



Irish College of  
Ophthalmologists  
Eye Doctors of Ireland  
Protecting your Vision

# Newsletter

ISSUE 28

SPRING 2021

## Message from the President



Dear Colleagues,

I hope you all enjoyed the Easter break and are keeping well during these continued challenging times. Having now passed the one-year date since the beginning of the pandemic, it has been an unforeseen prolonged and difficult experience for so many but we are optimistic of the better days ahead in the coming weeks and months.

As members will be aware, our Annual Conference is currently under review pending the continued on-schedule roll out of the vaccine programme, and our hope is to be in a position to host a hybrid (in-person and virtual) conference towards the latter part of this year.

In the absence of our gathering in spring, the ICO is keen to ensure our community has the opportunity to meet virtually for a webinar session ahead of the summer and will be in touch with details of this meeting over the coming weeks.

We are delighted to announce a new monthly online discussion forum for our members, the ICO ONE Network Journal Club, utilising our membership wide access to the American Academy's education platform. Members can read about the new session in this newsletter edition.

As a registered charity, the College Board and Executive are currently undertaking and focused on governance structure work to ensure our compliance with the Charities Regulatory Authority. An update on these activities feature in this edition and we encourage members to view new updates on the ICO website 'About Us' section.

We thank all who contributed to our spring newsletter, including the Medical Protection Society, the new National Office for Research Ethics Committees and Dr Jennifer Yates, who outlines the 'WellAble' Initiative for doctors.

We hope you enjoy perusing this latest update on College and industry news and I sincerely look forward to our next opportunity for discussion..

With Best Wishes  
PATRICIA QUINLAN

## Diabetic RetinaScreen

**D**iabetic RetinaScreen (DRS), the National Diabetic Retinal Screening Programme, has introduced a two-yearly screening pathway for screening participants who are deemed eligible. The new pathway has been in operation from 16 February.

Prior to this, DRS invited programme participants for diabetic retinal screening once a year. This has now changed to a two-yearly appointment for people who fulfil certain criteria. If a person has received a result of 'no retinopathy' from their previous two screenings, their next DRS screening invitation will be two years from the time of their last screen.

The new pathway will reduce the number of screening appointments and reduce unnecessary clinic visits and examinations. Other countries that offer

two-yearly screening intervals include Canada, Denmark, Finland, Iceland and Scotland.

Announcing the update, Prof David Keegan, Clinical Director of Diabetic RetinaScreen said: "International evidence shows that if a person has two consecutive results of 'no retinopathy', it is safe for them to attend their screening appointment every two years. People who have had two consecutive results of 'no retinopathy' have been found to be at very

*Continued on page 2* ➔



Pictured at the official announcement of the new Diabetic RetinaScreen (DRS) two-yearly interval are, from left: DRS Clinical Director Prof David Keegan, DRS Programme Manager Colette Murphy, DRS Deputy Programme Manager Helen Kavanagh.



Published by:  
**Irish College of Ophthalmologists**  
121 St Stephen's Green, Dublin 2.  
Tel 01 402 2777

e: [info@eyedoctors.ie](mailto:info@eyedoctors.ie) • w: [www.eyedoctors.ie](http://www.eyedoctors.ie)  
t: [@eyedoctorsirl](https://twitter.com/eyedoctorsirl) • RCN: 20028039

If you would like to make any suggestions for future issues of the College Newsletter please contact  
**Ciara**  
[ciara.keenan@eyedoctors.ie](mailto:ciara.keenan@eyedoctors.ie)

low risk of progressing to retinopathy between screens.”

If a person is suitable to avail of a two-yearly screening, DRS will let them know. They will then be invited for screening every two years. Then, if their next screening results detect retinopathy, they will be returned to annual screening or referred for treatment.

Minister for Health, Stephen Donnelly, welcomed the implementation of the two-yearly screening pathway for those participants who are deemed eligible, confirming he was happy to approve this recommendation from the National Screening Advisory Committee (NSAC), following their rigorous and independent assessment of the evidence in line with international best practice.

Minister Donnelly acknowledged the important work undertaken by HIQA in supporting the NSAC in reviewing the evidence for this decision.

Professor Niall O’Higgins, Chair of the National Screening Advisory Committee (NSAC), acknowledged the implementation of the new pathway noting that the National Screening Advisory Committee (NSAC) is an independent advisory committee that advises the Minister for Health on all new proposals for population-based screening programmes and revisions to existing programmes, in line with international best practice.

Prof O’Higgins said, “The NSAC considered and approved a formal application from the Diabetic RetinaScreen Programme to extend the interval between screens from 1 to 2 years for people with diabetes who are at low risk of developing sight-threatening diabetic retinopathy, and recommended to the Minister that he approve the modification to the Programme.

Prof O’Higgins acknowledged the valuable support given to the NSAC by HIQA in reviewing and analysing the evidence and assisting NSAC in reaching the decision to recommend the change.

“In making this recommendation, the NSAC also highlighted the importance of communicating and reassuring eligible participants of the changes, and I am pleased to see the early implementation by the Diabetic RetinaScreen Programme of the new pathway.”

People who have questions about diabetic retinopathy are invited to contact the Freephone line on 1800 45 45 55 or email [info@diabeticretinascreen.ie](mailto:info@diabeticretinascreen.ie).

# ICO Governance Structure Work

**As a registered Charity, the ICO operates in a regulated sector and is committed to our compliance with the requirements of the Charities Governance Code.**

The Charities Regulatory Authority (CRA) was created as an independent statutory body in 2014 under the Charities Act 2009. It aims to build public trust and confidence in the management and administration of charitable organisations.

The Irish College of Ophthalmologists is registered with the CRA and as such is required to report on its activities and finances to the Regulator on an annual basis.

Throughout the past year, the ICO undertook a focused programme of work to guide the College through the Governance Code compliance work and to support greater understanding of our charitable status and obligations.

The College worked with governance expert, Mr David Duffy to develop and update our governance structures, policies and procedures. Mr Duffy worked closely with the ICO Board of Directors, the Chair and the CEO including an induction workshop in September 2020.

The following is an update on key areas of work the ICO is undertaking in establishing the required governance structures to comply with the Charities Regulatory Authority (CRA) and our commitment to our charitable purpose to advance developments and improvements in eye health and patient safety through education, training, research and service development.

## ICO Constitution

A review and subsequent update to the ICO Constitution to bring it into line with company law was undertaken and approved by ICO membership in 2020.

ICO membership were consulted

throughout the process and invited to review the draft Constitution ahead of the official vote for approval of the updated document, which was passed at an ICO EGM, held on December 19, 2020.

The approved ICO Constitution is available to view on the ICO website ‘About Us’ section and on the ICO members’ portal.

## ICO Annual Report

Under the Charities Act 2009, every charity registered in the State must provide an Annual Report to the Charities Regulator.

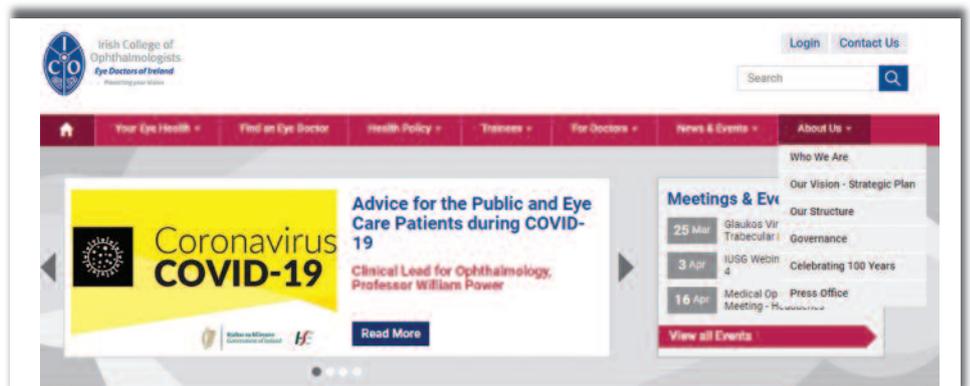
The ICO Annual Report for 2020 is currently in development, and a draft will be presented to the ICO Board for approval, ahead of presentation to our membership at the 2021 AGM and publication on the Public Register of Charities website.

The purpose of the Annual Report is to inform ICO members, trainees, and stakeholders on the focus and function of the work carried out by the College in line with the principles of governance and our charitable purpose as an educator and advocate for the protection of the highest standards of eye care.

The Annual Report is an opportunity to showcase the important work carried out by the College through our activities under our management categorisation and to demonstrate our commitment to good governance, transparency and accountability.

## ICO Communications

Communications is an effective means of sharing our story, achievements and our aspirations – the vehicle for us to ‘say



what we do, and demonstrate how we do it'. We endeavour to ensure there is clear communication and understanding of our activities in line with our charitable purpose, among our membership and all stakeholders.

The ICO uses a range of channels for a defined programme of internal and external communications to promote engagement and understanding of our governance structure work, the activities we undertake and our obligations as a registered charity.

The main channels of communication used by the College include our members' newsletter, the ICO website [eyedoctors.ie](http://eyedoctors.ie), social media via twitter @eyedoctorsirl, the ICO members portal and online discussion forum, our press office and the publication of an Annual Report.

Communication with our internal and external audiences is of equal importance. Messaging and our actions must be aligned and unified.

## Eyedoctors.ie

The ICO website is an important 'public facing' platform which allows us to communicate our main activities and our function.

It is also positioned as an important resource for patients, with a dedicated 'Your Eye Health' section.

The website hosts a directory of ICO members. This has proven to be a very important resource and one of the most visited functions on our site so is continuously under review and updated. ICO position papers, statements, press releases and transparency in relation to the ICO support of the governments eye care and broader health policy are also published on our website under the News & Health Policy sections

The ICO recently updated our 'About Us' section of the website to outline our governance structure and supporting documentation.

**Structure**

**Board of Directors**

Patricia Quinlan →  
President and Chair of the Board

Tim Fulcher →  
President Elect

**Directors:**

Aileen Blake	Neil Card	Marianne Hillery	Colin O'Sullivan	Siobhán O'Sullivan
Paul O'Sullivan	Nathaniel McCree	John Davis	Paul Connell	James Egan
Gary Jones	Steve Duff	Melissa McGuire	Caroline Duff	

A number of voluntary committees of the Board focus and advise on the specific areas of ICO activity, including Speciality Training and Continuing Medical Education.

**Dean of Post Graduate Education**

Travis Bolger

**National Clinical Lead in Ophthalmology**

William Funn

**College Executive**

- CEO: Siobhán Kelly 01 402 2777 [siobhan.kelly@eyedoctors.ie](mailto:siobhan.kelly@eyedoctors.ie)
- Training Programme Manager: Rebecca Martin 01 402 2777 / 086 078 7603 [rebecca.martin@eyedoctors.ie](mailto:rebecca.martin@eyedoctors.ie)
- Professional Competence Manager: Niamh Coen 01 402 2777 [niamh.coen@eyedoctors.ie](mailto:niamh.coen@eyedoctors.ie)
- Communications Manager: Ciara Keenan 01 402 2777 / 086 369 4427 [ciara.keenan@eyedoctors.ie](mailto:ciara.keenan@eyedoctors.ie)
- Membership Services Manager: Clara Keenan 01 402 2777 / 086 369 4427 [clara.keenan@eyedoctors.ie](mailto:clara.keenan@eyedoctors.ie)
- Administrator: Marian Scully 01 402 2777 [marian.scully@eyedoctors.ie](mailto:marian.scully@eyedoctors.ie)

## ICO Members Portal

2020 saw the growth of the members portal following its successful introduction to members in January 2019.

As we all know COVID 19 has accelerated the need for digital communication. The portal is the ICO's primary means of communication with our membership & trainees. We can see it has become a trusted and secure network where members can manage their own accounts, register for ICO meetings, access PCS resources, ICO Policy and Training documents and other pertinent ICO updates and communication.

The web portal is also a very efficient management tool for our organisation's administrative activities.

The portal function and resources will continue to expand, with plans for additional learning modules and online discussion promoting membership engagement.

## ICO ONE Network Journal Club

The College is delighted to launch a new online monthly discussion session 'ICO ONE Network Journal Club', supporting continuing medical education opportunities for members.

The Journal Club sessions will put a spotlight on a key area of subspecialty focus each month and will in particular utilise our member-

ship wide access to the American Academy ONE Network global educational platform.

The ICO pays an annual group subscription fee to enable access for our members to the AAO ONE Network portal.

The resource includes over 2,100 videos covering all subspecialties, including videos and over 4,300 clinical images, full access to publications including: Ophthalmology, Canadian Journal of Ophthalmology and American Journal of Ophthalmology, self-assessment, including "Diagnose This" quizzes, "Master Class" video series: and more.

Each month a number of resources focused on a particular subspecialty area will be highlighted on the ONE network. These highlighted resources will be flagged with members by email in advance of the session, with a follow up virtual Lunchtime discussion group scheduled, led by the Doctor who chose the resources, to discuss the article/case study and any issues arising.

The virtual session will be held over zoom at the end of each month starting from the new PCS calendar year 2021-2022 in May.

*We look forward to updating all our members on the upcoming first session!*

AMERICAN ACADEMY OF OPHTHALMOLOGY

Search AAO.org Find an Ophthalmologist

For Ophthalmologists For Practice Management For Public & Patients

About Foundation Museum of the Eye

Ophthalmologists Practice Management Public & Patients

# WellAble Initiative

**Dr Jennifer Yates outlines a new initiative called 'WellAble' which has been created to support and advocate for doctors who are living, training and working in healthcare in Ireland with chronic illness and/or disabilities.**

Working and training in healthcare is a rewarding vocation however it can be mentally and physically challenging at times too. Most doctors are tasked with completing a clinical job, meeting training requirements, completing research projects, undertaking quality improvement work all whilst trying to maintain work: life balance and attend to their own personal wellness needs. Healthcare is not an occupation for the faint hearted that is for sure!

Now, I ask you to consider managing all the requirements above whilst managing a chronic illness and or a disability. Doctors are much more comfortable working with patients and advising them about their healthcare needs however when the time comes to sit on the other side of the table, it can be uncomfortable and at times an isolating experience. Doctors with chronic illnesses and or disabilities exist. WellAble is an initiative created by doctors to support and advocate for these doctors.

My name is Dr Jennifer Yates and I am a doctor who is part of the WellAble project. I was working as a paediatric registrar in 2016 when I was diagnosed with multiple sclerosis. I was unsure about who I could talk to about managing a chronic illness in the setting of a busy clinical job, what other alternative training roots might be available to me and if a career in medicine post diagnosis was realistic long term. I considered leaving medicine and retraining (SPOILER: It is and she didn't!). The trickiest thing however was the sense of isolation, no one else seemed to be sick or seemed to have struggled with their health in my circle of friends or my extended working environment. I have since discovered that I am not alone but many choose not to disclose their conditions at work, which is understandable.

Another topic that doctors often find particularly challenging to discuss is their mental health. It can be difficult for doctors to admit that they need help. Doctors are often reluctant to speak out and say, "I'm not ok" or "I need some help", they are more likely to self-medicate or ignore their issues until they are obliged to confront them. My colleague, Dr Philip Kavanagh is another doctor involved in the project who took time out of his medical

BST training due to difficulties with his mental health. He describes considering leaving medicine altogether and the initial difficulty of recognising the signs of his poor mental health. However, following some time out of programme, Phillip was able to return and complete his BST. Phillip notes that he found the support he received from his colleagues when he returned to clinical work invaluable in helping him to re-join the workforce again. They have both written pieces about their experiences which can be found on our WellAble website ([www.wellabledocs.ie](http://www.wellabledocs.ie)) here.

Just because you have a chronic illness and/or disability does not mean that you are not well able for the career in medicine and does not mean that you cannot contribute in a meaningful way. Ireland has taken steps in the recent past to create flexible training posts which is a great first step, a step which we hope will be the first of many.

WellAble strives to advocate for an inclusive profession and to support those managing working/training with a chronic illness and/or a disability. One aspiration I have for the WellAble project is to encourage a change that enables our caring profession to one in which we can have a discussion amongst colleagues about our health and for us not to be called 'brave' because it will simply be normal. I hope our profession is one that can understand and appreciate the value that those with chronic illness/disabilities can and do bring to the profession, as they have a lived experience of the system.

Little will change if we do not ask for better, ask for what we need. So I am asking you now, if you have are managing a chronic illness and or disability and wish to get involved in our initiative and/or add your story to our growing body of work, we would love to hear from you. If you are unsure who to ask for advice about managing your challenge in work, we would love to hear from you. If you simply wish to connect with other trainees who understand the added strain that managing a chronic illness and/or disability can have, we would love to hear from you. All contact made via the website is held in the strictest confidence. You can contact us via our website [www.wellabledocs.ie](http://www.wellabledocs.ie) or via email on [info@wellabledocs.ie](mailto:info@wellabledocs.ie)

## International Medical Graduate Training Programme Clinical Retina Fellowship

**The ICO was delighted to extend our support and commitment to the International Medical Graduate Training Initiative (IMGTI) with the introduction of a new sponsored Clinical Fellowship Programme in 2020.**

The IMG Clinical Fellowship Programme is aimed at International medical graduates who wish to develop ophthalmic sub-specialty surgical expertise.

In October 2020, the College welcomed our first sponsored clinical fellow, Dr Ammr Alghamdi from Saudi Arabia who commenced his Medical Retina fellowship in November. This is a two-year, subspecialty clinical fellowship in Vitreoretinal Diseases and Surgery. The fellowship is delivered by the Mater University Hospital and is being led by Prof David Keegan, Consultant Ophthalmic Surgeon, Mater Misericordiae University Hospital and Mater Private Hospital.

Joining the ICO ophthalmic community in Ireland through the bespoke Fellowship Programme will provide a unique opportunity for international doctors to experience to the highest degree the delivery of complex healthcare in a broadened environment.

We welcome Dr Alghamdi to Ireland and wish him every success and fulfilment during his two year fellowship.

The ICO will continue to expand and develop the IMG Clinical Fellowship Programme and welcome engagement with our members on potential opportunities for future fellowships.

# How to deal with aggressive patients

## report by Medical Protection

**Medical Protection's recent survey of 361 doctors found that over a third of doctors have experienced verbal or physical abuse from patients or patients' relatives during Covid-19. A further 7% of doctors reported receiving verbal or physical abuse outside of a medical setting. Dr Rachel Birch and Dr Clare Devlin, Medicolegal Consultants at Medical Protection, offer advice on handling an aggressive patient.**

Some patients who have a history of being aggressive may repeat their behaviour especially in times of widespread stress and uncertainty during this pandemic. However, it may seem uncharacteristic when other patients exhibit aggressive behaviour; this is a reminder that aggression may present as a feature of an underlying physical or mental condition.

It is helpful to have a hospital or clinic policy – placed in waiting room and on your website – that deals with aggressive behaviour and ensure that staff have received training in conflict avoidance. This may enable signs of aggression to be recognised at an early stage, such as body language signalling increasing frustration or anger, thus avoiding escalation.

### When faced with an aggressive patient

It is possible to defuse the situation by remaining calm and clearly demonstrating a willingness to help the patient. Try to avoid raising your voice or adopting confrontational body language, such as crossed arms or entering the patient's space. Allowing the patient to talk and listening to them often helps, as does acknowledging their feelings and perspective – understanding their point of view does not mean that you agree with it. Asking open questions may help calm the situation, or you might feel it is better to allow the patient to speak uninterrupted.

You can identify if the patient has any legitimate concerns, and if appropriate, apologise and offer to discuss and address any complaints, although a productive discussion is likely to take place at a later point when emotions are less heightened.

You need to be mindful of your own safety, considering whether you are in a

position to leave the room if necessary. In a situation of violence or anticipated violence, call the Gardaí, rather than attempting to physically escort the patient from the premises.

### Warning a patient about their behaviour

Ensure that any letter or communication that warns about the patient's behaviour is worded carefully, as it may be the trigger for a complaint. You should set out in neutral terms the behaviour you do not wish to be repeated, and the consequences, for example, that repeated incidents of a similar nature could result in consideration of the patient's future with the hospital or clinic. It can also be effective to start with an apology for any issues that had upset the patient, for example, delays or communication problems.

Explain that you understand that the patient may have been distressed or anxious, before then outlining that this is still not an excuse for unacceptable behaviour. It is helpful not to make direct accusations, but rather refer to any aggression or intimidation in terms of it being the perception of the staff concerned. You could add that you realise the patient might not have been aware of the effect of their behaviour and give them an opportunity to provide comments. This can often lead to an apology from the patient which enables swift resolution.

### After the incident

Debriefing with supportive colleagues can be valuable and generate useful learning points about ways to manage a similar situation in the future.

You should consider whether to document the patient's aggressive behaviour on a case by case basis. If you

believe it is likely to be relevant to their health, it should be documented in their medical record. The Medical Council advises that information recorded in the patient's notes must be accurate and up-to-date, consisting of the relevant information learned from or about patients. Their guidance emphasises that there should be no discrimination against patients on any grounds. Thus, instead of writing your opinion or merely stating that a patient was aggressive, it would be better to give a factual description of the words they used, their tone of voice, gestures and posture. It is important to remember that such information would need to be disclosed if the patient requests it under GDPR.

### Removal from the practice list

Removing patients is an emotive issue that can open up the potential for criticisms of poor care. Sometimes, though, the doctor-patient relationship breaks down to such an extent that it is in the patients' best interests for them to be treated elsewhere.

The Medical Council advises that, if you are unable to continue to care for a patient, you should advise them of this, being mindful that you still have an ethical duty to continue to care for the patient until alternative arrangements for their care are put in place. Remember, you remain under a duty to provide care in emergency situations at all times.

If you wish to discontinue treating a public patient, you should inform and provide reasons to the HSE. It is a good idea to notify the patient in writing that the HSE will make alternative arrangements for their care, as a matter of courtesy and good practice, and to avoid the patient making a complaint relating to poor communication. You should transfer any medical records promptly and provide care as appropriate in emergency circumstances.

### Reference

(1) <https://www.medicalcouncil.ie/news-and-publications/reports/guide-to-professional-conduct-ethics-8th-edition.html>

# The HSE Rainbow Badge

**The HSE Rainbow Badge is an initiative that aims to make a positive difference by promoting a message of inclusion for patients and staff who identify as LGBTI+ (lesbian, gay, bisexual, transgender, intersex; the + simply means inclusive of all identities, regardless of how people define themselves).**

*Dr Dani Hall, Consultant in Paediatric Emergency Medicine at CHI at Crumlin outlines the project championed by the HSE.*

## Why does it matter?

Mental health issues such as depression and anxiety are significantly more common in people who identify as LGBTI+. Many people still feel afraid to disclose their sexual or gender identity - being unable to do so often increases their risk of physical and mental health problems.

2018 saw the publication of Stonewall's *Unhealthy Attitudes*, highlighting shocking inequalities in healthcare for LGBTI+ patients in the NHS, with an appalling statistic of 1 in 7

patients avoiding treatment for fear of discrimination. These statistics are mirrored in Ireland: three-quarters of Irish LGBTI+ people feel healthcare providers lack knowledge and sensitivity to LGBTI+ issues, with almost 50% seeking LGBTI+ friendly clinicians because of bad experiences (Maycock et al, 2009). As a result, LGBTI+ people can be reluctant to disclose their sexual and / or gender identity to healthcare workers, affecting the quality of the care they receive. These barriers lead to marked inequalities in healthcare for this

extremely vulnerable group of people.

It's a real problem for children and young people: more than half of Irish LGBTI+ young people self-harm; 2 in 3 seriously consider suicide; and tragically 1 in 3 have attempted suicide. The average age of first attempt is just 15. The statistics are similar for older LGBTI+ people in Ireland, with levels of attempted suicide three times the national average (LGBTIreland Report, 2016).

The report 'Visible Lives' (2011) details stigma, marginalisation and discrimination that older LGBTI+ people have faced in their lives and the social and emotional impacts this adversity had on their lives. Older people who identify as LGBTI+ also encounter difficulties in healthcare, experiencing high levels of poor-quality service from healthcare professionals with 40% considering these poor experiences as a result of their LGBTI+ identify (Higgins et al. 2011).



## What is the initiative?

The Rainbow Badge is a small enamel badge worn on a lanyard or lapel, a simple visible symbol that can make a big difference for those unsure of both themselves and the reception they may receive if they disclose their sexuality and/or gender identity. As advocates, people who work in healthcare can play a key role in making things better. We know that simple acts of visual representation and basic frontline training are something which members of the LGBTI+ community value and it is noted that this simple act can improve access to healthcare and address fear for service users.

The model though is more than just the badge; it's a model that emphasises the substance behind the symbol, with the emphasis on education for staff,





responsibility and support. Promoting the initiative allows organisations to show that their place of work offers open, non-judgemental and inclusive care for all who identify as LGBTI+. Wearing the badge allows individual healthcare professionals to show that they are someone an LGBTI+ person can feel comfortable talking to about issues relating to sexuality or gender identity. It shows that the wearer is there to listen without judgement and signpost to further support if needed. The model is opt-in; wearing a badge is a responsibility; signing up to the badge means signing up to a package of basic education about the challenges that LGBTI+ people can face in relation to accessing healthcare and learning about

ways in which they, the wearer, can be an LGBTI+ ally in health.

### Where can I find out more?

To find out more search 'Rainbow Badge' on the HSE website. An implementation toolkit is being developed with the HSE to help healthcare organisations implement this initiative. Although the badge is designed with the HSE logo, other logos can be incorporated for non-HSE healthcare organisations.



### Where can I organise training?

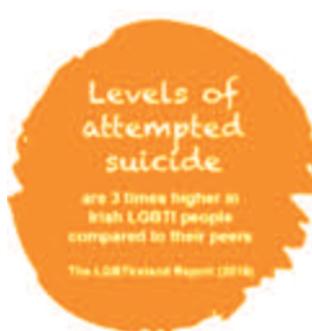
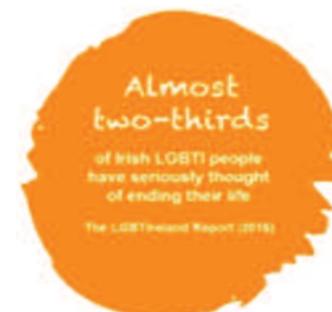
**LGBTIreland** have developed a training programme for healthcare professionals who work with LGBTI+ older people, The LGBT Champions Programme, but also tailor their training for LGBTI+ people of all ages. [www.lgbt.ie/champions-programme](http://www.lgbt.ie/champions-programme), [training@lgbt.ie](mailto:training@lgbt.ie).

**BeLonGTo** have partnered with Jigsaw to provide training for people who work with young people on the topic of supporting LGBTI+ young people's mental health. [www.belongto.org/professionals/training](http://www.belongto.org/professionals/training). They are planning online webinars for healthcare professionals later this year – please check their website for more information.

**TENI** offer Transgender Awareness Training for healthcare professionals. Contact [office@teni.ie](mailto:office@teni.ie)

**HSEland** 'LGBT+ Awareness and Inclusion: the basics' e-learning module training is available for HSE employees from [www.hseland.ie](http://www.hseland.ie)

Wearing a badge is only one step towards overcoming healthcare inequalities but with increasing awareness and education we can start to overcome barriers to healthcare for LGBTI+ people in Ireland.



# National Office for Research Ethics Committees

*Dr Melissa Jones, Project Officer, National Office for Research Ethics Committees*

**W**e are pleased to introduce the National Office for Research Ethics Committees.

## Who We Are

Established in 2020, we are an independent public body that provides a robust and transparent framework for ethics review of Irish health research. Ethics review is an essential component of regulating health research to ensure that the safety, dignity, and well-being of research participants is protected. Our vision is to support a system of research ethics review that cultivates the benefits of health research for patients and the public.

Our work will be underpinned by a twin-track legislative approach including the National Research Ethics Committees Bill, which when enacted will support a new national approach to research ethics review. Our mission is to embed a robust, transparent, and cohesive research ethics review system that strengthens the national research infrastructure. We aim to strengthen this infrastructure by enabling a single national opinion for research studies through the establishment of National Research Ethics Committees (NRECs) and to improve the quality of ethics decision making through our leadership and guidance. To deliver on our mission, we aim to engage and partner with health research stakeholders, the existing network of local research ethics committees and the wider community to seed discussion, advance debate and facilitate education on ethical decision-making in health research.

## Introducing the new National Research Ethics Committees

In May 2021, we will be operationalising three new NRECs in select areas of health research. These committees will be appointed by the Minister for Health to review all applications in the prescribed areas of health research for each NREC and will be mandated to provide a single national opinion on research applications. This will be particularly transformative for multiple-site studies in Ireland, where until now, research ethics applications were submitted to each investigational site. In 2020, we successfully ran a call for



Membership to establish NRECs which reflected the expertise, life experiences, interests and backgrounds reflective of Irish society. We aim to ensure this collective experience will enable an informed consideration of research applications.

We established the very first NREC (NREC Covid-19) for Covid-19 research last year. This has provided a proof of principle of the value of a single national ethics opinion, which we are keen to emulate in two new NRECs that will launch in May for clinical trials of investigational medicinal products (IMPs) for human use (referred to as NREC-CT). Their work will align with the implementation of the EU Clinical Trials Regulation No. 536/2014, which will harmonise the rules for conducting clinical trials for IMPs throughout the EU. Committee meetings for clinical trials of IMPs will be held twice monthly (with each NREC-CT meeting once a month).

An NREC will also be operational in May for clinical investigations of medical devices (referred to as NREC-MD). The work of this Committee will align with the EU Medical Device Regulation No. 2017/745, which is poised to harmonise the rules for conducting clinical investigations of medical devices throughout the EU. Committee meetings

for clinical investigations of medical devices will be held once a month.

Studies involving ionising radiation, as a regulated remit for health research, will also be encompassed in the national system of research ethics review. Preparations are under way to provide a national mechanism for ethics review for this niche research area later this year.

Other areas of health research which do not fall under the remit of the NRECs will continue to be facilitated by local research ethics committees. If you are considering or planning a research study and are uncertain as to whether your research falls under the remit of the NRECs, please contact us for guidance.

Following Brexit, Ireland is now uniquely positioned as a leading English-speaking country within the European Union. This poses a valuable opportunity for Ireland to become a prominent host of clinical investigations in the EU. With the support of the National Office for Research Ethics Committees, we will embed a robust research ethics infrastructure which will provide efficient and effective support to health research in Ireland.

## Keep in Touch

Our website contains up-to-date information about the National Office and each of our NRECs. We invite you to visit our website and subscribe ([www.nrecoffice.ie](http://www.nrecoffice.ie)) to receive the latest news and updates.

## Dates for your Diary - International Ophthalmology Meetings

ARVO Virtual Annual Meeting: May 1- 7, 2021

COPHy Global Virtual Meeting 2021: May 21-22, 2021

RCOphth Annual Congress: May 24-27, 2021

39th Congress of the ESCRS: Amsterdam August 27-30, 2021

EURetina Congress Virtual Meeting: September 10-12, 2021

AAO 2021: New Orleans, November 12-15, 2021

SOE 2021 European Society of Ophthalmology: December 2-4, 2021

A listing of local and international meetings and events is available on the ICO website [www.eyedoctors.ie/event](http://www.eyedoctors.ie/event)

