



Irish College of  
Ophthalmologists  
*Eye Doctors of Ireland*  
Protecting your Vision

# Newsletter

ISSUE 18

SUMMER 2017

## Message from the President

Dear Colleagues,

I hope you are all enjoying summer. I was both honoured and humbled becoming your President at the Annual Conference in Cavan in May. I would like first to publicly thank Billy Power for being such a wise and gracious President, and for also taking the role of clinical lead at such a difficult time last year and I am grateful for his care of the College for the past two years.

I welcome the new members of Council, John Dorris and Ian Dooley, and am appreciative of the wisdom of Marie Hickey-Dwyer and Maureen Hillery who return to Council.

Jeremy O'Connor and the Scientific Committee put together an extraordinary meeting with both international and local experts contributing with junior Ophthalmologists to an exciting conference that educated the mind and the spirit, ending with an excellent joint psychology presentation that drew the audience out of their seats and their comfort zone making us healthier individuals.

Particular thanks to the Mooney Lecturer Prof Jonathon Crowston who gave hugely of himself to all aspects of the meeting.

The Primary Care Eye Services Review Group Report has just been published and with it, we enter an exciting and challenging phase in Irish Ophthalmology. The report draws national attention to our specialty. We must use this opportunity to advocate for our patients and our specialty, while supporting each other during this transition. I am determined to make every effort to secure the investment needed to develop the service and I know that I can count on all College members for help and support, thank you.

The College will announce details of its new training pathway for Medical and Surgical Ophthalmology at this year's Medical Careers Day in Dublin Castle in September and I would like to acknowledge and thank Yvonne Delaney and the Training Committee for their extensive work in preparing for the announcement and transition in 2018.

With best wishes  
DR ALISON BLAKE



## HSE Publish Primary Care Eye Services Report

**The HSE Primary Care Eye Services Review Group (PCESRG) Report was published on Wednesday, 28th June. The national review of Primary Care Eye Services sets out the current levels of service, models of service provision and the consultation process undertaken with patients and advocates, ophthalmic staff and representative bodies.**

The ICO published a statement to welcome the Report, and called on the Minister for Health Mr Simon Harris to ensure that the necessary funding is made available to implement the recommendations of the Review Group.

Speaking to the *Medical Independent* in response to the Report publication, ICO President Alison Blake highlighted the importance of that commitment to funding from the Minister, as the HSE has already said that primary care is not funded well enough in general but in terms of eye services particularly.

In respect of implementation, Alison also emphasised that it is very important that the national nature of this is front-and-centre and highlighted the crucial role of medical ophthalmologists to the plan, adding that it is important that terms and conditions attached to this role are addressed in the implementation piece.

Brian Murphy, Head of Planning, Performance & Programme Management, Primary Care Division,

and Chairman of the Review Group thanked the Review Group members for their work and to everyone who took part in the consultation process. The ICO is now focused on meeting with the Minister for Health to discuss and secure his commitment to the funding requirements and is liaising with Brian Murphy and the HSE in relation to the prompt formation and activation of the implementation steering group in order to allow for the execution of key priorities to get underway.



Published by  
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If you would like to make any suggestions for future issues of the College Newsletter please contact  
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# ICO Annual Conference 2017

The ICO Annual Conference, with over 200 delegates in attendance, took place in The Slieve Russell Hotel in Cavan from the 17th – 19th May.

The College was delighted to welcome guest speakers from home and abroad to an immensely engaging and educational three days of talks and symposia. The meeting goes from strength to strength each year and we thank all who participated and attended this year's meeting and particularly to Jeremy O'Connor and the scientific committee for organising an outstanding programme of talks and sessions.

The clinical symposia topics included "New Developments in Ocular Imaging" and "Evolving Concepts in Glaucoma Management", while a separate symposia on 'Adapting and Leading for Change' discussed matters relating to doctors health and wellbeing, and taking on and tackling the challenges and opportunities in a changing environment.

It was a great honour for the College to welcome Professor Jonathan Crowston, Head of Ophthalmology at the University of Melbourne as the Mooney Lecturer for 2017. His talk entitled 'Climbing the Glaucoma Mountain', outlined current knowledge of the disease, and highlighted some of the challenges and opportunities that exist in research and clinical practice.

Jonathan also participated in the glaucoma symposium, presenting a lecture on the new evidence from a novel study relating to the impact of lifestyle on glaucoma risk. The findings of the recent mouse model study at the Centre for Eye Research Australia (CERA) shows that exercise can modify the ability of retinal ganglion cells to recover following injury. The studies found that exercise protected RGCs against dysfunction and cell loss after an acute injury induced by elevation of intraocular pressure. This age-related vulnerability was almost completely



(L-r) Leon Au, Consultant Ophthalmologist, Manchester Royal Eye Hospital, Colm O'Brien, Professor of Ophthalmology, Mater Misericordiae University Hospital, Augusto Azuara-Blanco, Professor of Ophthalmology, Queens University Belfast and Jonathan Crowston, Ringland Anderson Professor of Ophthalmology, University of Melbourne, key speakers at the glaucoma symposium at the ICO Annual Conference 2017 in The Slieve Russell Hotel (17th-19th May).

reversed by exercising mice for five weeks before and seven days after injury. Professor Crowston told delegates at the conference that the data provides compelling evidence that exercise can reverse negative impacts of ageing in RGCs and modify their response to injury.

Jonathan was joined at the glaucoma symposium by fellow guest speakers Leon Au, Consultant Ophthalmologist at the Manchester Royal Eye Hospital and Augusto Azuara-Blanco, Professor of Ophthalmology, Queens University Belfast. Leon's talk focused on the latest surgical development in glaucoma, particularly surrounding minimally invasive glaucoma surgery and examined the various options, clinical data, and patient selection process and how they compare with our current standards.

Leon argued the importance of perfecting existing surgical techniques and increasing detection of glaucoma over the myriad of new "wonder treatments" and dependence on technology. He said this competition has highlighted the need to do better and refine, shorten and make existing established surgery more patient-

friendly. He noted that while some of the latest technologies have assisted in making glaucoma surgery less invasive, and some new procedures are quick with little risk, they are not as effective as traditional surgeries such as trabeculectomy and may not be around in five years. He believes the concept of minimally-invasive eye surgery is to be embraced.

Professor Azuara Blanco reviewed the evidence on different options to manage chronic primary angle-closure glaucoma, and looked at the results of the EAGLE trial, of which he is Chief Investigator, that reported recently of the superiority of clear-lens extraction in terms of patient, clinical and economic outcomes compared with laser iridotomy, and how to use the results of the trial in clinical practice.

In her presentation on the optimal use of OCT imaging in glaucoma at the Imaging symposium, Yvonne Delaney pointed out that glaucoma is unusual in that it has a long lead in time, and no single test to easily diagnose it, so there is frequently significant structural (i.e. retinal ganglion cell) loss before noticeable functional (vision) loss occurs.

Yvonne highlighted that spectral domain OCT offers improved resolution and better segmentation algorithms to image the retinal nerve fiber layer and macular ganglion cell layer in glaucoma patients. However OCT's modest sensitivity in pre-perimetric disease and only moderate correlation with visual field function in more advanced disease represent two significant challenges. For the moment OCT imaging remains a useful adjunctive tool but clinical evaluation of the optic nerve head and VF testing still remain centre stage in glaucoma diagnosis and management.

Guest speaker Alex Shortt, from the UCL Institute of Immunity and Transplantation, London discussed the advances in corneal imaging which are relevant to general ophthalmologists in clinical practice. His talk gave specific focus to corneal shape analysis, corneal OCT and its role in the surgical setting, corneal confocal microscopy and the diagnosis of atypical microbial keratitis, and corneal ultrasound biomicroscopy and its role in refractive surgery. The future of corneal imaging including preclinical techniques such as full field optical coherence microscopy and functional OCT imaging were also discussed.

The ICO was delighted to also welcome past trainee Pearse Keane, Consultant Ophthalmic Surgeon at Moorfields Eye Hospital in London, who gave a fascinating talk on the latest advances in artificial intelligence and how they can apply to healthcare, in particular a technique called "deep learning".

In 2016, Pearse initiated a formal collaboration between Moorfields and Google DeepMind, the world's leading AI company with the aim of applying machine learning to automated diagnosis and assessment of OCT images of retinal diseases. Pearse explained that the project is working on creating a general algorithm for the diagnosis of retinal disease and could eventually reinvent the eye exam.

His project aims to investigate how machine learning could help analyse OCT scans and make the diagnosis of

these conditions more efficiently and effectively, leading to earlier detection and intervention for patients. Pearse said that OCT imaging is very effective but the images contain a huge amount of complex data, which takes considerable time, training and experience to analyse correctly, with very large volumes of such scans taken daily in busy ophthalmology clinics.

He explained that the idea of using AI is that it is a technique that the algorithm learns from experience so it can look at a process of thousands, or millions, of scans and become as good as a retina specialist at diagnosing these conditions.

Pearse said it is hoped research findings will be published sometime before the end of 2017 showing a 'proof of concept' of the algorithm, though it will be a little bit further in the future before it can be used in practice.

In the closing session of the Annual Conference, Hadas Levy, Psychologist and Manager of the Education Development team at the Royal College of Physicians Ireland and Stephen McIvor, Sports Psychologist and former Munster and Ireland rugby player gave a practical and motivational presentation at the 'Adapting and Leading for Change' symposium.

An expert on doctor's health and wellbeing, Hadas spoke about doctors

developing resilience and dealing with burnout in times of stress, along with negotiating skills and how to influence people, while Stephen McIvor discussed the skills required in taking on and embracing opportunities for change in the aim for greater progress. Stephen also discussed the importance of medical professionals finding balance in their work/life situations and taking care of their mental wellbeing in order to have the resilience and required focus and energy to deal with the pressured environment that medical practitioners are exposed to.

A recent study of hospital doctors in Ireland led by RCPI showed that 1-in-3 doctors were found to have experienced burnout and up to 10 per cent reported severe to extremely severe levels of depression, anxiety and stress. This occurred despite the finding that over 70 per cent of doctors were strongly motivated to practise medicine. The findings on ophthalmology were mixed - most doctors in the specialty enjoyed their work, but it had the highest proportion of doctors who would not want others to know if they had a mental health problem.

Mental resilience along with emotional intelligence (self-awareness and of others) were examined during

*Continued on page 4 ➔*



*Keynote speakers at the 'New Developments in Ocular Imaging' symposium at the Irish College of Ophthalmologists Annual Conference were: Alex Shortt, Institute of Immunity and Transplantation, University College London, Yvonne Delaney, and Pearse Keane, Moorfields Eye Hospital, London.*

the session as a means to creating an environment that is motivational in self-determination, and the reciprocal impacts of behaviours within that environment where explored and considered. It was highlighted that along with having the role clarity and agreed expectations within a team, that the interpersonal relations and individual perspectives ('balance') are also factors in reducing antecedents of psychological burnout.

Speaking in his interview with the Medical Independent ahead of the Annual Conference, Billy Power said doctor burnout is something that is rightfully gaining more attention. College CEO Siobhan Kelly is currently a member of a HSE working group devising a strategy on doctors' health.

Billy said, "A lot of these surveys are anonymised, and you are much more likely to get a more truthful type of a response, whereas sometimes in the hurly burly of work and so on, probably it is not something people



Billy Power is pictured with Hadas Levy, Psychologist, Royal College of Physicians of Ireland and Stephen McIvor, Sports Psychologist and former Ireland and Munster Rugby Player at the 'Adapting and Leading for Change' symposium, ICO Annual Conference 2017.

tend to talk about. It is only with the publication of these types of surveys that people realise you can have feelings yourself [such as] you are working very hard, the days are very

long, etc, and especially in a high pressure environment, perhaps particularly in the hospital where the resources that you might hope you have are not available."

## Minister for Health officially opens Royal Victoria Eye and Ear Hospital Dedicated Cataract Unit

**A new purpose built Cataract Unit at the Royal Victoria Eye and Ear Hospital was officially opened by Minister for Health, Mr Simon Harris on Monday, 3rd July.**

Capital funding for the unit was provided by the RVEEH Teaching and Development Foundation. The unit is a state of the art facility which was developed to increase theatre capacity within the hospital and to provide a cost effective solution to increasing waiting lists for cataract procedures. The development of a cataract unit was one of the main proposals detailed in the hospitals *Ophthalmology Strategy 2015-2020* published in 2015.

The opening of the unit has been welcomed by stakeholders and the hospital is actively engaged in obtaining operational funding in 2017 and 2018. The hospital hopes to clear its own waiting list by the end of 2018. Waiting lists across the other 11 hospitals in the Ireland East Hospital Group are also hoped to be eliminated by the end of 2019.

Currently, there are 3,180 patients on the waiting lists in the group, with an average wait time of eight and a half months. Without the additional capacity, this was forecast to grow to 12,000 by 2021 due to increasing demand as the population ages. The new unit provides a 36% increase in capacity within the hospital group.

Speaking at the launch, Mr Harris made reference to the

recently published Primary Eye Care Report, promising to make resources available to implement the primary eye-care strategy. He said the opening of the new cataract theatre at the Royal Victoria Eye and Ear Hospital "is a real demonstration that our health service can respond to the challenges that we face and deliver better outcomes for patients."

The new cataract unit will be open four days a week and will prioritise the longest-waiting patients.



Minister Simon Harris cutting the ribbon on the new Eye and Ear Cataract Unit.

# Ireland's First Eye Clinic Liaison Officer Piloted by NCBI at Mater Hospital

**F**indings from a pilot study aimed at facilitating and implementing greater support services for patients diagnosed with sight loss conditions were presented at the ICO Annual Conference in Cavan.

Kirk Stephenson presented his abstract on the study, which is a collaboration between the NCBI and the eye care team at the Mater Hospital, which has facilitated a representative of the NCBI being available to service users following their consultation with the ophthalmologist. The pilot is examining the benefit to patients of having an Eye Clinic Liaison Officer (ECLO) service for the first time in Ireland. The study was carried out during the weekly inherited retinal dystrophy (IRD) clinic at the hospital in December 2016 and January 2017.

After seeing the doctor, consent was acquired for the patient to meet with the ECLO. The role of the NCBI representative is to educate patients regarding available services and supports as well as to coordinate training in specific supports if required. During the pilot study period, 26 patients were seen by the NCBI Liaison Officer.

Chris White, CEO of the NCBI spoke to delegates at the Conference about the importance of early intervention of support services in improving outcomes for people with impaired vision.

Chris said, "There are currently 51,718 people living with blindness or serious vision impairment in Ireland. NCBI receives approximately 1,700 new referrals per year, which we believe is less than a third of all people being diagnosed with serious eye conditions on an annual basis. Research consistently finds that the provision of early intervention and support at or immediately after diagnosis means that people require less intensive support at a later date, and furthermore, better equips them



*NCBI Chief Executive, Chris White pictured with Alison Blake and Kirk Stephenson at the ICO Annual Conference 2017*

with the confidence and skills to maintain independence."

Chris added, "Following the overwhelming positive feedback to the availability of this service from participants, the NCBI is focused on working towards our goal of providing this service to patients nationwide. One of the key findings from the study was that 12 per cent of the patients who participated in the pilot had never been in contact with NCBI before and were unaware of the available supports. Some expressed the view that they wished it had been there when they were first diagnosed; vocalising feelings of isolation, fear and loneliness when they first presented with vision problems".

Evaluating the results of the study, Kirk said that from the ophthalmologist's perspective, this direct link with support services is an ideal opportunity to maximise visual function, independence and quality of life for patients as part of their on-going treatment plan.

He concluded that the evidence from this brief pilot study of an ECLO in the Mater Hospital is positive and in keeping with expectations from UK

data, where eye clinic liaison officers are embedded in the eye clinic service. The aim is to expand this service from IRD to all visual pathology within the Mater and then to recommend the introduction of ECLOs nationally.

## ICO Medal Winners 2017

Congratulations to the winners of the ICO Medals for 2017, Christine Goodchild (Beaumont Hospital) who was awarded the Sir William Wilde Medal for her poster on "An Audit of the Quality of Inpatient Referrals Received by Ophthalmology Consultation Service in a Tertiary Hospital and David Brinkman, Beaumont Hospital, who was awarded the Barbara Knox Medal for his paper on "Comparing the Effectiveness and Tolerability of Preservative-Free Tafluprost Versus Preserved Latanoprost in the Management of Glaucoma and Ocular Hypertension".

# Saying the Right Thing...

**I**CO Ethic's Committee members Patricia Quinlan and Pat McGettrick coordinated a workshop on informed consent, open disclosure and assisted decision-making at the ICO conference in Cavan. Patricia and Pat were joined by HSE Lead for Open Disclosure, Angela Tysall at the session.

Opening the session, Patricia Quinlan outlined the ICO's guidelines on the consent process which were formally launched at the ICO Winter Meeting last December, Patricia advised that the purpose, potential benefits and pitfalls of any planned procedures should be fully explained using plain language with the patient and fully documented. Common [even if minor] side-effects should be disclosed, as should rare but serious adverse outcomes, Patricia told participants, adding that all questions should be answered fully and honestly and the patient should be asked if they fully understand what has been discussed.

Doctors need to ensure all stages of the consent process with their patients are fully recorded prior to any procedures taking place. It was discussed that the consultant is ultimately responsible for obtaining informed consent, even when the task is delegated, so the consent process must be appropriate, thorough, patient-centred and scrupulously documented.

The importance of giving patients adequate time and privacy to consider their options or to consult others before signing consent forms was discussed, with the exception of emergency treatment situations.

The ICO has produced a new range of patient information leaflets on common eye conditions and

procedures and consent process in ophthalmology which are available to view on the ICO website. Members are encouraged to contact the College with any suggestions on the issue.

Addressing the workshop, Angela Tysall, HSE Lead in Open Disclosure, urged transparency and openness as much as possible in all dealings with patients. She stressed the importance of expressing regret to patients when they experience negative outcomes in the health system, keeping them fully informed and providing an explanation of what had happened and potential remedies where possible, as well as the steps taken to prevent a recurrence of the adverse event. She stressed that open disclosure is formal HSE policy and is also supported by the Medical Council. Protective legislation will appear in the Civil Liability Amendment Bill 2017.

Angela reiterated that an apology is not an admission of guilt, is very important to patients and helps promote a more open culture and learning from mistakes.

Patricia McGettrick outlined the Assisted Decision Making (Capacity) Act 2015 which is now law and stressed that doctors need to familiarise themselves with its content and requirements. The law essentially protects people who may lack capacity and allows someone they trust to help them make decisions in relation to their care.

# Assisted Decision

**Patricia McGettrick from the College's Ethics Committee outlines the implications for Doctors of the Assisted Decision Making legislation.**

**T**he Assisted Decision-Making (Capacity) Act 2015 was signed into law by President Higgins in December 2015 and has implications for those of us who work in health and social care. It replaces the Lunacy Regulations (Ireland) Act 1871 and will enable Ireland to finally ratify the United Nations Convention on the Rights of Persons with Disabilities. At the root of the new legislation is recognition that we all have equal legal Rights, but some of us may need help to exercise our Rights and make informed decisions.

## About the Assisted Decision-Making (Capacity) Act 2015:

The 2015 Act reforms Ireland's capacity legislation. It recognises the right of those aged eighteen and older to make their own decisions about their general welfare and health. It establishes a framework to support the decision-making ability of adults who lack capacity or may lack capacity in the future, either temporarily or permanently, whether because of mental illness, intellectual disability, or cognitive impairment due to acquired brain injury or dementia. It sets out the statutory criteria for assessing capacity and the guiding principles that must be followed to ensure that a person can make informed decisions and give informed consent.

It places an obligation on health and social care professionals to facilitate persons and support them to make decisions on their own behalf. It provides a legal framework so that a person who lacks capacity, or may lack it in the future, can have the support of a person of their choice when making a decision, so that those decisions are legally binding.

The Act covers decisions as far ranging as day to day issues of what to wear and eat to complex decisions



*(l-r) Patricia McGettrick, Angela Tysall, Lead in Open Disclosure, Quality Improvement Division, HSE and Patricia Quinlan, speakers at the workshop on Open Disclosure, Consent Process and Assisted Decision Making, pictured at the Annual Conference 2017.*

# Making – what you need to know and why

about residence, property, finances and consenting to medical investigations and interventions. It also protects a person’s right to make decisions which may seem unwise to others, such as refusal of medical treatment. The Act brings to an end the Ward of Court structure. All Wards of Court (currently 2700 in Ireland) will have their capacity reviewed over the next three years and depending on the outcome of the capacity assessment will be discharged from ward -ship completely or will be supported under the decision-making support framework.

## The Decision-Making Support Framework:

The 2015 Act allows a person whose decision-making capacity may be in question to enter into a formal agreement with someone they trust to support them to make decisions. There are a range of agreements with differing levels of support depending on the person’s needs, which in turn depends on their level of capacity. The person who requires decision-making support is known, within the Act, as the relevant person and their chosen supporter, who may be a family member, or friend, is known as the intervener. The relevant person can have different agreements and differing levels of support for different decisions and from different interveners. There must be no potential conflict of interest between the intervener and the relevant person.

## Governance:

The role of Director of Decision Support Service (DSS) has been established within the Mental

Commission in accordance with the Act. The Director will promote public awareness of the 2015 Act and provide guidance to relevant persons and interveners as well as organisations that interact with them such as the HSE. The office of the DSS must also establish, maintain and review a Register of co-decision-making agreements and decision-making representative court orders as well as Advanced Healthcare Directive (AHD) and Enduring Power of Attorney (EPA).

## What does Capacity mean?

Capacity to make decisions is defined within the Act as “the ability to understand, at the time a decision is being made, the nature and consequences of the decision in the context of the available choices”. The Act sets out a functional test for the assessment of capacity. A functional approach recognises that a person’s capacity can fluctuate over time, depending on their state of health, either physical or mental. A person is considered to lack capacity if even one of the following functions are lacking and the person does not have the ability –

1. To understand the information relevant to the decision
2. To retain that information long enough to make a voluntary decision
3. To use or weigh that information as part of the process of making the decision, or
4. To communicate their decision.

## Implications for Doctors

Capacity reflects the ability to give informed consent. Except where

emergency intervention is necessary, a person must either have capacity to decide to consent to treatment recommended for them, or must have an appointed Co-Decision-Maker or Decision-Making Representative acting with them or on their behalf. These are now legally binding conditions, thus safeguarding a person’s autonomy and right to choose, even if the choice is to refuse treatment that may, in the opinion of others, improve their health or quality and length of life. The assessment of functional capacity is complex and can be emotive for the person being assessed and their family members. Any unnecessary capacity assessments or finding of lack of capacity contravenes the Act. Healthcare professionals have a duty to help the relevant person to make, communicate and implement their own decision and in most cases this will be successful without the need to consider the formal range of options laid out here and embedded in the Act. Where clinical care is required for someone who does lack capacity doctors will have to ensure they identify and communicate with the relevant person’s designated Co-Decision Maker or Decision-Making Representative. Protocols for practical implementation of the Act have yet to be developed and circulated.

## Implementation of the Act

The HSE has produced comprehensive guidelines, currently in draft form. Within the HSE a Training and Education Working Group and Information and Communication Working Group has also been established and guidelines and Codes of Practice will be drawn up and disseminated to all Health and Social Care Professionals. It is expected that the Irish Medical Council and other relevant professional bodies will update their Capacity and Informed Consent guidelines in accordance with the new legislation.

*Further information:*  
[www.assisteddecisionmaking.ie](http://www.assisteddecisionmaking.ie)  
[mcgettrickpat@gmail.com](mailto:mcgettrickpat@gmail.com)

<b>Decision-Making Assistant ( DMA)</b> <b>Assists in decision making</b> Makes sure relevant persons decisions are implemented	Relevant person has capacity but requires support to gather information, personal records etc. <b>Relevant Person makes decision</b>
<b>Co-Decision Maker ( CDM)</b> <b>Makes decisions jointly with relevant person</b>	Relevant person lacks capacity to make decision without the help of a CDM. A legal agreement is entered into with the consent of the relevant person. <b>Decision is made jointly with CDM</b>
<b>Decision-Making Representative (DMR)</b> <b>Appointed by Court</b> <b>Scope depends on Court order</b>	When relevant person lacks capacity to appoint a DMA or CDM and in the absence of Advanced Healthcare Directive (AHD) or Enduring Power of Attorney (EPA). <b>Decision is made by DMR</b>

# Link between eye disease and rheumatoid and gastroenterology conditions discussed at ICO Conference

**R**ecurrent uveitis can be indicative that a patient has an underlying autoimmune disease such as ankylosing spondylitis, so these patients should be referred to a rheumatologist, while gut-related symptoms in eye patients can be indicative of inflammatory bowel disease (IBD), delegates at the ICO Annual Conference heard.

Prof Doug Veale, Consultant Rheumatologist, St Vincent's University Hospital, Dublin, gave a presentation on managing inflammatory disease with biologics and the relevance for ophthalmologists during a breakfast symposium supported by AbbVie.

The link between uveitis and spondyloarthropathies (SpA) was highlighted and Prof Veale promoted the usefulness of DUET (Dublin Uveitis Evaluation Tool), an algorithm developed to assist the earlier diagnosis of SpA by ophthalmologists in acute anterior uveitis.

Prof Veale said DUET is very simple and focuses on the presence or absence of inflammatory back pain, so if patients have back pain that is worse in the morning time and gets better with exercise, that is the key.

Discussing the use of the various biologics, he concluded that monoclonal antibodies seem to have a higher level of efficacy than the fusion proteins in treating uveitis and SpA, with promising new agents in the pipeline. He said fusion proteins are suitable for rheumatoid arthritis and seem to work very well but not so well for anterior uveitis and the seronegative diseases.

Prof Richard Farrell, Consultant Gastroenterologist, Connolly Hospital, Dublin discussed the diagnosis and management of gut inflammation in ophthalmology patients at the breakfast symposium, calling for greater collaboration between specialties and for doctors to ask about symptoms outside their own disease areas, i.e., do IBD patients have eye symptoms or joint symptoms and do eye patients have gut symptoms, etc.



Prof Doug Veale



Prof Richard Farrell

Prof Farrell explained that suspect IBD symptoms in ophthalmology patients can include chronic diarrhoea, abdominal cramps, rectal bleeding, weight loss, anaemia and raised inflammatory markers (WBC, ESR, CRP), though the majority of these patients will have IBS, haemorrhoids and gastroenteritis rather than underlying IBD.

He also explained that ocular manifestations are more common in females and those with colitis and patients with other extraintestinal manifestations. Episcleritis, scleritis and anterior uveitis are the most common ocular manifestations of underlying IBD and treatment of the underlying IBD can cure the eye pathology, he noted, adding that steroids and anti-TNF therapies are effective for chronic scleritis and uveitis.

Prof Farrell highlighted that IBD therapy can cause ocular pathology, including posterior subcapsular cataracts, glaucoma and opportunistic ophthalmic infections induced by systemic or topical steroids, optic neuropathy, nystagmus, ophthalmoplegia caused by cyclosporine and anti-TNF therapies, while methotrexate can build up in tears and cause conjunctival/corneal irritation.

## Professional Competence Scheme Update

**D**octors registered with the Medical Council must enrol on a professional competence scheme and achieve a minimum of 50 points each year through educational and learning activity. An annual audit of an aspect of practice must also be carried out. The only exception is for doctors who are on a structured training scheme.

This year on the Medical Council annual retention form, doctors were asked to specify what scheme they are enrolled on and what date they paid the enrollment fee. The PCS year runs from May 1st to April 30th and retention must be completed by July 1st. The window between May 1st and July 1st is the time during which doctors must re-enrol and pay the PCS fee.

From now on, CME points for College organised meetings and events will be directly uploaded to members PCS accounts. Please ensure that you sign the delegate list for any College organised meeting you attend and include your Medical Council number. You will need to continue to upload points for any meeting you attend that has not been directly organised by the College.

If you have any questions about PCS or need any assistance is using the online portal please contact the ICO office.

## Munster Ophthalmology - Vision for the Future Study Day

The Munster Ophthalmology - Vision for the Future Study Day will take place at The Castletroy Hotel in Limerick on November 10th. The programme will include six talks presented by consultants from across the public and private sectors and is open to young ophthalmologists, ophthalmologists and ophthalmic nurses. The final part of the event will be case studies and papers presented by young ophthalmologists.

# ICO Trainees Awarded Richard Steeven's Fellowship

**Congratulations to Stephen Farrell and Elizabeth McElnea on being awarded the HSE Dr Richard Steevens Fellowship for 2017.**

Stephen will undertake a fellowship in Paediatric Ophthalmology and Strabismus at the University of British Columbia, Canada. The department of Paediatric Ophthalmology in B.C. Children's Hospital manages the entire spectrum of paediatric ophthalmic conditions as the only tertiary referral centre for British Columbia, serving a population of over 4.7 million.

Speaking about the opportunity, Stephen said, "The exposure is comprehensive, working in a faculty which manages the entire range of paediatric eye conditions including congenital anomalies, paediatric cataract, paediatric glaucoma, paediatric ocular malignancy and inherited retinal diseases."

Teaching is an important element of the academic mission in the department. In addition to two clinical fellows in paediatric ophthalmology and strabismus, neurology and neuro-ophthalmology fellows and ophthalmology residents from the University of British Columbia are taught in the Department. There is one funded fellowship position (McCormick Fund) in Paediatric Ophthalmology and Adult Strabismus per year, which was awarded to Stephen for 2017.

Dr. Christopher Lyons who is widely recognized internationally in the area of Paediatric Ophthalmology and Strabismus supervises the fellowship.

Elizabeth McElnea has begun her fellowship this summer in Macclesfield District General Hospital in Cheshire to undertake comprehensive training in ophthalmic plastic, lacrimal, orbital and reconstructive surgery.

Speaking about the opportunity, Elizabeth said, "This position offers what I hope will be unrivalled exposure to the clinical and surgical management of ophthalmic plastic, lacrimal and orbital disease, the opportunity to attend multi-disciplinary meetings and teaching sessions in three further centres in the United Kingdom – the Royal Liverpool Hospitals NHS Trust, The Central Manchester Foundation NHS Trust and The Christie Hospital as well as the chance to produce a body of research work that is of high quality and adds to the evidence based practice of this ophthalmic surgery subspecialty."

We wish Stephen and Elizabeth every success on their Fellowship programmes and look forward to hearing updates from both on the experience.

## Healthy Doctors Strategy

**C**ollege CEO Siobhan Kelly is participating in a project group tasked with making recommendations to the HSE on the development of standards for the wellbeing of doctors in their employment.

The group which is led by Dr Linda Sisson, the National Clinical Lead in Workplace Health and Wellbeing, has a wide representation from across the health service, including NCHDs, Public and Occupational Health Specialists, Psychologists and others with a background or interest in the area.

The project aims to propose a set of standards applicable to the Irish health service that will support the well-being of doctors at all stage in their careers from medical school, through training, specialist practice and into retirement. The work of the group aims to promote individual responsibility for health and well-being, emphasising wellness and prevention as the starting point but will reflect the very real challenges of the current workload in a system where capacity does not meet demands.

The group is drawing on a recent NICE publication on Healthy Workplaces which aims to make health and well-being an organisational priority.

## IMG Induction 2017

*Pictured at the induction day for trainees on the International Medical Graduate Training Programme which was held in the Royal College of Physicians of Ireland on Monday 4th July are (l-r) Muhammad Omar Ashraf, College of Physicians & Surgeons of Pakistan (CPSP), Siobhan Kelly ICO, Ayat Abu-Agla, Sudan Medical Specialisation Board, Dr Hafiz Syed Rehman, CPSP, Yvonne Delaney ICO, Zubair Idrees, University Hospital Cork and Niamh Coen ICO.*



# ICO GALA

The 2017 Irish College of Ophthalmologists Annual Conference was held in the Slieve Russell Hotel, Co. Cavan on 17th to 19th May.

Over 200 delegates attended the meeting and the college welcomed speakers from the UK and Australia, together with local experts.



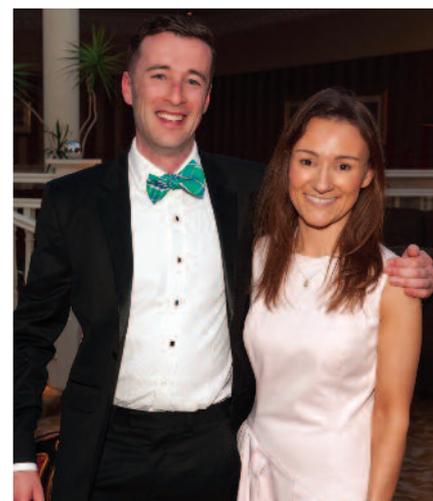
*Sinead Connolly, Christine Goodchild, Gillian O'Mullane and Aoife MacCann*



*Tim Carpenter and Denise Curtin*



*Alison Blake and Billy Power*



*Barry Power and Claire Harnett*



*Loretta Nolan, Grace O'Malley, Maureen Hillary, Geraldine Comer and Ann McCarthy*



*Frank Phelan, Nafa Bader, Deborah Wallace and Dharm Pandeya*

# A DINNER



*Yvonne Delaney, Patricia Logan and Patricia McGettrick*



*Elizabeth McElnea, Sarah Moran and Qistine Pilson*



*Aine Ni Mheoloid, Treasa Murphy and Ruth Ellard*



*Patricia Quinlan, Aziz Rehman and Susan Kelly*



*Dharm Pandeya, Michelle McNicholas, Marie Hickey Dwyer and Kesavan Ravikumar*



*Richard Comer, John Doris and Tom Stumpf*

# Retina 2017 – Expert Pioneering Connected

**T**he annual Retina Conference is organised by Irish patient led-charity **Fighting Blindness** and brings together leading academic and clinical researchers in the global effort to find treatments and cures for sight loss.

This year, Retina 2017 will explore recent research trends and clinical advancements in retinal health. The conference has multiple elements including a breakfast briefing on connecting clinical practice with research as a clinician-scientist, keynote sessions, poster and oral presentations and evening reception. Retina 2017 therefore acts as a perfect platform to share experience, facilitate networking

and hear from the many national and international speakers.

Prof Michel Michaelides is a Consultant Ophthalmologist at Moorfields Eye Hospital and a Professor of Ophthalmology in the Department of Genetics at the UCL Institute of Ophthalmology. His clinical and research interests include diabetic eye disease, age-related macular degeneration and inherited eye disease

in adults and children.

Dr Elise Héon is a clinician-scientist in the field of ocular genetics at the Hospital for Sick Children, Canada. Her clinical work focuses on the management of hereditary eye diseases, which include hereditary cancer (retinoblastoma) and other non-cancerous blinding conditions such as retinitis pigmentosa.

Prof Artur Cideciyan is from the Department of Ophthalmology at the University of Pennsylvania and has a special interest in outcome measures in patients with severe vision loss.

Retina 2017 takes place Friday, October 13, in the Radisson Blu Royal Hotel, Golden Lane, Dublin 8. Attendees will receive 7 external CPD points from the Irish College of Ophthalmologists.



Funding is available through the ICO for Trainees and NCHDs on the Continuing Professional Development Support Scheme to attend the meeting.

Simply use the promo code **ICO1983** when registering online at [www.Retina.ie](http://www.Retina.ie). For more please contact us on **01 6789 004** or [research@fightingblindness.ie](mailto:research@fightingblindness.ie).

## SOE Lecture 2017



*Ian Dooley, European Society of Ophthalmology Lecturer for 2017 on 'Retinal Detachment – Past, Present and Future' at the ICO 2017 Annual Conference is pictured with SOE Board Member Pat Logan. In his lecture, Ian stressed the importance of rapid medical intervention for patients who suffer a retinal detachment. The sooner the patient is treated, the less invasive treatment can be and the better the visual outcome. Patients lose about a line of vision for every three days a retinal detachment remains untreated. For primary retinal detachments, the reattachment success rate is about 85-to-90 per cent and in secondary detachments, about 75 per cent. In the last 10 years, there have been noteworthy improvements in treatment (small-gauge surgery, better tamponades, stains and viewing systems) and earlier detection of retinal detachment.*

## Scope Ophthalmics Education and Travel Bursary



*Pictured at the announcement of the winner of the Scope Ophthalmics Education and Travel Bursary Prize at the Irish College of Ophthalmologists Annual Conference which took place in The Slieve Russell Hotel, Cavan (17th-19th May) were, John Freyne, Director at Scope Ophthalmics Ltd; winner of the prize, Margaret Morgan, St Conal's Hospital Letterkenny; Fiona Kearns, and Alison Blake. Scope Ophthalmics sponsored an educational and travel fund as the prize for the best case submitted for the Medical Ophthalmologists workshop at the annual conference in Cavan.*

# Orbis Vietnam Trip

Report by DONAL BROSNAHAN



Donal Brosnahan pictured with Orbis colleagues in Vietnam.

**V**ietnam has an estimated population of 92 million (2016) and approximately half a million people are known to be blind. Poor eye care, infrastructure, a shortage of trained ophthalmic professionals and limited access to affordable quality eye care services encumber the nation's eye care situation.

Orbis helped establish Vietnam's first national eye bank and funded the first wet lab in Vietnam, where ophthalmologists can develop surgical skills. Orbis initiated the development of the first working group in Vietnam on VISION 2020 – a global effort to eliminate avoidable blindness by the year 2020. Orbis has also opened two Child Friendly Eye Care Units in rural Phu Tho and Ha Nam provinces in 2011 thus strengthening Vietnam's capacity to address childhood blindness by setting up the first paediatric eye care networks of skilled health personnel.

In April 2017, I travelled with Tony McAler to Vietnam, where we were joined by Dr Andrew Choyce (Anaesthetist) and Xia Ying Liu (Flying Eye Hospital nurse) to undertake a week-long hospital based programme in Binh Dinh Hospital.

Binh Dinh is located in the south central coastal zone. The Orbis partnership with Binh Dinh Eye Hospital commenced in 2015. One of the objectives was to establish a child friendly facility and trained medical team to provide comprehensive and quality paediatric ophthalmology services and act as a regional paediatric tertiary referral centre for Binh Dinh province and adjacent

regions (11 referring hospitals). Binh Dinh Eye Hospital is a stand-alone eye hospital with 100 beds located over three floors.

The goal of the programme was to undertake hands on training in strabismus surgery with two trainees, provide paediatric anaesthesia training and advise on the establishment of a paediatric ophthalmology department.

One trainee had undertaken a one year fellowship in paediatric ophthalmology in India and had recently returned to Binh Dinh hospital. The second trainee had

undertaken six months post residency training in Ho Chi Minh City. Interestingly in Vietnam trainees do not receive hands on surgical training during their four year residency training. Despite this, both trainees demonstrated good surgical skills.

The earlier part of the week involved assessment of surgical cases which had been pre-screened via the Orbis Cybesight website. The trainees uploaded clinical details and photos for review by the trainers to evaluate their suitability as training cases during the programme. 12 strabismus cases were selected and used to teach clinical assessment, examination techniques and surgical planning. The selected cases underwent surgery in the course of the next three days. The cases included straightforward strabismus cases, paralytic strabismus and reoperation for residual and consecutive strabismus.

The latter half of the week was spent developing the roles and responsibilities of the various staff members within the paediatric department. In addition the layout of the department was finalised and agreed with the medical director.

This was the first hospital based programme in Binh Dinh Eye Hospital and was followed by a Flying Eye Hospital programme in May.

This was a very enjoyable and rewarding trip – both for us and the trainees – in no small part because of the enthusiasm of all the staff we encountered, the generosity of our hosts and the beauty of Vietnam. We would happily return.



Orbis team pictured during surgical training at weeklong hospital based programme which took place in Binh Dinh Eye Hospital, Vietnam in April 2017

# Irish College of Ophthalmologists announce details of ICO/Novartis Research Bursary 2017

The ICO is delighted to confirm the continuation of the ICO/Novartis Eye Research Bursary for 2017 and to announce the details for this year's application process.

Now in its 6th consecutive year, the annual bursary is an unrestricted educational grant awarded to a doctor who wishes to undertake a research project or specific training in the field of ophthalmology.

The College thank Novartis for their on-going support of this fantastic opportunity which has been instrumental in facilitating eye doctors in Ireland to undertake pioneering research into potential

cures and treatments for sight-threatening conditions.

At this year's ICO Annual Conference in Cavan, the winners' of the awarded funding for the ICO/Novartis Eye Research Bursary in 2016, Sinead Connolly and Reinold Goetz, presented an update on their projects.

Sinead Connolly's research focused on developing new therapies for dry eye disease in Sjögren's syndrome, an autoimmune condition characterised by severe dry eye. Reinold Goetz examined potential new areas for therapeutic targeting in the treatment of primary open angle glaucoma.



Dr Reinold Goetz (left) and Dr Sinead Connolly (2nd right) are pictured with Miss Marie Hickey-Dwyer, Irish College of Ophthalmologists (2nd left) and Dr Jennifer Coppins, Medical Adviser, Novartis Ireland (right) at the announcement of the winning projects for the ICO/Novartis Eye Research Bursary 2016-17 which took place at the Annual Adare Retinal Meeting on the 29th September.

## ICO/Novartis Eye Research Bursary 2017 - Application Process

The ICO is inviting interested medical practitioners to submit their applications to the College by Monday 4th September, 2017. The winner will be announced at the Annual Adare Retina Meeting on Thursday, 28th September 2017.

**The applicant should include the following in their entry submission:**

- A detailed outline of your research project or specific training, including how this will impact patient care and outcomes in Ireland
- Evidence of support from a senior ophthalmologist as sponsor
- Breakdown of costs

The prize is not restricted to eye doctors in training and those in practice are encouraged to consider making a suitable application. Further details are available on [www.eyedoctors.ie](http://www.eyedoctors.ie).

## Your Training Counts Survey 2017

The Medical Council's annual national trainee experience Your Training Counts survey, has been circulated to over 2,500 trainees in the past couple of weeks. The survey will be open for a period of 12 weeks. This is the fourth year of the survey.

**Your training experience matters to you, your patients, and to us**

Have your say and tell us about your day in the 2017 Your Training Counts survey

**How does your trainee experience make you feel?**

challenged, tired, satisfied, overwhelmed, confused, sick, alone, nervous, stressed, happy

**BLEEP! BLEEP!**

Are you managing a healthy work/life balance?

Complete our 2017 Your Training Counts survey and let us know about your experience

# The Royal Victoria Eye & Ear Hospital – A New Approach to European Working Time Directive Compliance

**Compliance with European Working Time Directive legislation has proven to be complex for all hospital units in Ireland but the difficulties with creating a workable roster are particularly acute in standalone specialist units where cross-cover between specialties is unsuitable.**

For a number of years the Ophthalmology Department of the Royal Victoria Eye and Ear Hospital, Adelaide Road, Dublin 2 operated a 24 hour on-site on-call service provided by our Senior House Officer Basic Specialist Trainees. Following a period of 24 hours on-site on-call, SHOs would receive the required compensatory rest period and were therefore absent for the following day's training activities. This system, while allowing the Hospital to maintain a 24/7 emergency ophthalmic service and achieve EWTD compliance had two significant unsatisfactory side-effects; it was detrimentally affecting training opportunities for both BSTs and Higher Surgical Trainees and it reduced patient throughput.

The Ophthalmology Department and RVEEH Hospital Management were acutely aware of this negative impact on training and the associated adverse effect on patient throughput during core hours. The hospital was determined to find a solution which would allow the hospital to continue to provide 24/7 ophthalmic emergency care while ensuring that trainees maximised their exposure to high quality training. A system had to be identified which would protect patient throughput without negatively impacting NCHD compliance with the EWTD requirement that medical staff do not work in excess of 24 hours while also receiving appropriate compensatory rest following periods of work.

In January 2017, the RVEEH introduced a new system of on-call which relies on overnight on-site on-call services being provided by Resident Medical Officers (RMOs). The RMOs are all fully registered with

the Medical Council of Ireland and are generally undertaking research. The RVEEH BSTs provide on-call cover on-site until 10pm after which a RMO provides in-house cover. The RMO shift commences at 9pm allowing for a one hour handover period. The SHO is off-site from 10pm – 9am and recommences duties the following morning. Currently the RVEEH has engaged a number of RMOs, some with previous ophthalmology experience and some without. On nights where the RMO has previous ophthalmic experience the BST is off-call, however when a RMO who does not have the requisite ophthalmology experience is rostered, the BST is off-site on-call and available to return on-site should an ophthalmic emergency arise. In the event the BST has to return to the hospital they are provided with the requisite compensatory rest the following day.

#### **Benefits of the current system include the following:**

- 1) BSTs are routinely available for normal duties each day and are therefore maximising their training opportunities.
- 2) BSTs are available to work with their assigned team. Under the previous system BSTs were continually rotating between teams which made continuous training difficult as trainees were unable to fully develop a training relationship with a dedicated team each six months.
- 3) HSTs are better supported by having the BST assigned to their team working with them every day.
- 4) Consultant staff are better able to provide training opportunities due to the regular availability of their BST.

To date there is a high level of satisfaction with the positive impact this change in practice in the Royal Victoria Eye & Ear Hospital has brought about. This new approach continues to be audited and reviewed to ensure that it is meeting the needs of both trainees and the hospital. The priorities in this process continue to be maintaining patient safety, maximising training activities for all trainees while also maintaining compliance with EWTD legislation. The RVEEH intends to continue to actively review service provision in order to achieve the best results for all stakeholders.

## Niamh Coen



We are delighted to welcome Niamh Coen as a new member of the College's Administration team. Niamh has over three years experience in training administration, having previously worked in the Dept of Surgical Affairs in RCSI. Niamh was part of the team involved in the implementation of the run through surgical training pathway in RCSI. Niamh is currently reviewing HST assessment processes and documentation, and will provide administrative support to the training programmes.

# Pre Action Protocol's outlined by States Claims Agency Head of Clinical Litigation

**A** recent article in the State Claims Agency's newsletter by Head of Clinical Litigation, Siobhán Coleman, outlined the pre-action protocols and provisions contained in the Legal Services Regulation Act 2015, aimed at improving the management and governance of clinical negligence actions.

In 2010, the President of the High Court established A Working Group on Medical Negligence Litigation and Periodic Payments. Its remit included the examination of the system within the courts for the management of clinical negligence claims; the identification of shortcomings and the making of recommendations to remedy any such shortcomings. The Working Group's findings and recommendations are contained in its second report, submitted to the President of the High Court, in March 2012 (Working Group on Medical Negligence and Periodic Payments Report (Module 2) 2012).

In December 2015, the Legal Services Regulation Act 2015 (Section 219, Legal Services Regulation Act 2015) introduced provisions to govern clinical negligence claims. In her article, Ms Coleman confirmed that while the relevant part of the Act has yet to come in to force, when it does it will significantly change the way clinical negligence claims are managed.

## Pre-action Protocol

The Act provides for the introduction of a pre-action protocol for clinical negligence claims. It will include requirements which MUST be complied with BEFORE such claims are filed in court. The purpose of the pre-action protocol is to:

- encourage early resolution of allegations relating to possible clinical negligence,
- promote prompt communication between potential parties to litigation,
- facilitate early identification of the issues in dispute,
- reduce the number of claims filed in court, and
- encourage early settlement of clinical negligence claims.

## How will this be achieved?

Regulations will be introduced to compel early and prompt disclosure of documents and information necessary to facilitate assessment of a potential claim. Specific time limits will be

introduced. The pre-action protocol will provide for:

- disclosure of medical and other records
- notification of allegations of clinical negligence
- responses to such allegations
- disclosure of material relevant to allegations and responses
- agreement to submit issues for resolution other than by a court e.g. mediation.

Regulations will be introduced to compel early and prompt disclosure of documents and information necessary to facilitate assessment of a potential claim.

## Time Limits

Time limits will be introduced for completion of the stages of the pre-action protocol. They have the potential to put significant pressure on available resources within healthcare facilities such as hospitals.

A similar protocol in England and Wales provides that medical and other records must be disclosed within 40 days. Once a detailed letter of claim is served, a potential defendant has 4 months within which to provide a detailed letter of response.

Beforehand, there is an obligation to write a letter of notification detailing the nature of the claim in contemplation and provide identification information with regard to the relevant patient and healthcare provider. A potential defendant is then in a position to commence its investigation and notify indemnifiers and /or the NHS Litigation Authority.

## Powers of Court

In this jurisdiction, the court will have the power to direct that a claim may not proceed further until the steps required by the pre-action protocol have been taken. In addition, failure to comply with a requirement of the pre-action protocol may attract penalties in respect of costs and, in the event a claim is successful, interest on compensation awarded.

Ms Coleman highlights, that to be effective, realistic time limits for compliance with the various stages of the pre-action protocol will have to be introduced and enforced by the courts. She identifies that England and Wales have achieved very significant reductions in the number of cases proceeding to court. Those that do are resolved more quickly as the pre-action protocol facilitates early identification of the issues in dispute between the parties.

## Ophthalmology in Art



*Pinar Aydin O'Dwyer, Professor of Ophthalmology and Neuro-ophthalmologist, Ankara, Turkey, guest speaker at the ICO Annual Conference is pictured with Patricia McGettrick.*

# ICO joins Healthy Ireland Network in on-going commitment of HI Agenda

**The ICO has become a member of the Healthy Ireland Network, an initiative involving numerous organisations from across the country which aims to boost the national movement for health and wellbeing.**

The Healthy Ireland Network was launched by An Taoiseach Enda Kenny and Healthy Ireland Council Chair Keith Woods in Dublin Castle on Thursday, 18th May.

The first phase of the new Healthy Ireland Network has been established by the Council to get all types of organisations across the country to sign-up to combined efforts to improve health and wellbeing of the Irish population. The ICO pledged our support to the initiative in line with our on-going engagement with the Department of Health and Healthy Ireland Council members on eye health related priorities and our overarching goal of achieving a national eye health awareness initiative to form part of the overall health and wellbeing plan.

The purpose of the Healthy Ireland Network is to establish and grow an empowering national movement that treats health and wellbeing as an individual and collective responsibility, to support and advocate for the goals and vision of Healthy Ireland and to ensure the Healthy Ireland message is spread, understood, and acted on throughout Ireland.

The Taoiseach was joined by Minister for Health Simon Harris and Minister of State Marcella Corcoran Kennedy at the event in Dublin Castle.

Acknowledging the good work already underway in implementing the Healthy Ireland Framework, the Taoiseach said: "The health and wellbeing of our people is our most valuable resource which is why the implementation of Healthy Ireland continues to be a priority for this Government. We all have a role in creating a healthier Ireland, a place where health and wellbeing is top of everyone's mind and where no-one is left behind. This new Network will be important in ensuring the Healthy Ireland message is spread, understood and acted on throughout all sectors in our society and all parts of the country."

Minister for Health Simon Harris

said, "The Healthy Ireland Framework sets out a blueprint for how we go about addressing the many public health challenges we have such as the rise in chronic diseases. These are challenges not just for the health services but for the government and country as a whole. We have made a good start in implementing Healthy Ireland and I wish to publicly acknowledge the commitment and contribution of other Ministers and their Departments to this agenda. However all parts of society need to be involved for health and wellbeing policies to have maximum impact and to reduce health inequalities. The Healthy Ireland Council and Network are so important to this. This new Network will help create a critical mass to generate a fundamental shift in how we think and act on health and wellbeing, and the many factors that can impact on people's quality of life."

The new Network provides a platform for the supporting organisations to connect with each other, communicate about what they are doing and contribute to actively bringing Healthy Ireland to life across the country. I encourage people and organisations to avail of the resources and supports available under Healthy Ireland, to help them do that."

The ICO was invited to participate during the initial membership of the Healthy Ireland Network, nominated by the Healthy Ireland Council. The Network includes a wide range of organisations including those representing Local Authorities, Government Departments, sports bodies, voluntary, community and charity sector organisations, cancer support organisations, Traveller support organisations, advocacy groups for older people, healthcare professional bodies, unions and professional representative bodies, business groups, educational institutions and private sector companies.

To find out more about Healthy Ireland, members can visit [www.healthyireland.ie](http://www.healthyireland.ie). The College welcome any feedback or ideas in relation to activities or events that we can support or contribute to which promotes the Healthy Ireland vision and focus on eye health as part of overall health and wellbeing.

## Special Prism Googles help Irish Jockey Robbie Power Win Cheltenham Gold Cup

**Following care received by Ian Flitcroft and Dublin Orthoptist, Clare Sheehan, Irish jockey Robbie Power raced to gold cup victory at Cheltenham 2017 despite having suffered a serious eye injury last summer which left his future career in horse racing uncertain.**

Robbie was injured at the Galway Festival in July 2017 when he was kicked in the left eye as a horse passed above him. He broke a cheekbone and received a complex fracture of his left eye-socket, with additional damage to the muscle on the floor of his eye-bed. He had diplopia in upgaze which was particularly troublesome due to the crouched position required when racing.

The solution was to fit a Fresnel prism on his riding goggles specially calibrated to be used in the riding position.

Speaking to the Guardian newspaper following the Cheltenham race, Robbie said, "I wear specially treated goggles to correct the double vision. It doesn't affect me in everyday life. I can still drive and everything else is fine. It's only a problem when you're on a horse, looking out of the top of your eyeball."

He added, "It was an unbelievable feeling. I'd say I appreciated it more than winning the National because I'm 35 now, not 25. But they're the two biggest races in jump racing. I'm very lucky to have won both."

Robbie has been told that surgery could be an option for him but given how well the corrective prism goggles have worked for him recently he has said that he is not tempted to undergo surgery at the current time.

# New Ophthalmology Training Pathway to be Launched at Medical Careers Fair 2017

**The ICO will announce details of its new training pathway for Medical and Surgical Ophthalmology at the Annual Medical Careers Day, organised by the Forum of Irish Postgraduate Medical Training Bodies, which takes place in Dublin Castle on Saturday, 23rd September.**

From July 2018, the pathway for medical and surgical ophthalmology will be distinct from Day 1 of training rather than at the end of Year 3 as it currently is. Applications for the two programmes will be opened in November for July 2018 start.

Training in medical ophthalmology has undergone a number of changes in recent years. The most recent change occurred in 2014 and with a significant restructuring of post-BST training. The aim of the modification was to bring clarity to the training pathway, embed a robust assessment process with a well-defined performance standard and to equip the final practitioner with greater expertise in the areas of paediatrics, glaucoma and medical retina.

Despite this new structure, trainees are still not entering the medical ophthalmology program in the numbers necessary to produce an adequate workforce of medical ophthalmologists to meet current and future eye-care need. Careful analysis revealed that the current common core entry process primarily attracts trainees wishing to pursue a surgical career.

The College has a responsibility to respond to the changing demand for eye care and to ensure that medical graduates choose to train as ophthalmologists and must react accordingly. In order to align training to meet future eye care need, the ICO recognises that training program must produce a predictable and sustainable

workforce of ophthalmologists with high quality, evidence-based clinical expertise targeted to the three main specialties of paediatric ophthalmology, glaucoma and medical retina.

In July 2018, the ICO will commence a stand-alone Medical Ophthalmology Training Program to specifically highlight the demand for medical ophthalmology services and to promote it as an expanding and interesting clinical specialty with varied career options. By structuring a separate entry point the selection process can target those interested in medical ophthalmology from the outset. The communication drive that will accompany the launch of the new program will target those with an interest in the specialty of ophthalmology and highlight medical ophthalmology as an alternative viable option for those interested in the specialty. Having medical ophthalmology as a standalone training program and extending the higher training component to 2 years highlights its expanding clinical sphere and reflects its growing prominence in eye care delivery in Ireland today. The spectrum of career options and specialty interests that the final practitioner, on graduating from the program, can choose will be emphasised.

## The New Program

The common core stem will be discontinued and trainees will enter a dedicated medical ophthalmology training program from day 1, year 1

specifically designed to address the training needs of our future medical ophthalmologists. The framework is three years of basic ophthalmology, MT1, MT2 & MT3 followed by competitive entry into two years of higher training MT4 & MT5. The program will have at its core the teaching and assessment of competencies necessary to deliver a high quality practitioner whilst highlighting the increasing role of medical ophthalmology in the delivery of eye care in Ireland and as outlined in the Primary Eye care Review.

The dedicated medical program will embed a high standard in the subspecialties most relevant to future practice and future proof it as a valued career choice. The medical retina module in MT4/5 has been extended to 12 months in order to encompass all the recent advancements in the subspecialty. Robust assessments processes are attached to each module of training in the higher program and will ensure acquisition of subspecialty knowledge to a high standard.

## Changes to Training Pathway from July 2018

Entry into both medical and surgical ophthalmology has been by a common route through 3 years of core training with the paths diverging at the end of year 3. From July 2018 common core training will be replaced by two separate programmes – one for surgical ophthalmology and one for medical ophthalmology. The decision on which career to pursue will now be made before core training rather than during.

# Nobel Prize



*Joanne Kearney is pictured with Professor William C Campbell, Nobel Laureate Prize Winner in 2015 for his research on River Blindness, during a visit home to his native Ramelton in Donegal in September 2016.*

**P**rofessor Campbell, a graduate of Trinity College, became the second Irish man to win the Nobel Prize and shared his Nobel Prize in Physiology or Medicine with two other scientists who have also changed the lives of millions of people around the world, by providing powerful treatments for severe medical conditions caused by parasites.

He was awarded alongside the Japanese microbiologist scientist Satoshi Omura, an emeritus professor at Kitasato University, in discovering avermectins, which kill infection-causing parasitic roundworms. Prof Campbell, an emeritus research fellow at Drew University, in New Jersey, acquired Omura's cultures and found that a substance from one of them was remarkably effective against parasites occurring in farm animals. The bioactive agent was purified and named avermectin, then later modified and called ivermectin. The drug knocked out parasites in animals; when tested on humans it had the same powerful effect on the parasite larvae linked to river blindness and to elephantiasis.

Prof Campbell has spoken of the many positive influencers throughout his life and career, including his professor at Trinity College, Desmond Smith who he credited as changing his life by developing his interest in this particular field, parasitic worms, through his mentoring and encouraging him to pursue his graduate work in America which he commenced in 1952.

## Training & Retaining the Ophthalmology Workforce

**T**he College is carrying out research to examine why Doctors choose to specialise as Ophthalmologists, what impact those considerations have on the current training model and what issues in specialty practice influence whether Doctors stay working as ophthalmologists through-out their medical careers.

Challenges in training and retaining the medical workforce are not unique to the Irish Health Service and the tools of evidence based workforce planning are increasingly applied to safeguard the provision of a skilled, innovative and flexible health workforce. The Model of Care, disease prevalence, doctors' productivity and available technology are all some of the things that have an impact on workforce planning. As both the Training and Professional body for Ophthalmologists, the College has an important remit in actively engaging with all of the Institutions across the health service, to ensure that the best medical graduates continue to be attracted to the specialty and most importantly that the specialist skills of our trained ophthalmologists are retained in Ireland and that a career in ophthalmology in this country is a rewarding experience.

The College is undertaking a research project, with the support of HSE National Doctors Training & Planning, to look at what drives the decision to choose ophthalmology, what impact these considerations have on the current model of training and to understand why trained ophthalmologists are not taking up consultant posts or community posts or in some cases not staying in those posts throughout their careers. The project will result in a set of recommendations which the College will make to the HSE.

The Medical Council's 'Medical Workforce Intelligence Report 2016' reveals a gender pattern in specialization with some of the surgical specialties having less than 10% female while others such as public health are over 70% female. Research increasingly reveals that many of the reasons that were once considered to have a most impact on the specialty choice of female doctors are now less gender specific and influence the choice of both male and female graduates, particularly as work life balance concerns have greater influence on decisions than was once the case. Female doctors have historically been more influenced by caring responsibilities when making career and specialty choices, however this influence is now evidenced in the specialty choices of both male and female doctors. Over the past

15 years work life balance has become a stronger influencing factor for both males and females reflecting wider societal trends and perhaps indicating that the influence of work life balance is a generational issue not a gender one.

The gender imbalance between specialties is mirrored by an imbalance between senior and junior roles. Females have been in the majority in Irish Medical Schools since 1990 but this has yet to translate into similar numbers in the most senior grades. In ophthalmology during the training years the numbers of men and women have been equally matched for a considerable number of years now yet the pattern is not repeated at Consultant level where 75% of posts are filled by men. This is reflected across the health service as the majority of NCHDs are female while the number is reversed at Consultant level. Research has shown that female medical students tend to underestimate their technical abilities and the psychology literature demonstrates that an inability to see oneself as competent will have an impact on career choice

A healthy return on investment in medical education is essential and while there is significant demand for ophthalmology services with long waiting lists, many posts, particularly those in the community are currently unfilled. A greater understanding of the lived experience of doctors in the specialty of ophthalmology both during training and in practice, will enable the College to advise the HSE on the impact of the issues identified on the work force and the implications for future planning.

Over the coming months ICO members and trainees will be invited to contribute to the research to develop the evidence base in order to make recommendations on the most appropriate model for flexible training and retention of trained doctors in the workforce. A review of published material is currently underway. A questionnaire is being developed which will be circulated to all College members and NCHDs to generate data that will then be analyzed and inform the recommendations. The research is being carried out directly by the College and your input is very welcome, please contact Siobhan with your suggestions.

# 2017 marks 10th Anniversary of AMD Awareness Week

**A**MD Awareness Week 2017 will take place from the 25th-30th September. This year marks the 10th anniversary of the public awareness initiative which aims to create greater public awareness and understanding of the condition, and encourage those aged 50 and over to get their eyes tested regularly.

The concept of the 2017 campaign theme 'See the Whole Picture' is to create a narrative about life with AMD that has real people at its centre, telling their story. Over the past 10 years, the AMD awareness campaign has been telling Ireland what it is like to live with AMD, but this year the hope is to create an even greater impact with the public, by actually *showing* people what it is like to have AMD.

Renowned Irish photographer Barry McCall has been recruited to capture portraits of people with AMD who wish to share their stories. An everyday moment encapsulating a passion will be captured and that same picture will then be photo-shopped to show how a person with AMD see's that image.

The launch event for AMD Awareness Week 2017 will take place in the newly refurbished National Gallery of Ireland with the portrait exhibition. The photographs will be placed side by side juxtaposing the image of how 'we' see the images and the image as the

person with AMD sees it, with an emotive testimonial which describes the impact of living with their condition.

The ICO would like to thank Mark Cahill, Marie Hickey Dwyer and the numerous ICO members throughout the country who offer their support and time during the week to be available when media requests to speak with eye doctors arise and in helping us source patient case studies. If any members would like to be further involved in this year's campaign, please contact the ICO Communications Manager, Ciara Keenan at [Ciara.keenan@eyedoctors.ie](mailto:Ciara.keenan@eyedoctors.ie)

In the past 10 years, over 5,000 people have benefited from free testing during AMD Awareness Week. Last year, the Novartis Mobile Testing Unit tested 518 people across the country. It also created more than 5 million opportunities to hear and read the campaign key messages via the multi-media approach of print, broadcast and online media relations and interaction.

*Further details on the 2017 campaign are available on [www.amd.ie](http://www.amd.ie) website and on the ICO website. Our thanks to members who have offered their services in previous years to see referrals. The College will be in touch in due course with further details of this year's schedule, which will also be posted on our website and we ask members to please email the College if you wish to be involved.*



*Pictured at the 2016 launch event for AMD Awareness Week were ambassadors and supporters of the campaign, RTE presenter Mary Kennedy, Minister Mary Mitchell O'Conner and RTE Weather Correspondent Evelyn Cusack.*

## Dates for your Diary

### ICO Medical Ophthalmology Sub Specialty Day –

follow up OCT workshop  
Friday 15th September  
Royal Victoria Eye and Ear Hospital, Dublin

### AMD Awareness Week

LAUNCH: 25th September  
25th – 30th September 2017  
[www.amd.ie](http://www.amd.ie)

### Adare Retina Meeting

Thursday 28th September  
Adare

### Fighting Blindness Retina 2017

12-14th October  
Radisson Blu Hotel, Dublin  
[www.fightingblindness.ie](http://www.fightingblindness.ie)  
A special discount will be available to ICO Trainees who register for Retina 2017. Please email [Siobhan.kelly@eyedoctors.ie](mailto:Siobhan.kelly@eyedoctors.ie) to request the code for submission during registration.

### 16th International Paediatric Ophthalmology Meeting 2017

18th – 19th October  
Croke Park, Dublin

### Mater Ophthalmology Meeting

Living with sight loss and conquering blindness: innovations in low vision assistance in Ireland  
Friday 27th October  
Mater, Dublin

### Munster Ophthalmology Meeting

A Vision for the Future Study Day  
Friday 10th November,  
Castletroy Hotel, Limerick

### ICO Winter Meeting

Friday November 24th,  
Dublin (venue tbc)

### RAMI Winter Meeting

Friday November 24th,  
Dublin (venue tbc)

### 2017 Montgomery Lecture, Prof Michael O'Keeffe

Friday November 24th  
Trinity College Dublin

### RCSI Charter Day

Friday 9th February, 2018  
Royal College of Surgeons of Ireland, Dublin

### ICO 2018 Annual Conference

PROV 16th-18th May

*Further details for all events are available on the ICO website [www.eyedoctors.ie](http://www.eyedoctors.ie)*