



Irish College of
Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

Newsletter

ISSUE 14

SPRING 2016

Message from the President

Dear Colleagues,

I hope this newsletter finds you all well. It was great to see so many of you at the inaugural ICO winter meeting in December. The discussions brought a reinvigorated focus on the issue of medical indemnity insurance and also on the importance of ensuring supportive frameworks are in place for our members in the area of open disclosure. This latest edition of the newsletter contains updates on the College's continuing work in this regard and our commitment to supporting doctors in adopting the national policy on Open Disclosure in our workplaces. We thank Angela Tysall for her on-going engagement with the ICO on the appropriate guidelines and preparation of the enclosed article.

It is with a great sense of anticipation that we look forward to this year's ICO Annual Conference as we mark the 25th Anniversary of our College. The meeting in Killarney in May will facilitate a wonderful gathering of experts from our field and we very much look forward to contributions from our invited guest speakers from home and abroad to discuss the latest developments.

I am particularly delighted to welcome my friend and esteemed colleague, Dr Reza Dana, Claes Dohlman, Professor of Ophthalmology at Harvard Medical School, who will give the Annual Mooney lecture and also contribute to a symposium on anterior segment where he will be joined by Dr Tom Flynn from Moorfields Hospital, amongst others. A talk by serial technology healthcare entrepreneur, Jim Joyce, promises to be an exciting insight into the latest high tech inventions shaping the future of cutting edge healthcare innovations. It will no doubt be a fantastic and stimulating meeting and I look forward to seeing you all there in May.

With best wishes
BILLY POWER



ICO inaugural Winter Meeting

The inaugural ICO winter meeting took place on Friday, December 11th at the College of Anaesthetists in Dublin. Discussions at the 'Minimising the Risk of Malpractice Litigation' meeting focused on measures which provide greater support to patients who experience an adverse health event and the positive steps which can be taken to offer transparency and protection for both the patient and doctor.

The session was chaired by Pat McGettrick with support from Patricia Quinlan, both members of the College's Ethics and Professional Standards Committee. Guest speakers were Professor Freddie Wood, President of the Medical Council, Angela Tysall, HSE Lead for Open Disclosure and Asim Sheikh, Barrister at Law who shared their knowledge and expertise in this area.

Earlier that morning John Doris, Eye Surgeon in Waterford ran an excellent and informative Business Case Preparation Workshop for trainees.

Speaking to delegates, Professor Freddie Wood stressed the importance of good communication between the doctor and patient. Referring to the findings of the Medical Council Report Listening to Complaints, *Learning for Good Professional Practice* he said the majority of complaints to the Council were not only as a result of clinical error, but also involved issues in relation to communication and transparency. The research highlights that patient's value a

doctor having good clinical skills and good communication skills and in the interests of the patient that doctors will be good at both.

Other Medical Council research into the profession found that doctors remain the most trusted profession in Ireland with 91% of patients confident that they can trust their doctor. Trust between the patient and doctor is a vital component of this.

In their Guide to The Professional Conduct and Ethics for Registered Medical Practitioners 2009, the Medical Council state that "Service users and their families are entitled to honest, open and prompt communication with them about adverse events that may have caused them harm."

Professor Wood said, "This analysis of complaints identified many themes which I believe are of great significance to the profession. We learned for example that communication is absolutely pivotal to the patient-doctor relationship. When patients feel they are not being listened to or that mistakes are not being learned

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If you would like to make any suggestions for future issues of the College Newsletter please contact **Siobhan on** siobhan.kelly@eyedoctors.ie

from, they may then feel impelled to make a complaint to the regulator. I hope that by reflecting on the findings of this report and looking at the most common causes of complaint, we can work together to reduce such instances happening in the future for the benefit of patients, doctors and the healthcare system as a whole.”

Angela Tysall, HSE Lead for Open Disclosure spoke about the development of the HSE national policy on open disclosure, aimed at promoting a transparent, timely and consistent approach to communicating with service users and their families when things go wrong.

Utilising the learning from the pilot scheme at the Mater Hospital Dublin and Cork University Hospital, the HSE in conjunction with the State Claims Agency, has developed a national policy and national guidelines on open disclosure with supporting documents which include a patient information leaflet, a staff support booklet and a staff briefing guide.

Ms Tysall said, “Work is on-going across all health and social care services in relation to the implementation of the national open disclosure policy and guidelines. Additional resources have been developed to assist services in preparing for and conducting an open disclosure meeting, training staff in open disclosure and managing the organisational change required to successfully implementing an open disclosure programme.”

Ms Tysall highlighted that the process can assist with providing closure for the patient and their family and quicker emotional recovery following an adverse healthcare event.

The College was delighted to welcome back Mr Asim Sheikh, Barrister-at-Law and lecturer in Legal Medicine at UCD, who spoke at the ICO Annual Conference in Mayo last year, to continue the discussion on the benefit of the consent process being conducted fully and effectively with patients.



Patricia Quinlan, Prof. Freddie Wood, President of the Medical Council of Ireland, Pat McGrettrick, Billy Power, Asim Sheikh, Barrister at Law and Angela Tysall, HSE Lead for Open Disclosure pictured at the ‘Minimising the Risk of Malpractice Litigation’ talk at the ICO Inaugural winter meeting in December.

Highlighting the importance of discussions being tailored to individual patient needs, Mr Sheikh said, “Consent has been an issue for a long time and the key message now emerging from the law and the courts is the importance of physical dialogue between the doctors and patients. The importance of record keeping must also be stressed, as often clinicians cannot remember the exact details of the consultation that a patient may take a case over. A doctor may subsequently lose a case or have to settle one, even in situations where a doctor believes proper consent was given and the risk discussed during the time of consultation”.

In his closing address, Billy Power reiterated the ICO focus on ensuring our members feel supported and informed on the process of open disclosure in order to support their patients and to allow for a consistent approach by the organisation.

The College is preparing further supports for members in this regard, including the development of patient consent forms and information literature on open disclosure as well as the standards and recommendations which are outlined by the ICO in its new report *Direct-to-consumer medical advertising in Ireland* –

Informing and empowering patients, doctors and healthcare professionals’. The report highlights the need for regulation of medical advertising in order to ensure all prospective patients can make a fully informed decision before undertaking a procedure.

The College is working with Angela Tysall in developing a short guideline document specific to ophthalmology for our members on Open Disclosure. This will include ophthalmology case scenarios which could be used in incident management training and open disclosure training. The College would be delighted to hear from any members who may wish to assist in the development of the guidelines document and in the drafting of sample case scenarios.

Open Disclosure Workshop and Train the Trainer Courses

The HSE runs workshops on Open Disclosure for Employees. For those interested, please email Orla O’Reilly at orlab.oreilly@hse.ie

ICO ANNUAL CONFERENCE 2016



Lakes of Killarney, Co. Kerry.

The Irish College of Ophthalmologists Annual Conference will be held in The Europe Hotel Killarney from Wednesday 18th to Friday 20th May.

This year is a special one for the College as we celebrate our 25th Anniversary and we are looking forward to marking the occasion with our members in Kerry. The Conference continues to be a highlight of our annual calendar and provides an opportunity for eye doctors and trainees to gather to hear about and discuss the latest clinical and scientific updates in the specialty.

We look forward to welcoming Dr Reza Dana, Claes Dohlman, Professor of Ophthalmology, Harvard Medical School and Director of the Department of Ophthalmology Cornea Center of Excellence. Dr Dana will give the Mooney lecture and also contribute to a symposium on anterior segment where he will be joined by Dr Tom Flynn from Moorfields Hospital London, amongst others.

Danny Nolan will join us from Liverpool to speak during an ocular trauma symposium and we will also hear from colleagues outside the specialty to update on developments in diagnostic testing for diseases and



Jim Joyce

conditions that ophthalmic patients may present with and ocular manifestations of systemic disease.

Jim Joyce, serial healthcare entrepreneur and founder of medical nursing company Point of Care, will speak to delegates at this year's conference about the impact of IT and technology on the delivery of healthcare now and in the future.

Digital Healthcare as an industry is attracting billions of dollars of investment from Venture Capitalists, Pharmaceutical Industry and

Healthcare companies. The promise is that we can improve communication, remove inefficiencies, and drive outcomes by collecting and analysing new forms data.

Selecting Ireland over native Boston and leaving Big Pharma as a senior executive to embark on a career of starting companies, Jim Joyce established Point of Care in 2007 (sold to Uniphar in 2014) to deliver medication treatments in community based clinics.

Jim is also the inventor of two novel digital health technologies: HealthSnap (60 second video messaging application) and HealthBeacon (the first ever smart sharps bin).

His talk at the forthcoming ICO Annual Conference will discuss trends and challenges of implementing digital healthcare solutions and how he is trying to extend the impact and reach of the doctor and nurse through innovative tools like HealthSnap and HealthBeacon.

Further information on the programme will be available on the College website www.eyedoctors.ie Looking forward to seeing you in Killarney!



The Europe Hotel, Killarney, Co. Kerry

Dr Reza Dana – ICO Honorary Mooney Lecturer 2016

Dr. Reza Dana holds the Claes H. Dohlman Chair in Ophthalmology at Harvard Medical School. He is Director of the Harvard Medical School Cornea Center of Excellence as well as the Cornea & Refractive Surgery Service at the Massachusetts Eye & Ear, and serves as the Vice Chairman of the Harvard Department of Ophthalmology and Associate Chief of Ophthalmology for Academic Programs at the Massachusetts Eye and Ear Infirmary, in addition to the position of Senior Scientist at the Schepens Eye Research Institute.

After graduating from St. Paul's School in New Hampshire, he completed his bachelor's, graduate, and medical education at Johns Hopkins University. He performed his residency in Ophthalmology at the Illinois Eye and Ear Infirmary in Chicago, followed by a clinical fellowship in Cornea and External Diseases at the Wills Eye Hospital in Philadelphia. Dr. Dana then completed additional fellowship training in Immunology and Uveitis at the Massachusetts Eye and Ear Infirmary, and in Ocular and Transplantation Immunology at the Schepens Eye Research Institute. Dr. Dana also holds a Master of Science degree in Management from Harvard University.

Dr. Dana has been a member of the full-time Harvard faculty since 1995. As a clinician-scientist, he has a particular interest in the molecular and cellular mechanisms of inflammation as they pertain to the ocular surface and anterior segment pathologies, including dry eye, allergy, wound healing responses, and transplant rejection.

Dr. Dana has authored over 300 publications – including nearly 200 peer-reviewed articles, in addition to over 100 reviews, book chapters, and communications. He has delivered more than 120 invited and named lectures worldwide, and has been recipient of multiple awards, including the Research to Prevent Blindness William and Mary Greve Special



Dr Reza Dana, Claes Dohlman, Professor of Ophthalmology, Harvard Medical School and Director of the Department of Ophthalmology Cornea Center of Excellence.

Scholar Award, RPB Physician-Scientist Merit Award, RPB Lew Wasserman Merit Award and RPB Senior Investigator Award, the Achievement Award of the American Academy of Ophthalmology, the Cogan Award of the Association for Research in Vision and Ophthalmology, the LSU Chancellor's Award in Neuroscience and Ophthalmology, and the Alcon Research Institute Award. Dr. Dana is a Gold Fellow of ARVO.

Dr. Dana has served as editor of the Eye and Systemic Disease volume of *The Principles and Practice of Ophthalmology* and as member of the faculty of the American Academy of Ophthalmology's *Basic Clinical and Science Course* where he was responsible for content in Cornea and External Diseases book, and as Senior Editor of the Encyclopaedia of the Eye. Dr. Dana is additionally Associate Editor of IOVS, and is on the editorial board of the journals *Cornea* and *The Ocular Surface* among others, and is an Associate Examiner of the American Board of Ophthalmology.

In addition to his fundamental contributions to our understanding of corneal pathobiology in the areas of transplant rejection, angiogenesis and lymphangiogenesis, and dry eye

disease, emanating from his laboratory research, Dr. Dana has developed one of the leading translational programs in ophthalmology. He created the Cornea Research Department at the Mass Eye and Ear in 2007, currently staffed by 7 full-time staff, where 50+ (as of last count) prospective investigator-initiated studies are being performed by the Cornea Center faculty. Studies have focused on novel strategies to manage high-risk corneal and stem cell transplants, pathological corneal angiogenesis, dry eye, and in vivo corneal immuno- and neuro-imaging. These studies have been facilitated by 7 successful FDA Investigational New Drug (IND) approvals received since 2008.

Professional Competence Scheme End of Year Reminder

The College would like to remind members that April 30th is the end of year date for the Professional Competence Scheme. Doctors must accrue a minimum of 50 CME points annually and one clinical audit.

The details must be recorded on the online portal. The Medical Council may ask you for evidence of participation in a Professional Competence Scheme. Your Annual Statement of Participation, which can be printed off from your account, is appropriate evidence for this purpose. Each year the College must report to the Medical Council on the details of the total number of doctors enrolled and the points they have recorded.

This year, for the first time, the College is obliged to share the names of all those who are enrolled on our scheme. This information will be cross checked against that which is self-reported by doctors when they renew their annual registration with the Council.

Further information on the PCS is available on the ICO website www.eyedoctors.ie

Communicating with Patients following Adverse Events

Open Disclosure: The Professional and Ethical Response

Authors: Angela Tysall, Lead in Open Disclosure: HSE Quality Improvement Division & Ann Duffy, State Claims Agency (SCA)

Background:

On the 12th November 2013, Dr James Reilly, Minister for Health at that time, launched a national policy, national guidelines and associated documents on Open Disclosure (also referred to as open communication). The policy and guidelines which were developed by the HSE and the State Claims Agency are based on best practice globally and also on the learning from a 2 year pilot programme in two acute hospitals here in Ireland – the Mater Misericordiae University Hospital, Dublin and Cork University Hospital.

Medical council standards in professional conduct and ethics 2009 state that:

“Patients and their families are entitled to honest, open and prompt communication about adverse events that may have caused them harm. You (the medical professional) should acknowledge that an event happened, explain how it happened, apologise if appropriate, and give an assurance as to how lessons have been learned to minimize the chance of this event happening again in the future.”

Disclosure of harmful medical errors to patients has emerged as a professional and regulatory standard across medical specialties. The HIQA Standards for Safer Better Healthcare 2012 require that:

“Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred or becomes known and continue to provide information and support as needed”

The Principles of Open disclosure:

Open Disclosure is defined by the Australian Commission on Safety and Quality in Health Care as “an open, consistent approach to communicating with patients when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the patient informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.”

The principles of open disclosure include:

- a timely acknowledgement to the patient/support person of what happened and of the impact of the event on the patient
- an apology or expression of regret, which should include the words ‘I am sorry’ or ‘we are sorry’
- a factual explanation of what happened – without speculation or conjecture
- providing an opportunity for the patient and their support persons to relate their experience
- a discussion of the potential consequences of the adverse event
- an explanation of the steps being taken to manage the adverse event and to minimise the likelihood of a recurrence of such an event.
- keeping the patient and their nominated support person(s) informed and involved in the review, learning and quality improvement process.

The drivers for Open Disclosure:

The importance of Open Disclosure for patients and their

families has been regularly highlighted by the media here in Ireland and internationally over the past 3-4 years and in particular the impact of non disclosure which is often referred to as “the second harm” inflicted on our patients by our failure to communicate with them in an open, honest and transparent manner following an adverse event.

Open disclosure is reasonably expected by patients and their families. Positive benefits include the maintenance of the patient’s confidence in the health care provider, prevention of misconceptions about what caused their adverse event, facilitation and partnership in decision making about future care and assisting in the emotional recovery of the patient.

Aside from the fact that open disclosure is HSE national policy and a regulatory requirement, it is important to emphasise that open disclosure should be motivated by an ethical, professional, humane and patient-centred response.

Professor Lucian Leape of Harvard University talks about the “Golden Rule” explaining that we should not deliver any less to our patients than we would expect for ourselves or for a loved one – it is as simple as that.

Supporting Doctors

The open disclosure programme here in Ireland also emphasises the importance of supporting staff involved in adverse events. Modern health care is complex, delivered in high-pressure environments and

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often involves multiple practitioners working in teams and across organisations. Excellent outcomes are most often the result but sometimes, and very often despite our best efforts, things can go wrong and staff may experience varying levels of traumatic stress following an adverse event. It is important that, while the care of the patient involved is paramount, organisations must provide ongoing support for the staff involved in the event and also for staff not involved but who are also affected by the event.

Open disclosure and litigation:

Several studies in the United States have demonstrated a reduction in litigation following the adoption of an open disclosure policy. In 2002 the University of Michigan Healthcare System adopted an open disclosure policy and found on an examination of their incidents between 2001 and 2007 that the ratio of litigated cases reduced from 65% to 27% during that time and that their average litigation costs more than halved. This reduction was also based on prompt admission of liability and fair compensation.

Open Disclosure Legislation:

The principal obstacle to open disclosure in Ireland is the absence of legal protection for participants. The Government gave its approval on 3rd November, 2015 to the drafting of provisions to support Open Disclosure of patient safety incidents. Provisions to support voluntary open disclosure had originally been included in the planned Health Information and Patient Safety Bill but will now be included in the Department of Justice and Equality's draft Bill on Periodic Payment Orders to facilitate earlier enactment. The legislation is part of a broader package of reforms aimed at improving the experience of those who are affected by adverse events.

Making open disclosure work:

Evidence from other countries that have had open disclosure standards in place for some time has demonstrated that there are many essential components required to implement an open disclosure policy effectively within healthcare settings. Key conclusions drawn by Professor John Wakefield, (Chair of the Australian National Open Disclosure Pilot Committee) in his review of international success stories in 2013 are as follows:

- (i) Frontline clinicians must have an understanding of those clinical adverse events which require reporting and open disclosure.
- (ii) There must be a general awareness and understanding among clinicians of the approach required in relation to open disclosure discussions and the importance of providing information on any significant matters relating to the event, the consideration of risk management and the need to provide an apology.
- (iii) Clinicians must feel safe to report and at the same time have a willingness to seek advice and to be advised.
- (iv) Clinicians need appropriate resources to tap into by way of support.
- (v) An apology is wasted if a clinician has no sense that there is a problem or that an adverse event has occurred.
- (vi) Training and support for staff is required and should be ongoing.
- (vii) There needs to be recognition of the impact of adverse events on clinicians, adequate support provided and an awareness that not all clinicians may be able to engage in open disclosure discussions as a result of personal trauma following the event.
- (viii) Open disclosure must be considered as a responsibility of the organisation and not just the staff involved. A multidisciplinary response to adverse events is a more supported approach and should include engagement from management, clinicians and quality and risk management staff.
- (ix) Adequate preparation for open disclosure discussions with service users and their families is critical.

How can I get involved in the national open disclosure programme?

The HSE/SCA national open disclosure policy is currently being implemented on a phased basis across all of our health and social care services. For further information on open disclosure and the resources available to assist clinicians and organisations visit www.hse.ie/opendisclosure.

The HSE and SCA are currently rolling out an open disclosure train the trainer programme. If you would like to become an open disclosure trainer or if you require support with

your local implementation programme please email angela.tysall@hse.ie for further information.

The ICO is working with Angela Tysall in developing a short guideline document specific to ophthalmology for our members on Open Disclosure. This will include ophthalmology case scenarios which could be used in incident management training and open disclosure training. The College would be delighted to hear from any members who may wish to assist in the development of the guidelines document and the sample case scenarios.

New Clinical Fellowship in Ophthalmology sponsored by Bayer

The Irish College of Ophthalmologists (ICO) is delighted to announce that Bayer Pharmaceuticals is to sponsor a Clinical Fellowship for a senior trainee from July 2016. The Fellowship will be open to all senior trainees, who are nearing the end of their specialist training.

Speaking at the announcement of the Fellowship at the ICO Winter Meeting in December, Billy Power said, "This is a wonderful opportunity for a surgical trainee to avail of an overseas fellowship programme which will be of tremendous benefit to their training experience and the Irish health service. It is all the more appreciated at a time when it is becoming

increasingly difficult for trainees to get accepted onto clinical programmes that offer funding. We thank Bayer for their recognition and support of ophthalmic training and look forward to working closely with them throughout the process which will no doubt attract great enthusiasm from our trainees."

Katy Carroll, Business Unit Manager of Specialty Medicine at Bayer, said, "Bayer are delighted to be able to support the ICO with the funding for the Bayer Clinical Fellowship in Ophthalmology. We look forward to a longstanding partnership with the ICO in furthering education of future leaders in Ophthalmology."

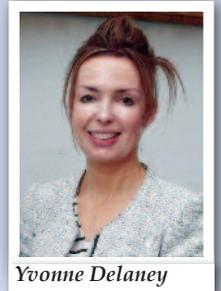
Details on the application process will be circulated in March.



L-R: Neil O'Connor, Product Manager and Katy Carroll, Business Unit Manager in Specialty Medicine, Bayer Pharmaceuticals pictured with Yvonne Delaney, Dean of Postgraduate Education, ICO, and Billy Power, ICO President at the announcement of the ICO/Bayer Clinical Fellowship Award at the ICO Inaugural Winter Meeting in December.

ICO Representative in AAO Leadership Development Program XVIII, Class of 2016

Yvonne Delaney has joined the American Academy of Ophthalmology's Leadership Development Program XVIII,



Yvonne Delaney

Class of 2016. Yvonne, who was nominated jointly by the ICO and AAO, was among a group of nineteen chosen those nominated by state, subspecialty and specialized interest societies. The incoming LDP class had an Orientation Session in Las Vegas at the annual AAO meeting, where they were introduced to their classmates, met Academy leaders as well as heard project presentations from the graduating LDP XVII, class of 2015.

In January 2016, Miss Delaney took part in a 2 day interactive session in San Francisco with a visit to AAO headquarters to hear from AAO physician leadership, including 2016 Academy President William Rich III, MD, on a wide variety of leadership topics. Yvonne is invited to attend the AAO's April 2016 Mid-Year Forum in Washington D.C. She will join her classmates in an advocacy session dedicated to LDP XVIII participants with a member of the US Congress talking about building effective relationships with legislators and how best to advocate on behalf of patients. The final LDP session for the class of 2016 will take place in conjunction with AAO 2016 in Chicago.

ANNUAL MONTGO

The ICO was honoured to welcome Prof dr. Marie-José Tassignon, Professor of Ophthalmology at Antwerp University Belgium, as guest speaker for the Annual Montgomery Lecture. Professor's Tassignon lecture on December 11 entitled 'One Design with Multiple Derivations' examined how the development of a new IOL lead to new obstacles that had to be solved.



Tim Horgan and Louis Collum



John Keane and Rob Acheson



Rizwana Khan, Rose Mary Treacy and Catherine Cleary



Prof Marie-José Tassignon, Billy Power, Marie Hickey-Dwyer, and Prof Declan Magee, President of the RCSI



Paul O'Brien and John Doris



Ian Flitcroft, Sonia Manning and Peter Barry

OMERY LECTURE



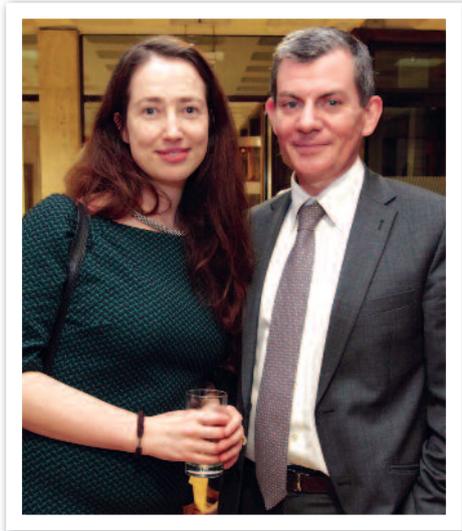
Patricia Logan and Anne Early



Patricia Quinlan, Susan Kelly and Dara Kilmartin



Mary Jo Eustace Ryan and Dharm Pandeya



Sorcha Ni Dhubhghaill and Dara Kilmartin



Ian Flitcroft and Noel Horgan



John Stokes and Siobhan Kelly



Michelle Fenton and Noel Horgan



Jeremy O'Connor and John Traynor

ICO publish Report calling for regulation of medical advertising under new Patient Safety Licencing Bill

In January, the ICO published the *'Direct to Consumer Medical Advertising in Ireland – Informing and empowering patients, doctors and healthcare professionals'* calling for the regulation of direct-to-consumer advertising of medical and surgical procedures in Ireland.



Professor Freddie Wood, President of the Medical Council of Ireland pictured with Billy Power to announce the publication of the 'Direct-to-Consumer Medical Advertising in Ireland' report.

The report states that regulations are required to provide a clear framework to ensure that people considering a procedure can make fully informed, unbiased decisions and under which, advertisers can be held to account if required. It highlights that regulation is necessary to reflect the changing market, particularly the significant growth in elective procedures and the increasing use of digital marketing. It follows the publication of Guidelines for Refractive Surgery in Ireland and Advertising and Marketing Guidelines by the College during 2015.

Under the key recommendations, the ICO is proposing to Government that provisions specific to the responsible advertising of medical and surgical procedures be included in the forthcoming Patient Safety

(Licensing) Bill to ensure that all medical facilities offering such services are regulated in this regard.

The ICO is working alongside the Irish Association of Plastic Surgeons and the Irish Association of Dermatologists on a joint strategy to communicate our shared view to the relevant Department of Health officials. The College has written directly to the Chair of the Joint Oireachtas Health Committee on Health and Children, Jerry Buttimer, to express the ICO's wish to be included in the consultation process during the Pre-Legislative Stage of the Bill which is due.

In light of the forthcoming election, the ICO has circulated the report to all TDs asking them to support the inclusion of advertising and marketing controls in the Patient

Safety Licencing legislation. We encourage members to engage with their local TDs in the run up to the General Election.

Patient Safety (Licensing) Bill

Under the key recommendations in the report, the ICO is proposing to Government that provisions specific to the responsible advertising of medical and surgical procedures be included in the forthcoming Patient Safety (Licensing) Bill to ensure that all medical facilities offering such services be regulated in this regard and that standards are applied in a consistent and systemic way.

Speaking at the announcement of the report, ICO President William Power said, "While the ICO acknowledge the Medical Council of Ireland's 'Guide to Professional Conduct and Ethics for Medical Practitioners' contains certain provisions on providing information to the public, it must be stressed that currently in Ireland there is no formal regulation specific to the advertising and marketing of medical procedures. Due to the nature and sensitivities of medical advertising and the potential risk of a negative outcome for patients, it is the view of the ICO that existing controls including those set out in the Medical Council Ethical Guide and the ASAI voluntary code, are insufficient."

The ICO welcomes the steps undertaken by the Government to focus on improved patient safety measures, including the forthcoming Health Information and Patient Safety Bill and the Patient Safety (Licensing) Bill and commends the decision to establish an independent National Patient Advocacy Service.

The ICO Report states that incentives such as "reductions for a

friend” and “special price for a limited time” are contrary to the concept of informed consent, which is a legal requirement for any surgery or medical treatment. It highlights that in other jurisdictions these practices are seen as “incentivising” the consumer and considered not to be in their best interests, and both the practice and the advertising of such offers have been banned.

Unrealistic expectations and an increasingly litigious environment

The report considers whether advertising that only states the benefits of medical procedures is leading to raised, and, at times, unrealistic expectations among the patient population, thus contributing to a more litigious environment.

The processes by which patient expectations are formed must be examined, in order to determine whether they are a contributing factor to the surge in medical malpractice legal cases in Ireland. The cost of claims to the State is considerable and the continued increases in professional indemnity costs for medical practitioners are unsustainable.

The importance of empathetic patient communication when delivering a difficult prognosis

Eye doctors must often deliver very difficult news to patients in relation to their sight prognosis which can have a devastating impact on the individual and their families. Care and compassion on the part of the medical support team is essential to help ensure appropriate and sensitive communication with patients is delivered.

In her role as Cancer Nurseline Manager at the Irish Cancer Society, Naomi Fitzgibbon offers some helpful advice for medical professionals when delivering difficult news to patients.

She highlights the importance of dealing sensitively with patients and also on the importance of support systems for doctors to help them cope with this part of their role. Giving difficult news can be incredibly hard and upsetting for the medical team who have cared for a patient.

Recalling the first time as a student nurse that she witnessed life changing news being imparted to a patient, Naomi described how afterwards the whole ward was devastated. Over the years, Naomi has observed how easy it is to get this difficult conversation so wrong, and when done well, it makes a lasting impression on the patient and establishes a sense of trust and that they are in safe hands.

The ICO is committed to our continuing work to offer support to our members, including the development of patient information

leaflets and patient consent forms as well as our work in the area of open disclosure. Having access to the most up to date, clear and reliable information helps patients reduce anxiety and allows them to make informed decisions with regards to their treatment and care.

In the region of 60% of enquiries to the Irish Cancer Society’s Cancer Nurseline and Daffodil centres are from patients and their families, seeking clarification of complex medical information and much needed psychological support.

This also helps to reinforce and reminds us of the importance of the patient support services provided by the NCBI and Fighting Blindness in the form of counselling and practical advice and assistance.

The importance of clear communication with patients is paramount.

Naomi reminds us that using “medical jargon” can have a negative effect on the patient causing them to not engage as they don’t understand what’s being said, and therefore don’t know what questions to ask. She advises that it

is also vital when asking the patients to describe symptoms or some other medical problem, to remember that it’s just as important to ask about feelings and symptoms of depression and anxiety.

Communication skills which the Irish Cancer Society Nurseline advise can be helpful during a difficult consultation include:

- Ask the patient to bring a family member or friend with them to the appointment
- Ensure there is enough time scheduled for the consultation
- Ensure there are no distractions during the consultations
- Find somewhere quiet, comfortable and private to talk
- Introduce the subject and find out what the patient thinks is happening
- Avoid using “medical jargon”,
- Paraphrase, using the patient’s own words
- Give information in small chunks, clarifying understanding during the conversation
- Use empathy
- Avoid collusion
- Give information and suggestions of where to get further patient information and support
- Seek out and attend communication skills training on a regular basis.

Understand Contrast Sensitivity

Measurements of contrast detection have been thrust to the fore primarily by the harmonisation of visual standards for driving across Europe. Some European states have enshrined the measurement of Contrast Sensitivity into their requirements for holding a driving licence whilst others as yet, have not and, most notably Ireland & the United Kingdom. That contrast sensitivity is a useful measure of vision is undoubted but its measurement is not as straightforward as high contrast spatial acuity (ETDRS / Snellen).

Whilst the testing of high contrast spatial acuity keeps the target's contrast at close to 100% contrast and varies the size (spatial frequency) of the target, the testing of contrast response of the visual system aims to explore the limits of detection of variable levels of contrast in the visual target. The contrast of the target can vary from 0 (zero) % to 100%. The problem here is that there are already two variables (excluding the level of ambient light) in that the detection performance of the visual system varies with the spatial frequency (size) of the target (also referred to as the 'carrier spatial frequency').

It is apparent from many published studies in *clinical* periodicals that many researchers may well have either failed to grasp this essential point or failed to explain completely their choice of spatial frequency for their study.

Let us consider that the carrier spatial frequency is chosen and unchanging. This means that the only variable now is the varying levels of contrast from 0 – 100%. The definition of *Contrast Detection* is the percentage of contrast at which the visual system correctly identifies the target – say 50% contrast detection. This is also expressed as a fraction 50/100. *Contrast Sensitivity* is the inverse of this fraction i.e. $100/50 = 2$ and, most often Contrast Sensitivity is expressed as a log value. So in this example 2 becomes expressed as its log (base 10) value = 0.30 log Contrast Sensitivity. This means that at a chosen carrier spatial frequency, as a visual system's (human) ability to detect the

target at lower and lower contrast (better performance) their Contrast Detection (%) threshold reduces but their log Contrast Sensitivity increases. In other words, a high log Contrast Sensitivity score indicates better performance and vice versa.

The contrast response function for many carrier spatial frequencies has been exhaustively studied over many decades and is very well described. It is also known that the Contrast Response Function (detection thresholds for many carrier spatial frequencies) is modulated not just by the optics of the eye but is also subject to further adjustment at the level of the retina and this further complicates interpretation of its measurement.

Nevertheless, the measurement of Contrast Sensitivity remains a very

important consideration in health (driving limitations) and disease (cataract, refractive surgery, corneal disease, specialised pseudophakia, retinitis pigmentosa, multiple sclerosis, parkinsons etc).

It should now be clear that much thought should be given to adopting a single cut-off log Contrast Sensitivity value for driving standards without giving due consideration to standardising the testing conditions (ambient lighting, carrier spatial frequency, moving or stationary target, black and white or colour- variable target, glare conditions and so on). Presently it may be prudent to remain on the tried and tested ETDRS chart standard which has served us well until consensus can be agreed on the best way to measure Contrast Sensitivity in real world driving conditions.

Sean Chen, ICO representative on the Medical Fitness to Drive Working Group

Sláinte & Tiománt Medical Fitness to Drive

The new edition of the Sláinte & Tiománt Medical Fitness to Drive document will be published shortly by the RSA. The revised Visual Standards will have a reference to the Irish College of Ophthalmologists' guidelines on Contrast Sensitivity. The ICO has published the CS cut-off standards on our website.

Driver fitness is governed by EU law and regulations made in Ireland under the Road Traffic Acts. Sláinte agus Tiománt is an interpretation of these laws; however, the Directive / regulations form the overriding legal basis for driver medical fitness in Ireland. Sláinte agus Tiománt was developed by the National Programme Office for Traffic Medicine which has been established as a joint initiative between the Road Safety Authority and the Royal College of Physicians of Ireland.

The ICO would like to congratulate Sean Chen on his recent appointment as an ICO representative on the Working Group at the National

Programme Office for Traffic Medicine, where he joins Pat Logan. The College would like to express our gratitude to Garry Treacy for his time and commitment to the Group over the past number of years and his role in the development of the visual standards included in the Guidelines.

Irish College of Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

| | Group I | Group II |
|---------------|---------|----------|
| Photopic | 1.50 | 1.65 |
| Mesopic/Glare | 1.20 | 1.35 |

ICO Inaugural Winter Meeting 'Minimising the Risk of Malpractice Litigation', December 11th, 2015



Siobhan Kelly, Professor Freddie Wood, President of the Medical Council of Ireland, Billy Power, Asim A.Sheikh, Barrister of Law and Angela Tysall, HSE National Lead for Open Disclosure.



Christine Goodchild and Hoshy Abdel Rahmann.



Denise Curtin and Judith Reilly.



Tom Stumpf and John Doris.



John Smith and Mairead Heffernan.



Oliver McCrohan, Novartis and Pathma Ramasamy.



Catherine Cleary and Carl Farrelly, Novartis.



Asim Sheikh, barrister-at-law and Professor Freddie Wood, President, Medical Council of Ireland.

PHOTOS: LEON FARRELL/PHOTOCCL IRELAND

Medical Negligence

In October 2015, Bill Prasifka was appointed as the new Chief Executive of the Medical Council of Ireland. Siobhan Kelly and Billy Power met with Mr Prasifka in November to discuss the ICO's concerns in relation to rising medical indemnity costs and also to highlight the key recommendations outlined in the Direct-to-consumer Medical Advertising in Ireland Report and to seek the Medical Council's support for tighter regulation to be introduced.

Mr. Bill Prasifka, an American lawyer who has lived in Ireland for the past 30 years, has held a number of regulatory roles here, most recently as Financial Ombudsman. He also served as chairman of the Competition Authority and Commissioner of Aviation Regulation.

Mr Prasifka believes the current system of fitness-to-practice hearings is 'over formalistic' and needs reform.

Speaking to media in early interviews as the new Medical Council CEO, he said an amendment was needed to current legislation in order for the Council to be able to deal with cases more expeditiously and with greater flexibility where appropriate. The ICO welcome the Council's submissions to Government seeking changes to the current system which would see only the most serious allegations against doctors go to public hearing and would give greater scope for witnesses to be given anonymity in proceedings.

Mr Prasifka said that in Ireland "we have a formalistic legal process and complaints must be proven to criminal standards of proof. The Medical Council's procedures are appropriate to that, and they are not complainant-friendly in that sense."

The Council has stated that it is hopeful the rules governing fitness-to-practice hearings will be changed early next year to make the system more streamlined.

MPS Update on Clinical Negligence Activity

In December 2015, the welcome news that legislation has been passed to allow for pre-action protocols to be

developed in Ireland was announced.

In light of the election at the end of February, the MPS has published a short policy paper entitled 'Health priorities for the new government' outlining the main concerns in relation to rising medical indemnity costs and the actions proposed by the MPS along with the joint stakeholders in tackling the issue. The ICO has co-signed the policy paper in support of the actions.

The policy document outlines that at end 2014, the State Claims Agency had 2,844 clinical claims under management, with an outstanding estimated liability of €1.16 billion of public money. It highlights concern that an increasing number of healthcare professionals are finding the cost of practising in the private sector unsustainable and more are considering working abroad or giving up practice altogether. Any reduction in private practice services will inevitably result in increased demand on the public sector, where the costs of provision and the liability for any claims for clinical negligence would lie with the SCA in their entirety.

The MPS are calling on the new government to pursue both procedural and tort reform to help make the claims environment more affordable. The key legal and procedural reform recommendations contained in the policy paper include;

1. The swift introduction of a pre-action protocol following the inclusion of legislation to allow this in the Legal Services Regulation

A pre-action protocol will allow for better management of clinical negligence claims and help resolve

claims more efficiently for all involved, patients and healthcare professionals. It should introduce predictability, discipline and transparency to the claims process. It could also help the patient/healthcare professional relationship by encouraging a climate of greater openness.

2. Limits on lawyers' fees in smaller value cases.

Plaintiff costs can be exceptionally high. The policy paper outlines that one method to cut legal costs, and potentially reduce the number of small value unmeritorious claims, would be the introduction of a cap on lawyers' fees in smaller value cases. Costs in smaller value cases can be easily disproportionate to the compensation awarded.

3. A debate on the merits of a limit on damages (special and general)

The MPS have experienced an increase in special damages claims in recent years. As part of the debate around healthcare costs and what society can afford, the MPS propose a consideration of the potential impact of limits on future earnings and future care costs in special damages awards and general damage awards. Some countries have already introduced such limits. In some Australian states there are limits on claims for future loss of earnings at typically a multiple of two or three times the average weekly earnings. Tasmania puts a limit on loss of earning capacity at 4.25 times the adult average weekly earnings. The MPS is proposing that greater examination of whether a limit based on average weekly earnings would have benefits in Ireland.

4. Tariff of general damages created in statute

There is currently a large degree of unpredictability about the size of awards. To achieve greater predict-

ability, the MPS recommend the introduction of a Bill that allows for the creation of a tariff of general damages. This tariff would provide a range of damages for an extensive list of specific injuries from catastrophic brain injuries to dental damage.

Short term measure

As a short-term measure, the MPS is calling for a reduction in indemnity caps on the Clinical Indemnity Scheme for private practice claims to help address the costs of professional indemnity and help ensure a continued strong private medical practice.

For the long-term cost of professional indemnity to be sustainable, the MPS is recommending the new government pursue tort reform as a matter of urgency.

National Vision Coalition Election Manifesto Launch



Siobhan Kelly, David Keegan, Maria Meehan, Fighting Blindness and Elaine Howley, NCBI pictured at the launch of the National Vision Coalition Election Manifesto which took place on December 10th at Royal College of Physicians Institute, Kildare Street, Dublin.

Uveitis 2016 Conference, Dublin

The 9th International Symposium on Uveitis, sponsored by the International Uveitis Study Group (IUSG), will be held at Trinity College Dublin, Ireland, from the 18th to the 21st August, 2016.

Dara Kilmartin, Royal Victoria Eye & Ear Hospital is the ISU 2016 conference organiser. He will be joined by Conor Murphy, Professor of Ophthalmology, RCSI on a panel of distinguished international ophthalmic experts for comprehensive discussions of new topics in experimental and clinical uveitis, mechanisms of disease, and innovative therapies.

The organising committee has put together an exciting programme which reflects the seismic developments taking place within ophthalmology, and especially in the super-specialist field of ocular inflammation. Five plenary sessions are listed, incorporating the genetics



Dara Kilmartin, ISU 2016 Local Conference Organiser

of ocular inflammation, infection and the microbiome, and inflammation and retinal degeneration, followed by a review of classification of diseases in the context of clinical trials, feeding into an update on novel biologics in treatment of ocular inflammation. Free paper and poster sessions complement the plenary sessions to add up-to-the-minute discussion of the plenary overviews.

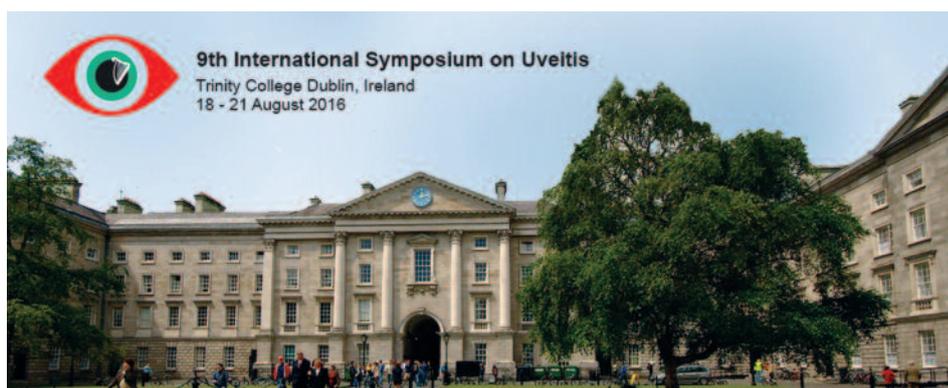
The committee believe that this varied programme presenting a mix

of basic science and clinical research addresses many of the questions affecting specialists in ocular inflammation and should provide a grounding for continued discovery and innovation in the field for years to come.

Registration and abstract submission is now open with further details available on the ICO website. Closing date for submission of abstracts is the 25th March.

The program will be of interest to generalist and specialist ophthalmologists as well as researchers and practitioners from other fields such as immunology, genetics and rheumatology.

Further details can be found at www.uveitis2016.ie



Fighting Blindness Retina 2015 Conference

Retina 2015 took place in Croke Park, Dublin at the beginning of November. The three day event included a Clinical Trials Roundtable Meeting, a Scientific Programme and a Public Engagement Day.



Retina 2015, Jason Smyth, Mr David Keegan, Minister Aodhán O'Riordáin

The Clinical Trials Roundtable brought together the pharmaceutical and biotechnology industries, scientists, medical professionals, policy makers and patients to discuss the challenges facing the future of clinical trial development.

Key points raised during the meeting included the need for the collection of more data about the natural progression of diseases of the retina. Both the patients and ophthalmologists present explained how vital this information would be for them, while the pharmaceutical industry discussed the central importance of this information for the design of future therapies. Also discussed was the importance of including condition specific tests of functional vision, as well as visual function, in medicines research and development. For example with retinitis pigmentosa, measuring independent mobility in dim light could be a more relevant measure for a patient than visual acuity. A white paper from this meeting will be published later this year.

The scientific programme of Retina 2015 featured both Irish and international research into diseases affecting the retina, with a particular emphasis on research that is beginning to move towards clinical trial development. Topics presented included the microencapsulation of drugs for better targeting to the retina;

development of gene therapies for photoreceptor-mediated, inherited retinal disease; advanced imaging techniques to capture the retina with a precision amount of detail; new drug pathways that may have a function in slowing down retinal degeneration; the importance of providing a genetic diagnosis for patients with inherited retinal disease; and the emerging area of optogenetics which has the potential to restore vision at end stage retinal degeneration.

One of the highlights of the programme was a presentation by Prof Eberhart Zrenner from the Tübingen Eye Hospital Germany, inventor of the sub retinal implant, who spoke about his work on transcorneal electric stimulation (TES) for individuals with retinitis pigmentosa (RP).

Fighting Blindness would like to sincerely thank the ICO for their ongoing support of this event. Thank you to all ICO members who submitted poster abstracts for the Scientific Meeting and to the fantastic doctors who kindly contributed their time to the Public Engagement Day event. For a full report on the Retina 2015 Conference please visit www.FightingBlindness.ie.



Retina 2015 Oliver McCrohan, Novartis, Dr Stephen Rose, Mr David Keegan, Kevin Bowers, Jason Smyth, Avril Daly, Prof Eberhart Zrenner, Dr Joseph Carroll, Prof Robin Ali (2).tif