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Cover picture: Industry Exhibition at the RANZCO 47th Annual Scientific Congress in Wellington.

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Message from the President

As we begin a new year, we can reflect upon a number of highlights from the recent RANZCO Congress.

More than 1100 delegates attended the RANZCO 47th Annual Scientific Congress last November. Wellington was an interesting and welcoming venue.

The weather was uncharacteristically mild, for all but the last day. Helen Danesh-Meyer and her committee organised a varied and engaging scientific program. The welcoming ceremony and the Maori singers showed New Zealand culture at its best and, for me, kindly provided an unexpected emotional poultice, to soothe a recent loss.

The Rugby World Cup Final breakfast, complete with All Black and Wallaby regalia was a conference highlight. The Congress dinner at Parliament House was a great success. I would like to thank the Hon Peseta Sam Lotu-liga for being our host for the evening. The whole Congress would not have been the success that it was without the efforts, finesse and sheer talent of Keith Small. Thank you. No pressure, Melbourne, but you have something to live up to for 2016!

The Congress saw the relaunch of the RANZCO Eye Foundation as The Eye Surgeons’ Foundation. Initial reaction would suggest that the new name resonates with the Fellowship. The relaunch will enable the Foundation to be more actively engaged with Fellows’ longstanding activities in research and education.

Education of the next generation of ophthalmologists is our core business. Currently there are a number of registrar positions around Australia that have been subject to critical reviews by the RANZCO accreditation teams. Some registrar positions have been disaccredited. The adverse RANZCO assessments are arising because of poor resourcing by the relevant State Health Departments. RANZCO makes no apologies in requiring that our training positions are of sufficient quality to enable us maintain the high standards of our registrar training program.

The MBS Review continues to roll on. The overall aim remains Herculean and the time frame unrealistic, but...
time will tell. Ophthalmology will likely be before the Review Taskforce by mid-2016. I would like to thank everyone for their attention to the Choosing Wisely survey enabling us to gauge Fellows’ views on this initiative. The College is working on a suburb-by-suburb workforce map, across Australia & New Zealand which will go live by May 2016.

On November 26, the Federal Health Minister launched the first Australian Atlas of Health Variation. One of seven procedures to be mapped extensively across Australia is cataract surgery. RANZCO will be on the front foot to ensure that the resulting publicity reflects the clinical facts on the ground, across different state public health systems, rather than representing a genuine, unwarranted clinical variation.

I hope you all had a happy and safe Christmas/holiday season.

Dr Brad Horsburgh
President

A traditional Māori song being performed at the Welcome Reception held at Te Papa, Wellington
The Federal QEC convened for its second face-to-face meeting in 2015, immediately prior to the RANZCO 47th Annual Scientific Congress in Wellington, New Zealand.

At the meeting, QEC members received updates and addressed issues from across the spectrum of education and training activities undertaken by the College – from selection to CPD.

It was a pleasure to welcome representatives from the AMC accreditation panel, and Dr Phil Truskett, Censor-in-Chief, RACS to the QEC meeting as observers.

INTERNATIONAL MEDICAL GRADUATES (IMG)

Significantly fewer specialist pathway assessment applications to work in Australia were received in 2015, in comparison with previous years. This trend is also evident in New Zealand.

The Chair of the NZ IMG Committee, Ainsley Morris, along with Michael Merriman and Penny Gormly took the opportunity presented by Congress to meet with the CEO of the Medical Council of New Zealand to explore further the Council’s rationale for action on recommendations from RANZCO. Discussions were productive and a better understanding between the two bodies will no doubt ensue.

GOVERNANCE MATTERS

The biannual QEC meetings provide an opportunity to discuss refinements and improvements in the governance of educational activities. At this most recent meeting, policies relating to the management of S-IMG and examination processes, and role descriptors for those acting in supervisory capacities in the Vocational Training Program were approved.

Terms of reference for Curriculum and Mentorship Scheme portfolios on the Federal QEC were also accepted.

TRAINING NETWORKS AND POSTS

A busy round of inspections in New South Wales, South Australia, Queensland and regional Victoria was completed in the second half of 2015. Dr Peter O’Connor and his team undertook this demanding task with rigour and fairness. Sharing of frank and constructive feedback between hospitals and practices, health services and the College is essential to maintain the breadth and depth of clinical experience that meets the Trainees’ learning needs.

THE 2016 TRAINEES

Twenty-seven Trainees will constitute the 2016 cohort – the first, from New Zealand, commenced training in September 2015. No new Trainees will commence in Queensland in 2016, as no vacant accredited training posts were available.

It is interesting to note that the average time since completing a medical degree for this intake of Trainees is five years. The new Trainees have an average age of 30.4 years, and one-third of the cohort is female.

TRAINERS OF EXCELLENCE

The annual Graduation Ceremony is a wonderful time to acknowledge the skills, hard work and talent of our newest Fellows. It is also an...
opportunity to congratulate their teachers. In Wellington, I was delighted to present Trainer of Excellence Awards to A/Prof Alex P Hunyor (NSW Sydney Eye Hospital), A/Prof James Elder (VIC), Drs Edwin Figueira (NSW Prince of Wales), John Landers (SA), Anita Tandon (WA), John Harrison (QLD), Antony Bedggood (NZ North), and Stephen Guest (NZ South). These awards are all the more significant as they are made on the recommendation of the Trainees.

WORK-BASED ASSESSMENT

The QEC has now considered the recommendations of a report into the practice of work-based assessment in the VTP. Several significant changes have been agreed, including the adoption of a multi-source feedback instrument. These will be rolled out (with the necessary training and resources) to Trainees, Directors of Training, Term Supervisors and Clinical Tutors in mid-2016.

CURRICULUM

The comprehensive review of the VTP curriculum that commenced in 2012 is drawing to a close. Prof Paul Mitchell has chaired the review, leading a committee that included Prof Glen Gole, A/Prof Adam Gajdatsy, and Drs Justin Mora, Mark Walland and Jon Farrah. More than 140 Fellows, Trainees, discipline experts and community members have contributed to the review processes for the 22 standards that comprise the curriculum.

E-LEARNING

There are a myriad of ophthalmology learning resources available on the web but curating and developing materials that are particularly suited to RANZCO’s purposes is an important task for the education team.

The development of an online learning tool addressing the ‘professional’ dimension of the recently revised Social and Professional Responsibilities Curriculum Standard is progressing. Fellows and Trainees are writing and reviewing the ‘real life’ scenarios that will be included in the tool. Capture of presentations from Congress and ‘Eye Schools’ continues, as does development of instrument tray quizzes.

Moodle is the home of Pacific Eyes Online – a case review forum that can provide us all with more insight into ophthalmology in the developing world. During 2016, Moodle will become ‘Supervisor – and Mentor – Central’, so please take some time to get familiar with the Moodle platform.

EXAMINERS

It gives me great pleasure to acknowledge the service of Dr Cathy Green, who has stepped down following seven years as Chair of the Ophthalmic Sciences Board of Examiners. Dr Andrew Thompson has taken up this role. Drs Season Yeung (COPEM), James Jabbour (Anatomy) and Chandra Balachandran (Physiology) have joined examination committees.

On behalf of the College, I extend my most sincere thanks to all Fellows, Trainees, external examiners, hospital and College staff involved in the smooth running of our written, practical and clinical examinations.

TRAINEE REPRESENTATIVE GROUP

Dr James McKelvie attended the recent QEC meeting, as the spokesperson for the Trainee Representative Group. The feedback provided by the TRG is very valuable. For example, this most recent submission to the QEC has assisted in the design of the surgical logbook tool that was released as part of the College CRM database in late 2015.

From left: Drs Neil Murray, Peter O’Connor and Mark Renehan
Censor-in-Chief’s Update

TRAINED PROGRESSION COMMITTEE

I welcome Dr Stephen Best and A/Prof Mei-Ling Tay-Kearney to the TPC, joining Drs Stephen Jones and Stephanie Young. My most sincere thanks to Dr Anthony Hall for his wise counsel during his time on the Committee.

CPD

Uptake of the RANZCO Clinical Audit Tool (RCAT) is very pleasing, with 190 Fellows having registered and recorded 1480 cataract surgical procedures by mid-September in 2015. The QEC is keen to encourage Trainees to engage with RCAT, to support the practice of clinical audit.

SPECIALIST TRAINING PROGRAM (STP)

As reported in the last Eye2Eye, the Commonwealth Government through the Department of Health extended the STP until the end of the 2016 training year. RANZCO has issued Deeds of Variation and Memoranda of Understanding where appropriate to our 12 existing STP sites to cover this extended period.

The Minister for Health, Sussan Ley, also announced that there would be a review of the STP to consider any future reforms to the Program to ensure that they are targeted to better meet Australia’s future specialist medical workforce needs from 2017.

A discussion paper was issued by the Department inviting the Medical Colleges participating in the STP to comment on the paper. The paper presented some possible options for changes to the operation of the Program and elicited responses in the form of a number of questions. RANZCO responded based on our experiences with the current system.

As part of the consideration of the operational aspects of the Program, the College was scheduled to meet with the Department’s Health Workforce Division on 20 November 2015 to address our response to the discussion paper.

The development of a potential methodology for the allocation of training posts from 2017 and beyond is being conducted separately. We would expect to be informed of this early in 2016.

INDIGENOUS AND INTERNATIONAL

Work in the indigenous and international development spaces is an integral part of the education remit of RANZCO. Fellows and College education staff have an ongoing commitment to the development of ophthalmology training in Cambodia – through teaching visits, assessment reform and teaching innovation – and ophthalmologist and allied health staff development in the Pacific.

The development of Aboriginal and Torres Strait Islander, and Māori cultural awareness training materials, designed specifically to address the ophthalmology context is progressing well.

AUSTRALIAN MEDICAL COUNCIL

As you may know, the Australian Medical Council is conducting an assessment of the education, training and CPD programs for accreditation of RANZCO in 2016. The Chair of the accreditation team, Prof Kate Leslie, and team member Dr Shannon Springer attended a number of business meetings at Congress, including the QEC meeting. Meetings for the team with Trainees and Clinical Tutors were also held: thank you to those who made themselves available to attend these meetings.

The accreditation process is a challenging one, but it affords RANZCO a great opportunity to review and refine its educational activities. I look forward to working with you on this important project.

Best wishes to you, your families and staff for a happy and prosperous 2016.

Dr Mark Renehan
Censor-in-Chief
It was good to see so many Fellows enjoying themselves at the Wellington Congress. It took a long time to get the meeting back to New Zealand, but I think it was worth the wait.

Keith Small and his team of local organisers put together many interesting local elements which will be long remembered, particularly the singing. The Scientific Program Committee, led by Helen Danesh-Meyer, tried a new format of having only plenary sessions in the morning and this seemed to work very well with packed sessions most days. I was most interested in the session presented by Chai Chuah (Director-General of Health NZ), Dr Linda Swan (Chief Medical Officer for Medibank Private) and Prof Peter McCluskey (well-known ophthalmologist) talking about inequality in modern medicine. It raised some interesting issues that we will all face as consumers and which all medical practitioners will need to address as providers. I was left thinking that we are in a period in which we will see a rapid shift in the way medical care is delivered, but right now governments and providers are considering many different models. RANZCO remains committed to ensuring best patient care and advocating for our Fellows to practise appropriate ophthalmic care.

The MBS Review is well under way in Australia, and ophthalmology will undoubtedly see some changes. It is hard to predict where the whole MBS Review will head, but we do know ophthalmology is a lower priority area as we have been through some quite extensive reviews in recent years. However, it is clear governments in both Australia and New Zealand are looking for major health savings through lower costs. Private health insurers in both countries are doing the same. It is naïve to think that we will be able to maintain the same level of rebates from the public and private systems across every area. All medical specialties are looking to do the same, and it is not sustainable. We will have to negotiate or more unpalatable changes will be imposed.
In recent discussions with different government departments it is apparent that they see ophthalmology as a problem area. However, upon further probing it is also clear that the practices of a very small number are tarnishing the whole profession. Examples of over-charging, over-servicing, breaches of advertising laws and creative item number allocation are real. But they are restricted to a handful. I urge all Fellows to be mindful of what they are doing as governments are looking for an excuse to crack down and they clearly have an agenda. If you are aware of issues, they should be reported to AHPRA, your state’s Health Care Complaints Commission (should it exist), RANZCO or the ASO as you see appropriate. The College will not tolerate behaviours from Fellows that risk the reputation of the whole profession.

In the same vein, RANZCO does not tolerate bullying, harassment or sexual harassment. The recent RANZCO survey did show that we have an issue in all these areas, and it has been going on for many years. The survey showed we are probably no different to the College of Surgeons, and it is likely to be the same across the medical profession. This is not an excuse. We must do better to identify bad behaviours and stop these. We need to be more proactive in educating everyone, especially so that people can see that behaviour which they might think is being critically instructive can come across as bullying, or vice versa: instruction in clinical settings in particular can sometimes intentionally be very directive and should not be seen as bullying. Again, however, we will not tolerate bullying, harassment and sexual harassment and these behaviours need to be outed.

On a more cheery note, 2015 was a very successful year for the College. My highlights have been the adoption of a new, more appropriate constitution; the complete refit of the Chalmers St offices, on time and on budget; the integration of activities and ideas across the RANZCO staff which have resulted in a number of new internal initiatives; and, finally the successful launch of our new website linked to a proper relational database. These will all allow RANZCO to better serve our Members and educate future ophthalmologists. I look forward to another fruitful year in 2016.

Dr David Andrews
CEO

Conflict is a normal part of life. Knowing how to resolve conflict, and having the confidence to implement this knowledge, is essential to ensuring it doesn’t escalate to the point that relationships are damaged beyond repair.

Effective conflict resolution isn’t easy. It’s a challenging process requiring strong self-discipline, patience, and an ability to negotiate. Some things to consider when you are looking to resolve conflict, and increase the effectiveness of the interaction are:

**Time and place**: A heated argument is not normally effective in resolving a conflict. Take time out to calm down and approach the conflict when you are less emotional and in a place where you can talk comfortably. Consider, is what they are saying “wrong” or just different?

**Listen**: Every conflict has two sides. Listen and try to understand where the other party is coming from so that you are clear what the issues are.

**Compromise**: It is unlikely you can both get exactly what you want. Try to identify areas of common ground and find ways that you can both be satisfied, even if it means that you need to be a little flexible.

**Focus**: Bringing up the past or making personal attacks won’t help. Try to stick to the problem at hand and deal with past or personal issues at a different time. Bringing up these issues will only confuse and escalate the conflict.

If you are struggling with a conflict and feel that you don’t have the resources to resolve it, you might like to arrange a counselling session with one of Converge International’s experienced consultants. Call us on 1300 687 327 to arrange a confidential appointment.

Overcoming Conflict

1300 our eap
1300 687 327
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There is one who walks among us with a quiet tread but whose footfalls can create great disquiet if needed. He, for diversity has not yet breached this particular citadel, moves with an easy grace that belies the burdens of office. And they are substantial. The essential qualities demanded are intellect, integrity, discipline and leadership. Oh, and wide experience. Lots of it.

The man is Mark Renehan and his role is Censor-in-Chief, arguably the core pillar of the College given the responsibility for chairing the Federal Qualification and Education Committee. This body is responsible for all aspects of postgraduate education, overseeing the selection of trainees, the curriculum, training post-accreditation and examinations.

With some 30 committees under RANZCO’s auspices there might be some discussion about comparative importance but given the College’s role as a Higher Education Institution there can be little debate about the primacy of QEC. It is central to the College’s mission and a key to realising RANZCO’s vision as The Leaders in Eye Care.

The title Censor-in-Chief calls to mind English tradition but its provenance appears to go much farther back. Indeed, the first Censor was instituted in 444 BC as part of the governance structure of the Roman empire. Two men held this role with the senior being Registrar of Rome. A pivotal duty was counting the census although additional responsibilities such as supervising taxation, construction of public infrastructure and enforcing public morality ensured the role was never far from controversy. At its heart lay the exercise of power, emphasised by the remarkable authority of the office even to deny a Senator access to the Senate.

There were few secrets withheld from the Censor as he recorded the wealth of all families and to which of the three tribes they belonged. This de facto caste system was used by the Censor, in times of conscription, to allocate men to various units of infantry or cavalry. The power of patronage was truly a matter of life or death.

With emperors not noted for their willingness to share power it is unsurprising that the Censors were gradually relegated to only counting the census. Around 200 BC the role became an elected one in advance of a five-yearly census. The incumbents were given an 18-month term to conclude the counting and manage issues arising. The positions were held in abeyance for the remaining three and a half years until the next census.

Around this time, the term Censor-in-Chief (yushi dafu) came to prominence in Chinese governance. The post, however, was as powerful as in Rome 200 years earlier, being recognised as the highest-ranking state official. If you like, Director-General of the Department of Prime Minister and Cabinet. The power of the position is exemplified by the requirement for every edict of the emperor to be counter-signed by the Censor before becoming law.

Two millennia on, RANZCO has numerous checks and balances to ensure its Censor-in-Chief does not seek to abuse the power of the position. With four years of service on QEC, Mark Renehan was under no illusion that unfettered power would be his when he was elevated to Chair of the committee. Indeed, any indication of hunger for power would almost certainly condemn any aspirant from ever achieving the post. The proud pedigree of previous incumbents sets a record for dignified but illustrious service that would humble most of us.

Humility is one of the graces that Mark possesses. Oh, he has little tolerance for suffering fools and his diplomacy may not always be the most subtle but his magnanimity and generosity of spirit in mentoring those needing guidance testifies to his good heart. Asked if he is a master of subtle diplomacy, he snorts derisively: “No, I’m blunt. Frank communication is my style.” Which comment he then follows with a ribald aside that has something to do with shovels, spades and general nomenclature.

As to why he accepted the role, Mark protests that it was a way of avoiding the presidency. As is so often the case, his tongue is planted firmly in his cheek. If ever in doubt, just...
check the cheeky sparkle in his eyes. Not much gets past his ever-vigilant scrutiny. And it is well that this is so since the Censor must not only enact the rules of the College, he or she must be attuned to the moods of Fellows and the nuances of many and varied opinions. Arriving at a consensus in his own mind must sometimes demand the wisdom of Solomon but Mark backs his judgment with a calm self-assurance. Reflection guides his determinations but his sleep will not often be troubled by doubt.

Such certainty of mind, one can readily imagine, was likely honed by being one of a large family. “Yeah, I come from a family of seven kids – in nine and a half years! That’s barefoot and pregnant, eh?” The self-deprecation continues as he describes the career paths of those with whom he went to school (a religious institute whose provenance shall remain nameless): “A third of them went to uni, a third went to the public service and a third to jail.” Dr Renehan, of course, was in the academic cohort!

As might be imagined, the easy nonchalance that outwardly characterises Mark’s approach to the CIC role is not apparent when you delve into his management of the responsibilities. “I do manage the processes of meetings in advance,” he confides. “I talk to the key players and get people’s thoughts on issues. This is essential with something like remediation.” Given the enormous consequences of a Trainee potentially being denied the right to practise in a field to which he or she has devoted many years of their life, the QEC and CIC share a heavy burden of responsibility. “An understanding of human nature is essential to the role so that people can be given due consideration. We like to be as fair as we can.”

Is he assiduous in nurturing his own image? Not a chance! “It’s fair to say I have some detractors. But I can’t let that bother me over much. I do reflect on criticism but don’t let it affect me.” Such a comment could easily be characterised as arrogance but strength of character is what shines through when reading his facial and body language. Cut this one and he will bleed. But he recognises what he must bring to the role for it to bind the College as it does. A steely resolve is elemental. “They are tough decisions that have to be made.”

But there are no illusions as to the challenge of keeping everyone onside. “Oh, you have to practise at being a dartboard.” As always, the eyes twinkle mischievously and that trademark half-smile turns up the corners of his mouth.

There seems little doubt that Mark Renehan’s legacy in this role will be as a yardstick by which others are measured.

“Be not afraid of greatness; some are born great, some achieve greatness and some have greatness thrust upon them.” - (Shakespeare’s Twelfth Night, Act II, Scene V).

David M Russell

The title of this piece reflects the esteem in which Thomas More was held by his contemporaries (if not his king). Playwright Robert Bolt gave the world his singular play “A Man for All Seasons” which was borrowed from a tribute to More by Robert Whittington in 1520, who said:

“More is a man of an angel’s wit and singular learning. I know not his fellow. For where is the man of that gentleness, lowliness and affability? And, as time requireth, a man of marvelous mirth and pastimes, and sometime of as sad gravity. A man for all seasons.”
As one with the gods: a love affair with Egyptology

People Profile
Dr Eugene Evanoff
A very large group of saddened patients is coming to grips with the decision by Dr Eugene Evanoff to cease clinical practice after fifty years of dedication to eye healthcare.

There were many who begged him to continue his life’s work but, at 75 years of age, Eugene and wife Shirley have opted for travel and indulgence in favoured pastimes as a retirement reward. This will start with a three-week holiday in the land of the Rising Sun but it surely won’t be long before Eugene returns to the River Nile which provides a backbone to his life-long passion for Egyptology.

His love affair started way back in schooldays when he worked in the North Sydney Boys High library and came across some illustrated volumes about the history of Egypt. Images of pyramids and statues of antiquity captured his imagination and never let go. Unsure of what, in particular, excited him, Eugene says: “It just grabbed me.”

With the necessity of securing his qualifications for a career in ophthalmology, it would be many years before he could venture abroad to savour at close hand the artefacts that so entranced him.

With the single-minded dedication and commitment that enables success along the pathway of ophthalmology, Eugene applied himself and was granted a scholarship into the Faculty of Medicine at Sydney University. This was followed by an Internship at Bankstown Hospital which later became a teaching Hospital for the University of NSW.

After graduating in 1965 Eugene took up a position in 1967 as Registrar in Ophthalmology at Concord Hospital. He is generous in his thanks to Dr Reuben Hertzberg at the then Children’s Hospital in Camperdown and Dr Edgar Donaldson and Dr Peter Rogers at The Sydney Eye Hospital for their very valued mentorship.

Dr Evanoff holds a unique position in RANZCO as he recounts with pride that he sat for the College’s first-ever exam in 1972. Prior to this, ophthalmology had not been recognised as a specialty. “I was the first to go through that guinea-pig phase for the College,” he recalls.

Eager to commence his work with patients, Eugene started his first private practice in West Ryde in 1972. His long association with this area saw him hold the position of Honorary Ophthalmologist at The Ryde District Hospital for 14 years. Later, in 1990, he moved his practice to Eastwood.

Asked what he sees as the differences in ophthalmic education these days, Eugene nominates a substantially greater emphasis on surgical and laser techniques than clinical practice, something he holds dear. “I am basically a clinician and not into surgery or laser. These days, most graduates like to do both. They train to do both. But I was just not so inclined.”

The other insight Eugene offers is that “there is so much knowledge now”. He foresees much greater emphasis on specialisation. “The whole practice of ophthalmology has become sub-specialised. People will become more and more specialised.”

It is this burgeoning trend to ever-smaller niches in ophthalmic practice that provides testament to the ever-expanding insights and understandings of the eye. It certainly underpins the paramount commitment of the College to provide a thoroughly comprehensive and continually updated program of Continuing Professional Development.

As for the future of the College, Dr Evanoff sees the need for an expanded focus on the politics of ophthalmology and medicine, more generally. “I sometimes feel the College could do more on certain political issues,” he said.

As for the tension between optometry and ophthalmology, he sees things as being a whole lot better these days. “At the start of my practice we were deadly enemies. Now there is collaboration. I do think there should be some form of union between these two bodies.”

Many may think that a pipedream but so long as healthy dialogue is maintained between the disciplines, consensus is possible.
For now, his beloved Egyptology beckons. “I’ve had many visits to Egypt. I find it exciting; 7000 years of history. I find it absorbing.”

The sheer delight at discussing his fixation washes through his voice. He recalls his meeting in 2013 with the statue of the god Horus whom he describes as the most important in Egyptian religion. The ability to still be able to touch such remarkable antiquities brings his passion to life. “I feel you must touch things. When I went to the Parthenon, I had to touch things to feel the history.”

Of the very ancient but still real gods of Egypt, Eugene said: “Horus was a very, very good god. The gods disliked chaos. They tried to keep things in order.”

The destruction of irreplaceable historical artefacts makes it clear that we need people like Eugene Evanoff to remind us of their value for current and future generations. As with his ophthalmic achievements, he brings us a different vision to let us see life from an alternative perspective. May his dreams resonate.

David M Russell

Night out in Cairo with wife Shirley and daughter Caroline with The Great Pyramid of Giza in the background

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For those of us based in Wellington and myself particularly it was a great pleasure and an honour to host the College’s 2015 Annual Congress. Ahead of the meeting we had made much of Wellington having a strong cultural identity and being the ‘Coolest Little Capital’ and we certainly had a cool time playing host to such a large number of colleagues and guests and a superb group of invited speakers.

Bringing the conference to a smaller city is both a challenge for the organisers - particularly the wonderful people at Think Business Events, but also a real opportunity to enjoy the vibe created by being more in the heart of things than is often possible in a bigger city. The venue was right on the waterfront and a stone’s throw from the CBD, which I think proved a real advantage. Size limitations meant that the lecture space consisted of one long hall suitable for the plenary sessions that could be split.
into three smaller lecture theatres orientated at 90 degrees to the long hall for the concurrent sessions. Due to this arrangement, all the plenary sessions were held in the mornings with the rearrangement done hastily during the lunch break. Apart from an embarrassing delay with the IT on the first day due to problems completing the change-over this worked well and I think concentrating the plenary sessions before lunch gave a good shape to the scientific component of each day.

917 delegates attended, not including staff, media, sponsors and exhibitors. To my mind this is a pretty good turn out and not a whole lot less than the numbers normally attending in the large Australian cities. The trade display also was a very good representation of what industry and our sponsors have to offer and being so close to the lecture halls made for easy flow between the two.

The official start to the conference is of course the welcome reception, which we held at Te Papa – the national museum on the waterfront on the Saturday evening. This incorporated a little more formality than sometimes with a traditional Māori welcoming speech (a mihi) from an elder of Te Atiawa the local people, followed as is customary by a ‘waiata’ – a song in Māori. I was very impressed by our President Dr Brad Horsburgh’s welcome following this in which he revealed his perfectly chosen rugby jersey – half All Black and half Wallaby with, of course, the Aussie colours over his heart. Beautifully done and ideally timed before the World Cup final early the following morning.

As I’ve mentioned already, our invited speakers were outstanding this year and I’m particularly grateful to Dr Randall J Olson and Prof Peter McCluskey for going the extra mile and giving really practical and helpful lectures to the trainees for the Registrars’ session on the Saturday morning.

Dr Randall J Olson continued to give us eminently useful and well-researched material in a number of lectures relating to critical aspects of cataract surgery. Having been the head of his department in Salt Lake City for well over 30 years he still speaks with the clarity, energy and purpose of someone who has just begun. He is generous with his time and knowledge and a great pleasure to meet and hear.

Dr Ike K Ahmed from Toronto also gave a number of fascinating presentations relating principally to cataract surgery, including videos of surgery on cataracts that most of us would consider too hard to handle. He too was full of enthusiasm but also eminently practical, honest and sensible and helped make the programme not just entertaining but inspiring as well.

Prof Tin Aung from Singapore speaks with more authority than most on the subject of angle closure glaucoma and managed to show that this condition comprises quite a complex range of anatomical states whilst

Dr Ike K Ahmed, MD

Prof Tin Aung

Randall J Olson, MD

Douglas A Jabs, MD

Prof David Wong

cleverly avoiding leaving the listener overwhelmed or confused. The best methods of primary and definitive treatment of ACG were well explored and the role of lens extraction clarified.

Dr Douglas A Jabs from Mt Sinai (and previously Johns Hopkins and the Wilmer Eye Institute) brought us up to date with some very important understandings of uveitis both in terms of
of an approach to classification and the importance of adequate systemic therapy. The MUST (Multi-centre Uveitis Steroid Treatment) Trial has shown that adequate system immune therapy is a lot safer than many had imagined and substantially better for visual outcomes than local steroid treatment with inadequate systemic therapy.

Prof David Wong who is now back in Liverpool having been in Hong Kong for the last few years spoke about treatment of retinal detachment, amongst other things discussing the choice of silicone oil (I’ll be changing to 1000cSt) and the times when a buckle is still good treatment. He too speaks with great authority and practicality in an area where so often we hear opinion that is based only very loosely on evidence.

The named lectures were a real treat. A/Prof John Grigg in the Council Lecture gave a masterful review of the prevalence and significance of childhood eye disease and of the challenges faced and the advances to look forward to. The Sir Norman Gregg Lecture by Prof Peter McCluskey reviewed 30 years of research into scleritis giving an excellent and personal overview of a debilitating and dangerous disease. Prof Dao-Yi Yu from Perth delivered the Ida Mann lecture with an impressive example of the tireless and methodical approach demanded by good research in the development of a new ab-interno glaucoma stent and Dr Neil Murray would have done Fred Hollows proud with his lecture on ‘Progress through Innovation’ in addressing the challenges of the global burden of eye disease.

The rather unsung heroes behind the Congress are the Scientific Program Committee and having had the opportunity to experience the process in the lead-up to this conference I am enormously grateful for all the conscientious work they do. Having planned the nature of the scientific content of the meeting well in advance they have a huge amount of work to do reviewing all the submitted abstracts, courses etc. and putting together a program that works well from all the different perspectives of the large range of attendees and presenters. Special thanks must go to Prof Helen Danesh-Meyer who so ably chairs this committee and puts in an enormous amount of good thought and hard work herself. The quality of the courses and presented papers this year was excellent as was that of the posters and films which were viewed in the pleasant surroundings of a craft beer, dumpling and boutique chocolate evening. Along with an impressive range of weather over the few days of the meeting from the sunny and beautiful to the down-right inhospitable. I think people saw a reasonable glimpse of Wellington’s diversity!

It seems to me that the highlight of the Congress, given that the key role of the College is education and given the time and effort so many put into our training program, is the opportunity to celebrate the achievements and future prospects of the newly graduating Fellows of the College. These graduands have spent a great deal of effort and time to reach this stage and have required much support from their families and loved ones. It was a real pleasure to see that a number of those graduating this year had spent time in their training here in Wellington. It is appropriate to use the occasion to pay tribute to those Fellows who have led by example and I was very pleased to be present when College awards were presented to Stephen Cains, Ivan Goldberg, Stuart Graham, Peter Wellings and Mark Elder. The graduation was addressed by Sir Geoffrey Palmer, former Prime Minister of New Zealand and a constitutional lawyer of international renown whose speech demonstrated a depth of experience in the law and gave some cautionary tales while nonetheless striking a very encouraging note.

Speaking of notes, I took the liberty along with Dr Alistair Papali’i-Curtin, a New Zealand trainee, of preparing a couple of songs for the conference dinner in the Banqueting Hall of
Parliament and I’m very glad they went down well. I was just a little concerned beforehand at the risk of re-writing the words to Waltzing Matilda for our song reflecting on femto-second laser assisted cataract surgery but I’ll take it as a measure of the general good humour of the conference that it was received in such good spirits. Certainly from my perspective the whole experience of being convenor was great fun. It has reminded me of the important role of the College in fostering good relations amongst all ophthalmologists in Australia and New Zealand (and beyond) and of the Congress as a forum to maintain our spirit of collegiality, and to keep us all up to date, challenged by the difficult and important questions and reminded me of the privilege we share in helping to minimise the impact of eye disease.

And on that slightly grandiose note – thank you to everybody who helped with the Wellington meeting, thank you all who came and I’ll look forward to Melbourne in November.

Dr Keith Small
2015 Congress Convenor
CONGRESS 2015: A BREATH OF FRESH AIR

Wellington, you did us proud! As host city for our 47th Annual Scientific Congress, you enabled the College to stage a gathering that truly delighted not only our senses but our intellects, too.

To the Scientific Program Committee, we owe a vote of thanks for a star-studded line-up of speakers who challenged our orthodoxies and dared us to push the boundaries of our understandings and expertise ever further.

No matter what the subject, if you listened you learned. And that is the backbone of our beloved and wonderfully complex discipline. Never can we know it all. Our path is one of constant learning and the insights we gleaned from our colleagues in Wellington will, above all else, enable us to continue delivering the best possible care to our patients and the broader community.

To our newly-admitted Fellows, we all offer congratulations. Your graduation ceremony is one of life’s most memorable occasions. Cherish this reward for your years of discipline and dedication and enjoy the supportive fellowship of a most remarkable group of people who share your passions and ideals.

Congress is always a time for renewal of old friendships and the flourishing of new ones. To talk shop with colleagues in a convivial atmosphere is one of the great pleasures and benefits of this annual gathering.

To experience the attractions and differences of a new city each time imparts a sense of occasion that is unique to each Congress. In this regard, New Zealand hospitality was an absolute winner! How could we not be entranced by the extraordinary natural beauty of the country and the specific delights of Wellington?

This Congress demonstrated the admirable strength that a trans-Tasman College can enjoy. It is something we should never take for granted.

And so, we consider what lies ahead. Melbourne in 2016 and, with it, the chance once again to enjoy the companionship and solidarity that make Congress always a unique and very special event. I hope I can meet you all again to share a new collection of warm memories.

Dr Brad Horsburgh
RANZCO President
ANNUAL GENERAL MEETING

RANZCO’s 47th Annual General Meeting (AGM) was held on Sunday 1 November, following the Rugby World Cup. Given the trans-Tasman nature of the final, and of RANZCO itself, I think it’s safe to say, everyone was a winner that day. If you don’t buy that, hopefully the cricket will rectify the situation.

Despite the early morning festivities, the AGM was well attended and Fellows were updated by the President, CEO and Treasurer.

Of note was an update from the President, Dr Brad Horsburgh, on the Prevalence Survey on Discrimination, Bullying, Sexual Harassment and Harassment. Although the full survey results had not been given to the Fellowship at the time, the RANZCO Board and Council had already begun work on addressing several of the key findings of the survey. In particular, a specific focus on training supervisors to provide appropriate feedback, establishing a robust and arms-length complaints process and utilising male champions for change.

Dr David Andrews, CEO, spoke about recent changes at RANZCO, including a newly renovated office, a soon to be launched database and website as well as changes to the RANZCO Organisational Chart, largely in response to the aforementioned survey and expected outcomes of the Australian Medical Council’s 2016 accreditation requirements.

RANZCO’s first female Treasurer, Dr Heather Mack, ran through the 2014-2015 audited financial reports and drew attention to the large amount of income derived from bequests, finishing with a tongue-in-cheek reminder to Fellows to brush the dust off their wills.

RANZCO’s current auditors, Grant Thornton, were reappointed by a majority show of hands.

Finally, Brad noted the new appointments to Board and Council, which had been made at the previous day’s Council meeting; Dr Diana Semmonds was reappointed as a Board Director and Dr Nigel Morlet from Perth joins the Board.

The following Fellows were also appointed or reappointed as Council members:

- Dr Tasha Micheli, NSW
- Dr Bob Griffits, NSW
- Dr Christine Younan, NSW
- Dr Lewis Levitz, VIC
- Dr Leisha Riddington, VIC
- Dr Kira Michalova, VIC
- Dr Dan Black, QLD
- Dr Peter Cooper, SA & NT
- Dr Paul McCartney, TAS
- Dr Keith Small, NZ
- Dr Anthony Bennett Hall, International Development Committee Chair
- Dr Suki Sandhu, CPD Committee Chair
- Prof Helen Danesh-Meyer, Scientific Program Committee Chair
- Dr Nisha Sachdev, Younger Fellows’ Advisory Group Chair
- Dr Emmanuel Gregory, Senior and Retired Fellows’ Group Chair
- Dr Peter McCluskey, Professors’ Group Chair
- A/Prof Stuart Graham, ORIA Chair
- Dr Peter Sumich, ASO Chair
- Dr Stephen Ng, Save Sight NZ Chair
- Dr Michael Merriman, ONZ Chair
- Dr Rick Stawell, The Eye Surgeons’ Foundation Chair

Alex Arancibia
Company Secretary
Our Annual Congress was held in beautiful, windy Wellington. I must admit, it was quite refreshing being back in the old ‘hood’ where I trained. It brought back beautiful memories!

The sun was shining over the weekend which brought a false sense of security to Congress delegates for Wellington’s reputation. However, the following few days did change, in that Wellington was its usual ‘windy’ and rainy self!

I am honoured to report on the Younger Fellows’ activities during the Congress. We had a few interesting and eventful events!

The Younger Fellows’ Advisory Group (YFAG) is a group that was formed three years ago, and comprises representatives from each Australian state and three from New Zealand. It is a group aimed at representing Younger Fellows at a College level. It also provides an avenue for Younger Fellows to chat and discuss any issues we have. Our Chair has been Christine Younan for the past three years, who has led us very well during our initial phase. We have quarterly teleconference meetings with all representatives present and get together on a face-to-face basis at our Annual Congress. Many thanks to Christine for doing a superb job.

The YFAG held our second Course at the Congress in Wellington. We had many speakers who were kind enough to share their words of wisdom. Brad Horsburgh gave us an overview of the College and interacting with it; Rebecca Stack provided an insight into the construction and opening of a new Day Surgery in Christchurch; Stephanie Watson provided a heartfelt insight into the pearls of academia; Keith Small outlined the best way to handle complaints and Alex Hunyor discussed ethical issues in practice. The course was well attended by many Younger Fellows, which was great to see.

In addition to the Course, we had a Younger Fellows’ Dinner on the Monday night. This was held at a local venue, which was fantastic. We had a strong turnout of 55 Fellows for a great evening. It is a casual way of catching up with all Fellows we have trained with as registrars and have now known for many, many years. Some are now back from fellowship and some are still on their fellowships! During the dinner we had David Kaufman discuss the RANZCO Museum, providing a thought-provoking talk on the conception of the museum. Our other speaker was Stuart McHale, a local HR manager. He gave a light-hearted discussion of many HR issues we may have not been sure how to deal with - managing staff, hiring and firing staff, when is it ok to fire someone and how do you do it? It raised many questions from the audience.

We had many new Fellows admitted to the College during the Graduation and Awards Ceremony on Sunday night. It was great to see the familiar faces of those who I had trained with and for whom graduating in Wellington would be a climax of their career!

The highlight of the Congress would have to be the Congress Dinner at Parliament. And, indeed, the vocal chords of Keith Small and Alistair Papali’i-Curtin. I must admit, having trained under Keith for many years in Wellington, I didn’t appreciate his vocal skills at all! And, for a new trainee to be able to sing with Keith in such perfect harmony - I am in awe of their skills! Accolades to both of you!

Well done to Keith Small and the organising committee for producing such a fantastic event in the loveliest (albeit windiest) city of New Zealand.

Where do we go from here? Well, I am now the chair of the YFAG. Our aim is to increase Younger Fellows’ activities in several areas. This will include local Branch meetings and any committees that benefit from Younger Fellows’ input! In addition, we hope to have a course at this year’s Congress in Melbourne. Interestingly, I am also on the executive board of the ASO (Australian Society of Ophthalmologists) which is the political arm of ophthalmology. It is an interesting insight into what goes on behind the scenes! ASO has done great work in the
Wellington proved to be a wonderful destination for Fellows to catch up this year! Unlike previous years, the Senior and Retired Fellows’ lounge was situated outside the exhibition space. However, with a well-stocked coffee station parked there, many enjoyed a quiet moment to relax and have a seat.

It was great to see so many familiar faces including Margaret Dunn – former RANZCO staff member and Honorary Fellow. Margaret is currently working on a book about the history of the College, so she had a lot of interesting stories to share.

David Kaufman’s lunchtime museum talk was very entertaining as always and we look forward to seeing the return of the RANZCO Museum display at this year’s Congress in Melbourne.

Documentary-maker and journalist Anna Cottrell gave several presentations of her ANZAC-related documentaries which were most interesting and moving for everyone present. Bruce Hadden’s presentation on Historic Ophthalmologists was very entertaining and we thank him for once again presenting with such humour and enthusiasm.

The Senior and Retired Fellows’ dinner continues to be a real highlight each year and Wellington was no different. The Wellington Club was a great setting for a lovely night. Local Fellow Peter Wellings welcomed us to the club with an entertaining address. I gave a short speech thanking the excellent crowd for coming, acknowledging those Fellows who had passed away during the year and expressing my hope that all of us there would meet again in Melbourne next year. The lack of formal proceedings and the lovely surrounds gave everyone present a great opportunity to mingle and catch up properly. Our sincere thanks to Paul Herrick for his work this year with the local organising committee to ensure our events were a success.

We look forward to seeing you in Melbourne.

Dr Emmanuel Gregory  
Chair, Senior and Retired Fellows’ Group

SENIOR AND RETIRED FELLOWS’ GROUP

WELLINGTON A POPULAR DESTINATION

Wellington proved to be a wonderful destination for Fellows to catch up this year! Unlike previous years, the Senior and Retired Fellows’ lounge was situated outside the exhibition space. However, with a well-stocked coffee station parked there, many enjoyed a quiet moment to relax and have a seat.

Dr Nisha Sachdev  
Chair, Younger Fellows’ Advisory Group
INTEREST GROUP MEETING OF THE INDIGENOUS COMMITTEE

The Interest Group of the RANZCO Indigenous Committee met in Wellington just prior to the 47th Annual Scientific Congress and was attended by ophthalmologists and Trainees together with optometrists, ophthalmic nurses and other interested stakeholders including representatives from Vision 2020 Australia.

The meeting was opened by Dr Rawiri Jansen with a traditional Māori welcome to country that included an acknowledgement of the traditional owners and elders in the Wellington region.

Dr Jansen is the current Chair of the Māori Medical Practitioners Association and he presented valuable information pertaining to the importance of cultural awareness from a local perspective. The first Māori medical practitioner graduated from Chicago in 1899 and since that time there has been a steady increase in the number of Māori medical graduates, initially at a rate of one every two or three years until today where there are three or more graduates per year.

Māori Medical Practitioners Association members have a number of strategies and programs in place to mentor undergraduate and graduate Māori doctors and draw attention to the various pathways available for their courses including postgraduate study into specialties.

Another important area that the Māori Medical Practitioners Association members have influence in is through advising the broader sector on issues pertaining to Māori health. In the past, this has included contributions to publications for the Medical Council of New Zealand. Māori medical doctors are striving to have representation in all medical specialty colleges as well as on the New Zealand Health Workforce and Medical Council.

Interestingly, the disease burden of the Māori population is principally diabetic retinopathy which exceeds the number of cataracts and for reasons unknown the incidence of glaucoma and macular degeneration is extremely low.

Informative regional and stakeholder reports were again presented to meeting attendees in a small booklet with report authors giving a précis of important issues in their state, region or institution. Report summaries can be read on the College website under the section titled ‘Links and Useful Resources’ of the Indigenous Committee home page.

One of the highlights of the meeting was a presentation given by Ms Lisa Penrose, an optometrist who works for the Institute for Urban Indigenous Health (IUIH). Ms Penrose gave an interesting talk on how the IUIH unites, integrates and leads community-controlled health services in South East Queensland. There are more than 65,000 Indigenous Australians living in this region which make up a third of the state’s total Indigenous population. Currently four funding streams are used to facilitate eye health care in this region and they include: the Medical Outreach Indigenous Chronic Disease Program; Care Coordination Supplementary Services (CCSS) funding; IUIH Connect and Optometry (VOS/CCSS). Coordination and integration with the local Aboriginal Community-Controlled Health Organisation (ACCHO) is essential in maximising opportunities for eye health teams which include ophthalmologist and optometry health care professionals.

The meeting concluded with several open forum discussions about funding for eye health teams involved in service provision trips. Committee members and stakeholders are again looking forward to our next meeting in Melbourne.

Drs Rawiri Jansen, Antony Bedggood and Ashish Agar
TELEHEALTH - SERVING THE NEEDS OF REGIONAL AND REMOTE PATIENTS

Telehealth was introduced by the Federal Government in 2011 together with various incentives to facilitate its uptake among general practitioners (GPs) and other medical specialties.

In the lead-up to the Federal Government creating MBS telehealth item numbers a feasibility study was initiated by A/Prof Angus Turner who successfully applied for and received an ORIA grant to look at the practicalities of telehealth consultations. Optometry Australia, RANZCO and other stakeholders were able to contribute to A/Prof Turner’s study which presented a case to the government that telehealth would be a viable method for treating patients in remote locations.

In Western Australia there were initially 100 patients who were seen by ophthalmologists referred from about sixty optometrists and just a few GPs. It was found that telehealth consults were most successful when referred from the optometrists because they often had access to ophthalmic equipment such as retinal cameras and OCTs.

To date uptake of telehealth consultations has been slow by ophthalmologists, however in Western Australia there is now a daily telehealth clinic in Perth that is dedicated to serving the needs of remote patients. The clinic is able to work most efficiently if there is a prior initial half-hour examination by the remote optometrist who collects relevant images and investigations.

The optometrist or delegated person will then sit with the patient and will connect via video link to the ophthalmologist in Perth.

The principal advantage of telehealth is that it improves efficiencies for outreach visits. The initial consult involving telling the patient about what eye condition they have and how it is going to be treated has already been dealt with in the teleconference, so the surgical list can be made up of patients who have already ‘met’ the ophthalmologist and discussed the operative scenario including consent. So ideally, telehealth consultations need to be followed up by a public hospital visitation outreach service.

Telehealth therefore provides a safe formalised approach to meeting with patients and can be done on a regular basis prior to any surgical visits to the region. Lions Outback Vision (www.outbackvision.com.au) are in the process of collecting information from structured interviews that focus on patient and doctor telehealth consultation satisfaction. Initial feedback seems to indicate that patients are incredibly happy with how easy it is to participate in telehealth and are pleased that Medicare is able to recognise this service. Ophthalmologists, GPs and optometrists also seem to be satisfied with the processes around a video link consultation. The only caveat is that all parties need to be on time for the link up as there are at least three people involved.

Telehealth around the world primarily focuses on an asynchronous store and forward model where thousands of images of eyes are taken, stored on media then sent electronically to the ophthalmologist who looks at the images and makes a diagnosis for treatment. The Australian Government however, focussed on patient contact with the consulting specialist in a synchronous face-to-face meeting over video link. There was initial resistance from stakeholders who wanted to emulate the overseas model, but paradoxically, the face-to-face synchronous model seems to work much more effectively for patients and their health care team for many ocular conditions. Further work needs to be done to lobby for sustainable retinal and glaucoma telehealth screening models.

If you would like to know more detailed information about telehealth then there is a small downloadable interactive telehealth PDF available on RANZCO’s Learning Management System (Moodle). http://moodle.ranzco.edu/course/view.php?id=74
GRADUATION AND COLLEGE AWARDS CEREMONY

The College’s 47th Annual Scientific Congress in Wellington was the occasion for providing recognition to outstanding Fellows who have made major contributions to both Ophthalmology and RANZCO.

The formal Graduation Ceremony and President’s Reception provided the backdrop to presentation of the College Medal and other awards at the Michael Fowler Centre Auditorium.

There were 19 Doctors admitted as new Fellows of RANZCO and eight Fellows were also acknowledged as Trainers of Excellence.

The formal academic procession created the solemnity appropriate to thoughtful consideration of the achievements of so many contributors to the body of knowledge that underpins ophthalmology.

THE COLLEGE MEDAL

Eminent service by Fellows that is exalted or remarkable in degree in duties of great responsibility. Two College medals were awarded during the ceremony.

A/Prof Ivan Goldberg AM

In recognition of his many years of service to the College and for his leadership and dedication to Fellows, colleagues and the broader ophthalmic community.

Dr Stephen Cains

In recognition of his many years of service to the College and his selfless dedication and leadership for the betterment of the profession.

DISTINGUISHED SERVICE AWARD

Distinguished or signal service or outstanding contribution in a responsible position. Two Distinguished Service Awards were presented during the ceremony.

Prof Stuart Graham
Prof Stuart Graham
In recognition of his commitment and service to the College over many years, benefiting both the profession and the community.

A/Prof Mark Elder
In recognition of his service to the College as an examiner and his dedication to the profession for many years, particularly in New Zealand.

MERITORIOUS SERVICE AWARD BRANCH LEVEL
Meritorious service or performance of duty deserving of branch or local level recognition.

Dr Peter Wellings
For his outstanding contribution to clinical and academic Ophthalmology in New Zealand and Australia for many years.

NEW FELLOWS

Doctors admitted as Fellows by examination
- Jern Yee Chen
- Jesse Gale
- David Holcombe
- Shweta Kaushik
- Nathan Kerr
- Mitchell Lawlor
- Joe Li
- Anu Mathew
- Thanh Nguyen
- Genevieve Oliver
- Nirosha Paramanathan
- Logan Robinson
- Terence Tan
- Jane Wells
- Anne-Marie Yardley

Doctors admitted as Fellows by assessment
- Kayvan Arashvand

Dr Juanita Pappalardo receiving her award

THE FILIPIC-GREER MEDAL
Dr Juanita Pappalardo
For overall excellence in performance at the RANZCO Ophthalmic Pathology examination.

TRAINERS OF EXCELLENCE
- Dr John Harrison
- Dr Anita Tandon
- Dr Edwin Figueira
- A/Prof Alex P Hunyor
- A/Prof James Elder
- Dr Antony Bedggood
- Dr Stephen Guest
- Dr John Landers

Dr Peter Wellings
Graduates reciting the College Oath
Dr John Landers, A/Prof James Elder, Dr Antony Bedggood and A/Prof Alex P Hunyor
ORDEAL BY LITIGATION

Former New Zealand Prime Minister, Rt Hon Sir Geoffrey Palmer QC, captivated his audience at last year’s Graduation Ceremony at Congress in Wellington.

In a wide-ranging discourse that probed the many challenges facing both new and established Fellows, Sir Geoffrey highlighted some of the many legal hazards confronting members of the medical profession. Praising the implementation of accident compensation schemes, Sir Geoffrey offered the sympathetic view that: “Doctors face enough challenges without adding ordeal by litigation to them.”

Stressing that it was not his intention to worry or frighten new Fellows, Sir Geoffrey cautioned: “In my view you are best to proceed with prudence and not be spooked about the legal consequences of your behaviour. If you act in accordance with the training and practices of your profession and are careful, you do not have much to fear. But insurance is necessary in my view.”

To underline the prudence of insurance, he reminded new Fellows that the anatomy, physiology and diseases of the eye are extraordinarily complicated. And while technological advances are a boon to modern surgery, the internet can be a two-edged sword:

“The complex range of challenges that face modern professionals is more than a little daunting. The levels of excellence that now have to be attained have been dramatically advanced by breakthroughs in scientific discoveries, new technologies and deep research,” Sir Geoffrey opined.

“The public expects increasingly high standards and assumes that everything always will be well. Modern medicine has been so successful that it masks in the minds of many, the realities of nature. People now go on the internet and learn, or think they can learn, details that will enable them to make judgments about themselves and challenge their medical advisors.

“The internet has revolutionised access not just to information about health issues, but also to opinions. Also found on the internet is persuasive but sometimes untrustworthy advertising so that the lay public has little ability to distinguish the good from the bad. Doctors in all branches of medicine today have to deal with patients who arrive with pre-conceived ideas about what their symptoms represent and what their treatment options are.”

It was not always so, with Sir Geoffrey acknowledging that when he started out in the law some fifty years ago, “…doctors occupied a place of primacy. The judgments of medical people were accepted by their patients. They were seldom challenged.” But, sadly, things are different these days: “All that has changed. It is a new professional world that doctors inhabit.”

The former PM sympathised with medical practitioners operating in the new spotlight of internet-based opinion and data retrieval and a commensurate increase in claims relating to medical malpractice. “The patient is king now and the medical profession is subjected to a whole range of government regulation, professional standards and other requirements that have grown greatly over the years.”
“Many of the matters that used to be dealt with within the confines of the profession have now migrated to government agencies and oversight bodies. All of this reflects increasing levels of public concern and attitudes among members of the public about what is important to them. No subject is more important to them than their health.”

He counselled a note of caution to the College’s newest Fellows: “What worries me about the weight of the law on the medical profession these days is that it costs a great deal to comply with many of the requirements that are now in the law. Doctors are not lawyers and should not become lawyers. But be prepared to seek legal advice when you strike trouble.

“There are many commercial pressures facing you. You operate in a highly competitive tradition. Some of these commercial pressures can have legal consequences as well. What is needed is a better integrated model of care to better cope with the increasing rates of potentially blinding disease. This could confer very tangible benefits.”

It was with a verbal pat on the back that Sir Geoffrey reminded new Fellows of just why they had undergone such extensive and intensive training: “I wish you all, especially the new graduates, the very best of luck in what is a demanding profession but one that provides an essential service to humanity.”
BEST PAPER, POSTER, FILM AND AUDIT AWARDS

College President, Dr Brad Horsburgh, commended entrants on the calibre of the papers that were presented to the 2015 Wellington Congress. He thanked the Scientific Program Committee for their ongoing work to ensure the College continues to have such a strong program.

The judging criteria for the Best Paper awards were: Presentation, Content/Scientific Merit, Discussion and Originality.

JOHN PARR AND GERARD CROCK TROPHIES

One vision Scientist or Trainee qualifies for the John Parr Trophy and one Fellow for the Gerard Crock Trophy.

The John Parr Trophy: Ms Jessica Trollip

The Gerard Crock Trophy: Prof Mark Gillies

BEST POSTER PRIZE SPONSORED BY ABBOTT MEDICAL OPTICS

The Best Poster Prize: Dr Jennifer Arnold

FILMS PRIZES SPONSORED BY ALLERGAN

Best community ophthalmology film: A/Prof Angus Turner for “Beat that sugar”.

Best surgical technique film: Prof Rasik Vajpayee for “Intrastromal fluid drainage with air tamponade: anterior segment Optical Coherence Tomography-guided technique for the management of acute corneal hydrops”.

Best overall film trophy: (a selection from the above two winners): Prof Rasik Vajpayee

AUDIT PRIZE

This was the inaugural year for a prize to highlight the importance and effectiveness of clinical audit and peer review as strategies for improving standards in medical and surgical care.

The Congress Audit Prize: Dr Nathan Kerr

Melburnians pride themselves on many aspects of their city. This includes food and wine, café culture, sporting events and a vibrant arts culture. We have planned several social events to celebrate these facets and provide attendees a small taste of Melbourne life - including a chance to have dinner overlooking the hallowed turf of the Melbourne Cricket Ground, the spiritual home of sport in Australia!

Furthermore, there is an abundance of attractions to enjoy such as a production at one of several metropolitan theatres, sampling some of the fine dining establishments in the city or taking a drive down the world famous Great Ocean Road.

Whilst we cannot guarantee fine weather (even the organising prowess of the College is not so omnipotent), we are very confident that you will be afforded an excellent opportunity to update your Ophthalmic knowledge, liaise with peers and form new friendships in the numerous academic and social events planned for this Congress.

This will be a Congress not to be missed.

Dr Xavier Fagan and Dr Daniel Chiu
2016 Congress Convenors

Melbourne
Where innovation and culture meet

RANZCO 2015
47th Annual Scientific Congress Wellington videos are now available on the Congress website www.ranzco2015.com.au

2016 Congress Convenors
On Sunday, 1 November, 2015, 140 Orthoptists from Australia and New Zealand gathered in Wellington, New Zealand for the 72nd Orthoptics Australia Annual Scientific Conference. Orthoptists were greeted at the welcome reception that was held at the award-winning building called Wharewake, Makaro Space. We were entertained by traditional New Zealand performers who presented an array of dances about a safe arrival into their country, striving for goals and 100 years of the world war that concluded with the infamous Haka.

For the next two and a half days we were treated to a number of high quality talks about delivering effective care, the Orthoptic profession, diabetic retinopathy, myopia, paediatric orthoptics, strabismus, cataract, AMD and low vision. We heard from invited speakers, Dr Fiona Rowe (leader in health services research at the University of Liverpool, UK), Prof Ian Morgan and Dr Stephen Hing.

Multiple awards were given during the conference to recognise the outstanding work that Orthoptists do. The Zoran Georgievski medal was awarded to Sue Silveira, the Paediatric Orthoptic award was presented to Lindley Leonard for her talk on The long term follow up of a high priority referral clinic at The Children’s Hospital at Westmead. The Emmie Russell Prize was awarded to Jessica Boyle for her presentation about The psychosocial impact of repeated intravitreal injections on patients with AMD.

Our conference dinner was held at the beautiful Museum of New Zealand, Te Papa Tongarewa. Orthoptists were treated to delicious food and drinks, a photo booth and a great variety of songs was played by the DJ and accompanied by some great dancing. A great night had by all!

During the conference the Orthoptics Australia Annual General Meeting was held (Monday 2 November, 2015). Here we saw Paul Cawood appointed the new Orthoptics Australia President.

Paul graduated from La Trobe University, Melbourne in 1995 with a Bachelor of Orthoptics. After working as a locum at the Royal Victorian Eye and Ear Hospital in Melbourne he later moved to Queensland where he has worked in private practices in Rockhampton, Sunshine Coast and Brisbane for the past 20 years.

Paul became a member on the Orthoptics Australia Federal Council as a Queensland representative in 2009 and was a part of the organising committee for the Brisbane 2009 OA scientific conference.

Paul was a co-convener for the recent OA scientific conference held in Brisbane in 2014 and is also the founder of the successful Bayer Queensland continuing education series run since 2011, which helps Orthoptists to develop and further their skills and knowledge.

Orthoptics Australia would like to wish everyone a great start into the New Year. We look forward to a successful and rewarding 2016.

Paul Cawood - President: President@orthoptics.org.au
Allanah Crameri – PR Coordinator: pr@orthoptics.org.au
Membership Spotlight

CLINICAL AND EXPERIMENTAL OPHTHALMOLOGY

We are delighted to report on the significant achievement of Clinical and Experimental Ophthalmology (CEO). The recently released 2014 Journal Impact Factor tables show that CEO has jumped to 18th place in the ophthalmology journal rankings, with a new, record Impact Factor of 2.35.

This excellent achievement can be attributed to the hard work of the entire Editorial team, as well as the targeted policy of the editors to focus on increasing the Impact Factor to become a top 20 ophthalmology journal. The Editors-in-Chief, A/Prof Salmaan Al-Qureshi and Prof Bob Casson, would like to take this opportunity to thank the members of the Editorial Board and all the journal reviewers for contributing to this outstanding result.

CEO also continues to excel in other areas by attracting top quality research that is reviewed and published in a timely fashion. Initiatives such as the publication of special and virtual issues, combined with targeted marketing strategies, maintain the journal’s impressive global readership. CEO continues to be the primary forum for the dissemination of Australasian research, while remaining one of the top international ophthalmology journals.

MANUSCRIPT SUBMISSIONS, REVIEWS AND PUBLICATIONS

Submissions to CEO remain high, with the journal receiving an average of 90 new papers per month from more than 40 countries around the world. However, thanks to the diligent reviewers and highly efficient Editorial Board, authors receive a first decision in an average of just 17 days from submission. The rigorous review process ensures that the Board can select the pre-eminent papers for publication; only 14% of submissions are accepted by CEO. After acceptance authors can expect their article to be published online within seven days and in print within seven months. Although papers are published from all over the world, 72% of the journal's published papers emanate from the top four countries: Australia (45%), USA (14%), Japan (7%) and the UK (6%).

CIRCULATION AND READERSHIP

CEO is a widely-read medical journal, with subscriptions held by more than 8000 institutions worldwide. While 4500 of these are purchased subscriptions, more than 3500 institutions receive a low-cost or free subscription via CEO/ Wiley philanthropic initiatives. CEO articles were downloaded more than 150,000 times in the last 12 months, with more than 50% of these by readers in the top five countries; USA (23%), Australia (11%), China, UK and India (all 7%). It is pleasing to see that the ongoing policy of targeted journal promotion in the USA and UK has resulted in high volumes of readers in these well-established research-leading nations. These figures also reflect the increasing global impact of research from China and India.

SPECIAL AND VIRTUAL ISSUES

Each year CEO publishes a Special Issue, which consists of invited articles from world experts based around a central theme. In 2014 the Special Issue focussed on the “mechanisms of disease and basic science in ophthalmology”.

CEO Editorial Board Meeting at Congress
Indigenous health. Looking at the broader topic of health. Again, the article exposure will be greater due to the wider readership. In a new move for CEO, five journal articles were also included in a cross-journal virtual issue published in March 2015, focusing on Indigenous health. These articles are also free to be downloaded by all readers, even non-subscribers, so this selection of 14 top papers will achieve maximum readership exposure.

In a new move for CEO, five journal articles were also included in a cross-journal virtual issue published in March 2015, focusing on Indigenous health. Again, the article exposure will be greater due to the wider readership looking at the broader topic of Indigenous health.

EDITORIAL BOARD

We are pleased to welcome the following new members to the Editorial Board: A/Prof Rohan Essex joins the posterior segment team as well as providing statistical support, Dr Xavier Fagan has become a medical retina Section Editor, A/Prof Max Conway has signed up to support the ocular oncology team, Dr Christine Younan has joined the uveitis team, A/Prof Nigel Barnett has joined the Board as a visual sciences (retina) Section Editor, and Dr Ike K Ahmed has joined the Board as glaucoma Section Editor. We would also like to take this opportunity to thank retirees Dr Paul Beaumont and Prof Justine Smith for their dedicated contribution to the journal over the past years.

IMPACT FACTOR

As previously mentioned, the Board is delighted with the 2014 CEO Impact Factor of 2.35, a big jump from the previous year’s figure of 1.95. This has resulted in CEO moving up the ophthalmology journal rankings from 24th place into 18th place. This result is especially pleasing in a year when 58% of ophthalmology journals experienced a fall in Impact Factor, and 60% dropped in the ophthalmology Journal Impact Factor rankings.

Figure 1: CEO Impact Factor 2010-2014

RANZCO JOURNAL AWARDS

The RANZCO Journal Awards were introduced in 2015 and are awarded at the discretion of the CEO Editorial team to outstanding CEO Editorial Board members in recognition of their exceptional service to the journal.

In 2015, A/Prof Alan McNab received the RANZCO Journal Trophy for his 20 years of outstanding service to CEO while A/Prof Dipika Patel and A/Prof Timothy Lai each received the RANZCO Journal Certificate for their outstanding contribution as anterior segment Section Editor and posterior segment Section Editor respectively.

A/Prof Alan McNab

A/Prof Alan McNab trained in ophthalmology in Melbourne between 1984 and 1986, followed by two years of Fellowship training at Moorfields Eye Hospital, London, in Orbital, Lacrimal and Oculoplastic surgery. Shortly after returning to Australia, he took over as Editor of the Australian and New Zealand Journal of Ophthalmology (now Clinical and Experimental Ophthalmology), and served in that role from 1991 to 1995. Since then, he has been on the Editorial Board continuously for a further 20 years, serving as Section Editor in Oculoplastics at times. He has also served on the Editorial Boards of the journals Ophthalmic Plastic and Reconstructive Surgery (from 2003) and Orbit (from 1999). He reviews articles for many other journals, as well as publishing clinical research papers regularly, currently having authored over 140 papers, many review articles and book chapters, and one text book in two editions. He is the Head of the Orbital Plastic and Lacrimal Clinic at the Royal Victorian Eye and Ear Hospital in Melbourne.

A/Prof Dipika Patel

Anterior Segment Section Editor.

A/Prof Dipika Patel began her pre-clinical medical training at Cambridge University, obtaining a first-class honours degree in Physiology, and went on to complete her clinical training at Oxford University. She became a member of the Royal College of Ophthalmologists (UK) in 2001. A/Prof Patel joined the Department of Ophthalmology, University of Auckland, in 2003 for a three year clinical/research fellowship in cornea and anterior segment. During this time she successfully completed her PhD thesis, entitled ‘In vivo confocal microscopy of the cornea in health and disease’ and won the University of Auckland best doctoral thesis award. She is currently an Associate Professor in Ophthalmology at the University of Auckland where she continues to pursue her research interests which include anterior segment imaging and investigating potential therapeutic
RANZCO is developing resources to assist Fellows in Australia and New Zealand to gain accreditation for their practices, as it is probable that the Australian government will introduce a requirement for mandatory accreditation in the near future, and Southern Cross Insurance has agreed to accept involvement with the RANZCO program as satisfying their requirements for practice accreditation in New Zealand.

The RANZCO Professional Standards Committee has been working to develop and roll out this program over the last 12 months.

The package of documents was finalised during November and submitted to Quality Innovation Performance (QIP), our preferred accreditation services provider, for review. This process should be complete by the end of January. The documents will then be forwarded to two cooperating practices in Australia for their review and comment. This step is designed as a further check to weed out errors and fishhooks before more parties are involved. Our target is to have the document resource complete by the end of March 2016. Subsequent to this, a trial cohort of 20 practices in Australia and New Zealand will be taken through the process by QIP. This initial quantum is what QIP has offered to undertake as part of a package offered to RANZCO. Subsequently the refined documents will be made available for general utilisation.

RANZCO hopes to offer Fellows the following assistance to encourage you to undertake this quality process:

- A description of the steps required to achieve accreditation status;
- A package of documents which can be used as templates;
- A list of trusted consultants who work in this space that you may choose to employ to guide you through the process; and
- A list of Fellows who have been through the exercise and who are prepared to offer their own time or that of their staff to help you along the way.

It would be greatly appreciated if we could be advised of the contact details of consultants who have successfully assisted Fellows in both Australia and New Zealand through similar processes whom we can safely recommend, and also if Fellows who might be prepared to give of their time would identify themselves, or who might nominate a staff member to answer queries from their colleagues about the process.

If you have any suggestions regarding consultants, or would like to volunteer to help other Fellows with the accreditation process, please contact Tanya Parsons, General Manager - Post-Vocational Education & Standards at tparsons@ranzco.edu.

As one of the leading experts in vitreoretinal diseases in the Asia-Pacific region, A/Prof Lai has published more than 180 papers in international peer-reviewed journals and co-authored and edited 10 textbooks. He has received a number of international ophthalmic awards including the Nakajima Award of the Asia-Pacific Academy of Ophthalmology in 2008, Achievement Award of the American Academy of Ophthalmology in 2010, and Achievement Award of the Asia-Pacific Academy of Ophthalmology in 2011.

A/Prof Lai has been serving as a Posterior Segment Section Editor for Clinical & Experimental Ophthalmology since October 2009. He also serves on the editorial boards of other international ophthalmic journals including Retina, Eye, Ophthalmologica and Asia-Pacific Journal of Ophthalmology. His other key positions include Council Member of the Asia-Pacific Vitreo-Retina Society, and former Editor-in-Chief of the Hong Kong Journal of Ophthalmology.

Pictured from top: A/Prof Alan McNab, A/Prof Dipika Patel and A/Prof Timothy YY Lai

Applications for corneal stem cells.

A/Prof Patel has been an anterior segment Section Editor for Clinical & Experimental Ophthalmology since 2007.

A/Prof Timothy YY Lai
Posterior Segment Section Editor

A/Prof Timothy Lai is currently Honorary Clinical Associate Professor of the Department of Ophthalmology & Visual Sciences, The Chinese University of Hong Kong, and Director of 2010 Retina and Macula Centre, Hong Kong. His clinical and research interests lie in the medical and surgical management of retinal diseases, particularly polypoidal choroidal vasculopathy, choroidal neovascularization, central serous chorioretinopathy, myopic maculopathy, diabetic retinopathy; visual electrophysiology; and genetics of retinal diseases and uveitis. He has extensive experience in the conduct of clinical trials and has served as a Principal Investigator of over 15 industry-sponsored Phase II, III and IV clinical trials for treatment of retinal diseases and uveitis.
One of the challenges for ophthalmology researchers is keeping up to date with the latest developments in their specialty and for that reason it is important that regular professional development opportunities are undertaken. Apart from the usual practice-based clinical audits it is also important to hear from other professionals who are also endeavouring to further an understanding of evidence-based research for the purposes of improving overall disease diagnosis and treatment.

The most recent RANZCO Congress in Wellington provided an ideal opportunity for researchers to share their latest discoveries and work, which more often than not provides incremental improvements to our understanding and treatment of eye diseases. For those who plan to publish their research results there are a number of steps that need to be completed first, and one of those is submitting a research proposal to a human research ethics committee. Over the past ten years there have been nearly 60 submissions to the College Human Research Ethics Committee and those that have been approved have on most occasions been submitted to a recognised peer-reviewed journal.

Globally there is probably an ophthalmology conference held in each month of the year and this provides opportunity for Australian and New Zealand ophthalmology researchers to present their latest findings. One of the larger such conferences is the Annual Meeting of the American Academy of Ophthalmology which can host around 25 thousand ophthalmologists each year.

But it is not just the opportunities to present that are important at conferences both nationally and internationally; it is also the opportunity to listen to others in the field and to network. For many conference attendees, one of the most effective ways to share information, learn from others, and even set up potential collaborative meetings is through poster sessions. Poster sessions can be one of the more exciting parts of conferences because they tend to present research in the early stages, and are often presented by the people actually conducting the research. They provide an opportunity to ask questions, give advice based on personal experiences, and for some to even get solutions to research-related problems you may be working on. One example is a student who presented her work at an Association for Research in Vision and Ophthalmology conference a couple of years ago, and as a result of the visit to her poster by some researchers from a university in New York, ended up on a collaborative project. In another case, the work being done by the presenter in terms of cell cultures provided a solution for issues being experienced by another major international researcher.

Finally, for many of us, scientific meetings provide the chance to meet people in the same field, or with the same interests, and over the years build those relationships. Often they can develop into professional, collaborative relationships, and sometimes even into long-term friendships.

Attending and sharing research findings at national and international meetings can not only have a major impact on our understanding of diseases and treatment, but can also be an essential part of one’s broader professional and career development.

Prof Mark Radford, Chair HREC and Mr Adam Kiernan, Manager, E-Learning and Indigenous
New permanent displays for the RANZCO Museum

With the renovations at Chalmers St complete, space has been created to display exhibits from the Museum. The collection of slit lamps donated by the late Nick Kerkenazov will be restored and displayed with exhibits of glaucoma, cornea, orthoptic and pharmaceuticals.

NEW ACQUISITIONS FOR THE RANZCO MUSEUM

While in Wellington, I met up with Alex Jordan who presented the Museum with this extraordinary compound instrument. Essentially a curved cataract scissor with a second retracting forcep for grasping peripheral iris which then completed the iridectomy, all in a single movement! Made by Down Bros London, its origin is uncertain.

Past President John Crompton found this pharmacopoeia in pristine condition. Printed in 1937, it was used by his father, David Crompton while training at RVEEH in 1943.

Nothing is new in ophthalmology - Instant cataract section!

On a recent visit to London, I was treated to a feast of historical ophthalmology by Richard Keeler, Curator of the RCO and Moorfields’ Museum.

Made by Lesueur of Paris in 1795, this automated keratome was placed with the ring on the unanaesthetised patient’s limbus. The spring-loaded keratome released, creating a cataract section which allowed a couching instrument to be introduced.

VOICES FROM THE PAST

After two years of work, Bruce Hadden has collected the digitised interviews of ten distinguished New Zealand ophthalmologists that were made in the 1990s. These will be made available streamed to the Museum website in the near future.

I wish to thank all those who have made generous contributions of material as well as my tireless and talented assistants in building our heritage.

Dr David Kaufman
Museum Curator
The RANZCO headquarters at Chalmers St have been reopened after 9 months of renovations. However, there was 12 months of work leading up to this point including the design, planning and development applications through Council.

The result is outstanding, with a bright, light-filled office space fully utilising the building. In particular the ground floor has been turned from a massive storeroom of paper into a multipurpose space for meeting, teaching and examinations. It includes a meeting reception area incorporating many museum items. The meeting space can comfortably fit 50 in theatre style, 36 in a conference format or 21 for exams. It divides into two rooms if necessary. The technology added across the building is state of the art. The ground floor has a 70-inch touch screen monitor and high-definition video camera. The Donaldson room on the mezzanine level has been expanded slightly to accommodate 18 in Board-room format and has a dual screen system for video conferencing. The building now has complete disabled access to Level 1 and is fully compliant in all areas of disability and fire codes, which probably couldn’t be said before. Finally the air-conditioning works and is super-efficient, which will result in much lower running costs. There are LED lights throughout, many on a motion sensor system, which will again cut our running costs.

The staff now have available a dedicated kitchen/eating space and there is a kitchen on the ground floor to accommodate meetings that occur there. There is also a shower, bike racks and locker room for those staff eager to exercise to and from work. No longer do we have printers scattered amongst desks as they have been located in purpose-built print rooms on each floor. The re-arrangement of offices and addition of space to the mezzanine level has resulted in 11 more desk spaces, most of which are already full.
The creation of all this space was achieved through 18 months of careful record assessment and archiving, which has resulted in tonnes of documents being scanned, destroyed or better stored. There is still some way to go, but we are almost fully in the digital age.

Overall there was almost no space within the building that did not get attention, including the chronically leaky roof. RANZCO now has a headquarters that will be functional for another 20 years in what has become a prime area for offices and remains easily accessible to all.

David Andrews
CEO, RANZCO

On the left of photograph is the entry to the Museum, Meeting Room

RANZCO Museum display

Meeting Room on the Ground Floor
NEW RANZCO STAFF

GAIL VAN HEERDEN - PROJECT OFFICER

I look forward to working in International Programs as the new Project Officer, taking over the position from Kate Morrison. I hope to make a positive contribution on RANZCO-led projects aimed to building capacity in ophthalmic education and professional standards.

Having held coordinator roles in the eye health sector for more than 15 years, previously working at the Brien Holden Vision Institute, and prior to that at the International Association of Contact Lens Educators, I am very happy to be able to continue being part of the global initiative working towards the elimination of avoidable blindness.

In the short time I have been at RANZCO it has been great to find RANZCO colleagues and stakeholders, both in Australia and abroad, a wonderful positive bunch of people to work with who are committed to driving improvements in eye health care. I feel privileged to be part RANZCO and the new era and energy that comes with relocating to the very refreshing, newly renovated headquarters.

KELLIE HOWE – PUBLIC HEALTH LIAISON OFFICER

I recently joined RANZCO as Public Health Liaison Officer just in time to experience the wondrous RANZCO Congress in New Zealand. A great way to be initiated into working for the College.

I bring to this role an array of experiences within the health sector that should leave me in a good position to help build RANZCO’s contribution to public health. With postgraduate qualifications in nursing and marketing my interests lie in policy and health systems change and building the profile of health initiatives and organisations.

Particular roles I have held include: working for the Department of Health and Ageing and the Australian Medicare Local Alliance supporting the development and implementation of the Better Outcomes in Mental Health Care budget reforms, leading the development and uptake of e-mental health services amongst health professionals working for ReachOut.com and the Young and Well Cooperative Research Centre, supporting disease awareness campaigns and managing relationships with Diabetes Australia and other NGOs as Senior Corporate Affairs Manager for Eli Lilly Australia and most recently, supporting the establishment of Choosing Wisely Australia as Program Lead for NPS MedicineWise.

Outside of work, I enjoy a good glass of red over dinner with friends, playing soccer and when they are ‘compliant’, spending time with my children.
I undertook the Paediatric Ophthalmology and Strabismus Fellowship at the Hospital for Sick Children in Toronto, Canada, from July 2014 to June 2015. It has been an excellent experience. The RANZCO Industry Scholarship funded by Bayer was invaluable for my fellowship period, and I am thankful to Bayer and RANZCO for their support.

Undertaking an international fellowship is an amazing opportunity and experience, but it is also quite expensive. The industry scholarships help in this transition period, allowing more local trainees to undertake international fellowships.

My fellowship consisted of four 3-month rotations through adult and paediatric strabismus, retinopathy of prematurity, retinoblastoma and anterior segment ophthalmology. In addition, there was oculoplastics and neuro-ophthalmology exposure. SickKids (as it's known locally) is an excellent teaching hospital and there was a lot of didactic, interactive and wet-lab teaching for us four fellows.
I was constantly surprised at the variety of pathology that came to SickKids. Surgically, SickKids provides great exposure to the full breadth of ophthalmology sub-specialty surgery and I was able to be involved in multiple complex combined anterior and posterior segment cases. The Toronto fellowships do have a strong emphasis on research, and the fellow is expected to present and publish to ‘graduate’ from the fellowship. On completion of this fellowship, I feel confident medically and surgically in managing paediatric patients.

Toronto itself is a vibrant multicultural city. My family and I have enjoyed our time here so much that we decided to stay for another year, and I am currently undertaking a paediatric and adult vitreoretinal fellowship. As any antipodean who has lived overseas knows, Australia can be quite remote, so we used this opportunity to travel around Canada and the region whenever possible. The winter in Canada is long and cold and fits the ominous Game of Thrones phrase ‘winter is coming’. This encourages the locals to make the most of their summers. This meant lots of outdoor festivals, parades on the weekends and parks filled with families picnicking and using the splash-pads on the weekends, which we certainly made the most of. Toronto has been such a good time I decided to stay and make many friends who will remain so for the rest of our lives. In fact, we had this fellowship away from our home supports and survived. We couldn’t have asked for a better place to be. We promptly left home to embark upon the Glaucoma and Anterior Segment Surgery fellowship with Dr Catherine Birt and Dr Christoph Kranemann from July 2014 to June 2015.

The fellowship is administered through the University of Toronto Department of Ophthalmology and Vision Sciences which boasts one of the largest ophthalmologist fellowship programmes in the country with over 20 fellows currently enrolled across the breadth of ophthalmology subspecialties. The faculty is very active in promoting educational and research opportunities and fellows are encouraged to be involved.

My fellowship was divided between Sunnybrook Hospital and Health Sciences Centre, St Michaels Hospital, and the Clearview Vision Institute. Both supervisors have busy tertiary level glaucoma practices and the fellow works one on one with them during clinics and surgery. Fellows are responsible for seeing all new clinic patients referred to the practice, who tend to be complex glaucoma surgical management cases. Clinics also involve a high volume of minor glaucoma procedures such as bleb needling with 5FU, laser trabecuoplasty and suturelysis. Surgery consists predominantly of trabeculectomy with MMC and glaucoma shunts (Ahmed valved and Baerveldt shunts), MIGS and phacoemulsification. There is some opportunity to be involved in surgery for IOL subluxation.

The fellow attends surgery on average of 1.5 full days per week and can expect to be involved in the vast majority of glaucoma surgeries. Fellows have the opportunity to be involved in resident teaching and are expected to have a research project completed during the year that they present at the faculty annual research day. Strengths of the fellowship are its heavy emphasis on preoperative assessment of complex glaucoma cases and the postoperative management of trabeculectomy and glaucoma shunt surgery.

Toronto is a great place to live. In 2015 The Economist magazine voted it the most livable city in the world and it’s pretty easy to understand why. It is truly a progressive international city that embraces and welcomes people from all cultures and walks of life. The locals love to talk about the weather and having lived their four seasons it’s easy to see why. The city comes alive in summer.

There’s not a day that there isn’t a festival of some description happening. It’s a season of beers on the “patio” and BBQ ribs. Many Canadians own a holiday house on the countless lakes that surround the city (they call them their “cottage”) and if you can manage to find a friend who owns one it’s a great way to spend a long summer weekend (we did just that!). Autumn or “fall” is beautiful as the city is enveloped in shades of gold, yellow and red as the trees resign themselves to the coming winter. A must-do trip in autumn is to drive a few hours north of Toronto to the forests and lakes of Algonquin Park and the Muskoka Lakes region - breathtakingly beautiful.

Winter pretty much arrives in November and doesn’t show any sign of leaving until at least April! It was particularly brutal last year (the coldest in 140 years, I’m told) but the novelty of trudging to work in snow at -30C and chipping ice off the car windscreen lasted long enough to leave a twinge of sadness when the last of the snow melted with the arrival of spring.

A huge thank you to Bayer and RANZCO for supporting me in getting to Toronto to undertake this fellowship year. It has been a year that flew by and was probably one of the most formative of my life on many levels. Professionally I have learned a great deal more about glaucoma and feel vastly more confident in my skills and knowledge as a glaucoma surgeon. On a personal level, my husband and I welcomed our first son and promptly left home to embark upon this fellowship away from our home supports and survived. We couldn’t have asked for a better place to be. We made many friends who will remain so for the rest of our lives. In fact, we had such a good time I decided to stay and take on the Paediatric Ophthalmology and Strabismus Fellowship at Toronto Sick Kids. We are in no rush to come back quite yet.

**DR ANTONY CLARK**

I traded the sunny shores of Perth for the bitterly cold winters of Toronto in Canada to embark upon the Glaucoma and Anterior Segment Surgery fellowship with Dr Catherine Birt and Dr Christoph Kranemann from July 2014 to June 2015.
NEW ZEALAND

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

First of all congratulations and thanks to Keith Small, and his team for organising and hosting the hugely successful 2015 Wellington RANZCO Scientific Congress. Delegates were treated to a wealth of expertise from visiting and Australasian Speakers. In addition, home-grown talent in the form of Drs Keith Small and Alistair Papali'i-Curtin, imparted a lyrical and quirky Kiwi flavour to the social functions with their astonishing vocal duets.

RANZCO NZ Branch wishes to congratulate Peter Wellings who was presented at the Congress Graduation Ceremony with a RANZCO Meritorious Service Award for his outstanding contribution to ophthalmology at a branch level in New Zealand and to RANZCO in Australasia.

In October, two Ophthalmology Registrars won the top two prizes (out of 66 entries) at the 2015 Health Informatics New Zealand (HiNZ) Clinicians’ Challenge. The competition is for health professionals who have developed technology to improve the health of New Zealanders. The awards were presented by the Health Minister Jonathan Coleman at the HiNZ conference in Christchurch. Dr James McKelvie, Senior Registrar, Waikato Hospital, won the new ideas category for his electronic referral, risk assessment and real-time audit of cataract surgery. Dr Hong Sheng Chiong, Ophthalmology Registrar, Gisborne Hospital, won the active project/development category for his oDocs Eye Care initiative which uses mobile technology to increase access to ophthalmic care. Both winners received $8,000 to continue developing their initiatives. (Read more about Dr Hong’s innovations on page 64).

The Clinical Prioritisation Assessment Criteria (CPAC) system is used to determine the priority of New Zealand Public Hospital patients who apply for cataract surgery. Patients are assigned a score from a questionnaire on the “impact on life” of their reduced vision, objective findings and an ophthalmologist’s assessment. In some District Health Boards (DHBs), the initial assessment is performed by optometrists. Patients can proceed to publicly-funded cataract surgery if their score is above a threshold set by their DHB. RANZCO NZ Branch Members, along with Optometrists and New Zealand’s National Health Board have recently updated the Cataract CPAC system. It can now be completed electronically. It is due to be adopted by all DHBs in mid-2016. In addition, the reviewers are working to apply CPAC to all ophthalmology sub-specialties.
RANZCO NZ Branch whole-heartedly supports the use of the CPAC to ensure equitable access to ophthalmology treatments across New Zealand.

Throughout New Zealand, limited access for follow-up patients in Public Hospital Eye Departments is currently a considerable problem. This has arisen in the past year from 1) The Ministry of Health directive that all new referrals must be given appointments within 4 months 2) the impact of new therapies - especially VEGF inhibitors. There has not been a corresponding increase in Eye Department funding. The effect is that long term follow-up appointments are being delayed - often for months. Eye departments are attempting to address the problem with initiatives including hiring locums, “virtual” clinics (notes and investigations are reviewed without the patient being present), holding after-hours clinics and collaborative care clinics involving optometrists. RANZCO NZ Branch and Ophthalmology New Zealand are collecting data on the scale of the problem and are aiming to present the data, along with sustainable solutions, in early 2016, to the Minister of Health.

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

The provision of eye care in the Western Australian Public Sector has an uncertain future. The opening of Fiona Stanley Hospital, the impending opening of the new Children’s Hospital has stretched the capability of the Health Department. They are further stressed by the need for drastic cuts because of the State’s deteriorating budget situation as the mining boom has ground to a halt. As there is no political will to close the now redundant Fremantle Hospital, the latest bright idea is to concentrate Eye Services at FH. This will involve evicting the largest Eye Clinic in the State from the centrally located Royal Perth Hospital to expand the FH clinic. Although we have pointed out that the bulk of the RPH patients come from the low socio-economic Eastern suburbs and that there is no direct public transport to the FH, the plans still remain an attractive ‘administrator’s solution’.

No doubt there will be considerable political outcry about the concentration of Public Eye Care Services in the affluent Western suburbs. So the Branch continues to clearly enunciate Prof Bill Morgan’s previously well considered and costed plans for the Public Sector Eye Service, hoping to produce an equitable outcome. But having had that plan ignored, we now have to consider how to handle the potential media fallout from the current proposal. The impact of the proposed changes on training resources is unclear.

The West still has a number of ‘areas of need’ for ophthalmic services, and the Health Department’s own manpower projections suggest we will be in critical need in ophthalmology next year. Applications for AON status to enable the sponsorship of overseas-trained specialists often create consternation amongst the local practitioners.

Whilst these applications are solely determined by the Health Department, recent events highlighted a need for clearer and more transparent processes when the College is requested to provide comment to the Department. The WA Branch is working with the Federal office to improve the process so that Fellows better understand what is required before the College provides their advice.

Despite his quadriplegia, Andrew Stewart made a successful transition across the Tasman, and through the new State Rehabilitation Centre at the Fiona Stanley Hospital, to return to his home early December. But sadly he passed away on 7 December. We all will miss his vibrant participation in College affairs here in the West, as well as nationally. We also were all saddened by the recent death of Paul Harvey who had a tough battle with illness this year. He was the longstanding representative for Ellex in Western Australia and many work colleagues travelled West to pay their last respects. An untimely demise and leaving a young family made for a very teary funeral.

The Branch’s education program finished in 2015 with the one day Pathology-Imaging meeting on December. The meeting also provided the opportunity for Jo Richards to wrap up this year’s collective audit on neuro-radiology investigations. This year’s Inter-Hospitals Meeting in February (Friday the 26th) will be convened by Dimitri Yellachich, Head of Department Fremantle Hospital, and will look at ‘Medical and Surgical Innovations and Ophthalmology’. The two day WA Branch Meeting will be held at the Rottnest Hotel on Friday and Saturday 13th and 14th of May 2016. For those from the East interested in understanding the true meaning of a Quokka’s Arm, we welcome your attendance.

Chair: Dr Nigel Morlet
Chair, WA Branch
NEW SOUTH WALES

Chair: Dr Andrew Chang  
Vice Chairperson: Dr Robert Griffits  
Hon Secretary: Dr Kim Frumar  
Hon Treasurer: Dr Christine Younan  
Country Vice Chairperson: Dr Neale Mulligan

The well-attended AGM of the NSW Branch was held at The Establishment. The Fellows were engrossed by a presentation from Ms Kym Gardiner, solicitor from the AMA on industrial relations. Dr Michael Delaney stressed the implications of driving requirements and the responsibilities of Fellows in evaluating fitness to drive. Dr Frank Bors revealed the medico-legal pitfalls in rigorous follow-up of patients’ results.

The NSW Branch presented a further $25,000 donation to ORIA towards funding eye research in 2016. This is raised from financially successful scientific meetings.

The NSW Branch together with ANZSRS and the APVRS (Asia-Pacific Vitreoretinal Society) co-hosted a most successful APVRS meeting in July 2015.

In 2016 the NSW scientific meeting will be held in the Hunter Valley (18-19 March) on “Lasers in Ophthalmology”. Guest speakers Prof John Marshall and Dr Singh will be joined by local and interstate experts. This promises to be an enlightening meeting for general ophthalmologists and subspecialists, which is not to be missed!

We wish to thank Dr Tasha Micheli as outgoing Chair for her tireless enthusiasm in guiding the Committee over the past two years. Also we extend our appreciation to Dr David Weschler for his contribution to the Committee; and welcome new Committee members Dr Diana Farlow and Dr Andrew White.

Dr Andrew Chang  
Chair, NSW Branch

QUEENSLAND

Chair: Dr Russell Perrin  
Hon Secretary: Dr Anil Sharma  
Hon Treasurer: Dr Oben Candemir

A successful and well-attended Queensland State Branch Scientific Meeting was held on the Gold Coast in August 2015. The theme was Glaucoma and the invited speakers included Prof Sir Peng Khaw and Jonathan Crowston. The speakers presented a comprehensive and up to date program.

This was supported by a well-attended Trade Show.

The conference dinner was held at Palazzo Versace and was a great night with a stellar performance by the Three Tenors. Andrew Smith and Mark Chiang and their team are to be congratulated for their hard work and an excellent conference.

The Committee remains committed to ensuring the provision of appropriate eye care to “areas of need” in rural Queensland both through the Public and Private systems and is currently working with State Health on different ways of improving the situation. The loss of two registrar training jobs at Royal Brisbane has been disappointing and has flow-on effects both in the short and long term for the state. There will be no new Registrar jobs offered in Queensland in 2016 and this will further add to manpower shortages in the future.

Hopefully the problems at Royal Brisbane can be resolved quickly.

Dr Russell Perrin  
Chair, Qld Branch

LASERS IN OPHTHALMOLOGY

RANZCO

NSW Branch Annual Scientific Meeting  
Crowne Plaza, Hunter Valley, NSW  
18-19 March 2016
The Tasmanian Branch is in planning mode for our next Branch meeting with the accent on genetics.

We will look at the progress from the laboratory back to the patient, and will highlight much of the genetic work which has come out of Tasmania and which continues.

We look forward to welcoming many of our colleagues in June 2016.

Dr Paul McCartney
Chair, Tas Branch
INTERNATIONAL DEVELOPMENT WORKSHOP, WELLINGTON, NEW ZEALAND

Fifty-nine individuals attended the International Development Workshop on 30 October 2015, co-hosted by RANZCO and PacEYES, and convened by Dr Anthony Bennet Hall, chair of the International Development Committee. The topic was about diabetic eye disease in low resource settings and all sessions were co-chaired by RANZCO Fellows and PacEYES members. In general, the feedback on the workshop was positive:

“It is very powerful workshop, in that it empowers us with information and knowledge of how to steer our clinic to the direction of success by still using the limited resources that we have.”

“Allows one to learn and gain insight from the experience that other eye care specialists face in their settings. Encouraging and allows the attendee to gain useful perspectives from others that will help them with their struggles.”

“Format good to highlight local activities and achievements.”

“Improving each year, excellent Pacific input.”

“Very enlightening, encouraging, educational, very helpful ideas on how to set up, operate DR services.”

INTERNATIONAL DEVELOPMENT WORKSHOP FORUM

Co-Chairs Dr Murray (RANZCO)
Dr Hicks (PacEYES)
RANZCO REGIONAL LEADERSHIP DEVELOPMENT PROGRAM 2014–2015, WELLINGTON, NEW ZEALAND

The Regional Leadership Development Program (RLDP) was held in Wellington from 27 October until 4 November and was attended by 5 participants (one ophthalmologist and four nurses) from the Pacific Islands (Fiji, Solomon Islands and Tonga).

Co-funded by RANZCO and the Fred Hollows Foundation NZ, the RLDP seeks to empower local leaders to make a difference in their working environments, affecting positive change to strengthen systems and contribute to the elimination of avoidable blindness.

The program included a scheduled visit to Wellington public hospital, a 2-day leadership development intensive program facilitated by academics from Auckland university, presenting at the International Development Workshop; and attendance at the Annual RANZCO Congress and related activities and events. Having identified an issue pertinent to their workplace, participants also had the opportunity to present their return to work plans to peers and Fellows as part of the Program.

CAMBODIA PROGRAM

The East Asia Vision Program is now in its final stages of implementation. Discussions were held with Prof Ngy Meng head of the National Program for Eye Health during his attendance at Congress. Prof Meng also participated in the procession at the graduation ceremony of RANZCO Fellows at the invitation of the President, demonstrating the good relationship between RANZCO and the Cambodian Ophthalmological Society (COS).

APAO LEADERSHIP DEVELOPMENT PROGRAM 2015–2016, BALI, JAKARTA

The Asia-Pacific Academy of Ophthalmology Leadership Development Program (APAO LDP) Convenor Cathy Green convened a Masterclass in Bali, Jakarta from 1–3 October, 2015. Passionate about leadership development Cathy reported that: “as ophthalmologists, we are in the enviable position of being able to change lives by providing care to our patients, but through leadership and advocacy, we are able to influence positively the lives of many more”.

The LDP covered topics such as:
- cultures and organisations and working together in a region of diversity
- advocacy, influence and negotiation
- managing meetings effectively
- communicating with confidence

Program participants included RANZCO Fellow Brent Gaskin and other ophthalmologists from Indonesia, Singapore, Malaysia, Chinese Taipei, Philippines, Nepal, South Korea, Thailand, Hong Kong and Cambodia. RANZCO provides financial support to the APAO LDP, and RANZCO Fellow Neil Murray and staff member Gerhard Schlenther constitute teaching faculty for the program. In addition to Dr Cathy Green, Dr Tjahjono D Gondhowiardjo (Indonesia), Mr Simon Abbott (Australia); Dr Mike Brennan, Ms Gail Schmidt, Dr Linda Tsai, Ms Marsheila DeVan (US); and Hunter Yuen (Hong Kong) also provided input.

PERDAMI NATIONAL LEADERSHIP DEVELOPMENT PROGRAM 2015, BALI, JAKARTA

Joint sessions were held with the National Perdami Leadership Development Program (Indonesian LDP), and Cathy, Neil and Gerhard participated in the Perdami LDP sessions with Cathy closing the proceedings of that program with an inspiring session on measuring success and how to reach for the stars.
INTERNATIONAL AGENCY FOR PREVENTION OF BLINDNESS (IAPB) COUNCIL MEETING, BEIJING, CHINA

RANZCO Director Neil Murray and staff member Gerhard Schlenther attended the IAPB Council of Members (COM), the annual global gathering for civil society, research institutes and corporations concerned with eye health and prevention of blindness, which was held in Beijing on 12-15 October 2015. Both Neil and Gerhard are members of the newly established IAPB Human Resource in Eye Health Working Group (HReH WG), established within the IAPB structure. As a result of the meetings in Beijing and follow-up action, the HReH WG will focus on best HR practices by region; learning materials; training of trainers for allied ophthalmic personnel; Global Action Plan Indicators against which HReH WG is to report; and advocacy to animate policy makers and others to support development and expansion of HReH with a focus on allied ophthalmic personnel.

One of the key outcomes of the COM was the signing of the Cambridge Declaration to Ensure High Quality Development and Skills of Eye Care Teams. Those taking part recognised the priority of activating the Declaration’s recommendations required to scale the quality, access, and utilisation of training, particularly for Allied Ophthalmic Personnel (AOP).

FIRST, I PRAY . . .

A healing blend of faith and modern medicine

Despite remarkable efforts to minimise its impact, Diabetes mellitus continues to create major health problems for our neighbouring Pacific island nations. Indeed, the future impact of rampant diabetes is predicted to be as devastating as a tsunami.

Not only is diabetes causing vision loss and blindness but local health professionals report that it inflicts pain and suffering on many others who cannot access their hospital systems because of diabetes-induced overcrowding.

The scale of the problem can be imagined by considering that, on an age-adjusted basis, nine of the ten worst diabetes-affected countries in the world are in the Pacific islands group. Gone are the days when diabetes was seen as an affliction of people in high-income countries. Now, it is a global epidemic and it is the poorer nations suffering disproportionately.

The harsh reality is starkly illustrated by Fiji where 2011-12 research showed almost 30% of the population aged between 25 and 64 was diabetic. Diabetic retinopathy is a condition in which fluctuating blood sugar levels damage the retina, leading to vision loss and blindness. Early detection and implementation of preventive measures are vital to stop this scourge.

Sadly, Pacific island nations are not sufficiently equipped to routinely screen and treat diabetic retinopathy and maculopathy. The problems are simple:
• A shortage of ophthalmologists and allied eye healthcare professionals
• A lack of systems and IT infrastructure to help identify and manage diabetic populations
• Geographical impediments hinder the provision of ready access to screening and treatment services

The aid provided by organisations such as the London School of Hygiene and Tropical Medicine, Fred Hollows’ Foundation, RANZCO and others is making a vital difference but only the surface of this debilitating problem is being scratched.

Stephanie Emma is Diabetes Technical Advisor for the Fred Hollows’ Foundation in NZ and lectures in the diabetes eye care program at the Pacific Eye Institute in Fiji. She says bluntly: “Diabetes requires education and early intervention. Unfortunately this is not happening in a robust nature throughout many nations and the consequences are horrendous.”

She points out that the majority of current patients with a diagnosis of diabetes have come secondary to another acute episode and says the consequences of diabetic retinopathy and other complications is enormous. But fortunately, the region has a band of brave souls who push on against the odds.

The most eloquent summation of what can be achieved in the most challenging of circumstances is offered by Savelina Veamatahau who manages the Diabetic Eye Program in the Kingdom of Tonga - without an Ophthalmologist. She confronts the most remarkable challenges with quiet dignity and determination. In her own words:

“I do laser everyday once the patient agree and do Lucentis injection on cases that they need and agreed. In time of doubt I have to email Dr Harris Ansari or Dr Andrew Riley to confirm on management especially the Vitreous haemorrhage case to make sure it is safe to inject Lucentis or to do laser treatment.

“You can imagine working alone in a remote island without any expert personal around you sometimes you cannot sleep well thinking whether you are doing the right decision on management.

“Sometimes patients do not trust me because they rather see a Doctor not a Health Officer like myself and that’s makes me frustrated every day I deal with Diabetic cases. It is very hard to advise them on the false myths of the fear of laser treatment. But above all that, I can still manage to save some of my patients.”

Savelina has worked at the Eye Clinic on the Kingdom’s main island, Tongatapu, since 2002. She first trained to become a medical assistant then had an attachment to the University of Auckland and studied basic optometry for three months.

Later, in 2010, she undertook training at the Pacific Eye Institute. She secured a Post-Graduate Diploma in Eye Care and also a Post-Graduate Certificate in Diabetes’ Eyecare. Savelina has also done laser attachment training.

Reflecting on the difficulty of making medical decisions when frequently isolated from first-hand expertise, Savelina says simply: “You don’t have someone around. You have to decide. My faith is a big factor in giving me the courage to treat.”

AND WHEN THE MOMENT OF TRUTH COMES? “FIRST, I PRAY.”

Savelina is just one of many strong women dedicated to the provision of eye healthcare throughout the Pacific island nations. They are quiet achievers whose beauty shines within and without. The scale of the obstacles standing in their path would crush lesser persons but through a combination of faith, compassion and commonsense they deliver new hope and a better future to their fellow citizens. Heroes, each and every one of them.
With RANZCO’s support, the Pacific Eye Institute plays a strong role in helping alleviate the difficulties restraining the provision of quality eye healthcare across the island nations. As Biu Sikivou, Director of PacEyes, explains: “A model diabetes eye service was established at the Institute to strengthen and expand diabetes eye services and also to provide a suitable context to train diabetes eye care specialists. More than 30 nurses, technicians and ophthalmologists from nine Pacific nations have been trained. “They return home to many challenges such as infrastructure limitations, lack of appropriate equipment and technical support. Despite these challenges, a successful model for diabetes eye care services has been established in the region and is now replicated across other Pacific Island Nations.”

FUTURE FUNDING OPTIONS DESPERATELY NEEDED

RANZCO CEO, David Andrews, attended a two-day workshop at the University of Health Sciences (UHS) in Cambodia in August 2015.

This was the first time UHS had invited all their international partners across all faculties to come together and explore ideas for better collaboration and knowledge sharing with Cambodians. There were about 70 participants from a variety of countries, with a heavy representation from French institutes given their longstanding association with Cambodia. In fact, across the medical faculty the only specialties taught in English are ophthalmology and psychology, all others are in French. The UHS has a basic medical degree with specialty training provided by the university, not vocationally as in Australia and New Zealand.

The biggest issue was, of course, how any initiatives could be funded. The RANZCO programs, currently funded until early 2016 by the Australian Department of Foreign Affairs and Trade, have made a huge difference to the level of teaching provided. The students are exposed to a wide range of teachers through the many Fellows that have generously offered their time to go to Cambodia. This was well recognised during the UHS workshop. There was also discussion about how to get Cambodians out to other countries for training, but all visiting country representatives agreed that this was extremely difficult given restrictions by the health systems and the need to train their own doctors. Ultimately the most effective model does seem to be continued in-country training.

Coincidentally, RANZCO Fellows Patrick Lockie and Andrew Thompson were at the UHS over the same time running a workshop for Cambodian ophthalmologists on how to develop multiple choice questions (MCQs) and developing a larger bank of MCQs for the ophthalmology resident training program. The UHS has made a heavy investment in technology to allow MCQ exams as a means of ensuring an unbiased and incorruptible testing system. Again ophthalmology is leading the charge in making this a reality, which is reflected in the level of trainee doctors continually improving. While touring the new eye hospital, funded by the Korean government, David also met RANZCO Fellow Mitchell Lawlor who was spending a week there teaching the Cambodians how to best use many of the new pieces of equipment supplied. It was clear that the patients, many of them very poor, are extremely grateful for the level of care and facilities available.

Overall there is a clear impression that RANZCO’s contribution, through grants and many hours of Fellows’ time, has made a huge difference to eye care in Cambodia. The future is uncertain due to cuts in aid funding, but we continue to look for ways to keep working there.

David Andrews, RANZCO CEO, attending a function as part of the Cambodian University of Health Sciences international strategic planning sessions

David M Russell

The saddest aspect of this situation is that while tremendous progress is being made by eye care organisations throughout the region, the health problems caused by the rapid growth of the diabetes epidemic robs many people of their entitlement to the best possible quality of life.
The second RANZCO Leadership Development Program (RANZCO LDP 2014-2015) has come to an end with the participants acknowledged and presented with Certificates of Completion at the Congress Dinner in Wellington on 3 November.

This follows successful completion of the last activity set for participants which was presenting at the Leadership in Ophthalmology Symposium. This was specifically convened to showcase the individual projects members had undertaken as part of the program over the past year.

Convened by Dr Cathy Green, the RANZCO Leadership Development Program is part of the College’s charter to build leadership and advocacy skills of Fellows. It aims to support Fellows who work for the greater good of the community and ophthalmology as a profession and, specifically, to develop the next generation of ophthalmic leaders.

**2014-2015 RANZCO LDP GRADUATES:**
- A/Prof Andrew Symons
- Dr Luke Maccheron
- Dr Andrew White
- Dr Caroline Catt
- Dr Rebecca Stack
- A/Prof Fred Chen
- Dr Andrew Thompson
- Dr Sarah Welch
- Dr Aanchal Gupta
- Dr Jane Khan

**INTERESTED IN DEVELOPING YOUR LEADERSHIP SKILLS?**

Applications are now open for the RANZCO Leadership Development Program 2016-2017.

Please see requirements for application on the RANZCO website or contact Gerhard Schlenther
Email: gschlenther@ranzco.edu for more information.

**Deadline for applications is 15 February 2016.**
Policy and Advocacy Matters

CHOOSING WISELY UPDATE

As part of RANZCO’s involvement with the Choosing Wisely campaign, RANZCO set out to define its top 5 messages – to Fellows, to other health professionals, and to patients – regarding good practice in eye health.

RANZCO held a highly detailed consultation process with Fellows to determine its top messages, led by the newly-established Choosing Wisely sub-committee headed by Clayton Barnes. The process for choosing the messages included a general survey for allowing Fellows to suggest possible messages, an extensive collaboration of the sub-committee members to define and refine the messages, followed by a second survey to all members to give feedback for those messages via an online platform.

RANZCO is now preparing with other medical colleges for the next Choosing Wisely Australia public launch, scheduled for April 2016.

MBS REVIEW UPDATE

As part of the MBS Review Process, the Medicare Advisory Committee under Alex Hunyor’s direction has developed RANZCO’s response to a consultation paper of the Review Taskforce in November. RANZCO’s submission covers several different key aspects of the MBS review process, including:

- Emphasising that any review process should be on-going and integrated into practice rather than once-off;
- Stressing the importance of transparency in all stages of the MBS review process;
- Arguing that inevitable practice variations should be recognised in item descriptors; and
- Advocating for streamlined pathways for colleges to access relevant MBS data, for continuous quality improvement.

RANZCO's full submission can be found on the RANZCO website

WORKFORCE UPDATE

The Workforce Committee has recently initiated the development of an easy to use interactive web based mapping platform for New Zealand and Australia. The objective of the mapping tool is to facilitate the use of geographical information systems to inform ophthalmology workforce planning decisions and improve patient access to ophthalmology services in Australia and New Zealand. This exciting mapping tool is expected to be launched to RANZCO Fellows in 2016!

RANZCO recently lodged a submission to the Department of Education and Training providing feedback on the Skilled Occupations List (SOL, concerned with ‘medium to long-term’ workforce skills required within Australia) for medical professionals. The College does not consider there is an imbalance in the demand for and supply of ophthalmologist skills within the total Australian population, expressing its concerns to the Commonwealth Government that ophthalmology public hospitals waiting lists are at unprecedented levels due to insufficient funding. A recent AIHW report highlighted that the greatest variation in median waiting times was for Ophthalmology, ranging from 33 days in Victoria to 214 days in Tasmania. Refer to figure 1 for further details relating to cataract waiting times. RANZCO will continue advocating for enhanced access for patients to public hospitals in Australia.

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**Figure 1: Comparison of cataract waiting list times (AIHW, 2014/15)**

<table>
<thead>
<tr>
<th>State</th>
<th>Days waited at 90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>351</td>
</tr>
<tr>
<td>Victoria</td>
<td>126</td>
</tr>
<tr>
<td>Queensland</td>
<td>265</td>
</tr>
<tr>
<td>Western Australia</td>
<td>202</td>
</tr>
<tr>
<td>South Australia</td>
<td>299</td>
</tr>
<tr>
<td>Tasmania</td>
<td>589</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>252</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>281</td>
</tr>
<tr>
<td>Total</td>
<td>331</td>
</tr>
</tbody>
</table>

A New Era for Eye Foundation

A lot has been achieved since the Foundation began in 2002. The Foundation is proud to report that we have raised more than $21.4 million for vision initiatives since we were granted tax deductibility in May 2003.

Since then, these funds have primarily been raised for the following areas: since the Foundation was inaugurated, our partnership with ORIA has supported more than 200 eye research projects. Some of these grants, via the ORIA, have provided the basis for millions of dollars in federal funding from NHMRC. On top of these significant figures, we are pleased to report we have raised more than $9 million specifically for vision research.

Together, the ORIA and Foundation have provided funds to research all major eye diseases, including macular degeneration, glaucoma, low vision, lens and cataract and diabetic retinopathy.

We have funded a wide variety of projects on issues ranging from stem cells, genetics, gene therapy and molecular biology through to clinical trials, telemedicine and indigenous eye health.

For International Development we have supported RANZCO in its partnerships across the region. We are particularly proud to have supported RANZCO’s:

- Pacific Eye Institute Capacity Building Program;
- Indonesian College of Ophthalmology collaboration; and
- Indo-China Education Collaboration.

Importantly, we have also helped more than 82,800 patients with sight-saving procedures across the Asia Pacific since 2005.

For Indigenous Health, our Kimberley Diabetic Eye Care Program and Pilbara Diabetic Retinopathy Program have screened and treated more than...
5,000 Indigenous patients across the Kimberley/Pilbara regions since 2010. Alongside RANZCO, we are also proud to have contributed to the Education and Training of 26 Young Fellows who have been awarded Fellowships for medical retina research and scholarships in the international development space across the Pacific, Cambodia, Micronesia, India, Nepal and Timor-Leste.

In addition, our community service programs continue to reach millions of Australians annually sharing information about the importance of eye health.

We are in a good position to continue our good work well into the future.

SO, WHY THE NEW START?

Nationally, and indeed internationally, competition for the charity dollar and people’s attention has never been so intense. Currently, there are approximately 60,000 registered charities in Australia and each year the number increases. Philanthropy has unfortunately been decreasing since 2011 and now, more than ever, charities need to be clear about who they are and why they are different.

To find out how we could make this much-needed differentiation, and how to connect more closely with Fellows and our community, we conducted a formal review of the Foundation in 2014.

Twenty-nine participants from the Foundation, RANZCO and the ORIA formed a strategic planning group involving Members from The Foundation’s Board; RANZCO Board and Council representatives, including the President and Vice President, as well as ORIA representatives and other Fellows.

Together we reviewed why we needed the Foundation. We reviewed how to meet the needs of our stakeholders: the Fellows, ORIA, RANZCO and our donors. We reviewed how to reposition the Foundation and considered the mission, vision, values, objectives and the name of the Foundation.

The strategic group identified the need to completely re-brand the Foundation as well as to improve the profile and relevance of the Foundation with the Fellows. It became apparent that we needed to do even more work to demonstrate our fundraising achievements and to nurture greater collaboration with Fellows to promote the Foundation amongst the patient community.

Through this exciting process, we realised the need to forge more of a transparent, positive working relationship with RANZCO and the ORIA based on collaboration, mutual respect and friendship. We also realised that we needed the Foundation’s strategic objectives to be more closely aligned with the objectives of RANZCO and ORIA.

A series of meetings culminated in the following strategic priorities being agreed by all three parties in mid-2015. These priorities have formed the basis of the Foundation’s new 2016-2020 Strategic Plan.
To meet these strategic objectives and to help build a stronger profile, over the last year we have made comprehensive changes to the Foundation’s brand. In particular, we have made changes to our:

1. **Core identity:** we have been through a process which now allows the Foundation to clearly articulate what the Foundation stands for - our mission, vision, beliefs and values

2. **Name:** we have a new name to reflect who we are and what sets this Foundation apart from others in our sector

3. **Brand:** we have a new logo, ‘brand idea’ and tagline as well as an array of new collateral materials and communication pieces.

## OUR IDENTITY - WHAT WE STAND FOR

### VISION: Creating a future where no one is blind

**Our Beliefs**
- No-one should go blind – good eyesight is everybody’s right
- close collaboration with the eye surgeons and researchers of RANZCO and ORIA - the visionaries
- supporting young researchers and investing in the future of eye health
- engaging with the public to educate and find solutions for eye disease
- cures for eye disease can, and will, be found

**Our Values:** We value transparency and supporting excellence in all that we do.

**Our Primary Objective** is to financially support the activities of:
- RANZCO
- ORIA
- College Fellows

**Particularly in the fields of:**
- Research
- Sustainable international and domestic development programs including education and training.

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**Mr Peter Keel, Chair, Eye Surgeons’ Foundation official launch held during Congress in Wellington**
WE WELCOME YOUR SUPPORT

From February 2016, each practice will receive an ‘introduction pack’ from The Eye Surgeons’ Foundation. Each pack will contain a suite of: information brochures on each of our programs; donation forms; posters to decorate rooms and in time, we will provide information DVDs. Wherever possible, we hope that your practice will support our new organisation by:

- introducing/discussing our Foundation with patients and families
- providing information brochures and donation forms to patients and families

In 2016, we will also brief Reception/Practice Managers about our new-look Foundation.

Over the coming months, we will invite you to be involved in our Foundation. You may like to talk to us about your ideas – it is your Foundation.

THE FUTURE

As we roll-out our new-look, there is still a lot to do. We genuinely need your support by:

- working with us to help achieve the agreed strategic objectives
- bear with us by understanding the challenges of an ever-changing fundraising market
- working together to develop future business and marketing plans that will benefit all.

So, now we arrive at another important juncture in the Foundation’s lifecycle: we are able to now re-launch the Foundation to various existing and new markets in a brand new light. Let’s work together to ensure that the Foundation can really support RANZCO and ORIA in their future aspirations.
Thirty project teams have received ORIA funding support during 2015 and 2016. For the first time, a team of Tasmanian researchers will commence funding support by the ORIA during 2016. This will be under the auspices of Dr Anthony Cook and A/Prof Alex Hewitt for Using stem cells to understand glaucoma. This is an exciting area of research.

As the new year begins, we will await with interest the project results from the six New Investigators funded during 2015 with additional support from RANZCO. The ORIA has awarded New Investigator grants to three more projects this year, reaching a total of nine for the two year period.

This has enabled all these new and up and coming researchers to be employed and gain a track record to enhance their developing research careers. With this innovative approach, several of the ORIA’s previously supported new investigators have been able to secure larger grants on the basis of their research.

Full details of current funding is available on the ORIA’s website – www.oria.org.au.

The ORIA is most grateful to RANZCO and The Eye Surgeons’ Foundation along with previous benefactors who have contributed towards and enhanced our support of medical eye research in Australia. During 2015 we were the recipient of three bequests and are proud to fulfill the wishes of these very generous individuals.

Anne Dunn Snape
Executive Officer

Pictured from left Prof Stuart Graham, Dr Wilson Heriot and Dr Richard Mills at the ORIA AGM, held during the RANZCO 47th Annual Scientific Congress in November 2015
ASO UPDATE FROM THE PRESIDENT

The dramatic increase in life expectancy during the 20th century ranks as one of society’s greatest achievements. This is testament to the innovative advances of modern medicine and the quality of care medical professionals are now able to deliver to their patients.

However, with this advancement comes an associated increase in the cost of providing healthcare. In response to budgetary pressure, governments are now desperately looking for savings. You need only count the number of health sector reviews underway right now in Australia to see that our Federal Government is gearing up for a major health dollar squeeze. The job of the Australian Society of Ophthalmologists and other organisations representing doctors is to safeguard high quality healthcare and to ensure that equitable access to it remains.

PRIVATE HEALTH UNDER THE MICROSCOPE

The Federal Government’s review of the $19 billion private health insurance sector has been dominating news headlines in recent weeks. While a thorough investigation of the practices of private health insurers is clearly necessary, there are already some worrying signs that the government is coming at this review with a broader agenda than just tightening some regulations.

The consumer survey released in November is one example. The survey was intended to gauge just how valuable customers believe their private health insurance premiums are when weighed up against how much they cost, yet it is riddled with loaded questions and hints at reducing cover for important services such as cataract and lens procedures. The survey also asks consumers if specialist consultations should be included in private health insurance. Rather than tightening regulation of the industry, this sounds a lot like pushing it towards a system of US-style managed care.

We have our own examples of health funds asking doctors to sign pre-approvals and maneuvering for them to enter into gap cover arrangements. These, coupled with the knowledge that some health funds are acquiring GP clinics - while large numbers of dental and optical businesses are already owned by funds - makes the managed care scenario sound like more of a probability than a possibility. We must do all we can to topple these odds. I will be speaking with the Health Minister’s office, Department of Health staff and other political representatives in Canberra to voice our concerns on these issues.

SUPPORTING EDUCATION, BUILDING BUSINESS SKILLS

In the past two years the ASO has been focused on broadening its operations so that it can provide members with support in the areas of professional development that will add value to their practice development. Under the banner of our new organisational arm, ASO Business, we have been working hard to pick up where the Independent Ophthalmic Network (ION) left off.

One of the most exciting initiatives the ASO has been able to deliver via ASO Business is a series of business skills events. We have now hosted two dynamic Business Skills expos and the next is planned for 21 and 22 May 2016. The expo is where we showcase expert professional development advice for ophthalmologists in the range of disciplines required for successful practice in today’s advanced world. From practice start-up and management, through to employment, medico-legal, finance, indemnity, and more. The event is all about helping ophthalmologists harness our business skills. I suggest you save the date for 21 and 22 May, it’d be a pity to miss it!

Building on the business skills expo platform, the ASO recently staged a Business Skills Seminar. This half-day event was held during October’s RANZCO Annual Scientific Congress in Wellington. More than forty ophthalmologists came along to the seminar to gain insight into a range of topics, from the changing world of electronic medical records, through to exploring unique business models and getting advice for risk-taking and decision-making in business. Feedback on the seminar was very positive which gives us impetus to work on increasing both the size and scale of future events.

STRENGTH IN NUMBERS

I do feel it is important to offer a constant reminder that the membership-based nature of the ASO means the more members we have on board with us, the more powerful our medico-political muscle grows. If you are not a member of the ASO I hope you will consider joining us. If you are, don’t forget to renew that subscription.

To check your ASO membership status phone 07 3831 3006.

Dr Micheal Steiner, President

There are plenty of great ideas out there, but the key to success is taking that one idea and turning it into actionable plans. Perseverance and passion are the key factors.

The Problem – 2015 was an exciting year as there were so many interesting projects going on. These exciting advancements have ranged from stem-cell therapy for macular degeneration and other untreatable retinal disorders; advancement in femtosecond laser surgeries and space-stations sending robots to the planet Mars.

However, let us return to reality. The reality is that there are still millions of people around the world going blind every year. The World Health Organisation (WHO) estimates that there are 285 million people around the world with visual impairment. Access to standard eye care and treatment remains a major challenge in many places including some remote regions of the developed nations.

Conventional ophthalmic equipment such as visual charts, slit lamp microscopes and retinal cameras are standard ophthalmic tools that many of us, eye care professionals have taken for granted. These tools come with an expensive price tag. Cumulatively, they cost around $35000 to $40000.

The majority of patients with eye complaints present to their primary care provider or local opticians before they get referred to an ophthalmologist if further consultation is needed. The challenge here is the majority of primary care providers are not comfortable, have the experience or feel confident enough to treat patients with eye problems. A study conducted in Canada revealed that 80% of general practitioners admitted that they were not comfortable dealing with patients with eye problems. To make things worse, the simple direct ophthalmoscope is the only eye examination tool that the majority of primary care providers have access to. The direct ophthalmoscope is a tool invented over two centuries ago. It was a wonderful invention but to be good at it, the learning curve is steep and the field of view is very small. It is time for a change, something novel has to happen.

The solution - Over the course of a year, a team of ophthalmology registrars, engineers, programmers and industrial designers came together and decided to take on the challenge. We decided to create an affordable system that would make eye examination intuitive, accessible and affordable. We decided to use a device that has widespread presence and accessibility, the smartphone. With rapid prototyping techniques such as 3D printing, we have created two ophthalmic imaging adapters. The first device is an anterior segment imaging adapter, and the other is a retinal imaging adapter. The anterior segment imaging adapter comes with two optical filters; cobalt-blue and white light illumination; and is capable of ten times magnification. The retinal imaging adapter uses the same principles of indirect ophthalmoscopy and is capable of achieving up to a 40-degree field of view on dilated eyes. There is also a multi-function mobile app that comes with some common visual tests and a built-in e-referral platform.

Open-collaboration – We are true believers of open collaboration and open-source. We believe the existing patent system is a very old system that is monopolised by only those who can afford to pay the fees and the patent attorneys. For example, if you have a great idea, and if you wish to patent it, it will cost an average of $15,000 for the patent search, draft and filling in one country. We believe the existing patent system is doing more harm than good, causing more economical losses. An example is the Google-versus-Apple-versus-Samsung case which cost $20 billion over the course of two years on patent litigation and forced patent acquisition fees. These companies spent more money on patent litigations than money spent on research and development of new products. This is a waste of time, energy and financial resources.

Our approach is viewed by many as inspiring and positively causing disruptive change. We believe many people can invent and innovate to create a piece of great technology, but if financial gain is the main part of the equation, it always falls back to capitalism, which is the reason we are now living in this hugely disproportionate world. Therefore, we decided to release the blueprint designs of our devices and make it freely available online. By applying the principles of additive-manufacturing (more familiarly known as 3D printing),
printing), anyone globally can locally reproduce our devices and tools in a matter of hours. Ultimately, the aim is to ensure that healthcare providers have better access to more efficient examination tools.

One might think that the medical profession would welcome innovation with their hands wide open. The truth is that most clinicians do not like to change. We have met a range of people from those who are true believers in what we are doing to those who are constantly criticising everything we do. Perseverance and passion are the key factors that determine the outcome. We believe this is not just about eye care anymore; it is becoming something a lot bigger. We believe we are at the dawn of a revolution, a revolution of the way we think about medical innovation, sharing, collaboration and caring.

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Dr Graham Wilson
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References
2. Hong SC. 3D printable retinal imaging adapter for smartphones could go global. Graefe’s Archive for Clinical and Experimental Ophthalmology. Vol 253(10. Pg 1831-1833. 2015

The variety of designs of the anterior segment microscope

The user interface of the multi-function mobile application

Anterior and posterior view of the anterior segment microscope.

Printable smartphone retinal camera adapter
Ophthalmology is a discipline dominated by the finest of tolerances. Much of the clinical work performed by eye surgeons is microscopic and it surely will not be long before there is true immersion into the extraordinary world of nano-measurement where technology can deliver at an atomic or molecular scale.

This is a world in which our commitment to patient safety and wellbeing demands the most accurate calibration possible of the tools used in saving sight. It is the National Measurement Institute (NMI) which promises a vital partnership for the College and Fellows engaged in boundary-changing research work and clinical techniques.

NMI is the peak body for measurement and calibration in Australia, supporting NATA (National Association of Testing Authorities) accredited laboratories and regulators. NMI's pursuit of accurate measurement is essential as it allows results to be compared between different instruments, methods, laboratories, countries and times. This helps ensure consistency and uniformity of dosage, treatment and diagnosis criteria. NMI also develops new measurement techniques to meet the emerging needs of new fields.

WHY IS CALIBRATION SO IMPORTANT?

Clinical diagnoses are based on consideration of a multitude of interrelated factors each of which carries variability. The accuracy of clinical measurement equipment is one of these factors. For example, if a tonometer systematically reads low by 1 mmHg then approximately 34% of patients with hyper intra-ocular pressure may be missed (1). A recent study in Vancouver Hospital showed 24% of tonometers were more than 1 mmHg in error (2). For this reason it is common practice in Australia to check the accuracy of tonometers regularly.

The efficacy and safety of treatments depends on the reliable performance of a range of technologies and, in a high quality medical system such as we have in Australia, this is supported by agreed performance standards and control regimes. For example, the performance of autoclaves is regularly checked for temperature and pressure to ensure satisfactory sterilisation. Similarly, although the power setting for clinical lasers is often set by clinical titration, degradation of the fibre delivery system is identified by power measurement at the fibre egress.

The international definitions of measurement units evolve as new technologies emerge and industry demands ever greater accuracy. For example, the unit of optical power as perceived by humans, the Candela, was once defined by a candle with specified size, wax and wick; then by a specified gas-flame; a carbon-filament lamp; a molten platinum source; and today by monochromatic radiation with a given wavelength and power.

Furthermore, units of measure held by physical artefacts, such as photodiodes and lamps, are “perishable” and so frequent realisation of the definition from first principles via quite complex scientific experiments is required. NMI performs these realisations for Australia and is Australia’s link into an international framework. The international system of units, the SI, is coordinated by the International Committee for Weights and Measures (CIPM) in Paris through treaties, definitions and regular inter-comparisons of standards between nations.


Getting the big picture from tiny imagery

In Australia there is an unbroken chain of “traceability” from the primary units maintained by NMI to accurate measurements made in the field, for example by service technicians; through calibrations of their equipment by laboratories accredited by NATA whose standards are in-turn calibrated by the NMI.

Some areas of measurement at NMI include traditional physical measurements such as optical power meters (laser power), spectra, colour, mass, time, pressure and force (load cells), as well as more recent biological and chemical measurements such as ultra-trace chemical analysis and bioanalysis; including early detection of cancer biomarkers and reference materials, e.g. for DNA and metabolites.

Australia has a highly developed and internationally recognised measurement infrastructure available to support the quality, safety and efficiency of industry, including the medical sector. NMI is a part of the Australian government, and provides access to the high levels of measurement expertise through measurement services, collaborative R&D and consultancies.
Evan Richard Soicher, a quiet, unassuming gentleman who was loved by so many, passed away on 5 September 2015 aged 53, peacefully at home surrounded by his family.

Evan believed it was a great privilege to be a doctor. He truly enjoyed both the science and art of medicine and took a very special interest in the lives and well-being of all of his patients. Evan was highly regarded by his colleagues, staff and patients due to his exceptional clinical and surgical skills as well as his kind and friendly nature. He was a man of remarkable intellect with a diverse range of interests including playing the guitar, running, history and current affairs. Most importantly, Evan was a faithful, considerate and caring friend to many.

When he was diagnosed with a life-threatening illness, no stone was left unturned in the quest to find a cure. He was deeply saddened when it became clear he could not continue to practise ophthalmology and to care for his patients.

Evan was born in Johannesburg, South Africa on 12 May 1962, first-born son of Jenifer and Jack Soicher. Already at primary school there were indications of his charitable nature, when as a 7-year-old he walked 21 kilometres to raise funds for his primary school. Keenly involved in sport, debating and drama, Evan showed a determination to complete whatever he started. These qualities were soon recognised with his election as Deputy Head Prefect at Highlands North Boys’ High School and Chairman of the Management Committee of Johannesburg Junior City Council.

In his last year of high school, Evan decided to study medicine driven by his passion “to heal the world”. He won a scholarship from the Johannesburg City Council. He went on to study medicine at the University of Witwatersrand, South Africa, between 1980 and 1985. In his first year of medicine, Evan was involved in establishing a student-run clinic in the township of Alexandra and helped raised money to purchase the necessary equipment.

Evan worked as a doctor during the difficult era of apartheid in South Africa. It was during this time that he met a young radiographer named Jenny De Jong and there began a story of decades of love. Evan and Jenny were married on 12 August 1990 at the Waverley Shul in Johannesburg and one month before Evan died, they celebrated their 25th wedding anniversary.

Evan trained in ophthalmology at St John’s Eye Hospital in Soweto, South Africa. In 1994, on the day he graduated as an Ophthalmologist, his first son, Glen, was born. He then undertook advanced training at the Royal Eye Unit in Surrey, UK before joining the Department of Ophthalmology, University of New South Wales at the Prince of Wales, St George and Sutherland Hospitals, as Senior Registrar. He was appointed a Consultant Ophthalmologist in 1999. The previous year, Matthew, the second son of Evan and Jenny, was born.

In April 2000, Evan started Southern Ophthalmology with his life-long school friend Alan Flax. Together with his friends and colleagues, Robert Chong and Harry Leung, Southern Ophthalmology was expanded into a thriving private practice.

Evan was appointed as a Staff Specialist at Prince of Wales Hospital and Sydney Children’s Hospital from 1999 to 2005, and then as a Visiting Medical Officer (VMO) at Prince of Wales Hospital, Sydney Children’s, Sutherland, St George and Sydney/Sydney Eye Hospitals from 2005 to 2014. Evan was also a VMO at Bourke Hospital from 1999 to 2008 as part of the Prince of Wales Hospital’s Outback Eye Service. Evan led over 30 trips to Bourke Hospital during his time with the Outback Eye Service, consulting and performing ophthalmic surgery under challenging conditions. Evan had a passion for providing care for disadvantaged communities wherever he practised. From South Africa to the Aboriginal communities in Bourke and Sydney, Evan was dedicated to helping the less fortunate.

In addition to delivering eye care, Evan was actively involved in Ophthalmology registrar supervision and teaching. He also taught General Practitioners and optometrists, often using diagrams to share his knowledge.

Evan’s family have lost a loving husband, devoted father, son, brother-in-law, brother and uncle. Truly, we have lost a friend - a calm, dignified bastion of strength who showed his support, and commitment behind the scenes, without fanfare.

Evan was an exceptional ophthalmologist and colleague, and he will be sadly missed by those who had the privilege to work with him.
## Calendar of Events

<table>
<thead>
<tr>
<th>February 2016</th>
<th>March 2016</th>
<th>May 2016</th>
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<tr>
<td>5-9 February 2016</td>
<td>4-5 March 2016</td>
<td>27-28 May 2016</td>
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<tr>
<td>World Ophthalmology Congress (WOC) of the International Council of Ophthalmology</td>
<td>Australian and New Zealand Strabismus Society Meeting</td>
<td>New Zealand Branch Annual Scientific Meeting</td>
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<td>Venue: Guadalajara, Mexico</td>
<td>Details at: <a href="http://www.ranzco.edu">www.ranzco.edu</a> and go to the events calendar</td>
<td>Details at: <a href="http://www.ranzco.edu">www.ranzco.edu</a> and go to the events calendar</td>
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<tr>
<td>12-13 February 2016</td>
<td>5 March 2016</td>
<td>18-19 March 2016</td>
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<tr>
<td>Australian and New Zealand Glaucoma Interest Group Meeting (ANZGIG)</td>
<td>Victorian Branch Annual Scientific Meeting</td>
<td>NSW Branch Annual Scientific Meeting</td>
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<td>Venue: Stamford Plaza, Auckland New Zealand</td>
<td>Details at: <a href="http://www.ranzco.edu">www.ranzco.edu</a> and go to the events calendar</td>
<td>Venue: Crowne Plaza, Hunter Valley NSW</td>
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<td>Details at: <a href="http://www.ranzco.edu">www.ranzco.edu</a> and go to the events calendar</td>
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<tr>
<td>28-29 May 2016</td>
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<td>ANZSRS Mid Year Retina Symposium</td>
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<td>Venue: Westin Hotel, Sydney</td>
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**TARGET THE CAUSE NOT JUST THE SYMPTOMS**

Recommend Tears Again® as first line treatment for dry eye.

Research shows that dry eye is predominantly caused by excessive tear evaporation not insufficient tear production. Almost 80% of sufferers have a disturbance of the eye’s lipid layer – in contrast only around 10% have exclusive aqueous deficiencies.

Tears Again® Liposomal Eye Spray stabilises the eye’s lipid layer, reducing excessive tear evaporation while hydrating and lubricating dry eyes.


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

POSITIONS VACANT

Ophthalmologist - Full time/ Part time
South Coast, NSW
Opportunity for a recently qualified fellow to enter an instantly busy practice full-time, with or without a view to ownership. For practice succession, the principal can guarantee retirement or stay on as required.

- General ophthalmology including cataract, glaucoma and medical retina
- Modern premises with 6+ consulting rooms all with Haag-Streit slit lamps
- Minor operations room with separate sterilization area
- YAG, SLT and Argon lasers, Cirrus OCT, IOL Master
- Minor operations room with separate sterilization area

Enquiries also welcome from Fellows desiring regular part-time work to supplement their Sydney practice.

Phone: 0490 128 628 (after hours)

Consultant Ophthalmologist
Newcastle, Hunter Valley, Australia
A specialist ophthalmologist is required for a full-time position with Newcastle Eye Hospital and associated clinics in the beautiful wine and rural region of Australia’s Hunter Valley, situated 90 minutes North of Sydney. A sub-speciality interest in fellowship training is essential. An interest in research can be facilitated by the Newcastle Eye Hospital Research Foundation. Opportunities exist for overseas aid work, and medical education. Applicants must have the RANZCO Fellowship, or the RCOphth Certificate of Completion of Training (CCT) to enable registration.

Contact: Alison Pennington
Phone: +61 4 5939 3362
Email: alison@newcastleeyehospital.com.au

Ophthalmologists,
Part-time/Sessional
Waterloo, NSW
Opportunity arises for ophthalmologists to join a new and expanding clinic located only a few kilometres from the CBD. Subspeciality training an advantage but not mandatory. The positions would suit both recent graduates and more established practitioners looking for an additional practice location.

Contact: Neil
Email: reception@eyeandretina.com.au

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

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

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

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

Ophthalmologist
Ballina, NSW and Gold Coast Qld
General Ophthalmologist wanted for busy city and country practice. Latest equipment including Heidelberg angiography. Onsite ophthalmic day hospital at both locations. Short term locum or associateship. Flexible hours. Beachside accommodation available.

Pristine rainforest, beaches and great surfing nearby.

Contact: Pamela Weir
Email: md@myeyespecialist.com.au

Ophthalmologist with Corneal/Refractive Surgery Experience
Christchurch, New Zealand
Ophthalmologist with a specialty interest in cataract & refractive surgery to join Fendalton Eye Clinic. General ophthalmology would also be included.

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

Apply only if you are RANZCO accredited.

Contact: Jane Patterson
Email: jane@lasik.co.nz

EYLEA Product Information 23 September 2015