Newsdesk

The EBOD—a diplomat’s perspective

The third diploma examination of the European Board of Ophthalmology (EBOD) was held in Paris in May. The EBOD oversees many aspects of training and standards within the EBOD and in some countries, while the EBOD has not yet become a statutory requirement for practising ophthalmologists in EU countries, there is a suspicion that it may not be too far distant. So what is the EBOD and how does it compare with existing UK examinations?

The minimum requirement for sitting the exam is success in the national qualifying examination and satisfactory completion of at least 4 years of a recognised ophthalmology residency programme. In fact, it represents an ‘exit’ exam. Each country is allocated a quota of candidates. This year’s round of examinations was coordinated by Professor Peter Eustace with candidates being invited in English, French, German, and Italian. Language barriers were overcome by compromise, with examiners from different countries being paired for the oral examinations. Questions ranged from simple optics to complex retinal pathophysiology. While the EBOD is currently optional the universal concord, among all diplomats from the various ophthalmology training systems of Europe, was that the experience gained in the attainment of the EBOD was very worthwhile.

A gene for Stargardt’s disease

Hunting defective genes is all the rage and activity in this sphere within ophthalmology continues unabated. In the March issue of *Nature Genetics* (1997;15:236), Allikmets and colleagues describe several mutations in an ABC binding transporter gene (ABCR) which appears to underlie the retinal abnormality in Stargardt’s disease. The ATP binding cassette membrane transporters (ABC transporters) in vertebrates belong to four major subfamilies and are involved in a wide range of membrane transport functions. The authors note with some surprise that the ABCR has membrane transport functions. The authors state that abnormalities such as this will be of considerable interest to managers and clinicians alike in the next era of NHS Trust management. There is considerable variation in the way many units provide services and pooling of knowledge in this way can only benefit our patients in the long term.

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The TAP study—a new trial on treatment of AMD associated CNV with photodynamic therapy

A phase three randomised multicentre double blind trial is under way on photodynamic therapy (PDT), with the aid of liposomal benzoporphyrin derivative (BPD), of age related subfoveal choroidal neovascularisation (CNV). Eleven centres in the USA and nine in Europe are involved. The first patient in the UK received treatment in March. The two UK centres involved are Aberdeen Royal Infirmary and St Paul’s Eye Hospital, Liverpool. Photodynamic therapy with BPD is a selective laser treatment of CNV that combines a photochemical dye and non-thermal laser irradiation to produce vascular occlusion. The photosensitive dye is injected intravenously and localises selectively in areas of neovascularisation where it is activated by a low energy diode laser with the generation of free radicals, subsequent endothelial damage and presumably causing selective vascular occlusion. Non-selective conventional thermal laser destroys both neurosensory retina and underlying subfoveal CNV which often produces an immediate drop in visual acuity which is unacceptable. PDT with BPD may be a less destructive, more selective way to treat subfoveal CNV. Both UK centres are actively seeking patient referral and further inquiries regarding the TAP (Treatment of Age-related Maculopathy with Photodynamic Therapy) should be directed to Miss Jennifer Armfield, Moorfields Eye Hospital at the Eye Clinic, Aberdeen Royal Infirmary, Foresterhill, Aberdeen AB9 2DD, or Mr Simon Harding/Ms Sandy Murphy, 8Z Link, St Paul’s Eye Unit, Royal Liverpool University Hospital, Prescot Street, Liverpool, L7 8XP.

CD-ROM programs for patient education

The Rotterdam Eye Hospital has developed an interactive CD-ROM program for patient education, in cooperation with Professor D M Chanowski. Modules are available now on paediatric strabismus, adult strabismus, cataract, and ocular plastic surgery. They contain photographs, audio-taped interviews with patients, ophthalmologists, GPs, nurses, etc. Not only are the technical aspects illustrated, but even more attention is paid to the psychological aspects of the disease and its management, in order to give patients a better understanding and moral support. The program is intended to offer the opportunity to each individual patient to select the information that is relevant for his particular case. The CD-ROM on paediatric strabismus includes a cartoon for young amblyopic patients about patching. Children from 3 years of age can play with this interactive cartoon and create their own ‘patching education’. It has been shown that the compliance of recommended health behaviour can be improved using these kinds of programs. The strabismus program was demonstrated at several national and international meetings. In order to meet the high demand from colleagues abroad, the Rotterdam Eye Hospital has decided to develop an English version of the CD-ROM modules. The programs are available on CD-ROM discs. The patient can watch them either in the hospital or at home.

European Association of Eye Hospitals

Europe related events seem to be occurring with greater frequency as we approach 1999. This time the topic being discussed by delegates at the spring meeting of the European Association of Eye Hospitals (EAEH) (Moorfields Eye Hospital, London, February 1997) was standards of patient care. Currently members of EAEH include St Erik’s Eye Hospital in Stockholm, Moorfields Eye Hospital in London, Quinze Vingts Centre Hospital in Paris, and the Rotterdam Eye Hospital. The EAEH was founded in 1993 in Rotterdam with the aims of promoting a high quality of eye care within its member hospitals aided by collaborative research projects between its members.

On this occasion the main topic for discussion was the outcome of a research project carried out at the Rotterdam Eye Hospital on the integration of quality and cost management. Many hospitals are developing, or have developed quality systems, but these systems do not take into account items such as the costs related to preventing quality failures (prevention costs), the costs related to detecting quality failures (appraisal costs), and the costs related to correction of quality failures (failure costs).

In all, 24 quality variables were identified relating to medical effectiveness, efficiency, and patient satisfaction. These systems relating quality to costs have already been applied successfully outside the healthcare industry. There is little doubt that organisations such as this will be of considerable interest to managers and clinicians alike in the next era of NHS Trust management. There is considerable variation in the way many units provide services and pooling of knowledge in this way can only benefit our patients in the long term.

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Dutch ophthalmologists honour Alan C Bird

The illustrious founder of Dutch ophthalmology, the physiologist Franciscus Donders (1818–89), is immortalised in the Donders’ Lecture. Since 1932, this medal has been awarded once every 5 years to a foreign ophthalmologist of the highest standing. Vogt (1932), Duke-Elder (1947), Ashton (1967), and Gass (1992) are among the recipients. On March 21 1997 Professor Alan C Bird, Professor of Clinical Ophthalmology at the Institute of Ophthalmology and Moorfields Eye Hospital, joined the ‘hall of fame’. Professor Bird delivered an inspiring Donders Lecture to the Dutch Ophthalmological Society, explaining his ideas on how genetic and environmental causes of age-related macular degeneration may be unraveled.