IN THIS ISSUE:

- When drinking becomes a problem - Dr Anne Malatt
  pg.18

- Count down to RANZCO’s 50th Annual Scientific Congress
  pg.22

- Member Profile: Dr Peter Cooper
  pg.38

- A Newcastle ophthalmology story - Dr Robert Griffiths
  pg.42
Vision Australia.
Your partners in the circle of care.

When is the best time to refer to us?

1. Diagnosis of a permanent, non-correctible or progressive eye condition.
   or

2. Visual Acuity is 6/24 or less (BCVA/BEO) or Visual Fields of 30 degrees or less with both eyes open (BEO).
   or

3. Vision impairment is putting your patient at risk.
   or

4. Support adjusting to vision impairment is needed.

At Vision Australia we work together with eye care professionals to ensure the best outcomes for people who are blind or have low vision. With 28 locations around Australia, it’s easy to refer to us.

Just visit visionaustralia.org or call 1300 84 74 66.
## Contents

Message from the President ................................................................. 4
Censor-in-Chief’s Update ........................................................................ 6
CEO’s Corner ......................................................................................... 8
Membership Spotlight ........................................................................... 10
Health and Wellbeing ........................................................................ 18
Annual Scientific Congress .................................................................... 22
Policy and Advocacy Matters ............................................................... 34
RANZCO Museum ................................................................................ 36
Feature Articles .................................................................................... 38
  *Member Profile: Dr Peter Cooper* ...................................................... 38
  *A Newcastle ophthalmology story* ..................................................... 42
In Practice ............................................................................................. 44
RANZCO in the Media ........................................................................... 45
Branch Musings .................................................................................... 46
Special Interest Groups ......................................................................... 49
RANZCO Affiliates ............................................................................... 51
Ophthal News ...................................................................................... 58
Calendar of Events .............................................................................. 64
Classifieds ............................................................................................ 65

*Front cover:* Botanic Gardens, Adelaide, photo courtesy of South Australian Tourism Commission

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

**Editor:** Maheen Imam **Design and layout:** Francine Dutton
The Royal Australian and New Zealand College of Ophthalmologists  A.C.N 000 644 404
94-98 Chalmers Street
Surry Hills NSW 2010 Australia
Ph: +61 2 9690 1001  Fax: +61 2 9690 1321
E-mail: eye2eye@ranzco.edu
Website: www.ranzco.edu
Conferences are a critical part of our professional life, and certainly one of the key roles of RANZCO is organising and running our annual Congress. Conferences provide the opportunity to keep up to date with the clinical practice of ophthalmology, to develop professional networks for future collaboration and to catch up with old friends.

In June I attended the World Ophthalmology Conference (WOC) in Barcelona. WOC certainly fulfilled all these promises, with excellent content, approximately 10,000 delegates and a terrific social program. For me, one of the highlights of the meeting was the launch of the Barcelona Principles, a new ethical agreement for the use of eye tissue, by the global eyecare community. The Global Alliance of Eye Bank Associations unveiled the world's first global agreement on the use of donated human tissue for ocular transplantation, research and future technologies. To view the Barcelona Principles, please visit http://www.gaeba.org/wp-content/uploads/2018/05/GAeba-2018-The-Barcelona-Principles-FINAL.pdf

The Barcelona Principles were developed by the Eye Bank Association of Australia & New Zealand (EBAANZ) members Associate Professor Graeme Pollock and Heather Machin. The agreement has evolved due to the global community seeking guidance on current ethical dilemmas – where they seek to improve tissue access to millions of waiting recipients – without compromising their personal moral integrity and professional custodian responsibilities to the donor, recipient and the extended community. This was a great example of the sort of global action that can come from a large international meeting of this sort.

RANZCO is co-hosting a number of other international meetings over the next few years, starting with the 2019 AAPOS/RANZCO/APSPOS Joint Meeting: An Intercontinental Perspective of Paediatric Ophthalmology and Strabismus, which will be held in Sydney from 7-8 November 2019 (just before RANZCO’s 51st Annual Scientific Congress in Sydney).

Australia will also play host to the World Glaucoma Congress next year,
which will be held in Melbourne 27-30 March 2019. A globally diverse faculty of experts in glaucoma research and clinical practice will come together to share their knowledge and insights, making it a great opportunity to hear about the latest in glaucoma care.

Finally, RANZCO has been successful in bidding for the World Ophthalmology Congress (WOC) 2022 in Melbourne. WOC is held every two years in a different region of the world and provides an international audience of ophthalmologists with a scientific program boasting over 350 sessions addressing all subspecialties and related interests in ophthalmology with 45 subspecialty, 39 national, five regional and four supranational societies participating in the program. It also provides a great opportunity to network with renowned international leaders and professionals in ophthalmology. Revenue from WOC helps support International Council of Ophthalmology (ICO) initiatives including ophthalmic education, eye care delivery, leadership and society development and the ICO’s commitment to “building a world alliance for sight”. WOC, first held in 1857, is the longest continuously running international medical meeting. It is our challenge to make sure the Melbourne meeting is an even greater success than Barcelona. Planning has already started and we’re confident WOC 2022 in Melbourne will be one of the best ever!

With the international spotlight on Australia over the next few years, it is a great opportunity to get involved. Whether it is by inviting your friends and colleagues from overseas, joining the organising committee, presenting your work or simply attending and taking it all in – each of these meetings should be great fun!

I look forward to seeing you all in Adelaide in November.

A/Prof Mark Daniell
President, RANZCO
In this issue of Eye2Eye I would like to highlight the work of three important subcommittees of the Qualifications and Education Committee (QEC).

**The Training Post Inspection Accreditation Committee**

The Training Post Inspection Accreditation Committee is chaired by Professor Glen Gole and serves a vital role in our training program. Every post in each network is reviewed every three years to ensure they are up to standard and warrant ongoing approval for training either the basic or advanced program. Final year (or ‘Year 5’) positions are not subject to this process. The committee is made up of senior College members who have been involved in teaching for many years.

Prior to an inspection, the various hospitals in the network are sent a questionnaire to complete. This gathers information about the consultant (FTE), trainee timetables, clinic and surgical equipment, teaching opportunities and on-call commitments.

The trainees are also requested to provide feedback. This is done networkwide and is de-identified to try to ensure trainees are able to describe frankly, and without fear of any comeback, their views on any of the posts they have been in over the previous three years.

There is a formal visit by the inspectors to each of the training institutions during which they meet with trainees, supervisors and management; review rosters and equipment; and draft an initial report for the hospital. Any feedback on that draft is considered before finalising the report with the inclusion of recommendations for QEC approval.

The possible outcomes are:

1. Accreditation is approved for a further three years.
2. Conditional accreditation is granted pending compliance with certain conditions e.g. the addition of certain investigative equipment such as an OCT or an alteration of the timetable to provide better supervision. An interim inspection may be required to confirm that the condition(s) have been met.
3. The institute loses accreditation for a post that was previously accredited.
4. A newly proposed post is not accredited because it fails to meet the required standards.
5. Suspended accreditation of a post, which can be for up to 12 months with specific requirements before the suspension is lifted e.g. there are not enough clinical tutors.

The accreditation team will frequently make recommendations about whether a particular post is suitable for any level trainee or only an advanced trainee.

The required minimum clinical exposure for a trainee is four supervised clinics and two supervised lists per week. It is preferred that at least one of those lists does not have a Fellow present. Access to teaching is important through training, although it is recognised that some more remote rotations have challenges in this regard. More detail on the required standards can be found on the College website under Education and Training: [https://ranzco.edu/ArticleDocuments/176/Training%20Post%20Accreditation%20Policy%20Final.pdf.aspx?Embed=Y](https://ranzco.edu/ArticleDocuments/176/Training%20Post%20Accreditation%20Policy%20Final.pdf.aspx?Embed=Y)

According to the most recent accreditation policy and standards update, hospitals are now required to confirm their adherence to bullying and harassment policies annually and report the outcomes of any cases that have emerged in the last twelve months.

There may be opportunities to expand the membership for the Training Post Accreditation Committee to accommodate a potential increase in training post reviews as the regional, rural and remote training network is established. Updates will be provided if any opportunities arise.
The Trainee Progression Committee

The Trainee Progression Committee’s (TPC’s) purpose is to provide expert advice and support to the Censor-in-Chief (CIC). It acts with authority, as delegated by the QEC to provide an objective assessment of a trainee’s progression, and make recommendations to the CIC on ways a trainee can improve their performance, and certain requirements a trainee must meet in order to continue.

The TPC is chaired by Dr Stephen Jones and comprises senior Fellows of the College who among them have decades of experience as tutors, supervisors, directors of training and examiners.

The Chair of the TPC is responsible for the review and determination of trainees’ completion of the research requirement of the RANZCO Vocational Training Program (VTP).

The Trainee Progression Committee is also responsible for reviewing trainees’ progression if they have:
1. failed a period of remediation;
2. failed to pass the requisite exams in the required timeframe;
3. failed any RANZCO examination twice;
4. failed to meet the requirements of a previous progression committee report;
5. failed to complete the training program within 12 years; or
6. other issues of concern as determined by the CIC e.g. gross misconduct.

The committee meets with the trainee to discuss the reason(s) for referral and to determine why the trainee is failing to progress. The term and exam reports are reviewed along with any mitigating circumstances and the committee then makes a recommendation to the Censor-in-Chief.

The report’s recommendations may include milestones the trainee must achieve to maintain their position on the program (e.g. passing the exam on the next attempt), suggestions about their study program and what support they should seek or, if the circumstances warrant it, the committee may recommend that the trainee’s place on the program be revoked.

The TPC fulfils an important role. Because it is a step removed from the trainee’s network supervisors and network QEC, it provides an objective review of the difficulties the trainee faces. This is particularly important if it is determined that a trainee’s performance has not met the required standard and there is evidence that the trainee will not progress and therefore lose their trainee associate status and leave the VTP.

The Trainee Representative Group

The Trainee Representative Group (TRG) represents trainees’ interests within the College and the training environment. The trainees in each network select one member to act on their behalf and, because of the nature of training, the composition of the TRG changes each year. In 2018 the group is ably chaired by Dr Esra Sanli from the NSW Prince of Wales network.

Trainee members are also members of their own network QEC and provide feedback and advice at the local level.

The TRG provides a report to the biannual federal QEC meetings where issues of concern to trainees across all networks can be discussed and addressed.

The TRG is also represented at a governance level on the College Council and on the Executive Working Group of the QEC. The latter group comprises of the trainee representative, the Censor-in-Chief, the Dean of Education and one state QEC representative. This group is the strategic and policy reviewing subgroup of the federal QEC and is responsible for driving progress on QEC matters between the half yearly federal meetings. Having a trainee representative on this group ensures that the trainees are involved in the critical design phases of any new policies and processes.

Trainees also provide input into many other College committees including Diversity and Inclusion, Indigenous (Australia and New Zealand), Māori and Pasifika Health, Selection, Women in Ophthalmology, Digital Interface, and Curriculum Committee.

The trainees are the future of our College so it is reassuring that, in the midst of all the other pressures they face, so many of them are willing to commit their time and energy into facilitating improvements. I expect many of today’s trainee representatives will be tomorrow’s RANZCO leaders.

UK visa issues

Following on from my letter to you all on 24 April 2017, the UK government, through immigration minister Sajid Javid, has indicated its intention to review the cap on Tier 2 visas. An increase in the cap would help mitigate the difficulties our trainees are facing in applying for UK fellowships. In the meantime I would urge those running final year programs and fellowships in Australia and New Zealand who have not yet committed to an overseas applicant to prioritise our own trainees.

Dr Justin Mora
RANZCO Censor-in-Chief
The Australian and New Zealand Eye Foundation (ANZEF) is up and running and has been receiving strong support through donations and offers of help, for which I would like to thank the Fellowship.

You may have seen a low-key JulEYE campaign which focussed on introducing the new ANZEF committee and highlighted various success stories following grants from the old foundation. Our intention is that this will continue, and grow, with the support of RANZCO members. By next year we plan to have stories from more recent activities and a bigger JulEYE campaign.

Key focus areas for support by ANZEF will be international development and outreach services. We all know RANZCO Fellows have been very active in these areas for decades, not least being the late Fred Hollows, who established the outstandingly successful Fred Hollows Foundations in Australia and New Zealand. Despite all the amazing individual effort and various service, education and research organisations providing sight saving outcomes, there seems to be more to do than ever before. However, when trying to tackle the big picture it can be easy to overlook individuals who have dedicated so much of their lives to the cause. With this in mind, last year the Board approved two new RANZCO awards, which should be seen as equivalent to a Distinguished Service Award, specifically the Service to Aboriginal, Torress Strait Islander, Māori and Pasifka Peoples and the Service to International Development Award. The inaugural winners of these awards are Drs Tim Henderson AM from Alice Springs and Peter Cooper from Adelaide. Both will be presented with their awards at the Graduation Ceremony during this year’s Congress, so I urge you to come along and learn more about the remarkable work they have done to earn these awards. Others being recognised with RANZCO awards at Congress are Dr Richard Stawell, Dr Peter O’Connor, Dr Nicholas Downie and Professor Keryn Williams, so there are certainly plenty of amazing achievements to celebrate.

One of my aims is to ensure that the many awards, scholarships and fellowships provided by RANZCO, branches, special interest groups and a grateful public are properly recognised. A quick look at the RANZCO website will show that we have scholarships to assist Indigenous medical students and junior doctors in Australia and New Zealand gain exposure to ophthalmology by attending eye conferences, assisted from the Marjorie Trevelyan-Smith bequest. We have seven named ORIA grants supported each year by bequests from Hardie Anselmi, Esme Anderson, the Richard and Ina Humbley Foundation, the Lowe family, Mary Tilden, Ivy Stephenson and Juanita Renensson. The various archive and museum activities of the College are supported by a bequest from Neville Banks. The Gillies family bequest supports regular meetings of the RANZCO Squint Club. In addition, various Fellows who wish to remain anonymous have provided funding to support doctors from developing countries in the Pacific attend Congress. This year NSW, Queensland, Victoria and ANZSRS have all provided funding for ORIA grants or travelling fellowships. Through judicious financial investment of appropriately large bequests, RANZCO and ORIA can ensure sufficient income to provide annual allocations for all these awards without having to touch the capital, hence preserving the legacy of future education and research as well as a memory in name.

Whether you are a Fellow, an associate member or a patient, if you are interested in knowing more about how you can also have a named fellowship or grant, please contact me and we can discuss this confidentially. Alternatively, I will put you in touch with the ANZEF committee which is very keen to talk to you about your legacy.

Dr David Andrews
RANZCO CEO
**HOYA Vivinex™ XY1 & XY1A Toric**

Preloaded IOL system with hydrophobic acrylic Vivinex™

Innovative HOYA technology provides outstanding performance and long-lasting ophthalmic surgical outcomes.

**Vivinex™**
- Fully preloaded Aspheric & Toric range
- Down to 2.0mm incision
- No Glistenings¹
- Reduced PCO

**XY1A Toric**
Fully preloaded range, now including T2 to T9 Toric.

**Uncompromised Stability!**
- absolute rotation median 1.1° with 100% of cases 5 degrees or less²

¹ Data on file: in vitro test achieved according to published method: Effects of glistening in intraocular lens
Marrie van der Mooren et al, BIOMEDICAL OPTICS EXPRESS, vol 4, No.8, P1294-1304(2013).
² True rotational stability of a single-piece hydrophobic intraocular lens,

**RayOne® Trifocal Preloaded IOL**

**RayOne® Trifocal RAO603F³**
- True 2-step preloaded
- Perfect Centration¹² and proven rotational stability¹
- Optimised, patented diffractive profile
- Fewer rings for reduced halos and improved night vision.
- Less dependent on pupil size or lighting
- Improved distance vision in mesopic conditions
- Fully preloaded range -0.0 D to +30.0 D

**Coming Soon - RayOne® Sulcoflex Trifocal**

Piggyback lens for correction of pseudophakic presbyopia
- Diffractive with +3.5D Near and +1.75D Intermediate Add
- Range: -3.0 to +3.0D

¹ Claoué C. Clinical and Surgical Ophthalmology 2008; 26(6): 198-200
³ Rayner model eye bench simulator viewing USAF 1951 target charts. Source: Rayner test data held on file.
Membership Spotlight

RANZCO elects first ever female President

During RANZCO’s Council Meeting in July the College elected Dr Heather Mack as its first ever female President. Dr Mack will serve as President Elect until RANZCO’s Congress in November, when she will be officially appointed President and the current President, A/Prof Mark Daniell, will stand down.

Not only has Dr Mack made College history by being the first woman elected to the position of President, she was also RANZCO’s first female Treasurer and the first female head of the CPD Committee. With over 15 years of dedicated service to the College in a range of roles, including on the RANZCO Board, RANZCO committees, and the Victoria Branch Committee, she brings to the role an in-depth knowledge of the workings of the College, as well as strong business and management experience. The College welcomes Dr Mack to her new role and thanks A/Prof Daniell for all his hard work and dedication over the past two years. A/Prof Daniell has been instrumental in improving eye health policy in the region and enhancing the core functions of the College by working with the RANZCO Board to ensure that all College activities are focused on building a competent workforce and advancing the profession.

Don’t miss the Presidential handover at this year’s Congress Dinner—7pm on Tuesday 20 November, Ian McLachlan Room Adelaide Oval.

Book review: Imaging the World

Dr Henry R. (Harry) Lew’s seventh book Imaging the World (2018) has evolved out of a course he delivered to an enthusiastic reception at the RANZCO Annual General Conference in Melbourne in November 2016.

The book, which is written in simple prose, is readily accessible to general readers. It aims to transform the way in which all its readers (not only eyecare professionals and art lovers), will think about and perceive their own vision.

The ideas expressed throughout this book have arisen out of two of Harry’s interwoven passions, in which he has steeped himself for over forty years. The first as an ophthalmologist has been to continually learn more about ophthalmology and eye care and its corollary: human vision. After all, protecting and restoring human vision is what eyecare is all about.

The second passion has been his approach of selectively examining, and sometimes acquiring, previously discarded or unwanted paintings. Here he has used principles derived from his understanding of the neurophysiological basis of human vision.

This exciting new book introduces a new form of art connoisseurship. By studying and explaining the work of Frans Hals, Edouard Manet, Alfred Munnings, Derwent Lees and other selected artists, Harry shows how to amalgamate an understanding of ‘art history and artistic techniques’ with an appreciation of the ‘neurophysiological engineering of human vision’. He shows how this can be applied to the examination of paintings and can identify possible ‘sleepers’. That is ‘unrecognised paintings by significant artists’, that have supposedly escaped the attentive eyes of other professional experts such as art academics, art dealers and auction house specialists.

The book sets out a series of excitingly fascinating detective stories. Those who have enjoyed the BBC television series Fake or Fortune will find it not only exceedingly interesting, but also amazingly immersing. In telling this fascinating story, Harry also provides us with an intriguing scientific explanation about how and why the French Impressionism movement indeed occurred when and where it did.

Associate Professor Ken Wach, Former Principal Research Fellow and Head of the School of Creative Arts, University of Melbourne, summed up the book well when he wrote:

“Rarely have Science and Art sat at the same table, let alone discussed the same issues. In his penetrating study, ‘Imaging the World’, Dr Henry Lew uses his professional skills and artistic acumen to apply the science of seeing to the art of perceiving. The result is a fascinating insight into the construction of pictorial imagery. It’s a must for all impartial minds.”

For ophthalmologists and those interested in the science and art of vision and in the vision and science of art, this is a fascinating and informative read. More information about Dr Lew’s books is available at www.henryrlew.com.au

Prof Hugh Taylor
Dr A. Michael Briner MBBS, FRANZCO, FRACS

Dr A. Michael Briner discusses his experience of study tours in four very different countries and why he finds these trips so rewarding.

Having attended study tours in India, China, Japan and South Africa over the last four years, I have learnt that, while each destination offers a very different experience, there are common threads, too. First and foremost, the concept – having cultural and professional visits and talks in a destination spanning both urban and rural conurbations. The contrasts in one country can be astonishing – within days you can visit a clinic lit by a single naked light bulb with peeling paint on the walls, and then a medical school that rivals the best in the world. This format gives you a much more balanced view, highlighting contrasts between the private and public sector as well as available resources due to geography.

Going on different tours also allows one to compare and contrast hospital services, registrar training, equipment, treatment of outpatients, etc. in different countries. For example, Japan has a very high ratio of ancillary staff to doctors – higher than Australia. They also often keep patients in for two days after cataract surgery as standard practice, compared to the usual day surgery in Australia. In other countries, patients are not seen the day after surgery at all but are simply contacted by ancillary medical staff. In China, a particular problem is horrific eye injuries from exploding fireworks. In India, there are extraordinary grass roots organisations that provide surgery for all castes, free of charge if necessary, which is quite literally life saving – if you can’t see, you can’t work and, because of India’s social structure, if you can’t work, you die.

Although each country is so different, we always received a warm welcome. We also came away with a much deeper understanding of the societal and cultural issues in each country. South Africa stood out because of its medical expertise, its social history, spectacular scenery and wildlife. Socially, however, it has a very different feel to, say, Japan with its impeccable manners, high levels of organisation, cleanliness and relative socio-economic homogeneity.

Another great advantage is the ability to mix with peers – both within the group and in different countries. The tours attract a range of professions, including ophthalmologists, optometrists and anaesthetists, and it’s always fascinating to compare notes.

Finally, the superb guides and the tour leaders must be mentioned. Highly respected experts in their own field, they bring not only their professional knowledge to the tours, but their humanity and (in the case of Harminder Dua) lovely poetry!

Overall, I have to say that my experience of study tours has widened my perspective immeasurably, helping me to better understand not just the eye healthcare of these countries, but also the people and cultures.

Dr Briner travelled with Jon Baines Tours. For more information about upcoming tours visit W: www.jonbainestours.com
P: +61 3 9343 6367
E: info@jonbainestours.com.au
Ground breaking discovery of 50 new gene markers that increase a person’s risk of developing glaucoma

Professor Alex Hewitt, a senior author on work recently published in *Nature Genetics* and a clinical researcher at the Menzies Institute for Medical Research and the Centre for Eye Research Australia, is one of the researchers behind a revolutionary discovery identifying over 50 new gene markers that increase a person’s risk of developing glaucoma – one of the leading causes of irreversible blindness globally. The discovery could transform the diagnosis and treatment of glaucoma.

“Our discovery is ground breaking because it could lead to earlier diagnosis and intervention and moves us one step closer to preventative treatment that could stop people from losing their sight as they age,” he explains.

This discovery is based on data from the UK Biobank; the International Glaucoma Genetics Consortium; and the Australian and New Zealand Registry of Advanced Glaucoma, which was established by Professor Jamie Craig from Flinders University and involves ophthalmologists from across Australia and New Zealand. Prof Hewitt says that research grants from organisations like ORIA have been crucial in advancing his team’s work in this area, which he hopes will be used to develop innovative treatments for glaucoma patients.

“Up until now, glaucoma treatments have focussed on reducing the pressure in the eye. This new work is important because we have identified a number of new genes that could be targeted in the development of new drugs.”

Glaucoma has long been described as ‘the sneak thief of sight’ because it is generally asymptotic in the early stages of the disease. Early treatment is vital because, once a person experiences vision loss due to glaucoma, it is impossible to reverse. “Although a predictive test for glaucoma is not available yet, our new research will dramatically improve our ability to identify people at risk of developing glaucoma and, potentially, stop the disease in its tracks. This is a really exciting time to be involved in eye research, knowing that each discovery is taking us closer and closer to eradicating preventable blindness,” says Prof Hewitt.

Professor Alex Hewitt was one of the recipients of the 2016 ORIA Grant to advance studies on using stem cells to understand glaucoma. In supporting organisations like ORIA, it’s remarkable what you can help to achieve.
What I gained from RANZCO’s Leadership Development Program (LDP)

RANZCO’s Leadership Development Program (LDP) aims to deliver a high quality, interactive and inspirational leadership program to build and develop skills for leaders in ophthalmology. For this issue of Eye2Eye, we interviewed Drs Aanchal Gupta and Rebecca Stack on what they took away from the program and why others should get involved.

Dr Aanchal Gupta

I conducted my fellowship in Vancouver, Canada where I subspecialised in cornea and refractive surgery before returning to my hometown Adelaide, where I now practice in both the public and private sectors.

Q Other than private practice, what other positions do you hold currently that rely on your ophthalmology expertise?

A I am currently a Senior Lecturer at the University of Adelaide, involved in registrar teaching, and remain in public work at the Royal Adelaide and the Queen Elizabeth Hospitals in Adelaide. I am a member of the RANZCO SA Branch Committee and I am the College CPD representative for SA.

Q What leadership roles have you assumed since graduating from the RANZCO Leadership Development Program (LDP)?

A Apart from these roles, I’ve been offered quite a few other leadership positions since completing the LDP including College Councilor, member on the corneal SIG committee and director of training. As I have a young family it can be challenging to balance time between work commitments and family. I aim to keep building my leadership skills in my current positions and follow the opportunities as they arise.

Q Why would you encourage others to take part in RANZCO’s LDP? What aspects of the LDP did you find particularly useful in building your own leadership skills?

A The RANZCO LDP is an excellent way to further oneself. It empowers you with skills that are not taught in medicine. It teaches you to be a leader and how to effectively negotiate with people – a skill needed with not just patients, but also carers, colleagues and other stakeholders involved in the health arena.

The aspect that I enjoyed the most was taking part in the Insights Discovery Workshop, where we got to assess and understand different personality types. The workshop enabled us to gauge our own and others’ strengths and weaknesses depending on which personality category we fit in to. This knowledge was used to adapt oneself to different personality types in order to improve communications. There were talks and exercises in presentation skills and negotiation skills used in disputes, conflicts, deals or transactions. We conducted a project to demonstrate our understanding of being an ophthalmic leader in making a change. This task helped build on the foundation of skills that we gained and allowed us to understand how to adapt leadership theory into practice.

Being involved with the College in leadership roles provides for a more satisfying overall career and has given me a better understanding of the “bigger picture” and other stakeholders involved in the ophthalmology environment.

Q What do you perceive as the greatest challenge(s) facing ophthalmic practice? How do you think we can overcome these?

A There are various aspects of ophthalmic practice that are challenging. Patients themselves are now more educated and have a higher level of expectation. This is an everchanging process and we are always expected to deliver more and produce better results.

Life expectancy is increasing, and as a result the prevalence of eye disease and its burden on the community is greater. This is particularly important for conditions such as AMD.

Another challenge is working out a balance between the private health insurance industry and patient Medicare rebates to balance the provision of increasingly expensive, but increasingly effective, ophthalmic care. Patients are expected to meet the shortfall and that is an ongoing challenge for the profession.

Eye care as a broad profession is becoming more and more sub-specialised so trying to continue...
to collaborate can be challenging. Patients need to be educated as to how to navigate the system and understand where to go to receive the optimal and appropriate care.

Q Who is your ideal role model and why?
A Along my journey to becoming an ophthalmologist I have met some fantastic clinicians who have significantly influenced who I am today. Someone who I idolised and who was part of my formative development was my grandfather. He was an engineer who was highly intelligent and extremely disciplined. He was meticulous in his ways and provided inspiration for me as to how I wanted to conduct myself in the future. This foundation has provided the platform for everything that I have achieved so far.

Q What is the most difficult part of being a leader and how do you lead through change?
A I think the most difficult part of being a leader is to empower and inspire people and encourage them to believe in a common vision. The important part about any vision is that it needs to have an underlying plan to achieve it. The most important part of this plan is ensuring that your team is on board. Leading through change involves making each member of the team feel valued and involving them in the goal setting and decision-making process.

Open communication and remaining calm are the key underlying skills to be a good leader. These facilitate expression of ideas and innovation within a team environment and assist in remaining focused on the long-term vision and goals.

Q What do you think are the qualities you need to be a good leader and how do you measure your own success as a leader?
A To be respectful of others and to remain calm in situations of stress; to be able to listen to others and accept criticism; and to inspire others by leading by example. Measuring your own success is through being receptive to and actively seeking feedback. Setting practical goals and being able to achieve your desired outcomes is also a measure of success.

Q Do you have any tips for up and coming leaders in ophthalmology?
A • Always work hard.
• Build quality long term relationships and networks.
• Believe in yourself.
• Understand the wider political climate and stakeholders involved in ophthalmology.
• Be an expert in it if you want to be a leader in it.
• Don’t forget what happens at ground level.

Dr Rebecca Stack

Q Can you tell us a bit about your background? How did you become involved in ophthalmology?
A I had a conservative and fairly typical middle-class upbringing in New Zealand. I achieved well at school and went on to university to study medicine. I always loved surgery, but found it wasn’t the easiest path as a woman, even during my in house surgeon years. I was aware of a desire to combine work and a family in the future. I think that influenced my decision to go into ophthalmology which looked more achievable part-time. My first ophthalmology exposure came when I worked in the plastic surgery unit at the Queen Victoria Hospital in East Grinstead, England, which houses a world-famous ophthalmology unit. Ophthalmology certainly appealed more than the plastics. When I returned to NZ to further my training, the ophthalmology department seemed to be very quiet after 4pm, which appealed after many busy surgical jobs! Of course, the hours didn’t turn out to be as good as I had hoped but the rest of the job has exceeded expectations.

Q Other than private practice, what other positions do you hold currently that rely on your ophthalmology expertise?
A I am currently the Clinical Director of the Canterbury DHB Eye Department, a member of the board of Ophthalmology NZ and a member of the RANZCO Board of Examiners for RACE.

Q What leadership roles have you assumed since graduating from the RANZCO Leadership Development Program (LDP)?
A All of the above!

Q Why would you encourage others to take part in RANZCO’s LDP? What aspects of the LDP did you find particularly useful in building your own leadership skills?
A The LDP provided an opportunity to learn more about the way that the College works. You meet many of the people involved in College leadership and become much more aware of the many opportunities there are to contribute to ophthalmology outside of clinical work. The most useful aspect of the LDP for me was the Insights personality session. I became more aware of my own personal attributes and how I may appear to others, especially on a bad day! I also learned strategies for improving relationships with people who have very different personality traits or leadership skills to me. This has been most useful for improving diversity in the groups I am part of and ensuring that everyone has a chance to be involved or heard.

Q What do you perceive as the greatest challenge(s) facing ophthalmic practice? How do you think we can overcome these?
A Continuing to provide high quality care with an increase in demand as the population ages and the possible interventions we are able to offer increase. I think we need to embrace
collaboration and look for novel ways to expand the delivery of healthcare so that it can be accessible for as many people as possible. This will apply within developed countries as well as internationally.

Q: Who is your ideal role model and why?

A: At present I admire the efforts of Jacinda Ardern, the NZ Prime Minister. I am impressed that she is leading our country as the youngest ever female leader, impressing on the world stage and I look forward to the improvements that will come for gender equality and working mothers as she negotiates a newborn with her PM schedule in the next few months.

Q: What do you think are the qualities you need to be a good leader and how do you measure your own success as a leader?

A: I think a good leader is an effective communicator – someone who is able to delegate and work collaboratively as well as develop other members of the team and help them to step up. I think you need to weather conflict and criticism and also admit when you make a mistake. Mostly, you have to have perseverance to see things through until completion even when obstacles constantly appear. You have to be able to take the team along with you and help them to see what the end goal is and how you will all get there.

I think some of my success as a leader is demonstrated by the number of further opportunities I have had to join or lead teams or boards. I think it shows in the changes and improvements I have been able to implement in the projects I have been involved in. I think it shows in the completion of some large projects as well as the improved culture and collaboration in many of the teams I work with.

Q: Do you have any tips for up and coming leaders in ophthalmology?

A: Give it a go! You probably know a lot more than you think you do. Seek out the people who will back you and support you; they will be there. Work with diverse teams where you can. Diversity of thought and experience makes a more effective team.

---

**CEO Journal**

**Increased Impact Factor for Clinical and Experimental Ophthalmology**

The editorial team of the RANZCO journal, *Clinical and Experimental Ophthalmology* (CEO), is delighted to announce that the impact factor (IF) has once again increased, from 3.000 to the new 2017 IF of 3.217. The increase in IF means that CEO remains 13th of the 59 journals listed in the Journal Citation Reports – an excellent achievement.

Clarivate Analytics publishes the annual Journal Citation Reports (JCR) to provide an evaluation of the world’s leading journals. The tool summarises citations from the journals, books, and proceedings in the Web of Science Core Collection, and helps to measure research influence and impact at the journal and category levels.

The recently released 2017 JCR include 59 journals in the field of ophthalmology, providing information on numbers of citations and impact factors. The IF is the average number of times articles from the journal published in the past two years have been cited in the JCR that year, and is arguably the most universally accepted quantitative tool used for grading journals.

The Editors, Professor Bob Casson and Associate Professor Salmaan Al-Qureshi, would like to thank the College Fellows for their contributions as Editorial Board members, authors and reviewers. The continuing increase in IF is not only a reflection of the hard work of the editorial team, but also an indication of the high standards of opthalmic research being conducted by RANZCO Fellows. Thank you for your support of the College journal.
Curriculum review update

Just over 20 years ago, under Professor Ivan Goldberg’s leadership as Censor-in-Chief, RANZCO undertook a transformation of ophthalmology training with a major restructure of the curriculum. A Fellow who took part in the process recalls: “We were asking some very fundamental questions. What was the College trying to achieve? What was the end result we wanted? How could we measure that we were achieving this? How could the assessment process, both continuous and summative, formative and summative, fit together and how did they fit in with the teaching at the various hospitals we were providing?”

The outcome was the current five-year training program, which is highly regarded nationally and internationally. A hallmark of curriculum development is constant change. We need continuous renewal to ensure that our training is still of the highest standard and reflects societal expectations, regulatory requirements and the evolution of the profession.

Although the RANZCO curriculum has been reviewed and revised over the years, two decades on, it is time for us to undertake a major spring clean. This is not just a review of content, though this is of course important. It is about taking what we already have and reforming it to better support our trainees through the Vocational Training Program (VTP).

Although much of what we will be developing is aimed at meeting accreditation conditions for AMC accreditation, this project is much more than that. We have the opportunity to be innovative in our training and assessment and to incorporate the best and latest evidence-based surgical educational practices. We are aiming for a modern training program that is fit for purpose for the next decade and beyond.

We need your input

The RANZCO training program is run by an army of volunteer educators, committed to ensuring our trainees finish training equipped for independent practice. Many Fellows are involved in education at the College as examiners and as members of curriculum committees and working groups and as clinical and surgical teachers as well. We are calling on you again, to contribute to this exciting project to ensure we have diversity of representation and views.

This project does not mean disruptive change. The outcome we are hoping to achieve is to take what we already have and make it even better. This will include making program outcomes more explicit; articulating how training works through every stage; and aligning outcomes with teaching and assessment.

The QEC has already committed to transitioning to programmatic assessment, where all assessments (exam and work-based, summative and formative) will be considered for progression decisions. Surgical training and assessment will also be strengthened, an exciting component.
of which is the use of simulation. We need to look at innovative ways to better link the basic and clinical sciences to promote deep learning.

Next steps
A curriculum workshop was held on Saturday 11 August to map out the next steps of the project. Key points of discussion included the development of an overarching curriculum framework, program outcomes, milestones and progression points. We examined ways of ensuring RANZCO’s curriculum is responsive to the changing needs of trainees, patients and the broader community. There was lively and stimulating discussion with good ideas to incorporate as we progress.

Over the next year, we will be asking Fellows, trainees and other stakeholders, including community representatives, to contribute to working groups to undertake specific sub-projects. These will include reviewing content to ensure all relevant recent developments in ophthalmology are captured.

Many hands make lighter work
This may seem like an ambitious and large project and it is, but with many people doing smaller amounts of work, the end result will be much greater than the sum of its parts. We know RANZCO’s volunteer educators are busy, at times stretched, and we are mindful that we should not ask for a significant additional time commitment. The College’s Education team is well placed to support Fellows and trainees to ensure we capture your input and translate it into a wonderful final product.

Get involved
The College is not a college without its Fellows. We are hoping for as many people who care about how our education and training happens for the next decades to be involved. If you would like to participate in the Curriculum Development Project, particularly syllabus working groups please email Education Project Officer Jaki King at curriculum@ranzco.edu

RANZCO
BULLYING, HARASSMENT & DISCRIMINATION
Survey
In 2015 RANZCO carried out a survey to understand the prevalence of bullying, harassment and discrimination in the profession. Since then, RANZCO, along with hospitals, other specialty colleges and government agencies, has been working on cultural change initiatives aimed at addressing discrimination, bullying and sexual harassment as it relates to the practice of ophthalmology.

To gauge a better understanding of the current situation, we will be sending out a similar survey shortly so please ensure you keep an eye on your emails. The new survey is aimed at helping the College understand incidence and prevalence rates as well as how you feel we are doing in pursuit of our aims. A summary of the results will be presented at RANZCO’s Annual Scientific Congress this November.
Alcohol has become ingrained in our social culture – we drink to relax, to connect with others, to drown our sorrows, to celebrate our achievements and, overall, to increase our enjoyment of life. It has become the norm to drink. And that is even more true for people in high stress professions, particularly those in high stress professions like medicine.

A survey by UK based GP magazine Pulse found that one in seven NHS GPs admit to turning to alcohol and drugs to cope with the stress of their jobs. A 2010 survey in the US found that 15 per cent of surgeons have a drinking problem, with alcohol abuse or dependency significantly more prevalent in female surgeons (25.6 per cent) than in male surgeons (13.9 per cent). This is particularly interesting when you consider that in the general population, alcohol abuse or dependency is twice as common in men as in women.

The problem is much the same here. An Australian beyondblue study of 2013 revealed that 15.5 per cent of surgeons drink at moderate risk levels and 2.3 per cent drink at high risk or harmful levels.

Research confirms what we already know: that doctors love a drink. We love our wine. We are often connoisseurs of it, and some of us even grow grapes and make wine as a hobby. One could even say that the culture of the medical profession has supported our use of alcohol to relieve our tension and stress, to reward ourselves at the end of a hard day’s work and to help us wind down and take the edge off the day.

So, as doctors who are trained to observe people and to identify when things are not going so well for them, how do we recognise problems in ourselves and in our colleagues? And what can we do when we do spot the tell-tale signs of a problem with alcohol developing?

Recognising the signs

Drinking a glass or two of good red wine at night may take the edge off our stress and tension, but it also takes the
edge off of us and prevents us from dealing with the unresolved problems that are causing us tension in the first place.

For some, these factors build up, leading to more and more tension, which often leaves us feeling like we need to resort to drinking just to cope. This can set us up in a vicious cycle of discomfort and relief, of hard work and reward, that we can find harder and harder to break free from. Before we know it, our drinking may not just be a simple pleasure, but a compelling need.

Self-reflecting and recognising that we have a problem ourselves is difficult, partly because we don’t want to acknowledge an issue exists and to lose the crutch that we feel is helping us deal with our stress. We may honestly think that we cannot live without being able to have a drink. I know I did.

The first step is being honest with ourselves.

As clinicians we are trained to observe; see yourself as you would another person, observe your behaviour and allow yourself to feel why you are making the decisions you are making.

Are we drinking to numb ourselves? Are we doing it to be sociable and fit in? Are we doing it for relief from tension and stress?

We also need to be in touch with ourselves; the intelligence of our bodies and what they are telling us.

Are we feeling good about ourselves, or not? We can end up believing we are not good enough, not lovable. It is not a weakness to admit to and feel this, but a strength that takes courage and a willingness to heal. I know that until I stopped drinking I was firmly in denial of the issues that lay beneath my desire to drink.

Is drinking a pleasure we can take or leave, or is it getting to the point where we cannot get through the day without it and we look forward to it all day?

True answers lie not just in finding other ways to relax at the end of the day, but also in learning to deal with issues we may not want to confront or feelings that make us uncomfortable. We need to find ways to deal with stress and tension as soon as it arises, rather than waiting for it to build up to the extent that we need to numb ourselves from it through unhealthy habits.

Some simple ways to deal with stress include:

- **Taking care of yourself**
  A healthy diet, plenty of exercise and a good night’s sleep all help us to not only be physically ready to deal with stressful situations, but to actually enjoy life again.

- **Reconnecting with yourself**
  Meditation and yoga are great ways to reconnect with yourself and relieve stress and tension. For ideas, see https://tomedicinewithlove.com/.

- **Taking a break**
  If you are getting stressed, give yourself a bit of a break from the situation. This can mean stepping out of the room for five minutes and getting some fresh air, but it can also mean making sure you take a relaxing holiday every now and again. There is more to life than work.

- **Talking to someone**
  As the old saying goes, a problem shared is a problem halved. And it might just be true. Sometimes speaking to someone helps us to put our problems in context and allows us to get advice and reassurance. We are not designed to live life alone; we are all in this together, to help each other.

- **Learning to appreciate yourself**
  We all put so much pressure on ourselves to be perfect at all times, we often don’t appreciate our own worth...
Find an Orthoptist is a brand new website, available to help you find an Orthoptist - longterm, locum or urgently. It allows you to advertise directly to Orthoptists through the website & social media platforms, like Facebook in a simple & effective way. It also offers an unique service of “Find urgently” when your usual Orthoptist is unable to work the same day, next day or for any random day ahead. Visit www.findanorthoptist.com.au, email: info@findanorthoptist.com.au or call 0466 319 287

20 Health and Wellbeing

and focus too much on external achievements. Instead of looking outside yourself for affirmation, learn to appreciate yourself for who you are. By appreciating and taking care of ourselves, we are more able to care for others. This restores our sense of purpose in life and renews our commitment to the great work that we do.

If you feel like your drinking may be a problem, it probably is. It can be very difficult to deal with this on your own, but you don’t have to.

In practical terms, there are places to go to seek help.

- **Speak to your friends and family** about how you are feeling.
- **Seek help from a doctor** – if you don’t feel comfortable seeing your own family doctor, there are other avenues available (see below for information on mandatory reporting).
- **Contact the RANZCO Employee Assistance Program** – free for all members and their immediate families. To make an appointment or to speak with a RANZCO Support Program Consultant call 1300 687 327 (AU) or 0800 666 367 (NZ).
- **Health support services:**
  - Australia and New Zealand - Doctors’ Health Advisory Service (DHAS)
  - International - Check the government website of the country you are in to find support.
  - Australia: The Alcohol and Drug Foundation – call 1300 85 85 74, email druginfo@adf.org.au or browse online at https://adf.org.au.drug-facts/
  - New Zealand: alcohol drug helpline – call 0800 787 797 or browse resources online at https://alcoholdrughelp.org.nz/helpline/resources/

Mandatory reporting

Doctors are often justifiably concerned about seeking help from other doctors if they may be required to report what we tell them. However, it is important for us all to understand what mandatory reporting actually means. Health practitioners are only required to report behaviour when they have “reasonable belief” of “notifiable conduct”. Notifiable conduct includes practising while intoxicated or actions that have placed the public at risk of substantial harm because the practitioner has an impairment or actions that have placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Being intoxicated outside of the practice of your profession does not constitute a notifiable conduct, unless it causes another ground for notification.

This means that if the doctor you see has no reason to believe that you have practised while intoxicated, placed the public at risk of harm because of an impairment or because you have significantly departed from accepted professional standards, they are not required to notify the medical board that you have or might have a drinking problem. Also, as opposed to the rest of the country, in Western Australia, a treating practitioner is not required to report notifiable conduct. In New Zealand, it is mandatory for doctors to notify the Medical Council of New Zealand if their own fitness or that of a colleague’s is in doubt under the Practitioners Competence Assurance Act 2003 (HPCAA).
Replacing assumptions with measurements.

ZEISS IOLMaster 700 with TK

With **Total Keratometry (TK®)** the IOLMaster® 700 from ZEISS now allows you to directly measure the posterior corneal surface using SWEPT Source OCT technology.

- **Two exclusive new formulas:** Barrett TK Universal II and Barrett TK Toric
- **Can be used in existing IOL calculation formulas** – no need for a second device, third-party software or an online calculator
- **Existing IOLMaster 700 can be upgraded**

ZEISS
Ph: 1300 365 470
def.au@zeiss.com

For more information: [www.zeiss.com/iolmaster700](http://www.zeiss.com/iolmaster700)
The year is racing away from us and that means it is racing toward Congress! RANZCO’s 50th Annual Congress will be held in Adelaide from 17-21 November 2018.

Congress starts on Sunday morning and will wrap up at noon on Wednesday 21 November. If you’re involved with committees or taking advantage of the array of additional meetings, you might head to Adelaide as early as Friday 16 November. The International Development Workshop runs all day Friday and is always highly sought after. The daylong event showcases RANZCO’s approach to sustainable international development and includes a range of speakers discussing capacity building initiatives in developing countries. The workshop is open to all Fellows and, if you are thinking about volunteering in the future, it would be well worth your time to attend.

On Saturday there are a range of additional meetings, with most offering extra CPD points. The ASO is running an Advocacy and Practice Skills Workshop focusing on the challenges and opportunities facing ophthalmologists in the changing health environment. RANZCO is also running a professional development session which will be covering off some important topics including succession planning, data breaches and legislation, financial health checks and more. If you’re a registrar, then Registrars’ Club is for you; this year we have gathered feedback from the Trainee Representative Group and Younger Fellows’ Group to ensure the half-day meeting is providing sessions appropriately targeted to trainees. It will include interactive sessions on Medicare and billing, information on overseas fellowships and how to pursue a career in research. Surf Life Saving South Australia will be running CPR refresher courses and the Australian Orthoptic Nurses Association (AONA) conference will also be in full swing.

The first social event kicks off on Saturday evening with a short coach ride out to Adelaide Zoo for the Welcome Reception where you will get to mingle with colleagues and friends. We will be officially welcomed by local Indigenous people and joined by the Hon Stephen Wade, South...
Australian Minister for Health and Wellbeing. There will be an opportunity to meet some of the zoo’s residents at the drinks; they will be stopping by to welcome guests to the Sanctuary venue space. There will be ample canapés and wine at the event, which will wrap up in time for you to explore Adelaide’s vibrant nightlife and enjoy a meal at one of Adelaide’s amazing restaurants.

The Scientific Program Committee has spent some time choosing the best sessions to keep the comprehensive general ophthalmologist up to date. We encourage you to closely review the program and to read the abstracts; available on the Wiley Blackwell site; http://ranzcoabstracts.com/

Once the Congress App is launched, you can build your own schedule by selecting the sessions you wish to attend. The biggest change to the program this year is the earlier timing of the Graduation and Awards Ceremony (6pm) followed by the President's Reception. This is an important night for our newest Fellows and we encourage everyone to attend. The College will also be recognising several award winners at the ceremony. The ceremony will take place onsite at the Adelaide Convention Centre and will be followed by canapés and drinks. Again, the event has been planned to allow for a late reservation at one of Adelaide’s many fine dining venues.

The Scientific Program Committee has spent significant time developing an exciting selection of sessions and we encourage you to stay for the duration of the meeting. Tuesday night features the Congress Dinner at the Adelaide Cricket Ground in the renowned Ian McLachlan Dining Room with pre-drinks onsite at the David Hookes Terrace Bar. Wednesday morning includes a joint symposium by the Australian and New Zealand Cornea Society (ANZCS) and the Cornea Society (USA) highlighting common corneal challenges for the general ophthalmologist, the Glaucoma Update Lecture from Dr Marlene Moster and the Dame Ida Mann Memorial Lecture from Dr Russell Van Gelder.

We look forward to seeing you all there!

Dr Christine Younan  
Chair, Program Scientific Committee 
Dr Neil Gehling  
Congress Convenor

Invited Speakers

Named Lectures
Council Lecture  
Prof Stephanie Watson  
Save Sight Institute, University of Sydney  
Sir Norman Gregg Lecture  
Prof Robyn Gymer  
Centre for Eye Research Australia  
Dame Ida Mann Lecture  
Dr Russell Van Gelder  
UW Medicine Eye Institute  
Fred Hollows Lecture  
A/Prof Angus Turner  
Lions Outback Vision/Lions Eye Institute

Update Lectures
Glaucoma Update  
Dr Marlene Moster  
Wills Eye Hospital  
Retina Update  
Prof Giovanni Staurenghi  
University of Milan  
Cataract Update  
Dr Ramin Salouti  
Salouti Eye Clinic  
Cornea Update  
Dr Bradley Randleman  
University of Southern California  
Uveitis Update  
Dr Russell Van Gelder  
UW Medicine Eye Institute

Visit the official event website now so you can view the full program and make plans to maximise your Congress experience: http://www.ranzco2018.com/
silicone buckle around the eye, exposing the muscles in order to fix a detachment. Everything was in living colour, and there was immediate gratification on his part knowing he closed the break. I thought that was the coolest thing ever and decided right then and there that ophthalmology was for me!

Q: You’ve been at the forefront of glaucoma research for many years. Will you be sharing any new techniques, methods or treatments for glaucoma management during your presentation?

A: During the Congress I hope to share some improvements in surgical techniques I have come up with for MIGS surgeries.

Q: What do you consider your greatest achievement?

A: Being able to balance career, a household and family. Since we only “go around” once, my philosophy is to try to get it right the first time since life is not a dress rehearsal.

Q: What is one thing that you have learned over the course of your career that you would like to share with us?

A: To always be kind, and treat people, regardless of their walk of life, as you would like to be treated.

Q: What inspires you to continue to work in this field?

A: My fellows. They are young and enthusiastic and have an insatiable thirst for knowledge. I particularly enjoy teaching them to do glaucoma surgery. When they first start in July, I have a saying in the operating room: “You might as well take down the clock, and put up the calendar!”

Q: Can you tell us something about yourself that most people don’t know?

A: I was the first person in my family to go to college. I was a waitress all through college in order to pay for it. I met Mark Moster while taking the MCAT which is the exam to apply to medical school. He drove me to all my interviews – we were accepted to three medical schools then matched in the same cities for internship, residencies, fellowships and then jobs. We now have three married children and four grandchildren. It has been quite the ride!

Cataract Update Lecture

Dr Ramin Salouti was appointed a Professor of Ophthalmology in 1994 at Shiraz University of Medical Science, and now is head of the Cataract, Cornea, and Refractive Surgery Department at Shiraz University of Medical Sciences. He is founder and chief of the Ordibehesht Femtosecond and Refractive Surgery Department.

He founded the Salouti Eye Clinic in 2004. Dr Salouti earned his MD from Shiraz University, where he was honoured as the top medical student in Iran, and placed first in the Iranian ophthalmology board examination. His corneal fellowship was completed at Shiraz University of Medical Sciences and also in Melbourne (Royal Victorian Eye and Ear Hospital). He achieved first place in ICO examinations in the world. He spent a year working in Melbourne as a corneal fellow in 2002-2003. He has addressed many clinical research issues in keratoconus (KCN), corneal dystrophy, corneal infection, corneal imaging, corneal biomechanics, refractive surgery, biometry, and phakic IOLs.

Dr Salouti is a pioneer in the field of phacoemulsification and corneal surgery and has trained many ophthalmologists and corneal fellows. His clinical practice interests include DALK, performing thousands of surgeries since 2002. Since 2010, he has worked on several hundred cases of Femto-enabled DALK.

---

**Marlene Moster MD**

**Glaucoma Update Lecture**

Marlene Moster MD is an attending glaucoma surgeon at Wills Eye Hospital and Professor of Ophthalmology at Thomas Jefferson University School of Medicine in Philadelphia. Her research interests include pharmacologic advancements in the treatment of glaucoma and surgical interventions to minimise risk and improve outcomes of glaucoma surgery, with particular interest in newer devices.

Dr Moster has authored over 100 peer reviewed publications, many chapters in ophthalmology textbooks and has edited a book on anaesthesia in ophthalmology.

She is committed to teaching and has trained hundreds of residents and 109 clinical fellows. She has served on the Glaucoma Clinical Committee for the American Society of Cataract and Refractive Surgery (ASCRS) and the board of the American Glaucoma Society (AGS).

Dr Moster has featured in the Best Doctors in America list and was named as one of the top doctors in the Philadelphia area by Philadelphia Magazine for many years. She has been invited to lecture nationally and internationally on surgical and medical treatment of glaucoma, including named lectures at the AGS and ASCRS.

Q: Why did you study medicine and ophthalmology specifically?

A: While in college, my cousin (a retinologist at Mount Sinai Hospital in New York City) invited me to the operating room to observe him do retinal detachment surgery. The room was dark, a concerto was playing and I watched in amazement as he placed a
**Q** Can you tell us about the work/research you’re involved in?

**A** Our clinic (Salouti Eye Clinic) has been equipped with cornea, cataract and refractive surgery paraclinical ophthalmic tests.

Our main research is focused on DALK and femto-enabled keratoplasty on keratoconus patients. Another one of our research interests is in data mining for keratoconus screening with pentacam (45,000 cases) and corvis (15,000 cases), epithelial thickness map profile (5,000 cases) for new index or valuable indices to detect subclinical KCN.

We are also involved in research on different types of corneal dystrophy. Research on genetics of KCN in our populations is important and will report a new fantastic sign in lens for detection of KCN based on future genetics assay.

**Q** What prompted you to specialise in phacoemulsification and corneal surgery and what are some recent breakthroughs in these areas?

**A** Recently I have been using a femtomachine (VICTUS) with multi-potential facility in cornea and cataract surgery. So, I have been using femto-cataract in my phacoemulsification practice especially in premium IOL. Particularly, I have used the Verion machine for toric IOL implantation. I am going to set a new approach for hyperopic treatment with implantation of artificial bioengineering collagen based in to predetermined depth of cornea with femtosecond. I have been studying about pachymetric guided femtosecond laser deep lamellar keratoplasty in keratoconus and will get a patent for that.

**Q** What are you looking forward to most at RANZCO’s Congress this year? Are there any speakers that you’re excited to hear from?

**A** I would like to present my experience in Deep Lamellar Keratoplasty in keratoconus patients and compare results in two groups of patients using manual versus femtosecond methods.

**Q** How has your work contributed to your field of expertise and what are some of your most ground-breaking findings/innovations?

**A** I have a lot of experience with keratoconus patients regarding the proper clinical approach and treatment. My clinic is also a referral centre to cover these patients. So, we have a large pool of keratoconus patients with other diseases. Recently, we found a new gene in keratoconus patients in collaboration with a US ophthalmologist and genetic scientist; which is published in IVOS Journal as TSCI Mutations in Keratoconus Patients With or Without Tuberous Sclerosis.

**Q** Why do you think it is important for ophthalmologists to attend events like RANZCO’s 50th Annual Scientific Congress?

**A** This year’s RANZCO Congress, like other international congresses, covers different categories of ophthalmology and increases our level of knowledge as ophthalmologists. It’s an important event to attend as it will inform us on new advances in ophthalmology and also provide opportunities for sharing our valuable experience and expertise in ophthalmology and its subspecialties.

**Q** What do you see as the most eminent accomplishment in your career?

**A** I think one of the most important factors for learning and innovating are our own patients. Respecting them and doing the best for them is one of the major accomplishments of my career. In order to do the best for our patients, I believe taking part in major ophthalmic meetings to familiarise ourselves with new advances in all branches of ophthalmology is important.

Events such as this are emerging to prompt our own projects, prepare for research and help us to develop more innovative treatments for our patients.

**Q** Can you tell us something about yourself that most people don’t know?

**A** First of all, I love my family and humanity, which is why I do what I do. Our aim is to prevent and treat blindness. Knowledge and research helps us to know and eliminate any cause of visual disturbance.

I like travelling and visiting new places and exploring new cultures and ideas.

Visiting new places and meeting new people broadens our understanding of the world and encourages us to love humanity. All nations are the same and a peaceful world, I believe, is the ultimate desire of every one of us – to see the beauty of life more and create a world filled with love.
graduate student, he developed the amplified RNA technique used in almost all gene expression profiling experiments. In the field of non-visual photoreception, his laboratory has made a number of seminal discoveries.

Dr Van Gelder has published over 150 papers and book chapters. He has won numerous awards for his research, including the Research to Prevent Blindness Career Development Award, the Translational Scientist Award of the Burroughs-Wellcome Foundation, the Heed-Gutman award of the Heed Foundation, and an ‘Audacious Goals’ award of the National Eye Institute. He was the 2017 recipient of the Bressler Prize of the Lighthouse Guild. He has given over 20 named lectures and over 100 invited talks.

Dr Van Gelder is past Associate Editor of IOVS and serves on the editorial board of Ophthalmology. In the US, he served as President of the American Academy of Ophthalmology in 2015, having previously served as chair of the AAO Council. He currently serves on the National Advisory Eye Council of the NEI. He is also past president of the American Uveitis Society and President of the Association of University Professors of Ophthalmology.

Prior to moving to the University of Washington, he held the Bernard Becker Professorship at Washington University. Since 2008, Dr Van Gelder has been the Boyd K. Bucey Memorial Chair, professor and chair of the Department of Ophthalmology at University of Washington in Seattle, where he also serves as Founding Director of both the UW Medicine Eye Institute and the University of Washington Vision Science Center.

Q: What prompted you to specialise in uveitis and what are some recent, interesting discoveries in this area?
A: Largely serendipity. My department chair when I was a resident, Dr Henry Kaplan, was and is a uveitis specialist, and invited me to do a fellowship with him. Once I was introduced to the field I realised how much I enjoyed practicing in this subspecialty. It is an exciting time in the field, with the introduction of new diagnostic modalities (including molecular diagnostics, an area my lab is most interested in), and new therapeutics, particularly the biologic drugs. Immunology research is burgeoning and many of the insights of this field are directly relevant to uveitis.

Q: You’re presenting both the Dame Ida Mann Lecture and the Uveitis Update Lecture at RANZCO’s 50th Annual Scientific Congress, can you give us a sneak peek of your presentations? What will be the key takeaways from your two presentations?
A: The Ida Mann Lecture will be Progress toward pharmacologic vision restoration in outer retinal blindness. In this lecture I will discuss our work with small azobenzene photoswitchable potassium channel blockers, which have the ability to functionally convert photoreceptive cells in the retina, such as the retinal ganglion cells, into photoreceptors. I will also discuss some of our work in deciphering the visual code of the retina. For the Uveitis Update Lecture, I will cover Lessons from deep sequencing in ocular inflammatory disease, in which I will discuss progress in understanding ocular infections and uveitis using the technology of next generation or deep DNA sequencing. Both talks are very translational and should have appeal to practitioners and scientists alike.

Q: Tell us a little bit more about the work/research you’re involved in?
A: My lab works in four general areas: non-visual photoreception, vision restoration in retinal degeneration via small molecules, molecular diagnostics for ocular infectious and inflammatory disease, and animal models of ocular inflammatory diseases. I am fortunate to have a great lab which is doing excellent work in all of these areas.

Q: What do you see as the most eminent accomplishment in your career?
A: Eminent is a strong word – I don’t know that I’ve done anything to earn that appellation. In terms of the work I’m most proud of, this is like choosing your favourite child – I’m proud of most of the work my lab has done. I think we’ve shed a great deal of light (no pun intended) on non-visual photoreception which will have implications for many years in the future. Should our vision restoration work prove clinically fruitful, this will positively impact many lives in the future.

Q: In 2015 you served as the President of the American Academy of Ophthalmology, can you tell us about your experiences as the President of the world’s largest association of eye physicians and surgeons? What was the main highlight?
A: It was a singular honour to serve as President of the AAO in 2015. The AAO is a remarkable organisation, responsible for more ophthalmology education and advocacy than any other organisation in the world. It is a remarkably effective and well-run organisation. I think the main highlight of my time in AAO leadership was meeting and working with so many remarkable fellow ophthalmologists who share my passion and commitment for helping our patients with vision-threatening disease.

Q: Why would you encourage others to get involved in clinical research?
A: It is said that insanity is doing the same thing over and over again and expecting different results. We still have limited treatments for our patients with ocular inflammatory diseases, and very few cures. Without clinical research, we will not move the needle. I would hate to think that 100 years from now we will be treating our patients as we do today.

Q: What innovations do you hope to see in ophthalmology in the next 10 years?
A: Broadly, the three advances I would like to see are:

i. vision restoration in outer retinal blindness, whether by small molecule, gene therapy or stem cell therapy;

ii. a drug that slows or stops dry macular degeneration; and

iii. a drug that truly neuroprotects from glaucoma.
Tell us an interesting fact about yourself.

My father was a curator of mammals at the American Museum of Natural History in New York. Our family spent one summer living in a rondoval (a mud hut) in Mozambique when my dad was studying nyala there. More locally, my sister is a naturalised Kiwi (she lives in Glenorchy on the South Island) so I have blood ties to Australasia.

Is there anything else you’d like to share with our readers?

I would like to thank the RANZCO leadership for this once-in-a-lifetime opportunity to visit Australia and meet many new colleagues. I very much look forward to visiting in November.

What inspired you to become an ophthalmologist?

I liked the fine intricate surgery and the fact that it was vision that we were trying to save, a clearly important bodily function. I also liked the fact that within ophthalmology you could work across age groups, in various countries and with other specialities to diagnose rare systemic diseases. As it turns out, I overwhelmingly treat people over 50 years old, have done no ophthalmic surgery for the last 20 years and have concentrated on one disease that doesn’t involve a multi-discipline team. It goes to show that you shouldn’t overthink career direction.

You’re presenting the Sir Norman Gregg Lecture at RANZCO’s 50th Annual Scientific Congress, can you give us a preview of your lecture? What can we expect to hear about?

Most of my career has been spent trying to understand and treat age-related macular degeneration, so my lecture will be on AMD. I am looking forward to sharing with colleagues where our research has led us in terms of understanding possible pathogenic mechanisms involved in AMD – in the results of the multi-centred randomised clinical trial of the Ellex nanosecond laser in intermediate AMD and in our contribution to describing early biomarkers that can be used when designing new intervention trials in AMD. I often get opportunities to present our work overseas but not so often to the home crowd, so the Sir Normal Gregg Lecture will be a great opportunity to share our work.

You were recently acknowledged for your significant contribution to ophthalmology in the 2018 Queen’s Birthday Honours List by being made a Member of the Order of Australia (AM); can you tell us how you celebrated?

My family surprised me with a lovely necklace and we went out to dinner as a family. I will take my team out for a nice lunch after the award ceremony to thank them for all their hard work which contributed to this award.

You’ve done some incredible work in the field of age-related macular degeneration as a clinician, academic and researcher. Can you tell us a bit about some of your recent breakthroughs?

When I started working in AMD, just over 20 years ago, there really was very little to offer patients – indeed it was depressing as a clinician to manage, but as a research field it was wide open. To be involved in the initial pivotal studies of anti-VEGF treatment for neovascular AMD and see the transformative outcomes was an amazing moment for all in ophthalmology. To be actively participating in trials that have led to treatments that have more than halved the rate of legal blindness in less than a decade from AMD is a once in a career event that not many other specialities have experienced. To lead the first in the world, large clinical trial of the Ellex nanosecond laser, from inception to completion, was a huge learning exercise and a mammoth challenge. But, working so closely with a team of committed clinical researchers and basic scientists, each with their own area of expertise, was a wonderful experience and, in the end, has advanced our understanding of AMD pathogenesis and clinical trial design and potentially offers an intervention. Working internationally to get consensus on the nomenclature used to describe AMD phenotypes, both clinically and with the new multi-modal imaging information, has been, and continues to be, a very important endeavour and often required more hours in the
air travelling to workshops than the actual workshop itself. However, it is critical that we get this consensus to enable the international community of researchers and industry to work together on answering important remaining questions.

Q Can you tell us about some of the challenges you’ve faced during your career and how have you overcome these?

A Like all researchers it is funding to keep the team employed to carry on with our research which remains a constant challenge. The concern that I may not have enough research funds to keep loyal, hard-working staff employed is the worst aspect of a career in research. We, as clinicians, have the luxury of being able to go into clinical practice if things don’t work out, but that is not the case for career scientists. The best chance of success is to surround yourself with people who are smarter than yourself and I have found that easy to do.

At home, when the children were growing up, I wanted to go to everything they had on and I had a rule that I didn’t work when they were awake. This meant I didn’t always get things done as quickly as people wanted me to and I didn’t put my hand up to do things that perhaps I should have. However, having made the rules for myself, based on my priorities, I just did what I could and didn’t stress that I couldn’t put in the hours I was used to doing. The sky didn’t fall in and now, with both kids at university, I can volunteer to get involved in a few more discretionary work activities.

Q Why do you think it is important for ophthalmologists to attend events like RANZCO’s 50th Annual Scientific Congress? What have you gained from attending past Congresses?

A The best thing about any conference is meeting up with colleagues you haven’t seen for a while. It’s great to have time out from busy hectic lives and be reinvigorated about how interesting ophthalmology is and how privileged we are to work in vision health. Along the way, I guess it is always good to learn something new, or at least to check in that what you are doing is what the general consensus seems to be.

Q What are you looking forward to most at RANZCO’s Congress this year? Are there any speakers that you’re excited to hear from?

A I’m looking forward to giving my talks as I love presenting and having time to sit and talk to colleagues over coffee. Being a part of the 50th Annual Scientific Congress is special and I am looking forward to hearing from Prof Giovanni Staurenghi, who I know well. He is a very engaging and enthusiastic presenter. When I had my dud hip in February, Giovanni organised a horse drawn sleigh to get me through the snow when I attended one of his meetings. I have to think of a fitting gesture in return.

What not to miss at this year’s Congress
- Professor Stephanie Watson, Chair, ORIA

This year at the RANZCO Congress, I will make sure not to miss:

1. The ORIA Plenary session
   Sunday 18 November, 9am
   This year clinicians will be updated on advances in ophthalmology by RANZCO Fellows and key scientists. A highlight will be the lecture by Emeritus Prof Keryn Williams who was recently honoured with the Companion of the Order of Australia (AC) for her work on the Australian Corneal Graft Registry. A/Prof Andrea Vincent will unravel inherited retinal dystrophies, Dr Raymond Wong will present his progress on an atlas for retinal genes, followed by Prof Jamie Craig who will highlight new ways to determine glaucoma progression. The session will close with A/Prof Penny Allen giving an update on the bionic eye.

2. Plenary Best Paper Presentations
   Monday 19 November, 8:30am
   This session is a showcase of the best papers submitted by RANZCO Fellows to the conference. I always find it interesting and I am sure this year will be no different. The challenge is to pick the winners of the Gerard Crock and John Parr trophies.

3. Symposium: What to expect when your patient is expecting: The effect of pregnancy on the eye
   Sunday 18 November, 1:30pm
   The pregnant patient can be a challenge in everyday practise. This novel symposium will provide a practical overview of key ophthalmological issues during pregnancy. Clinicians will be updated on refractive error changes, diabetic retinopathy, uveitis and a guide to safe prescribing.

4. The ‘Named’ Lectures
   The Council, Fred Hollows, Norman McAllister Gregg, and Dame Ida Mann Memorial Lectures are always not to be missed. The lectures feature a substantial body of work by a RANZCO Fellow or scientist and are always interesting. I will definitely be there as I am honoured to have been selected to give the Council Lecture!

5. Symposium: From Discovery to Therapy in Genetic Eye Diseases
   Monday 19 November, 3:30pm
   In this symposium Professor David Mackey will host a journey from the lab to the bedside. Gene therapies are fast approaching the clinic and awareness of their potential is increasing. I am hoping that this session will allow me to better answer those tricky patient questions on genes.
Top five reasons why you should attend this year’s Congress in Adelaide

1. Keep up to date with the latest advancements in ophthalmology and eye healthcare
   RANZCO’s 50th Annual Scientific Congress is shaping up to be one of the most exciting yet! With an impressive line-up of local and international speakers planned, there will be ample opportunity to hear about the latest in a range of different ophthalmic topics.

2. Stay connected with industry and keep in the know on emerging products and technologies
   Innovation and change are an exciting constant in the eye health industry. The best way to stay informed is to chat directly with our great sponsors and exhibitors and get updates on new and upcoming products, equipment and technologies.

3. Meet up with new colleagues and catch up with old friends
   It is not every day that there is such a great opportunity to see so many of your colleagues in one place. This year we are planning some extraordinary social events which will be the perfect chance for you to catch up with old friends and meet new people over some of the best food and drinks in the country. Be sure to sign up for as many social activities as possible to make the most of your time in Adelaide.

4. Expand your knowledge and personal development while updating your CPD journal
   While you’re at Congress, be sure to take advantage of the opportunity to upskill and gain valuable knowledge to add to your ophthalmic repertoire. We have a number of CPD accredited courses available for you to choose from.

5. Celebrate the success and achievements of your colleagues at the Graduation and Awards Ceremony and President’s Reception
   Join us in celebrating the hard work of newly graduated Fellows and the remarkable achievements of your colleagues by coming along to the Graduation and Awards Ceremony and President’s Reception.
Top five Adelaide restaurants to visit on a Sunday night

1. **Orana**
   Named Australia’s Restaurant of the Year by Gourmet Traveller in 2017, you can’t beat Orana for an unforgettable meal while you’re in town. Orana offers an exquisite yet relaxed dining experience that celebrates the varied history and identity of Australian food by bringing native ingredients to the forefront of modern Australian cuisine. Drawing on over 16 years of experience exploring Australian land, produce, people and history, Chef and Owner Jock Zonfrillo tells a fascinating story of Australian food and history through his unique menu.
   Address: 1/285 Rundle St, Adelaide

2. **Osteria Oggi**
   Osteria Oggi is a sophisticated and modern Italian restaurant that serves food designed to be shared. The restaurant offers a bright and cozy setting, serving fresh seasonal produce and pasta that is made in-house daily. It has received a number of prestigious awards; not only for its delectable modern Italian menu but also for its incredible Italian piazza interior – it has been recognised as having the world’s best restaurant interior. Recently, the restaurant has also received a ‘hat’ in the first national Good Food Guide 2018.
   Address: 76 Pirie St, Adelaide SA 5000

3. **Shōbōsho**
   Touted as one of the best eating venues in Adelaide, Shobosho is sure to deliver a unique Japanese dining experience. Drawing on Japanese and Korean influences, the new restaurant is known for its yakitori (Japanese skewered chicken grilled over coals) and fire cooking where Head Chef Adam Liston combines smoke, steam, and fire to cook a range of delectable north Asian dishes – you’ll find everything on the menu from nori jams to charcoal salt cured meats and fish.
   Address: 17 Leigh St Adelaide

4. **Africola**
   Africola is a bright and vibrant African restaurant that offers delicious smoked meats, African-inspired grilled vegetables, flatbread, pickles and natural wine. With north African dishes that are bursting with flavours and a lively atmosphere, a dining experience at Africola is sure to delight.
   Address: 4 East Terrace, Adelaide

5. **Concubine**
   Concubine is a beautiful award-winning Chinese restaurant that dishes up tantalising modern Asian food, with a fusion of exotic flavours from China, Thailand and Malaysia. Concubine’s exciting menu is based on fresh seasonal produce, showcasing the best of South Australia’s food scene. The restaurant offers a relaxed and warm atmosphere – perfect to catch up with friends (old and new) while indulging in some great food and wine.
   Address: 132 Gouger St, Adelaide
Top five tourist attractions to check out while in town

1. **Botanic Gardens**
   A trip to Adelaide isn’t complete without visiting the Botanic Gardens of South Australia. Take in the glorious sights of this green oasis which is only a short walk from the Adelaide CBD. Spend an hour or two exploring over 50 hectares of magnificently maintained gardens with plants from all over Australia and across the world, as well as the stunning architecture.
   Address: North Terrace, Adelaide

2. **Tandanya National Aboriginal Cultural Institute**
   The oldest Aboriginal-owned and managed multi-arts centre in Australia, this renowned venue is free to enter and houses a striking visual arts gallery, shop and a 147-seat theatre. Make sure you take an opportunity to explore Tandanya National Aboriginal Cultural Institute and experience contemporary and traditional Aboriginal and Torres Strait Islander culture through visual art, music and storytelling.
   Address: 253 Grenfell St, Adelaide

3. **National Wine Centre of Australia**
   Discover everything you need to know about the fascinating world of wine at the National Wine Centre of Australia. Make sure you check out the self-guided Wine Discovery Journey which is a state-of-the-art, award-winning interactive wine experience that examines everything from the winemaking process to the pleasure of drinking fine Australian wine. The centre offers a complimentary daily tour of the Wine Discovery Journey, held at 11:30am.
   Address: Corner of Botanic & Hackney Roads Adelaide

4. **Rundle Mall**
   Shop until you drop at Adelaide’s premier retail destination and social hub. With over 1,000 retailers and services, Rundle Mall is sure to delight with the ultimate shopping experience.
   Location: Rundle Mall is located in the north-eastern corner of the Adelaide Central Business District.

5. **Haigh’s Chocolates Visitor Centre**
   Every chocoholic’s dream – Australia’s largest chocolate shop! At 150 square metres, Haigh’s Chocolates Visitor Centre will not disappoint with every kind of sweet treat you can imagine on offer. Here, you can enjoy special chocolate tastings, discover the secrets to making some of Australia’s finest chocolate and explore the history of Australia’s oldest chocolate manufacturer, Haigh’s.
   Address: 154 Greenhill Road, Parkside

*Pictures on pages 30-31 are courtesy of: Restaurant Orana and Bistro Blackwood, Food and Wine Collective, Andre Castellucci, South Australian Tourism Commission and Victoria Alexandra Pantazis*
About the program

**Sunday 18 November**
- Australian Health Industry Group (AHIG)
  - Three sessions covering human resource and management related topics
- Cutcher & Neale
  - Practice accounting and financial service related topic
- WIN Consulting
  - What’s most important, what is success, and the secret to it!
- Panel Discussion with delegates
  - The road to practice accreditation through the eyes of practice managers
  - Your survey, your results!

**Monday 19 November**
- Keynote speaker: Mr Brett Miller (AAPM Practice Manager of the Year 2017)
  - Motivating my team for the year ahead
- Mawson Lakes Healthcare
  - Benchmarking and KPIs: quantifying improvements in your healthcare setting
- Interite Healthcare Interiors
  - The flow of your practice
- Avant Mutual Group
  - Data breach and privacy law reform
- Practice Hub
  - Update on practice accreditation: maintaining your system
- Inservio
  - Medical marketing basics
- Medicare Advisory Committee
  - Question and answer time with delegates
- Zeiss Australia
  - Topic around quality technology used at your practice

**Tuesday 20 November**
- Mrs Colleen Sullivan
  - Customer service and working with different generations
- Baxter Healthcare Pty Ltd
  - Environmental sustainability in healthcare
- Australian Association of Practice Management (AAPM)
  - High performing practices: the 10 pillars of practice management
- Macular Disease Foundation Australia
  - Partnership model for holistic patient care
- Macular Degeneration New Zealand
  - What’s new in 2018?
- Australian Society of Ophthalmology (ASO)
  - Update on medico political 2018
- RANZCO
  - Update on RANZCO NUCLEUS program
- Nexus Hospital
  - Roundtable discussion with delegates on improving your practice’s bottom line

Registration, full conference details and updates can be found on the Practice Managers’ page of the 2018 RANZCO Congress website: http://ranzco2018.com/practice-managers-conference/

Join RANZCO today!
If you are a practice manager who is interested in joining RANZCO, we encourage you to contact RANZCO at ranzco@ranzco.edu or +61 2 9690 1001 to obtain an application form, or for further information. The annual membership fee is A$390 plus A$80 joining fee (GST exclusive) and entitles members to concession rates to the annual Practice Managers’ Conference, access to RANZCO resources, regular RANZCO correspondence and many more perks!
Breaking down the barriers to gender equality

Employer of Choice for Gender Equality (EOCGE) citations are awarded by the Workplace Gender Equality Agency (WEGA), an Australian Government agency created by the Workplace Gender Equality Act 2012, to acknowledge employer commitment and best practice in promoting gender equality in Australian workplaces.

In early 2018, Johnson & Johnson (J&J) Family of Companies in Australia received a 2017-18 Employer of Choice for Gender Equality (EOCGE) citation for its commitment to improving gender equality and building an inclusive workplace. As part of this commitment, J&J will be supporting RANZCO’s Women in Ophthalmology (WiO) group this year, including sponsoring the WiO lunchtime symposium at the upcoming RANZCO Congress in Adelaide.

To receive the citation from WGEA, J&J had to demonstrate its gender equality practices across a number of key areas, including leadership; learning and development; gender remuneration gaps; flexible working and other initiatives to support family responsibilities; employee consultation; preventing sex-based harassment and discrimination; and targets improving gender equality outcomes.

Over the years, J&J has implemented several initiatives to support gender equality in the workplace, including:

- an enhanced parental leave policy supporting 14 weeks paid leave for birth mothers, 8 weeks paid bonding leave for partners and 8 weeks paid adoption leave for adoptive parents;
- flexible working practices, coupled with extensive leave options;
- practices that encourage gender equality in succession planning and learning and development programs;
- supporting employees experiencing domestic and family violence, with access to paid leave;
- reviews and strategies to help ensure equal opportunity in compensation, hiring, development, and advancement;
- attracting and retaining diverse talent; and
- building inclusive leadership competencies.

The WGEA Director, Libby Lyons, praised the company’s innovative thinking and highlighted that its progress in this area was one of the reasons it received the EOCGE citation in 2017-18.

“This year, I am particularly delighted to see some of the innovative and exciting initiatives by our EOCGE citation holders on such issues as flexibility, paid parental leave, supporting women in leadership and addressing gender pay gaps,’ said Ms Lyons.

Sue Martin is Managing Director of Johnson & Johnson Medical Devices Australia and New Zealand and is the Asia-Pacific leader of Johnson & Johnson's Women's Leadership and Inclusion Employee Network. In this role, Ms Martin collaborates with country leaders to not only grow awareness but also to advocate for real change and inclusion of women in leadership. Supporting groups like WIO is part of J&J’s wider campaign to promote women in leadership roles in the health sector.

“We believe that building a culture of inclusion and innovation needs to be intentional,” said Ms Martin. “As an organisation, we represent the market in which we work and operate, in relation to age, gender, race, religion, sexual preference, disability and nationality. With a focus on diversity and inclusion, we must ensure that we embed a culture that not only treats everyone equally, but actively seeks input from all. Doing this will lead to more robust dialogue, smarter decisions and, ultimately, sustainable growth in the short and long term.”
Advocating for safer use of over the counter chloramphenicol

In the context of broader public health debate around the overuse of antibiotics and given that RANZCO opposed the rescheduling of chloramphenicol-containing eye drops to OTC in 2010, the RANZCO Therapeutics Committee decided to develop a position statement on chloramphenicol to ensure a best-practice, evidence-based approach for its use. Expert consensus among ophthalmologists acknowledges the important role of chloramphenicol in the management of bacterial conjunctivitis and in the setting of minor corneal trauma. Recommended use of OTC chloramphenicol comes with a warning from the manufacturer about the potential harms in the presence of ‘red flag’ risk factors for bacterial conjunctivitis. Factors include photophobia, severe eye pain, reduced vision and contact lens wear.

The aims of the position statement are:

- to outline the efficacy and risks associated with OTC use of chloramphenicol in the presence of ‘red flag’ risk factors and when a patient is treated by non-ophthalmic health professionals; and
- to highlight the role of chloramphenicol as a barrier to accurate diagnosis and as a contributor to the broader public health problem of antibiotic resistance.

Red flag risk factors

The position statement highlights several ‘red flag’ risk factors for microbial keratitis, cautioning that the risks are heightened when the patient has not been seen by an ophthalmologist, as the drug can mask symptoms of more serious conditions. It is unknown to what extent pharmacists screen for ‘red flag’ symptoms. A 2016 study published in Clinical and Experimental Ophthalmology found that, despite risk factors for microbial keratitis, non-ophthalmic health professionals had recommended the use of chloramphenicol for ocular symptoms presenting in these patients. Negative impacts included delayed presentations to ophthalmologists and obscured bacterial keratitis test results. Anecdotally, clinical experts report cases of epithelial toxicity due to overuse of OTC chloramphenicol.

Stakeholder engagement

In 2017 a working group led by Professor Stephanie Watson consulted with the Australia and New Zealand Cornea Society (ANZCS), the RANZCO New Zealand Branch, and the RANZCO Therapeutics and Public Health Committees. Once the different perspectives were incorporated, the position statement was disseminated to the Therapeutics and Public Health Committees. The outcome of this stakeholder engagement process was endorsement by the RANZCO Board on 26 May 2018. As optometrists play a role in raising awareness of the risks associated with chloramphenicol use among the patient population, RANZCO engaged with Optometry Australia as an external stakeholder.

Advocacy Strategy

In the absence of published evidence (hard data), it was decided not to advocate for rescheduling chloramphenicol to prescription only. The justification for this position was that there is insufficient evidence published to date:

- specifically, for chloramphenicol resistance; and
- for rescheduling the drug – this would require large data studies of mis- or delayed diagnosis with use of chloramphenicol (e.g. prescribed by primary healthcare workers) prior to OTC listing compared to after OTC listing, as well as evidence of increased resistance.
However, it was agreed that this position paper can serve as an advocacy platform raising awareness of the potential harms associated with non-directed use of chloramphenicol, while outlining the potential risks to patients. It is anticipated that the statement will raise awareness among Fellows of the risks associated with OTC chloramphenicol use, particularly when optometrists and GPs recommend OTC use without an ophthalmologist consultation. Further, as ophthalmologists report adverse events to the Therapeutic Goods Administration (TGA), the case for more stringent criteria for prescribing ophthalmic antibiotics will be strengthened. It is anticipated that Keratitis Antimicrobial Resistance Surveillance Program (KARSP) data currently awaiting publication will provide further evidence to support a call for rescheduling, based on increased resistance and delayed presentation.


THE GLAUCOMAS
Managing Chronic Ophthalmic Disease in Low Resource Settings
INTERNATIONAL DEVELOPMENT WORKSHOP
in collaboration with ANZGS
Friday 16 November 2018 Adelaide Convention Centre
With a vile temper, acid tongue and marked esotropia, she had a stellar career as a bone setter in England prior to the development of orthopaedics. The obvious squint in her eye was her trademark. At that time the first inklings of the cause of strabismus were being promulgated. The famous Hogarth cartoon The Company of Undertakers depicts Sally Mapp at the top and the charlatan James Taylor on the lower right.

James Taylor thought the cause of strabismus was related to the motor nerves in the orbit rather than a central issue. To effect a “cure” he would incise the conjunctiva of the squinting eye and patch the fellow eye. The bloodied eye would take up fixation as long as the patch remained. He would then collect a handsome fee and make haste out of town before his ruse was discovered. Karl Koller

Eye surgery prior to anaesthesia often involved a lot of wine and a good headlock. Karl Koller was a house surgeon at the Vienna General Hospital who, in concert with psychoanalyst Sigmund Freud, found the anaesthetic properties of cocaine. Topical application of cocaine and later injectable derivatives enabled surgery under local anaesthesia.

**Novocaine crucible**

This allowed tenotomy and later muscle resection to be undertaken without undue haste. Migrating to New York, he received many distinctions – he was even nicknamed “Coca Koller” because of his association with cocaine.

_The history of strabismus and surgery will feature at the RANZCO Museum exhibit at RANZCO’s 50th Annual Scientific Congress in Adelaide._

**Dr David Kaufman**
Curator, RANZCO Museum

---

Mrs Mapp or, as she was known in early 18th century England, Crazy Sally Mapp, the bone setter

_The Company of Undertakers_

Congress 2018 – Senior and Retired Fellows’ Lunch Talks

**When:**
Sunday 18 November – Tuesday 20 November 2018

**Where:**
Senior and Retired Fellows’ Lounge, Exhibition Trade Hall Adelaide Exhibition and Convention Centre

Enjoy complimentary tea and coffee while catching up with colleagues. You can also view posters or explore the RANZCO Museum within the hall, and take your meal to the lounge for presentations.

**Schedule:**
- **Sunday 18 November at 12.30pm**
  Dr Mark Perks – _The avian eye_
- **Monday 19 November at 1.00pm**
  Dr David Kaufman & Prof John Crompton – _Prominent historical and contemporary personalities with strabismus_
- **Tuesday 20 November at 1.00pm**
  A/Prof Jim Gehling – _Ediacara fossils_
Transform your practice operations with PracticeHub

PracticeHub allows you to:

1. Communicate changes effectively to practice team members.
2. Manage compliance related tasks and team responsibilities.
3. Facilitate team training and development to ensure highest operational standards are maintained.
4. Receive notifications on significant legislation changes impacting your practice, to ensure necessary actions are taken.
5. Store and easily access key practice information securely.

Run a better, safer practice with PracticeHub

New Task Management module, launching in October, will make PracticeHub even better

Task Management builds on PracticeHub’s core functionality. The new module offers additional tools that support collaboration and management of the day-to-day tasks, keeping your team accountable and making sure tasks don’t fall through the cracks.

Want to know more? Visit the Avant stand at the RANZCO Annual Scientific Congress on 17-21 November or go to practicehub.com.au to book a demonstration and get a sneak preview now.

Special offer to RANZCO members

✓ Receive up to $300 off your first year’s subscription, if you purchase PracticeHub’s core product and the NEW Task Management module before 30 November 2018*, plus
✓ All Avant members receive an ongoing discount of an additional $200 off your annual subscription fee**.

Contact us to book a demonstration:

1300 96 86 36
practicehub.com.au

*The offer applies to the first years’ subscription cost of PracticeHub. The discount of $300.00 applies if the core PracticeHub module is purchased in conjunction with Task Management module, when purchased before 30 November 2018. The offer is only available to new PracticeHub customers. We reserve the right to change the offer conditions at any time. **The offer applies to the ongoing annual subscription cost, and excludes the initial set-up costs of PracticeHub.
When Dr Peter Cooper started his career, he had his sights set on becoming a general practitioner in regional Australia. But, as a young doctor, his work in a rural hospital in Kenya would change the course of his life. It was there that he would gain experience across several disciplines, including ophthalmology, igniting a passion for improving eye health in some of the world’s most impoverished communities.

Member Profile:
Dr Peter Cooper
“It was my experience in Kenya that led me to pursue ophthalmology and focus on international development. When I became aware of the great health disparities between western and developing countries and saw the lives of the people there, I knew this was what I wanted to do.

On the weekends, I was sometimes the only doctor working in a 250-bed hospital. On my first weekend I had eight people die under my care. This, sadly, wasn’t uncommon; and it was very challenging. It really opened my eyes to a whole different world of medicine and life – commonly there were shortages of medicine, delays in treatment and a lot of deaths."

“There was a stark contrast between what’s available to people in developing countries and those in the west. It became clear that doing something for people in developing countries could make a huge, huge difference to their lives. It was a year in Africa where my future was determined,” he recalls.

Since then, Dr Cooper has gone on to carry out some remarkable work in international development.

He has dedicated much of his professional life to addressing the eye healthcare needs of disadvantaged communities in rural Australia, Israel, Laos, Myanmar, the Pacific Islands and Cambodia through service delivery and capacity building initiatives.

Over the past decade, he has been instrumental in building sustainable ophthalmic education and improving eye care in developing countries in the Asia Pacific region. He has undertaken roles in teaching, mentoring and curriculum development – all in a volunteer capacity. He has also helped develop training programs in Fiji and Cambodia to empower local ophthalmologists with the skills and knowledge they need to practice independently.

For over 20 years, Dr Cooper has also worked in Mt Barker, a small country town near Adelaide, as well as at the Queen Elizabeth and the Women’s and Children’s Hospitals in Adelaide.

While Dr Cooper spent much of his early career in international development carrying out clinical work on the ground, he has discovered that the key to reducing health inequalities in developing countries lies in building a competent workforce locally. He says training local specialists has a lasting impact and should not be underestimated.

“Initially, I was involved in the Pacific Eye Project, which was run through the Royal Australian College of Surgeons (RACS). This was a large project that delivered ophthalmic services to the Pacific Islands. With other RANZCO Fellows (Drs Nick Karunaratne and Marc Gimblett) I visited Vanuatu each year, for a number of years, and worked with local ophthalmologists. We predominantly did cataract surgery.

“Doing the surgery was certainly very rewarding, but we subsequently changed our ideas about what is most effective in developing countries. We now know that teaching and passing on skills is actually the most effective and long lasting thing we can do,” he explains.

“One of the main highlights of being involved in education programs is seeing graduates, people that I’ve taught regularly over several years, working as ophthalmologists in hospitals and seeing them use knowledge that I’ve passed on to them. Realising that this knowledge will stay within the hospitals and within a country’s ophthalmology curriculum forever – that’s the biggest reward. Also, it’s amazing to see the level of knowledge of trainees improving every year and the standard of care in these hospitals progressively increasing. For example, in Cambodia, some of the current first year trainees are now more knowledgeable than the third year trainees of several years ago.”

Dr Cooper considers his teaching work in Cambodia as one of his major achievements. Cambodia had one of the lowest number of eye specialists per capita in the world, and an ophthalmology training program still in its infancy. It is also one of the poorest countries in Asia with the lowest levels of literacy and life expectancy in the region.
“The most useful thing was when I got involved in the Ophthalmology Resident Training Program in Cambodia which started in 2007. Prior to that, there was no training program for ophthalmologists in Cambodia at all – there were only nine ophthalmologists for a population of about 15 million people. So obviously they weren’t catered for.”

Dr Cooper stresses that the shift from service delivery to training is well justified. He has seen firsthand how training local doctors has helped build a more sustainable and autonomous eye health system in countries like Cambodia, which is gradually moving away from a reliance on international visiting ophthalmology teams.

“This program was specifically designed to be educational, that is to create a training program so Cambodians would be trained to be ophthalmologists. This was a completely different philosophy than just going there and carrying out cataract surgery. In the long term, this was far more beneficial because now there is a training program in Cambodia and approximately 34 ophthalmologists who have graduated from the program, and they’re all working in Cambodia, providing full time services to the local Cambodians.”

“I was involved in the program from the early stages. I taught paediatric ophthalmology, and there were several other RANZCO members who went across regularly (Drs Laurie Sullivan, Celia Chen and John Downie) – with usually about eight of us (RANZCO members) going over each year to teach for a week at a time. It was a combined program with RANZCO, the Fred Hollows Foundation, local ophthalmologists and a Dutch aid agency called the Eye Care Foundation.”

“To see the improvement that is happening there – to see the training program develop and see the people who are taught, graduate and become ophthalmologists – was very, very rewarding. To know that I was contributing and doing my bit to achieve that was very fulfilling.”

Dr Cooper says that one of the most rewarding aspects of teaching in these countries is that the local doctors are eager to learn and develop their skills.

“RANZCO’s involved in curriculum development, teaching and examining. I personally enjoy teaching and it’s the best environment to be teaching in because they’re committed to learning and they’re incredibly grateful,” he says.

“The final phase of helping the Cambodian Ophthalmology Residents Training Scheme to become fully independent and sustainable is currently underway. Several of the recent graduates have won scholarships to do subspecialty fellowship training in more developed countries such as Thailand and Australia. All these fellows have either started teaching or have committed to teach in the Residents Training Program on their return to Cambodia. In a few years the training program will be run entirely by Cambodians and will no longer be in need of RANZCO members. This will be a major achievement.”

The challenges and rewards

It’s no surprise that working in foreign countries can be difficult, but Dr Cooper says the rewards far outweigh the challenges and urges other ophthalmologists to get involved.

“The downsides are very small compared to the upside. The downsides I guess are more organisational – in that you have to be able to get time off from work for a bit, so you have to plan your time off with your colleagues. There’s also a small financial cost because you don’t get paid to go. If you have kids and you leave your family behind, then that’s an issue because you need
to organise childminding and things like that. But for me, those downsides are trivial compared to all the excitement of going to new places, providing much needed care and developing good relationships with the locals. If you keep going back to the same place, you develop a bond with the local ophthalmologists and trainees. They’re very, very appreciative and keen to work with you because they can see the benefits.

“The potential impact you could make is incredible – we underestimate how much a given amount of effort can change things. We all work in the west and if any one of us was to stop working, there are other services available and somebody else would take on the job. In many ways, we’re not essential. But if you can provide care in developing countries, it’s either you do it or nobody else does. You’re providing care that, otherwise, wouldn’t happen. What you’re putting in is far more beneficial and satisfying.”

In recognition of Dr Peter Cooper’s enormous contribution to eye health in developing countries over the years, he is the recipient of RANZCO’s 2018 Service to International Development Award.

Celebrate with Dr Cooper at this year’s Graduation and Awards Ceremony and President’s Reception, which will be held on Sunday 18 November at the Adelaide Convention Centre during Congress. For the full Congress program, please visit http://www.ranzco2018.com/preliminary-program/

Some tips on international development work from Dr Cooper

Get involved

“Get involved in aid work because it is probably the most satisfying and long-lasting thing you can do in your whole career! You also get to see fascinating places, exposure to different cultures and the opportunity to try exotic food. You get enormous feedback from the local doctors and patients who are far more grateful than, say, Australian patients.

I’ve recently retired and the thing I’ve found hardest to give up is my involvement with overseas aid work. In many ways that has been the most meaningful thing to me, so I would encourage ophthalmologists to get involved in overseas aid work if they can. It’s incredibly rewarding and enriching to see the fruits of your labour and the remarkable difference you can make.”

Teach rather than do

“My advice to anyone looking to get involved in the international development space is: teach rather than do clinical work. You can go and do cataract surgery and you can solve the problems for the patients you see. But, if you can teach, then that one person you teach can go on to treat thousands of people throughout their whole working careers. While teaching is harder to do, it has long-lasting effects and is far more beneficial. It’s the one of the most important things I’ve learnt.”

Get your family involved

“If you’re going to do international development work, take your family with you if you can. My wife and kids came along with me to Vanuatu and Cambodia a couple of times. My wife worked with me one year doing anaesthetics. She always encouraged me to take the kids because they actually get to see both worlds too – they become aware of the differences when they go to developing countries and the experience makes them appreciate what they have. It makes them more aware of the realities in the world and encourages them to give back. In fact, my eldest son now does a lot of volunteer work, with refugees and also with Lifeline.”
A Newcastle (ophthalmology) story

Dr Robert Griffits

For many years, RANZCO workforce studies, as well as data mined by governments, have indicated a maldistribution of ophthalmologists in Australia. There is a concentration of eye doctors in the capital cities, and an undersupply in the regional and rural areas. There are a number of reasons behind this phenomenon, but the analysis of most of these factors is another story. This is a personal account, and an opinionated one at that!
So how did a boy almost completely raised and educated in Sydney end up practicing ophthalmology in Newcastle? Well, I found Newcastle long before I found ophthalmology.

After completing six years of medical school, I had no burning career ambitions, and certainly no desire to bury my head and return to hit the books. The demands of the intern and later RMO hospital work was enough, and my non-working hours were about getting on with life.

Other events also transpired. In a stroke of academic genius, the planning experts at both the University of New South Wales and the University of Sydney decided that they would both shorten their medical courses from six to five years in exactly the same year, which meant that 800 rather 400 people would have to find intern jobs in the one year. The more senior RMO jobs were correspondingly cut. So, I found myself working in a permanent evening shift in the accident and emergency (A&E) department in one of Sydney's district hospitals. I actually really enjoyed the A&E work but staying there until someone gave me a gold watch sometime in the distant future was not my desired career path.

Then I saw the job advert for a position working as a doctor in an area of occupational medicine in the NSW coal mining industry in Newcastle. The prospect of getting paid twice as much for working half as much also had certain appeal.

But the clincher was the prospect of being able to live at Lake Macquarie, which adjoins Newcastle. I have been a keen sailor since the age of 10 and as Nathan Outteridge, a dual Olympic sailing medallist, would later remark “the two best sailing venues in the world are Lake Garda in Italy and Lake Macquarie”.

So, a new direction, home and career began.

How did ophthalmology fit in to this story? That was a slow and considered evolution.

My undergraduate ophthalmology was next to zilch. I vaguely recall a few lectures in which glaucoma and pilocarpine may have been mentioned.

Some bloke with a beard, a leather coat, of slightly unkept appearance, who smoked a pipe and spoke in a gravelly, rough voice had turned up to give some of those lectures. At first, I thought that he was a plumber who was having trouble finding the plumbing, but I was informed that he was indeed the Professor of Ophthalmology.

The ophthalmology tutorials that were supposed to happen at my particular teaching hospital were for some reason cancelled, or they may have clashed with a beautiful day in Sydney.

I started to develop a little interest in ophthalmology as an intern in the A&E department on secondment to the Nepean District Hospital.

There were plenty of foreign bodies, red eyes and ophthalmology things that I had absolutely no idea about. The local ophthalmologists were very supportive, and that slit lamp device was very interesting, and a truly amazing piece of precision engineering excellence.

I enjoyed the nuances and the attention to detail required to examine the eye, even though my eye knowledge was rudimentary and my skill set in its infancy.

It was in the Nepean A&E department that I witnessed my most amazing ophthalmic diagnostic feat ever. It was not the work of an ophthalmologist, registrar, or even an RMO. It was the work of one of my fellow interns, who we will call Kym, because that is his name.

Kym was the product of the teaching hospital where the bearded, gravel voiced, leather coated professor alluded to above gave ophthalmology tutorials. Kym had obviously not just turned up to tutorials, but he must have listened intently. He indeed proved to be quite a dab hand and eye with direct ophthalmoscope. And he was also not afraid to use those pupils dilating eye drops.

It was during a late Saturday afternoon session in Nepean “cas” that Kym would leave his mark, perhaps his finest hour in the whole of that secondment. A young man came in complaining of blurred vision. Kym correctly checked the acuity, including with the pin hole, and figured that there was problem there, Houston. Wielding the ophthalmoscope with a true consultant-like finesse, he detected some red and white spots in the retina. Kym had also been listening during the lectures, and he knew the differential diagnosis of Rothe spots. Unfortunately for the patient, Kym’s preliminary diagnosis proved to be correct, for the full blood count taken that afternoon came back as consistent with leukaemia.

Interest in ophthalmology laid reasonably dormant in me for several years but was gradually rekindled with what came along sporadically in my work, as well as the result of preparing lectures to give at Kurri Kurri Technical College.

I decided that another career change was in order, and really after having a bit of a rest, it seemed that heading back to hit the books was a reasonable price to pay in order to obtain a career that would be much more satisfying to me.

The fork in the career path came down to either ophthalmology or anaesthetics. Sometimes in life we end up making the correct choice, even for the wrong reasons: ophthalmology training at that time was four years, and anaesthetics was five.

At the time the unaccredited ophthalmology registrar at the Royal Newcastle Hospital was studying towards the Part One Examination, and we teamed up to study together. It was a bit like the proverbial “blind leading the blind”, as we were studying in isolation from the much better resourced and informed study groups in the larger cities. We had a list of books to read, and that was about it.

Some months later our study group expanded to three. Our new study buddy came to us somewhat psychologically battered: he had apparently experienced a roasting after telling the Head of the Surgical Department that he no longer wished to be a surgical trainee, and that he wished to pursue a career in ophthalmology. I guess that some things are just in the genes, for Craig’s father was a bit of a legend in ophthalmology circles. Apparently, the name Donaldson had the prominence of a sacred sight at the Sydney Eye Hospital. To be continued…

This is the first in a series of articles documenting Dr Robert Griffiths’ experiences in ophthalmology.
As part of the redevelopment of the National Safety and Quality Health Service (NSQHS) Standards and in preparation for the release of version two, the Australian Commission has advised that as the NSQHS Standards have been specifically developed for the Australian context only; New Zealand practices can no longer be accredited against these standards. Southern Cross has confirmed that New Zealand practices must be certified against the New Zealand standards to meet the requirements of the affiliated provider scheme.

These standards are:
- NZS 8164:2005 Day-stay surgery and procedures
- NZS 8165:2005 Rooms/Office based surgery and procedures

The Professional Standards Committee is currently in the developmental stages of creating NUCLEUS Australia and NUCLEUS New Zealand. NUCLEUS Australia is currently being developed to meet the requirements of the second edition of the NSQHS standards. The NSQHS second edition has been developed to address gaps that were identified in the first edition. The second edition streamlines standards and actions, making them clearer and easier for implementation. There are now eight standards and 148 actions of the NSQHS, as opposed to the initial 10 Standards and 256 actions found in the first edition. Approximately 65 per cent of actions in the second edition correlate directly with actions from the first edition. Similar or related actions have been merged to simplify compliance and reduce duplication. New content has also been added to incorporate standards for mental health and cognitive impairment, health literacy, end-of-life care and Aboriginal and Torres Strait Islander health. Version two of NUCLEUS Australia will be launched at RANZCO’s Congress in November, however, assessment against the updated standards will not commence until 1 January 2019.

NUCLEUS New Zealand will be equivalent to the Australian version and will include a handbook, workbooks for the standards with advice specific to the ophthalmology context, templates and RANZCO resources. NUCLEUS New Zealand will also be launched at the upcoming RANZCO Congress in November. We can confirm that there are currently two groups in New Zealand that provide certification against the standards mentioned above: the DAA Group and HDANZ. As with NUCLEUS Australia, RANZCO will not be aligning with either provider. It will be at the discretion of individual practices to choose who to seek certification through.

---

NUCLEUS Update:
New Zealand standards coming soon!

---

We are seeking a general ophthalmologist with a long term view to join our dynamic practice located in one of the most pristine coastal holiday destinations in NSW. Offering excellent remuneration, independence and flexibility, this position offers a brilliant work/life balance.

Call or email Dr Geoff Whitehouse via the practice manager at Email: sandra@forstereyesurgery.com.au
Phone: +61 2 6555 5669
The RANZCO Communications team is responsible for raising public awareness about important eye healthcare topics, promoting ophthalmologists as leaders of collaborative eye care and engaging with government on key policy issues that impact the profession and patients.

Media

We have dedicated this section to keeping you updated on the different ways in which RANZCO is engaging with the media and using our social media platforms to raise awareness about important eye health and industry related topics. Continue reading below for this quarter's media highlights. If you would like to read the full media releases you can access them on the RANZCO website in the Media Centre: https://ranzco.edu/media-and-advocacy/media-centre

Mega clinics to help clear eye appointment backlog at CM Health

Earlier this year, RANZCO's New Zealand Branch, in conjunction with Counties Manukau Health, ran a series of eye care “mega-clinics” to help clear waiting lists for high-risk patients in the district. RANZCO will continue to work with the NZ Government to ensure that more permanent solutions will be put in place nationally.

RANZCO AMD Management Guidelines launched across New Zealand

In May this year, RANZCO announced the launch of the RANZCO Age-related Macular Degeneration (AMD) Management Guidelines across New Zealand. The guidelines provide an evidence-based resource for optometrists, GPs and other health care professionals that outlines referral and treatment best practice for managing the care of patients with, or suspected of having, AMD.

Eye care patient cards to spark more informed conversation between patients and eye care professionals

RANZCO and the New Zealand Association of Optometrists launched the Choosing Wisely Patient Card in May 2018. The patient card is inspired by Choosing Wisely, an initiative which aims to reduce the use of unnecessary or unevienced medical tests and procedures. Choosing Wisely recognises that not all tests or procedures are helpful for all patients and therefore encourages constructive conversations between patients and health professionals in making decisions. The aim of the Choosing Wisely Patient Card is to help patients feel more comfortable and informed when having conversations with their eye health care professional about their own eye care.

Don’t fly blind when considering stem cell treatments for eyes, say experts

In June 2018, RANZCO and Stem Cells Australia joined forces to launch a patient information resource for people considering stem cell treatments for eye conditions. Stem Cells for Eyesight is an informative patient resource that provides a useful summary of the joint position statement on the role of stem cells in treating eye disease. This resource provides patients with important information about newly emerging stem cell treatments for eye sight.

Community members helping shape the future of eye care

RANZCO is actively involving community members in the updated development of their robust ophthalmology training program and made a call out earlier this year encouraging individuals to apply. Patients, health workers, educators and other experienced community members were invited to represent the community’s voice on a newly formed panel which will be discussing areas of change for eye health.

Social Media

JulEYE 2018

The newly formed RANZCO committee the Australian and New Zealand Eye Foundation (ANZEF) celebrated its first JulEYE since being established. Throughout July, ANZEF shared inspirational stories across RANZCO’s social media pages about the great work that past grant recipients have accomplished. You can read blogs from A/Prof Andrea Vincent, Alice Pébay, Prof Trevor Sherwin and Prof Alex Hewitt on how research grants helped them to advance work in their respective fields on the RANZCO website.

NAIDOC Week

Another exciting highlight of RANZCO’s social media activities this quarter was celebrating NAIDOC week. NAIDOC week offers an important opportunity to celebrate Aboriginal and Torres Strait Islander culture, resilience and achievements. This year’s theme, Because of her – we can!, celebrates the inspiring contributions Aboriginal and Torres Strait Islander women make to benefit communities and Australia as a whole. RANZCO staff member Guy Gillor wrote two great blog pieces that can be found on the RANZCO Blog.

Communications snapshot

1 July 2017 to 30 June 2018

18 media releases

119M potential reach in the media

21 RANZCO blogs

1224* Facebook followers

1253* Twitter followers

*As at Thursday 9 August 2018
Tasmania
Chair
A/Prof Paul McCartney
Hon Secretary
Dr Andrew Traill
Hon Treasurer
Dr Andrew Jones

The RANZCO Tasmania Branch was pleased to welcome over 70 attendees to our annual meeting which was held at the Hotel Grand Chancellor on 23 – 24 June 2018.

The theme for this year’s meeting was *Cornea Unplugged: Cornea and its Diseases for the Comprehensive Ophthalmologist* with attendees travelling from all over Australia to listen to a series of informative lectures from leading experts in the field.

The branch would like to thank Drs Chameen Samarawickrama, Elsie Chan, Robin Abell and Associate Professor Mark Daniell for taking the time to participate in this year’s meeting and for their respective contributions.

Delegates also enjoyed hearing from colleagues in a dynamic Challenging cases and Audit Session. Topics included case series of subretinal lenticular material and Case report of severe acute anterior chamber inflammation leading to formation of hypopyon following corneal instillation of cyanoacrylate adhesive. Selected presentations and abstracts from the meeting are now available via the meeting webpage.

The scientific program was complemented by several social events that took place during the meeting. Attendees were honoured to be hosted by Her Excellency Professor the Honourable Kate Warner, AC, Governor of Tasmania at a private welcome function on the Friday evening, while the meeting dinner was regarded as a highlight for all who attended. A Younger Fellows’ networking event was also held during the meeting.

Delegates also took advantage of professional development activities regarding risk management and media training conducted by MDA National and the RANZCO Communications team respectively.

Hobart’s mid-winter festival, Dark Mofo, provided a unique backdrop to the meeting allowing attendees to experience one of Australia’s premier arts and cultural festivals and take full advantage of the long weekend.

The meeting was very well attended by industry sponsors and we would like to extend our thanks for their ongoing support.

The branch and organising committee would finally like to thank all delegates who attended this year’s meeting. The 2019 meeting will be held on Saturday 22 – Sunday 23 June and we invite all Fellows and their partners to join us for what promises to be an excellent scientific and social opportunity. This will be a joint meeting of the branch with the Australian & New Zealand Society of Ophthalmic Plastic Surgeons (ANZSOPS).

A/Prof Paul McCartney
Chair, RANZCO Tasmania Branch
The 2018 Queensland Branch meeting was once again an extremely popular event with excellent scientific input. All areas of controversial cataract, cornea and anterior segment disease were covered and international speakers gave their frontline opinions in their respective fields. For the second year in a row the Queensland Branch ran a GP educational morning as part of its program with another great GP turnout this year.

The 2018 Australian Society of Cataract and Refractive Surgeons’ (AUSCRS) Conference will take place from 17-20 October 2018. The event will be held at the magnificent Peppers Resort in Noosa, Queensland and cataract and refractive surgeons can look forward to a very full program of innovative talks. Noosa will be the perfect backdrop to the meeting, boasting fantastic weather and plenty of beach attractions.

I was hoping to report on the Queensland Workforce Summit meeting, however this has now been postponed and will hopefully be rescheduled for September this year.

The Queensland Branch will be presenting to the Medical Board of Australia with regards to vexatious claims regarding medical Fellows. This is a significant area of concern and is an area that needs much higher prominence for ongoing management. The local Queensland Branch Council has been prominent in the guidance for further protocol management of this difficult area.

Queensland looks forward to welcoming all the RANZCO Fellows who will be attending the scientific meetings over the next few months.

Dr Stephen Godfrey,
Chair, RANZCO Qld Branch

As all states move into the busy end of the year, South Australia prepares to welcome the entire RANZCO membership and beyond to Adelaide for RANZCO’s Congress this year.

Although I cannot reveal the identity of the invited opening speaker, we are thrilled that this inspirational Australian has agreed to speak and we trust the organising committee will be in agreement.

We are also excited that the SA committee has elected to hold the 2019 SA Branch Annual Scientific Meeting in Darwin. The last time we ventured into NT it was 2005. That meeting remains our most successful meeting in terms of delegates. No doubt fuelled by glorious weather in July. The date and venue are soon to be released and once again Seed Events will oversee the logistics.

We welcome the national QEC’s decision to mandate surgical simulators for all training posts. The evidence is clear that the complication rate at the hands of trainees is much reduced by its implementation. We now face the daunting process of finding funding for this expensive equipment.

Although the two largest public ophthalmology departments have a big question mark over their future location, neither is confident that negotiations have alleviated uncertainty.

Dr Mark Chehade,
Chair, RANZCO SA Branch
New South Wales

Chair
Dr Robert Griffits
Vice Chair
Dr Diana Farlow
Hon Secretary
Dr Alina Zelovich
Hon Treasurer
Dr Nisha Sachdev
Country Vice Chairperson
Dr Neale Mulligan

The 2018 NSW Branch Annual Scientific Meeting (ASM) was held in March and was generally well received. The conference accounting is complete, and the event has returned a positive balance, adding further to the robust financial health of the NSW Branch.

Planning is well underway for the 2019 ASM. The theme of this meeting is Ophthalmology: What’s on and over the horizon and it will look at what developments are happening, or likely to happen, and their likely effect on the scope and practice of our craft group. The meeting will be held in Sydney at the Hyatt Regency Hotel on 16 and 17 March. This will fall on a Saturday and Sunday, a move away from our more traditional Friday and Saturday meeting. Special thanks to the Victoria Branch which kindly arranged to change the dates of its ASM when it became apparent that both events were scheduled for the same weekend.

While organising the ASM is the core activity of the branch, we are also strongly committed to assisting the funding of Australian ophthalmic research. We continue to do this through grants to ORIA, and we also look at other projects that may combine scientific and strategic values, which differ subtly from pure research.

A number of members of the committee are involved in the development and roll out of artificial intelligence diabetic screening in general practice and public hospitals. This is very much a work in progress and is designed to significantly improve that huge number of Australian diabetics who at present are not adequately screened, to help stop them falling through the cracks. It will also strengthen and enhance the traditional relationships between ophthalmology and our other medical colleagues.

A thank you to branch members and registrars who gave time to man the RANZCO stand at the AMA careers conference for junior doctors on the June Queen’s Birthday long weekend. Dr Alina Zelovich was particularly effective in rallying the troops on a weekend when most people have got a great deal of other activities planned.

The NSW Minister for Health, Mr Brad Hazzard, convened a meeting for 27 August to discuss some proposed initiatives to deal with cataract waiting lists in NSW. The NSW Branch was well represented at this meeting, some by virtue of their role on the NSW Branch Executive, and others as heads of ophthalmology departments in public hospitals.

Dr Robert Griffits
Chair, RANZCO NSW Branch

Western Australia

Chair
Dr Nigel Morlet
Hon Secretary
Dr David Delahunty
Hon Treasurer
Dr Tom Cunneen

After more than 20 years we returned to Broome for the WA Branch Meeting in May. The stimulating program was enjoyed by all, with many WA Fellows giving their pearls of wisdom over a wide range of topics. We had a fantastic contribution from our visiting speakers Drs Stephanie Young and Lawrence Sullivan exploring ocular inflammation and international development issues. The location allowed for observing Broome’s spectacular sunsets at our evening functions which was well lubricated by the local ginger beer.

The visit to the Kimberly allowed me to meet with Paul Hope from Nyamba Buru Yawuru who is coordinating the development of a new health campus in Broome. It is hoped that the Lions Outback Vision eye clinics will be co-located there, allowing not only for a continuous presence in town, but the possibility of the establishment of much needed rural registrar training positions, improving ophthalmic capacity and service overall.

Infrastructure is only a part of the capacity need in the north west, so our mission is to establish recurrent funding to provide for local ongoing ophthalmic services. Modelling suggests we need 2.5 FTE ophthalmic consultants to service the Pilbara and Kimberly adequately. For this we are actively canvassing the health department to engage in planning to match recurrent funds to the proposed infrastructure spend.

Our next branch meeting will be held in Albany on 17 and 18 May next year. We are delighted that among the invited speakers so far, Dr Bob Griffits, NSW Branch Chair, will be a visiting speaker.

In the meantime we have the Pathology Imaging meeting scheduled for Friday 7 September where the focus will be on melanoma, as there are a number of fast changing developments in the diagnosis and management of this troublesome condition. Next year, we also have the inter-hospitals meeting in March, which will be hosted by Fremantle Hospital.

Dr Nigel Morlet,
Chair, RANZCO WA Branch
ANZGS

ANZGS, Glaucoma Australia, ASO and RANZCO have come together in support of standalone MIGS devices for our glaucoma patients. An MSAC application was made in late May this year in an expedited process with the support of the Health Minister Greg Hunt. At this stage, we are waiting to hear the results of the submission.

The RANZCO Annual Scientific Congress will be in Adelaide this year and the invited glaucoma speaker is Dr Marlene Moster from Wills Eye Hospital. Dr Moster is an attending glaucoma surgeon at Wills Eye Hospital and Professor of Ophthalmology at Thomas Jefferson University School of Medicine in Philadelphia. She has many interests including newer glaucoma surgical devices and we look forward to her insights. Our RANZCO alumni Dr Stephen Best and Professor Helen Danesh-Meyer both trained at Wills Eye Hospital.

The 8th World Glaucoma Congress (WGC) will be held at the Convention Centre in Melbourne next year from 27-30 March 2019. ANZGS will not be holding an annual scientific meeting; instead an ANZGS symposium will be held during the WGC meeting highlighting the work of Australian and New Zealand university departments. Abstract submissions will be accepted until 1 September 2018. There will also be a World Glaucoma Association (WGA) consensus meeting held just prior to the scientific meeting. The consensus topic is glaucoma surgery. Observers can listen and may also contribute. There will also be world class surgical wetlabs to hone your surgical skills. We hope to see you all there!

The World Glaucoma Patient Association (WGPA) is calling for volunteers who can contribute to the association. If you have competencies, particularly in writing, marketing and management and would like to volunteer, please email Karen.Ziebert@gmail.com. Compliance to treatment and correct use of eyedrops are a major challenge for our glaucoma patients. To aid this, former ANZGS Chair Professor Ivan Goldberg and glaucoma patient Nahum Goldmann have published an action book for glaucoma: Fighting glaucoma.

For further information, please also contact Karen.Ziebert@gmail.com.

A/Prof Anne Brooks
Chair, ANZGS

Dr Ridia Lim
Secretary, ANZGS
Australian and New Zealand Cornea Society

The Australian and New Zealand Cornea Society (ANZCS) will be holding a joint symposium with the Cornea Society (USA) on Update on Common Corneal Challenges for the General Ophthalmologist at RANZCO’s upcoming Congress in Adelaide on Wednesday 21 November at 8:30am. Each speaker will highlight the five key points in the management of a common corneal problem.

The best and brightest of RANZCO young corneal talent, including Drs Jacqui Beltz, Andrea Ang, Aanchal Gupta and Alex Hamilton, will share the podium with international speakers Dr Professor Michael Belin, A/Prof Elmer Tu, Dr David Lockington and A/Prof Wuqaas Munir. The session will be chaired by Gerard Sutton.

The 2nd annual Corneal Bioengineering Workshop will be held on 27 September at Sydney Eye Hospital. It will be hosted by the Save Sight Institute. The inaugural workshop last year brought together clinicians and scientists with a shared interest in biosynthetic solutions for corneal blindness. This year, speakers will include NSW Scientist of the year Professor Gordon Wallace AO and Professor Fiona Stapleton. The workshop will be coordinated by Dr Jing Jing You. Please contact Jing Jing at jing.you@sydney.edu.au if you are interested in attending.

The ANZCS & Eye Bank Meeting will return to Adelaide, its spiritual homeland, in 2019. The meeting will be held from 7 to 8 March. This meeting was started by Professor Doug Coster in Adelaide over 20 years ago, bringing together specialists, scientists and eye bankers in an informal setting. The meeting is not sponsored by industry, but industry members are welcome to attend as delegates. The meeting has continued Doug’s legacy of discussing key issues in our field in a frank and open fashion within a forum of mutual respect.

Prof Gerard Sutton, Chair, ANZCS

Australian and New Zealand Society of Retinal Specialists

The annual mid-year meeting for members of the Australian and New Zealand Society of Retinal Specialists (ANZSRS) was held in Melbourne on Saturday 26 and Sunday 27 May.

Dr Rick Spaide from New York gave the Neil Della Memorial Lecture on Age related macular degeneration based on modern imaging techniques, as well as presentations on OCT angiography and macular telangiectasia. Dr Narme Deva from Auckland won the imaging case competition with a case of relentlessly progressive serpiginous-like inflammation in a patient with tuberculosis. The mid-year meeting for 2019 will be held in Sydney on 1-2 June 2019, and the invited speaker will be Professor Lee Jampol.

ANZSRS has established a grant to support retinal research. The $50,000 grant will be administered through ORIA which will manage the application and selection process. The inaugural grant will be awarded in this year’s cycle and thereafter every two years.

From 2019, the ANZSRS Annual General Meeting (AGM) will be held during the mid-year meeting. This year, a short AGM will be held at the conclusion of the ANZSRS Satellite meeting on Saturday 17 November 2018 at RANZCO’s Congress in Adelaide. All full members are invited to attend.

Membership of ANZSRS is open to all RANZCO Fellows with an interest in retina. Full details of membership categories can be found at https://ranzco.edu/anzsrs

Dr Jennifer Arnold, Chair, ANZSRS

ANZSOPS

The Oculoplastics Special Interest Group under the auspices of ANZSOPS will hold its annual meeting once again on the Saturday of the RANZCO Congress, featuring the usual sharing of interesting and challenging cases.

ANZSOPS has strong connections with overseas ophthalmic plastic surgery societies, and many Fellows are members of multiple societies. ANZSOPS has recently given support to the British Oculoplastic Surgery Society (BOPSS) initiative to work towards holding a world oculoplastic meeting in 2021.

Apart from the well-known BOPSS, European Society of Ophthalmic Plastic and Reconstructive Surgery (ESOPRS), and American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) annual meetings, the Asia Pacific Society of Ophthalmic Plastic and Reconstructive Surgery (APSOPS) will be holding its biennial meeting in Hong Kong in December this year: http://www.apsops-asmhk2018.com/

Dr Charles Su, President, ANZSOPS
Having worked his whole life in eye health, a passionate and committed man made what the Ophthalmic Research Institute of Australia (ORIA) Board at the time described as a “magnificent offer”. He requested that a significant proportion of his estate be put into trust and donated to ORIA. Not surprisingly, the ORIA Board responded positively saying it “...accepts the offer with enthusiasm recognising the incalculable benefits that may accrue”.

Asking that his name and identity remain anonymous, he outlined certain conditions in relation to the generous gift. It was his wish that the funds be held in trust, and that the interest that was to accrue would be used in the form of an endowment for the purposes of employing a Director of Research. To this end, in 1956, ORIA opened a separate account called the ‘D.W. Fund’. The ORIA Board appointed an investment advisory committee consisting of two members of the Melbourne Stock Exchange to manage the fund. In 1959, the Research Advisory Committee (RAC) was set up to be led by the Research Director.

By 1976, the ORIA Board decided that the Director of Research position called for a tripartite agreement signed by three parties: ORIA, the Victorian Eye and Ear Hospital and the University of Melbourne. This agreement was symbolic of a collaboration, allowing evidence from emerging research to be integrated into practice while
enabling ophthalmologists, those at the coal face, to identify research priorities based on best practice, expert consensus and patient-centred care. To this day, the cornerstone of this tripartite agreement is the Director of Research who reports directly to the Board. The D.W. Fund reflects the ongoing impact of the vision and legacy of one man, a legacy that, 62 years on, continues to support the translation of scientific discoveries into improved health outcomes for all Australians.

Historically the Director of Research role has been financed through an endowment drawn from the D.W. Fund bequest. Back in 1954, the donor who wished to remain anonymous envisaged a director, based in Melbourne, coordinating national eye health research. This would soon lead to the establishment of the Director position at the Centre for Eye Research Australia (CERA).

Now, from the vantage point of his sabbatical at the University of Cambridge, the outgoing Ringland Anderson Professor of Ophthalmology and Director of CERA, Jonathan Crowston, reflects on his time in the role, highlighting the legacy and impact of one man’s bequest.

Q: How long have you held the position of Research Director?
A: I spent 10 years as Director (2009-2018) and a similar time on the ORIA Board.

Q: What have been the key challenges in the role?
A: One major challenge has been the scarcity of funds needed to recruit outstanding researchers to CERA and also to support young investigators, who are beginning to build their research teams. The D.W. Fund has been used strategically to support such initiatives. Over the years, this has allowed us to substantially improve the quality and quantity of eye research being performed in Victoria and this in turn has helped to grow CERA into one of the world’s leading eye research organisations.

Q: What have been the highlights?
A: Seeing the continued improvement and growth within the ORIA Board, the ORIA grant selection process and the quality of the successful ORIA research grants have all been major highlights. The selection panel consists of a mixture of scientists and clinicians and this has been terrific for supporting translational research that will have real impact on combating eye diseases in the broadest context. The D.W. Fund has helped support the careers of some exceptional researchers including, but not limited to, people like Professor Alex Hewitt, Dr Mo Dirani, Associate Professor Alice Pébay, Professor Mingguang He and Dr Peter van Wijngaarden, all of whom were recipients of early funding from ORIA and went on to secure more substantial grants from national and international funding bodies.

Alice Pébay is a basic scientist who we were fortunate to attract to CERA to focus on eye research in 2012. In collaboration with Alex Hewitt, she received seed funding from ORIA to develop ground-breaking stem cell research. Another example was the research conducted by Peter van Wijngaarden, also initiated through ORIA seed funding, resulting in the first national screening program for diabetic retinopathy that was launched recently by the Australian Government’s Department of Health. A third example is the National Eye Health Survey led by Mo Dirani, which was the first national eye survey yielding benchmark data on eye health across Australia.

Q: What is your proudest achievement?
A: When I started at CERA, there were no basic science laboratories. My proudest achievement is establishing the laboratory research at CERA. We have built an exceptional basic science program and are focused on translating our research discoveries to enhance clinical practice and have a real impact on individuals affected by eye disease.

The ORIA grants and the D.W. Fund are fairly unusual in that they are ideal for seeding new projects and that helps establish new careers. Over the last ten years, we have seen a continued improvement in the quality of eye research across Australia and many of the grant awardees have gone on to be successful in generating additional research grants from other organisations such as the NHMRC, effectively multiplying the ORIA funds many times over. The ORIA grants and D.W. Fund have made a massive difference to eye research in Australia.
How ORIA funding is helping Nick Di Girolamo advance stem cell research into corneal disease

“ORIA funding has helped me immensely over the last decade... One of the most exciting discoveries we have made is finding a way to illuminate (via fluorescence) and track stem cells in the cornea... This means we can pinpoint their location and monitor them in real-time during wound healing or in diseased tissues. We are closer to determining whether the corneal stem cells we track are healthy, whether they’re active and how they fare after transplantation.”

After graduating from the University of Sydney with a basic science degree, Nick Di Girolamo was unsure where to go with his career. He landed at the University of New South Wales where he had the opportunity to conduct some semi-independent research making eyedrops for patients with persistent epithelial defects and corneal ulcers. The eyedrops were effective and are now being produced by eye banks around the world. Making a discovery in the lab that led to a clinical outcome gave Nick the impetus to keep experimenting in the eye field because, in his words “I was actually helping patients and I was doing that without a medical degree!”

As he was completing the requirements for a PhD, Nick conducted more ground-breaking research that focussed on the mechanisms of tissue destruction in uveitis and scleritis.

Being involved in research that was published in peer-reviewed journals and had an impact on clinical practice gave him the courage and the ‘points on the board’ he needed to apply for NHMRC career development fellowships. In his search for multiple sources of funding, he recognised the importance of collaborating, forging...
relationships across disciplines, including with an ophthalmology department. “I actually met Stephanie Watson and that was a great connection to have because now I had a true clinician researcher, a corneal researcher, that I could partner with to take the basic laboratory observations that we generate into the clinic … With that connection I got affiliated with the Save Sight Institute, University of Sydney and that gave me the credentials to apply to ORIA for funding,” he recounts.

When asked specifically about how it feels to be one of a ‘newer breed’ of researchers working closely with medical specialists, translating basic discoveries in the lab, Nick points out the many advantages of a feedback loop that enables clinicians to troubleshoot before testing a new therapy or treatment while, in parallel, basic scientists modify it in the lab, is an iterative process. “We’ve taken basic observations from our stem cell program to the clinic where we’ve treated corneal patients quite successfully with a stem cell transplant… For a basic researcher there’s no bigger ‘wow’ than having a laboratory discovery, developing it and taking it to the bedside with great results.”

Nick talked about how the next step in the translation process is under way in the form of a position paper, a review undertaken by a multidisciplinary team comprised of basic stem cell and clinical researchers evaluating the current state of stem cell research in Australia and New Zealand. This review covers international clinical trials focusing on best practice in medical treatments for the cornea, retina and lens. While patient demand for stem cell treatments is increasing globally, evidence on the safety and efficacy of these treatments is lacking. The paper has been submitted to a peer-reviewed publication and has the potential to influence policy in the form of clinical guidelines and patient education.

Over his 30-year career, Nick’s work has generated much interest outside the scientific community. For example, in 2009, he and his colleagues published their technique for taking autologous stem cells from patients with corneal blindness due to limbal stem cell deficiency, expanding the cells on a contact lens and then using that contact lens to deliver the cells to patients. This world-first treatment for corneal blindness drew attention from local and international media. However, despite having no media training, Nick has had to learn to temper his excitement with reserve. He understands that in medical science, the stakes are high, and knows that he’s in it for the long run. “I try to be more reserved in my excitement because it can take time to see the final result. I wait for the follow-up and that follow-up could be a year, two years, three years before the excitement really kicks in!”

Nick also acknowledges the importance of public education and has welcomed opportunities to participate on panels open to lay audiences. Recently he appeared on SBS’s Insight program, where he was invited to help dispel the many myths and misconceptions around stem cell research. “There are a lot of good things that happen in the stem cell arena but there are a lot of shonky things. And it’s the shonky stuff we should be exposing because a lot of it is not scientifically proven… they’re the sort of clinics that are preying on the vulnerable.”

Despite his caution with dealing with the media, Nick’s passion for his work is palpable. He is keen to understand the finer details of the stem cell transplantation process. Nick said that each day his group gets closer to answering questions such as:

- What happens to those transplanted cells?
- How many do we need to restore a normal cornea?
- Where do they go?
- How long do they stay healthy and viable?
- Do we need a certain number to restore a healthy cornea?

“They’re some of the exciting things that have come from ORIA funding, and being able to build mouse models has allowed us to gather the preliminary data to apply to larger funding bodies to drive this research for the next four or five years.”

When Nick was asked what words of wisdom he would give to young researchers involved in research that enhances clinical practice and improves population health outcomes, he said he would encourage them to build relationships with colleagues from within their own discipline and across disciplines. He spoke of the importance of allocating time and resources to the funding application process, acknowledging that, for medical researchers, this funding is the foundation. In his experience, it helps to establish the building blocks for further funding and advancing research outcomes.

Nick highlighted the need for discipline, rigour and perseverance. “I think you need to be meticulous, particular, pedantic and ensure that you do your very best at all times and these qualities are likely to be reflected in the outputs. My attitude is to never give up!”

RANZCO formed a working group of stem cell experts who collaborated with Stem Cells Australia (SCA) to develop a position statement and patient information brochure, available on the Policies page of the RANZCO website, under Position Statements: www.ranzco.edu/about-ranzco/our-organisation/policies

In May this year the RANZCO Board endorsed the stem cell position paper identifying a role for experts in guiding the Australian and New Zealand public around discriminating between evidence-based treatments and those that have not yet been proven to be safe and effective. Evidence of the harmful consequences that can result from such treatments, including loss of vision, has been published in medical journals, including a recent article in the New England Journal of Medicine: www.nejm.org/doi/full/10.1056/NEJMoa1609583
Why?
Things are different in the health regulatory environment here in New Zealand.
Our public health system and District Health Boards (DHBs) are among the world leaders in healthcare according to the Organisation for Economic Co-operation and Development (OECD). And while, like Australia, this system constitutes a mix of public and private, a much higher percentage of our overall consumption of healthcare lies within the public system.

What this means is that there is less uptake on health insurance in New Zealand than in Australia.
This is why ONZ has taken the opportunity to raise this issue in a submission to the Insurance Contract Law Review, which closed recently. In our submission we pointed out what is too familiar to healthcare providers – the rising costs of healthcare in all countries and the cost shifting to healthcare providers.

In New Zealand, without a regulatory framework, there are few incentives to stay in private health insurance. Incentives within the tax system don’t exist. For example, there is no penalty for not gaining insurance by a certain age and a lack of community rating means premiums are calculated on risk. Premiums are not spread across the population, so the older you get, the more expensive health insurance becomes. There is no regulated maximum switching wait period for consumers with pre-existing illnesses (such as the 12 months in Australia) and this can be as much as three years in some cases, if at all.

This has led to some insurers shifting all possible costs to providers, a situation that cannot continue as it will lead to a dearth of private clinicians due to the inability to sustain a viable commercial presence. The current situation also doesn’t offer transparency of care, cost or choice to the consumer.

ONZ acknowledges the difficulties facing health insurers in this environment and is working on new ways of working with our beleaguered health insurance sector, but this cannot be a simple cost shifting exercise. ONZ has submitted to this review to petition for reform in the overall insurance system.

We hope that reform will give New Zealand patients the opportunity for transparency of care, costs and more choice in health insurance providers.

ONZ has been working hard on these current issues, and the costs of providing these services is not insignificant. We would like to indicate to members that in order to provide ongoing actions and to advocate on behalf of its members, you may incur an increase in membership fees – particularly if we move to a campaign of public awareness about freedom of choice of services and providers, which will be a strong bargaining point with any private funder.

As always, we would like to remind NZ ophthalmologists that we need all Fellows (and non-Fellows) to join us in order to have our voice heard and champion for change.

Please visit www.ophthalmologynz.co.nz/ for details on submitting a membership application.

‘It’s your right to switch’ is a campaign led by ASO in Australia that New Zealand would love to emulate but, unfortunately, we won’t be doing that anytime soon.

Our healthcare system is an open market, without the significant regulatory framework that exists in Australia. This regulatory framework means that Australia has the following incentives for consumers to take up private health insurance built into Medicare:
• a rebate via the taxation system for private health insurance payers;
• a penalty for not insuring (if the consumer doesn’t take up private health insurance before the age of 31, that consumer will pay an extra two per cent (adjusted on income) for life in their premiums; and
• a Medicare extra levy for high income earners who do not take up private health insurance.
Correcting misconceptions about ophthalmology is a Sisyphean task

It has been a busy time. In August I will be in Canberra for meetings with Health Minister Greg Hunt, Opposition Health Spokesperson Catherine King, Assistant Minister to the Prime Minister James McGrath and department heads of Compliance, MBS and Private Health Advisory. At the end of the month I have a meeting scheduled with Bupa Managing Director Dwayne Crombie to discuss Bupa’s controversial new policy direction.

The plan here is to put ophthalmology in front of all the people who make the wheels turn; for two reasons. First, because they only remember and listen to groups who visit them or who have caused trouble for someone in the past. That’s how politics works. Second, most politicians genuinely want to get policy settings correct and they need advice on how best to achieve this. Despite the public cynicism with politicians, I have found most of them to be genuinely interested in making fair decisions — it’s just unfortunate that they are bombarded by conflicting advice. We need to be there at critical junctures to provide our opinions.

Canberra is full of lobbyists connected to private health insurers, who are telling tales of overcharging doctors and poor value health care. This presence and the messages being sprouted are of course a smokescreen to protect PHIs and their luxurious profits. Pointing the finger at doctors as the cause of out-of-pocket expenses (OOP) and growing health system costs is nice and convenient. Medibank CEO Craig Drummond recently admitted that the main cost driver is actually increased medical activity, based on a growing and ageing population. Are we as doctors to be blamed for doing our job better and on more patients than ever?

Therefore, it amazes me that external critics of ophthalmology keep calling for a cut to the cataract rebate. They see a theatre list of cases and assume that all of it goes into the ophthalmologist’s pocket and that we operate every day! There is a great reluctance amongst our non-ophthalmic colleagues to acknowledge the infrastructure costs of private ophthalmology services.

So, into the lion’s den I walked. In June I attended an out-of-pocket expenses forum in Melbourne facilitated by Dr Norman Swan - this was just after the Four Corners report on overcharging surgeons program was aired. I can say this: the atmosphere of hostility towards ophthalmologists from our non-ophthalmic colleagues is palpable. I presented the case that we have no career path in the public system; that all of our private costs are from our own pocket, and that we have no more ‘over servicing’ colleagues than any other specialty. One attendee asked why we can’t do a bulk-billed examination like Specsavers, who seem to have all the modern equipment. I pointed out that Specsavers sell glasses and can run their clinical services at cost if it brings in more retail. These kinds of illformed perceptions are out there, even amongst our medical peers.

I presented to the MBS Review Taskforce in August and made them aware of the data represented on the accompanying graph. Whilst compiling the data I noticed that the ‘no gap’ rebate has not been increased since 2004! Whilst we all like to offer a ‘no gap’ service to our neediest patients, it is clear that the economics mitigate against wider or long-term future application if these trends continue. A business model based on these trends would appear to have a fundamental problem.

One school of thought given a static PHI rebate is to say, “damn it, charge what you are worth” and forget worrying about what the MBS or the PHI will contribute. However, it is fundamentally unfair to our patients, especially the neediest, if the existing system does not respect them enough to fund this vital service fairly. It is especially unfair on the privately insured who pay thousands and face increasing out-of-pocket expenses because the insurance products are indexed so poorly as to be unchanged since 2004!

Just finally, it was a shock to see the head of the Catholic Education Authority threatened with jail time and loss of tax exempt status for campaigning against education cuts to Catholic Schools recently. RANZCO is also a tax exempt body whose ‘tax purpose’ is to provide education, training and advice. Fortunately ASO is free from these restrictions and we can tackle into the ribcage when needed with campaigning and advocacy. The motto of the story is: all ophthalmologists need to join ASO as well as RANZCO if you want strong advocacy. Talk quietly (RANZCO) but carry a big stick (ASO).
What I didn’t know about the ASO when I joined

When I signed up to attend the ASO Business Skills Expo in May this year I really didn’t know a lot about the Australian Society of Ophthalmologists.

As a newly graduated Fellow grappling with the massive learning curve that comes with finally earning the title of ‘consultant ophthalmologist’, I was looking for support and direction to help me find my way.

The expo proved to be extremely worthwhile. It was like the ASO had assembled a team of business professionals just for me. They took me through important aspects of the business side of ophthalmology — all of the areas I knew little about. I learned about protecting my assets, accounting and tax considerations, IT planning and patient communication.

There were areas the expo didn’t touch on that I would have liked it to, such as dealing with Medicare item numbers and tax information more specific for young Fellows who are likely to start out as a contractor rather than a business owner, but I have since made contact with the planning team and provided some suggestions for next year. The response to my feedback was enthusiastic and I am confident there is going to be an even stronger accent on ‘business skills for new Fellows’ in next year’s program, which is great news.

However, the ASO Business Skills Expo was just the beginning of my discoveries about the organisation. I now know how hard the society works to safeguard our autonomy of practice and about its strong lobbying track record.

Ophthalmologists and other medical professionals are operating in an increasingly hostile healthcare environment and groups like the ASO are watching out for us and making sure our voice is heard.

Private health insurance is a particular area of concern and I am really encouraged by the work the ASO is doing to highlight the questionable practices of some health insurers and how this is impacting on ophthalmologists and their patients. The ASO has face-to-face contact with the Federal Department of Health and the Health Minister and is working closely with the Council of Procedural Specialists (COPS) as well as the AMA to monitor this space and provide relevant counter measures.

I now firmly believe the ASO needs and deserves the support of all young Fellows because, ultimately, we are the future of the profession — the society is working hard to protect our careers, our livelihoods and, most importantly, our capacity to deliver patient care. It can’t do this without resources, which is delivered by membership subscriptions. Therefore, the best and easiest way for us to support the ASO is to become members. There is even a 50% discount to join if you are a young Fellow!

Dr Nelson Kuo
Save Sight Institute (SSI) has facilitated a Memorandum of Understanding (MoU) between the University of Sydney and the University of Milan to capitalise on the clinical research being done in each institution on multimodal imaging in uveitis, neuro-ophthalmology and retinal disease. SSI has been privileged to have had Dr Alessandro Invernizzi from Milan working at SSI for the past 18 months. The collaborative research team has already completed and published six studies showing the improved acumen that OCT imaging provides in correctly diagnosing vision threatening intra-ocular eye infections. We have several ongoing research projects looking at the link between eye changes in patients with HIV infection and cognitive impairment.

**Usher syndrome**
Usher syndrome is a rare genetic disorder caused by a mutation in any one of at least 11 genes resulting in a combination of hearing loss and visual impairment, and at present is incurable. Our research using electrodiagnostic testing assesses the best biomarkers for monitoring retinal dystrophies in preparation for therapeutic trials including stem cell and gene therapy trials. This work was recently presented at ARVO 2018 and the International Society for Clinical Electrophysiology of Vision (ISCEV). If you would like to refer to this service, find out how by contacting ssi.clinic@sydney.edu.au.

**Meibomian gland disease clinical trial**
A unique dry eye treatment that acts directly on Meibomian glands to alleviate the signs and symptoms of evaporative dry eye will be tested in a clinical trial at the Save Sight Institute. Professor Stephanie Watson is the principal investigator and Azura, the trial sponsor, have raised funds from Brandon Capital. This treatment has the potential to create a new paradigm in dry eye treatment. Recruitment will begin in September at the institute. If you would like to refer patients to this trial, please contact dan.trifunovic@sydney.edu.au.

**Ocular tuberculosis (TB) study**
SSI has been a major contributor to the international Collaborative Ocular TB study which will determine the best approaches to diagnosing and treating intra-ocular TB. The uveitis group also leads important epidemiology research on the spectrum of uveitis that we see in Sydney and in Australia.

**ARVO 2018 and Save Sight Institute**
Save Sight had several poster presentations at ARVO this year, including Microbiological and clinical
profile of patients with ocular surface disease and microbial keratitis by Professor Stephanie Watson. Professor Mark Gillies presented the one-year interim results of the RIVAL study, a multicentre Australian randomised clinical trial that pitted ranibizumab against aflibercept for wet macular degeneration. These two vascular endothelial growth factor (VEGF) inhibitors are the main drugs used to treat wet AMD. The study found that both agents worked well for this condition in an Australian setting and the majority of patients could still drive one year after starting treatment. The study found no significant difference in the gains in vision or the number of treatments required between the two drugs. The ultimate goal of the study is to see whether one agent causes more macular atrophy, or dry macular degeneration, than the other.

University of Sydney

In addition, Fatima Wazin was awarded the ARVO Members-in-Training Outstanding Poster Award, in the lens field. Her PhD research is looking at Spred proteins as a regulator of epithelial cell proliferation and fibre differentiation in the developing lens. She examines lens development in murine embryos deficient for both Spred1 and Spred2, where mice deficient for all alleles of Spred1/2 in the lens exhibited microphthalmia and severe epithelial defects. Her research has shown that the lens requires Spreds for its early growth phase, specifically for the maintenance of its precise cellular architecture. This study provides a greater understanding of the key molecules that help regulate developmental processes leading to lens growth and provides insights into developing strategies to preserve and even regenerate normal lens cell structure.

This is the second time Fatima has received this award, the first being at the ARVO 2015 congress. Fatima is in the final year of her PhD at the University of Sydney.
Professor Noel Alpins AM: Solving the riddle of astigmatism

A problem-solver at heart, ophthalmologist Professor Noel Alpins AM discovered a passion for science and helping people when he was a medical student at the University of Melbourne. He first developed an interest in ophthalmology in his fifth year, thanks to the entertaining lectures of charismatic ophthalmologist Professor John Colvin. “I enjoyed them so much, I went back again in my sixth year!” he recalls fondly.

Professor Alpins also credits Professor Colvin for sparking his interest in innovation and education. “I wasn’t in my paradigm to be a lab researcher, until I had an idea that was going to be relevant to my patients in the clinic,” he says. “When I see something in my own practice that can be improved, I always want to make it better.”

“Astigmatism really was just a mathematical problem, and I don’t think anyone had really understood it in that way before,” says Professor Alpins. Not long after laser vision correction was first introduced to Australia in 1991 by Professor Hugh Taylor, ophthalmologists were doing vision correction operations in two different ways – using surgery, based on the corneal shape, and using laser, based on a patient’s spectacle prescription. The numbers used to calculate the astigmatism from these two methods often didn’t match.

It took Professor Alpins about four years to develop the new methodology for analysing and reporting astigmatism. Dubbed ‘The Alpins Method’, it is now the world gold-standard method for analysing astigmatism and forms the basis of a software program he developed called ASSORT.

As a specialist in astigmatism and refractive surgery, Professor Alpins has developed and delivered education programs to train ophthalmologists in this field. In 2017, he was invited to give the prestigious Norman Gregg Lecture (Keynote speech) at RANZCO’s Annual Scientific Congress in Perth. Professor Alpins has also written a book on this topic, based on his 20 first-author peer-reviewed scientific papers and, in 2017, he was awarded the Order of Australia medal for services to ophthalmology by innovation in refractive surgery.

One of his proudest achievements, however, occurred earlier this year when Professor Alpins was made an Honorary Clinical Professor at the University of Melbourne. “The University has been so instrumental in my background. It is such a fabulous, independent institution, it gives you the ability to think for yourself. By combining research and education, it allows us to ask questions, find the answers and then teach others what we’ve learnt. It’s incredibly gratifying to be made a Professor at the institution where I studied all those years ago and to have cataract and refractive surgery in the forefront of a cutting-edge specialty like ophthalmology.”

Bayer Fellowship brings research career into focus

Ophthalmology registrar Dr Rathika Kandasamy never seriously considered a career in research until an inspiring experience as the 2017 Bayer Fellow at the Centre for Eye Research Australia (CERA).

Over the course of her fellowship, under the guidance of Associate Professor Lyndell Lim and Professor Robyn Guymer, Dr Kandasamy worked on a number of ongoing CERA trials, collected data, wrote up results, examined trial patients and administered treatments. She contributed to research papers and gave presentations.

As a clinician, she was intrigued by the possibility of research but never had the opportunity, other than the thesis she published as part of her post-graduate training.

“I was keen to get more experience if I could and when this opportunity from
Bayer came along it enabled me to do a lot more hands-on research,” Dr Kandasamy said.

“It was great because I felt I had participated in some of the trials that could make a change.

“As one of the researchers who examined these patients and gave them the treatments, you are a part of the research that potentially may shape the future of ophthalmology. That’s pretty amazing.”

Most exciting for Dr Kandasamy was CERA’s research into geographic atrophy (GA) – a condition for which there are currently no effective treatments. She described the research program as “the next frontier” in the battle against GA, which can affect patients with advanced dry age-related macular degeneration.

As a doctor, she has frequently told patients with GA that unfortunately there was no proven treatment available to either improve their condition or even halt the progression of their vision loss.

“I’m inspired as a clinician to help patients so it’s hard when we don’t have something significant that works,” she said.

Dr Kandasamy was amazed at the breadth of research work being done at CERA and would love an opportunity to revisit research work in the future.

“I’m extremely grateful for the opportunity from Bayer,” she said.

“Overall, it was an experience that surpassed my expectations.

“Prior to this, I had not considered a career as a clinician/researcher but I would now seriously consider it as an option.

“I would always want to treat patients, but I would also love to do something that contributes to the broader pool of knowledge.”

Through the National 1800 Helpline, we give callers the time they need to talk through their concerns and issues. Callers – including those living with or at risk of disease affecting the macula – may only want an answer to a specific question, or they may need a more in-depth discussion addressing a range of concerns.

Additional to disease information, we help people navigate various health and community service systems including services such as the Medicare Rebate Scheme, NDIS and My Aged Care. We also provide guidance on how to find a healthcare provider; assist with health, transport and community services; and provide information on questions relating to new research and low vision services. The support we offer extends beyond the patient and includes family and carers who are also an essential part of the care team.

MDFA also provides disease information, treatment and research updates, highlights of our advocacy work, and valuable technology and low vision device information in our Vision Voice newsletter. With a circulation of over 40,000, this communication piece provides the latest news and most relevant information to those living with or affected by macular disease.

The frontline patient services of MDFA’s National 1800 Helpline and printed resources (available for eye care professionals free of charge) are important in supporting patients on a day to day basis. In the last financial year alone, we assisted over 6,000 callers to the National 1800 Helpline.

We all have an important role to play in the care and support of those living with macular disease and by working collaboratively we can ensure those at risk of or living with macular disease have access to preventative and management information and services.

Dee Hopkins is the Chief Executive Officer of Macular Disease Foundation Australia. Dee joined MDFA in early 2018 and shares how a collaborative approach to patient care can have a positive impact on those living with macular disease.

Striving for better quality of life outcomes for those living with macular disease is central to everything we do at Macular Disease Foundation Australia (MDFA). To do this effectively we understand the need to work closely with healthcare providers to deliver a cohesive unified support network for patients.

So how do we do this, and how can we support eye health professionals with patient care?

The Foundation works in partnership with many of Australia’s leading ophthalmologists and optometrists, providing important integrated and extended patient care to their patients – from early diagnosis through living with the disease over a long period of time.

As the national peak body representing the interests of the macular disease community in Australia, we offer accessible and timely support for those living with macular disease and vision loss, as well as assistance for their families and carers.

MDFA also provides disease information, treatment and research updates, highlights of our advocacy work, and valuable technology and low vision device information in our Vision Voice newsletter. With a circulation of over 40,000, this communication piece provides the latest news and most relevant information to those living with or affected by macular disease.

The frontline patient services of MDFA’s National 1800 Helpline and printed resources (available for eye care professionals free of charge) are important in supporting patients on a day to day basis. In the last financial year alone, we assisted over 6,000 callers to the National 1800 Helpline.

We all have an important role to play in the care and support of those living with macular disease and by working collaboratively we can ensure those at risk of or living with macular disease have access to preventative and management information and services.
Jaki King
Education Project Officer

Since being appointed as the Education Project Officer at RANZCO in April 2018, I have had the privilege of working alongside the Dean of Education Dr Catherine Green AO and the rest of the education team on two projects. The projects that I have the pleasure of facilitating involve reviewing and redeveloping both the vocational training program (VTP) curriculum and monitoring and evaluation of the education portfolio.

Prior to working at RANZCO, I was employed at St Andrew’s College, a university residential college where I worked as a project officer. In this role I coordinated projects that enriched and supported the students’ experience while they were studying at university and living at the college. Before this, I worked as a music education specialist, teaching in both Sydney and London.

I completed a Bachelor of Music (Music Education) at the Sydney Conservatorium of Music where the main instrument I studied was the classical saxophone. Currently I am studying postgraduate project management at the University of Sydney and I greatly enjoy being able to use the skills and knowledge that I am learning in my work here at RANZCO. While I do still play the saxophone (yes, I can play Baker Street), these days I prefer to sing, performing with a pub band every so often. I’ve also been learning taekwondo since the start of 2017 and am working towards getting my black belt.

I am delighted to be working with such friendly staff and to have the opportunity to collaborate with the Fellows of RANZCO. I feel very proud to be able to positively impact people’s lives. Through my work improving educational experiences, I hope this will ensure better ophthalmic service provision for the community.

Kirsty Payne
Education Project Officer

I have been with RANZCO since March 2018. My role is Project Officer and I am assisting with various projects and initiatives in the education team.

As a New Zealander, I travelled to Sydney from Christchurch, New Zealand in 2001 where my purpose was to have a working holiday for six months. Six months turned into a great deal longer and I now call Australia home.

I have been involved in the education sector since 2002. In my previous workplace I held various roles working with stakeholders to develop programs, resources and education for tax professionals – most recently in the online education space.

I enjoy roles where I can offer solutions and support through excellent communication, engagement and customer service.

I am particularly excited to now be working in an organisation where I can not only contribute to education, but also indirectly to the health sector.

Personally, I have a passion for home renovation and gardening and I love to relax by running, practicing yoga and taking my children on adventures.

Bianca Queisser
Education Coordinator, Advanced Exams

I joined RANZCO in mid-April 2018 as the Education Coordinator looking after the Advanced Exams. I am coordinating the Ophthalmic Pathology Exam and the RANZCO Advanced Clinical Examinations and I support the Qualification and Education Committee. Before joining RANZCO I was a Professional Development Officer at the Australian Physiotherapy Association, both here and in Germany (German Physiotherapy Association) looking...
after the yearly calendar of professional development events. Before that, I worked at the University of Sydney Union as Publications and Art Services Manager and prior to that as a Marketing Coordinator with a solid carbide tools company – again here in Australia and beforehand in Germany. This tool company gave me the opportunity to work in Australia in 2006 and although I had to go back to Germany between 2012-2016 (because of family matters) I haven’t regretted coming back ‘down under’.

I love organising! I started organising group travel and medical congresses during my tourism management studies, then changed to customer seminars and international exhibitions in Germany during my first job. I came out to Sydney in 2006 and looked after customer events and a comparatively small exhibition in Melbourne before switching to the education/health sector.

I really enjoy working with health professionals as they are the most helpful and kind people I have encountered so far in my professional career. They hardly say "no" to any request, although their work is almost always on a voluntary basis.

Outside of work I love spending time with my almost four-year-old daughter (going on 14) and husband, exploring Sydney and its surrounds. If I find time, I just like to sit in the sun and read a good thriller novel or try to work on the never-ending-project of renovating our apartment or restoring furniture.

Register now for RANZCO’s 50th Annual Scientific Congress at www.ranzco2018.com/registration-categories-and-fees/
## Calendar of Events

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DETAILS</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 2018 RCH Paediatric Ophthalmology Seminar</td>
<td>5-7 October 2018</td>
<td>W: <a href="http://www.ranzco.edu/view-all-events">www.ranzco.edu/view-all-events</a></td>
</tr>
<tr>
<td>AAO 2018 in conjunction with the Pan-American Association of Ophthalmology</td>
<td>27-30 October 2018</td>
<td>E: <a href="mailto:meetings@aao.org">meetings@aao.org</a> W: <a href="http://www.aaomeeting.org">www.aaomeeting.org</a></td>
</tr>
<tr>
<td>Dunedin Ophthalmology Clinical Course</td>
<td>5-16 November 2018</td>
<td>W: <a href="http://www.events4you.co.nz/docc2018">www.events4you.co.nz/docc2018</a></td>
</tr>
<tr>
<td>Ophthalmology and Eye Care in Vietnam - John Baine Tours</td>
<td>17 February - 2 March 2019</td>
<td>P: +61 (0) 3 9343 6367 E: <a href="mailto:info@jonbainestours.com.au">info@jonbainestours.com.au</a> W: <a href="http://www.jonbainestours.com">www.jonbainestours.com</a></td>
</tr>
<tr>
<td>The 5th Annual Congress on Controversies in Ophthalmology: Asia-Australia (COPHy AA)</td>
<td>21-23 February 2019</td>
<td>P: +972 (3) 566 6166 E: <a href="mailto:COPHyindustry@Comtecmed.com">COPHyindustry@Comtecmed.com</a></td>
</tr>
<tr>
<td>Australia and New Zealand Strabismus Society Meeting (Squint Club)</td>
<td>1-2 March 2019</td>
<td>P: 0402 891 804 E: <a href="mailto:kathpoon@bigpond.com">kathpoon@bigpond.com</a> or P: 0417 544 310 E: <a href="mailto:e.gmelig@bigpond.com">e.gmelig@bigpond.com</a></td>
</tr>
<tr>
<td>36th Annual ANZ Corneal Society and Eye Bank Meeting</td>
<td>7-8 March 2019</td>
<td>P: +61 8 8204 4624 E: <a href="mailto:Lauren.Pattimore@sa.gov.au">Lauren.Pattimore@sa.gov.au</a></td>
</tr>
<tr>
<td>RANZCO Victoria Branch Annual Scientific Meeting</td>
<td>2 March 2019</td>
<td>W: <a href="http://www.ranzco.edu/view-all-events">www.ranzco.edu/view-all-events</a></td>
</tr>
<tr>
<td>RANZCO New South Wales Branch Annual Scientific Meeting</td>
<td>16-17 March 2019</td>
<td>W: <a href="http://www.ranzco.edu/view-all-events">www.ranzco.edu/view-all-events</a></td>
</tr>
<tr>
<td>8th World Glaucoma Congress</td>
<td>27-30 March 2019</td>
<td>W: <a href="http://www.worldglaucomacongress.org/">www.worldglaucomacongress.org/</a></td>
</tr>
<tr>
<td>AAO Mid-Year Forum 2019</td>
<td>10-13 April 2019</td>
<td>W: <a href="http://www.aao.org/">www.aao.org/</a> mid-year-forum/overview</td>
</tr>
<tr>
<td>Western Australia Branch Annual Scientific Meeting</td>
<td>17-18 May 2019</td>
<td>W: <a href="http://www.ranzco.edu/view-all-events">www.ranzco.edu/view-all-events</a></td>
</tr>
<tr>
<td>Tasmania Branch Meeting</td>
<td>22-23 June 2019</td>
<td>E: <a href="mailto:andrew@conferencedesign.com.au">andrew@conferencedesign.com.au</a> P: +61 (3) 6231 2999</td>
</tr>
<tr>
<td>The Melbourne Ophthalmic Alumni Meeting</td>
<td>25 July 2019</td>
<td>W: <a href="http://www.ranzco.edu/view-all-events">www.ranzco.edu/view-all-events</a></td>
</tr>
<tr>
<td>RANZCO South Australia Branch Annual Scientific Meeting</td>
<td>6-7 July 2019</td>
<td>W: <a href="http://www.ranzco.edu/view-all-events">www.ranzco.edu/view-all-events</a></td>
</tr>
<tr>
<td>AAPOS APSPOS RANZCO Joint Meeting</td>
<td>7-8 November 2019</td>
<td>W: <a href="http://www.ranzco.edu/view-all-events">www.ranzco.edu/view-all-events</a></td>
</tr>
</tbody>
</table>
Classifieds

Positions vacant

**OPHTHALMOLOGIST MILDURA, VICTORIA**

Ophthalmologist with special interest in glaucoma, oculoplastic or paediatric subspecialty is needed for an expanding established practice. New fully equipped premises is to open soon. Mildura is a growing regional centre which offers an exiting opportunity for a young ophthalmologist seeking to establish a busy career working with friendly supporting colleagues. Successful candidate will have an opportunity to join a Metropolitan Melbourne practice with multiple branches.

Applicants must be registered with AHPRA and a Fellow of the Royal Australian and New Zealand College of Ophthalmologists.

E: contact info@eyecentre.com.au

**RANZCO FINAL YEAR TRAINING POSITION NEWCASTLE NSW**

As part of RANZCO’s initiative to enhance training and experience for those interested in a career in general ophthalmology, either rural or city based, a final year training position has been established in Newcastle NSW.

The emphasis will be on cataract, glaucoma, corneal oculoplastics, neuro-ophthalmology, medical and surgical retina and paediatrics and surgery will be performed at Kurri Kurri Hospital John Hunter Hospital and Royal Newcastle Centre.

The position also provides a wealth of ophthalmology diagnostic and management experience, by virtue of a very busy A and E , and consultations from the specialist medical and surgical units in the John Hunter Hospital.

The position will be for a minimum of six months. Interested applicants

C: Dr Robert Griffits
E: rksgriffits@hotmail.com

**ORTHOPTIST (PART TIME) NORWEST EYE CLINIC BELLA VISTA**

Norwest Eye Clinic is looking for a part time orthoptist to join our growing and supportive team of administration and clinical staff. We treat all patients of the practice in a professional manner and with the greatest respect. We strive to deliver the highest possible clinical care.

Ideally you will be available to work on Tuesday and Wednesday with the possibility in the future for additional days. The role is diverse as we have generalists as well as subspecialists in medical and surgical retina, glaucoma, oculoplastics and paediatric.

Your role is to ensure that the patients have had the appropriate testing prior to seeing the ophthalmologist to allow for accurate diagnosis and subsequent management.

C: Meaghan Clark
P: +61 2 8883 5886

**OPHTHALMOLOGIST HOBART, TASMANIA**

General ophthalmologist (special interest in glaucoma desirable) required to join a busy private ophthalmology practice in Hobart.

Applicant must be an AHPRA registered medical specialist with Fellowship of the Royal Australian and New Zealand College of Ophthalmologists or eligible for membership.

C: denise@precisioneyeclinic.com.au

**OPHTHALMOLOGIST FORSTER NSW**

Forster Eye Surgery is seeking an ophthalmologist to move to the area and join our busy dynamic group practice. For the full position description, available in the classifieds section at www.ranzco.edu.

E: sandra@forstereyesurgery.com.au

**OPHTHALMOLOGIST NSW MID NORTH COAST**

Experience the benefits of general ophthalmology in a regional NSW coastal destination with strong transport connections and well-developed infrastructure.

Currently a solo practitioner business but envisioning a period (of several years) where incoming locum/associate would assume ownership.

A high-income practice concentrating on working “smart not hard” and designed around concept of “flow”.

The principal wants to ease out of practice over the next few years and transfer to the next generation. Commence as a locum and see how you like it.

E: nsw.ophthalmology@yahoo.com

**PRACTICE OPPORTUNITY - BOUTIQUE LICENSED 3XOT DAY HOSPITAL (GOLD COAST)**

Private hospital opportunities for ophthalmologists:

New opportunities have become available as part of Miami Day Hospital’s current development program, allowing additional capacity for ophthalmologists.

Multi-theatre for high-turnover cataracts plus vitreo-retinal.

Equity share prospects also exist for likeminded collaborative surgeons.

Further information is available in the classifieds section at www.ranzco.edu

E: info@miamidayhospital.com.au

**LOCUM OFFERED DAVENPORT EYE HOSPITAL TASMANIA**

Locum with a view to joining well established ophthalmology practice, including dedicated eye day surgery facility.

C: Dr M Haybittel
E: mhaybittel@bigpond.com
OPHTHALMOLOGY PRE-Clinical Fellowship (Non Accredited Registrar) Position For 2019
BRISBANE
An opportunity exists for a medical officer with a keen interest in ophthalmology to work as a Pre-clinical Fellow (Non Accredited Registrar) with two of Brisbane’s leading ophthalmologists. In the position the fellow will gain a broad exposure to ophthalmology and be involved in outpatient, emergency and surgical assisting in a wide range of subspecialties including cataract, glaucoma, cornea, external diseases, medical and surgical vitreoretinal diseases. Active learning of new clinical and microsurgical skills, with exposure to the latest diagnostic equipment, and participation in clinical research for publication / presentation and involvement in Ophthalmic teaching meetings and conferences are strongly encouraged. The position is available for one year commencing Monday 21 January 2019. The candidate should be a resident in Australia and be eligible for APHRA registration as a Medical Officer in the state of Queensland. C: A/Prof Lawrence Lee P: +61 (7) 3831 6888 E: eye@cityeye.com.au
MEDICAL RECEPTIONIST, VICTORIA
Ophthalmology specialist clinic looking for experienced medical receptionist
Key criteria
• Fluency in English and Vietnamese
• At least one year experience as a medical secretary/ receptionist in ophthalmology practice
• Experience in patient billings and invoicing, clinic
• bookings and Medicare batching.
P: 0478 103 050

 PAEDIATRIC OPHTHALMOLOGIST REQUIRED WESTERN SYDNEY
An exciting opportunity exists to take over an established paediatric ophthalmology practice. Taking over from a soon to be retired ophthalmologist who has a Public Hospital appointment. Opportunity also exists for general ophthalmic work, in a fully equipped and staffed practice with paediatric trained clinical support staff.
E: marcelleg@nepeaneeye.com.au
SEEKING RETINAL SPECIALIST, CAMPsie
iVision Clinic (Inner West) is seeking applications for a Retinal Ophthalmologist or General Ophthalmologist with a subspecialty interest in retina. Our modern clinic provides up-to-date diagnostic equipment and a large treatment room equipped for minor procedures including intravitreal injections. We have an established and growing base of retinal patients. Applicants must be an AHPRA registered medical specialist with Fellowship of the Royal Australian and New Zealand College of Ophthalmologists.
E: admin@ivisionclinic.com.au
OPHTHALMOLOGIST WANTED ORANGE
Part time or Full time Associate Ophthalmologist required to join a busy practice in the Central West of NSW. Would suit comprehensive ophthalmologist or subspecialist with general interest. We are located in Orange which is three and a half hours from Sydney. Orange has excellent medical facilities, schools and restaurants. The town is also accessible by regional airlines from Sydney, Brisbane and Melbourne.
Send email with contact and qualification details. AHPRA membership and RANZCO Fellowship is required.
E: eyem@ausdoctors.net
C: KC Tang
P: 0422 226 288

For sale
PRACTICE FOR SALE/ASSOCIATE
NEWCASTLE NSW
Well established and very busy Newcastle based practice is being put up for sale or looking for a full time associate. Medical retinal experience is necessary. Please enquire confidentially by
P: 0421 842 440
IOL MASTER, LIVERPOOL, SYDNEY
IOL MASTER 07740
Built 11/2009
YAG laser ex LQ 2106
P: +61 409 144 593
OPHTHALMOLOGY PRACTICE FOR SALE NORTH QUEENSLAND
An established, well equipped and stand-alone practice in a great centralised location is seeking an Ophthalmologist to purchase.
Inclusions:
• Spacious consulting rooms
• Minor ops room with microscope
• Melag steriliser with all relevant equipment
• YAG/SLT laser
• Auto refractor
• Ziess OCT/IOL Master/Visual Field
• Fundus camera
• Existing client base with an interesting and varied caseload
• Access to surgical caseload
• Support from a fully trained administrative, ophthalmic assistant team and senior ophthalmologist
• On-site parking
• Excellent income and return on investment
Negotiable terms.
E: eyemackay@hotmail.com

MEDICAL RECEPTIONIST, VICTORIA
Ophthalmology specialist clinic looking for experienced medical receptionist
Key criteria
• Fluency in English and Vietnamese
• At least one year experience as a medical secretary/ receptionist in ophthalmology practice
• Experience in patient billings and invoicing, clinic
• bookings and Medicare batching.
P: 0478 103 050
YOU’VE NEVER SEEN YOUR PROCEDURES QUITE LIKE THIS

EXPERIENCE THE NGENUITY® 3D VISUALISATION SYSTEM.

Featuring next-generation visualisation technologies and an intelligent ocular-free design, the NGENUITY® 3D Visualisation System establishes a powerful platform for Digitally Assisted Vitreoretinal Surgery (DAVS).

Find out more from your local Alcon representative
Experience the new Stellaris Elite™ — where real-time responsiveness enables exceptional stability.¹²

Please contact your Bausch + Lomb Surgical Territory Manager to arrange a Stellaris Elite™ demonstration.

StellarisElite.com*