. There had been many occasions where the actual cases/operations performed on theatre day became totally different to the original booking!

"During this time, I have also learnt the importance of research and education, and how they can complement and enhance the clinical aspect of medicine."  

After the paediatric glaucoma clinic, we would move to the main Moorfields Eye Hospital to see the adult glaucoma patients. They were, once again, some of the most complex cases that one would ever see. It was quite amazing to see the amount of time which the patient would wait just to see Peng, as this sometimes meant close to midnight!  

During the Fellowship, I have learnt not just from Peng himself, but also from other consultants, colleagues, as well as patients from Moorfields.  

The theatre day usually started with a preoperative ward round to make sure all the paediatric patients and their parents were ready, and had no further questions in their mind. This was essential as paediatric glaucoma surgery must not be taken lightly, and must be performed by those with adequate training. It can be regarded as one of the most high-risk operation there is. A typical theatre day generally consisted of several paediatric glaucoma tubes or tube manipulations, followed by adult drainage surgery which could either be a trabeculectomy or a tube. We always tried to finish theatre before 9pm but sometimes it could extend much beyond! After theatre or during the course of the day, we would review the postoperative patients to make sure they were fine before their discharge. For those who had had higher-risk surgery, we also reviewed them the next day. For the paediatric patients and their families, there is a Ronald McDonald House right in the Children’s Eye Centre which I think has made a tremendous difference in patient management.

"I will always treasure this once-in-a-lifetime experience deeply."

The education component of this Fellowship was supervised by Peter who operates at both Moorfields and in Birmingham. He had been a mentor and a friend who was always available for advice and help. During this time, I was fortunate enough to be exposed to the world of qualitative research and patient reported outcomes. I was also involved in several educational projects, including the glaucoma subspecialty day at the Royal College of Ophthalmologists Annual Congress 2013 and the Second National Glaucoma Think Tank held in Birmingham. Furthermore, I co-authored several book chapters as well as participated in the 9th World Glaucoma Association Consensus Meeting on Childhood Glaucoma in Vancouver, Canada. Needless to say, I still have lots of materials and papers to catch-up on!

This Fellowship has provided me with many of the clinical and surgical skills required for the management of complex glaucomas in both children and adults. During this time, I have also learnt the importance of research and education, and how they can complement and enhance the clinical aspect of medicine. Even though Fellowship training was tough, it was enjoyable and fulfilling. I have made so many friends who, with no doubt, will become leaders in their own field in the future. Equally as important as training, my family also had a great time in the UK and we had the opportunity to travel to different parts of Europe for short holidays during school breaks. I will always treasure this once-in-a-lifetime experience deeply.

Thankyou to RANZCO and Abbott Medical Optics.
Ophthalmology in Zimbabwe

The College of Health Services at the University of Zimbabwe, Department of Ophthalmology, is very appreciative of any teaching/equipment that we are able to offer from our resources in Australia and New Zealand.

Chaired by Prof Rangarirai Masanganise, MB ChB FRCOphthal MMed Sc (Clin Epid), a teaching program as outlined below is underway but very short of resources. The American Academy of Ophthalmology has kindly donated a full set of their basic and clinical science program, in addition to what we have been able to submit from here.

The Department of Ophthalmology has been housed in the former maternity hospital since 1985 and it is now a stand-alone department from surgery since 2010.

Staff establishment
There are six academic posts, with three filled to date – one professorial post vacant, one administrative post filled, one chief technician post filled, two secretarial posts filled, two research nurse posts filled and two junior technician posts vacant.

Training programs
Diploma in Ophthalmology is a one year full-time course. During that year candidates have lectures on anatomy, physiology and pathology of the eye, common clinical ophthalmic conditions and their management, simple ocular surgery and introduction to refraction. Candidates will do clinical work, ward rounds, clinics and attend theatre sessions. At the end of the year candidates will be examined and those who pass will be given the option to proceed to the full Masters in Medicine Ophthalmology program to take a break and do clinical work.

Masters in Medicine Ophthalmology is a three year program after Diploma in Ophthalmology training.

First year candidates are taught basic sciences – anatomy, physiology, pathology and pharmacology of the eye at greater depth, optics and refraction – and this is combined with clinical work. At the end of the year candidates will take a part one examination before proceeding to the second year.

During the second year of the Masters in Medicine program, candidates choose a research topic for their dissertation and work on the research projects under supervision, do clinical work and get exposure to community eye health in the districts.

Candidates are expected to have participated in at least five outreach eye expeditions before completion and should have sound knowledge in medical ophthalmology, neuro-ophtalmology, strabismus, general ophthalmology and paediatric ophthalmology.

Third year candidates are expected to complete their dissertations and write the final Masters in Medicine Ophthalmology Examination. All students have log books to document clinical and surgical experience gained during training.

There are six posts allocated per year for the training program. Currently there are 12 postgraduate trainees in the system.

Areas of potential collaboration with RANZCO Fellows/Members:
1. Establishing subspecialty areas (e.g. vitreo-retinal, ocularplastics and neuro-ophtalmology) by way of getting honorary attachment to the unit for a specific period to impart knowledge and skill to locals. Assist in identifying an optometrist to come and kick start an Optometry Training Program in the Department.
2. Identify potential faculty prepared to come on contract and share experiences.
3. Source equipment for the department, for example:
   - Yag laser;
   - Argon laser;
   - Vitrectomy machine;
   - Phaco machine;
   - Scanoptic operating microscope with teaching/assistant pieces and cataract sets.

Dr Michael Treplin

Contact details:
Zimbabwe is a wonderful country and people. I will be delighted to answer any queries on logistics and other issues.
Dr Masanganise, email: drmasanganise@gmail.com
Dr Michael Treplin, email: mtreplin@bigpond.com
Please view RANZCO’s Good Practice Guidelines
http://www.ranzco.edu/index.php/international-development/get-i
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| **17-27 September 2014**  
17th Afro-Asian Congress of Ophthalmology  
44th Congress of the European Contact Lens Society of Ophthalmologists  
www.eclso.eu | **22-26 November 2014**  
46th Annual RANZCO Scientific Congress  
https://www.ranzco2014.edu |
| **19-25 September 2014**  
The 9th Greek Legal and Medical Conference  
Eugenia Mitrakas  
Email: eugenia@greekconference.com.au | **15 October 2014**  
Gala Dinner - Celebrating 50 Years of the Discipline of Ophthalmology  
2014 Bellinzona IREC retreat  
http://www.cems.monash.org/education/irec-course.html |
| **26-28 September 2014**  
APGC-ISOHK 2014 Hong Kong  
2014 Annual Meeting of American Academy of Ophthalmology  
Email: meetings@aao.org | **1-4 December 2014**  
XIIth Meeting of the International Strabismological Association in Kyoto, Japan  
| **26-28 September 2014**  
APSOPRS-OPAI 2014  
Email: secretariat@iso-hk.org | **30 Oct - 1 Nov 2014**  
39th Indonesian Ophthalmologists Association Annual Meeting  
http://perdami.or.id/yogyakarta2014/ | **4-6 December 2014**  
Vietnam Optica 2014 - The Int’l Exhibition of Ophthalmological Professional Industry  
http://www.medipharmexpo.com/Intro/home.html |
| **26-28 September 2014**  
Deutsche Ophthalmologische Gesellschaft (DOG 2014)  
112th Annual Meeting of the Korean Ophthalmological Society  
http://www.ophthalmology.org/abstract/2014_112/eng/sub01.html | **13-14 December 2014**  
Ocular Motility Conference – Preparation for RANZCO Part II exams  
Email: kristen.saba@marsdeneye.com |
| **28 Sept - 1 Oct 2014**  
12th Congress of the SAARC Academy of Ophthalmology  
http://saocolombo2014.org/ |   |   |

For a full listing of all events please visit www.ranzco.edu and go to the events calendar.
**Positions Vacant**

**Ophthalmologist needed in regional Victoria**

We are looking for an ophthalmologist to join our new ophthalmic practice in regional Victoria. Service a large area treating a variety of eye conditions, including cataract, retina and glaucoma. We would like a general ophthalmologist preferably with subspecialty interest (glaucoma, cornea, ocularplastics, paediatric ophthalmology). Latest equipment, including a heidelberg spectralis, angiogram, the tango laser and a networked electronic medical records system.

Located in a regional town in Victoria less than one hour from Melbourne CBD. This is a wonderful career opportunity for an enthusiastic professional, ideally with a view to settling in regional Victoria.

For further information please contact the Practice Manager: managerspecialistcentre@gmail.com

**Ophthalmologist required Bondi Junction, Sydney**


Contact: John Gregory-Roberts
Phone: +61 2 9389 5200

**Full-time/part-time general ophthalmologist**

Busy Newcastle based practice is seeking a full-time/part-time general ophthalmologist with an interest in medical retina.

Contact: Leanne
Phone: +61 2 4929 5969
Email: pracmanager@neweye.com.au

**Ophthalmologist – Malvern**

An opportunity has become available for an ophthalmologist to join a team of two experienced ophthalmologists in Malvern (Melbourne Eye Surgeons). These modern purpose built rooms accommodate adult and paediatric patients, they are close to amenities and directly off the Monash Freeway at the Toorak Road exit. We welcome young graduates and general ophthalmologists. For more information please contact Andrea Millar, Practice Manager
Phone: +61 3 9804 3818
Email: andrea@melbourneeyesurgeon.com.au

**Fellow in general and rural ophthalmology – Royal Darwin Hospital**

Designation: Fellow
Work Unit: Royal Darwin Hospital
Responsible to: Ophthalmology Specialist/ Director of Ophthalmology /Medical Co- Director Surgery and Critical Care
Contact: Dr T Mahendrarajah,
Phone: +61 8 892 28888
Email: tmahen@gmail.com
Website: www.health.nt.gov.au

**Footscray and Coburg areas of Melbourne require a general and anterior segment ophthalmologist**

Busy ophthalmic practices located in the Footscray and Coburg areas of Melbourne require a full-time or sessional work. Practices are well equipped and staffed with a highly trained and professional team.

For further information please contact Practice Manager: Kittyanna Verghese
Phone: +61 3 9689 5282.

**Ophthalmologist required South West Sydney**

Well established practice with opportunity for general ophthalmologist to expand in South West Sydney. Special interests welcome. Short or long-term positions flexible sessions and hours.

Phone: 0414 766 980 (after hours)
Email: bags88@hotmail.com

**Locum needed for regional NSW practice**

Locum/assistant with view to long-term needed for regional NSW practice. Very busy, well equipped practice with very varied caseload. Suit general with sub-specialty interest.

Phone: 0407 008 166
For sale or lease

Well established ophthalmology practice for sale

Expressions of interest sought for a well-established ophthalmology practice of 35 year duration in Mackay. Established regular patient database, the specialist surgery has been purpose built for an ophthalmology practice with four consulting rooms and other procedure rooms including minor surgery. Equipment available includes visual field, IOL master, Cirrus Oct, Diode and Yag Lasers. Rooms located centrally adjacent to CBD. Parking available for staff.

Phone: +61 7 4951 2577

William Bland Centre at 229 Macquarie Street, Sydney

Newly renovated small office suite suitable for sole practitioner. Separate reception area, main consultation room and kitchen. Brand new split-system air con and kitchen. Immediately available. Rental $480 per week. Lease term negotiable. Owner pays water, council and strata fees.

Phone 9210 3343 or text 0418 261 213 to arrange inspection.

Equipment for sale

IOL Master For Sale

Fully serviced by Zeiss with Service history. In excellent condition and works flawlessly.

Last serviced Feb 2014, due for next service Feb 2015. This model was manufactured in 2005.

For further information, please call Shannen at South West Eye Surgery

Phone: +61 3 5562 4488

Email: orthoptist.swef@swarh.vic.gov.au

Force Triad Diathermy for sale

SouthWest Eye Surgeons has a Force Triad Diathermy for sale. It includes a footswitch, Dome Bipolar switch, smoke evacuator, interlink cable and a 3 port filter.

This machine was purchased in February 2013 for $19,000 and we are looking for $10,000 ono

Contact: Peter Bradshaw

Practice Manager

Phone: +61 8 9721 6633

Email: pb@swes.com.au

Equipment for Sale

1 x Nikon projection lens meter with or without adjustable metal stand

$400

Contact: Dr Pittar

Phone: +61 2 9416 2722

For a full listing of all classifieds please visit www.ranzco.edu and go to classifieds under membership services
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For more information contact your Bausch + Lomb Territory Manager or Customer Service on 1800 251 150.