

British and Irish Orthoptic Society

Annual Report and Statement of Accounts 2010

A large, stylized graphic of an eye, formed by two curved lines in shades of orange and purple, framing the central text.

BIOS

British and Irish Orthoptic Society

Contents

1	Chairman's Review of 2010	3
2	2010 Workforce Survey and Membership	5
3	Activities and Representation – Country and regional branches	6
4	Education and Development	11
5	Special Interest Groups	14
6	Services to Members	16
	Insurance	16
	BOS Trades Union Services	17
	Networking events	18
	External Relations	19
7	Recognising outstanding achievement	21
	Fellowship Awards	21
	Statement of Accounts	23
8	British Orthoptic Society (Trade Union)	32
	Annual Report and Statement of Accounts	

A Message from the Chairman

Rapid change in the NHS in England, Scotland, Ireland & Wales and the way Orthoptic services will be bought in the future

2010 has seen unprecedented change in the NHS, unknown since its creation over 60 years ago. Since the coalition government came to power in May 2010, the pace of change has quickened and we now find ourselves in a position where we must all (clinicians, specialists, heads of service and academics) face these opportunities and challenges on a regular basis.

Although the NHS White Paper "Equality and Excellence: Liberating the NHS" is an England-centric document, the devolved countries have not been immune to the cost savings and efficiencies required. Mergers of Health Boards have occurred as well as restructuring of departments and this is likely to continue. The Republic of Ireland has seen significant cost cutting, in some measure due to the economic climate this will not ease in the near future. In England, the Primary Care Trusts and Strategic Health Authorities are being phased out and replaced by GP consortia who will have a significant budget to commission services (80% of the total NHS budget).

In December 2010, Andrew Lansley announced the names of Pathfinders; the first group of 52 GP Practices who will take the lead to take on commissioning responsibilities and who will work together to manage their local budgets and commission services for patients direct with other NHS colleagues and local authorities. It all signals major changes for orthoptists everywhere.

Local BIOS representation more important than ever

It is imperative, then, at local level BIOS is represented and has a strong voice with the emerging consortia and the Branch Chairs will be in the forefront of this work. BIOS is in a healthy position in discussions at national level. We are well represented on the Allied Health Professions Federation (AHPF) as well as on strategic working parties such as the UK Vision Strategy.

During 2010/11, our past chair, Rosie Auld, has raised the profile of the profession at the Centre for Workforce Intelligence and our Workforce Survey is considered exemplary. I would like to take this opportunity to thank Rosie for all her hard work on behalf of the profession, and for her role as a Special Advisor to Council in 2010.

In this significant time of change the Professional Development Committee (PDC), chaired by Alison Price, has undertaken significant work to ensure we have in place the relevant information for members to enhance their clinical practise. The Special Interest Groups (SIGs) will continue to be significant in the future to provide information on service development ensuring a quality and cost effective service for patients. We must continue to build on inter-professional working and the SIG Chairs will be raising the profile of their specialism.

The research agenda is also a priority for BIOS in promoting evidence based practice. Fiona Rowe as research lead has been a lead in the Allied Health Professions Research Forum and has been involved in the production of multi- disciplinary posters raising the profile of the extended scope of orthoptic work. Fiona's term of office comes to an end in 2011 and I would like to thank her for all the extra work she had undertaken for BIOS. The universities continue to struggle with finding clinical placements and this will be imperative for us in the future to ensure high quality placements for our undergraduates. While this will be another pressure for Heads of Service, we must provide a good basis for our students to become the workforce of the future. The Education Committee continues its good work and will be liaising with PDC on education and joint projects.

The International Orthoptic Association is in the process of electing a new president and BIOS has nominated Gail Stephenson. We wish her the best of luck in attaining this post.

Continued Change for BIOS to Ensure Value for Money for Members and increased range of services

We also need to be mindful of the economic situation we find ourselves in, and the reasons for major structural changes to all the NHS and academic organisations we work in or partner with. The Society is not immune to these forces and our income is based predominantly on membership subscriptions and we have a duty to provide a robust and transparent management system and provide good value for money.

To that end in 2010 we employed a Change Manager to provide Council with an overview of the financial situation and options on providing members with an excellent value for money service as well as implementing Council

recommendations. This arrangement has now been extended, with professional Business Managers having been appointed in January 2011 to ensure that a wide range of back office functions like web management, finance, communications and administration can be provided efficiently using modern IT-based systems and cutting down on the costlier manual and paper-based alternatives. It will mean positive and visible changes to the BIOS website and how we manage events and services for our membership. Look out for these improvements in 2011.

Succession Planning for BIOS Officers – Your Support and Active Involvement is Much Needed

I would like to take this opportunity to sincerely thank Lindsey Hughes and Shelagh Baynham (the Vice Chairs) for their help and support in my first few months of office. They both have undertaken a huge amount of work for BIOS and their pragmatic approach to problem solving and personal support has been invaluable.

As many of you will be aware, Shelagh resigned her post and Lindsey is due to step down at the end of June 2011. I make a personal plea that we need more volunteers from the membership to ensure succession planning. Orthoptics as a professional body, as well as the Society, need your active involvement to ensure increasing success and sustainability. We also need new volunteers coming through to ensure that views and situations of members are truly representative of you all as things change.

This will be the main focus of Council over the next year and we urge you to volunteer to continue to make BIOS a successful Society.

Lesley-Anne Baxter
Chairman, BIOS & BOS TU

2 | 2010 WORKFORCE SURVEY AND MEMBERSHIP

Background to the BIOS Workforce Survey

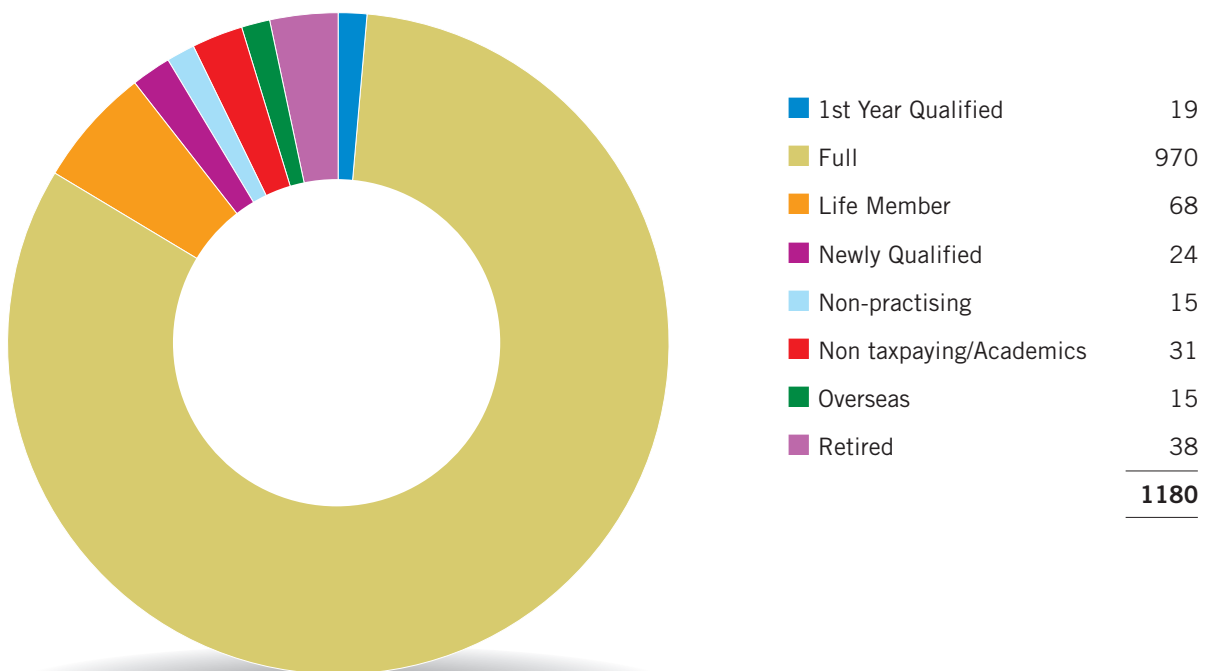
A survey is undertaken by the Society every year and a form sent to each head of service in the UK and Ireland. The reason this survey is so important is that SHAs in England, as well as other health-planning bodies in other countries, do not currently collect specific information on orthoptists – the profession is almost always counted alongside others in a collective way.

Given the huge changes we saw in 2010 and likely future change, Officers of the Society are convinced that continuing to collect this information is the only way orthoptists can ensure that their voice continues to be represented at local, regional and national level and that proper resourcing of services is monitored and reported on accurately.

Highlights from 2010 survey - There were 905 orthoptists counted in the survey in 2010. Over 1600 hours of unpaid hours were reported as worked and 13% of the profession retired in 2010.

We require the workforce survey to continue to champion and raise the profile of the profession at a planning level (for the training of the optimal number of orthoptists at the start of their careers as well as ensuring the right numbers during active practise) and to ensure continuity and succession planning.

BIOS membership - September 2010



3 | ACTIVITIES AND REPRESENTATION

ENGLAND

Northern Branch

This year has seen a more settled period for the committee, which met for the first time in April prior to the branch AGM. Reverting to its traditional venue of Huddersfield Royal Infirmary, the AGM was attended by 38 members. Comments and questions from the floor were raised on topics such as university provision for orthoptics, a Local Reps' network, and the BIOS 75th anniversary. The spring clinical meeting followed, a full report of which appeared in *Parallel Vision*.

Prompted by discussion at the AGM, one of our committee members began developing the role of ER liaison and has established an e-mail network to give mutual support to Local Reps within the branch.

Following a visit by the branch chairman in May, the Halifax Conference Centre at the University of Sheffield was chosen as the venue for the 2011 BIOS conference. A sub-committee has met and been in regular contact to develop an interesting academic and social programme for the event, to take place in early September 2011.

The BIOS AGM in June saw three members of our branch honoured with the Fellowship of BIOS award. Our congratulations go to them. Our autumn clinical meeting was held on the west side of the branch at Wrightington Hospital. The attendance was very encouraging and members gave positive feedback about the content and location of the meeting.

The committee had a further productive meeting in November in Blackpool and are now looking forward to their major project for 2011, hosting the BIOS conference.

Meriel Cross Chairman, Northern Branch

Midland Branch

2010 has been a quiet year for the Midland Branch, with the Branch Committee meeting once in March prior to the AGM, the meeting planned for December, was cancelled as the meeting would not have been quorate. It is hoped to have our first telephone conference meeting in 2011 and, if successful, this may be the way to save member's time and BIOS resources in future.

The Branch AGM was held on at Birmingham Children's Hospital on Saturday 27th March 2010 and was attended by the Chairman and 40 members. A clinical meeting followed and presentations on "Congenital Esotropia – why we do what we do". "Recurrence of Amblyopia Audit (Yo Yo Amblyopia)" and "DNA Telephone Project" were given.

The Autumn Clinical Meeting took place on 30th September 2010 at The Post Graduate Education Centre, at Dudley Road Hospital and was once again very well attended. After Branch news and TU update, presentations on "Continuing professional development (CPD) and your registration", "Experiences of an HPC Assessor" and "A Close Shave", were given.

Following analysis of the returned forms from the Branch for BIOS Workforce Survey, carried out during February 2010, I can confirm that there are 150 Orthoptists working within the Midland Branch area (9 more than in March 09), with 137 being members of BIOS, this is up by 6 members from March 09.

69 members of the Branch work at Band 7 level, 44 at Band 6 level. 23 members are in Band 8 management roles and the remaining 14 are employed in Band 5 posts.

There are vacancies within the Branch totalling 3.74 wte and the additional hours worked during the survey period were 417 which is equivalent to

11.20 wte – thus showing a shortfall of 7.46 wte Orthoptists across the Branch.

24 Midland Branch members are eligible for retirement within the next 5 years, which is almost a fifth of the Branch workforce and will have a major impact on many departments across the Branch.

I am pleased to report that 100% returns were made by the Branch yet again and within the specified time, as Chairman of the Branch and one of the collators of the forms I would like to thank all the Heads within the Branch for their hard work in doing this, the forms are of enormous importance to the Society in monitoring the workforce for the Department of Health and much of the data is used by the pay review body.

Jacky Nolan
Chairman, Midland Branch

Southern Branch

This year the Southern Branch committee worked hard to organise the annual conference which was held in Oxford in July 2010. They were rewarded with a very successful event, both in the quality of the presentations and posters which were organised by members of the professional development committee and journal editor, and in the social activities which provided valuable networking opportunities.

There were more than 115 delegates and contributors with good sponsorship and the surplus funds made for BIOS has helped to re-establish the conference as a flagship, national annual 2-day event for members.

Lesley-Anne Baxter stepped down as Chair of the Southern Branch to become Chair of the Society which left a casual vacancy. Requests for a person to take up the role of Chair in November were unsuccessful but more than one nomination was received for secretary which required a ballot.

The newly qualified category of committee member has formed a good link with the younger members of the society and contributed to updating the BIOS website and made suggestions as to how to better communicate with members. The five member co-ordinators play a vital role in being the first contact for members in each region and offer advice with employment relations issues.

The role of treasurer will come to an end at the next AGM due to funds being transferred centrally. At the AGM in March 2011 it was decided to hold this annual meeting at one of the 5 regional study days in the southern branch.

Acting chair, Southern Branch
Rowena McNamara

IRELAND

This has been a year of significant developments for our profession both within the NHS/HSE and the professional body. With the imminent cutbacks in both Health Services over the incoming years the future indeed does look bleak at both a personal and professional level.

With this in mind it is encouraging to see the way our members continue to provide an excellent service to our patients and to promote our profession wherever possible.

The Branch would like to once again thank all members who have given freely of their time to represent the profession at both local and national level.

For those stepping down after this year I would like to offer our sincere thanks and appreciation on behalf of the Branch for all the time, effort and commitment in representing our profession.

The Branch would also like to encourage new members to step forward to fill the vacant positions.

Your future input will be invaluable.

The Branch Committee met twice during the year, a very productive meeting in Omagh in June and again during the AGM in December.

The AGM was held in Belfast with once again a video link to the HSEA offices in Dublin with a total of 34 members in attendance over both venues. The clinical meeting in the morning had a legal theme with Helen Orton from Liverpool University presenting talks on record keeping and ethics.

Good news from the education rep in that the main barrier to student placement in the Republic of Ireland has now been resolved and 4 students took their placements over the summer (2 in Galway, 2 in Dublin). Sincere thanks to our Education rep and the University Leads at Liverpool and Sheffield for bringing this to a satisfactory conclusion.

Unfortunately due to various extenuating circumstances only the Western Trust in N.Ireland was able to provide placements this year but it is hoped this situation will be resolved for 2011.

In N.Ireland our TU rep is stepping down and recruitment of a new rep is being urgently sought. The Committee are also keen to encourage staff to ensure that each department has a TU rep at local level as the role is becoming increasingly more important in the current climate. .

Regional Ophthalmology services have been under review in the Belfast area with public consultation widely welcome. The outcome however will of course impact on staff locally.

With AFC reviews over 80% of all posts under review have been cleared. HSC employers hope to have the process completed by year end. Health and Social Care Organisations in Northern Ireland are continuing with the process of KSF implementation. Progress in each organisation is being monitored by DHSSPNI.

AHPfNI Launch of this group was in November 2010 at Stormont with presentation representing all AHP s (including Orthoptics)

Within the HSE the main issue for discussion is the ongoing embargo on recruitment. This is now affecting maternity cover in many areas and is therefore having significant impact on staffing numbers and morale throughout the country. With the next budget due to be confirmed shortly there would seem to be no end to the current situation.

The HSCPC is now known as CORU. The registration boards are now being established, beginning with social workers. The Optician's Board is due to be disestablished and its functions transferred to CORU. There has been a suggestion that there may be a single registration board for Orthoptists, Optometrists and Dispensing Opticians. This situation is being monitored by each of the professional bodies.

Progress with CORU on a common code of professional ethics is ongoing with a final agreement due soon.

The TPC is in the process of drafting a document on the input of all the Therapy Professions into the Acute Medicines Programme. This will include information on how Orthoptists integrate into both Acute and Primary, Community and Continuing Care (PCCC) settings.

Since the resignation of the Chief Therapy Advisor and the loss of 2 other posts within the TAU there is no longer any staff in the unit.

The TPC has written to the department again to express its concern at the continued vacancies and to highlight the value of the unit in contributing to the formulation of health policy and strategy. To date there has been no reply

The Croke Park agreement states that there will be no further wage cuts until 2013, subject to

stabilisation of the state finances, a condition which has not yet been achieved. In return the public service unions have agreed to implement radical changes in work practices in the public services. The HSE and government have still to indicate what these changes will actually be.

In last years report I was able to end on a happy note with the awarding of BIOS Fellowships to our colleagues Bronach and Patricia. It is with great sadness that I have to remind members of the sad loss of our former colleague and friend Patricia Blackburn. Patricia passed away in August after a short illness and she is sadly missed by us all. Patricia was our first Branch chair and was an inspiration to all of us who knew her.

John McCance
Chairman, Irish Branch

SCOTLAND

Our AGM was held in March and was attended by Chair and 37 members and was followed by a short clinical meeting. Two further clinical meetings were held in May and November in Inverness and Dumfries respectively. Both were well supported and the committee recognises the amount of work hosting these meetings involve in producing a varied and interesting programme.

Chair continues to represent the Branch on various national committees, including AHPFS(Allied Health Professions Scotland), Eyecare Scotland and the Cross Party parliamentary group on Visual Impairment. These Fora are very successful in strengthening partnerships with other professions and bodies involved in delivering eye care within Scotland.

The importance of orthoptic visual screening was highlighted in the Scottish press with The Sunday Post and Sunday Express both running articles in July.

The Orthoptic Advisory Forum elected Irene Fleming as Chair in March and had a further meeting in September. This group has been set up under the auspices of NHS Education for Scotland(NHSES). An exciting development is the probability of reintroducing an undergraduate course in Scotland. This would be a four year course based at Glasgow Caledonian University with places for 12 students. It is hoped to start in 2012.

Significant progress has been made in how the new degree will look and there is a positive approach being adopted by all those involved. However there is still no guarantee that funded places can be found by the university as the funding council will not offer any additional money.

Two Scottish orthoptists, Nadia Northway and Marie Cleary have been the drivers behind this and have put it a tremendous amount of work and effort in getting this project to the stage it as at the moment. NHSES is also supporting a Clinical Tutor's course in Scotland in February 2011 with the aim of increasing tutor numbers within departments, therefore ensuring we can continue to offer placements to the existing universities as well as the new course. The bursary scheme for orthoptic students wishing to work in Scotland will continue until the new course is established. The Scottish Vision Strategy continues to be directed by RNIB. They have produced a report "Cost of sight loss in Scotland". This document contains a lot of helpful information but does not really comment on children's services.

Jennifer Stewart.
Chairman, Scottish Branch.

WALES

The Welsh Branch committee has gone from strength to strength during 2010. The committee organised two clinical meetings during the year as

reported in Parallel Vision. In March the AGM and spring clinical meeting were held in Abergavenny and in October the autumn clinical meeting was in Wrexham. Both meetings were well attended and offered varied programmes. In November the current Secretary and Treasurer resigned due to travel plans; luckily their posts were soon filled. The Education and PDC reps. have also changed during the year. Roles for Chair and Secretary of the Branch were written to aid those in these positions. The Branch rules were also updated and submitted to the office for approval.

On a wider “All Wales” basis the year started with a strategy day in February to which Orthoptists and Optometrists across Wales met to discuss how the two professions could work together with particular reference to vision screening. The meeting, which was held in Abergavenny, was hosted by Optometry Wales and facilitated by the National Leadership Agency for Healthcare Wales (NLIAH). The main outcome of the day was the formation of a steering group, Children’s Vision Wales (CVW) whose first objective was to explore the possibility of producing a national screening pathway. CVW met on three occasions during 2010 and will be holding another study day for the wider audience on March 3rd to review progress so far.

In March, the branch was represented at the launch of the Welsh Glaucoma Alliance at the Welsh Assembly, an opportunity to promote the extended role of the Orthoptist at this prestigious event. Later in the year the profession was delighted by a rethinking of the assembly on the issue of PSDs. It is now up to individual health boards to implement their interpretation of the regulations meaning Orthoptists should be able to operate under PGDs rather than the more inflexible PSDs.

In June members of the committee attended the launch of the Wales Vision Strategy in the Senedd (Welsh Assembly). The Chair of the Welsh Branch sits on the Wales Vision Strategy Advisory Group. This group met twice during the year firstly to

finalise the strategy and secondly to decide how to progress the action plan. The profession will be contributing to two objectives “Ensure equitable provision of effective eye health services for children in Wales” and “To ensure that people with visual loss due to neurological disease receive appropriate screening.”

The Branch also has representation on the Children’s Low Vision Project, (CVLP) a multi disciplinary group with a remit of supporting children with low vision. The RNIB has recently carried out an audit of special school screening across Wales and as a result proposed that a pilot of vision screening at four schools will be carried out in 2011. This will provide an exciting, funded opportunity for an Orthoptist to work with an Optometrist to carry out this work supported by the RNIB and CLVP.

During 2010 the Welsh Branch was kept updated on the political arena in Wales via the representative on the Welsh Therapies Advisory Committee. A therapy mapping exercise which was carried out by WTAC identified that each Orthoptic department in Wales was collecting their data in different ways.

Another exciting development in early 2011 will be the formation of a Welsh Orthoptic stroke group to map current provision and share good practice which will link into the Wales Vision Strategy objectives.

The Employment Relations representative on the Welsh Branch committee, continued to attend meetings of the Welsh Partnership forum and provided a link with local representatives throughout the year.

Suzanne Martin
Chairman, Welsh Branch.

EDUCATION

Changes to the Committee in 2010

I took over from Rosie Auld as Chair of the Education committee in June 2010, so have Rosie and the entire committee to thank for the work achieved during the past year. The committee has also had tremendous support from Lesley-Anne Baxter, Shelagh Baynham and Lindsey Hughes.

Cassie Harcourt (Southern Branch) returned from maternity leave in November 2010. Bhavna Singh did an excellent job of standing in for Cassie during her time off. We currently do not have a representative from Wales. Clare Berry attended our last meeting in November, but is not in a position to take on the role again. It is extremely important that we have representation from all branches, so that all members' views are represented. The Education committee member must either be a lead tutor or head of service.

Tutor courses

The BIOS Clinical teachers course, developed and delivered by Rosie Auld and Andrew Fox, ran twice in Birmingham in 2010, and was attended by more than 40 clinicians. This continues to be a highly commended course which provides clinicians with the necessary knowledge to teach undergraduate Orthoptists in the clinical setting. Rosie and Andrews' extensive experience as lead tutors ensures that the course is kept up-to-date, and responds to the needs of new clinical educators. The course will run in Scotland on 17th & 18th February 2011, funded by NHS Education for Scotland.

The committee have reviewed and endorsed several courses appropriate to Lead tutors. There are a wide array of Level 3 courses available across the 5 countries, varying from post-graduate certificates to Masters modules. The committee have agreed that it is impractical to maintain an up-to-date list

of courses on the BIOS website, but that Branch Education representatives (or Chair in the absence of a Branch rep) should remain the first line of contact for anyone interested in becoming a lead tutor.

Liverpool University has developed a Masters module "Clinical Teaching in Orthoptics". The committee have a draft version to review before this goes through the University approval process.

The committee guidelines on clinical teacher and lead tutor training and qualifications will be reviewed in 2011, and are available on the BIOS website.

Approved placement sites

New sites: James Paget Hospital, under the lead of Sarah Naylor; Dublin under the lead of Tony McAleery.

New lead tutor: Gillian Coyle has taken over from Irene Fleming at Ninewells Hospital, Dundee since Irene's retirement.

A key aim for the coming year is to develop a robust system for maintaining current information on approved placement sites, tutors and their qualifications. This will involve an audit process in the coming months.

Workforce issues / student recruitment:

Rosie Auld continued in her workforce role until Lesley-Anne took over as Chair. Rosie had managed to get Orthoptist recognised as an "at-risk" profession, based on the Workforce Survey data. Unfortunately the new government does not acknowledge this, so there has been a reduction in admissions to both Sheffield and Liverpool universities Orthoptics programmes, to 38 from 40, despite an increase in applications to the course. The current financial climate is impacting greatly on further education. Helen Davis and Gail

Stephenson and their staff are doing a tremendous job for the profession. They are working very hard to sustain the provision of Orthoptic undergraduate training, and the Education committee fully support them. They both play a vital role on the Education Committee.

Placement provision remains a key issue. The Universities must prove to the commissioners that they have sufficient placement offers to meet their course objectives. It is vital that all clinicians are involved with the clinical training of undergraduate orthoptists to ensure the continuation of our profession. I thank everyone who hosts clinical placements for their continued commitment during difficult times.

NHS Education for Scotland continues to work towards an undergraduate Orthoptic course in Scotland. This aims to combine training for orthoptists and assistant practitioners. Glasgow Caledonian University have gained the tenure to develop a course, but re-organisation within the University and financial constraints are hampering progress. The committee is aware of the potential impact this could have on the existing University

programmes, and will continue to engage with all key stakeholders to ensure that the profession is not put at risk.

Review Documents:

Part of the committee's role is to review and respond to documents on behalf of BIOS, pertinent to undergraduate education from the 5 member countries. We rely on all members to keep their eyes and ears open and alert the committee to issues at local and national level.

Marie Cleary
Chairman, Education Committee

Research Activity

BIOS has research representation on the Research Forum for AHPs. The Forum comprises members and officers from the 11 Allied Health Professions which are member bodies of the Allied Health Professions Federation and regulated by the Health Professions Council. It represents approximately 130,000 practitioners working in the public,

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voluntary and private sectors throughout the United Kingdom.

During 2010 the Forum produced a number of multi professional case studies with the first based on head and neck cancer. The Forum has provided information on the CATP Senior Clinical Lecturer Award which has a specific purpose of developing people who are clinical practitioners as well as researchers and research leaders.

BIOS has collated a number of examples of how research has impacted on best practice in clinical situations. This information has been disseminated to the profession to illustrate the integration of research and clinical practice.

An important aspect of the research role is to respond to consultations on behalf of BIOS. Responses have been sent to the General Medical Council good practice in research, General Medical Council consent to research, Research education framework and NICE stroke guidelines.

Through 2010 BIOS continued its representation on the Eyes and Vision Specialist Library for NHS Evidence. A number of annual evidence updates were released during this time and in particular, BIOS contributed to a new update on the subject of amblyopia. An updated list of journals has been provided which are in common use by eye care professionals and which are provided as part of the NHS National core content procurement process.

The Health Technology Assessment fund is part of the overall NIHR funding process. This fund predominantly funds specific 'calls' for funding. Questions for research priorities have been requested from AHPs and Orthoptists have submitted a number of research questions.

A consultation of research mentors has been undertaken to update the BIOS research documentation. In particular, a large scale review of funding opportunities was completed in association with the North West SHA R&D unit. These are available on the BIOS research web pages.

A proposal to establish a user group to support clinical research was sent out to members to consider. Limited patient response was received, however links have been made between patients and researchers in relation to research studies. Vision 2020UK confirmed that the Research Strategy Group, a sub-group of the research group, had been formed to develop a proposal to secure funding for the development of a research agenda to support the UK vision strategy. This work continues at national level.

The BIOS research web pages are frequently updated to include information on changes with the National Institute of Health Research, National Research Ethics, Involve, Orthoptic-related research and funding opportunities. A new research newsletter commenced in 2010 which is housed on the web pages but also emailed to each BIOS member as an update on recent research activity.

Fiona Rowe
BIOS Research Lead

REPORTS FROM THE MOST ACTIVE GROUPS IN 2010.

Glaucoma

This well-established forum continues to meet once per year providing support and advice to Orthoptists at all levels involved in glaucoma services. The levels of expertise ranges from those just starting out in glaucoma care to those who have become glaucoma practitioners with established glaucoma services for many years.

The role of the orthoptist in glaucoma care, however, continues to grow especially since the NICE guidelines. The implementation of these guidelines has led to complete service redesign in many hospitals to manage the increase in referrals. Different models of care have been developed - primarily Orthoptic-led, and some were presented at the RCO conference 2010 and there will continue to be updates at our regular SIG meetings.

The group also continues to make significant contributions to various publications. Already on the BIOS website are the BIOS Competency Standards and Professional Practice Guidelines for the Extended role of the Orthoptist working in glaucoma.

I would like to take this opportunity to formally thank Karen Phillips who covered whilst I was on maternity leave. Karen set up journal discussions during this time which hopefully we can get up and running again within the next few weeks.

Lorraine North

Co-ordinator, Glaucoma SIG

Stroke and Rehabilitation

Stroke remains a high priority on the NHS agenda as it is still the leading cause of disability in the

UK. The Stroke and Rehabilitation special interest group (SIG) was established in 2001 to support and co-ordinate Orthoptists with a keen interest in this subject and to help facilitate continued professional development. This year the stroke SIG has continued to emphasise the requirement for orthoptists to be an essential part of the multidisciplinary team involved in stroke care. It also functions to represent BIOS and to highlight and raise the profile of visual deficit following stroke to improve patient experience and outcome.

The 10th Annual British and Irish Orthoptic Society Stroke SIG Study Day was held in Oxford in April 2010. The focus of program this year continued with the theme of multidisciplinary approach to stroke care, to assist orthoptists with their professional advancement, enhance knowledge and skills and ultimately provide a high quality service.

BIOS continues to be represented on both the UK Stroke Forum Conference Scientific Committee and the Steering Group. The conference for 2010 was again held in Glasgow. The role of the Orthoptist in Stroke and rehabilitation, in particular, the cause and effect of eye movement deficits on the stroke patient was further emphasised at the parallel session jointly chaired by Tracey Shipman and Fiona Rowe. Over 300 delegates attended this session with very positive early feedback. BIOS also held a stand at the conference that generated lots of interest from a variety of professional backgrounds demonstrating the increased interest of the role of orthoptists in stroke care.

The multi-centre research project led by Dr Fiona Rowe with the VIS Group (Vision in Stroke: UK recruiting centres and local investigators) 'Visual impairment in stroke survivors: a prospective multi-centre trial' has resulted in further publications in peer-reviewed journals and



There is now a section on the BIOS website dedicated to stroke; information and advice is available for orthoptists and other professionals involved in stroke care. Patient leaflets have been developed and more are planned for next year. ””

continues to raise awareness of vision-related deficits following stroke and why orthoptists should be involved.

In July, the SIG lead was invited to the Accelerating Stroke Improvement (ASI) reference group meeting. The Department of Health committed the NHS to an accelerated programme of improvement in stroke services. This new accelerated improvement initiative will form the basis of the Stroke Improvement Programme's work for the next year.

BIOS is one of the stakeholder organisations involved the National Institute for health and Clinical Excellence Stroke Rehabilitation Guidelines that are being produced. Work will continue into next year with the aim to produce a joint clinical and social care guideline on the long term rehabilitation and support of stroke patients with publication by April 2012.

There is now a section on the BIOS website dedicated to stroke; information and advice is available for orthoptists and other professionals involved in stroke care. Patient leaflets have been developed and more are planned for next year. The BIOS professional practice guidelines for orthoptists working with stroke patients have also been updated and are due for publication shortly. These will also be available on the website.

Tracey Shipman
Co-ordinator, Stroke and Rehabilitation SIG

INSURANCE

Members have continued to benefit from the Society's various insurance policies throughout 2010. We have an excellent long-standing relationship with our insurance broker who is able to advise the Society on the appropriate cover for all aspects of BIOS and its members, and who is able to deal with members and issues on an individual basis when claims or queries arise.

We often find that enquiries directed to us as an 'insurance issue' overlap into other areas and so there has been a continued demonstrable benefit of our 'joined-up thinking' in BIOS when dealing with members' enquiries. For example, an initial, apparently straightforward enquiry about record keeping may, in fact, need input & advice from many perspectives such as, insurance, employment relations, HPC, management advice, and the Professional Development Committee. The honorary officers and Branch Chairs can facilitate by recognising the scope of the issue & signposting members to the relevant services, as well as liaising with members through the process, often at a time which is worrying & distressing for the member.

Members making general enquiries about insurance are often seeking a clear cut answer e.g. are we allowed to do 'such and such'? Unfortunately it's not always possible to give a yes or no answer. We are autonomous practitioners who can make clinical judgements within our scope of practice. As we exercise this clinical judgement and expertise, we have to accept that the flexibility of our practice means that situations may need to be judged on a case by case basis.

In terms of Professional Liability Insurance, it is not uncommon for healthcare professionals to be blamed for negligent omissions, treatments or advice.

NHS Claims amounted to £650m in 2010

The NHS claim payments alone amounted to an eye-watering £650 million for the year ending 2010, together with a further £120 million paid in legal costs. The development of the so-called "blame and claim" culture is supported by lawyers pursuing cases on a no win, no fee basis, which will inevitably continue to escalate the number of medical negligence claims already rising at an alarming rate.

As professionals, BIOS members are not immune from this rising tide as the brief case studies below will demonstrate. The majority of claims are unfounded, and members have successfully been able to defend themselves with the help of the BIOS specialist brokers, LFC Graybrook Limited, and MPS Risk Solutions the current insurer. Both organisations support members with helpful guidance, advice and expert medico-legal assistance, all of which is provided free to members as part of BIOS membership benefits.

The BIOS member's policy meets all legal defence costs for civil liability claims, together with compensation awards, up to a limit of £2,500,000, with an annual limit of £5,000,000 for each member.

Insurance case studies

- Legal representation for members attending Court as a witness involving claims against a Consultant Ophthalmologist.
- Representation for member providing pre-op biometry which later resulted in a claim against the surgeon for inappropriate lens calculation/surgery.
- Alleged negligent biometry test resulting in medical negligence claim.
- Capability and competence issues revealed following audit of member's work which may in future give rise to medical negligence claims.

- Alleged inaccurate reading of the Axial length of eyes during the pre operative assessment.
- Alleged insult from member to patient resulting in a potential legal action.
- Child permanently blind due to delayed diagnosis of brain tumour (several members involved in the subsequent legal action).
- Potential claim against member for defamation of character.
- Alleged wrongful diagnosis and delay in referral resulting in Optic Atrophy, misinterpreted as Myopic Fundus.
- HPC fitness to practice investigation which may have consequences on subsequent medical negligence claim.

In all the above cases there was no contribution from or cost to the BIOS member concerned. The cover applies to all members whether employed or self employed provided they are a member of BIOS at the time of the alleged incident.

BOS TRADE UNION SERVICES

Trades Union Services are provided for members in England, Scotland and Wales by sister AHP group, the Chartered Society of Physiotherapists. This is a short report of some of the cases dealt with in 2009/10.

Some of the cases dealt with in 2009/2010

- Agenda for Change (AfC) appeals - two in Scotland and one in England which were resolved. In one case, we gave advice and support to member which successfully resulted in a Job Analysis Questionnaire (JAQ);
- Bullying & harassment – A member returned to work after a lengthy absence due to the failure of management to sort out her bullying and harassment case;
- Workplace stress - including a mental health condition, capability case, ill health through

- workplace stress and possible redundancy;
- Referrals to Thompsons Solicitors – included a query around receiving Bank Holidays whilst on maternity leave and one for a possible case of constructive dismissal which resulted in a settlement;
- Other queries covered include holiday pay whilst locuming, fairness of redeployment process, individual contract, reorganisations/re-profiling, transfers of services and a grievance regarding the application of AfC process;
- There were also two professional queries – being called to court as a witness and the contact of job descriptions which were dealt with by the Vice Chairmen.

Training of local BOS TU representatives

The Reps Induction Course is going ahead in 2011 on an on-line basis. Local reps are also invited to CSP regional training days and this has proved popular with members.

Patt Taylor
Senior Negotiating Officer
Chartered Society of Physiotherapists

Ensuring a Sustainable Form for BIOS – Change Project

In the Annual Report 2009, it was remarked that BIOS Council had been working hard to find a solution to create a more sustainable organisation and structure for the long term. This was to ensure that the Orthoptic profession is well-represented with all key stakeholders, continued to develop professional practice and upheld standards. Essentially, that a vital voice for a profession with a small number of members is maintained and strengthened.

With that in mind, a Change Manager was appointed in August 2010 to review structures, processes and seek to understand member needs

and wants. The Change Manager interviewed a number of officers and members over a two-month period.

High level findings were that the axis of emphasis should shift dramatically to free up time and cash to put into areas of effort more visible to members and which will free Officers up to focus on strategic issues and sustainability of the profession and Society. One of the major recommendations concerned improvements to the website – with members' feedback concurring that changes were needed to ease of navigation, look and feel, better on-line forums and search facility.

BIOS Council met on 1st October 2010 to debate the key strategic issues arising for the profession of orthoptics and BIOS, the professional body. It was a productive discussion focusing on some of the immediate topics facing members everywhere. The aim was to come up with strategic goals relating to the profession and the society – and then translate these into practical actions and priorities, particularly for the Change Project that had been commissioned in August 2010. It was agreed that administration would be further streamlined and made more efficient, making on-line payments for members easier along with amendment of member details and focusing on the stripping out of paper-based processing.

Website development would take place in stages and in the longer term, aim to create more use of webinars, chat groups and interactivity and move towards an on-line community which better recognised different segments and interests of members.

It is envisaged that a new system will be implemented which manages the Society's website, updated CPD tool, member database and allows bookings and payments to be taken on-line, thus reducing the administrative burden and associated costs.

NETWORKING EVENTS

Management Development - Managers Forum

Over sixty attendees came together in Birmingham for the BIOS Managers' Forum on 21st October 2010. They came from Scotland, Wales, the South West and all points around the UK to devote time to their careers and professional development as managers.

Delegates were keen to debate Equity and Excellence: Liberating the NHS and GP-led commissioning in England - coming to a consortium near attendees in the weeks and months ahead. The advice was to get involved in the commissioning process – get to know local stakeholders and ensure you know what your local links are like with AHPF (and improve them and refresh if necessary).

The day was very successful, highly participative and people really were stimulated by the themes discussed and by the opportunity to network with colleagues. Delegates said that the most important things they had got from the day were:

- Understanding motivational factors – power, people, achievement – and discussing this theory and applying it to themselves and their team;
- Learning Styles questionnaire – delegates wanted to apply this to their own teams to promote better understanding and communication;
- The fact that they were surprised about how many heads of departments were Reflectors in Learning Style terms;
- The need to review and promote BIOS memberships in delegates' own department/teams; of those present, many were overseeing departments where not all orthoptists were BIOS members;

- Involve staff more in decision making and be "less prescriptive and more imaginative" when engaging and motivating with people.

To sum the day up using a delegate quote: "I really enjoyed the group working and interaction; the information on the current agenda was also hugely useful."

The Managers' Forum is something we will keep on our BIOS events calendar for the foreseeable future.

Lindsey Hughes
BIOS Vice chairman.

The British and Irish Orthoptic Journal

The 2010 journal contained 16 articles, of which three were review articles, 11 were original articles, two were case report articles. There was a single Letters to the Editor in this newly developed section.

We continue to increase the impact of the journal and hope to be successful in being on medline in the future.

We are also starting to make the publication self-financing with more high-quality advertising being attracted and sales of the journal to libraries and on-line providers buoyant.

Catherine Stewart,
Editor BIOJ.

EXTERNAL RELATIONS

The Allied Health Professions Federation (AHPF)

The Allied Health Professions Federation is the federated body of 12 AHP professional bodies. In

total it represents over 100,000 members across health and social care in England and there are similar bodies in Wales, Scotland and Northern Ireland.

In the last year there has been a great deal of externally-driven activity with the new coalition government pushing a wealth of ideas and policies across health and social care in England.

The AHPF has been working to respond to these new opportunities whilst continuing to engage with ongoing initiatives where it can have optimum impact and influence. The BIOS seat on the board is therefore extremely important both to inform this process but also to engage at a national level with larger organisations to influence the decisions that will affect Orthoptists across the UK

In England, having made generic comment to Andrew Lansley and his ministerial team, the AHPF responded to the specific consultations launched on the back of the **White Paper, Equity and excellence: Liberating the NHS**. To support the commitment to empower clinicians, the AHPF produced a leaflet for MPs at Westminster describing the roles of AHPs and has extended that message to others in health and social care. BIOS had input into the responses and these were communicated to members via the monthly newsletter, Parallel Vision.

The AHPF is active in the Health Care Professionals Commissioning Network in order to influence how the intended **GP-led commissioning** approach develops. An integrated approach to commissioning with close involvement of local AHP clinical leaders will enable appropriate AHP services to be provided to local users. This is particularly important when considered alongside the intent to integrate health and social care provision as there will be a need for commissioners to understand and use the joined up thinking that underpins the delivery of services that currently span boundaries of both care and funding.

Therefore, continued engagement is needed nationally and locally.

The impact upon posts that can come from restructuring is a concern when it comes to looking at the overall leadership and, particularly, the clinical leadership activity that is taking place. Leadership continues to be an important part of AHPF activity. The AHPF has been and is involved with three important leadership development initiatives being undertaken in England; the AHP Leadership Challenge, the development of Clinical Leadership Fellowships and the Institute for Innovation and Improvement project to develop a Clinical Leadership Competency framework.

Earlier in the year the AHPF was part of a campaign to see off a threat to **education commissioning** resulting from inappropriate workforce guidelines. However, the threat has not completely gone and the AHPF continues to work on this agenda as does BIOS both through the ahpf and the Centre for Workforce Intelligence.

The Workforce Survey is crucial to provide accurate evidence for these consultations and our thanks go to all Heads of Service for completing these. The primary influence the AHPF has over workforce planning is through the **AHP Professional Advisory Board** where the four AHPF representatives continue to play an active role.

Meanwhile in Scotland and Northern Ireland development of the agenda has continued with pace. In Scotland, AHPs continue to work strategically with NHS Education for Scotland (NES) producing a variety of education opportunities and resources. The AHP Team have put together a plan for 2011 to 2014. In August 2010, the AHP Team produced the document **Listening and Learning from You**. It contained the AHP Team's 3-year plan.

As you can see, the collective voice of AHPs can be more powerful on the national stage than a single small professional group and BIOS will continue to champion the orthoptic profession through this federation.

Lesley-Anne Baxter
Chair BIOS a& BOS TU

International Orthoptic Association (IOA)

All BIOS members are members of the IOA and enjoy access to the website and the debate and developments that take place in the international community of orthoptics.

The main aims for the IOA for 2010-2011

- The IOA Council of Management is discussing the production of world minimum standards for clinical practice;
- In light of protecting the profession, the IOA Council of Management aims to have a representation at all the major scientific meetings in the area of orthoptic practice;
- In January 2011 the new President of the IOA was elected and Karen McMain of Canada was elected to be the IOA President from 2012 until 2016.

Journal – ‘Strabismus’

The orthoptic presence on the Editorial Board of Strabismus has been increased by an IOA representative and following an election by the Council of Management, Connie Koklianis from Australia.

Gail Stephenson
BIOS Representative IOA Council of Management

7 | RECOGNISING OUTSTANDING ACHIEVEMENTS



Back row L-R: Sarah Shea, Gail Stephenson, Helen Davis, Valarie Brown and Jean Voller.
Front row: The late Patricia Blackburn and Rosie Auld.

BIOS Fellowship Awards 2010

The British and Irish Orthoptic Society awards fellowships of the society to deserving members and professionals who have furthered the profession of Orthoptics. Nominations for fellowships are made at BIOS council and the awards are presented on the day of the Society's AGM.

This year BIOS council are recognising the significant contribution the following members of the profession have made to both the professional body and the practice of Orthoptics.

Patricia Blackburn

Patricia was the first chair of the Irish branch of BIOS and instrumental in setting up the branch. Patricia sadly passed away in 2010; she was an inspirational leader and demonstrated this in subsequent roles she held as AHP commissioner and CHPO Northern Ireland, the potential for Orthoptists to take on the most senior DH roles. She is much missed by colleagues and friends.

Bronach Cooper

Bronach has been an advocate of sharing good practice. She has worked tirelessly to promote cross boarder joint learning and professional development.

Sarah Shea

Sarah's role as Editor of the British and Irish Orthoptic Journal has been fundamental in promoting evidence based practice. Sarah strived to ensure that the content of the journal reflected the highest standards of Orthoptic research.

Valarie Brown

Valarie has been an innovative leader for the profession of Orthoptics in Scotland. Her lobbying at the highest level has allowed the recognition of the Orthoptic profession as a major player in the delivery of eye care services in Scotland.

Helen Davis

Helen Davis is responsible for the establishment of the undergraduate Orthoptic education programme at the University of Sheffield. She is a highly regarded academic and clinical educator with an internationally recognised research profile. Her role as council member of the Health Professions Council and subsequently HPC education committee member demonstrate her commitment to the highest standards of Orthoptic practice.

Gail Stephenson

Gail is responsible for the establishment of the undergraduate Orthoptic education programme at the University of Liverpool. Gail is a highly regarded academic and clinical educator which was recently recognised in her appointment as the chairman of the Scientific programme committee of the IOA for the 2012 International Orthoptic Congress.

Jean Voller

Jean has played a fundamental role in the British Orthoptic Society and the development of the British and Irish Orthoptic Society. She has undertaken a range of high level roles, (Northern branch chairman, honorary secretary, honorary chairman and honorary treasurer) for society.

Rosie Auld

Rosie has raised the profile of the profession of Orthoptics within the UK and Ireland more than any single member of the profession in the last 10 years. She has given selflessly of her time to the profession, professional body and trade union undertaking numerous roles in BIOS/BOS TU (formerly BOS) culminating in her chairmanship in 2004. During her time as chairman Rosie has exceeded all expectations. Her pioneering work on the BIOS workforce survey has been recognised by DH England as the "gold standard" in workforce data and this has secured the increase of undergraduate commissions where other professions commissions were frozen or reduced thus securing the future of the profession.

The impact of Rosie's contribution to the profession and professional body cannot be underestimated and the profession owes her a debt of gratitude.

BRITISH AND IRISH ORTHOPTIC SOCIETY

(a company having no share capital and limited by guarantee)

Summarised accounts year ended 31st December 2010

Executive committee report

In common with other AHP professional bodies we have seen a continued reduction in income from vacancy adverts due to the facility of NHS employers to advertise at no cost on the NHS jobs website. This means that our income is now almost entirely from membership subscriptions. Membership numbers were generally stable for 2010; it is vital, for the future of the Society and indeed the profession that we retain the high percentage of Orthoptic HPC registrants as members.

BIOS Council of Management have explored options for making cost savings within our current income with the aim of running BIOS as efficiently as possible. Balancing representation of members against the need to live within their means needs constant review to ensure that it provides the best value for BIOS members.

Economic recession has significantly affected many of the health-profession bodies; the effect is seen directly and indirectly. During 2009 BIOS members voted to freeze membership fees for 2011 at 2010 levels. Fees for 2012 will be increased as agreed at the AGM on 12th June 2010.

Plans for the future

In the recent past, BIOS has had few opportunities for revenue generation beyond membership subscriptions. The maintenance of membership numbers will continue to be the main focus for securing the long term future of the Society. The Society is therefore actively taking steps to develop a more commercial approach towards revenue generation in areas such as advertising, sponsorship and, potentially, new categories of membership.

All expenditure is being reviewed & careful budgeting is necessary to ensure BIOS can live within its means whilst aiming not to compromise vital member representation or services.

BRITISH AND IRISH ORTHOPTIC SOCIETY

(a company having no share capital and limited by guarantee)

Statement of financial activities year ended 31st December 2010

These summarised accounts, which have been extracted from the audited accounts approved on 25th March 2011 may not contain information for a full understanding of the financial affairs of the charity. For further information the full annual accounts, the auditors' report on those accounts and the Trustees' annual report may be obtained from the British and Irish Orthoptic Society.

INCOME AND EXPENDITURE	Notes	Unrestricted Funds £	Restricted Funds £	Total 2010 £	Total 2009 £
Incoming Resources					
Members' subscriptions		244,128	-	244,128	195,317
Grants and donations		50	-	50	1,000
Investment income		2,479	-	2,479	2,544
Interest received		589	180	769	1,786
Sundry sales		2,781	-	2,781	299
Journal income		24,493	-	24,493	-
Course income		40,540	-	40,540	-
Branch income		1,208	-	1,208	-
		316,268	180	316,448	200,946
Charitable Expenditure					
Costs of activities in furtherance of the objects of the charity:					
Branch grants		1,335	-	1,335	2,769
International Orthoptic Association fees		2,788	-	2,788	3,003
Support staff salary costs		45,097	-	45,097	61,800
Charitable Activities		105,107	180	105,287	76,363
Support costs	2	108,943	-	108,943	79,285
Governance costs	3	23,984	-	23,984	22,218
Total Resources Expended		287,254	180	287,434	245,438
Net income/(expenditure) for the year before other recognised gains and losses					
Unrealised gain on investments		29,014	-	29,014	(44,492)
		2,660	-	2,660	5,715
Net Movement in Funds		31,674	-	31,674	(38,777)
(being net income/expenditure for the year)					
Fund balances at 1st January 2010		25,285	34,743	60,028	98,805
Fund Balances at 31st December 2010		56,959	34,743	91,702	60,028

The statement of financial activities includes all gains and losses recognised in the year. None of the company's activities were acquired or discontinued during the above two financial years.

BRITISH AND IRISH ORTHOPTIC SOCIETY

(a company having no share capital and limited by guarantee)

BALANCE SHEET

31st December 2010

	Notes	2010	2009
		£	£
FIXED ASSETS			
Tangible fixed assets		1,978	3,909
Intangible fixed assets		1,782	2,674
Investments - Quoted		49,317	46,657
- Group company	4	2	2
		<u>53,079</u>	<u>53,242</u>
CURRENT ASSETS			
Debtors and prepayments	5	115,173	119,260
National Savings Bonds		18,000	18,000
Cash at bank and in hand		214,685	143,904
		<u>347,858</u>	<u>281,164</u>
CURRENT LIABILITIES			
Amounts falling due within one year:			
Creditors	6	39,509	16,501
Subscriptions in advance		269,726	257,877
		<u>(309,235)</u>	<u>(274,378)</u>
NET CURRENT ASSETS		38,623	6,786
		<u>91,702</u>	<u>60,028</u>
FUNDS			
Unrestricted		56,959	25,285
Restricted	7	34,743	34,743
		<u>91,702</u>	<u>60,028</u>

The accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

BRITISH AND IRISH ORTHOPTIC SOCIETY

(a company having no share capital and limited by guarantee)

Notes to the financial statements year ended 31st December 2010

1. Accounting policies

The financial statements have been prepared in accordance with the Accounting and Reporting by Charities Statement of Recommended Practice (SORP) issued in March 2005, the Companies Act 2006 and applicable accounting standards. A summary of the more important policies, which have been applied consistently, is set out below:

- a) The financial statements have been prepared under the historical cost convention except for the revaluation of fixed asset investments in accordance with the Charities Statement of Recommended Practice. An income and expenditure account is not provided since all necessary information is contained in the Statement of Financial Activities.
- b) The financial statements do not include the financial affairs of the Society's branches since the Executive Committee do not consider these material to the understanding of the accounts.
- c) Credit for subscriptions, investments and other income is taken in the year to which that income relates.
- d) Expenditure is charged as incurred and provision is made for all known liabilities.
- e) Depreciation is provided using the following rates to reduce by annual instalments the cost of the tangible assets over their estimated useful lives:
Fixtures and fittings - 20% straight line
Computers - 20% straight line
Assets costing less than £500 are written off in the year of acquisition.
- f) Intangible assets are valued at cost less accumulated amortisation. Amortisation is calculated to write off cost over its estimated useful life commencing in the first year of use. Intangible assets have been reviewed for impairment at 31st December 2010 and will be reviewed in other periods if events and changes in circumstances indicate that the carrying values may not be recoverable. Amortisation is charged as follows:
Website - 20% straight line
- g) The Society is not subject to taxation, being a registered charity.
- h) The financial statements do not include a cash flow statement because the company, as a small reporting entity, is exempt from the requirement to prepare such a statement under Financial Reporting Standard 1 "Cash Flow Statements".
- i) The company and its subsidiary comprise a small group. The company has therefore taken advantage of the exemption provided by Section 398 of the Companies Act 2006 not to prepare group accounts.
- j) Legacies are recognised when the entitlement to the bequest is confirmed and the amount quantified.

2. Support costs

	2010	2009
	£	£
Rent, rates and power	26,705	30,552
Office and relocation costs	30,188	17,788
Insurance	12,755	9,895
Repairs and maintenance	32	112
Depreciation	1,931	1,931
Amortisation	892	2,655
Telephone and postage	14,377	15,376
Bank charges	367	382
AHPF	1,019	594
Charity donations	50	-
Development Project	20,627	-
	<u>108,943</u>	<u>79,285</u>

The average number of staff involved in administration of the charity was two (in 2009 this figure was also two). No employees earned in excess of £60,000 per annum and no trustee received any remuneration during the year.

3. Governance costs

	2010	2009
	£	£
Committee and Officers' expenses	6,085	6,243
Auditors' remuneration	4,000	4,450
Accountancy costs	599	1,775
Legal and professional fees	4,200	2,045
AGM, including ballot	8,789	7,485
Sundry	311	220
	<u>23,984</u>	<u>22,218</u>

The total auditors' remuneration for the group including additional services and VAT amounts to £5,299. (2009: £5,620).

4. Group company investments

The trading subsidiary at the balance sheet date was BOS Services Limited of which the company owned 100% of the ordinary share capital valued at £2, being the nominal value.

The capital and reserves of the subsidiary as at 31st December 2010 amounted to £1,271 (2009: £2,417).

Turnover for the year was £24,371 (2009: £71,699) and the company made a loss of £1,146 (2009: profit of £2,119).

5. Debtors and prepayments

	2010	2009
	£	£
Trade debtors	79,083	71,993
Prepayments	10,754	15,977
Funds at stockbrokers	9,745	9,944
Sundry debtor	1,859	3,868
Due from BOS Services	13,732	17,478
	<u>115,173</u>	<u>119,260</u>

6. Creditors

	2010	2009
	£	£
Trade creditors	14,978	2,159
Due to Trade Union	2,944	2,704
Taxation and social security	914	1,168
Accruals	5,444	4,780
Deferred grant income	7,000	5,500
Sundry creditors	8229	190
	<u>39,509</u>	<u>16,501</u>

7. Restricted funds - Special Purposes Fund

The Special Purposes Fund was set up using the £21,550 received from a legacy donated by Mr. Cameron. This is restricted and is used for particular education and training projects.

Movements during the year have been adjusted:

	2010	2009
	£	£
Interest income (COIF account)	180	420
Surplus in year	180	420
Fund brought forward	34,743	34,323
	<u>34,923</u>	<u>34,743</u>

Independent auditor's statement on the summarised financial statements to the Trustees of the British and Irish Orthoptic Society

We have examined the Summarised Consolidated Statement of Financial Activities, Balance Sheet and Accounting Policies of the British and Irish Orthoptic Society for the year ended 31st December 2010.

Respective responsibilities of the Trustees and Auditors

The trustees are responsible for the preparation of the summarised financial statements in accordance with the recommendations of the charities SORP and the Companies Act.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements with the full financial statements and the Trustees' Annual Report. We also read the other information contained in the summarised financial statements and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of Opinion

We consider our work in accordance with Bulletin 1999/6 'The Auditors' Statements on the Summary Financial Statements' issued by the Auditing Practices Board. Our report on the Society's full annual financial statements describes the basis of our audit opinions on those financial statements.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and Trustees' Annual Report of the British and Irish Orthoptic Society for the year ended 31st December 2010.

CROUCH CHAPMAN
62 Wilson Street
London EC2A 2BU
Chartered Accountants
Statutory Auditors

25th March 2011

BRITISH AND IRISH ORTHOPTIC SOCIETY COUNCIL, BRITISH ORTHOPTIC SOCIETY TRADE UNION COUNCIL, COMMITTEES AND SPECIAL INTEREST GROUPS

BIOS Council of Management

Sue Atley
Rosemary Auld (Chairman until June 2010)
Lesley Anne Baxter (Chairman from August 2010)
Shelagh Baynham (Vice Chairman)
Meriel Cross
Avril Farquhar
Lindsey Hughes (Vice Chairman)
John McCance
Rowena McNamara (until November 2010)
Maura Macklin
Suzanne Martin
Jacky Nolan
Alison Stanley
Linda Passey (from September 2010)
Alison Price
Fiona Rowe
Gail Stephenson
Catherine Stewart
Jennifer Stewart
Gareth Watts (until September 2010)

BOS Trade Union Council of Management

Sue Atley
Pamela Anketell
Rosemary Auld (Chairman until June 2010)
Shelagh Baynham (Vice Chairman)
Lesley Anne Baxter (Chairman from August 2010)
Meriel Cross
Avril Farquhar
Lindsey Hughes (Vice Chairman)
Rowena McNamara
Maura Macklin
Suzanne Martin
Jacky Nolan
Alison Stanley
Jennifer Stewart
Gareth Watts

Finance and General Purposes Committee

Rosemary Auld (Chairman until June 2010)
Lesley Anne Baxter (Chairman from August 2010)
Shelagh Baynham

Meriel Cross
Lindsey Hughes
John McCance
Suzanne Martin
Jacky Nolan
Jennifer Stewart

Professional Development Committee

Rosemary Auld
Shelagh Baynham
Lindsey Hughes
Patrick McCance
Caroline Morris Katerina Mappouras
Nadia Northway
Anna O'Connor
Alison Price (Chairman)
Joy White

Education Committee

Rosemary Auld (Chairman until June 2010)
Shelagh Baynham
Lesley Anne Baxter (from August 2010)
Marie Cleary (Chairman from June 2010)
Helen Davis
Sharon Evans
Veronica Greenwood
Cassie Harcourt
Lindsey Hughes
Geraldine McBride
Gail Stephenson

British and Irish Orthoptic Society Special Interest Group Coordinators

Glaucoma

Lorraine North

Low Vision

Vacant

Specific Literacy Difficulties

Sarah Peel

Stroke and Rehabilitation

Tracey Shipman

Vision Screening

Vacant

BRITISH AND IRISH ORTHOPTIC SOCIETY

BRANCH COMMITTEES

Northern Branch Committee

Sue Atley (Secretary)
Fiona Beckett
Meriel Cross (Chairman)
Veronica Greenwood
Rachel Horner
Adam Kennaugh
Sandra Medforth (Treasurer)
Anna O'Connor

Southern Branch Committee

Rhiannon Bader
Lesley-Ann Baxter (Chairman until August 2010)
Sarah Brown
Chloe Lafferty
Rowena McNamara (Secretary until November 2010)
Bhavna Singh
Una Sperring
Mary O'Sullivan (Treasurer)
Joy White
Jane Woods

Midland Branch

Dawn Brazier (Treasurer)
Suzanne Clarke
Sharon Evans
Katerina Mappouras
Jacky Nolan (Chairman)
Alison Price
Alison Stanley (Secretary)
Tajinder Virk
Francesca Wood

Scottish Branch

Alison Baxter
Jill Beaton
Marie Cleary
Avril Farquhar (Secretary)
Lisa Gibson
Rachel McKay
Nadia Northway
Lee Pentland
Jennifer Stewart (Chairman)
Janice Waterson Wilson (Treasurer)

Irish Branch

Pamela Anketell
Jacqueline Boyle, (Treasurer)
Sheila Callinan
Alexandra Duncan
Jane Hanley
Maura Macklin (Secretary)
Tony McAleer
Geraldine McBride
John McCance (Chairman)
Patrick McCance

Welsh Branch

Clare Berry
Mark Deacon
Suzanne Martin (Chairman)
Yvonne Millward (Treasurer)
Susan Osley
Linda Passey (secretary from September 2010)
Sarah Shea
Gareth Watts (secretary until September 2010)

8 | BRITISH ORTHOPTIC SOCIETY (TRADE UNION) ANNUAL REPORT AND STATEMENT OF ACCOUNTS 2010

BOS Trade Union Chairman's Report

This year saw significant changes in the NHS along with other public sector organisations. The change of Government meant that the Operating Framework for the NHS in England gathered pace. The Operating Framework, launched in December 2009, indicated that the NHS had to deliver £15-£20 billion efficiency savings and along with the white Paper Liberating the NHS, the rate of change has increased significantly.

For BOS this has meant supporting members through change the like of which has never been experienced in NHS history. Across all 4 UK countries and the Republic of Ireland cost savings have hit the workforce in ever increasing ways. Heads of Service are being required to make cost efficiencies which generally mean not replacing staff that leave, as well as increasing their clinical commitment which means administrative duties are completed outside working hours. This has meant greater pressures on all clinicians to maintain a quality service under greater financial pressures. This will undoubtedly add to the work of the local TU representatives and our Service Level Agreement with the Chartered Society of Physiotherapists.

It is vital that we have a good communication system with our local reps in times where Foundation Trusts and Health Boards have more power in changing terms and conditions of employment. The most recent issue has been a move to stop incremental pay but the national staff side, where BOS has a seat, has rejected this at national level. The local reps are imperative in ensuring BOS has a voice at local level as well as ensuring the Chair can raise local issues at national level.

The Social Partnership Forum is a strategic group where BOS has a seat and this year has seen the Forum raise its profile. It has been involved in replying to the White Paper raising the Unions concerns about the pace of change and the change of emphasis from the NHS being the provider of choice to "any willing provider". The government's view is that local people will be able to determine care needs but with the demise of the Strategic Health Authorities in England and the restructuring and merger of Health Boards clinical governance may well be a significant issue when other providers begin to influence GP commissioning of services.

“

We are also piloting a new online training package for local reps and, hopefully, once we have all the evaluation forms returned and made the changes required this will be rolled out and built on for all local reps. ”

The NHS pension scheme has undergone significant change over the past few years and BOS informed members of the Choice agenda in articles in Parallel Vision. However there are still changes that will occur to the pension's contributions and I represent BOS on the Trades Unions Leads Forum where we have raised our concerns to the Pensions Minister. As soon as any changes are known we will publish them in PV.

The workforce survey again proved invaluable in collating information for the evidence to the Pay Review Body. This evidence will determine the needs of the NHS workforce both in terms of pay but also in terms and conditions of employment. While it is recognised that it takes some effort on behalf of Heads of Service to complete this survey I cannot emphasise enough the number of times I have used the information, both for giving examples of service provision for MPs and Health Ministers, to examples of down banding issues and restructuring. The workforce survey also is used by the Centre for Workforce Intelligence in influencing undergraduate places and therefore our university places and so our profession in numerous ways.

I would like to take this opportunity to thank Rosie Auld again for all her hard work in setting up and collating information on the workforce survey and for her advice this year on the topic as special advisor to BOS.

We are also piloting a new online training package for local reps and, hopefully, once we have all the evaluation forms returned and made the changes required this will be rolled out and built on for all local reps. This is an exciting new development that should ensure regular and relevant training is available to all new and current reps.

The next few years will be a difficult transition for BOS in terms of both workforce and pay. However, these challenges may also be viewed as opportunities but they will not occur without all members' involvement in the process. We need to engage at local as well as national level, we need you to engage in the decision processes with your GPs in England and Health Boards in the devolved countries and by increasing awareness to local commissioners and decision makers we can make a difference.

Lesley-Anne Baxter
Chair BOS

BRITISH AND IRISH ORTHOPTIC SOCIETY

Industrial Relations Account

31st December 2010

	Notes	2010	2009
		£	£
Members' subscriptions		33,500	59,977
CSP and Alliance costs	24,607		24,029
Travel and committee expenses	4,361		6,217
Membership and other fees	3,211		2,336
Salary and office costs	1,057		2,307
General meetings	-		956
Local rep training	24		13,281
Legal fees	-		10,851
		<u>(33,260)</u>	<u>(59,977)</u>
SURPLUS FOR THE YEAR		240	-
ACCUMULATED SURPLUS BROUGHT FORWARD		2,704	2,704
		<u>2,944</u>	<u>2,704</u>
ACCUMULATED SURPLUS CARRIED FORWARD			
REPRESENTED BY:			
Sundry debtors	2	<u>2,944</u>	<u>2,704</u>

Notes to the financial statements

Year ended 31st December 2010

1. Accounting policies

The financial statements have been prepared in accordance with applicable Accounting Standards. A summary of the more important policies, which have been applied consistently, is set out below.

- The financial statements have been prepared under the historical cost convention.
- Credit for subscriptions, investments and other income is taken in the year to which that income relates.
- Expenditure is charged as incurred and provision is made for all known liabilities.
- The financial statements do not include a cash flow statement because the Union, as a small reporting entity, is exempt from the requirement to prepare such a statement under Financial Reporting Standard 1 "Cash Flow Statements."

2. Sundry debtors

	2010	2009
	£	£
Due from British and Irish Orthoptic Society	<u>2,944</u>	<u>2,704</u>



British and Irish Orthoptic Society

British and Irish Orthoptic Society

Registered office: 62 Wilson Street, London EC2A 2BU

Telephone: 01353 665541 www.orthoptics.org.uk

Limited Company number: 1892427.

Registered Charity number: 326905

Directors: Lesley-Anne Baxter, Lindsey Hughes

Solicitors: Carter Lemon Camerons, 11 Bream Buildings, London EC4A 1DW

Bankers: Unity Trust Bank plc, 9 Brindley Place, Birmingham B1 2HB

Auditors: Crouch Chapman, 62 Wilson Street, London EC2A 2BU

Stockbroker: Gerrard Ltd, 29 Windsor Place, Cardiff CF10 3BZ