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Front cover: Painted retinal images by medical artist, Ilene Hill.

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President’s Update

Trans-Tasman Updates

It is my pleasure to open this report by saying thank you to all Branch and Special Interest Group Chairs who are now providing dates for their future meetings. This ensures we avoid clashes and reduce concerns from industry sponsors. If you’re looking for an ophthalmic event, most are now up on the Events Calendar on the right hand side of the RANZCO website.

Branch Meetings

I have attended as many Branch meetings as possible over the last few months, including the Western Australian meeting held at Sandalford Winery. Between lectures we were given fire safety training and hands on CPR lessons, some photos of which are on the forwarding pages of this magazine. I also attended the South Australian meeting in the beautiful Barossa Valley and most recently the New Zealand meeting at the Viaduct Events Centre in Auckland. This meeting had an excellent presence of Ophthalmic Nurses, Orthoptists and Practice Managers which was good to see.

Strategic Plan

RANZCO’s strategic plan is now well underway. This plan will be established at the June Council meeting and will be available to view on the RANZCO website in due course.

Glaucoma

Over the last few months I have attended various meetings with Australian politicians and senior stakeholders regarding the recent Optometry Board of Australia’s (OBA) decision to allow optometrists to independently diagnose and treat glaucoma (without an ophthalmologist’s guidance). RANZCO together with the ASO have requested the Australian Government reconsider this policy as a matter of urgency as the OBA decision puts Australians at risk of no longer enjoying the high quality of specialist healthcare they have come to expect. The National Health and Medical Research Council
(NHMRC) created collaborative care guidelines only three years ago, these recommended collaborative care of glaucoma involving an ophthalmologist. For your reference the NHMRC guidelines are available on the RANZCO dashboard. For best patient care they provide an excellent guideline. Dr Arthur Karagiannis, ASO President and RANZCO Board member extends on this issue on page nine.

If approved this would cap work-related tax deductions for education expenses at $2,000 from July 1, 2014.

Similar murmurings are now happening in New Zealand with a bill going to the select committee for similar prescribing rights by non-medical healthcare professionals. There is continued pressure from Health Workforce NZ (HWNZ) to look at alternative options for patient care.

On the day prior to the NZ Branch meeting a local delegation met HWNZ Ministry of Health, and NZ Medical Council officials in Wellington. This also provided an opportunity for our new RANZCO CEO, Dr David Andrews, to obtain an insight into some of the common issues facing ophthalmology on both sides of the Tasman.

CPMC

I attended a Committee of Presidents of Medical Colleges (CPMC) meeting last month. For those who don’t know, this group is the unifying organisation of support structure for the specialist Medical Colleges of Australia. It was an excellent meeting with Australian Health Minister Ms Tanya Plibersek in attendance. One item discussed was the proposed $2000 education cap recently proposed by the Australian Federal Government. If approved this would cap work-related tax deductions for education expenses at $2,000 from July 1, 2014. It was the opinion of all College’s that this policy simply doesn’t make sense. On the one hand the Government requires doctors to ensure the standard of healthcare provided remains amongst the best in the world, but then they decide to cap how this can occur. While it was announced with the Federal budget they will issue a discussion paper in the coming weeks. I can assure Fellows and members that we will be looking at this very closely with the view to strongly oppose the suggested cap.

Also while at the CPMC meeting, I asked the Minister if there would be consideration allowing for changes to the funding arrangements for telemedicine so that consultations did not have to be done in real time, i.e. that they agree to changes to allow for store and forward to access funding. She mentioned she would look into this issue, so we wait in anticipation.

Orthoptists

As we all know Orthoptists are vital to our work, they have highly specialised skills and assist us enormously with our clinics. Unfortunately their profession has come under threat in Australia with the University of Sydney announcing the closure of its Orthoptics Master’s Program. This potentially leaves only study at LaTrobe University in Melbourne for future orthoptics training. RANZCO have been in discussions with Orthoptists Australia to ensure the reinstatement of a quality course in NSW.

Finally I wish to thank all of the staff at RANZCO for their ongoing commitment to creating an excellent college in terms of education and membership services. Additionally I wish to acknowledge the support from staff and colleagues at both Greenlane Clinical Centre and Auckland Eye to enable me to juggle the roles of a busy clinician with presidential duties.

Dr Stephen Best
RANZCO President
It has been almost three months since I took on the role of CEO of your College and I am enjoying it immensely. I have been very fortunate to meet many ophthalmologists, associated health professionals and industry people in this short time as I have been to the NSW, South Australian and New Zealand Branch meetings.

I would like to thank all those who I have met for your offers of support and information, and for voicing your concerns. Primary amongst these is the ongoing debate with optometry around glaucoma management. This has been an interesting way to quickly learn about this complex disease. I hope that we are soon able to resolve the issue and return to the previous co-managed arrangement between ophthalmology and optometry, with ophthalmologists as the principal party. There are efforts on many fronts to bring this about, and these will be communicated to you as they develop.

You would be aware that since starting I have undertaken a small restructure of RANZCO staff. I felt that, as a membership organisation, it was important that we had a dedicated Membership Services team and manager. Ms Alexandra Terry, formerly our Executive Assistant and now General Manager of Membership Services, has been making great progress in establishing better systems and materials for you. These will progressively roll out as developed. Ms Avril Cronk has taken on additional responsibility as the General Manager Communications and Events and you will see more of Avril and her team as you attend various functions. Mr Barry Diletti, is proving to be an excellent Executive Assistant and a font of all College history. If you get a chance to visit the office, you will find the friendly Ms Erin Keech now on reception. Another recent new addition to staff is Ms Ritu Mohan as Policy Advisor. Ritu has degrees in law and medical sciences, and has worked in policy for the Australian Medical Association. It’s a great combination for our current needs and future activities.

A consequence of these changes is that we no longer needed a senior person in the role of GM - Business Operations. I therefore made this role, which was capably filled by Mr Peter Hanson redundant. Peter has provided a little over two years of excellent service to RANZCO and made some great improvements to operational areas. However, we need to be mindful of the skills we require and keeping costs under control and I was unable to justify retaining his position. We all wish Peter the best for his future.

Three months in...
We also recently lost Ms Sonja Cronjé to the College of Radiologists. Sonja is leaving us with a fabulously coordinated review and implementation of curricula and new curriculum documents, she will sorely missed by all the staff and many Fellows.

As a result of movements within Education, Mr Craig Dobney was promoted from Education Officer to the role of Manager, Selection and Assessment. Craig has proven himself to be a very efficient and capable team member, and we wish him well as he takes on this new position.

I also decided to increase the emphasis on Continuing Professional Development (CPD) and we are recruiting a dedicated CPD Manager. This is clearly one of the most important services RANZCO provides to members and there is a lot to do, especially by way of online tools, in this area. It is more than Ms Eden Tay can cope with given her other responsibilities in Education where she is kept very busy. Overall, I hope that the changes will produce a more efficient and effective service to our members.

During the May Board meeting, the College’s Strategic Plan was reviewed. The Board considered all the opportunities and threats to RANZCO and our members, and set our direction for the next three to five years. Once finalised, the Plan will be communicated to all Fellows and I hope you will continue contributing to your College as we implement the different phases of the Plan. I look forward to meeting more of you over the coming months, and working with you to keep the RANZCO community an important part of your professional life.

Dr David Andrews
RANZCO CEO
Member Updates

ASO Update

I would sincerely like to thank Dr David Andrews for giving me the opportunity to inform RANZCO members of the current lobbying and campaigning in what is to many an unprecedented decision by the Optometry Board of Australia (OBA) and the Australian Health Practitioner Regulation Authority (AHPRA).

The recent OBA decision to unilaterally grant optometrists the right to independently diagnose and manage glaucoma is an entirely regrettable threat to patient safety and well-being.

Both the Australian Society of Ophthalmologists (ASO) and RANZCO have been very actively engaged to ensure politicians and senior departmental executives were informed of our significant concerns. We prepared numerous submissions and engaged with key stakeholders through both correspondence and face-to-face meetings.

Like many of you, I felt real regret, disappointment and anger that the significant submission by RANZCO – along with other detailed submissions by the ASO, Australian Medical Association and Glaucoma Australia – were effectively ignored by the OBA and ‘binned’.

Recently, we travelled to Canberra to meet Prof Chris Baggoley, Australia’s Chief Medical Officer. I was accompanied by RANZCO Vice-President, Dr Brad Horsburgh, and other ASO officials.

The meeting was beneficial as it enabled us to make Chris aware of our concerns that there is a serious deficiency in the governing legislation of the AHPRA. Chris was motivated to persuade AHPRA to call a mediation meeting to bring both sides of this situation together. Seventeen people took part in the discussion, held in Melbourne at AHPRA headquarters.

I led a delegation that comprised RANZCO, the Australian Medical Association, Glaucoma Australia and others. I would like to thank Prof Stuart Graham for his vital delineation of the clinical aspects of this matter. I would like to say the gathering was fruitful but, sadly, it was not.

Our expectations for positive gains were moderate but even that proved to be over-optimistic. The only attempt at compromise was to suggest optometrists would co-manage with general practitioners. Clearly that was unacceptable. There must be ophthalmic oversight in the diagnosis and management of glaucoma.

An Associate Professor of optometry at the meeting clearly stated that the OBA follows the American model of teaching. In other words, they will continue to increase their scope of practice through changes in legislation or regulation (in this case changes to guidelines) rather than clinical education.

Subsequently, we again reiterated the severity of our concerns for patient safety and well-being to the federal Health Minister, Ms Tanya Plibersek, and other stakeholders. Given the entrenched attitudes apparent from the OBA, it is clear our determination to protect patients’ best interests has a long way to go.

The AHPRA legislation grants equal status to both allied health and medical discipline boards. It also enables groups to increase their scope of clinical practice without expert oversight or clinical review. It effectively sidelines the learned Colleges.

Should we fail, the de-medicalisation of medicine will accelerate. This is not just about glaucoma and the OBA.

This is completely inimical to patient well-being and the ASO will not stop until sound medical practice is reinstated. Our duty of care as doctors demands that we correct this.

Should we fail, the de-medicalisation of medicine will accelerate. This is not just about glaucoma and the OBA. It is about the very structure of AHPRA. Medical doctors must have a role in the way other boards set standards and guidelines. Their decisions must be independently scrutinised and not just rubber-stamped by AHPRA.

Complacency is NOT an option, not by any of us. I will continue to keep you apprised of major events as they occur.

On a lighter note I wish, on behalf of my Executive, to welcome Prof Stuart Graham to the executive of ASO. His efforts in this matter have been have been critical and I look forward working with him as this progresses.

Dr Arthur Karagiannis
ASO President

"Should we fail, the de-medicalisation of medicine will accelerate. This is not just about glaucoma and the OBA."
**Advocacy**

On 2 April 2013 RANZCO Board member Dr Cathy Green and RANZCO General Manager of Policy and Development, Mr Gerhard Schlenther, attended a workshop with Vision 2020 Australia and the Department of Health and Ageing. “This successful workshop concentrated on the development of a new National Framework Implementation Plan, which will provide the focus for future actions toward eliminating avoidable blindness and align Australia’s efforts with the World Health Assembly Global Action Plan 2014-1,” said Gerhard.

**Courtesy call on the Royal College of Ophthalmologists London**

I recently had the great pleasure of paying a courtesy call on Ms Kathy Evans, CEO of the Royal College of Ophthalmologists (RCO) in London. I thank Kathy for giving so much of her busy time to discuss a number of mutually important issues.

I also took the opportunity to convey a message of best wishes and goodwill from RANZCO.

Some of the topics discussed with Kathy included the corporate structure of the colleges, membership – including current numbers of trainees and workforce projections, recognition of overseas graduates, office staff structure and duties, the question of considering exchange of senior staff between the two colleges, examinations and curriculum for trainees, Continuing Professional Development and research.

What clearly stood out were the similarities between the two colleges in just about every aspect of their daily activities and responsibilities. In fact, the similarities were an acknowledgment that perhaps both were on the right track in every way.

One issue which occupied a fair deal of my time both at the Australian Medical Association and the RCO was the development of an appropriate protocol to deal with complaints received against Fellows and members. The RCO does not become involved, with all complaints referred directly to Britain’s General Medical, which also administers the Specialist Register.

The Royal College of Ophthalmologists’ structure and authority is governed by Charter of the Privy Council. While the RCO does not have a Board similar to RANZCO’s structure, it is governed by a Council of around 33 Councillors. The Council has the authority to change the by-laws but its Constitution or Charter can only be changed by the Privy Council.

Another interesting aspect of the RCO is that all members have the right to vote for the election of its President.

In addition to the President, the Council has five Vice-Presidents, each chairing one of the RCO’s Standing Committees.

An issue floated at our meeting for possible consideration by the RANZCO Board was the suggestion that one or two of each college’s Examiners Panel might visit the other’s college as observers of the respective examination processes. I thought it was a suggestion worthy of further consideration.

“Next year the RCO will celebrate the 25th anniversary of its inauguration.”

I also had the pleasure of meeting senior members of the staff and discussing their duties. In particular, I held discussions with Ms Alex Tytko, Head of the Education and Training Department and Ms Beth Barnes, Head of the Professional Standards Department. These discussions brought home to me even...
further the similarities in duties and responsibilities of the two colleges.

Next year the RCO will celebrate the 25th anniversary of its inauguration. It brought back memories of my last year at the Royal Australian College of Ophthalmologists in 1988, when the then Council devoted a great deal of time in deciding on an appropriate gift which could be presented to the RCO to mark its inauguration. I had left the College before the final decision was reached. However, I was shown the gift, namely a President’s Chair constructed in Tudor style from timbers from each of the States of Australia. (See photo).

Kathy mentioned that planning was well in hand to celebrate the anniversary and it would be wonderful to see a strong representation of Fellows from RANZCO attending those celebrations.

RCO is currently preparing to move its headquarters from its current site in Cornwall Terrace (just off Baker Street), which I must say is a magnificent building but not really practical for the day-to-day workings of a busy office, to a new site. Purely as a personal observation, I would recommend having removalists handle the President’s Chair, which is remarkably heavy.

I wish Kathy and all her staff the very best for the future and again thank her for her time and courtesy.

Laurie Pincott
Past Acting CEO

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Gordon Eye Surgery celebrates their 20th anniversary

Gordon Eye Surgery, a comprehensive medical eye-care practice started 20 years ago this April. It was established to care for the needs of the local community with the highest standards of diagnosis and treatment available.

The principals, A/Prof Geoffrey Painter, Dr Sara Booth-Mason and A/Prof John Grigg are supported by 11 associate ophthalmologists, highly qualified staff, and the most modern diagnostic and treatment equipment available to provide the highest standard of ophthalmic care to the people of the North Shore of Sydney. Gordon Eye Surgery celebrated their 20th anniversary on the 11th April with staff, colleagues and people of the community to not only remember the achievements of the last two decades but to look forward to what will be able to be achieved in the future.
Recently, Dr Diana Semmonds, a RANZCO Fellow and current Board Chair, kindly invited RANZCO staff to attend her Chatswood surgery to witness an operating theatre in full swing. It was an excellent opportunity for staff to truly understand the workings of a busy practice and surgical setting. We were able to meet with members of Diana’s staff, including administration support, nurses, anaesthetists and ophthalmologists, working as a team to provide the best possible patient care. These sessions were an incredibly worthwhile exercise and we thank Diana and her team for extending us such an exciting opportunity.

- Sarah Stedman

Vision2020 Global Consortium

RANZCO CEO Dr David Andrews was elected to sit on the Vision2020 Global Consortium’s governing body – the Regional Program Steering Committee (RPSC) – by the Consortium members. The RPSC provides strategic direction and approves budgets and workplans for the Consortium.

RANZCO is now represented at all levels of the Consortium, established to make a significant contribution to the elimination of avoidable blindness and vision impairment in the Asia-Pacific Region and to achieve common quality standards and approaches to eye health programs.

RANZCO, The Royal College of Surgeons, Fred Hollows Foundation, Centre for Eye Research Australia, CBM Australia, Foresight, The Royal Institute for Deaf and Blind Children, Brien Holden Vision Institute, International Agency for Prevention of Blindness and Vision2020Australia are all members of the Consortium.

“This is an exciting opportunity to engage in international programs and influence change, together with our partners,” said David Andrews.

Do you have an interest in the College’s history?

RANZCO is calling for expressions of interest from Fellows, including retired Fellows, to join the Archives and Museum Committee.

The Committee is committed to the preservation of historic records, documents and instruments used in Australia, New Zealand and the Asia Pacific region. It devises strategies to ensure archive documents and museum objects are maintained and available to Fellows and the general public.

The Committee will be chaired by Dr David Kaufman and is supported by a professional archivist, Mr Jeff Palmer.

The Committee Terms of Reference are available on the RANZCO website. If you are interested in joining, please contact Alexandra Terry: aterry@ranzco.edu

Corporate Traveller Announcement

RANZCO is happy to announce Corporate Traveller, who currently manage all flight bookings for RANZCO Fellows, Trainees, Associate Members and staff, will also be managing accommodation bookings. If you’re travelling on College business, Corporate Traveller will be arranging your entire travel itinerary. As always, you will need a RANZCO issued Purchase Order number when making a booking.

Corporate Traveller are also happy to announce their great corporate rates are available on leisure bookings through their newly launched Travel Club http://fctravelclub.com.au/user/register/Ranzco keep an eye out for their new App, which allows you to easily change flights on the fly and check out everything from city guides to the weather at your next destination.

Dear Editor

I was really moved by the lovely “Thank you Laurie” message in the March/April edition of RANZCO News following my cameo appearance as Acting CEO of the College. Much appreciated and would you please convey to all the staff my sincere thanks for their kind thoughts. I must say that my work was made extremely easy as a result of the support of the very dedicated and highly professional staff of the College. Well done team and keep up the good work.

Regards,

Laurie Pincott MBE JP
Dr Brad Horsburgh (RANZCO Vice President) and Dr Cathy Green (Board Director and Convenor of the RANZCO Leadership Development Program) travelled to Washington, DC in April to attend the American Academy of Ophthalmology (AAO) Mid-year Forum and Congressional Advocacy Day. This annual forum provides an opportunity for Academy members, leaders and leaders of allied ophthalmic organisations to identify and discuss critical issues facing ophthalmology. RANZCO representatives have been guests of the AAO for the last three Mid Year Forum meetings, facilitating exchange of ideas and opportunities for global engagement for eye care advocacy.

Representatives from state ophthalmology societies are briefed before the Congressional Advocacy Day on the important issues facing ophthalmologists and their patients, as well as the information and messages to be conveyed to the politicians they will meet. The following day, each state society meets with their state representatives in the Congress and the Senate. Brad and Cathy were hosted by the Washington state group, led by Drs Russell Van Gelder and Aaron Weingeist. It was a rare opportunity and a great privilege to see American politics in action in the impressive setting of the Capitol.

The issues presented included Medicare payment reform and a repeal of the flawed Sustainable Growth Rate formula, Truth in Health Marketing (relating in particular relating to the use of the word “Doctor” and the importance that patients understand the difference between an ophthalmologist and an optometrist), the Electronic Health Records Improvement Act and the importance of increased funding for vision research. It is clear that Australia/New Zealand and the United States face similar challenges despite differing health service structures. It is vital that ophthalmologists and eye care advocacy organisations work towards cost-effective, sustainable, accessible and safe eye care.

RANZCO was hosted at the AAO Leadership Development Program Get Politically Active! lunchtime session, a highlight of which was an address by Congressman Dr Ami Bera, a physician who entered politics after a 20-year medical career. He shared insights into how and why he decided to run for office and highlighted the fact that the skills doctors use in their daily practice can be harnessed to positively influence political outcomes.

Brad and Cathy were greatly honoured to be hosted by AAO CEO and Executive Vice President Dr David W. Parke II and President-Elect Dr Greg Skuta at the welcome banquet. RANZCO is most appreciative of the generosity and hospitality shown by all – and in particular Drs Mike Brennan, Dan Briceland, Cynthia Bradford and David Durfee, who provided valuable insights into the importance of strong and pro-active advocacy.

In recent years, there has been much debate and controversy about optometric scope of practice in the USA. This month, Louisiana ophthalmologists successfully stopped House consideration of optometric surgery legislation, which would have authorised optometrists to perform surgery using scalpels, laser and injections, as well as unrestricted prescribing for all Schedule III, IV and V drugs. The bill was overturned as a result of a multi-faceted education and public-awareness campaign led by the Louisiana Ophthalmology Association, the Louisiana State Medical Society and the AAO. As Australia and New Zealand grapple with the issues of providing cost-effective and safe health care, there is clearly much to be gained from sharing insights from other countries facing similar challenges. RANZCO looks forward to a continuing strong relationship with the AAO.
Online Resource Review

Paediatric Strabismus and Amblyopia Resources

**Little Four Eyes**
[http://littlefoureyes.com/](http://littlefoureyes.com/)
**An online community for family and friends of children who wear glasses**

The Little Four Eyes website started as a blog, with a mother sharing her experience of having a young child with strabismus and glasses. There is a large range of resources on the site about glasses and occlusion therapy and, although written by parents, the medical information contained is accurate and written with a supportive approach. The site features a glasses and patching photo gallery, as well as a list of story books that contain characters or scenarios relating to eye tests, glasses or eye treatment. There are also links to a range of resources for parents about other paediatric eye conditions. Little Four Eyes has a very active Facebook page, providing a supportive and informative environment for families experiencing paediatric eye problems.

**Susu and Co**
**An online store for eye patches and child friendly glasses frames**

Susu & Co was founded in December 2012 by a Sydney-based orthoptist. The aim of the store is to provide quality and attractive patches and frames at an affordable price. Susu & Co stocks a range of sticky and cloth patches, as well as frames to suit newborns to older children. The store advises that delivery within NSW can take from two to seven days.

**Speccles**
**Clear eyewear straps to ensure glasses stay in place**

Speccles are an Australian made, designed and owned product that helps to keep children’s eye glasses in place. The product was designed by a mother of a child with albinism. When her child was prescribed glasses at 18 months old, the mother was frustrated with the difficulty of keeping glasses on, as well as frustrated with the unattractive appearance of available solutions (such as glasses straps). The website states that in older children and adults, Speccles are suitable for helping to keep glasses in place for sporting activities and physical work. A twin pack of Speccles can be ordered for only $10.97, making it a product that is worth a try for families that are finding glasses wear difficult.

**Kids’ Eyes Online**
**A website providing information about children’s eyes, vision development and eye problems**

Kids’ Eyes Online is a website owned and managed by a Sydney-based orthoptist. The website provides informative articles about normal vision development and eye problems, with a focus on strabismus and amblyopia. The information provided is detailed but uses simple language, answering common questions, such as, “Why does my baby have a watery eye?” and “Why does my child have to wear an eye patch?” It is suitable as a resource for parents, educators or health professionals.
New Zealand Branch Chair

Christchurch ophthalmologist Dr James Borthwick (Jim) has been appointed Chair of the New Zealand Branch of RANZCO.

Jim, who has been on the New Zealand Branch committee for five years, replaces Dr Derek Sherwood who steps down after a two-year term at the helm.

Born and bred in Christchurch, Jim attended Otago Medical School and the Christchurch School of Medicine.

He did his ophthalmic training in Christchurch and at Sydney Eye Hospital, where he also did a surgical and medical retinal fellowship.

Returning to New Zealand in 1992, he took over Dr Rod Suckling’s private practice and joined Dr Ken Tarr to form Southern Eye Specialists, which is now a group of seven ophthalmologists: Drs Sean Every, Rebecca Stack, John Rawstron, Jo-Anne Pon, Rob Weatherhead and Allan Simpson.

Jim also contributes to the public sector where he has held the position of vitreoretinal surgeon for the South Island at Christchurch Hospital since 1992. He is grateful to now be joined by two other vitreoretinal surgeons, Drs Sean Every and Harry Bradshaw.

When asked about the issues facing ophthalmology in New Zealand, Jim explained that ours are similar to those affecting others around the world.

“Major issues are in supplying an ever-increasing ageing population with ophthalmic needs with a limited workforce and with financial constraints”, he said. “A big issue I think is equity of eye care throughout New Zealand, not only for cataract surgery but also for anti-VEGF [vascular endothelial growth factor] treatment. In Christchurch we have no restriction on Avastin treatment but in
other hospitals there on a restriction of 200 injections a year total and until recently Whanganui refused to fund Avastin treatment. I feel our Branch of RANZCO has a big role in working with the Ministry of Health for increasing fair availability of this sight-saving treatment. We have made some progress on this issue in recent meetings with Government agencies.

“An important part of RANZCO is maintaining a high standard of training and continuing education of ophthalmologists. I have concern at the recent review of the Health Practitioners Competence Act by Health Workforce New Zealand which stated that ‘overly high standards of health professionals may affect the availability of health professionals and that these high standards may be anti-competitive’. At a time after the Christchurch earthquake where engineers etc. are increasing their professional standards, it is concerning the opposite attitude is being developed towards health professionals.

“However I realise that ophthalmology can’t do all the work in eye care and a collaborative approach from the health workforce is necessary to deliver it to the population. It is necessary for ophthalmology to work as a team with optometry, orthoptists and nurses and it was great to see at the recent RANZCO conference in Auckland different models of care that can deliver a high quality ophthalmology service. As part of that we are also keen to see the numbers of training ophthalmologists increase in New Zealand, particularly in rural New Zealand.”

Jim wished to thank Derek for his contribution over the last two years and commented that “he had set a high standard that I hope to follow”.

Jim is married to Janette, a specialist ophthalmic nurse at Southern Eye Specialists, and believes that now is the perfect time to take up this role given that all his children have now left home to either work or attend university.

Maryanne Dransfield  
NZ Optics

RANZCO WA Branch Report

The Western Australian branch meeting was held from 22 to 24 March in the Swan Valley, which is conveniently close to the city and airport while still being ‘out of town’ for Perth residents. Over 60% of ophthalmologists in WA attended and we were also delighted to welcome 28 ophthalmic nurses to the meeting. The theme was a rainbow of “eye emergencies and emergencies in the eye clinic” as we progressed through Code Brown, Code Purple and Code Blue to Code Red and Orange, as well as discussing cases of Code Black.

The meeting began on Friday afternoon with a session attended by most of the eye registrars in Western Australia. All the presentations generated plenty of discussion with their peers and ophthalmologists who came to provide educational support. This meeting also gave the registrars an opportunity to meet with RANZCO’s President, Censor-in-chief and General Manager Education and Training.

Dr Fred Chen set the scene at the beginning of the main meeting on Saturday and Sunday with an outline of global threats and whether we are prepared for ocular injuries in mass casualty incidents, terrorism and transportation accidents. Our visiting speaker, A/Prof Penny Allen from the Centre for Eye Research Australia and Royal Victorian Eye and Ear Hospital, presented a major review on the management of eye injuries and later in the meeting also gave an outstanding update on the bionic eye. In this context, A/Prof Angus
Turner talked about management and evacuation issues related to remote and Indigenous eye injuries and explored the need to transfer patients with open globe injuries in pressurised aircraft. Dr Nigel Morlet gave some very good epidemiological data on patient injuries before and after cataract surgery. The current Fellow and researchers with the Joyce Henderson Paediatric Ophthalmology Fellowship into prevention of children’s eye injuries – Dr Clairton de Souza, Dr Swetha Philip and Ms Annette Clayfield-Hoskin – presented data on childrens eye injuries worldwide, protective eyewear for children and the Australian standards for eye protection. A/Prof Julian Rait from MDA National ran through risk management strategies for eye emergencies. On Sunday morning Dr Jean-Louis de Sousa reviewed oculoplastic and orbital trauma, followed by registrars Dr Charlotte McKnight’s discussion on diphtherine treatment for ocular chemical injuries, Dr Antony Clark’s sobering presentation on children’s poisoning with over-the-counter eye drops as well as some more elaborate poisonings and Dr Marina Rayside’s Code Blue in the emergency room. Dr Maria Franchina made sure we all stayed awake with her study on self-inflicted eye injuries. Incorporated within the meeting was an update session on fire management during which all participants received hands-on training using a simulated fire and fire extinguishing equipment. On Sunday afternoon the Australian Medical Association ran a certified CPR update training that was well received by those participants involved. A major aspect of the meeting was emphasising the importance that management of emergencies and experience in this area is a feature that distinguishes ophthalmology from optometry. As doctors we need to ensure that our clinical skills are up to date. The WA Branch acknowledges with gratitude a sponsorship by Perth Eye Foundation to pay the registration costs for all registrars.

Prof David Mackey

SA RANZCO Branch Report

The South Australian RANZCO Scientific Meeting, which has been in recess for a number of years, returned with a well-attended meeting in the Barossa Valley from 6 to 7 April. The glaucoma themed meeting, headlined by Prof Bob Casson and Prof Jamie Craig, was well supported by high quality presentations from trainees. The mixed format of didactic sessions and case discussion presentations proved popular with registrants. Drs Stephen Best and David Andrews provided an update on national issues, while Dr Arthur Karagiannis generated much discussion with his medico-political update from the Australian Society of Ophthalmologists regarding Australian Health Practitioner Regulation Agency changes to optometric scope of practise in glaucoma. The Jacob’s Creek Restaurant provided an iconic Barossa venue for the Conference dinner. RANZCO remains actively engaged in ongoing discussions with South Australia Health regarding the allocation of space in the new Royal Adelaide Hospital and scope of services. The primary concerns being the need to maintain high quality comprehensive facilities and training for Registrars and Fellows within the new facility.

Dr Grant Raymond
NSW Branch Report

The NSW State Branch sponsored a ‘RANZCO’ trade display booth at the annual AMA (NSW) Medical Careers Expo held on Saturday 4 May, 2013 at the Southee Complex, Sydney Showground, Sydney Olympic Park from 10.00am-2.00pm. The Expo provides medical students, interns, residents and registrars with career planning advice and options by putting them in direct contact with NSW Health, the medical colleges and health organisations they will be dealing with in their work.

Drs Tasha Micheli and Sam Lertsumitkul organised and manned RANZCO’s booth, with vital contributions from Ms Christine McGuigan (RANZCO) and the following junior and senior registrars: Drs T.Karaconji, T.Ramakrishnan, M.Karpa, M.Wei, C.Devlin, H.Dunn and J.Hogden. The event involved fielding queries regarding ophthalmology training, in a casual and friendly environment, dispelling many concerns from the attendees.

Vic Branch Report

A stunning new lecture theatre and modernised facilities greeted Fellows returning to The Alfred Hospital for the 2013 Victoria Branch Scientific Meeting. Having already successfully hosted two scientific meetings in recent years and with the redevelopment construction completed in late 2012, the updated AMPREP Building proved a popular choice with Fellows and was just another reason why this annual meeting continues to be extremely popular and well attended.

Invited guest speaker, Prof Helen Danesh-Meyer proved to be an exciting and engaging presenter, first leading a parallel session for trainees in the morning session before giving two presentations on advances in neuro-ophthalmology and a clinical perspective on the pathogenesis of glaucoma later in the afternoon. Helen’s dynamic, intelligent discussion and sharp sense of humour was extremely well received by trainees and Fellows; her presentations were clear highlights of the meeting.

A diverse selection of free papers completed the first three sessions of the day, with the wide variety of topics ensuring a subject appealing to any individual’s keen interest was never too far away. Highlights included Rasik Vajpayee’s “Corneal graft: Less is More”, Diane Webster’s “Practical update on the management of anterior segment trauma” and Ching Ng’s recount of the RMH successfully addressing a TASS outbreak.

As with previous years, the coffee cart baristas remained busy all day with a near constant procession of patrons making the detour to pick up an espresso on their way to the adjacent exhibition hall. Packed with 10 trade displays and with dozens of keen industry representatives all vying for the attention of Fellows the exhibition space was a hive of activity all day.

Following lunch, Fellows were enthralled by local researcher, Dr Alice Pebay, as she outlined her work in the field of neuronal degeneration and provided insight into current stem cell research. This was neatly followed by Dr Penny Allen giving an update on the local progress towards development of the bionic eye and Dr Lyndell Lim’s introduction to biologics and their potential applications in ophthalmology.

In a format change for 2013, the final session of the day was a retinal session led by Dr Kira Michalova and featured four young Fellows presenting cases and then taking questions from the audience. This interactive session was well received and gave younger Fellows an opportunity to be visibly active and directly involved in the meeting as they updated their colleagues on advances in management of medical retina patients.

The Victorian Branch Committee commends the efforts of Scientific Committee Chair Dr Anton van Heerden and the Organising Committee Nicholas Brislane and Julie Humphrey. We look forward to repeating the success in 2014!

Dr Andrew Crawford
Progress on the Curriculum Review Project

Given the rapid advances in the knowledge and technology influencing the fields of medicine, and ophthalmology in particular, it is essential that all curricula across the RANZCO vocational training program be reviewed and updated on a regular basis, to ensure our training program reflects the most current desired competencies.

We are very pleased that three revised curriculum standards could be implemented in May this year – namely Ophthalmic Basic Competencies and Knowledge (OBCK), Basics of Ophthalmic Surgery, and Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM).

Reviewing these curricula has also resulted in revisions and improvements to the Induction Assessment Standard – which needs to be completed within the first three months of a trainee commencing accredited training. A new Wetlab Assessment Record has also been developed to optimise patient care and safety by ensuring that trainees obtain the minimum required knowledge and competencies to perform basic ophthalmic surgical techniques. The assessments for COPEM have also been improved. Trainees in the 2014 cohort and beyond will be required to pass an initial online COPEM exam after selection and prior to commencing accredited training, while a second online exam focused on ocular emergencies needs to be completed within the first three months of training. The Qualification
and Education Committee is confident that these changes to the curricula and assessments will contribute towards patient safety and quality of care, and we thank Dr Cathy Green, the examiners and all reviewers who contributed to these improvements in the training program.

The initial review of each of these standards will be done by selected, small groups of reviewers comprising generalists and those with a special interest in the topic.

This year, the curriculum review project is mainly focused on a much needed review of the Clinical Performance Standards. The initial review of each of these standards will be done by selected, small groups of reviewers comprising generalists and those with a special interest in the topic, following which all the revised standards will be reviewed together to identify gaps or duplications. The following standards are currently being reviewed: Cornea and External Eye (chaired by Dr Michael Loughnan), Glaucoma (chaired by Dr Mark Walland) and Neuro-Ophthalmology (chaired by Prof Helen Danesh-Meyer). Review of the Vitreo-retinal standards (chaired by Prof Paul Mitchell) and Ocular Inflammation (chaired by A/Prof Mei-Ling Tay-Kearney) are due to start soon.

The ambitious curriculum review project is guided by the Curriculum Committee and has been supported by Ms Sonja Cronjé (Manager: Curriculum and Assessment).

Anatomy Examiner Retires

It is RANZCO’s policy that the objective structured practical exam (OSPE) part of the Anatomy exam be conducted by an ophthalmologist in co-operation with an anatomist.

The College has been very fortunate to have had Dr Saad Al-Ali as an Anatomy examiner since 1996. Saad, who is an anatomist, will be retiring from his full time position with the Department of Anatomy with Radiology, Faculty of Medical and Health Sciences at the University of Auckland. Sadly for RANZCO, he has decided this is also a good opportunity to finish his examiner duties with the College. He conducted his last OSPE exam for RANZCO at the skills lab of the Royal Australasian College of Surgeons in Melbourne on Friday 22 March.

We thank Saad for his excellent contribution to ophthalmology training and assessment these past 18 years, and wish him a happy and peaceful retirement.

Advanced Exams

In February 2013, 24 candidates presented at venues in Sydney, Melbourne, Perth and Wellington for the Ophthalmic Pathology examination. This was the first time the exams was held in three venues simultaneously, and the process went very smoothly. It is expected that future Ophthalmic Pathology exams will be decentralised. Twenty-three candidates were successful; however the examiners did not nominate a Filipic Greer medal recipient for this examination.

In response to the recent call for expression of interest from eligible Fellows, Dr Sureka Thiagalingam has been appointed to join the Ophthalmic Pathology Board of Examiners.

RANZCO Advanced Clinical Examinations (RACE) were held in January (written) and April (clinical) this year, with Sydney Eye Hospital the venue for the clinical component. Thirty-three RANZCO trainees and five Specialist International Medical Graduates presented as candidates, with 22 passing, six achieving a partial pass and five who failed and will re-sit the exam. Feedback on the Specialist International Medical Graduate candidates was provided to the Committee and Dr Rachael Niederer from New Zealand was nominated by the examiners as recipient of the Howsam Medal.

Trainee Selection

The 31 trainees selected to commence training in 2013 have been required to complete the compulsory induction assessment at three months, in addition to passing the compulsory Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM) exam and attempting the Anatomy exam prior to commencement. The changes to the Anatomy and COPEM exam requirements introduced for the current cohort are intended to equip trainees with essential knowledge from Day 1 and optimise learning opportunities in clinics and theatre.

There were 117 applicants, an increase from 91 in 2012.

Registration for RANZCO selection for training to commence in 2014 closed on 30 April. There were 117 applicants, an increase from 91 in 2012. Referees are currently being contacted and interviews will take place as determined by the network selection committees with the process being finalised through the National Ophthalmology Matching Program on 2 September.
E-Learning - Ophthalmic Sciences and Ophthalmic Basic Competencies and Knowledge

Examiners have recently been reviewing educational content sourced from the Internet and various ophthalmic training networks around Australia and New Zealand.

This is an ongoing project and one that will provide a bank of useful learning material for our trainees. Examiners initially put together a number of resources, including study guides and voiced-over PowerPoint presentations, which are in addition to the cohort feedback they provide after most examinations RANZCO has also been involved in the initial stages of sourcing and reviewing online resources that would be suitable for candidates preparing for the Ophthalmic Basic Competencies and Knowledge (OBCK) examination with a focus on clinical skills. As a follow up to this, there may be an opportunity to develop some online clinical skill demonstrations for OBCK curriculum performance standards that cannot be sourced elsewhere.

2014 Specialist Training Program Application Round

The 2014 Application Round for the funding of training posts under the Specialist Training Program [STP] has now closed.

Of particular interest in the information provided by the Department of Health and Aging regarding the Application Round was the specific identification of ophthalmology as one of the priority areas targeted for training and one which would receive preference in the assessment process.

There was considerable interest in the Application Round and RANZCO has provided advice to a number of potential applicants.

Funding has been approved by the Commonwealth for STP to continue until the end of 2015 and the College looks forward to working over this period with the existing STP posts and any new posts that may be approved.

Dr Mark Renehan
Censor-in-Chief
FIRST YEAR TRAINEE
DR JUSTIN SHERWIN

Where did you complete your medical degree?

I graduated with MBBS (Hons) from Monash University in 2008 [NB In 2007 I undertook an intercalated BMedSc (Hons), based at the Centre for Eye Research Australia. Additionally, in 2010-11 I completed a MPhil in Epidemiology at the University of Cambridge, UK.

Where are you working at the moment?

I am a first-year registrar in the Victorian vocational training program. For 2013, I am based full-time at the Royal Victorian Eye and Ear Hospital, Melbourne.

What lead you to become an ophthalmologist?

What interested me about this specialty was its interesting and varied case mix and the wide spectrum of clinical and therapeutic modalities that ophthalmologists use for the prevention and management of eye disease. Spending time in sub-Saharan Africa as a researcher and volunteer made me increasingly cognisant of the importance of vision in daily life, from both individual and community perspectives, areas where the overwhelming majority of blindness is avoidable and/or treatable.

What do you enjoy about being a trainee ophthalmologist?

To date, I have thoroughly enjoyed work as a trainee ophthalmologist despite the need to juggle clinical commitments with basic ophthalmic sciences examinations. As a new trainee I am excited about acquiring advanced clinical and surgical skills and enhancing my overall knowledge. Above all, I look forward to managing patients in the community in need of eyecare within the best of my professional ability.

Is there an area of ophthalmology you are particularly interested in?

At the moment I am concentrating on gaining a deeper understanding of and exposure to both general and sub-speciality areas of ophthalmology. I have a strong interest in ophthalmology and its association with population health and international development. In future years I would like to become involved in some of RANZCO’s projects in the Asia-Pacific region.

What do you like to do in your spare time?

When not at work or studying I enjoy various pursuits outdoors, including mountain climbing (I climbed Mt Kilimanjaro recently), hiking, running and kayaking. I also enjoy spending time with friends at restaurants/cafés/wineries and concerts or theatre. Like many people, I’ve certainly developed a travel addiction and am busy planning my next overseas adventure.

Anything else you would like to add?

I look forward to my career in ophthalmology with great enthusiasm as I embark on the early stages of my vocational training. There is no denying that the learning curve as a junior ophthalmology registrar is steep, but the support that I have received from more senior ophthalmology registrars, RANZCO fellows and RANZCO staff has been exceptional.

Prof Hugh Taylor AC, Prof Jill Keeffe OAM and Dr Justin Sherwin
SECOND YEAR TRAINEE
DR JUANITA PAPPALARDO

Where did you complete your medical degree?
I completed my degree at the University of Queensland in beautiful Brisbane.

Where are you working at the moment?
I am currently working at Princess Alexandra Hospital, Brisbane.

What lead you to become an ophthalmologist?
My curiosity regarding the specialty was first sparked when I was a medical student, while attending a weekend lecture series organised by a group of ophthalmologists with teaching positions at the University. I was already interested in surgical training, so I sought out an elective term in ophthalmology during my final year to find out a little more about the day to day work of an ophthalmologist.

I witnessed the delight and gratitude of a patient who could see after having their eyepad removed following cataract surgery. I observed the skilful management of a range of paediatric ophthalmic conditions.

It seemed to be a specialty of many challenges yet many rewards, and as a result of this experience I couldn’t imagine myself pursuing any other career path.

What do you enjoy about being a trainee ophthalmologist?
As a trainee, so far I have enjoyed being part of a great team - my colleagues and supervisors are both dedicated and supportive, providing an ideal environment in which to learn and provide opthalmic care.

Is there an area of ophthalmology you are particularly interested in?
I’m particularly interested in paediatric ophthalmology. Having children of my own now has only reinforced my interest area.

What do you like to do in your spare time?
I enjoy spending spare time with my family, including my two children. We try to get outdoors as much as possible. Getting away usually involves either a beach or snow skiing destination.

SECOND YEAR TRAINEE
DR DAN BRETTELL

Where did you complete your medical degree?
I completed my degree at the University of New South Wales in 2006.

Where are you working at the moment?
At the moment I am working at Concord Hospital in the inner west of Sydney.

What lead you to become an ophthalmologist?
It was the first specialty that I came across after medical school that interested me enough to use my own personal time to pick up a textbook and learn more about it. Once I started reading more I became fascinated and decided this was the career for me. Also, the easy access to work in the developing world was a huge plus.

What do you enjoy about being a trainee ophthalmologist?
I enjoy developing new clinical and surgical skills. Meeting and working with some pretty intelligent and lovely people. Being a part of a field in medicine that is in many respects at the forefront of technological innovation.

Is there an area of ophthalmology you are particularly interested in?
At the moment I am particularly interested in refractive surgery, anterior segment and glaucoma.

What do you like to do in your spare time?
In my spare time I enjoy playing with my kids, spending time with my friends and family and occasionally I even get to sleep!
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Building The Retina Company
The International Ophthalmology Development Register (IODR) has interested many Fellows and matched them with exciting opportunities overseas to volunteer and develop their skills. Two Fellows, Dr Hussain Patel and Dr Peter Cooper, have both taken advantage of the IODR and have had successful matches through the program.

Dr Peter Cooper

Peter always had an interest in developing countries. In 2012 he applied through the IODR for Cambodia Ophthalmology Residency Training Program, Pacific Eye Institute teaching and Feasibility Assessment of Laos National Ophthalmology Centre. Peter is a big advocate for the IODR and finds it the most rewarding and interesting aspect of his ophthalmic work.

“I think an integral part of any professionals’ role is to try and address the gross inequalities that exist in the world. Correction and saving of eyesight is an area where I can make a contribution to reduce inequalities. Hopefully I can help create high quality education and training systems that will last a long time into the future, so that my contribution has a lasting legacy.”

Dr Hussain Patel

Hussain is interested in voluntary ophthalmic work overseas, either teaching or providing clinical expertise. “I thought registering with the IODR would be a good way of expressing my interest with

“Hopefully I can help create high quality education and training systems that will last a long time into the future, so that my contribution has a lasting legacy.”
The Cambodia Vision Project resides within the East Asia Vision Program – implemented through the Vision 2020 Global Consortium and funded through the Avoidable Blindness Initiative of the Australian Agency for International Development (AusAID). The Avoidable Blindness Initiative’s key objectives are to reduce the incidence of preventable blindness and improve the quality of life for people with low vision and blindness.

The Cambodia Vision Project is focused on ophthalmic workforce development, governance, policy and国际发展.

Hussain has found a successful match and in July will be travelling to Cambodia to provide glaucoma teaching and training to residents, he will also be travelling to Vietnam in 2014 for similar purposes. To date, Hussain has found the process of organising his visits through the IODR very straightforward. “The IODR is very well set up and easy to use. It provides an excellent way of matching ones particular interests and skills with hospitals and institutions that may benefit from help.” Hussain believes being involved with international ophthalmology provides an opportunity for individuals to make a significant contribution to improving eye care and health in developing countries. Voluntary work overseas has been the most rewarding experience of my career to date.”

If you are interested in the IODR please register your interest here: www.ranzco.edu/IODR or contact Ms Lauren Hodgson on 02 9690 1001 or IODRadmin@ranzco.edu.

Scoping Visit: Cambodia Vision Project

Dr Peter Cooper with residents of the Cambodian Ophthalmology Residency Training Program, 2012

Prof Do Seiha, Ms Sonja Cronjé, Prof Ngy Meng and Prof To Chhun Seng
co-ordination of eye health activities. RANZCO will harness the expertise of Fellows to inform and participate in project activities that align well with RANZCO’s international development goal, i.e. to contribute to the reduction in avoidable blindness and vision impairment by taking a leadership role in ensuring high quality ophthalmic education and professional standards for eye care in the Asia-Pacific region.

One of the first key activities of this project will be the review of the curriculum for Cambodia’s Ophthalmology Residency Training (ORT) Program. Ms Sonja Cronjé (Manager: Curriculum and Assessment) conducted a scoping visit in Cambodia from 8 to 12 April in order to discuss the ORT program (and specifically the curriculum) with local stakeholders and seek their input into the curriculum review process. She also visited the teaching hospitals where ORT training takes place.

As a result of Sonja’s feedback, RANZCO now has an improved understanding of the ORT, stronger relationships with key stakeholders and clear terms of reference for reviewing the curriculum, thereby providing a sound foundation for implementing this activity and informing other aspects of the project.

Following an initial desk review of the current ORT curriculum by the National Program for Eye Health, a desk review of the ORT curriculum will be conducted by a group of RANZCO Fellows with experience in the ORT and/or curriculum development. A curriculum review workshop was held in Phnom Penh on 9 and 10 June.

We thank the following RANZCO Fellows who will be participating in the ORT curriculum review process:

- Drs Wayne Birchall, Benjamin Burt, Peter Cooper, John Downie, Cathy Green, Lily Ooi and Laurence Sullivan, as well as A/Prof Graham Lee.
- The Cambodian ophthalmologists who will be participating include Professors To Chhun Seng, Ngy Meng, Do Seiha, Kong Piseth, Sun Sarin, Mar Amarin and Pok Thorn.

Interested in participating in the RANZCO - Cambodia vision project?

Fellows have the opportunity to contribute to the development of the Cambodian ophthalmology workforce through participation in examinations and supporting stakeholders to develop a comprehensive continuing professional development program. Please contact the RANZCO Asia-Pacific International Development unit rapid@ranzco.edu for further information.
LET'S TALK
FINANCIAL HEALTH

Your personal and professional journey is unique, and there are financial considerations at every milestone. Whether you’re commencing your practice, at your career peak, focusing on professional consolidation, or preparing for life after work, careful planning is required at each stage. Perpetual Private can work with you to grow and safeguard your wealth throughout that journey.

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1. Our client initially met with us in his late thirties. His key priorities were setting up his own practice and ensuring his biggest asset, his income, was protected. We established the appropriate structures for private practice and implemented personal insurance to protect him and his family.

2. To address his high level of debt, we focused on reducing non-tax deductible debt, such as tuition fees and his first home. We established a self managed super fund to efficiently build his retirement savings and also purchase his practice property, allowing the fund to benefit from the ownership.

3. Over the years, we’ve implemented strategies to build our client’s assets. Some five years ago, we developed a business succession plan, using our deep knowledge and benchmarking analysis to ensure that the value of his practice was maximised. At the same time we commenced a transition to retirement strategy.

4. In retirement, our client’s objectives are to maintain annual income of $300,000 (roughly half of previous net taxable earnings) and pursue his active diving ambition. We continue to adjust and optimise his plan, putting in place sound strategies to build and protect his wealth. After many years of detailed attention, he is well placed to dive into life after work.

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Registrations now open

**Submissions**
You have until 29 July to submit your abstracts for papers, posters and films to be presented at the RANZCO 2013 Congress. For more information visit: www.ranzco2013.com.au/submissions

**Registration**
The 2013 registration brochure has been included with this edition of RANZCO News. Like last year, registration is a simple process via the web, please visit www.ranzco2013.com.au to register.

Please note, congress registration is included for Fellows if you register before 1 October, so don’t delay. For other membership types, ensure you receive the cheapest congress rates by registering before the early-bird deadline on 1 September.

**Flights and Accommodation**
There are direct flights to Hobart from some capital cities, but these are already starting to sell out for the Congress dates. While a direct flight from Sydney to Hobart, for example, is a simple 1.5 hour flight, if you have to go via Melbourne expect this to take at least twice as long.

Not to sound like a broken record, but accommodation close to the Hotel Grand Chancellor, Hobart will sell out quickly, so please ensure you book early.

**Seniors and Retired Fellows**
If you are aged 65 or over, or are retired, you will receive an invite to the Senior Fellows Dinner which will be held on Monday night, 4 November at the Henry Jones Art Hotel, Hobart. This dinner was held for the first time in Melbourne last year and was a great success. An invitation will go out in due course, however please contact Ms Kathy Kiernan at the College should you have any questions: kkiernan@ranzco.edu (02) 9690 1001.

A senior’s lounge will again be available for Fellows to catch-up with colleagues and hear interesting lunchtime presentations.

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**MINIMUM PRODUCT INFORMATION: XALATAN® (Latanoprost 50 micrograms/mL) Eye Drops.**

**INDICATIONS**
Reduction of intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

**CONTRAINDICATIONS**
Hypersensitivity to ingredients.

**PRECAUTIONS**
Change in eye colour due to increased iris pigmentation, heterochromia; eyelid skin darkening; other types of glaucoma; pseudophakia; aphakia; contact lenses; severe or brittle asthma; herpetic keratitis*. Pregnancy category B3, lactation. Children. Interactions: other prostaglandins, thiomersal. See full PI for details

**ADVERSE EFFECTS**
Increased iris pigmentation; eye irritation (burning, grittiness, itching, stinging and foreign body sensation); eyelash and vellus hair changes (darkening, thickening, lengthening, increased number); mild to moderate conjunctival hyperaemia; transient punctate epithelial erosions; blepharitis; eye pain; conjunctivitis; blurred vision; eyelid oedema, macular oedema, photophobia*, periorbital and lid changes resulting in deepening of the eyelid sulcus*. Muscle/joint pain; dizziness; headache; localised skin reaction on the eyelids; skin rash. Uncommonly: keratitis; herpetic keratitis*; non-specific chest pain. See full PI for details.

**DOSAGE AND ADMINISTRATION**
One eye drop in the affected eye(s) once daily. Other eye drops at least 5 minutes apart. Before prescribing, please review full Product Information available from Pfizer Australia Pty Ltd. V11011

*Please note changes to Product Information.

®Registered trademark. The full Product Information is available on request from Pfizer Australia Pty Limited. ABN 50 008 422 348. Pfizer Medical Information 1800 675 229.

References:

McCann Healthcare XAL0304RANZCO P7150-Feb 2013

**PBS Information:**
This product is listed on the PBS for the treatment of open-angle glaucoma and ocular hypertension.
Registrars

The Registrar’s club will be held on Saturday 2 November from 10:30 am to 4 pm. A/Prof Samantha Fraser Bell is in the process of creating an interesting and relevant program, please contact Ms Louise Treloar at RANZCO should you have any questions, ltrealoar@ranzco.edu

RANZCO Eye Foundation Art Exhibition

Don’t forget to submit photos of your artworks for the online art exhibition. Your works will be visible on screens around the Congress venue and available on the RANZCO App and website. For more information please contact Ms Francine Dutton on fdutton@ranzco.edu

Glaucoma Speaker - Professor Kuldev Singh

Prof Kuldev Singh is Professor of Ophthalmology and Director, Glaucoma Services at the Stanford University School of Medicine. Kuldev received his MD and MPH degrees from the Johns Hopkins University School of Medicine and was an Eleanor Naylor Dana Charitable Trust Fellow at the Wilmer Eye Institute. He completed his ophthalmology residency at the Casey Eye Institute, Oregon Health and Science University followed by a Heed Foundation Fellowship focusing on glaucoma at the Bascom Palmer Eye Institute. Kuldev has over 200 publications, including more than 100 original peer-reviewed articles, and has delivered over 200 invited lectures on six continents. He has edited two textbooks and has served on the editorial board of nine ophthalmic publications.

Kuldev’s current research interests include glaucoma and cataract surgical trials, glaucoma genetics, the epidemiology of glaucomatous disease and health care delivery in developing countries. His clinical practice focuses on the medical, laser and surgical management of glaucoma, and the surgical management of cataract in patients with glaucoma.

Kuldev is President of the American Glaucoma Society. He is immediate past Executive Vice President and serves on the Board of Governors of the World Glaucoma Association. He has served as Chair and Methodologist for the glaucoma section of the Ophthalmic Technology Assessment Panel of the American Academy of Ophthalmology and was Glaucoma Subspecialty Day Co-Director at the 2002 and 2003 Academy Meetings.

Kuldev received the Senior Achievement Award from the American Academy of Ophthalmology in 2005 and Secretariat Awards in 2006 and 2009. He served as an Academic Advising Dean at the Stanford University School of Medicine from 2002 to 2005 and served two three-year terms as an elected member of the Faculty Senate from 2006 to 2012. He was the sole recipient of the 2006 School of Medicine Franklin G. Ebaugh Jr. Award and was one of two recipients of the 2012 University-wide Asian American Faculty Award.

Retina Speaker - Dr Joan W. Miller

Dr Joan Whitten Miller was born in Toronto, Ontario, Canada and is a graduate of Massachusetts Institute of Technology and Harvard Medical School. She completed her ophthalmology residency and a vitreo-retinal fellowship at Massachusetts Eye and Ear Infirmary. Joan is the first female physician promoted to the rank of Professor of Ophthalmology at Harvard Medical School and the first woman to serve as chair of the Department of Ophthalmology. Additionally, Joan is the director of Massachusetts Eye and Ear’s Angiogenesis Laboratory and a vitreo-retinal physician in the Retina Service at the Infirmary.

Joan’s research interests focus on ocular neovascularisation, particularly as it relates to age related macular degeneration (AMD) and diabetic retinopathy, including the molecular mechanisms of angiogenesis and neuroprotection, the development of effective therapies, and drug delivery. She and her colleagues at Massachusetts Eye and Ear pioneered the development of photodynamic therapy using verteporfin (Visudyne®), the first pharmacologic therapy for AMD able to reduce and slow vision loss.

Joan has published more than 130 peer-reviewed papers.

"Kuldev’s current research interests include glaucoma and cataract surgical trials, glaucoma genetics, the epidemiology of glaucomatous disease and health care delivery in developing countries.

"Joan has published more than 130 peer-reviewed papers."
The group also identified the importance of vascular endothelial growth factor in neovascular AMD, and helped develop the anti-vascular endothelial growth factor therapies pegaptanib and ranibizumab – the latter able to improve vision in about one-third of patients with neovascular AMD. While these approaches have improved the outlook for patients with AMD, she and her colleagues continue investigations to elucidate the pathophysiology of vision loss and improve therapies for AMD.

An internationally recognised expert in the field of macular degeneration, Joan has published more than 130 peer-reviewed papers, 50 book chapters and review articles, is co-editor of the third edition of Albert and Jakobiec’s *Principles and Practice of Ophthalmology*, and is a named inventor on nine US patents and five Canadian patents.

She has received numerous awards, including the Rosenthal Award and Donald J. Gass Medal of the Macula Society, the Retina Research Award from the Club Jules Gonin, the Alcon Research Institute Award, the ARVO/Pfizer Ophthalmic Translational Research Award, the Founder’s Award from the American Society of Retinal Specialists, the Harvard Medical School 2010 Joseph B. Martin Dean’s Leadership Award for the Advancement of Women Faculty and many more.

Joan and her husband John live in Winchester, Massachusetts. John, a construction attorney, specialises in domestic and international engineering procurement and public-private partnerships in global infrastructure. They have three children.

An internationally recognised expert in the field of macular degeneration, Joan has published more than 130 peer-reviewed papers, 50 book chapters and review articles, is co-editor of the third edition of Albert and Jakobiec’s *Principles and Practice of Ophthalmology*, and is a named inventor on nine US patents and five Canadian patents.

The 45th Annual Congress of RANZCO will again host the Allergan Ophthalmic Film Festival which will run continuously for three days during the Congress. Each film should be succinct - a maximum of five minutes duration.

**Film Submission Procedure**

1. Short abstracts of five to six lines are to be submitted online at http://ranzco2013.com.au/?Itemid=125 by 29 July 2013.
2. The abstract should include the Title, Abstract body, and Category under which it is to be judged.
3. Authors of films will need to submit the actual film to ranzco2013-program@mci-group.com no later than 29 August 2013.
4. Films of up to five minutes may be submitted in widescreen (16:9) or standard (4:3) format, as a DV file or as a DVD. WMV/MP4 and other large compression formats should be avoided if possible.
5. Only participants who register for the Congress may take part in the festival.
Study Scholarship 2013

**RANZCO and Industry assisting with further study**

The Royal Australian and New Zealand College of Ophthalmologists, together with industry, awards scholarships to final year trainees and to new Fellows in their first five years of Fellowship to assist them with further study.

Submissions are invited from final year trainees and new Fellows in their first five years of Fellowship. Recipients of previous scholarships are ineligible to receive a second award.

The deadline for receipt of submissions is: Thursday 1 August 2013.

**APPLICATION CRITERIA**

1. Outline of the course of study
2. Confirmation of acceptance by the host institute for the study
3. A CV including qualifications and experience, relevant research and publications
4. Expected benefits to the applicant and ophthalmology in Australia and New Zealand
5. Written reports from two referees

Please use the submission form to apply for one of the scholarships available on the website.

The decision of the judging panel is final and not subject to any appeals process.

Within six months of completing the scholarship the recipient is required to write a report for the College journal. A copy of this report will also be sent to the sponsor.

**Please post all documentation to:**

Attention: The Scholarship Review Panel
The Royal Australian and New Zealand College of Ophthalmologists
94-98 Chalmers Street
Surry Hills NSW 2010
Email: scholarship@ranzco.edu

This year, our generous Industry sponsors for scholarships include:
RANZCO Museum
New exhibition of Ilene Hills works

Quirky with a query?

Do you fancy yourself a 17th century voyeur?

If so, look up Curiosities under "Exhibitions" on the Museum website (http://www.ranzco.edu/museum) to find links to fascinating ophthalmic oddities, such as 'jealously glasses' and 'lovers eye jewellery'.

If you know of any other oddities, please email curator@ranzco.edu

Exhibits

Melbourne University recently held an exhibition celebrating 150 years of medical student teaching. Our contribution was the memorabilia of Dr John Colvin from Melbourne who taught generations of medical students at Saturday lectures with trumpet blasts. The exhibit attracted much favourable comment.

The Royal Victorian Eye and Ear Hospital is also celebrating its sesquicentennial. In the outpatient area are displays featuring early hospital history and the works of Drs Ronald Lowe, Bill Gillies and Geoffrey Sutherland.

Future plans are underway for the relocation of the museum storage and permanent display in the rebuilding of the education area at the Royal Victorian Eye and Ear Hospital. A permanent exhibit is being planned at the RANZCO office in Sydney, which will allow rotating displays of our collection.

See the new addition of the works of Medical Artist Ilene Hill on the Museum website, including watercolours of anterior segment anomalies and retinal paintings depicting the then untreatable effects of hypertension.

Recent Donations

Exquisitely engineered automated trephine and accessories later produced by Grieshaber for corneal transplantation were gifted from the Centre for Eye Research Australia. The trephines were the work of Lubomir Pericec and Gerrard Crock in the 1960s.

Again many thanks to our contributors and museum staff and helpers who are making such a valuable contribution to our rich heritage.

Dr David Kaufman
Curator
The smoothest procedure you’ll ever perform

Buy a car or equipment with your card and take a holiday sooner

It takes a specialist bank to create a credit card for specialists

Investec has come up with a card specially designed for the medical profession. It’s quite clever: for instance, buy a car or equipment on your Investec card and you can earn Qantas Frequent Flyer points on that eligible purchase and then roll it over into a lease with Investec. You can also pay off your new and existing equipment or fit-out contracts with your card to earn even more points. Then all you have to do is start planning your next holiday.

Take a look at investec.com.au/medical or call one of our financial specialists on 1300 131 141 to find out how we can help.
Following on from a successful 2012, The RANZCO Eye Foundation has launched well into its fundraising activities for 2013 with numerous organisations, trusts and corporate supporters currently reviewing significant funding proposals from our Foundation. We hope to report back to Fellows in the near future with news of successful applications to secure new funding partners that in turn financially support more of your crucial domestic and international work.

As we near the end of the financial year and enter the second half of our calendar financial year, we are pleased to report that we are tracking well against our half-yearly fundraising budget. It is hoped this may be a sign of how we will fare for our calendar financial year and how we might be able to contribute further to our much-needed programs.

Earlier this year, we were thrilled to confirm Novartis Australia once again affirmed its commitment to our Foundation contributing as Diamond Partner to our continuing Medical Retina Fellowships as well as making a significant contribution to our 2013 JulEYE campaign. In addition, we are pleased to inform that both Bayer Australia and the Optical Distributors and Manufacturers (ODMA) have joined The RANZCO Eye Foundation as Silver Partners of JulEYE 2013. With partners like these, JulEYE 2013 is set to be our biggest yet. More information will be provided in the lead up to JulEYE, but if you’d like to know more right now send us an email – justinegray@eyefoundation.org.au or call us on (02) 8394 5220.

We are also thrilled to have Bayer Australia sign once again as a 2013 Diamond Partner of The RANZCO Eye Foundation. Bayer’s contribution towards medical research, industry scholarships and travel grants in addition to JulEYE, make a significant difference to our ongoing work.

Behind the scenes at the 2013 JulEYE television commercial shoot
All our supporters’ exceptional contributions to our Foundation cannot be underestimated as they extensively support our vital work.

Thanks to our JulEYE sponsors:

Diamond Partner

Novartis

Silver Partners

BAYER ODMA

PinS Appeal

Our PinS annual-giving program is proving popular, with 47 Fellows re-joining this fundamental program this year. As the end of the financial tax year approaches, we would be pleased to accept any new Fellows who would like to contribute to this all-important tax-deductible program. The RANZCO Eye Foundation website has been refreshed and is now easier to navigate and to make donations. Please visit www.eyefoundation.org.au

JulEYE 2013

JulEYE, our community awareness campaign, is gaining more traction than ever before so make sure you keep an EYE out for our new advertising campaign.

In 2013 we will once again utilise the ‘black spot’ in our month-long marketing campaign. We have refreshed the television advertisement and print ads with new imagery and for the first time will overlay other diseases like glaucoma and diabetic retinopathy on some of the media. We are happy to report we have some ‘heavy hitting’ media already committed to helping us with our community service exposure such as Sky News, FOXTEL, Channel 9, SBS, ABC TV, Australian Radio Network and Nine MSN to name a few. Watch this space as we confirm more media outlets support our cause.

How You Can Support JulEYE in 2013

You and your practice can be involved in our 2013 campaign by:

• becoming a regional spokesperson;
• letting us know of any interesting patient case studies we could share as part of our campaign or if you know someone who might make a great Ambassador;
• Wearing your JulEYE t-shirt throughout the month;
• displaying a ‘Black Spot’ poster in your practice;
• selling our JulEYE merchandise to staff, patients and friends;
• talking to your patients, friends and family about The RANZCO Eye Foundation.

New Ambassador

The RANZCO Eye Foundation is thrilled to announce that Prof Emeritus Ron McCallum AO has joined us as an Ambassador. A former Senior Australian of the Year (2011) and Dean of Law at the University of Sydney, Ron is a passionate labour law expert as well as Chair of the United Nation’s first Committee on the Rights of Persons with Disabilities.

Ron joins other high profile Ambassadors supporting our 2013 campaign, including INXS band member Mr Kirk Pengilly, Mrs Betty Churcher AO and Mr Lorin Nicholson.

Working with RANZCO

Since October 2012, The RANZCO Eye Foundation has been proud to work with RANZCO to source funding for the following International Development Programs:

Pacific Eye Institute Capacity Building (PEI)

RANZCO continues to facilitate Fellows to undertake week long teaching positions in priority curriculum areas at the PEI in Fiji. This is implemented in partnership with the PEI and The Fred Hollows Foundation New Zealand, and is funded by The RANZCO Eye Foundation. The PEI Capacity Building Project also includes facilitation of an external examiner to support the PEI examinations.

Indonesian College of Ophthalmology

The RANZCO Eye Foundation has agreed to support up to three RANZCO Fellows to participate in Indonesian ophthalmology exams as external examiners or observers and also to allow for up to two observer visits by Indonesian ophthalmologists to attend RANZCO exams. The Foundation’s commitment will strengthen inter-college relationship between RANZCO and the Indonesian College of Ophthalmologists, aimed at strengthening the Indonesian ophthalmology training system and sharing expertise.

Jacinta Spurrett
CEO RANZCO Eye Foundation

Prof Emeritus Ron McCallum AO
RANZCO News speaks to the highly accomplished glaucoma expert Clinical Associate Professor Ivan Goldberg.

Immediately after graduating from Medicine, as a junior resident, ophthalmology was Ivan’s first rotation. He loved it but remembers having to dull down his enthusiasm, “I had to tell myself: it’s only your first rotation, you need to take things easy here and not commit yourself.” Ivan enjoyed most areas in his rotations, though nothing was quite the same as ophthalmology. Struck by how many visiting medical officers and registrars were truly happy and content with the work they were doing in ophthalmology, Ivan noted, “they really seemed very satisfied about the contributions they were making and the way their careers were going; it reinforced all my feelings about the value of caring for people’s eyes and vision. It always seemed the natural and right thing for me to do; it still does now.”

The sense of wonder of what ophthalmologists can do has never left Ivan.

“"I was in a whole new world. That sense of awe and wonder; that specialness hasn’t left...I still love it.”

“I remember the very first time as a medical student I was actually able to see clearly through an ophthalmoscope and really see the back of an eye. I suddenly felt like I had gone mountain climbing or scuba diving... I was in a whole new world."
That sense of awe and wonder; that specialness hasn’t left ... I still love it.”

“I was suddenly in the company of some of the top 10 or 15 glaucoma specialists in the world; it was marvellous and the people I worked with became and have remained close friends to this day.”

Ivan is now a well-respected member of the international community of glaucoma sub-specialists; this has been recognised through invitations to join prestigious organisations such as the American Glaucoma Society, the Becker Glaucoma Society and the Glaucoma Research Society of the International Council of Ophthalmology.

During Ivan’s training program at The Prince of Wales Hospital, Prof Fred Hollows and Drs John Sarks and Ivan Cher became his mentors. “Fred was like my ophthalmological father; he had a lot of glaucoma patients. When I started, he was becoming much more interested in retinal vascular disease and diabetic retinopathy – he encouraged me to pursue glaucoma as a special interest and to take an extra year in my training to pursue clinical research in glaucoma.”

This opened doors for Ivan for a fellowship position in the United States, after completing his training, at the Washington University School of Medicine in St Louis; one of the top two or three ophthalmology departments and glaucoma units in the world at that time. “I was suddenly in the company of some of the top 10 or 15 glaucoma specialists in the world; it was marvellous and the people I worked with became and have remained close friends to this day.” Ivan returned to Sydney and set up practice in Macquarie Street, where he continues to work.

Ivan always had a large interest in training and education. He was initially involved as a physiology examiner in the ophthalmic basic sciences exams. “It was an engaging time as Dr Geoffrey Hipwell was introducing a significant number of changes such as introducing multiple choice questions, leading to examiners meetings and an upward spiral in the whole assessment process”. After Geoff stepped down as Chair of the Ophthalmic Basic Sciences Board in 1987, Ivan was appointed to the position. In 1993 Ivan became Censor-in-Chief, then Vice President Elect in 1999 and finally President of RANZCO from 2001 to 2002.

“At the end of 2002, I went from being at the College as President, two to three times a week, overnight to having no official role, this took a little adjustment.”

“One of the developments that I felt really happy about during that time, was the adoption of the Oath that trainees avow when they graduate. That sets a high mark for a trainee which has helped to benefit the whole profession.” Other notable steps were the changed governance of RANZCO to its present structure, rapid evolution of the Annual Meeting and the successful hosting of the World Ophthalmology Congress.
In Sydney. For each to occur there was strong collaboration between many hard-working and insightful colleagues. It was a great privilege to have been part of those teams, which included Profs Hugh Taylor and Frank Martin, Drs Peter Hardy-Smith, John Crompton, Michael Steiner, Peter Henderson, Bruce Hadden, Allan Rosenberg and several other colleagues.

“At the end of 2002, I went from being at the College as President, two to three times a week, overnight to having no official role, this took a little adjustment. I became President of The Australian and New Zealand Glaucoma Interest Group (ANZGIG) three years later, so I’ve had an ongoing official involvement with the college hierarchy through this ANZGIG role ever since.”

Ivan was strongly involved in the formation and then amalgamation of regional glaucoma groups: the South East Asian Glaucoma Interest Group, Asian Oceanic Glaucoma Society and the Asian Angle Closure Glaucoma Club. “Together with Profs Paul Chew, Paul Healey, Prin Rojanapongpun, Makoto Araie, Tetsuya Yamamoto, Clement Tham and others from around the region, an alliance was cemented in December 2012 at the Bali meeting which was the first meeting of the newly formed, united Asia Pacific Glaucoma Society.”

Because of this regional activity Ivan became involved in and eventually the president of the Word Glaucoma Association. “It has been a very productive journey in the development of this global umbrella organisation.”

One of Ivan’s great joys of his professional career was the teaming up with a glaucoma patient, Ms Kath Holmes, to form the then Glaucoma Foundation of Australia in 1986 to 1988.

“One have a very strong and close family life with my wonderful wife Vera who has enabled my career: without her nothing could have been done; she has always been my rock and my salvation, an absolutely superb human being”

Because of Ivan’s work with the now Glaucoma Australia and the World Glaucoma Association, “...it seemed very natural to develop a parallel patient oriented organisation called The World Glaucoma Patient Association, together with Dr Bob Ritch, who runs glaucoma services at the New York Eye and Ear Hospital.” This Association now incorporates about 60 different patient groups around the world and has helped groups form in countries like Singapore and Israel, working in their communities to try to improve understanding of glaucoma. “This is what led to World Glaucoma Week (occurring every March): a number of exciting developments are planned for this week to continue to grow through the years to come.”

One of Ivan’s most recent projects is the publication of Glaucoma Now. “Prof Remo Susanna, from Brazil, and I invite leading glaucoma clinicians, teachers and researchers from around the world to write articles on a particular theme for each issue. This is made available free on the Internet and distributed. Glaucoma Now is an education strategy to try to bring high quality current glaucoma information to ophthalmologists and other eye care professionals around the world.” This publication has also been recognised as part of the RANZCO Continuing Professional Development program.

In his spare time Ivan enjoys books, music, theatre and spending time with his family. “I love history and also science fiction that is done well, if it captures the essence of human nature and addresses likely directions for advances in technology. One of my daughters is a theatre director and actor so we support and enjoy the theatre scene; going to concerts, ballet and the opera. I have a very strong and close family life with my wonderful wife Vera who has enabled my career: without her nothing could have been done; she has always been my rock and my salvation, an absolutely superb human being. I have three wonderful kids who have married marvellous individuals and have five grandchildren. Family life is full of richness, fun and much humour!”

Mrs Vera Goldberg and A/Prof Ivan Goldberg
Rural and Remote Ophthalmology

Living the ‘country’ life in Northern NSW and loving (almost) every minute

“Anyone who has visited the Byron Shire knows why I live here! It is a very beautiful part of the world, full of life and colour. I also have a very Byron story. I came here from Melbourne for a holiday, fell in love with the place and decided I wanted to live here. On the way back to Melbourne I stopped in Sydney to see a friend and she introduced me to a man who came from Byron. We fell in love and fell pregnant shortly thereafter. Once I was pregnant, all I wanted to do was move here, so we did. It has not always been easy, but I have never once thought of leaving.”
Dr Anne Malatt

Byron Bay/Bangalow

“I am happy here in a way I never thought would be possible when I was a young doctor...One of the great things about the Byron Shire is that you are exposed to all manner of lifestyles and ways of thinking and being. I have been inspired to live in a way that is very loving and caring, for myself, my loved ones and my patients. I am very grateful for what I have learned since moving here.”

Why rural/regional?

Anyone who has visited the Byron Shire knows why I live here! It is a very beautiful part of the world, full of life and colour. I also have a very Byron story. I came here from Melbourne for a holiday, fell in love with the place and decided I wanted to live here. On the way back to Melbourne I stopped in Sydney to see a friend and she introduced me to a man who came from Byron. We fell in love and fell pregnant shortly thereafter. Once I was pregnant, all I wanted to do was move here, so we did. It has not always been easy, but I have never once thought of leaving.

I am a general ophthalmologist, providing eye health checks and surgery; particularly cataract, pterygium and eyelid surgery. I love looking after my older patients and I also love seeing kids. I also provide a public surgery and on-call service and participate in the registrar-training program.

Hurdles

We are fortunate in that there are several of us working in this area, so the on-call is shared and we have support if we get sick or want to go away. We are also fortunate in that we are close to a major city (Brisbane is two hours away) if we require technical support. This is not the case for everyone in the country. The other issue is social isolation – most of us are not from here, and have left family and friends behind.

Dr Nick Confos

Port Macquarie – solo practice

Why rural/regional?

When I completed my ophthalmology training in Sydney, I knew I wanted to be a comprehensive ophthalmologist rather than a sub-specialist, and I couldn’t do that as readily in the city. City practice tends more towards sub-specialising. I wanted a solo practice where I could be busy from the start.
One of the challenges of working in non-metropolitan areas is less interaction with colleagues.

A general ophthalmology practice came up for sale in Port Macquarie, an area my partner and I found attractive. I’ve been working in Port Macquarie for five years in solo practice. I also work in the public hospital at Kempsey [approx one hour north of Port Macquarie] doing mainly cataract lists, and I’m also involved in teaching registrars.

**Hurdles**

One of the challenges of working in non-metropolitan areas is less interaction with colleagues. You can always call them up, but it’s not like you can walk across the hall and ask a second opinion. The ophthalmologists in Port Macquarie do meet each month, ask questions of each other, and this collegiate interaction helps the isolation to some degree.

**Attractions**

Port Macquarie has a great lifestyle and I enjoy the diversity of my practice and getting to use a diversity of skills. During my training, I worked rotations through Lismore and Darwin. My experience of these stints in non-metropolitan areas gave me exposure to this type of ophthalmology practice which made the transition to Port Macquarie easier.

When you run your own practice, you’re able to take leave when you want and don’t have to go through the hoops of a group practice. The decision making is simpler in solo practice – for example, making decisions to purchase equipment.

What would help encourage more fellows to work in non-metropolitan regions?

One thing would be to have more terms in the country during ophthalmology training. It would also help if there were more ways to support partners with work and children with education opportunities in rural areas.

**Port Macquarie – group practice**

Dr Neale Mulligan

**Why rural/regional?**

I grew up in the country. After my training at Sydney Eye Hospital and London’s Western Ophthalmic Hospital, my wife and I decided we’d be happy to not necessarily live in a big city. We moved to Port Macquarie 20 years ago.

**Hurdles**

One of the impediments to moving to non-metropolitan areas is around work opportunities for partners. We’re fortunate Port Macquarie is a large, quite rapidly growing regional area, and there are more opportunities for spouses and for kids’ education.

Twenty years ago, Port Macquarie had two ophthalmologists and coped with the workload. Now there are five ophthalmologists in town and we also support Taree and Kempsey.

**Attractions**

Port Macquarie has healthy population growth – it’s one of the fastest growing cities in NSW. It is a big medical town, with hospital growth and university growth. They’ve recently commenced ophthalmic registrar training.

What would help encourage more fellows to work in non-metropolitan regions?

Four ophthalmologists work together in this practice and we moved into our new, purpose-built facility in 2012. There’s plenty of work for all of us. To make it work, you have to be welcoming to other colleagues, and set up the business in such a way to make it easy for others to join the group practice.

Traditionally, regional ophthalmology has been suited to general ophthalmologists with a broad interest across the various ophthalmic disciplines. However now some of the larger regional centres are becoming viable for ophthalmologists with sub-specialty training – such as [colleague] Dr Charles Hopley here in Port Macquarie.

**Forster/Taree/Gloucester**

Dr Geoffrey Whitehouse

**Why rural/regional?**

When I was looking to establish my practice, my preference was not to take over my mother’s practice [also an ophthalmologist] on the northern beaches in Sydney. There was an opening in Forster on the mid north coast of NSW. A friend had completed a thesis on the Forster area and knew the area was growing very quickly. Forster is similar to the northern beaches in terms of lifestyle.

I’m a comprehensive ophthalmologist, initially I did a sub-specialty in paediatric ophthalmology but since
moving to Forster, I’m now more of a sub-specialist in cataract surgery. I do a mix of public and private work. I have consulting rooms in Forster, and I also operate in public hospitals [Manning Rural Referral in Taree and Gloucester Hospital] and in Mayo Private Hospital Taree.

Hurdles

While we don’t have the same access to a referral base of sub-specialists like you would in metropolitan areas, we work quite well with the fellows in Port Macquarie: the retinal sub-specialist [Charles Hopley] sees patients for us, and my colleague David McKeag [oculoplastics/orbit] sees patients from Port Macquarie for them.

One challenge is not to get too isolated, you have to make an effort to stay educated. I’m fortunate in that I can wind back if I get snowed under and I take time off to do self-funded research projects. I also took a sabbatical in Calgary and had a locum fill in for me. The good thing about working in non-metropolitan areas – if you go away, you don’t have to worry about work disappearing!

When there’s just one of you in the region, it’s difficult to take on a trainee by yourself. Places like Port Macquarie, where there are five ophthalmologists, can share the teaching load of one trainee.

It can be difficult to get computer support or equipment repairs. I’ve sometimes have had to wait for two weeks until the repairers/support staff next do their service run to this area.

Attractions

One of the positive aspects is you’re very much part of the community and make friends across a broad range of people – not just with medical colleagues. You do get known in town – I’ve been to the shops, forgot my wallet, and the shopkeeper let me pay later. I also get home-baked lemon meringue pie every time I operate at Gloucester!

Forster is a beautiful place to live. I live five minutes from work and can easily walk to work. I enjoy surfing and get to work on the farm. I also develop and design ophthalmic products for use in refractive and cataract surgery. [One is called the Whitehouse Toric Marker which is on the market already, and others are in development/trial phase].

What would help encourage more fellows to work in non-metropolitan regions?

It can be difficult to get specialist staff. I’ve been advertising for a year for an orthoptist and for another ophthalmologist – my colleague [Dr McKeag] is pulling back to Newcastle.

It would be good if the RANZCO and the ASO could help find people, and help find ways of changing the thinking of trainees so they consider non-metropolitan practice seriously.

Another idea would be to offer one day per week/fortnight for regional ophthalmologists to work in, for example, the Sydney Eye Hospital, so they could stay in touch professionally.

Armidale/Inverell
Dr Mark Morgan

Why rural/regional?

I grew up in Newcastle and during my ophthalmology training I enjoyed country terms in Darwin, Lismore and Albury. I had two children when I finished my training and my wife and I decided we’d like to raise our family in the country.

We moved to Armidale 22 years ago and I work in public and private ophthalmology in Armidale and Inverell. Armidale is a great area, a cultural town with good public and private schools and the university. The university now has a medical facility joined with Newcastle, and I do some teaching at the university and in my practice – which adds another element to my work.

Hurdles

Being the only ophthalmologist in Armidale, I used to have to do all the on-call myself. Now I share the on-call roster with Tamworth fellows [Tamworth is 1.5 hours away]. It can be difficult to get locums to the country areas. In the past 22 years, I’ve only twice been able to get a long-stay locum for a four-to-five week stint.

Attractions

Most eye conditions can be handled locally. We benefit from being halfway between Sydney and Brisbane if we need to refer patients for things like surgical retina. We’re not too isolated really, it’s only a one-hour flight to Sydney.

There are a lot of positives about working in country areas, but if people are not exposed to rural work, they won’t know that. It’s great to work five minutes from home, to be able to walk across the road from your rooms to the hospital. We have a great climate, it’s a great place for children to grow up, and I enjoy a lot of activities outside of work – such as fine wood turning, sports and cycling.

What would help encourage more fellows to work in non-metropolitan regions?

One of the real positives that may draw more people to work in rural/regional areas is that we now have more rural students going through medical school. This will hopefully filter through – in that they’ll come back to rural areas after completing their training. The population here in Armidale and surrounds could certainly support another ophthalmologist, and I’d be happy to welcome them to town!
The committee met in April to discuss a number of issues relevant to Indigenous eye health.

Prof Hugh Taylor from Melbourne University’s Indigenous Eye Health Unit gave an update on the progress that is being made towards closing the gap at a Federal Government level. He mentioned that the Commonwealth have contracted McKinsey management consultants to organise a number of workshops for the purpose of developing recommendations for the way in which Medicare Locals and local hospitals networks can work together to improve health outcomes for all Australians. The example they chose to be the case study was the Indigenous eye health work that A/Prof Angus Turner is doing up in the Kimberley and Pilbara regions of Northern Western Australia. This case study will be distributed to all the Medicare Locals as an example of best practice and will include among other things information on co-ordinating patient care, developing key performance indicators and reporting on targets.

Ms Jane Halton (Secretary) and Mr David Learmonth (Deputy Secretary), from the Department of Health and Ageing have set up a cross-department committee whose sole purpose is to address Indigenous eye health. This committee has been regularly consulting the Indigenous Eye Health Unit and asking them for advice on how to achieve the recommendations of ‘The Roadmap to Close the Gap for Vision’ (http://www.iehu.unimelb.edu.au/publications/iehu_reports). Ophthalmologists are encouraged to speak to their Medicare Locals CEO and give them a copy of ‘The Roadmap to Close the Gap for Vision’ and discuss Indigenous and non-Indigenous eye health needs for their region.

There are a number of new links on the Indigenous and Rural Health page of the RANZCO website, some of which relate to cultural awareness.
In addition to this, the Indigenous and Rural Health Committee are planning to have a speaker talk to first year trainees about cultural awareness at the registrars’ day of the Hobart Congress. It is hoped that this will be the first step towards providing essential clinically relevant information to our trainees.

The Committee of Presidents of Medical Colleges Indigenous Health Subcommittee National Aboriginal and Torres Strait Islander Medical Specialist Framework Project have been working hard to provide guidelines for all Colleges regarding curriculum and cultural competence. As a first step to this project they have formulated a series of questions that will find out whether new Fellows and trainees have an Indigenous background. As part of the implementation of the ‘guidelines for collecting Indigenous status data within medical colleges’, RANZCO has asked all new 2013 trainees about their indigeneity, including a section on Maori, as part of the registration form for selection. The results of this information will be critical for improved planning, support and service responses at a range of levels including at the College, Committee of Presidents of Medical Colleges and national policy level.

Dr Ashish Agar
Chair, Indigenous and Rural Health Committee

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**Book Review**


If ever there was a candidate whose subject matter seemed to hint at nepotism, it would be that of William Shawcross, whose father Hartley was the lead British Prosecutor at the Nuremberg war crimes trials at the end of the Second World War. Fortunately, his reputation is dependent not on his father’s legacy but on his own contributions in international journalism and as a founding member and past Board member of the International Crisis Group.

*Justice and the enemy* is a compact, well-structured, fully annotated and easily read discussion of issues surrounding the treatment in law of enemies of the state. Its main focus – if one disallows Geoffrey Robertson’s concern as to whether one can declare war on a common noun – is the ‘war on terror’. Are terrorists murderers, ‘enemy’ combatants or ‘unlawful’ combatants? Are such combatants to be subject to military or civilian justice? Should they be charged with murder in the jurisdiction in which the crime occurred? Those who imagine that a quick and easy summary execution would surely be the best solution would not be alone – both Churchill and Stalin advocated this fate for the members of the Nazi hierarchy in 1945 [Stalin’s intended quota was the higher] – but Roosevelt’s insistence on demonstrating the civilised nature of the victors’ ethic over the barbarism of the conquered gave birth to the Nuremberg trials.
In aspiring to uphold this legal ideal, many millions of hours and dollars have been spent, and the case of the self-aggrandising Khalid Sheikh Mohammed is particularly thorny. Should the self-confessed terrorist who was responsible for the design of the 9/11 attacks on the United States be tried for war crimes by a military tribunal, or be afforded the same legal rights as a US citizen (rights to which he has no entitlement) and be tried for murder under domestic law (most pointedly when the avowed purpose of the accused is the complete destruction of the society that underwrites those legal rights). The legitimacy of the possible modes of trial of Khalid Sheikh Mohammed occupies a substantial part of the book, and his trial has vacillated between civilian and military courts as these issues are debated.

The discipline of law is enormously dependent on precedent, and it is made clear very early on that the legal responses applied to those now accused of being terrorists (or their assistants) have not emerged in a vacuum or been concocted as a thought bubble by George W Bush. The legal strictures upon US government actions are progressively detailed in this book, from the precedents set at the Nuremberg trials, through the little-known but crucial dealings with eight Nazi saboteurs who landed from a U-boat on mainland USA in the Second World War, to details of the Geneva Conventions and others. While not an apologia for the Bush administration, it is clear that Shawcross is dismissive of the facile caricatures that have been popular in mainstream media of Bush and his staff as buffoons and incompetents. He shows that the legacy of legal precedent has forced a nuanced and sophisticated rather than blundering response, albeit that there have been serious missteps and lapses – such as the maltreatment of prisoners at Abu Ghraib – which, among other things, have proven to be disastrous for public and international relations.

Shawcross also updates the status of conditions at Guantanamo Bay: the initial reports and footage that continue to play in those elements of the media unsympathetic to the American position no longer bear any relation to the transformed nature of the facility, brought about in part by the evolution of the legal arguments detailed.

Far from trivialising the serious moral discussion to be had about the threshold that is crossed in allowing any torture, on this issue Shawcross is nevertheless pragmatic in indicating that the only torture actually enacted has been waterboarding and at the time of his writing only three suspects – all Al Qaeda – had actually been subjected to this. His book is not the place to debate whether three may as well have been 30 or 300.

The author demonstrates an uncommon ability to separate the policy from the personal: this leads to a book which is hard-edged but not hawkish, and is a useful reality check in a discussion that has often focussed on demonising and frustrating the efforts [in particular of the United States] to respond to the terrorist threat, while highlighting the travails of those who have freely chosen self-abnegation (at least in this life) in pursuit of the destruction of the West. Shawcross is particularly scathing of those groups based in the US such as the American Civil Liberties Union and the Centre for Constitutional Rights who – rather than advocating on behalf of those alleged to have been simply unjustly incarcerated – specifically seek leave to contest and undermine all legal processes [and then complain about the delay]. He does not overt the word ‘traitor’, but clearly alleges an underlying political motivation.

David Hicks gains an appropriately desultory mention in a book of this scope, mainly to highlight the leniency of his sentence as compared to those of other Gitmo detainees; the unstated but clear implication is that the expediency in taking domestic political pressure off an ally undermined the credibility of the sentencing regimen.

Shawcross emphasises that a new paradigm in expunging the terrorist threat has now been embraced, after legal prosecution proved to be so fraught: that is, the targeted, sanctioned (but extrajudicial) killing of terror suspects with unmanned drones, which the successor Obama administration has embraced in exponentially increasing numbers. While undoubtedly effective, the legal standing of these attacks also remains highly questionable and they frequently involve tragic ‘collateral damage’. Current posturing on suspects being “held without trial” at Guantanamo Bay is rendered hypocritical in the face of being “killed without trial” by a drone, and harks back to the Allies’ dilemma at Potsdam in 1945. Shawcross does not explore the logical corollary, but the US will need to address how this precedent will be countered when drone technology inevitably becomes available to the terrorists.

Those for whom the United States is its own axis of evil and who everywhere see tentacles of American hegemony will be unlikely to relish this book, although they would perhaps most benefit from reading it, with an open mind. Those who accept the United States’ perception of an existential threat to democracy posed by militant Islam will find a clear-eyed review of the challenges faced by a government that wishes to protect its citizens and institutions while trying to strike a balance with the civilised response that Roosevelt originally sought to demonstrate.

Dr Mark Walland
Obituaries

Dr Barry John Lansdell
22 October 1947 to 26 December 2012

Dr Barry John Lansdell died from leukemia, with his family by his side on 26 December 2012. An ophthalmologist in Geelong for many years, Barry was born in Melbourne, the eldest of three boys. He had a disrupted childhood, changing school as many as 13 times. At one stage his parents owned the Swansea Pub in Tasmania. While there, Barry developed his love of reading, nature, the sea and birds.

For his final three years at school, Barry won a scholarship to Melbourne Grammar, where he thrived with the standard of teaching. Barry loved telling stories of his life and they were always told with the correct date attached. One of his favourite stories was about fooling the enemy when in the Cadet Corps with Trevor Lamb. Trevor is renowned for his research on photoreceptor physiology.

Barry chose to go to Monash University to study medicine, where he met his future wife Sue. They were in the first group of students to go to Geelong Hospital, where they loved the relaxed, friendly lifestyle and the proximity of the beaches. Barry graduated with Honours and decided to spurn the Melbourne teaching hospitals with their rigid rules and head to Geelong for two years residency.

Having already shown some interest in eyes, he managed to organise a junior Resident Medical Officer job at Mayday Hospital in Croydon, London, working with Dr Dermott Pierce, a well renowned ophthalmologist. This began in June 1974 for a period of 18 months. In the first of many overseas adventures, Barry and Sue took three months travelling via New Zealand, Tahiti, United States and South America on their way to London. By the end of the 18 months in London, Barry had obtained his surgical primary.

He then returned to Australia and completed his ophthalmic training, initially in Adelaide in 1976 and then at the Royal Victorian Eye and Ear hospital. I first met Barry in 1978 during his time as the Ophthalmic Registrar at The Royal Melbourne hospital. The ophthalmic unit at The Royal Melbourne Hospital, then arguably Melbourne’s pre-eminent eye unit, was certainly keen for him to stay. He, however, was equally keen to balance his professional life with the many other pleasures life and family can bring, and had no intention of staying in the big smoke battling traffic and the politics of Melbourne hospitals.

He became well established in Geelong, which was then sparsely served with ophthalmologists. His practice was initially in the front few

“Apart from his expertise in ophthalmology, he became equally well known in the Geelong area for his contributions to the wider health community and the community as a whole.”
For many years he continued to drive to the Royal Children’s Hospital in Melbourne to continue his lifelong interest in paediatric ophthalmology. He was the envy of the rest of the team at the Royal Children’s Hospital, partly because he seemed to be leading an idyllic life in Geelong, but mostly because of his famous Donald Duck impersonation which he used to charm anxious children into letting him examine their eyes.

In 1987, the high point of our professional lives together was reached when we were appointed conjoint ophthalmologists to the Melbourne Football Club. The club doctor, whom I knew well, enticed us along to screen all the players in the preseason for pre-existing vision or eye problems. This was fine except there were no chairs in the examination room for the players to sit on so Barry, being a little shorter than some, had to screen the rovers and flankers, while I did the others.

Barry’s practice thrived over the next 20 years, but he found time to spend a week or two every year on nascent Indigenous eye programs in Queensland, especially in the Gulf country.

Over that time, ophthalmology in Geelong underwent a quite remarkable transition and it now plays host to a considerably larger group than was here in 1989. These are a group of respected and talented ophthalmologists. It is in great part due to Barry’s professionalism and decency that Geelong has attracted such an outstanding group to continue and expand his ophthalmic care for the Geelong region into the future.

Apart from his expertise in ophthalmology, he became equally well known in the Geelong area for his contributions to the wider health community and the community as a whole. At various times he was on Illawarra Board, a local charitable foundation, then the Geelong Hospital Board, Chair of the Visiting Medical Staff and Director of Surgical Services at Barwon Health.

He was an utterly dedicated family man to his wife and three children, always so very proud of their every achievement. Because of his care, compassion and genuine interest in them, his many patients adored him. Barry had a great mind. He was knowledgeable on many varied things and had a quick wit. His outside interests included bush walking, surfing, fishing, bridge, wine, music and golf. He very proudly got down to a single figure handicap for a time and served for two years as President of the Barwon Heads Golf Club.

One of his last outings was to fish in a local reservoir where he was able to land a sizeable rainbow trout, accompanied by a very large grin. The leukemia killed him but it did not defeat him. He was his wonderful self until the end.

Dr Patrick Lockie FRACO
# Calendar of Events 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Contact details</th>
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<tbody>
<tr>
<td><strong>JUNE</strong></td>
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<tr>
<td>31 May - 2 June</td>
<td>Australasian Division of the International Academy of Pathology Limited</td>
<td>Tel: +61 7 3348 2548. Email: <a href="mailto:events@hievents.com.au">events@hievents.com.au</a></td>
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<tr>
<td>1-2</td>
<td>ANZSRS Satellite Meeting</td>
<td>Tel: +61 2 95314477 Email: <a href="mailto:hjconferencing@bigpond.com">hjconferencing@bigpond.com</a></td>
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<tr>
<td>13-15</td>
<td>26th International Congress of German Ophthalmic Surgeons</td>
<td>Website: <a href="http://www.doc-nuernberg.de/scientific-program.php">www.doc-nuernberg.de/scientific-program.php</a></td>
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<tr>
<td><strong>JULY</strong></td>
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<tr>
<td>1-30</td>
<td>RANZCO Eye Foundation JulEYE Campgain</td>
<td>Website: <a href="http://www.eyefoundation.org.au">http://www.eyefoundation.org.au</a></td>
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<tr>
<td>3-6</td>
<td>AUSCRS 2013</td>
<td>Tel: +61 3 5977 0240 Email: <a href="mailto:tdf@conferencelink.com.au">tdf@conferencelink.com.au</a></td>
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<td>14-16</td>
<td>AAPOS &amp; SNEC 2013</td>
<td>Website: <a href="http://www.aapos.org/meeting/singapore_2013">http://www.aapos.org/meeting/singapore_2013</a></td>
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<td>17-20</td>
<td>World Glaucoma Congress 2013</td>
<td>Website: <a href="http://www.worldglaucoma.org/WGC/WGC2013">www.worldglaucoma.org/WGC/WGC2013</a></td>
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<td><strong>AUGUST</strong></td>
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<td>2-3</td>
<td>RANZCO Queensland Branch Scientific Meeting</td>
<td>Tel: +61 7 3851 4298 Email: <a href="mailto:tdf@conferencelink.com.au">tdf@conferencelink.com.au</a></td>
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<td>30-31</td>
<td>NUHS Ophthalmic Oncology Symposium</td>
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<tr>
<td><strong>SEPTEMBER</strong></td>
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<td>4-7</td>
<td>European Strabismological Association (ESA)</td>
<td>Website: <a href="http://www.esa-2013.org">www.esa-2013.org</a></td>
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<tr>
<td>4-6</td>
<td>2nd Cairo Middle East Refractive and Anterior Segment Surgery Symposium</td>
<td>Website: <a href="http://www.alfamedical.org">www.alfamedical.org</a></td>
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<td>26-29</td>
<td>Hamburg 13th Euretina Congress</td>
<td>Website: <a href="http://www.euretina.org/hamburg2013">http://www.euretina.org/hamburg2013</a></td>
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<td><strong>OCTOBER</strong></td>
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<td>4</td>
<td>The International Society of Presbyopia (ISOP)</td>
<td>Website: <a href="http://www.presbyopia-international.com">www.presbyopia-international.com</a></td>
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<td>5-9</td>
<td>XXXI Congress of the ESCRS</td>
<td><a href="http://www.escrs.org/amsterdam2013/registration/default.asp">http://www.escrs.org/amsterdam2013/registration/default.asp</a></td>
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<td>25-26</td>
<td>European Contact Lens Society of Ophthalmology (ECLSO)</td>
<td>Email: <a href="mailto:insc-eclso@europa-organisation.com">insc-eclso@europa-organisation.com</a> Website: <a href="http://www.eclso.eu">www.eclso.eu</a></td>
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<td><strong>NOVEMBER</strong></td>
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<td>45th Annual Scientific Congress 2013, Hobart Tasmania</td>
<td>Website: <a href="http://www.ranzco2013.com">www.ranzco2013.com</a> Email: <a href="mailto:RANZCO2013@mci-group.com">RANZCO2013@mci-group.com</a></td>
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<td>2013 Annual Meeting of American Academy of Ophthalmology [AAO]</td>
<td>Email: <a href="mailto:meetings@aaao.org">meetings@aaao.org</a></td>
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<tr>
<td><strong>DECEMBER</strong></td>
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<td>2-6</td>
<td>World Diabetes Congress</td>
<td>Website: <a href="http://www.idf.org/worlddiabetescongress/">www.idf.org/worlddiabetescongress/</a></td>
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<tr>
<td></td>
<td>The 8th APVRS Congress</td>
<td>Website: <a href="http://8apvrs-52jrvs.jtbcom.co.jp/">http://8apvrs-52jrvs.jtbcom.co.jp/</a></td>
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Positions Vacant

Ophthalmologist wanted for beautiful Mornington Peninsula, excellent lifestyle

Wonderful opportunity exists for a general ophthalmologist with interest in medical retina for sessions in a busy and growing practice at the gateway to the Mornington Peninsula, within one hour drive of Melbourne.

Our highly experienced and friendly staff work closely with our doctors in a state of the art equipped Eye Centre YAG, Argon and SLT lasers, IOL master, Fluorescein angiography, spectral domain OCT, and Orbscan topography attached to a well equipped and fully accredited Day Surgery.

We welcome young graduates, subspecialists and general ophthalmologists.

Contact: Dr Stephen Bambery on Phone: 0414 978 352 or Shirley Munro +61 3 9783 5245 Email: info@southerneye.com.au

Surgical sessions available at Manningham Day Procedure Centre Doncaster, Victoria

- Independent and privately owned day hospital
- Three large operating theatres:
- Purpose built and fully equipped for a range of ophthalmic subspecialties
- Alcon LenSx Femto-Laser Assisted Cataract Surgery Suite
- Zeiss operating microscopes with three-chip camera
- Alcon Infiniti Vision System and Latest Ozil technology
- Ophthalmic microsurgical instrumentation
- Consistent ophthalmology specialist Nursing and Orthoptic staff
- Affordable rates for uninsured concessional / pensioner patients
- Free onsite parking for patients and staff

Contact: Leanne Kemp Email: lkempi@mdpc.com.au Phone: 0434 072 969 or +61 3 88 500 590

Ophthalmologist required for practices based at Rosebud and Frankston (3 to 4 days at Rosebud and 1-2 days at Frankston).

Ideal candidate will be enthusiastic and willing to work at both practices. The current practice conducted by a senior consultant is fully setup and has all facilities.

For further information details contact Val Quint Email: hrclinic@tpg.com.au

Ophthalmologist required in South West Sydney

Well established practice looking for a general ophthalmologist to expand in South West Sydney.

- Short term or long term position
- Flexible sessions and times

Contact: 0414 766 980 (after hours)

Ophthalmologist wanted in Malvern

An ophthalmologist is wanted to work in state of the art office in Malvern.

A wonderful opportunity to work with two experienced ophthalmologists in a busy practice.

Offices are only three months old and have been purposely built to accommodate adult and paediatric patients. They are 10 minutes walk from Tooronga station and are directly off the Monash Freeway.

We welcome young graduates and general ophthalmologists.

Contact: Andrea Millar [Practice Manager] Phone: +61 3 9804 3780 or Email: andrea@melbourneyesurgeon.com.au

Country living at its best!!

- Tired of small houses with big mortgages?
- Fed up commuting?
- Want a better life for your children?

We need another Ophthalmologist as we have too many patients. Public and Private lists available. Very fair terms offered.

All enquires treated confidentially.
Phone John on +61 2 6925 6997 Email: mtpleasantstate1@bigpond.com
For sale or lease

Practice for sale or lease
Large, regional, multi branch practice for sale or lease
Phone: 0419 379 214

Equipment for sale
- OCT Zeiss Stratus 3000 - Includes electric table, printer and remote viewing module. $23,000 ONO.
- Heidelberg Retina Tomograph II - Complete with electric table and remote viewing module. $19,000 ONO.
- Fundus camera Topcon TRC-50X - Film camera with polaroid attachment. Electric table. $5,000 ONO.

All in excellent condition. All offers considered.
Contact Dr David Workman, Phone: +61 3 9857 8227 or Email: davidworkman@eyesurgeon.com.au

Unaccredited registrar position
Extremely busy, established, successful and ethical Ophthalmology Practice has an opportunity for a non-accredited, full-time registrar, based in South East Queensland.

Funding will be equivalent to a training registrar position.

Emphasis on participation in clinic and theatre sessions, achieving published articles and presentations on clinical based research during a one (possibly two) year tenure.

Applications to:
Practice Manager
Email: eyepracticeqld@gmail.com

Locum Available
Locum available for the next few months. Recent fellow looking for job opportunities.

Email: sydneyeyesurgeon@gmail.com

Locum
Required for half a day a week in western Sydney.

Contact: Neville
Phone: 0423 658 568

Announcement

Practice Announcement from Dr Archie Lamb
I would like to inform you that I am restricting my practice for new patients to reconstructive and cosmetic eyelid and brow surgery.

St Andrews Place 33 North St SPRING HILL QLD
www.doctorarchielamb.com

For sale
1 x Nikon project lensmeter $400 this item is available with or without adjustable metal stand.

Contact: Dr Pittar
Phone: +61 2 9416 2722

Equipment for sale
- Haag Street Slit lamp with R900 tonometer
- 2 x 4 sided Rotating Vision Chart
- Ophthalmoscope/Retinoscope Rechargeable
- Indirect Ophthalmoscope
- Volk78,20,&30 D lenses
- 3 Mirror lens
- 2 Gonio lens
- 2 Raynor C range Trial lens set
- 2 Topcon lensmeter
- 2 Wall mirrors
- Medmont visual field analyser with Computer.
- Minor surgery instruments and trays
- Examination couch
- Minor surgery lamp
- Moveable trolley for surgical instruments
- Inami Slit Lamp and Applanation Tonometer

Contact: Dr Bala
Mobile: 0430 306 344
Phone: +61 2 4625 1414

For sale

- Strontium 90 ophthalmic plaque manufactured by Amber Sham in the United Kingdom in 1977.
- Recent swipe test positive.
- This plaque is available for zero dollars.

Contact: Dr A.S. Jordon
Phone: +61 8 8267 2192

Accumap
Multifocal VEP objective field analyser In good working order $9000.

Contact: Christopher Buckley
Phone: +61 3 9417 1011