IN THIS ISSUE:

International Development – focus on Cambodia

Supervision at RANZCO

‘RANZCO’s ‘Choosing Wisely’ Campaign set to launch’

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Editor: Laura Sefaj Design and layout: Francine Dutton
The Royal Australian and New Zealand College of Ophthalmologists A.C.N 000 644 404
94-98 Chalmers Street
Surry Hills NSW 2010 Australia
Ph: 61 2 9690 1001 Fax: 61 2 9690 1321
E-mail: eye2eye@ranzco.edu
Website: www.ranzco.edu

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The 2016 Australia Day Honours List saw Prof Minas Coroneo AO, Dr Jay Chandra AM and Dr Lyon Robinson AM, acclaimed for their outstanding work in the practice of ophthalmology and their pursuit of excellence. They are all exemplary role models and their honours are richly deserved. On behalf of the Fellowship, I congratulate each of them.

The two set piece events for 2016 for RANZCO will be our Australian Medical Council (AMC) accreditation, which is already under way, and ophthalmology’s appearance before the MBS Review later in the year. These pivotal College activities will occur against the backdrop of a federal election expected in September/October 2016.

Sexual harassment, bullying and discrimination (SHBD) in the military, the police and now the medical profession has attracted the public’s full attention since early 2015. The results of our College survey confirm that we too have issues to address. Many Fellows have indicated to myself and the Board that the discussion surrounding SHBD does not resonate with their experience or that of their colleagues. At an individual level I fully accept that this may well be true. Nevertheless, addressing issues of SHBD and achieving necessary cultural change is about respect; respect for all Fellows and trainees, such that each individual is enabled to realise their full potential.

The issues at hand are not just about us as individuals but rather reflect a change in general community expectations. If any further proof was required, the appointment of (General) David Morrison as Australian of the Year attests to those changing expectations. General Morrison’s mantra, “... the standard you walk past is the standard you accept”, has now become part of the nation’s vernacular. The Board looks forward to working with the Fellowship to implement the necessary changes.

Ophthalmology will most likely be before the MBS Review at about the time of the federal election. The Review’s task is Herculean. The time-line is unrealistically short. Attempting to predict the outcome of the Review would be both fraught and foolish but we can be assured that funding cuts are expected. Difficult decisions pertaining to funding priorities may be required. Please be assured that any decisions will be taken in close consultation with the College Council and in the best interests of our patients and the Fellowship in its entirety.

Wishing you all a productive and rewarding 2016.

Dr Brad Horsburgh
President RANZCO
Censor-in-Chief’s Update

In this issue, Censor-in-Chief Mark Renehan reflects on the way forward for education and training at RANZCO.

Preparing a submission for the Australian Medical Council (AMC) accreditation of RANZCO’s vocational training and professional development programs is a challenging, affirming and motivating task. In ten core areas, from the context of training and education to the assessment of specialist international medical graduates, the College has documented and reflected on how it achieves its educational mission.

Each area has its strengths and challenges. That’s what you would expect of any organisation that is focused on learning and is committed to continuous improvement. From the vantage point of chairing the Federal Qualification and Education Committee (QEC), let me share some of those strengths and challenges with you.

THE CONTEXT

Good governance underpins all of RANZCO’s activities, none more so than education. The Federal and Regional QECs are broadly representative groups whose members contribute in clinics and theatres, on examination boards and in sub-committees to setting, practicing and ensuring the quality of the learning and teaching standards the College sets for itself.

“The College has documented and reflected on how it achieves its educational mission.”

The sub-committees and expert roles that contribute to the QEC are becoming more professional and professionalised as the expectations of them grow.
The Fellows and their colleagues who contribute to the teaching of trainees across the networks are the backbone of the program. We may be tempted to regard this as a professional expectation – returning the favour done for us, perhaps. The College has set itself the challenge of better supporting those Fellows teaching and supervising in the vocational training program (VTP), and of ensuring that there will be a willing ‘next generation’ to continue this most remarkable tradition of service.

"Expectations in the community of professional organisations and of educational institutions have changed."

The expectations in the community of professional organisations and of educational institutions have changed markedly in the ten years since the last AMC comprehensive accreditation. Genuine engagement with stakeholders is an expectation and meeting it takes considerable work, if it is to be done well and yield valuable results. Mechanisms to ensure that there are sufficient trainees and training posts must also guarantee the scope and quality of training experiences available.

THE FRAMEWORK AND SCAFFOLDING

The College has developed a robust curriculum framework – content, resources and assessment – that guides learning in the VTP. The experience of the Fellows, and the expertise of educationalists who provide input to curriculum and examination committees help guarantee that the content and conduct of education in the program matches best accepted practice in comparable programs.

The process of training post accreditation is no less robust. The Standards for Ophthalmology Training Networks and Posts document the expectations of hospital and non-traditional training sites. Effective working relationships with employing organisations is as necessary as the goodwill and commitment of Fellows to the sustainability of the training program. The training post inspectorate is central in this endeavour.

Trainee support is emerging as an area of challenge: do the types and extent of support provided in the past meet the demands of the current trainee? We are fortunate to draw cohorts of trainees who bring considerable non-ophthalmic medical experience with them. The work of the Trainee Representative Group in communicating the needs and issues faced by the trainees is essential, as is developing systems to ensure a clear and safe channel for the notification and management of complaints, so that trainees might be protected in cases of discrimination, bullying or harassment.

THE OUTCOMES

RANZCO’s goal remains to train the comprehensive general ophthalmologist, as the best means of meeting the Australian and New Zealand communities’ eye health needs. The trainees’ program of learning is based on skill development and demonstrating competence, thereby protecting patient safety. Our new Fellows have geographic mobility, thrive in outreach and international development settings, and can provide the necessary services in the diverse regional and metropolitan settings they encounter. The QEC
takes responsibility for ensuring the currency of the training program, so this objective can be met.

**THE EVIDENCE**

Evidence-based clinical practice is our ‘gold standard’. On an individual basis, Fellows collect evidence on their practice with the aid of RANZCO’s comprehensive continuing professional development program. High rates of compliance with the requirements of the program and the enthusiasm for the new clinical audit tool show that Fellows are committed to the continuous review and renewal of their clinical and surgical competence.

The College’s commitment to evidence-based decision making sees it set solid, equitable benchmarks for the assessment of specialist international medical graduates seeking registration in Australia or New Zealand.

Evidence-based education practices, informed by well-thought-out program monitoring and evaluation activities, are also our aim. This is an area of increasing focus.

**THE NEXT STEPS**

You may have been invited or have participated already in AMC consultation activities. I wholeheartedly encourage and thank you for your involvement.

The process will culminate in an accreditation visit to training sites, around the time of the May QEC meeting. The QEC, and the education and training team, are grateful for the part you play in this process. Like me, I’m sure you look forward to reading, reflecting on and learning from the AMC’s final report.

**OUR PURPOSE**

Congratulations and welcome to our 2016 trainees. You are our focus and our future. We look forward to working with you and supporting you on your journey.

*Dr Mark Renehan*  
*Censor-in-Chief RANZCO*

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“RANZCO’s goal remains to train the comprehensive general ophthalmologist.”
The ‘Choosing Wisely’ campaign was launched in Australia in 2015. The aim is to develop a list of tests or procedures that should be questioned by both doctors and patients, ideally to significantly decrease unnecessary practices.

Many colleges and societies have signed up (a full list can be found at www.choosingwisely.org.au). After extensive consultation RANZCO has developed a list which will officially be launched in March, along with many of the other colleges. The list is:

- In the absence of relevant history, symptoms and signs, ‘routine’ automated visual fields and optical coherence tomography are not indicated.
- AREDS-based vitamin supplements only have a proven benefit for patients with certain subtypes of age-related macular degeneration. There is no evidence to prescribe these supplements for other retinal conditions, or for patients with no retinal disease.
- Don’t prescribe tamsulosin or other alpha-1 adrenergic blockers without first asking the patient about a history of cataract or impending cataract surgery.
- Intravitreal injections may be safely performed on an outpatient basis. Don’t perform routine intravitreal injections in a hospital or day surgery setting unless there is a valid clinical indication.
- In general there is no indication to perform prophylactic retinal laser or cryotherapy to asymptomatic conditions such as lattice degeneration (with or without atrophic holes), for which there is no proven benefit.

For ophthalmologists it will be obvious that this list is not just restricted to their own practice, but those of other medical and allied health colleagues. It is not intended to tell doctors how to practice medicine, rather it suggests questions that both doctors and patients should ask.

It is easy to fall into the habit of doing something in a particular way, whether it be ordering a test, managing a condition in a particular way or speaking to colleagues. What may have once been acceptable usually changes over time, and we need to
be reminded to consider our habits and modify when necessary. One of the challenges facing all medical colleges, including RANZCO, is how we deal with bullying, harassment and sexual discrimination. But in my mind there is a fundamental question: how do these things happen? I suspect, certainly in the case of bullying, that much of it stems from an habitual way in which some people address colleagues or trainees. The teaching by intimidation or embarrassment methods of old are no longer acceptable, but it can be very hard to change. It takes a high degree of self-awareness and reflection to stand back and consider whether one's communication style remains valid in contemporary circumstances. Sometimes a change is needed to avoid conflict or more serious charges of bullying or harassment and the consequences thereafter.

As we start a new year I think it is a good time for everyone to reflect and ask questions of themselves to ensure they are not causing anyone emotional, physical or even financial harm (now or in the future). We need to be mindful that we operate in an environment of high levels of external scrutiny; a society that is less willing to accept that the doctor always knows best and can easily check for a second opinion even if it is electronic; and younger generations no longer accepting of the work conditions and teaching methods of old. Given this, we all need to be much more self-aware of how and what we communicate.

RANZCO will be refining and developing our new Strategic Plan for 2017-2020 during this year. The Board, Council and staff will be using this opportunity to reflect on all the lessons learned in 2015, and make our own changes where necessary. If any Fellows or members have strong views about what they think should change, I urge you to speak to a Director, Councillor or contact me directly.

Dr David Andrews
CEO RANZCO

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**RANZCO HAS A NEW TAGLINE**

After the February 2016 Board Meeting, it has been decided that RANZCO change its tagline to ‘The Leaders in Collaborative Eye Care’.

This replaces the previous ‘The Leaders in Eye Care’. It was thought that the new tagline better reflects the role of ophthalmologists as eye care leaders working together with other health professionals in order to achieve optimum patient outcomes. The new tagline will appear on all collateral and next to our RANZCO logo.

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Supervision at RANZCO

TUNE UP!

In Wellington during last year’s Congress, David Russell spoke to some very savvy supervisors, and I tagged along. We had hoped to have video of the interviews, but that’s another story ...

MARK RENEHAN
CENSOR-IN-CHIEF

We caught the Censor-in-Chief between the Federal Qualification and Education Committee (QEC) and Council meetings. At the QEC meeting, Mark explained, he gave an analogy for the various roles that shape supervision at the College.

“It’s like an orchestra. The Regional QEC Chair is the conductor. The Director of Training is the concertmaster, responsible for the hands-on running of the orchestra. It’s so, in the training program, trainees get the educational experiences they need, and the Term Supervisors and Clinical Tutors get the support they need.”

Warming to the task, Mark continued.

“The Term Supervisors then, are like section leaders in the orchestra. They work with the Clinical Tutors – the orchestra members – to create the best sound possible.”

Like all good performers, those involved in supervision need to ‘rehearse’. Mark encouraged all involved in supervision to refer to the College Moodle site.

“Moodle has readily accessible resources to support not just the trainees, but the trainers”, he said. “It’s apparent that support is welcome, but supervisors are reluctant to ask for it.”

Before Mark set off for the Council meeting he added, “Don’t forget the Education team. They support supervisors with policy and processes and implementation. They’re the ‘techies’. Call them.”

AINSLEY MORRIS
FORMER QEC CHAIR, NEW ZEALAND AND MEMBER NEW ZEALAND S-IMG COMMITTEE

The Regional QEC Chair sees the highs and lows of the vocational training program, and takes the bouquets and brickbats that go along with it. One of the most important and challenging
tasks is being involved in trainee remediation.

Ainsley Morris is well-known for her warmth and enthusiasm. David asked her what advice she has for trainees who might be experiencing difficulties.

“When you feel you are struggling - and everyone who has been through the training program has struggled at some point, it’s a human thing to struggle - the important thing is to reach out and get help.

“I know that sounds trite, but really it’s far better to acknowledge there’s an issue and seek assistance. There are many ways to seek assistance, be it through your current supervisor, your mentor, or the College administration.

“There are processes and assistance available, and it’s far better to seek that assistance early.”

We can only agree.

LEANNE CHEUNG
DIRECTOR OF TRAINING

Leanne Cheung is Director of Training of the Prince of Wales Network in NSW. In that role she attends Federal QEC. Her passion for supervision is evident. Leanne says the most significant thing for her about supervision is her part in ensuring safety.

“For me, it’s patient safety and trainee safety. The supervisor’s role is to encourage learning and maximise opportunities but doing so in a really safe environment for both patients and trainees.”

Leanne says being a supervisor has had quite an impact on her professional life.

“I’ve learned about my own style as a supervisor, and benefitted from training and support from the College. As a relatively recent graduate, I felt a lot of empathy with the trainees and wanted to give them lots of opportunities but as a supervisor, I have to ensure the safety of all involved.”

The life of a consultant is full of competing demands, and Leanne encourages her colleagues to use the resources available – the Director of Training, the QEC Chair and the College. She says, “The training offered by the College helps you learn more about yourself, not just as a supervisor!

“My top tip is to prioritise supervision – plan ahead for new trainees coming onboard, make sure that you have that all-important ‘intentions for the term’ meeting.

“It’s so important – it sets you both up for the term, what little holes we need to plug, what’s borderline and where they excel. You can maximise opportunities and tailor the term, make sure things don’t slip through the gaps. Trainees are very receptive and really appreciate a well-done ‘intentions’ meeting.”

Skill delivering feedback is something that needs thought and practice. David asked Leanne what techniques she favoured.

“I stick to my ‘you know what’ sandwich – the good, the bad, the good. It’s important to be balanced. It’s often hard for the trainees to give themselves good feedback – sometimes we only hear ‘the bad’ and find it easier to criticise ourselves. When we finish cases, I ask the trainees what they did well, and they often can’t tell me. I ask them what didn’t go well, and they have a list a mile long. We’re so hard on ourselves. Supervisors need to champion the trainees, but be realistic as well.”
GLEN GOLE
TERM SUPERVISOR AND
QEC MEMBER

Glen made time for us to speak to him between preparing presentations and attending Congress sessions. Asked what means the most about supervision to him, Glen said, “The best thing is to see trainees grow in confidence, trying on the ‘suit of clothes’ of the consultant and growing into the role that they will occupy for their professional life.

“It is an enormous privilege to supervise people and be part of their professional growth, and important that you are a role model that you want trainees to emulate. We train them in the technical aspects of the specialty but it’s important to train them to be good professionals aware of their responsibilities to society as doctors.”

David asked Glen for his ‘top tip’ for supervisors. “Simple”, he said, “have an open and honest dialogue with your trainee. Develop ongoing dialogue through training time, so you can watch them develop, watch what they’re doing and give them the feedback on a day-to-day or weekly basis and incrementally help them grow professionally.

“That said, it’s not all peace, light and brotherhood. In the technical aspects of their specialty, if they’re making errors it’s important to correct them, and I think it is important too if in the professional and other key roles you need to point them in the right direction, but it is very much a dialogue.”

Following up on our discussion with Ainsley, David asked Glen about the trainee in difficulty. Glen reflected that these are among the most challenging circumstances to deal with. “The hardest thing for a supervisor is to deal with a trainee who is not up to standard with skills, and having the honesty to tell them what their problems are and what they need to do to keep going in the training program.

“These trainees need a lot of help. If they are not good enough to progress you have to be honest and tell them so, and be honest when you tell them why. They need examples of your judgement - examples of the behaviours that aren’t right and examples of when they are performing well.”

It was clear from Glen’s responses that the role of supervisor is one he cherishes.

“Trainees come into the program with a great deal of enthusiasm through a rigorous selection process. They go at their own pace, to an extent - taking into account exams and reports that need to be submitted - seeing it as a growth process.

“Trainees need to learn everything they can, soak everything up like a sponge and do what’s expected of them, and ask for help when they need it. They need to be comfortable to ask the supervisors for help, and supervisors need to be comfortable giving help – a real two-way dialogue.

David asked him to nominate his most memorable supervisory experience. His answer is, not surprisingly, from the trainee perspective.

“Getting them to fly! Getting them out of the nest and on the runway and seeing them fly away as competent ophthalmologists is an enormously pleasurable experience.

“It’s a great thing when they call you up and tell you how they are going. It’s a wonderful thing to have been part of that process.

“You get a lot out of being a supervisor. Being a supervisor is immensely pleasurable. When people you have trained walk across that stage at the graduation ceremony it’s a source of pride that you’ve helped get them there.”

Hitting the right note, the RANZCO Vocational Training Program (VTP) is lucky to have such inspired and inspiring supervision.

Neridah Baker
Manager, Curriculum and Course Development RANZCO
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DESIGNS FOR VISION
A division of Paragon Care Group of Companies
RANZCO strives to be at the forefront of innovation in all areas of eye care and practice accreditation is a key measure in setting standards across the board. It provides reassurance not only to Fellows, allied health professionals and support staff but, vitally, to patients.

Accreditation provides independent recognition that an organisation, program, product or activity meets the requirements of defined criteria or standards.

Across Australia, patients can satisfy themselves of the level of care they can expect from a health service by reviewing the relevant National Safety and Quality Health Service (NSQHS) Standards that were developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). These standards drive the implementation and use of safety and quality systems to improve the quality of health service provision in Australia. The resources developed for the RANZCO practice accreditation program are based on the requirements of the NSQHS Standards.

Accreditation and adherence to the standards is mandatory for licensed hospitals and day procedure services in Australia, but not currently for ophthalmology practices. RANZCO anticipates that the standards will become mandatory in the future and is taking a proactive approach to promoting and assisting with accreditation.

There are no requirements from the New Zealand Ministry of Health for practices to be accredited, however Southern Cross Insurance has stated that: ‘for office and room-based procedures the service location must comply with the standard/s produced by RANZCO which apply to the services provided under an Affiliated Provider agreement’.

RANZCO will offer the following assistance to encourage practices 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 whom you may choose to employ to guide you through the process; and
- a list of Fellows who have been through the process and who are prepared to offer their own time or that of their staff to help you along the way.

WHAT ARE THE BENEFITS?
Ophthalmology accreditation aims to improve patient health outcomes by ensuring national standards of safety and quality are applied to ophthalmology practices. The benefits include risk reduction, improved efficiency, improved practice environment and increased recognition from patients.

WHAT IS INVOLVED?
Accreditation is an ongoing process aimed at continuous quality improvement. The process is:
- registration and receipt of Welcome Pack;
- self-assessment of current status, gap analysis and development of necessary procedures and resources;
- online application for assessment;
- assessment is undertaken via desktop assessment and a report is produced identifying any areas requiring improvement;
- decision – practices are granted accreditation when full compliance with the NSQHS Standards is demonstrated. Accreditation is awarded for three years;
- monitoring – compliance is maintained by submission of a mid-cycle report against the practice’s quality improvement plan.

PROJECT PROGRESS
Preparation of resources including policies, procedures, guidelines, forms, registers, meeting minutes and agendas has been completed. Our preferred accreditation provider, Quality Innovation Performance (QIP), has reviewed all documents, put them through a test audit to ensure they meet the Standards, and provided feedback on the audit outcome and any required amendments. Next steps are:
- Two flagship practices will undergo accreditation and provide feedback by the end of March;
- 20 pilot practices will then commence accreditation by mid-April and provide feedback;
- Full roll-out will depend on the progress of the pilot, but will be in late 2016.

If you have previously had your practice accredited and would be willing to provide advice to others, or would like further information regarding this project, please contact Tanya Parsons, General Manager, Post-Vocational Education & Standards at E: tparsons@ranzco.edu P: 61 2 9690 1001
CODE OF CONDUCT...

CONDUCT UNBECOMING OF A FELLOW

RANZCO Vice-President, Arthur Karagiannis, urges Fellows to take laws governing advertising very seriously. As Chair of the Code of Conduct Committee he examines some of the issues.

In case you don’t know what section 133 of the Australian National Law, as it relates to health, states with regards to advertising, here it is:

* A person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that—
  a) is false, misleading or deceptive or is likely to be misleading or deceptive; or
  b) offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer; or
  c) uses testimonials or purported testimonials about the service or business; or
  d) creates an unreasonable expectation of beneficial treatment; or
  e) directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

(You can find the full guidelines for Australia and New Zealand on the RANZCO website. The New Zealand laws are very similar and we have it on good authority that although they currently do not refer to testimonials this will soon change.)

Why do I remind you yet again of this? Well, the fact of the matter is that some of you continue to show complete disdain for the standards that we are expected to adhere to, and the law as it stands. Following the change to the constitution in 2015 all Fellows are now required to adhere to the RANZCO Professional Code of Conduct, yet there are some out there that do not take this seriously.

Despite the College informing all Fellows of what is expected, some of you just don’t care. Self-interest at its best.

If you have a website, you might want to review it again with fresh eyes. Testimonials stating “you are the most amazing surgeon ever, blah... blah...blah” are out. “Free consultations ... 24 months’ interest free finance ... chance to win a free iPad.” This kind of advertising is found on home shopping channels.

All of this type of advertising cheapens our profession, dumbs down what we do, and acts to commoditise our services. We practise medicine, not sell widgets.

Many websites under the responsibility of Fellows claim the surgeon being promoted is the most experienced, world-leading, the best, or offer the cheapest rates for particular types of surgery. I could go on and on, but you get the point.

If you see a website that you believe is in breach of advertising guidelines, please feel free to make a complaint at www.ahpra.gov.au and follow the notification link, and let me know. I have seen websites altered after a complaint has been made, so I know that this process works.

The Code of Conduct Committee cannot act as a police officer, however if a Fellow is found to be in breach of advertising guidelines, please feel free to make a complaint at www.ahpra.gov.au and follow the notification link, and let me know. I have seen websites altered after a complaint has been made, so I know that this process works.

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The RANZCO Professional Code of Conduct is designed as a tool to address the serious issue of RANZCO members causing, or potentially causing, harm to the public, working with regulators in taking action against members who break the law, and make sure that the reputation of RANZCO as a brand is not tarnished.

Blatantly manipulating Medicare and gaming the system for significant financial advantage is a serious issue, and the Code Committee is aware that authorities are looking into a number of these cases. In my capacity as Chairman of the Code of Conduct Committee, and as Vice President of the College, I plan to make time to meet the regulators responsible for policing the system and outline our concerns as to what may be occurring and how we can assist them to stamp it out.

Our Code of Conduct is there to remind us of the professional standards that not only the community expects of us, but what we expect of ourselves.

If we as a profession want to remain relevant in the future, then we must lead by example.

Dr Arthur Karagiannis
Vice-President & Chair, RANZCO Code of Conduct Committee

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Dr Arthur Karagiannis
FOCUS ON CULTURAL AWARENESS

RANZCO EDUCATION IN FOCUS

In this issue of Eye2Eye, we’d like to bring you up-to-date on the why, what, where, how and who of RANZCO Cultural Awareness initiatives.

WHY CULTURAL AWARENESS?

An understanding of a patient’s cultural background is an important factor in the effective treatment of eye diseases. The assessment, investigation, diagnosis and treatment of a patient are greatly improved if the ophthalmologist takes the time to understand the culture. Consultants should also be aware of how their own culture can affect Indigenous and non-Indigenous patients.

WHAT IS CULTURAL AWARENESS?

Raising consciousness, understanding and awareness of different cultures is important as it facilitates good treatment and ultimately an improvement in patient satisfaction. This invariably leads to an enthusiasm to seek out medical help and attend follow-up visits. A formal definition of cultural awareness is “a variety of interventions with the aim of improving access and effectiveness of health care for people from racial or ethnic minorities”.

WHERE CAN I FIND INFORMATION ABOUT CULTURAL AWARENESS?

At RANZCO, we recognise that the local context is important in learning about cultural awareness. Hospitals and other medical providers often run courses that give information about a particular culture.

For areas with a high proportion of Aboriginal and Torres Strait Islanders the local elders and liaison officers are a good place to start. Aboriginal Community Controlled Health Services are another good source of information as is the Māori Medical Practitioners Association (Te ORA).

The Indigenous Committee page of the RANZCO website has links to useful resources. The RANZCO Moodle portal also has interactive courses designed by other colleges.

The RANZCO Indigenous Committee has contributed to, and produced, a downloadable PDF brochure that outlines information relating to cultural awareness from an ophthalmological perspective. The topics in the publication include: historical context, planning initial and subsequent visits, in the clinic, ophthalmic surgery and attitudes. There are plans to make several short teaching videos to complement what is written in the brochure. A short video vignette of a visit to a more remote eye clinic has also been provided to the College.

HOW CAN I BECOME MORE CULTURALLY AWARE?

In addition to actively engaging in and reading the information provided on our website and in Moodle, the College regularly invites guest speakers to the Interest Group Meeting of the Indigenous Committee, which this year will take place on the Saturday preceding our 48th Annual Scientific Congress in Melbourne.

Regular symposia are also often scheduled into the Congress program, the focus of which is learning about ways to improve the eye health of Indigenous Australians and New Zealanders.

MOODLE MATTERS

As mentioned above, Moodle has several interactive resources, some of which focus on Indigenous eye health from an ophthalmology perspective. Visit the Cultural Learning page on Moodle to find out more information.

For any additional resources you would like to have available, please email Adam Kiernan, Manager - E-Learning and Indigenous at akiernan@ranzco.edu

Thanks to the new app, you will be able to access CEO anywhere, anytime on your device, for free!

Key features:

- Stay current with the latest articles through Early View
- Be notified when each new issue is available
- Download articles and issues for offline perusal
- Save your favorite articles for quick and easy access
- Share articles with colleagues or students

The new CEO app will be made available soon on the Apple App Store. Members and Fellows will be able to access the full journal content on the app using their RANZCO website login details. Compatible with iPhone, iPad, and iPod touch. Coming soon for Android.

SURGICAL INSTRUMENT QUIZZES

Basic Ophthalmic Surgery modules of RANZCO’s learning management system (Moodle) have recently been added to with a series of quizzes being developed, covering nine different ophthalmic operating instrument trays.

This new resource is targeted toward newly selected trainees and others who want to test their instrument knowledge. Each quiz presents a separate visual photograph of individual instruments which must be matched with specific drop-down label lists. There are plans to add more detailed information to each quiz focusing on specific instrument use and functionality. The current trays cover orbital, vitrectomy, lasik, extra-capsular, endoscopic, FESS, eye-bone, cataract and trabeculectomy. Many thanks to the various eye hospitals and clinics for supplying their time and allowing the trays to be photographed. Thanks are also due to those directors of training, supervisors and clinical tutors and other Fellows involved in helping out with this learning resource. If you would like to be involved in the next phase of this project then please contact Adam Kiernan, Manager - E-Learning and Indigenous at akiernan@ranzco.edu
Lisa Hartley is Chair of the RANZCO Practice Managers’ Group and recently caught up with Peggy Ekeledo-Smith to gain insights into why she loves this discipline.

Lisa: Thanks for agreeing to be interviewed. I know from chatting to you at previous conferences that you have had a varied and very interesting career, having been a barrister before your current role as Head of Practice at Moreton Eye Group on Brisbane’s northside. Can you tell me about your career so far and how you ended up in practice management?

Peggy: Well, I have to confess to never imagining myself as a Practice Manager prior to taking up the position. My husband is an ophthalmologist and really wanted to work in his own practice with like-minded practitioners. I am a Family and Childcare Barrister, having practised as a lawyer for over 20 years. The opportunity came for him to take over at Moreton Eye Group in Brisbane and because it is a hospital with three clinics, we talked and he wanted me to help run the clinics. Prior to being a Barrister for over 10 years, I was a partner in a law firm, so as a solicitor I had managed a successful business and he hoped I would help him run the practice. Obviously, although I love the law, I certainly was excited at the new challenge of running a hospital and three clinics.

L: Management can vary dramatically from practice to practice. Can you tell me about a ‘typical’ day in your practice?

P: There is no such thing as a typical day! Every day throws a different curve ball. Running an accredited hospital and clinics bring their own challenges. I’m always looking for ways to improve the running of the organisation, without making change for change’s sake. We are currently moving to a ‘less paper system’, previously known as paperless! So, this is taking a lot of my time, to ensure the smooth transition in our clinics from the paper charts to an electronic system in both clinics and the hospital!

L: What do you like about practice management (and dislike!)

P: I’ve gained a much better understanding as to why my husband used to whinge about hospital managers and clumsy rules and regulations. Now he complains to me about changes I want to implement and I can explain the logic in some of it and, sometimes, the simple fact that it’s what regulations require for other things. I do enjoy hearing the patients coming in for their first appointment and leaving after their post-operation consultation delighted with the results and grateful to our staff for making the experience so pleasant for them. Ooh, to answer what I dislike, is hard, the downside of managing your husband’s business means you find yourself talking about business over dinner and when you’re not at work when previously we would have been talking about politics, sport, our respective jobs etc.

L: Can you tell me about your practice, i.e. number of staff, sites, doctors etc.?

P: As a privately-owned company it is called Moreton Eye Group. Within it is Peninsula Eye Hospital which as the name states, only does eyes. We have three clinics, one is co-located within the hospital, Peninsula Eye Centre, and both are based in Redcliffe. We also have Caboolture Eye Surgery and finally we have North Lakes Eye Centre in an adjacent neighbourhood. We have five ophthalmologists and just over 30 staff.

As I have been thrown in at the deep end, my learning curve was more like a vertical line! I have learnt so much with the support of the fabulous staff we inherited and have since employed. They have been so generous in sharing their knowledge without feeling threatened. I’m always grateful for that. We have developed a good team spirit one of collaborative thinking, rather than individual thinking.

L: I know you moved from the UK to Australia - how are you finding living in Australia?

P: I LOVE IT!! I was born and raised in London, so I am a Londoner through and through, although my family originate from Nigeria. However, I am also a mother with three children, two 12-year-olds (girl and boy) and a 13-year-old boy. All of them are sporty and active, so the exposure to warmer
climes has stopped me whinging about them putting a jacket on every time they go out! It has been strange adjusting to the size of Brisbane.

**Final thoughts:** What I have found working in the practice in our team is a mix of skills with one common goal. To provide excellent patient care and a sensitive experience. At Moreton Eye Group, whether patients come for years to treat non-surgical issues or just twice for a cataract procedure, they are all given relevant information and treated with the utmost respect. We continually strive to provide a wider service and for the last 18 months have been providing vitreo-retinal surgery, which is great for our patients. We now see paediatric patients and carry out paediatric surgery. We are greatly expanding our medical retinal speciality too.

I can honestly say I am enjoying the challenges of being the Head of Practice at Moreton Eye Group.

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**The Ophthalmic Research Institute of Australia**

**RESEARCH GRANTS**

**2017**

The Ophthalmic Research Institute of Australia invites applications for one-year research grants in ophthalmology and related fields in 2017.

Guidelines for applying will be available on the website: oria.org.au from 8 March 2016 when applications open.

Applications close 5.00 pm, Sydney time Tuesday 26 April 2016.

For enquiries contact Ms Anne Dunn Snape  
E: asnape@ranzco.edu
Hugh H Skeoch holds a pioneering electro-magnet for removing foreign bodies

Hugh Hedley Skeoch was an innovator in ophthalmic trauma who developed electromagnets and designed the trial frame that bears his name. His son Andrew generously donated a huge prototype electromagnet designed by his father to the RANZCO Museum and has penned the tribute to his father below. A history of management of Intraocular Foreign Body (IOFB) and magnets will be part of the Museum exhibit at RANZCO Congress in Melbourne this November.

Dr David Kaufman
Curator, RANZCO Museum

My father, Hugh Hedley Skeoch, was born in 1895, the son of a marine engineer from Glasgow. My father’s family never envisaged Hugh becoming a doctor. However, one of his school teachers approached my grandfather with the proposition that he thought Hugh had the ability to get into university, if they would consent to him being coached. My father won the first scholarship to study medicine at Sydney University, graduating in 1918. He immediately enrolled in the Australian Naval and Military Expeditionary Force, and was posted to New Guinea, where Australian administration had replaced the German colonies. He took over the tiny hospital in Madang, a collection of huts under coconut palms.

Back in Australia, Hugh set up a general practice in the rural community of Dorrigo, on the NSW north coast. There is a photograph of him in his twenties on a horse, medical bag at his side, and pet terrier in his top pocket. However, the rural doctor’s life was not for him. I’m told he got weary of being called out at all hours to deliver babies on remote properties. He spent several years taking successive contracts as doctor on merchant ships travelling to exotic locations in Africa and the Pacific.

Eventually he decided that the only way to further his skills was to study in London. He arrived in the late 1920s, originally with the intention to specialise in gynaecology. The anecdote goes that as he was registering for courses, a colleague asked him why he was interested in gynaecology explaining that: “You only have one gender of patient between certain ages and invariably get called out in the small hours of the morning”. Dad’s response was to ask: “Well, what then?” He was advised: “Eyes! You get patients of all ages, and get to sleep at night.” So dad went into eyes. I don’t know a lot about this period of his career apart from the fact that he gained his FRCS in 1931 and DOMS in 1936, and worked at Moorfields Eye Hospital from 1933, becoming a registrar in 1938.

He was also a consultant and surgeon at other London hospitals including Western Ophthalmological and Edgeware General Hospital. With the outbreak of the Second World War, dad wanted to join the Australian forces, but instead was required to join the Royal Army Medical Corps. He was in London during the blitz, narrowly escaping death several times. He was then posted as a Major to North Africa and Italy, following the advancing troops and managing the field hospitals. I think he was the supervising officer in Naples for some time. Returning to London and civilian life, my father picked up where he’d left off, continuing as registrar at Moorfields, with consulting rooms in Harley Street. He married my mother, also an Australian, in 1953. When I came along in 1959, I think the call of the gum trees and the prospect of being able to impart some of his skills back in his homeland led to my family returning to Sydney in 1962.

It was his experience during the war, of soldiers with shrapnel and foreign body wounds to the eye that inspired dad to develop his electro-magnet. He envisaged a portable, lightweight unit that could be hand-held and controlled with a foot switch. I don’t know how much of an advance this was, but I gather that the fixed magnetic apparatus available at the time was pretty medieval. Back in London after the war, he collaborated with engineers and had several prototypes built. My father was never someone to blow his own trumpet. He was innovative, thorough and pragmatic, perfecting surgical procedures and various technologies. He developed the trial frame that bears his name and also did pioneering work on bee stings to the eye and intra-ocular lenses. I know he was regarded highly by his patients and immediate colleagues.

Andrew Skeoch
Avant Getting Started in Private Practice Program

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Dr Jill Tomlinson
Plastic and Reconstructive Surgeon, Avant member and Practice Owner
The Scientific Program Committee, chaired by Prof Helen Danesh-Meyer, has commenced planning for Melbourne 2016.

SUBMISSIONS FOR COURSES AND SYMPOSIA – NOW OPEN

With submissions for Courses and Symposia now open, we eagerly anticipate to once again receive a wide array of fascinating developments in scientific research from Australia, New Zealand and abroad. To make a submission please go to www.ranzco2016.com.au and follow the links. Submissions close on 8 April 2016. The call for papers, posters and films will commence soon after.

NAMED AND UPDATE LECTURES

This year the Sir Norman Gregg Lecture will be presented by Prof Denis Wakefield AO, the Council Lecture by Prof Gerard Sutton, the Ida Mann Lecture by Prof Maarten P Mourits MD PhD and the Hollows Lecture by Dr James Muecke AM. Prof Boris Malyugin will be delivering the Cataract update, Dr Fiona Costello the Neuro Ophthalmology lecture, Prof Keith Martin the Glaucoma lecture, Prof Ursula Schmidt-Erfurth the Retina lecture, and Dr David Hardten MD the Refractive lecture.

SOCIAL ACTIVITIES

The Local Organising Committee, co-chaired by Drs Daniel Chiu and
Xavier Fagan is already running at full speed to ensure a memorable experience to complement the scientific content. On arrival, delegates will be welcomed to Melbourne with a wonderful evening on Saturday 19 November in the RANZCO Exhibition Hall. Drawing on Melbourne’s reputation for excellent food and wine and its ‘laneway’ culture, we invite you to attend the ‘Laneways of RANZCO’. Indulge in some amazing hawker-style food and fabulous wine and take the opportunity to meet with friends and colleagues. The Graduation Ceremony and President’s Reception will be held at the beautiful Mural Hall on Sunday 20 November. This magnificent space received its name as there are eight original murals displayed on the walls, depicting influential figures from the arts, opera, literature, dance and fashion.

OTHER MEETINGS
As usual, Congress will be enlivened by a range of other meetings from Special Interest Groups and the like. Our colleagues from Orthoptics Australia will be holding their conference in parallel with RANZCO Congress, and other groups such as Practice Managers will be holding annual meetings and workshops covering educational, business, and clinical matters.

CONGRESS APP
Another important focus for this year is the RANZCO Congress App. Taking on board your valuable feedback from last year, the Organising Committee together with the Program Committee are working with developers to ensure we provide a relevant and user-friendly app to further enhance your Congress experience.

KEEP UP TO DATE!
Ensure you keep up to date with all of the exciting developments as Congress draws closer by visiting the Congress website www.ranzco2016.com.au

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<td>Courses and Symposia</td>
<td>Submission deadline 8 April 2016</td>
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<td>Paper/Poster/Film</td>
<td>Submission deadline 4 July 2016</td>
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<td>Late Rate Registration</td>
<td>Commences (Fellows Only) 6 October 2016</td>
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<td>Annual Scientific Congress</td>
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International Development

CAMBODIA

RANZCO FELLOWS EMBED ASSESSMENT TECHNIQUES

Drs Neil Murray, Mark Renehan and RANZCO staff participated in the final assessment of the Cambodian ophthalmology trainees in Phnom Penh in December 2015. Their participation was twofold – building local teaching faculty expertise and evaluating trainees who are enrolled in the Ophthalmology Residency Training Program at the University of Health Sciences.

All thirteen trainees presented for the written examinations and the objective structured clinical examination (OSCE). Three final year trainees also presented for the oral examination. Drs Murray and Renehan guided the evaluators reviewing the written examinations ensuring all questions and model answers were blueprinted against the ORT curriculum standards; clearly phrased and unambiguous; appropriate in breadth and in detail; and, appropriate for their level of training.

A highlight was that the first OSCE was run as part of the examination, following an introductory workshop and trial run facilitated six months earlier by RANZCO to ensure faculty and trainees are familiar with the format and structure of an OSCE. The evaluators were briefed by Prof Ngy Meng (Examiner-in-Charge) with the assistance of Drs Renehan and Murray. They reviewed all cases, addressed any queries or problems, and decided on the criteria to achieve a satisfactory grade.

CPD PROVIDING A FOUNDATION FOR CAMBODIAN UPSKILLING

The Cambodian Ophthalmology Society (COS) has gained new insights into Continuing Professional Development (CPD) thanks to a RANZCO initiative funded by the Department of Foreign Affairs and Trade (DFAT).

Participants believe professional standards in ophthalmic practice in Cambodia have been enhanced by the project which was part of the DFAT’s East Asia Vision Program (EAVP).

Aligning with the Cambodian National Strategic Plan for Blindness Prevention and Control 2008-2015, the initiative was developed following RANZCO’s scoping report recommendations encouraging the provision of technical expertise and resources to
support the development of a CPD program. The fundamental aim was to build capacity within COS to develop and manage an ongoing training system relevant to their local circumstances. There is general consensus that it has been an innovative program in a developing society.

Change has been substantial. From no formalised CPD system three years ago, COS has positioned itself as a strong advocate for ongoing maintenance and development of knowledge, skills and attitudes related to clinical expertise. A functioning CPD system ensures the maintenance of both clinical expertise as well as essential non-clinical skills including risk management, clinical governance and professional values in the Cambodian ophthalmic sector.

“From not knowing anything about CPD in the beginning, COS have acquired the knowledge to transition to a fully developed CPD system.”

CPD implementation activities commenced in 2013 with COS collaborating with the RANZCO CPD Advisory Group. Development included the formation of the COS CPD Committee and terms of reference so that structured CPD can be driven and overseen by the CPD Committee together with agreed minimum standard guidelines. RANZCO supported COS with technical advice regarding a CPD programming framework and accompanying resources developed in collaboration with the COS.

The RANZCO CPD sub-committee comprising College Fellows led by Dr Richard Hart played a pivotal role in supporting and guiding the development and implementation of the COS CPD framework. Dr Hart reiterated during a presentation at the Continuing Medical Education workshop in Phnom Penh that the “aim of CPD participation should always be to ensure a cycle of continuous improvement with a focus on optimal patient care, building confidence in the profession”. A structured program means it is easier for ophthalmologists to remain up to date with knowledge and skills.

CPD Committee Chair, Dr Sun Sarin, was positive in saying that things have progressed well and continue to improve: “From not knowing anything about CPD in the beginning, COS have acquired the knowledge to transition to a fully developed CPD system. Somebody said it has been slow but also it has been fast.” He made the point that COS has grown as an organisation and has now reached international benchmark standards. This is attested with the membership acceptance of COS by the International Council of Ophthalmology (ICO) and COS hosting international conferences.

Dr Sarin acknowledges that it is difficult to change attitudes and the process takes time. He is very happy that COS members now have a much better understanding of CPD, competency enhancement and the rationale of the program. Change in any society can take time and be problematic and Cambodia is no different.
Dr Kossama Chukmol, a young female ophthalmologist and member of the COS CPD Committee, has been helpful in providing feedback regarding the program. She believes her own CPD participation will provide positive benefits for her patients. She commented: “With the stronger connection among eye health personnel we can create a better referral system to support patients.”

Overall CPD is considered a positive move in the growth of ophthalmology. Dr Kossama is encouraged that with more information and knowledge generated by CPD, further clinical knowledge can be expanded and utilised in actual practice with less hesitation or uncertainty.

Lack of engagement from local ophthalmologists was identified early as a challenge, highlighting that ongoing communication would be crucial in managing the change. COS, through the help of RANZCO, has been active in delivering several educational sessions at the biannual continuing education meetings, and separate workshops have also been held to ensure members are knowledgeable and engaged in CPD.

Dr Mar Amarin, a COS Committee member, feels the CPD Committee has been patient in advocating changes. He feels proud of the progress made, with association membership reaching nearly 100 (comprising ophthalmologists, basic eye doctors, eye doctors and medical assistants), with around 30% registering their CPD activities during the pilot phase. He believes this indicates a positive acceptance by Society members given it is a voluntary program.

With the EAVP three-year funding term coming to an end, direct support of the COS CPD program will be coming to an end. However, through a risk assessment early in the program, COS has been encouraged to develop other sources of funding to reduce dependency on Australian funding, in particular COS's reliance on one main sponsor for bi-annual CME meetings.

At the recent CME meeting in December 2015, attended by approximately 230 participants, the Committee took the opportunity to outline strategies for increased sustainability and reported on progression on CPD registration and activity. Dr Pok Thorn, current President of COS and speaking on behalf of the organisation, says there remains a strong commitment to the overarching strategy towards sustainability. A key focus will be to continue increasing COS’s capacity to manage and finance the CPD system; maintain development and strengthening of the formal CPD system; and securing new sources of funding through membership and sponsorship.

Fortunately while CPD is not currently mandatory in Cambodia indications are that the Medical Council of Cambodia (MCC) is moving towards mandatory linkage of CPD to medical registration and licensing.
OPHTHALMOLOGY AND GENDER

RANZCO held an Ophthalmology and Gender Workshop in January 2016 in Cambodia, in a project funded through the Australian government. The aim was to explore gender differentials in eye health and the practice of ophthalmology with the local Cambodian ophthalmology community.

RANZCO Fellow, Associate Professor Deb Colville, an expert in Gender and Ophthalmology, facilitated the workshop, which focused on a number of topics, including: clinical strategies to decrease blindness differentials in eye health care delivery; the importance of sex-disaggregated data in all ophthalmology research; access to eye care barriers; and the importance of numerical gender equality in curriculum leadership to promote respectful and productive gender relations in the profession itself.

A key outcome of the workshop was a ‘Statement of Intent’ identifying three key areas for action by participants: raising gender awareness, collating sex-disaggregated data and the demonstration of leadership on the issue. This was drafted with the intention to lay the foundation for longer-term collaboration in the eye health sector on gender equity and to inform national strategic plans in eye care.

The workshop received strong support from the Cambodian National Program for Eye Health (NPEH). NPEH Director Prof Meng concluded the workshop highlighting the importance of gender equity for the Cambodian community, adding further: “We are in a position to address what we need to do in the future for Cambodia, i.e. lay out the priority for gender and equality in areas of advocacy, public awareness and for eye health professionals, and identify the appropriate financial support to do so.”

This workshop follows the Asia Pacific regional forum on eye health for women and girls held in Phnom Penh in November 2015, delivered by The International Agency for the Prevention of Blindness partnering with the Fred Hollows Foundation.

Across the aid program, 80% of Australian Aid investments need to address gender in their implementation. In Cambodia and other countries, the Australian Government - as a donor committed to gender equality and the empowerment of women and girls - has supported health sector analyses to identify barriers and plan responses.
WORKSHOP ON MCQ DEVELOPMENT

Capacity-building in Cambodia has received another boost from a RANZCO workshop on developing multiple choice questions (MCQ) for the ophthalmology residency training (ORT) program, held in Phnom Penh in late January.

Intended for the ORT program faculty, under the guidance of RANZCO Fellow Dr Andrew Thompson, the objectives of the workshop were to:
1. Review MCQ writing skills introduced at a previous workshop in 2015 and generate new questions;
2. Revisit extended matching questions (EMQ) and generate new questions;
3. Develop strategy for ongoing question generation and review.

Dr Thompson advised that the level of engagement from participants at the workshop was excellent. He said the material was not entirely new to the participants who already had some experience with writing MCQ questions since the initial workshop in August 2015. “Concepts that were introduced at a previous workshop were easily progressed,” noted Dr Thompson. Competency in developing new questions continued utilising Peerwise - an online tool used to submit questions for other members to review and comment on. Dr Thompson and Dr Patrick Lockie have been providing ongoing support to the Cambodian ophthalmologists through Peerwise by reviewing questions and commenting on how they could be improved where necessary.

The January workshop had two practical sessions for writing new questions. The first of these was on the traditional MCQ formats of single best answer and true/false type questions. The second practical session focused on Type R Extended Matching Questions. The participants quickly grasped the concepts and skills required to write these questions, especially the latter.

Dr Thompson advised that many good new EMQ questions were written at the workshop. The evaluation of outputs indicated that confidence levels of participants to develop questions increased by 25%. Time was also devoted to strategies to ensure the process of question writing continues. The importance of peer review of questions before submission to the question bank and review of questions after each exam was emphasised, he said.

“Many questions from the last Cambodian ophthalmology exam were reviewed with the statistical analyses provided by Moodle attached to each question. This provided opportunity to review questions in terms of the principles of good question writing and effectively closed the loop in the process of generating a question bank,” Dr Thompson said.

Whilst this workshop reviewed exam question writing, it had a major focus on strategic development in order to ensure the process of developing an online question bank is ongoing. Dr Thompson commented that it was great to see the overall commitment of the faculty to their profession.

MCQ Workshop survey pre and post comparison results

Dr Andrew Thompson and MCQ workshop participants
RANZCO FACILITATES SKILLS LABORATORY TRAINING IN CAMBODIA

As part of a RANZCO capacity-building project, Mr Sven Kunkel visited the University of Health Sciences (UHS) in Phnom Penh early in December 2015 to aid in the development of an operational skills lab and training faculty.

“It is a beautiful facility and exceeded my initial expectations,” remarked Mr Kunkel following his initial visit of the skills lab. Mr Kunkel who has 28 years of experience running wetlabs and courses locally, interstate and overseas went on to say: “The laboratory has huge potential and wide ranging possibilities, with the opportunities to include other specialties, especially hand surgery.” Mr Kunkel’s report reflected that the equipment showed no sign of heavy use and gives the impression, perhaps due to a lack of experience and understanding of the training possibilities, that the facility is largely underutilised. There were also small but necessary, additionally needed items identified such as eye holders, microsurgical instruments and similar. RANZCO arranged for procurement of the equipment and necessary consumables in time for the skills laboratory training sessions held in late January 2016.

The workshop sessions, facilitated by Mr Kunkel and RANZCO Fellow Dr Suheb Ahmed, were developed in collaboration with the RANZCO International Development Committee, and structured to allow senior university staff to observe how to create training environments that need little equipment and are of low cost, and to teach the wet lab supervisors how to set up for training programs. There were four training stations:

1. Suture training/glow model under the microscope;
2. Capsulorhexis training/ kitaro dry kit
3. Plastic/flaps training and
4. Cornea suturing under the microscope.

The sessions also highlighted the teaching of standard safety procedures: infection control/aseptic techniques.

Dr Ahmed shared the following insights from the workshop: “The skills lab workshop was great fun to conduct and organise. I found the participants genuinely interested to learn how to train. It was encouraging to see how keen the trainers were to train their juniors.”

A 13.4% increase in confidence in delivering a skills lab workshop was reported, with positive comments received about the workshop: “the overall workshop was very good for trainers to know the way how to train the trainee”, and “can observe the skills of the trainee in skill practice before going to operation theatre”. Further comments noted that advanced training in the areas of phaco and cataract simulation would also be useful.

It is the faculty’s intention that trainers who participated in the workshop would go on to conduct regular workshop sessions for ophthalmology residents and they would mentor residents during regular skills laboratory practical sessions. The new skills laboratory workshop training module would also be incorporated into the Ophthalmology Residency Training program.

We were fortunate to have both Mr Kunkel and Dr Ahmed working on the Skills Laboratory project. Dr Ahmed has previous experience in organising phacoemulsification cataract surgery training with the RCSEd (Scotland) as well as being the wet lab coordinator while completing registrar training in Edinburgh, Scotland. He is also an experienced clinical tutor having trained many registrars so was well suited to accompany Mr Kunkel who manages the Sight For Life Foundation Laboratory at Sydney Eye Hospital in which he coordinates numerous courses involving various surgical disciplines. Mr Kunkel’s laboratory cooperates with the Sydney Eye Hospital and Sydney University to provide a high standard of training to ophthalmic registrars. RANZCO thanks the Sight For Life Foundation for collaborating in this activity and Mr Kunkel for volunteering his expertise and time.
VIETNAM

RANZCO FACILITATES SPECIALTY TRAINING FELLOWSHIPS FOR VIETNAMESE OPHTHALMOLOGISTS

As part of the East Asia Vision Program (EAVP), supported by the Department of Foreign Affairs and Trade (DFAT), RANZCO has been working with the Ho Chi Minh City Eye Hospital (HCMCEH) in Vietnam to support capacity building of Vietnamese ophthalmology. A key area identified was the need for sub-specialty training. This is being supported via ophthalmologists receiving fellowships to attend residential sub-specialty training at LV Prasad Eye Institute (LVPEI) in India.

Fellowship recipient from HCMCEH, Dr Hua Anh Duc, completed his 15-month retina fellowship in late 2015. Prior to embarking on the fellowship, Dr Duc hoped the fellowship would foster awareness and responsiveness to other health care systems, and the need to provide the best possible standards of treatment. Dr Duc’s fellowship has accomplished this. Motivated by the belief the experience would make a difference in his home country, and benefit HCMCEH and his colleagues, Dr Duc returned home with renewed enthusiasm to share key learnings with his peers/colleagues; offer better patient care; and make positive changes and contributions to his hospital.

In December 2015, Dr Duc co-facilitated a Retina workshop at HCMCEH with a colleague who was also a fellowship participant. With strong support from their supervisors, the workshop was attended by nearly 50 ophthalmologists, peers and colleagues. Case study presentations actively challenged participants and encouraged lively discussion.

Dr Quan, Head of Training and Research at HCMCEH, was positive about the fellowship, saying that the hospital is happy with the outcomes and they are already seeing significant value added, noting also that: “Now the fellowship recipients are more capable and more confident. Already this has showed.”

Fellowship recipient Dr Duc (right) next to Dr Neil Murray at the Retina workshop, Ho Chi Minh City

While at LVPEI Dr Duc was highly regarded for his diligence. He had to overcome some initial difficulties but once he knew what he wanted to learn “he settled in quickly and worked hard”. Dr Duc commented that the best part of the fellowship program was the balanced mix of academic classes and real hands-on experience. He had a firm belief that: “The vast experience gained [at LVPEI] by examining patients with various retinal problems like macular diseases, uveitis and choroidal neovascular membranes” would help him when back at his hospital.

The cultural differences experienced by visiting fellows in India present challenges, with culinary differences not the least of them. But Dr Duc demonstrated resourcefulness in sourcing Vietnamese rice and preparing Vietnamese meals. He also employed a precisely-timed morning regime to accommodate sharing facilities with others and maximising his sleep schedule. Dr Duc learned quickly to take challenges in his stride, noting: “Even though there are long working hours it is justified as you discover your true potential.”

RANZCO Fellow Dr Neil Murray attended the workshop. The Australian Government was acknowledged for the funding which made these fellowships possible. Dr Murray commended Dr Duc on his efforts, noting that he had already demonstrated leadership: “Dr Duc has spirit and drive and should continue to be encouraged in his career.”

What also made it easier to acculturate was the support Dr Duc received from his supervisor, Dr Quan. A participant in a similar program at LVPEI...
several years previously, Dr Quan was able to secure some small but critical changes that made life somewhat easier for fellowship recipients who followed his path over subsequent years. As he said: “Even small suggestions or improvements go a long way when visiting fellows are so far away from home.”

The fellowship provided the opportunity for Dr Duc to consolidate his experience in vitreo-retina including increased clinical knowledge, surgical skills and presenting cases to peers. Dr Duc is confident his skills base has been enhanced, enabling him to provide better diagnoses resulting in better treatment for patients. Spurred on by the fellowship, Dr Duc is also in the process of writing a research paper for submission to a major journal.

The fellowship enabled development of strong bonds and networking, with participants joining a social media group providing a beneficial forum for discussion on difficult cases. A major benefit was enabling an immediate response from peers and mentors – with colleagues in India quick to provide their opinion and keen to share their knowledge. LVPEI also has a very active journal club, whereas this was not the case at HCMCEH before the return of the fellowship recipients. The journal club at HCMCEH is now in the process of being revitalised. Dr Quan noted that he would support the journal club.

Key learnings taken from the EAVP-funded fellowships have also paved the way for future ones - enabling positive changes and focussed fellowship planning by collaborating stakeholders to be incorporated. Dr Duc provided the following encouragement for future fellowship recipients: “The experience is to die for, and even though 15 months is a long time it is really short.”

Dr Duc speaks admirably of his mother, an ophthalmologist who was a positive influence in the direction of his life path, recommending he do ophthalmology at a time when he found himself unsure of where his strengths lay. Dr Duc himself confesses that he considered himself to be a pretty average student. But, by pushing on, he has become a fourth-generation medical professional. Dr Duc has subsequently taken his younger brother under his wing, supporting and mentoring him into ophthalmology. A family affair!

*Gail van Heerden, Project Officer Asia-Pacific RANZCO*
Policy and Advocacy Matters

RANZCO’S ‘CHOOSING WISELY’ CAMPAIGN SET TO LAUNCH

After a long process of consultation and deliberation, RANZCO has now finalised the ‘top five’ health messages as part of the Choosing Wisely campaign. These messages are aimed at starting a conversation between health professionals about existing clinical practices.

Please be advised that the messages are not replacing any existing guidelines or protocols. RANZCO’s five messages are aimed at a variety of health professionals as illustrated in the table below:

<table>
<thead>
<tr>
<th>RANZCO’s Choosing Wisely messages</th>
<th>Related conditions &amp; symptoms</th>
<th>Intended audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In the absence of relevant history, symptoms and signs, ‘routine’ automated visual fields and optical coherence tomography are not indicated.</td>
<td>Visual symptoms, refractive error</td>
</tr>
<tr>
<td>2</td>
<td>AREDS-based vitamin supplements only have a proven benefit for patients with certain subtypes of age-related macular degeneration. There is no evidence to prescribe these supplements for other retinal conditions, or for patients with no retinal disease.</td>
<td>Macular degeneration, other retinal conditions</td>
</tr>
<tr>
<td>3</td>
<td>Don’t prescribe tamsulosin or other alpha-1 adrenergic blockers without first asking the patient about a history of cataract or impending cataract surgery.</td>
<td>Cataract, intraoperative floppy-iris syndrome, posterior capsule rupture, vitreous loss, macular oedema, retinal detachment</td>
</tr>
<tr>
<td>4</td>
<td>Intravitreal injections may be safely performed on an outpatient basis. Don’t perform routine intravitreal injections in a hospital or day surgery setting unless there is a valid clinical indication.</td>
<td>“Wet” macular degeneration</td>
</tr>
<tr>
<td>5</td>
<td>In general there is no indication to perform prophylactic retinal laser or cryotherapy to asymptomatic conditions such as lattice degeneration (with or without atrophic holes), for which there is no proven benefit.</td>
<td>Lattice degeneration and other asymptomatic conditions</td>
</tr>
</tbody>
</table>

RANZCO is a part of the second wave of the Choosing Wisely campaign, together with ten other medical colleges and societies. The launch of the second wave of the Choosing Wisely campaign is scheduled for 16 March 2016.

The process of developing the messages was spearheaded by a RANZCO Choosing Wisely sub-committee, chaired by Dr Clayton Barnes. Dr Barnes and the Choosing Wisely sub-committee worked tirelessly to engage the RANZCO membership in identifying, discussing, and refining RANZCO’s messages.

Commenting on this process, Dr Barnes said: “We would like to thank all the hundreds of Fellows who took part in this process, by responding to the surveys and lending your unique expertise. This process has truly started a conversation among the Fellowship on these messages – which is what the Choosing Wisely campaign is all about. All of your input is highly appreciated!”

Guy Gillor, Policy Officer RANZCO
As part of our ongoing commitment to partnership, innovation and education, and following the success of the 2015 event, Alcon is pleased to invite you to come and take a closer look at our upcoming weekend educational symposium – Synergeyes.

Synergeyes is an educational forum bringing together highly respected local and international speakers sharing perspectives, case experience and the latest technological advancements in cataract surgery. The scope of the meeting will be extensive and address key areas including complex case management, advanced biometry, latest research and updates on new and progressive technology. Synergeyes will also provide an insight into some of the outstanding work being done by Alcon to advance cataract surgery across our region.

Synergeyes will provide you with the opportunity to engage our Alcon Leadership Team and to gain an insight into the exciting and innovative pipeline that Alcon has on the near horizon.

Synergeyes will have broad appeal and numbers are limited to 150 so lock the dates in early.

On behalf of the surgical team at Alcon, I look forward to seeing you at the Alcon Synergeyes weekend educational symposium.

Brett Elliott
Country Business Head - Surgical ANZ

Registrations opening soon, please register your interest in receiving an official invitation by emailing ophthalmologyforum@ideaspharm.com.au. Please include your full name, business address and telephone number. Alternatively please speak with your Surgical Account Manager for further information.
NEW SOUTH WALES

CHAIR:
Dr Andrew Chang

VICE CHAIRPERSON:
Dr Robert Griffits

HONORARY SECRETARY:
Dr Kim Frumar

HONORARY TREASURER:
Dr Christine Younan

COUNTRY VICE CHAIRPERSON:
Dr Neale Mulligan

The NSW Branch had its final meeting for 2015 followed by a Christmas celebratory dinner joined by successful candidates of the RACE examinations. It was pleasing for us to witness their advancement through the training scheme and the enthusiasm and excitement of promising futures.

More good news followed in early 2016. We congratulate three eminent NSW Fellows recognised in the Australia Day Honours list. Professor Minas Coroneo was named an Officer (AO) in the General Division for distinguished service to ophthalmology, development of new technologies and to eye health in regional and Indigenous communities. Dr Jay Chandra was named a Member (AM) in the General Division for significant service to clinical ophthalmology and international communities through eyecare programs. Dr Lyon Robinson was honoured with an AM for service to ophthalmology and pioneering work in ophthalmic surgery.

We look forward to the upcoming NSW RANZCO Scientific Meeting on ‘Lasers in Ophthalmology’ 18-19 March. Our international speakers, Professor John Marshall and Dr Paul Singh will be complemented by a host of expert Australian speakers.

VICTORIA

CHAIR:
Dr Andrew Crawford

SECRETARY:
Dr David van der Straaten

TREASURER:
Dr Lewis Levitz

The RANZCO VIC Branch would like to announce its 2016 Office Bearers, Committee and Federal Councillors:

Chair - Dr Andrew Crawford
Secretary - Dr David van der Straaten
Treasurer - Dr Lewis Levitz
Committee - Dr Uday Bhatt, Dr Susan Carden, Dr Christine Chen, Dr Ben Clark, Dr Xavier Fagan, Dr Malcolm Ferguson, Dr Edward Greenrod, Dr Alex Ioannidis, Dr Terry Ong
Councillors - Dr Kira Michalova, Dr Leisha Riddington (Drs Andrew Crawford, Lewis Levitz, Andrew Symons elected in prior years)

Branch members should feel free to contact any or all of these colleagues if they wish to discuss concerns or put views related to RANZCO. The Committee and Council exist to work on behalf of the Branch and welcome any and all information and discussion to this end.

QUEENSLAND

CHAIR:
Dr Russell Perrin

HONORARY SECRETARY:
Dr Anil Sharma

HONORARY TREASURER:
Dr Oben Candemir

Plans are well underway for this year’s Annual Scientific Meeting. The meeting is to be held from 29-30 July at the Sheraton Mirage on the Gold Coast amidst Queensland’s beautiful winter. The theme will be Ocular Oncology and Ocular-plastics.

PROFESSORS Sarah Coupland and Heinrich Heimann are the invited speakers and an excellent meeting is anticipated.

The QLD state Branch continues its dialogue with the State Health Department over registrar training and input into draft papers on workforce planning for the future. Hopefully this will lead to ongoing improvements in the provision of eye care in Queensland.

NEW ZEALAND

CHAIR:
Dr Stephen Ng

HONORARY SECRETARY:
Dr Andrea Vincent

HONORARY TREASURER:
Dr Andrea Vincent

The New Zealand Registrar Training Scheme has undergone a number of significant changes over the past few years. Due to the ageing of the population, there is a projected need in the next few years for greater numbers of ophthalmologists in New Zealand.

In addition, ‘manpower shortages’ in New Zealand are magnified by a maldistribution of ophthalmologists clustered in large cities and too few ophthalmologists in provincial centres. A number of changes to the training scheme have occurred to address these issues.

Until 2010, there were 18 training posts in New Zealand. There are now 24 training posts. Additional training posts have been established in Manukau, Hamilton and Dunedin. New training posts have been established in Rotorua, Tauranga and Palmerston North. In 2017 there will be a further two trainees in new posts in Hawkes Bay and Nelson. Between 2005 and 2012 there were three to four graduates per annum. There are
now five to six Registrars graduating per annum. Soon this will increase to be six to seven per annum - the number of graduates per annum has doubled.

The training scheme has evolved from a regional into a national scheme. Previously Registrars spent most of their training in one of four main centres - Auckland, Wellington, Christchurch or Dunedin. They would also spend a year in a nearby provincial centre. Now each Registrar will spend one to two years at two different main centres (Hamilton is now one of the main training centres) and up to a year in one or two provincial centres. The aim is to expose trainees to the variety of work undertaken by provincial general ophthalmologists. The trainees can then consider career options other than metropolitan sub-specialist practice.

In the 5th year of training, trainees are encouraged to take up fellowships to hone their skills in sub-specialities either in New Zealand or overseas.

What happens to the graduates? In the eight years to 2012, one third of our graduates took up specialist positions overseas (in Australia, the UK or the USA). Some graduates were Australians who trained in New Zealand then returned home. The door has now closed for Australians wanting to train as Registrars in New Zealand. The agency that funds Registrar training, Health Workforce NZ, will now only fund Registrars who are New Zealand Permanent Residents or Citizens. This move should mean that more graduates will return to New Zealand.

RANZCO NZ Branch wishes to see a higher proportion of graduates returning home to New Zealand after they gain overseas experience. Succession planning within Hospital departments needs to be improved. This requires support from the management of the District Health Boards. In addition, there is a need for effective online databases to inform overseas graduates of upcoming vacancies. The NZ Branch supports such initiatives and aims, wherever possible, to improve its support for the next generation of ophthalmologists.

Thanks to Dr Michael Merriman of the New Zealand Education and Qualifications Committee for his assistance in writing this article.

OPHTHALMIC GENETICS
from discovery to therapy
Tasmanian Branch Annual Scientific Meeting
Henry Jones Hotel Hobart, Tasmania
18-19 June 2016
Save Sight Registries manager Amparo Herrera-Bond demonstrating some of the reporting functions of the platform
There are many unanswered questions when it comes to corneal crosslinking (CXL). Chief among these is whether it really works for keratoconus sufferers, and if so, what the best treatment protocol is.

Randomised, controlled clinical trials have shown that cross-linking can improve cornea shape by building bridges between its layers. This can lead to improved vision, but the evidence is not conclusive and the treatment is not without risks such as scarring, infection or even corneal perforation.

A further issue according to ORIA Board Member and corneal specialist, Clinical Professor Stephanie Watson, is that decisions based on clinical trial findings can be problematic because of a disconnect with real-world clinical settings.

“Clinical trials are conducted over a specific timeframe with tight criteria for including people,” Prof Watson said. “They do not account for common treatment protocol variations such as, in the case of cross-linking, treatment duration and UV power.” Other known clinical variations of collagen cross-linking include treating thinner corneas, combining the procedure with refractive surgery and leaving the epithelium on or disrupted.

The lack of clear evidence about protocol variations has important implications for both patients and ophthalmologists, especially when it comes to patients making the decision to proceed with treatment, and the provision of informed consent.

President of Keratoconus Australia, Mr Larry Kornhauser, emphasises that the critical issue for a patient considering a surgical procedure is ‘How will this affect me?’

“The problem is that patients do not understand. They just don’t know what else to do. We find this over and over again.”

Clinicians need better real-world evidence to support their decision-making and patients need more accessible information to understand it. The launch of a new online registry for collagen cross-linking, designed to track patients in real-time, is good news for many.

In 2007, Professor Mark Gillies launched the Fight Retinal Blindness! registry. Its goal was to capture and convert huge amounts of under-analysed data from treatments of wet age-related macular degeneration and diabetic macular edema into evidence-based insights that improve patient outcomes.

Since this time, the network of contributing ophthalmologists has grown rapidly, with data now coming from across Australia, New Zealand, Europe and Asia. Collagen cross-linking is the third module to be launched in this elegantly simple online platform, now known as Save Sight Registries.

The true impact of seemingly minor differences in treatment approaches was highlighted recently when Save Sight Registries revealed the impact of protocol variations in treating wet age-related macular degeneration.

In Australia, where injections tend to be more frequent, the average patient maintained stable vision for six years, while variations on this approach in the USA and the UK resulted in stable vision for just four and two years.
respectively. Driving vision was retained by 40% of Australian patients after seven years of treatment, compared with only 23% in the USA.

“Clearly what we are doing in Australia is working better,” Prof Gillies said, “and because of insights from the registry, ophthalmologists everywhere can identify even small variations which may work better, and adapt their approach more rapidly.”

There are benefits for both clinicians and patients in participating in Save Sight Registries.

- Data is secure;
- Results are confidential;
- Input takes just 15 seconds per consultation;
- Analysis can be done at the individual patient, doctor or overall population level;
- Easy-to-understand graphs help with patient education, communication and compliance;
- Clinicians earn CPD points by confidentially auditing and benchmarking their own treatment outcomes.

CLINICIANS WHO USE THE SYSTEM FREQUENTLY COMMENT ON ITS EASE OF USE

Keratoconus Australia’s Larry Kornhauser pointed out that “The good thing about this registry is that it has a quality of life aspect to it, and as far as I know, this is the first time anyone has bothered to ask patients how they feel about their treatment.”

“This is critically important,” adds Prof Watson “because we need to know which treatments benefit our patients. Sometimes we find that even if a person’s visual acuity improves, the patient may not be happy with the result or have side-effects that outweigh the gains. Having real-world evidence to guide best practice will drive improved outcomes for our patients.”

The Save Sight Institute recently hosted an information session on the new registry in Sydney. The event was well-attended by clinicians, but also by keratoconus patients who were keen to understand more about research directions.

One such attendee was Michelle Urquhart who spoke to the audience about her own experience with keratoconus. Diagnosed at 16 years of age, Michelle has had had three corneal grafts, including a rejection and severe infection, uncomfortable blepharitis and has suffered from legal blindness at several stages of her life. Her vision is currently stable.

“What I want to give you all today is some hope that keratoconus doesn’t have to be the end of your seeing existence,” Michelle said. “There are new research tools and incredible medical professionals. I want to say to the Save Sight Institute, you have changed my life and I know that through this registry, you are going to change many other people’s lives. For this, I am grateful to the core of my heart.”

Ophthalmologists are invited to register for free access to Save Sight Registries. Please call (02) 9382 7304 or email ssi.community@sydney.edu.au for more information.

Save Sight Registries would like to thank and acknowledge Keratoconus Australia, ORIA and The Eye Surgeons’ Foundation for their funding support, without which this innovative research could not take place.

Professor Mark Gillies, head of Save Sight Registries

Keratoconus patient Michelle Urquhart

At the launch of the third module of Save Sight Registries (left to right): Dr John Males, Clinical Professor Stephanie Watson, Dr Yves Kerdraon, Mr Larry Kornhauser President of Keratoconus Australia, Ms Michelle Urquhart patient, Dr Con Petsoglou
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Three RANZCO Fellows have been honoured in this year’s Australia Day Awards

Professor Minas Coroneo
Officer of the Order of Australia in the General Division
Prof Coroneo has been recognised for distinguished service to ophthalmology, to the research and development of innovative surgical technologies and devices, and to eye health in regional and indigenous communities.

He is Professor and Chairman of the Department of Ophthalmology, University of NSW, at the Prince of Wales Hospital and the Sydney Children’s Hospital.

Prof Coroneo developed trypan blue as an ophthalmic dye, now used worldwide, as well as designed and developed a surgical shunt device for glaucoma surgery. He was involved in the research and development of a bionic eye device and is a leader in the research of sun-related eye diseases and their prevention (the Coroneo effect).

As Director of the Outback Eye Service, he oversees a program providing high-quality, sustainable, affordable, regular and culturally sensitive services to rural and remote areas of Western NSW.

Prof Coroneo has received a NSW Aboriginal Health Award, the Gold Cross of St Andrew from the Orthodox Church, an Achievement Award from The American Academy of Ophthalmology and a Distinguished Ionian Award from the Hellenic Union of Heptanisians.

Dr Lyon Robinson
Member of the Order of Australia in the General Division
Dr Robinson has been recognised for significant service to medicine as a pioneer in ophthalmic surgery. He is a Principal at the Sydney Laser and Vision Centre and served with distinction as head of the Corneal Unit at Sydney Eye Hospital.

Dr Robinson is recognised for his involvement in the advancement of ophthalmic surgical techniques and technology and their introduction to Australia. He was the first surgeon to perform corneal vision correction in Australia and has 20 years’ experience in this field. He was also the first surgeon to commence using the operating microscope for anterior segment surgery in 1968 and introduced trabeculectomy for glaucoma in 1973. In addition, Dr Robinson was the first surgeon to implant an intraocular lens at Sydney Eye Hospital in 1976 and perform Refractive Surgery-Radial Keratotomy in 1982.

Dr Robinson has also made outstanding contributions to the College. He was Secretary, Vice-Chairman and Chairman of the NSW Branch for over eight years as well as a member of the College Council. He was also involved in the Annual Scientific Congress organising the trade exhibition three times, the scientific program twice and was the Chairman of the Organising Committee at the time when Dr Edgar Donaldson was RANZCO President. Dr Robinson was also an examiner for the Second Part Examinations (now referred to as RACE – RANZCO advanced clinical examination) for ten years.

Dr Jay Chandra
Member of the Order of Australia in the General Division
Dr Chandra has been recognised for significant service to ophthalmology
as a clinician, and to the international community through eye care programs.

Dr Chandra commenced the Vitreo-Retinal subspecialty unit as part of the Ophthalmology Department at Westmead Hospital in 1985. He also established a Vitreo-Retinal training program for ophthalmologists, training Vitreo-Retinal Fellows, both from Australia and overseas.

In 2002, Dr Chandra commenced free eye clinics for the rural poor in Rishikesh, a town of pilgrimage, at the foothills of the Himalayas, along the banks of the Ganges River in northern India. Rishikesh was made famous when the Beatles visited and stayed there in their days of fame. Dr Chandra also performed eye surgery in Rishikesh, to restore sight to underprivileged people who could not afford cataract surgery.

In 2006, Dr Chandra started the Fiji Eye Project at Lautoka in northwest Fiji, with funding supported by the Uniting World and corporate gifts of medical equipment. In the past 10 years Dr Chandra and his team have operated on close to 1000 patients, blinded by cataracts, restoring useful vision in 99 per cent of cases.

ONE MAN’S GIFT TO MICRONESIA

By Bill Jaynes

Years of cooperation between Australian and local doctors have meant that the Federated States of Micronesia (FSM) now has the capacity to carry out world-class cataract operations. This should see a continued reduction in the levels of blindness and vision problems in the country. Pohnpeian eye surgeon Dr Padwick Gallen is now carrying out cataract operations at the Pohnpei Hospital, achieving world-class results in this complex procedure.

Australian ophthalmologist Dr John Kearney has been visiting FSM to provide eye treatments on a volunteer basis for five years, supported by an Australian Government aid program implemented by the Royal Australasian College of Surgeons. However, some years ago Dr Kearney realised that FSM doctors had the capacity to provide this treatment themselves if they were given the opportunity to undertake the specialised training. In conjunction with the Australian Embassy, Dr Kearney arranged for Dr Gallen to undertake further training in ophthalmology at the Pacific Eye Institute in Fiji.

In 2002, Dr Chandra commenced free eye clinics for the rural poor in Rishikesh, a town of pilgrimage, at the foothills of the Himalayas, along the banks of the Ganges River in northern India. Rishikesh was made famous when the Beatles visited and stayed there in their days of fame. Dr Chandra also performed eye surgery in Rishikesh, to restore sight to underprivileged people who could not afford cataract surgery.

Dr Padwick Gallen is seated at slit lamp in green shirt

The Kearney family paid for Dr Gallen’s training. Dr Kearney said that many of the practising eye doctors in the Pacific region graduated with a diploma with one year of study after medical school. Dr Gallen pursued an intensive four-year program of education and residency.

Following his return to Pohnpei early this year, Dr Gallen has commenced providing cataract surgery and other treatments at the hospital. The new eye clinic will provide year-round services that have previously been available only when visiting doctors have been on island for mission trips or by off-island referral.

Visiting Pohnpei again in January, Dr Kearney - who has been working in the Pacific region since the 1970s - was very impressed with the quality of the surgery being undertaken.

"Dr Gallen has clearly shown that he has the ability to undertake this delicate and complex procedure to a very high standard," said Dr Kearney. "Citizens of FSM should be proud of this important achievement. If they come to Dr Gallen for eye treatment they can feel very confident they will be well looked after."

Dr Kearney went so far as to say that he would easily defer to Dr Gallen’s skills as a surgeon. He said that during Dr Gallen’s training he performed several surgeries a day to a high standard in a world class hospital. “His skills are top notch,” he said. “I might perform three or four surgeries a week but Dr Gallen has often been performing that many in a day.”

Dr Kearney said that in addition to Dr Gallen’s excellent surgical skills he has demonstrated wisdom in treating patients. For instance, he knows to look for the underlying causes of eye diseases knowing that it does no good to treat symptoms surgically if the root cause is something like diabetes.

Dr Kearney says that Dr Gallen knows that some vision problems can be
corrected simply by the use of eye glasses, and also that sometimes vision problems can be solved with simple, inexpensive, off-the-rack eye glasses. Dr Gallen will also be able to write prescriptions for eye glasses that can be filled by any eye glass provider such as MedPharm.

Donations of many kinds have helped to equip the new eye clinic including a donation by the Philippines Lions’ Club of equipment with an estimated value of $100,000.

Dr Kearney said that Dr Gallen has already saved money for the program by meeting with the hospital pharmacist to inventory and rationalise, or ‘right size’ pharmaceutical stocks for eye care. Dr Gallen is also establishing a plan for surgical ‘consumables’ such as intraocular lenses so that there will be a proper inventory of those supplies to meet patient requirements without having excessive stocks on hand.

Dr Kearney has always had big dreams about the establishment of an Eye Clinic in Pohnpei with surgical capabilities. He says that the clinic will certainly be big news for people living in the outer islands. Whereas in the past, outer islanders with vision problems either organised transportation to the main island during times when visiting ophthalmologists were on island or they simply did without. The fact that the clinic will be ongoing means that it will be much easier for outer islanders to get the eye care treatment they need. Dr Kearney envisions missions by a trained eye care nurse to the outer islands for evaluation and basic treatment with referrals to the Pohnpei State Hospital for people who may require surgical care.

He also envisions the new clinic as a resource for the rest of the FSM and beyond rather than having to much more expensively refer patients to places like the Philippines or the U.S. “It’s going to save the FSM a lot of money in the long run,” Dr Kearney says, and adds that it will save a lot of people from avoidable blindness as well.

Dr Kearney’s enthusiasm is contagious and while Dr Gallen agrees with all of the big goals that Dr Kearney has for eye care in the FSM he admits that he is only one person. He says that he will work toward the goals one step at a time, but for now, it is important for people in the FSM to know that there is now a local resource for their eye care needs.

Acknowledgement: The Kaselehlie Press and the Australian Embassy, Federated States of Micronesia

TIME FOR SOME SUMMER SHUT-EYE

During the summer season, RANZCO issued the following press release urging the public to protect their eyes from the sun.

As we enter the holiday season, many Aussies will be getting ready to enjoy the great outdoors and soak up some ‘rays. Trouble is, our harsh sunshine can cause permanent eye damage.

Basking in the warmth of the sun can be a great pleasure but we need to remind ourselves that those rays are actually ultraviolet radiation. And just like our skin, our eyes are prone to sunburn, too.

The most common cause of vision loss in people over the age of 40 and the principal cause of blindness in the world is cataract. A key environmental trigger for this clouding of the eye lens is long-term exposure to sunlight without eye protection.

Australia’s medical eye doctors – ophthalmologists – warn that great care should be exercised in protecting our vision which almost all people rate as their most valued faculty.

Eye surgeon Prof Stephanie Watson advises her patients that “Sunglasses and a hat should really be mandatory for eye protection when in bright sunlight for any length of time.” These simple precautions can help prevent not only cataract but eye cancer and pterygium (pronounced ter-ig-i-um). Pterygium is also known as surfer’s eye as it often affects board-riders. Nearly 9000 cases of this disease are treated in Australia annually. Cancers of the eye’s surface and delicate eyelid skin can also occur with long-term sun exposure.

In the short term, acute photo keratopathy can result, akin to sunburn of the cornea, which can cause severe pain and inflammation.
**MACULAR DEGENERATION AWARENESS WEEK 2016**

(Sunday 22 – Saturday 28 May)

2016 marks fifteen years of the Macular Disease Foundation Australia working to reduce incidence and impact of macular disease in Australia through education and awareness programs, research, provision of support services and advocacy. In representing the best interests of those living with macular disease, the Foundation has in its 15 years, secured significant outcomes for patients, their family and carers.

Macular Degeneration Awareness Week is a major awareness campaign for the Foundation and will run from Sunday 22 to Saturday 28 May 2016. The week’s key call to action is for those at risk to “Have an eye test and macula check” to ensure early detection and support healthy ageing. In a country where 32% of the population is over 50, it is vital we continue to reinforce this key message to save the sight of older Australians.

Ophthalmology practices will receive a Macular Degeneration Awareness kit in April, enabling time for planning of promotional activities and ordering of free resources. The Foundation greatly appreciates the support shown by ophthalmology for this campaign.

For further information contact the Macular Disease Foundation Australia on 1800 111 709 or visit www.mdfoundation.com.au

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**TREATMENT FOR GEOGRAPHIC ATROPHY FINALLY IN SIGHT**

Optometrists and eye care professionals are being encouraged to refer suitable patients with Geographic Atrophy (GA) to the Centre for Eye Research Australia (CERA), to take part in one of three interventional clinical trials.

The multi-centred, industry-sponsored, randomised trials are some of the first clinical trials to offer potential pharmaceutical therapies for treating Geographic Atrophy, also known as Dry Age-related Macular Degeneration (AMD).

AMD is the most common cause of irreversible poor vision in people over 50 in our community. Although there have been great advances in the last decade in reducing the vision loss associated with neovascular (or wet) AMD, there is no intervention to slow the progression of geographic (or dry) AMD.

The new clinical trials, sponsored by Allergan, Roche and Apellis, involve placing treatments into the vitreous cavity of the eye, either as regular 4-8 weekly injections, (similar to the anti-vascular endothelial growth factor (VEGF) injections for wet AMD), or as slow release encapsulated technology, releasing the active drug over many months.

Lead Investigator Professor Robyn Guymer is Head of Macular Research at CERA and an ophthalmologist.

“For nearly 20 years I’ve seen patients with GA in the clinic and apart from monitoring their vision loss over the years, there was nothing we could do for them. Now we finally have some treatment options on the horizon, and we need optometrists and eye health providers to spread the word and refer people that potentially meet our criteria,” said Prof Guymer.

The current trials cover a wide range of GA severity and visual acuity, so that many people with GA will be potentially eligible. There are however some study specific inclusion criteria. Some studies require the GA areas to be multifocal or require a certain minimum size of one patch (equal to or greater than 0.2 mm²). Visual acuity needs to be better than 6/30 in the study eye. Some of the trials allow the fellow eye to have neovascular AMD (wet AMD) so that both participants with unilateral and bilateral GA are potentially eligible.

For patients who do not meet the criteria, or who cannot attend frequent clinical appointments, there is an opportunity to participate in one of two industry-sponsored natural history studies of GA. The studies require a six monthly review and there is no intervention or randomisation.

Further details on the current trials and how to register your interest can be found at www.cera.org.au

If your patients would like to participate in any of these clinical trials, please send their details, retinal diagnosis and any scans or images to:

Email: cera-macular-research@unimelb.edu.au or

Mail to: Professor Guymer, CERA, Level 1, 32 Gisborne Street, East Melbourne 3002

The individual’s information will be saved to a registry of potential participants, to ensure that they can take advantage of any future suitable trials.

The Centre for Eye Research Australia is located in Melbourne, Victoria. Please contact the relevant industry partner to find out if there is a recruitment site near you.
MORE THAN MEETS THE EYE

Painting is a recreational outlet pursued by quite a few ophthalmologists but one we came across in the United States has infiltrated her work into her art, creating an optical illusion.

To the untrained eye, Dr Annette Terebuh’s painting The Eye of the Beholder appears to be a floral design. An ophthalmologist, however, may not see three flowers but three eyeballs with various optical conditions.

“When you create art, you want it to be an expression of yourself,” Dr Terebuh said. “My artistic expression came through ballet. I thought about trying to paint ballerinas, but I can only draw stick people.

“But when it comes to eyes, I’m not so bad at drawing them. I spend all day looking at eyes, especially the back of eyes.”

Whether she has captured the conditions accurately enough is, as she says, in the eye of the beholder. What do you think? It’s an interesting recreational activity but painting eyeballs that look like flowers is probably not going to catch-on in a big way.

If you indulge in artistic endeavours that your colleagues might be interested in, please let us know here at Eye2Eye. We’d love to know.

BE MY FRIEND: USE MY NAME

Patients in Australian hospitals don’t appear to suffer white coat syndrome: in fact they prefer their doctors to be more friendly.

In our typically egalitarian Aussie way, patients really dislike being called by a formal title such as Mr, Mrs or Ms. They want to have their first name used in bedside conversations.

An overwhelming preference for informality has been revealed in a new study involving some 300 patients at a large Victorian tertiary teaching hospital. The results were published recently in BMJ Open.

Just under 60% of those surveyed said they disliked being called by their title and surname. In fact, such formality was appreciated by just 1% of the sample.

Around two-thirds prefer to be addressed by their legal first name, while about a third prefer an abbreviation of their first name or a different name altogether.

Asked why they dislike formal address, patients said it “feels too impersonal” and “that is my father’s name”.

To avoid any confusion, the researchers suggested a very simple solution: just ask patients on admission how they would like to be addressed.

And another lesson for doctors - and other medical staff - emerged as the researchers probed more deeply. They found that, again, just under 60% of patients could not name a single member of their attending medical team.

This suggests doctors are not properly introducing themselves or are relying on verbal introductions which patients tend not to recall.

The regrettable conclusion is that patients are receiving information and medical care from people with whom they have little or no rapport.

One sensible suggestion to emerge was that name badges and information sheets with the names of doctors and nurses might make things a lot more patient-friendly.
SEE BEYOND
The New Proveo Ophthalmology Platform
In a move to provide a clearer vision of the vital work it does throughout Australasia, in the last issue of Eye2Eye, The RANZCO Eye Foundation, officially announced its name change to the Eye Surgeons’ Foundation.

Competition for the charity dollar and people’s attention has never been so intense. There are currently 60,000 registered charities in Australia and each year there are more and more. Philanthropy has been decreasing since 2011 and now more than ever, charities need to be clear about who they are and their vision.

The Foundation’s vision has always been dedicated to restoring sight and preventing avoidable vision loss throughout Australasia through our medical research and sustainable international and domestic development programs. This continues to be the focus, however we recognise the need to better communicate and demonstrate our messages to the patient and broader Australian community.

We need to be more compelling in explaining why our Foundation is a worthy recipient of donations, bequests and sponsorships.

Rebranding to the Eye Surgeons’ Foundation - From Vision Comes Sight - is our first step in providing greater clarity about what we do and what we want to achieve.

We are pleased to report that The Eye Surgeons’ Foundation raised in excess of $3.1 million across its 2015 calendar year – our largest fundraising year since we commenced operation. Funding went towards our medical research, overseas development and education and training programs as well as for our Kimberley/Pilbara Diabetic Retinopathy Programs. We would like to sincerely thank all our supporters who made a contribution in 2015 and hope that we may be able to continue our relationship in 2016.

Since its inception in 2002, the Eye Surgeons’ Foundation has:
- supported more than 200 eye research projects – in conjunction with the ORIA;
- raised more than $21.4 million for vision initiatives: $9 million specifically for vision research across all major eye diseases, including macular degeneration, glaucoma, low vision, lens and cataract and diabetic retinopathy;
- invested in Indigenous health via our Kimberley Diabetic Eye Care Program and Pilbara Diabetic Retinopathy Program. This program has screened and treated more than 5,000 Indigenous patients across the Kimberly/Pilbara regions since 2010;
- contributed, alongside RANZCO, 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; and impressively last, but not least;
- supported RANZCO in its partnerships across Asia Pacific since 2005 and has helped more than 82,800 patients with sight-saving procedures.

The Eye Surgeons’ Foundation has achieved so much already but there is always a lot more that can be done in creating a future where no one is blind.

To make this a reality we must continue to support world-class research and invest in the future of eye health by working closely with the visionaries in their field – the eye surgeons, researchers and academics - at RANZCO and the ORIA.

We must continue to engage and educate the public to ensure we find solutions for eye disease because cures for eye disease can, and will, be found.

To find out more about the Eye Surgeons’ Foundation and to support eye health research and sustainable development projects, visit eyesurgeonsfoundation.org.au
HAPPY NEW YEAR
All of us at The Eye Surgeons’ Foundation hope 2016 will be a great year for you all.

Following our rebrand, this year our focus will be on working alongside our partners – RANZCO, the ORIA and our supporters to take The Foundation to the next level.

As always, this will involve working closely with the College and its members, attending regular meetings with you; updating you on our progress and seeking regular feedback, input and support.

Our focus will also be on:
• increasing tax deductible donations and therefore increasing grants to medical research; education and training; and our sustainable patient delivery projects across Australia and our region;
• further increasing the funding we provide each year to the ORIA and to RANZCO;
• attracting more business partnerships across more business sectors; and
• continuing to raise the profile of ophthalmology and eye health through our communications efforts.

To take our Foundation forward we are dependent on the generous support of our business partners, donors and the community. This support doesn't always have to be financial. There is a range of ways you can show your support. You can:
• be an advocate;
• join one of our committees;
• volunteer to be involved in one of our programs;
• attend our events;
• like us on Facebook or read and share our blog;
• send us your ideas/contributions/feedback, etc.

It is up to you how you get involved. The newly named Eye Surgeons’ Foundation is moving from strength to strength. We invite you to become a part of this journey to help grow our Foundation significantly.

JOIN US IN RAISING AWARENESS IN 2016
From 2016, The Eye Surgeons’ Foundation will run a new-look, month-long community engagement campaign. We will reveal details of the exciting 2016 campaign in the next edition of Eye2Eye.

There will be plenty of opportunities to be involved. If you choose to be involved, not only will you be helping to raise funds and awareness, the campaign(s) will be a great way to raise the profile of ophthalmology and ophthalmologists right across Australia.

In the meantime, we are currently looking for Fellows to be actively involved in our 2016/17 efforts. Please contact us at: enquiries@eyefoundation.org.au if you are interested in:
• becoming a media spokesperson;
• providing any newsworthy patient case studies to share with the media;
• introducing us to someone who may make a great Ambassador.

The Eye Surgeons’ Foundation Manifesto
Our vision is to create a future where no one is blind.
Everybody deserves to see the best that the world has to offer. Rainbows, shooting stars, mountain ranges, spring, a child’s happy face.

Our vision is to support genius.
The cleverest minds in eye health. The young scientists at the forefront of vision science. The ones who are tackling and solving the big issues in sight.

Our vision is to treat the untreatable.
The imagination of research deserves our support, our hope, and our funds. Nothing is impossible. We believe a cure can be found for all eye conditions.

We’re here for the visionaries.
To help them create miracles, to give people the miracle of sight. Together we see future of hope.

Visionaries change the world.

Kirk Pengilly, Ambassador of The Eye Surgeons’ Foundation and his daughter April
Life as a medical specialist isn’t only about consultations and surgery. More often than not it is also about running a successful practice; that’s making sure premises, staff, assets, and technology are all working together so the all-important medicine can happen. Enter the Australian Society of Ophthalmologists’ Business Expo.

This May (21 & 22 at the InterContinental Hotel in Sydney’s Double Bay) interactive exhibits, dynamic demonstrations and a seminar program that can only be described as sensational will combine for the third annual ASO Business Expo. The aim of the expo is to arm ophthalmologists with skills that will help them make their businesses soar.

Conference Facilitator Dr Nisha Sachdev explains: “This year’s Expo program is our most exciting yet. We’ve developed it with the help of strong feedback from members about the aspects of business they want to know more about. Our seminars are timely, progressive, and most have skill-development as a key focus. We want delegates to leave the expo with new knowledge and fresh ideas for tackling issues within their practices.”

Dr Sachdev says a key point of difference for the ASO Business Expo when comparing it with other business-focused events is that the seminar program has been tailored to cater for all ophthalmologists; from those starting in practice right through to doctors thinking about succession planning.

“I would also encourage trainees to attend. Our Expo gives practical and unique insights into key opportunities and barriers to successful ophthalmology practice, something I wish I had access to when I was undertaking my training. We’ve got all stages of business covered;” she says.

“All the contemporary health policy issues are also covered - the MBS Review and private health insurance won’t be left unexplored either. This really is a business event you don’t want to miss.”
One device, One drop, One range.

Xal–Ease is an aid to help ease the administration of Pfizer glaucoma eye drops, dispensing a single drop of medication directly into the eye. Making daily eye drops easy to instil may help to enhance patient satisfaction with treatment.1
Obituary

DR ANDREW STEWART
5 June 1942 - 7 December 2015

The ophthalmic community of Australia and New Zealand has united in sadness at the passing of Dr Andrew Stewart, one of the region's leading ophthalmologists. His passing followed severe injuries sustained in a mountain biking accident while in New Zealand.

A former President of RANZCO and very proud West Australian, Dr Stewart practised for more than 30 years in Subiaco and dedicated his surgical career to the pursuit of providing patients with the highest possible standards of medical care.

To this end he took a very active interest in the College, becoming Secretary and Chairman of the Western Australian Branch in the 1990s before being elevated by his peers to the RANZCO Council and Board. He served on Council from 1994 to 2007 and was a Board Director from 2002 to 2007. He then took office as Vice-President of the College in 2005-2006 and as President in 2006-2007.

His stature in ophthalmology could hardly have been foreseen when he commenced primary school at Nedlands State School. He continued studies at Christ Church Grammar School before entering St George's College at the University of Western Australia, graduating in 1967 with his MBBS. He was admitted as a Fellow of RANZCO in 1987.

Dr Stewart was a Foundation Fellow of the Royal College of Ophthalmologists in the United Kingdom; a Fellow of the Royal College of Surgeons and of the American Academy of Ophthalmology.

His tradition of giving back to the community saw him serve as a member of the Repatriation Review Tribunal and the Board of Perth-based The Eye Surgery Foundation and, subsequently, on the Foundation's Trust.

Dr Stewart was a man of eclectic interests and mastered flying as well as developing a deep understanding of agriculture that led him to serve as a member of the Royal Agricultural Society of Western Australia and of the Australian Buffalo Industry Council.

Dr Stewart was an accomplished pianist and on several occasions in his student days was a State finalist in the ABC Instrumental and Vocal Competition. He served on the National Board of Musica Viva Australia and the WA Academy of Performing Arts and also chaired the advisory committee of the WA Conservatorium of Music.

A devotee of fitness and wellbeing, Andrew Stewart was an active member of the North Cottesloe Surf Lifesaving Club and patrolled as frequently as his hectic schedule permitted.

He is survived by his beloved children Venetia and Michael and a new grandson Benjamin.

Dr Michael Treplin has provided the following insights into his friend on behalf of the Tasmanian Branch.

It was typical of Andrew, when President, that he made time for the devious road journey to Strahan on Tasmania’s west coast for the state Branch Meeting. This is at least four hours each way – in addition to flight connections to and from Perth – all in a weekend. For him it was an entertaining challenge.

Andrew’s life was multifaceted and he had the ability to compartmentalise each activity to the exclusion of others. While serving RANZCO he applied total concentration to any issue at hand with precision of thought and a sense of humour.

A very private man, his other contributions are less well-known. These include at various times, mastering the piano to concert level, which could have been an alternative career, and a deep knowledge of opera. An illustration: Over to Sydney on the red eye special, a lengthy RANZCO Council meeting then to the Opera House for a performance of Shostakovich’s Lady Macbeth of the Mtsensk (a complicated and lengthy audience challenge) and, finally, catching the late flight back to Perth for an early morning surf, whereafter he would be bright and attentive for the morning patients. What about sleep? Snatched when possible.
Other musical activities included National Chair of Musica Viva and a stalwart supporter of the Western Australian Symphony Orchestra. This also involved meeting and entertaining visiting soloists and conductors who would be transported in one of his two esteemed Rolls-Royces or Bentleys.

Then there was the Surf Life Saving Club in Fremantle, regular visits to country branch practices – with transport being flying his own plane as driving to and from Perth was deemed an unacceptable consumption of his time.

While a pioneer of intraocular lenses in Perth, he had the wisdom in his later years in practice to cease intraocular surgery as technology advanced beyond realistic comprehension for those of us of his generation.

Nor should we forget the challenge of buffalo farming or skiing in New Zealand, which was followed on one occasion by attendance at a RANZCO Council meeting with his arm in a sling – but no mention of pain.

Andrew was a respected under- and post-graduate mentor who retained the ability to share a glass of wine with his daughter in his final days after an horrendous mountain bike accident in New Zealand.

Goodbye, Andrew, you have been inspirational to your colleagues and countless patients whose quality of life you have improved.

**Dr Phil House and Dr Ross Littlewood offered the following insights into Andrew’s career on behalf of the WA Branch.**

When many of Perth’s senior ophthalmologists reflect on their early training they remember with gratitude the unfailing encouragement of one colleague in particular – Andrew Stewart. As an honorary consultant at Fremantle Hospital he would seek out colleagues and Registrars to discuss technical innovations, medical politics, and the benefits of collegiate activities – all the ‘metadata’ of ophthalmology that seldom has an opportunity for expression in busy public hospital clinics. He was tireless in promoting not just technically good ophthalmology but high standards of professional behaviour. To impressionable young doctors considering a career choice he was an impressive role model. As a result more residents at Fremantle Hospital went on to ophthalmology training than any in almost any other hospital in Australia except the RVEEH.

Andrew trained under Dermot Pierce at Croydon Hospital in the U.K. and returned to Perth with superb micro-surgical skills in an era when cataracts were removed with a cryoprobe and wound closure was often incomplete. He introduced high quality instrumentation, microsurgical suture handling, and minimal tissue trauma; all of which he was keen to teach. His colleagues outside Perth may not know that for his entire career he operated through a chair mounted microscope that allowed him to move around the head of the bed into whichever orientation best suited what he was doing. He made a virtue of this ability and achieved excellent surgical results with it.

Many will remember Andrew from his time as President, but what some may not know is the extraordinary degree of encouragement he provided to colleagues to become involved with RANZCO in various ways. Many of us found ourselves discovering talents we never knew we had as a result of his personal encouragement to broaden our interests beyond direct clinical medicine.

He was one of a group of surgeons who established the Perth Eye Hospital and its charitable arm, the Eye Surgery Foundation (ESF) in 1987, (not to be confused with the recently rebadged ‘Eye Surgeons’ Foundation’ of RANZCO). He served in an honorary capacity as a teacher, on the boards of RANZCO, the ESF, the WA Academy of Performing Arts and Musica Viva, and at his local surf lifesaving club. These are just some of many examples of how he found ways to contribute to his profession and his community, and in so doing inspired many others to do the same. He was a consummate professional in every sense that matters.

The Eye Surgery Foundation that he helped establish has donated millions of dollars in sponsorship to eye-related causes in Australia and abroad. That board has now decided to acknowledge Andrew’s contribution to its operations, and its long association with the Perth Eye Hospital, by establishing a charitable fund in his name. The Andrew Stewart Instrument Fund will be used to purchase high quality ophthalmic instruments for donation to areas of need, such as the eye programs in Timor and Bali, and elsewhere. Because of his love of high quality titanium instruments they will be titanium where practical.

Andrew died towards the end of a distinguished professional career while still actively engaged with sports, music, and his community. One anecdote that epitomises his generous attitude to Registrars and colleagues concerns his love of flying. He kept a Cessna at a strip near Fremantle and would sometimes take his Registrar and some of the operating team for lunch at Rottnest Island, about 15 miles off the coast. To a young hospital resident looking for a career, this experience was quite helpful in making up their mind.

In paying tribute to Andrew’s lifetime of achievement as a colleague many of us are saddened at the loss of a friend. It is a sign of great character when a person’s eulogy is equally as impressive as their curriculum vitae.
Dr Gordon Bougher was a warm, compassionate friend and exceedingly competent ophthalmologist with a wry sense of humor which he used to great effect when teaching, welcoming people and in difficult social and professional situations.

Gordon believed in living a balanced life and seemed to have an innate sense of how to achieve this. He managed to balance a busy clinical practice with family and a wide range of other interests. I first got to know Gordon when I was resident at Sir Charles Gairdner Hospital, where he was consultant. The long standing and rather fearsome charge nurse, Sr Egerton-Warbarton, could always pick his patients post-operatively. When I asked how she did it, she said, “because their corneas are always clear”. These were the days transitioning from ICCE to ECCE and IOL, which probably caused more problems than the more recent transition to phaco-emulsification. It took me some time to understand the full significance of her statement.

Gordon was never boastful or self-promoting. He was genuinely compassionate and friendly with his patients. He actively looked to provide service where there was need. He was the first ophthalmologist to provide regular services to non-metropolitan Western Australia. He would often remember his first clinic in Albany where he diagnosed 2 advanced cases of glaucoma in patients who would never have come to Perth.

Gordon was a local lad growing up in Mt Lawley, Perth during the 1930s and 40s in a modest depression era family. He won an academic scholarship to Perth Modern School and would cycle there through busy city streets. On his bicycle he noticed a particularly attractive school girl, Mariee, attending another school. A combination of charm and dancing skills won her over and they went on to have a very successful marriage.

He trained in medicine at the University of Melbourne, for in those days there was no medical school in Perth. He graduated in 1954 and returned to Royal Perth Hospital for general and ophthalmic training. He completed his FRCS in the UK between 1959 and 1961, then returned to Perth to set up private practice. He also became consultant at Royal Perth Hospital, King Edward Memorial Hospital, and Sir Charles Gairdner Hospital, setting up the first glaucoma clinic at Royal Perth. In 1962 he began visiting Albany, Augusta and the North-West. He made friends amongst patients and other medical staff wherever he went. Older general practitioners in the Pilbara, in particular, would fondly remember him through the 1990s. He had great respect and fondness for Indigenous peoples and their culture. His compassion to other disadvantaged groups lead to his involvement with and being president of the WA Braille Society. More recently, he taught micro-surgery frequently with the Fawcett Foundation in Bali. He was a founding member of several FRACO committees, including the Q and E committee and being local chairman. He was also consultant ophthalmologist and wing commander in the RAAF.

One could write more about his clinical skills and achievements, but that would create an unbalanced picture of Gordon, whose prime love was his family and friends. With Mariee he had four children, two of whom also studied medicine. In an era when fathers were generally distant, Gordon was actively involved in the family. With Mariee he had a very deep love and understanding. It was always entertaining to watch them together. There was a comfortable ease combined with an entertaining and teasing repartee. Gordon was close to his 10 grandchildren, and knew and encouraged their various talents.

As his children grew up, he and Mariee found time to develop more interests. They were both passionate about Australian natural history and began going on multi-day hikes to many unusual places in Western Australia. They particularly enjoyed hiking into regions with no tracks simply using compasses and maps. They also travelled and hiked extensively overseas including the wilder parts of Borneo, Java and South America. Gordon always enjoyed music and in his later years began singing with a local choir, and because of his natural charm became a particularly effective recruitment agent for the singing group.

They settled finally in Albany on the banks of the Kalgan River amidst Marri and Jarrah forest. They built a stone hexagonal house with an upper central cupola room for Mariee and her birdwatching. Gordon enjoyed propagating native plants and began growing and selling native Boronia, a notoriously fickle plant. He loved dogs and in particular, German short haired Pointers, always having a faithful companion by his side when at home. The Bougher’s named their property “Pointers place” and it was here that Gordon died following a long illness, surrounded and loved by his close family on 4 February. It is rare to have known such a balanced person and we in the west mourn his passing.

Prof Bill Morgan
## Calendar of Events 2016

### MAY 2016

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<tr>
<th>EVENT</th>
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<tr>
<td>WESTERN AUSTRALIAN BRANCH ANNUAL SCIENTIFIC MEETING</td>
<td>13-14 May 2016 Rottnest Island</td>
<td>E: <a href="mailto:ranzcowa@gmail.com">ranzcowa@gmail.com</a> P: 0402 656 605</td>
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<tr>
<td>ASO BUSINESS SKILLS EXPO</td>
<td>21-22 May 2016 InterContinental, 33 Cross Street, Double Bay, NSW, Australia</td>
<td>W: <a href="http://www.ASOeye.org">www.ASOeye.org</a> P: +61 7 3831 3006</td>
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<tr>
<td>NEW ZEALAND BRANCH ANNUAL SCIENTIFIC MEETING</td>
<td>27-28 May 2016 Dunedin, New Zealand</td>
<td>C: Paula Armstrong, ForumPoint2 E: <a href="mailto:paula@fp2.co.nz">paula@fp2.co.nz</a> P: +64 7 838 1098 W: <a href="http://www.ranzco2016.co.nz">www.ranzco2016.co.nz</a></td>
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<td>ANZSRS RETINA SYMPOSIUM</td>
<td>28-29 May 2016 Westin Hotel 1 Martin Place Sydney, NSW, Australia</td>
<td>C: Meredith Damon MD Events &amp; Conference Management M: +61 (0) 414 474 042 P: +61 (0) 2 8006 1775 F: +61 (0) 2 8324 6472 E: <a href="mailto:meredith@mdevents.com.au">meredith@mdevents.com.au</a> W: <a href="http://www.mdevents.com.au">www.mdevents.com.au</a></td>
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### JUNE 2016

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<tr>
<td>TASMANIAN BRANCH SCIENTIFIC MEETING</td>
<td>18-19 June 2016 Henry Jones Art Hotel 25 Hunter St, Hobart, TAS, Australia</td>
<td>Please go to the Calendar of Events on the RANZCO website to view/download flyer for more information</td>
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<tr>
<td>THE MELBOURNE OPHTHALMIC ALUMNI COMMITTEE MEETING 2016</td>
<td>18 June 2016</td>
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### JULY 2016

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<tr>
<td>QUEENSLAND BRANCH ANNUAL SCIENTIFIC MEETING</td>
<td>29-30 July 2016 Sheraton Grand Mirage Resort, Gold Coast, 71 Seaworld Dr Main Beach, NSW, Australia</td>
<td>C: Ty Fleming, Conference Link P: +61 7 3851 4298 F: +61 7 3851 1427 E: <a href="mailto:tdf@conferencelink.com.au">tdf@conferencelink.com.au</a></td>
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<td>THE SYDNEY EYE HOSPITAL ALUMNI ASSOCIATION 11TH BIENNIAL MEETING</td>
<td>30 July 2016 Sydney Eye Hospital</td>
<td>C: Meredith Damon MD Events &amp; Conference Management M: +61 (0) 414 474 042 P: +61 (0) 2 8006 1775 F: +61 (0) 2 8324 6472 E: <a href="mailto:meredith@mdevents.com.au">meredith@mdevents.com.au</a> W: <a href="http://www.mdevents.com.au">www.mdevents.com.au</a></td>
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**SEPTMBER 2016**

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<td>Ophthalmology Society of Australia</td>
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<td></td>
<td>8-11 September 2016</td>
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<td>Stamford Plaza Adelaide</td>
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**OCTOBER 2016**

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<td></td>
<td>health topics related to blindness &amp;</td>
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<td>27-30 October 2016</td>
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<td>Durban International Convention Centre</td>
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**NOVEMBER 2016**

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<td>48TH RANZCO ANNUAL SCIENTIFIC</td>
<td>19-23 November 2016</td>
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<td>Melbourne Convention and Exhibition</td>
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<td>1 Convention Centre Pl</td>
<td>W: <a href="http://www.ranzco2016.com">www.ranzco2016.com</a></td>
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<td>South Wharf, VIC, Australia</td>
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OPHTHALMOLOGISTS - SYDNEY’S NORTHERN BEACHES, MANLY, NSW
Manly Waters Private Hospital has operating time available.
We can offer you and your patients operating room facilities with theatre and ward nurses trained & experienced in Ophthalmology.
Our attending ophthalmologists are Dr James Smith, Dr Simon Irvine and Dr Freny Kalapesi.
We would appreciate the opportunity to discuss with you how we could provide for your patients and your operating needs.
C: Linda Huxley
P: +61 2 9977 9977
E: mwoods@mhsmanly.com.au

OPHTHALMOLOGIST NEEDED
MELBOURNE
MELBOURNE, SOUTH EASTERN, BAYSIDE
We are seeking an ophthalmologist to work in our south-eastern bayside practice. One or more sessions weekly.
The position will be suitable for either a younger colleague wishing to build a surgical practice, or a senior non-surgical colleague.
The clinic is well equipped with Zeiss OCT, YAG, Humphrey fields, and IOL Master.
Preferential access to our day surgery equipped with phaco and femto.
Outstanding administrative, orthoptic and nursing support.
C: Mark Cherry
P: 0411 011 966

LOCUM WANTED - SINGLETON/ MUSWELLBROOK/EAST MAITLAND
Busy Hunter Valley practices require a FRANZCO accredited part-time locum for three locations - preferably one to two days a week or fortnight. Times and dates are flexible. A private surgery list would also be available once monthly to the right applicant.
Our growing practice features a solid client base, fully equipped consulting rooms featuring the latest ophthalmic equipment, friendly and efficient staff, on-site parking and comfortable overnight stay facilities are available. Sub-specialty training in medical-retina would be an advantage but is not mandatory.
C: Nicole Watson
P: +61 2 6572 2522
E: practice@eyecentre.net.au

OPHTHALMOLOGISTS - ADELAIDE
We are looking for a consultant ophthalmologist to join our team with an interest in Medical Retina and/or Glaucoma.
We offer a state of the art facility which includes Zeiss OCT, YAG, SLT, Heidelberg FFA, IOL Master, Humphreys Field, Pentacam, Anterior segment camera plus more.
We have highly trained orthoptists, ophthalmic nurses and administration support staff.
C: Tracy Afford - Practice Manager
P: +61 8 8273 1600
E: tafford@eyemedics.com.au

LOCUM OPHTHALMOLOGIST ADELAIDE
A locum ophthalmologist is required in our well established city fringe practice. We offer a state of the art facility which includes
- Large, new, modern, purpose built facility
- Fully equipped consulting rooms
- Orthoptic, ophthalmic nurses and highly trained administration staff
- On site car parking
- Day Surgery facilities offered on the second floor of our facility
This position is available for the month of July.
C: Tracy Afford
P: +61 8 8273 1600
E: tafford@eyemedics.com.au

POSITIONS VACANT
LOCUM OPHTHALMOLOGIST - ADELAIDE
We are looking for a consultant ophthalmologist to join our team with an interest in Medical Retina and/or Glaucoma.
We offer a state of the art facility which includes Zeiss OCT, YAG, SLT, Heidelberg FFA, IOL Master, Humphreys Field, Pentacam, Anterior segment camera plus more.
We have highly trained orthoptists, ophthalmic nurses and administration support staff.
C: Tracy Afford - Practice Manager
P: +61 8 8273 1600
E: tafford@eyemedics.com.au

OPHTHALMOLOGIST - FULL-TIME / PART-TIME SOUTH COAST, NSW
Two-doctor practice with current associate taking up overseas fellowship. 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
- A Scan, Humphreys VF, Zeiss FFA camera, autorefractor
- 5 minutes from public and private hospitals
- Close to beaches, private schools and the Southern Highlands
- Growing retirement area 2 hours drive from Sydney
Enquiries also welcome from generalists and glaucoma subspecialists desiring regular part-time work to supplement their Sydney practice.
P: 0490 128 628
Classifieds

POSITIONS VACANT

ASSISTANT FOR WELL ESTABLISHED OPHTHALMIC PRACTICE - BRISBANE PRACTICE BRISBANE SOUTHERN SUBURBS

Well established Ophthalmic Practice. Principal wishing to retire.

Further information

C: Jane
P: 0402 930 617

PRACTICES FOR SALE/LEASE

GENERAL OPHTHALMOLOGY PRACTICE FOR SALE - SOUTH COAST, NSW

- Would suit 2 ophthalmologists
- Fully functioning general practice
- Cataract, glaucoma and medical retina
- 1500 intravitreal injections per annum
- Modern premises with 6 + consulting rooms
- Minor operations room
- Separate sterilization room
- YAG/SLT and argon lasers
- Cirrus OCT, IOL Master, A Scan
- Humphreys VF, Zeiss FFA camera, autorefractor
- 6 Haag-Streit slit lamps
- 5 minutes from public and private hospitals
- Close to private schools and the Southern Highlands
- Beach or country lifestyle
- Growing retirement area 2 hours drive from Sydney
- Flexible financial terms
- Rent or buy the premises

P: 0490 128 628

ITEMS FOR SALE

THE INTRALASE FS LASER 30
(Upgraded Software)

MELBOURNE, VICTORIA

FOR SALE: The IntraLase FS/FS30 Laser is a precision ophthalmic surgical laser indicated for use in the creation of a corneal flap in patients undergoing LASIK surgery or initial lamellar resection of the cornea required for lamellar Keratoplasty, corneal harvesting, or the creation of tunnels for the placement of corneal ring segments.

The IntraLase FS/FS30 is used in conjunction with a sterile disposable Intralase Patient Interface, consisting of pre-sterilized suction ring assemblies and pre-sterilized applanation lenses, intended for single use. Full service records and Manual included. For Pick up only after purchase.

Price $20,000.00.

C: Olga Tomic
P: +61 3 9521 2175

OCULUS FIELD MACHINE GEELONG, VIC

FOR SALE: Oculus model 56950 for sale $2500

Running latest software on ASUS laptop

Does Blue/Yellow field

Has electric table as well

Pick up only!!!

C: Tarney Spencer
P: 0414 262 921
MINIMUM PRODUCT INFORMATION EYLEA® (aflibercept (rch)) INDICATIONS: EYLEA® (aflibercept) is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (wet AMD), visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO); visual impairment due to macular oedema secondary to branch retinal vein occlusion (BRVO); diabetic macular oedema (DME). CONTRAINDICATIONS: Known hypersensitivity to aflibercept or excipients; ocular or periocular infection; active severe intraocular inflammation. PRECAUTIONS: Endotheliitis, increase in intraocular pressure; immunogenicity; arterial thromboembolic events; bilateral treatment; risk factors for retinal pigment epithelial tears; treatment should be withheld in case of rhegmatogenous retinal detachment, stage 3 or 4 macular holes, retinal break, decrease in best-corrected visual acuity of ≥ 30 letters, subretinal haemorrhage or intracocular surgery; treatment not recommended in patients with irreversible ischemic visual function loss; population with limited data (diabetic macular oedema due to type 1 diabetes, diabetic patients with HbA1c > 32%, proliferative diabetic retinopathy, active systemic infections, concurrent eye conditions, uncontrolled hypertension); see full PI for effects on fertility, pregnancy, lactation; effects on ability to drive or use machines. ADVERSE EFFECTS: Very common: conjunctival haemorrhage, visual acuity reduced, eye pain. Common: retinal pigment epithelial tear, detachment of retinal pigment epithelium, retinal degeneration*, vitreous haemorrhage*, cataract, cataract cortical*, cataract nucleus, cataract subcapsular, corneal erosion, corneal abrasion, intracocular pressure increased, vision blurred, vitreous floaters, vitreous detachment, injection site pain, foreign body sensation in eyes, lacrimation increased, eyelid oedema, injection site haemorrhage, punctate keratitis*, conjunctival hyperaemia, ocular hyperaemia. Others: see full PI. DOSAGE AND ADMINISTRATION:* 2 mg aflibercept equivalent to injection volume of 0.05 mL. The interval between doses injected into the same eye should not be shorter than one month. Once optimal visual acuity is achieved and/or there are no signs of disease activity, treatment may then be continued with a treat-and-extend regimen with gradually increased treatment intervals to maintain stable visual and/or anatomic outcomes. If disease activity persists or recurs, the treatment interval may be shortened accordingly. Monitoring should be done at injection visits. There is limited data on the optimal dosing interval and monitoring interval especially for long-term (e.g., >12 months) treatment. The monitoring and treatment schedule should be determined by the treating ophthalmologist based on the individual patient’s response. If visual and anatomic outcomes indicate that the patient is not benefiting from continued treatment, EYLEA should be discontinued. For wet AMD: Treatment is initiated with one injection per month for three consecutive months, followed by one injection every two months. Long term, it is recommended to continue EYLEA every 2 months. Generally, once optimal visual acuity is achieved and/or there are no signs of disease activity, the treatment interval may be adjusted based on visual and/or anatomic outcomes. The dosing interval can be extended up to every 3 months. For CRVO: Treatment is initiated with one injection per month for three consecutive months. After the first three monthly injections, the treatment interval may be adjusted based on visual and/or anatomic outcomes. For BRVO: Treatment is initiated with one injection every three months. After the first three monthly injections, the treatment interval may be adjusted based on visual and/or anatomic outcomes. For DME: Treatment is initiated with one injection per month for five consecutive months followed by one injection every two months. After the first 12 months, the treatment interval may be adjusted based on visual and/or anatomic outcomes. DATE OF PREPARATION: 2016

Please review the full Product Information before prescribing.

References:
PBS Information: Restricted benefit. Reduction of elevated intraocular pressure in patients with open-angle glaucoma and ocular hypertension not adequately controlled with monotherapy.

BEFORE PRESCRIBING PLEASE REVIEW PRODUCT INFORMATION AVAILABLE FROM ALLERGAN 1800 252 224

GANFORT® PF 0.3/5 (bimatoprost 300 microgram/mL and timolol 5.0 mg/mL) eye drops is a prescription product. Indications: treatment of glaucoma or ocular hypertension not adequately controlled with monotherapy. Dosage: 1 drop, once daily, administered in the morning. Contraindications: hypersensitivity to ingredients; bronchospasm; bronchial asthma or a history of; severe COPD; sinus bradycardia; sick sinus syndrome, sino-atrial nodal block, 2° or 3° degree AV block; overt cardiac failure; cardiogenic shock. Precautions: severe/unsuitable uncontrolled CV disease or 1° heart block; deterioration of Prinzmetal angina, concurrent oral B-blockers; circulatory disorders; hypotension and cerebral insufficiency; chronic COPD; hepatic or renal impairment; intraocular inflammation, intercurrent ocular conditions and corneal diseases; acute angle-closure glaucoma; monitor IOP with concomitant prostaglandin use; use post filtration procedures; severe anaphylactic history; diabetes; masking of hyperthyroidism; general anaesthesia; muscular weakness; macular oedema or torn posterior lens; differences in iris, eyelid skin and eyelash appearance; localised hair growth and eyelash growth and contact lenses. Interactions: Caution is advised for the potential for additive effects resulting in hypotension, and/or marked bradycardia when administered concomitantly with oral calcium channel blockers, guanethidine, or beta-blocking agents, anti-arrhythmics, digitalis glycosides or parasympathomimetics. The hypertensive reaction to sudden withdrawal of clonidine can be potentiated when taking beta-blockers should be considered. Potentiated systemic beta-blockade has been reported during combined treatment with quinidine and timolol. Caution is advised as mydriasis resulting from concomitant therapy with timolol and epinephrine has been reported occasionally. Caution is advised as beta-blockers may increase the hypoglycaemic effect of antidiabetic agents and mask the signs and symptoms of hypoglycaemia. Caution is advised when a beta-blocker is administered to patients receiving catecholamine-depleting drugs because of possible additive effects and the production of hypotension and/or marked bradycardia, which may result in vertigo, syncope, or postural hypotension. Adverse reactions: GANFORT® unit dose (≥1%) conjunctival hyperaemia, eye pruritus, dry eye, punctate keratitis, eye pain, foreign body sensation in the eyes, eye irritation, growth of eyelashes, lacrimation increased, conjunctival irritation, photophobia, erythema of eyelid, headache, skin (periorcular) hyperpigmentation. Additional adverse events (≥1%) GANFORT® (multidose) corneal erosion, burning sensation, eye discharge, visual disturbance, eyelid pruritus, iris hyperpigmentation, deepening of eyelid sulcus, cystoid macular oedema.

TGA approval date: 13th November 2013. Reference: 1. GANFORT PF 0.3/5 Approved Product Information. GANFORT® is a registered trademark of Allergan Inc. Allergan Australia Pty Ltd. 810 Pacific Hwy, Gordon, NSW 2072. ABN 85 000 612 831. ©Allergan Inc. 2014. ANZ/0052/2014. Date of preparation: Apr 2014