



## Message from the President

Dear Colleagues,

Welcome to this edition of the College Newsletter. I am honored to address you for the first time in my capacity as President of the College and to have this opportunity to publicly thank Pat Logan for the commitment she has given to the College over the past number of years, a hard act to follow indeed!

You will all be acutely aware of the growing demands and pressures on our health service and the College will continue to advocate on behalf of our patients and the specialty and highlight the need for adequate resources to meet those demands. Recent media attention highlighted the fact that this is a specialty that continues to expand to meet patient needs and we must continue to demand greater attention in the health sector so that we can meet those needs.

*With best wishes*  
MARIE HICKEY DWYER

## ICO Launch Public Information Eye Health Booklet

A public information campaign to promote eye health awareness and the significance lifestyle choices have on eye health was launched by the College at our annual meeting in Killarney this year.

The 'Your Sight, Our Vision' campaign includes an eye health information booklet aimed at educating the public on the importance of early diagnosis and treatment of eye conditions in order to prevent avoidable sight loss.

Kerry Football Captain, Eoin Brosnan lent his support to the initiative and took part in a photocall with Patricia Quinlan, Garry Treacy and Alison Blake, to announce the booklet and to also highlight the public eye health information event taking place in The Malton during the conference week.

Speaking about the need to drive awareness Patricia Quinlan said, "The booklet is a tool that helps us relay the message to the public that simple lifestyle changes can have a big impact, like giving up smoking, eating a healthy diet,

exercise and having regular eye exams, on eye health."

The booklet also highlights the need for people in the higher risk categories, those with a family history of eye conditions and the over 50's, to have regular eye examinations in order to catch early symptoms and the importance of seeing an eye doctor if any

concerns arise.

'Your Sight, Our Vision' is free to the public and available to download by visiting [www.eyedoctors.ie](http://www.eyedoctors.ie) or hard copies for surgeries and clinics can be ordered by contacting the College.



# ICO/Novartis bursary winner



*Clodagh Bremmock, Medical Science Liaison, Novartis, Michael O'Rourke, Winner of the ICO Research Bursary, Paul O'Brien, Chair of the Scientific Committee and Patricia Logan.*

**D**r. Michael O'Rourke, eye doctor at the Royal Victoria Eye and Ear Hospital, the Dublin Academic Health Care Clinical Research Centre and The Conway Institute, St Vincent's University Hospital, UCD, is the recipient of the ICO Research Bursary 2013.

Dr O'Rourke was announced as the winner of the award, supported by Novartis, at the annual conference for his project entitled 'Acute Anterior Uveitis in an Irish Cohort: Clinical Characteristics and Molecular Mechanisms'.

Explaining the research, Dr O'Rourke said, "Anterior uveitis is a relatively common presentation to the ophthalmologist. It is known to be associated with systemic conditions including spondyloarthritis, an inflammatory arthritis of the lower back. In collaboration with rheumatology colleagues, this project establishes those patients attending with uveitis who may have an underlying spondyloarthritis in an effort to diagnose this earlier with improved outcome for the patients."

Dr O'Rourke continued, "From an

experimental point of view, this project is looking at the role of epigenetics in the pathogenesis of anterior uveitis. This will give us further understanding of the disease process itself with the aim of exploring possible future therapeutic targets."

The project is based within the widely published rheumatology research group at St Vincent's Hospital highlighting the collaboration between ophthalmology and rheumatology in common areas to broaden research ideas. Provisional results of this project have been presented at national level to date including this year's ICO Annual Conference at which Dr O'Rourke was awarded the 'Barbra Knox Medal' for best paper presentation

Dr O'Rourke intends to present his research at an international level, saying "The ICO Research Bursary will allow for further expansion on the project in terms of assisting with continuing medical research expenses."

Dr O'Rourke will present an update on his research at the 2014 Annual Conference.

## Educational Bursary for Eye Doctors

**T**he ICO is delighted to announce a new educational bursary for eye doctors.

The bursary, sponsored by MSD Ireland Ltd, comprises two €3000 prizes to support the recipients to attend a training course or international meeting with the overall goal of benefiting both patients and the health service in Ireland.

Speaking about the introduction of the new bursary, ICO CEO Siobhan Kelly, said: "In recognition of the importance of continuous professional development and up-skilling by our eye doctors in practice, the College is delighted to announce this new bursary. The College seeks to encourage and facilitate further training at the highest level for doctors specialising in the field and to provide assistance in achieving this goal of eye care excellence. On behalf of the College, I thank MSD Ireland for their support and recognition of the important contribution this award will make."

Michael Phelan, Business Unit Director, MSD Ireland, said: "MSD are proud to partner with the Irish College of Ophthalmologists to support the education bursary. We believe by supporting education, patients will ultimately benefit. This opportunity is part of our on-going commitment to achieving improved patient experiences and quality of life."

The ICO is inviting interested eye doctors to submit a 100 word statement to the College summarising how their chosen course or meeting will benefit their patients and the health service.

The closing date for applications is the 6th September. Applicants must include name, contact details, training and current post. The bursary winners and presentation of awards will take place at the MSD Glaucoma meeting in Galway on the 27th & 28th September 2013.

The recipients will have the opportunity to write about their training for inclusion in the ICO newsletter.

## NEXT YEAR'S MEETING - Suggestion for the programme?

Do you have a suggestion for next years meeting – please email [siobhan.kelly@eyedoctors.ie](mailto:siobhan.kelly@eyedoctors.ie) before September 6th, 2013.



# Strategic Framework Presentation at Leinster House

One hundred days after the initial launch of the Strategic Framework for Vision Health Report took place in the RHA Dublin, the expert group which form the National Coalition presented the main findings to members of the Oireachtas in Leinster House on the 16th July.



Facilitated by Deputy Mary Mitchell O'Connor and chaired by Senator Martin Conway, representatives from the Coalition highlighted the urgency of putting in place a National Vision Strategy for eye health in order for the government to address its commitment to the WHO objectives of Vision 2020, to eradicate preventable blindness by 2020.

The National Coalition for Vision Health group was convened by the NCBI and Fighting Blindness and includes representatives from vision-related advocacy organisations and healthcare services. The group formed to review the future of eye health in Ireland and is calling on the Government to implement a number of specific recommendations focused on eliminating avoidable sight loss.

David Keegan presented a comprehensive overview of the Cost of Blindness and Sight Loss studies and stressed the long-term economic and social benefits of the government taking action on this urgent issue. David acknowledged that while attempts are being made to improve eye health services, such as the roll-out of the HSE's diabetic retinopathy

screening programme, these developments are long overdue and greater commitment to funding and the provision of eye health services is required in order to tackle the growing incidence of sight loss in the Irish demographic.

Other representatives from the ICO at the meeting included Patricia Logan, Mark Cahill, Maureen Hillary and Siobhan Kelly. Paul Moriarty, Clinical Lead for the Eye Care Programme was also in attendance.

A number of TD's, Senators and political advisors attended the presentation, including Deputy Roisin Shortall, Deputy Robert Dowds, Deputy Denis Naughten, Senator Cait Keane, Senator Trevor O'Clochartaigh and Senator Kathleen Zappone. The presentation was followed by a series of questions from the politicians present to the panel and afforded further opportunity for representatives from the main stakeholder groups to convey to the government the importance of prompt implementation of the HSE National Clinical Programme for Eye Care, with adequate funding.

Senator Conway shared a

commitment he had received from the Minister for Health, Dr James Reilly, to meet with the Coalition to discuss the main findings of the report over the coming weeks. Senator Conway, who is visually impaired, spoke of his personal wish to see the issues addressed by government as a matter of urgency and priority in order to achieve a better future for eye care provision in Ireland.

Senator Trevor O'Clochartaigh expressed his support for the implementation of a Vision Health Strategy by conveying the following message to The Seanad, calling for a debate in the early autumn:

"I congratulate Senator Martin Conway, who chaired a very important presentation in the AV room on the strategic framework for vision health. This showed we are heading into a major dilemma as regards the number of people who will need support because of failing vision. I refer to the cost that may be incurred by the State and how that may be alleviated, with lives made much better, by implementing a strategy sooner rather than later. I call for debate in the early autumn on the area of the strategic framework for vision health, which would save the State money and do a lot of good for people who have visual impairment."



John Nolan, Stephen Beatty and Jim Stack discuss the results of the AREDS2 study and what it means for the future of eye care.



In 2001, the landmark Age-Related Eye Disease Study (AREDS), conducted by the National Eye Institute, provided level 1 evidence that supplementation with a formulation of dietary antioxidants and zinc, which included vitamin C 500mg, vitamin E 400 IU,  $\beta$ -carotene 15mg, zinc 80mg and copper 2mg, but which was devoid of the macular carotenoids, was associated with a 27% risk reduction for visual loss and a 25% risk reduction for disease progression in patients with at least intermediate AMD. The AREDS, therefore, furnished the scientific and medical communities with proof of principle that supplemental dietary antioxidants are of benefit in AMD, and somewhat paradoxically, generated interest in the role that macular pigment might play, given its exquisite biological relevance to the tissue affected by this condition.

The AREDS2 report has recently been published, with important implications for those afflicted with early stage AMD. In summary, AREDS2 recruited 4,203 volunteers with the non-advanced form of AMD, into a five-year study. All patients received the AREDS1 formulation, or

variations thereof, with either placebo (treatment one), macular pigments constituent carotenoids (lutein and zeaxanthin [L+Z]; treatment two), omega-3 fatty acids (docosahexanoic acid and eicosapentaenoic acid [DHA+EPA]; treatment three) or with L, Z and omega-3 fatty acids (treatment four). Dietary habits were also assessed for each patient.

### The 'primary' analysis

The AREDS2 report distinguishes between 'primary' and 'secondary' analyses of the study data. In the primary analysis, the placebo group (treatment group one) consisted of 1,695 eyes of 1,012 patients who received some variation of the original AREDS1 formulation, but no additional treatment (no L or Z, or omega 3). The other three treatment groups also received an original AREDS1 formulation, but in addition received either L+Z (1,714 eyes, 1044 patients), DHA+EPA (1753 eyes, 1068 patients) or L+Z+DHA+EPA (1754 eyes, 1,079 patients). Allocation to treatment groups was random, except that some patients (mostly at their own request) were allocated to a specific AREDS1 formulation.

The purpose of the primary analysis was to decide which, if any, of the three treatments led to improved AMD outcomes (reduced progression of AMD), compared with the reference (placebo) group. "Improved" outcomes in the primary analysis were assessed by length of time before progression to advanced AMD.

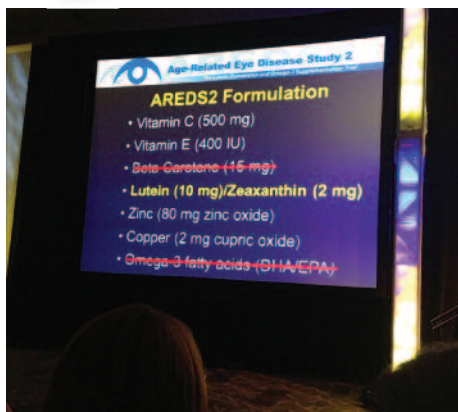
The analysis revealed a 10% lower risk of progression to advanced AMD for the L+Z only group compared with the reference subgroup, but this difference in risk was not statistically significant. This was also the case for treatment group four (11% reduction in risk of progression, but not statistically significant), the other group to receive L+Z. The reduction in risk for treatment group three, not receiving any L or Z, was only 3%.

It is worth reiterating here that the control group in this study is not a true placebo group, but rather a group receiving some form of AREDS1 supplement. Therefore, it would be incorrect to conclude from this study that none of the three treatments is shown to reduce risk of progression to advanced AMD. Such an analysis would not have been possible with this study, as no subject received a true placebo. The correct conclusion from this primary analysis is that, controlling for baseline AMD status, none of the treatments (two, three and four) were shown to significantly reduce the risk of AMD progression relative to the group who received the AREDS1 supplement only (treatment one).

### The 'secondary' analyses

The primary analysis described above was supplemented in AREDS2 with a secondary analysis, where treatment and control groups were re-defined as follows: treatment group = L+Z and L+Z+DHA+EPA groups, combined (3,451 eyes) and a control group = all other patients (3,440 eyes). Thus the





control group now consists of patients who did not receive supplemental L+Z at all; it includes the placebo group from the primary study but also patients who received DHA+EPA only.

Therefore, all patients supplemented with L+Z were compared with all other patients (those not supplemented with L+Z) with respect to progression to advanced AMD.

The crucial difference, statistically, between this secondary analysis and the primary analysis, is that only two groups are now being compared and hence there are far more patients/eyes in each group. The actual reduction in risk for L+Z patients (9%) is similar to the reduction in the primary analysis (10%-11%), but (because of the larger sample sizes) this reduction is now statistically significant. Based on statistical significance, the conclusion from the study is now that supplementing with L+Z does indeed reduce the risk of progression to advanced AMD compared to not supplementing with these macular pigments.

The evidence is even stronger when dietary intake of patients is included in the analysis. Quintile groups were formed on the basis of dietary intake of L+Z. Quintile group one, therefore, consists of patients in the lowest 20% when ranked according to dietary intake of these carotenoids (median = 696  $\mu$ g/1000Kcal per day). In this group, the risk for progression is 26% lower for the L+Z treatment group than the placebo group.

This represents quite robust

evidence that L+Z supplementation reduces the risk of progression to advanced AMD for patients with low dietary intake of these carotenoids. In the manuscript of the AREDS2 paper, it is stated that similar results were obtained when tertiles were used instead of quintiles to define the subgroups. Thus, the study evidence is that the lowest third of patients, based on dietary intake of L+Z will have a reduced risk of progression to advanced AMD when supplemented with L+Z.

Patients supplemented with L+Z,

but who did not receive  $\beta$ -carotene, were 18% less likely than patients receiving placebo to progress to advanced AMD, supporting supplementation of L+Z in the absence of  $\beta$ -carotene.

## Conclusion

As a result of AREDS2, the eye care professional is now furnished with firm evidence that patients with established non-advanced AMD will benefit from supplementation with broad spectrum antioxidants that include the constituents of macular pigment, and that the formulation should not contain  $\beta$ -carotene or omega-3 fatty acids.

## AREDS2 summary

There are many important results emanating from AREDS2. The list below summarizes the main findings from the study:

1. There was no statistically significant benefit (reduction in risk of progression to advanced AMD) for any of the treatments two to four compared to placebo (treatment one)
2. A statistically significant reduction of 9% in risk of progression to advanced AMD was observed for patients receiving lutein and zeaxanthin when compared with patients not receiving these macular pigments
3. Participants with the lowest dietary intake of lutein and zeaxanthin showed a statistically significant reduction of 26% in risk of progression to advanced AMD, when compared with patients not receiving lutein and zeaxanthin
4. A statistically significant reduction of 18% in risk of progression to advanced AMD was found for patients receiving lutein and zeaxanthin in the absence of beta-carotene, when compared with patients receiving an AREDS formulation with beta-carotene (and not receiving lutein and zeaxanthin)
5. A statistically significant reduction of 26% in risk of profound visual loss (i.e. neovascular AMD) was found for patients receiving lutein and zeaxanthin (plus an AREDS formulation) in the absence of beta-carotene, when compared with patients receiving an AREDS formulation with beta-carotene (and not receiving lutein and zeaxanthin)
6. Beta-carotene was associated with poor absorption of lutein and zeaxanthin, with consequentially reduced serum bioavailability of these carotenoids
7. The inclusion of beta-carotene in the formulation was associated with increased risk of lung cancer amongst current and past smokers
8. There was no evidence that supplementation with omega-3 fatty acids was of benefit in any of the analyses reported in this study
9. Supplementation with omega-3 fatty acids or beta carotene had no statistically significant effect on visual acuity
10. Supplementation with lutein and zeaxanthin, omega-3 fatty acids or beta carotene had no statistically significant effect on mortality.

**About the authors:** John Nolan, Stephen Beatty and Jim Stack are all members of the Macular Pigment Research Group based at the Vision Research Center at the Waterford Institute of Technology in Ireland.

# Conference 2013 – Malton

Over 170 delegates from the Irish and International ophthalmic community attended the Irish College of Ophthalmologists Annual Meeting in The Malton Hotel, Killarney from the 29th to the 31st May this year to hear about the latest developments in the field.

Pictured at the Annual Mooney Lecture and Gala Dinner were:



Seated from left, Deepti Thacoor, Olya Pokronskaya, Fiona McDonnell and Emily Hughes. At back, Aine Ni Mhealoid, Evelyn O'Neill, Debbie Wallace, Sara McNally, Sarah Moran and Ruth Tevlin.



Hayder Dyer, Belfast and Edel Lambourn Belfast.



Michael and Cathy Bradbury USA.



Ted and Elizabeth Kennelly, Killarney.



Deepti Thacoor, Galway and George Vartsakis, Galway.



Tom and Norma O'Regan, Tralee.



Max and Evelyn Graham, Dublin.



# Hotel Killarney 29-31 May



*Marie Houlihan, Mullingar; Tim Carpenter, Dublin and Catherine McCrann, Limerick.*



*Mike Burdon, Bermingham; Chris Hammond, London and Ian Flitcroft, Dublin.*



*John Houlihan, Mullingar and Ann McCarthy, Fermoy.*



*Lisa McAnena, Galway; Mairide McGuire, Boyle and Sorcha Ni Dhubhghaill, Dublin.*



*Mark and Patrice James, Cork.*



*Patricia Logan; Gordon Plant, Mooney Lecturer and Marie Hickey-Dwyer, newly elected President, ICO.*



*Sandra Fiorentini, Dublin; Dharm Pandeya, Dublin; Tim Sullivan, Australia and Tahira Saad, Dublin.*



# Eye Health in General Practice

An eye care information event for colleagues in general practice was held on the eve of the annual conference in Killarney. The College liaised with the ICGP to inform their members of the event and circulated an information flyer to all doctors in Killarney and surrounding area inviting them to attend.

Darragh O'Doherty, Timothy Horgan, David Wallace, and John Traynor made up the expert panel on behalf of the ICO and focused discussions on the most common eye conditions GPs come across in their practices.

The College was delighted with the strong turn out by local doctors and the positive feedback on the

topics covered, which included recent advances in management of retinal vascular conditions, ocular surface disease, common eyelid lesions and common eye conditions presenting to the general practise. The ICO is a CPD Awarding Body and the event was accredited for CPD points.

The College recognises the crucial role GP's in the community play to the appropriate referral of medical eye conditions for specialist care and plans to continue to work with the ICGP on future eye health information events. The eye care booklet is being distributed to GP surgeries. The event was a new initiative at this year's Conference and thanks to all those who participated.



*Niamh Connolly, NCBI; Patricia Logan, President, ICO; Lean Kennedy and her dog 'Murphy', Irish Guide Dogs for the Blind; Victoria Elliott, IGD and Geraldine O'Neill, Child Vision.*



*Eugene Mathews, WMO Health; John Traynor and Pat Buckley, WMO Health.*



*Gary Stack, Killarney; Patricia Logan, Outgoing President, ICO and Patricia Mangan, Killarney.*



*Sarah O'Neill, Killarney; Marta Czerner, Listowel and Kate Arthurs, Tralee.*



*Darragh O'Doherty, Tim Horgan, Patricia Logan, President, ICO, David Wallace, Tralee and John Traynor.*



# Report on UEMS Section of Ophthalmology Plenary Session

Sofia June 2013 – Alison Blake

The 67th Plenary Session of the UEMS Section of Ophthalmology was held in Sofia, Bulgaria 15th-16th June 2012.

The Union of European Medical Specialists is an EU wide representative body liaising with the EU Commission divided into sections by specialty. UEMS represents over 1.6 million medical specialists in all the different specialties. It also has strong links and relations with European Institutions (Commission and Parliament), the other independent European Medical Organisations and the European Medical / Scientific Societies.

The UEMS has 39 Specialist Sections, which represent independently recognised specialties. They each created a European Board as a subgroup, in conjunction with the relevant European Society, with a view to defining European standards of medical education and training. They also contribute to the work of Multidisciplinary Joint Committees (MJC) which address fields of a multidisciplinary nature. The Section of Ophthalmology encompasses the European Board of Ophthalmology which offers the EBO Diploma.

The current President (4 year term) is Constantino Bianchi from Italy, General Secretary Guy Aflalo (France) and Treasurer Eija Vesti from Finland.

Elections were held at the meeting for President Elect, Assistant General Secretary and General Secretary.

Dr Hank Bonnemaier (The Netherlands) was elected President

Elect. He will become President in 2015. De Guy Aflalo (France) continues as General Secretary and Dr Denise Curtin (Ireland) becomes Assistant General Secretary, a post held by Mr John Nolan in the past.

Several countries expressed interest in hosting future meetings. Malta will host the next meeting in 2014, Croatia in 2015, and Dublin will welcome our European neighbours in 2016. As the Irish representative I presented Dublin as potential future location with an attractive slide show and the members are looking forward to visiting Ireland.

The Section of Ophthalmology accredits E learning programmes: reviewers are scarce and more are required, each one hour programme takes about two and a half hours to review. Irish Trainers and EBOD examiners are encouraged to partake in this activity.

Accounts of the UEMS Ophthalmic Section will be held as a sub-account of the UEMS Brussels account in future.

Standardisation of specialisation is required by EU directive, the length of time is currently 4 years. A survey of European countries done between members recently shows that this length varies from 4 to 5 years, with some countries including a mandatory time of up to one year in areas of Medicine outside Ophthalmology.

The President has one more year remaining in his term. The 2014 Plenary Session will be in Valletta, Malta

## Montgomery Lecture 2013



Nancy Newman

Dr Nancy Newman will give this year's Montgomery Lecture on Friday December 6th in the RCSI. Nancy is LeoDelle Jolley Chair of Ophthalmology at Emory University School of Medicine. She also holds the positions of professor of Ophthalmology and Neurology, and instructor in Neurological Surgery at Emory University School of Medicine and is a lecturer at Harvard Medical School.

Nancy has more than 350 publications, including scientific articles, book chapters and books, including the primary textbook in neuro-ophthalmology, Walsh & Hoyt's Clinical Neuro-Ophthalmology, 5th and 6th editions. She is co-author, with Valérie Biousse, of the textbook, Neuro-Ophthalmology Illustrated (Thieme), published in 2009.

Nancy has lectured widely throughout the world and is known for her innovative teaching style. She sees both adults and children with neuro-ophthalmologic problems, such as optic nerve disorders, visual field defects and disorders of ocular motility. Her main research interests include disorders of the optic nerve and mitochondrial diseases.

## New Council members

The new members joining Council term were announced at the AGM.

**Alison Blake, Iain Harrison and Yvonne Delaney** will join the College's governing body for a three year term which runs from 2013-2016. **Pat Logan** welcomed the new Council members on board and thanked the outgoing members, **Noel Horgan, David Keegan, Catherine McCrann and Garry Teacy.**

# Mobility is Critical for Persons with Vision Loss according to IGDB Study

Over a third of older people with vision loss never go out independently in their local area, according to a report published in 2012 by Irish Guide Dogs for the Blind (IGDB) and NCBI. The report illustrates reduced mobility greatly affects quality of life and limits opportunities for social participation among persons who are blind or have impaired vision.

The study, which focused on a significant sample of persons registered blind in Ireland, found that over a quarter of younger persons will not go out in their local area without assistance from a sighted person. Over half of those who participated in the study expressed having difficulty getting around in their local area.

Despite being legally blind, the majority of people who contributed to the study have not undertaken any formal mobility training.

## What is Mobility Training?

According to the the Irish Guide Dogs for the Blind, Mobility training commonly means learning to travel through the environment with the aid of a guide dog or long-cane.

Guide dogs help their owner to avoid obstacles in the street environment and they warn their owner when hazards, such as stairs and road works, are approaching. The long-cane enables persons to detect obstacles and changes in ground surfaces, such as kerbs and ramps.

Formal mobility training goes beyond simply teaching an individual how to handle a guide dog or long-cane effectively as a mobility aid. Persons with vision loss also learn excellent direction-finding and problem-solving skills.

## The Benefits of Mobility Training:

Irish Guide Dogs for the Blind is working hard to create better awareness of the benefits of formal training for persons who are blind or have impaired vision. Professional



mobility training benefits persons coming to terms with vision loss as it enhances their health and emotional well-being. Persons also gain greater opportunities to travel, work and socialise.

Padraig Mallon, Chief Executive of IGDB, says "Respondents to this study said they didn't take up mobility training because they manage with the help of a sighted guide yet only 6% of those who use this technique described their perception of their mobility as "very well". We want to ensure that people are not just 'managing' to get by, but are enabled to be as independent as they can be, given their personal circumstances and the level of support that is available to them."

Irish Guide Dogs for the Blind provides a comprehensive set of services which includes mobility training and independent living skills. When ophthalmologists refer patients with considerable vision loss to Irish Guide Dogs for the Blind, the patient may discuss their options and make an informed decision as to which services may best meet their needs.

# Keep an Eye on the Ball for AMD

This year's AMD Awareness Week is running from 23 - 29 September to promote early detection of the signs of Age-related Macular Degeneration, the most common cause of registered blindness in Ireland.

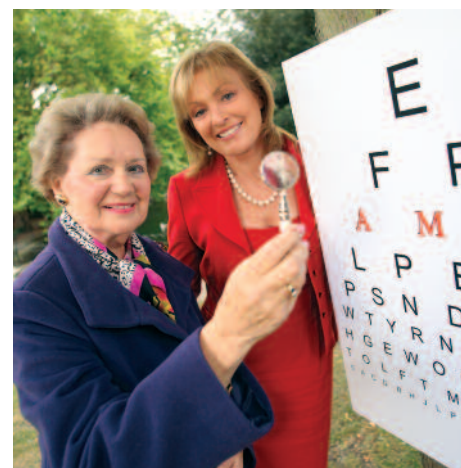
The ICO is working with NCBI, Fighting Blindness, the AOI to increase public awareness of AMD and to highlight the importance of regular testing to identify early signs of the condition.

AMD is the most common cause of registered blindness in Ireland and the principal cause of sight loss for people over the age of 50 in the Western world, affecting one in ten people in that age bracket.

This year's campaign has a sporting focus and is encouraging people over the age of 50 to "Keep an eye on the ball for AMD" with regular eye checks and by maintaining a healthy lifestyle.

Throughout AMD Awareness Week, free testing will be carried out at a range of participating independent opticians and by eye doctors across the country and the mobile testing unit will be on the road visit the following venues in Dublin, Galway, Limerick, Cork and Waterford. Information about AMD and the free testing locations is available for the public to view on [www.amd.ie](http://www.amd.ie)

As in previous years individuals tested who are deemed to require further medical examination are referred on to a list of participating eye doctors. Please let the College know by August 30th if you wish to be included in the list of eye doctors available to test and/or see referrals.



RTE's Mary Kennedy is joined by AMD patient Hilda Barrett launch AMD Awareness Week.



# Launch of the Model of Care for Acute Surgery and the National Policy and Procedure for Safe Surgery

The Minister for Health, Dr James Reilly TD officially launched the Model of Care for Acute Surgery and the National Policy and Procedure for Safe Surgery at the Royal College of Surgeons in Ireland on the 17th July.



*Pictured (left-right), Prof Patrick Broe, Consultant Surgeon, Beaumont Hospital, RCSI President; Minister for Health, Dr James Reilly TD; Martin Varley, CEO, Irish Hospital Consultants Association (IHCA); Áine Carroll, National Director, Clinical Strategy and Programmes, HSE; Mr Ken Mealy, Joint Lead, NCPS & Consultant General Surgeon; Professor Frank Keane, former President of RCSI, Joint, Lead National Clinical Programme in Surgery (NCPS) and Mr Tony O'Brien, CEO/Director General Designate of the Health Service Executive (HSE).*

The National Clinical Programme in Surgery (NCPS) is a joint initiative between the HSE Clinical Strategy and Programmes Directorate, and Royal College of Surgeons in Ireland.

According to Minister for Health, Dr James Reilly, the Model of Care for Elective Surgery, published by NCPS in 2011, is an example of the importance of collaboration between the HSE and training bodies to ensure the successful roll out of the clinical programmes. The model has already had a significant positive impact on the efficient delivery of surgical care to patients in Ireland.

The Model of Care for Acute Surgery has been developed given that up to 60% of the work undertaken in many surgical departments is on patients requiring acute surgical care. These patients are frequently the sickest, are elderly and have co-morbidities with often result in poorer outcomes.

Minister Reilly, stated, "In recent times there has been an 18% reduction

in the health budget with a 10% reduction in health service staff. Despite this there has been a 2.5% increase in activity and a 5% reduction in bed days"

The Model of Care for Acute Surgery sets out the principles and strategies necessary to ensure the provision of high-quality acute care for surgical patients in Ireland. Adherence to these principles, strategies and underlying critical considerations are to ensure that patients experience access to high-quality surgical care through optimum resource utilisation.

Speaking at the launch, Professor Patrick J. Broe, President of RCSI said that 'emergency surgery has to date been the poor relation of elective surgery and unfortunately, internationally, outcomes continue to be a cause of concern. The launch of the Model of Care for Acute Surgery is testament to the determination of RCSI and HSE to improve the safety and quality of care for surgical

patients presenting in the emergency or acute setting'.

Also speaking at the launch, Mr Tony O'Brien, CEO / Director General Designate of the Health Service Executive (HSE), said that 'The adoption of global best practice principles in surgical care, patient safety, change management and business process re-engineering will be the keys to success as we work together to deliver the much needed change and reform that our health service requires'. He continued by saying that he 'hopes the principles contained in the document will guide all hospitals and groups of hospitals in their efforts to provide the best care possible for their patients'.

The President of the College of Anaesthetists of Ireland (CAI), Dr Ellen O'Sullivan, who also spoke during the event congratulated the National Clinical Programme in Surgery for their achievements and highlighted the need for continued team working and broad stakeholder engagement.

The Model of Care for Acute Surgery and the National Policy and Procedure for Safe Surgery is available for download at [www.hse.ie/surgery](http://www.hse.ie/surgery) or at [www.rcsi.ie/ncps](http://www.rcsi.ie/ncps)



*Dr James Reilly TD, Minister for Health.*

Photos: Ray Lohan/RCSI

# Eye tri duathlon

The inaugural Eye Tri duathlon was held in glorious sunshine in the beautiful surroundings of the lakes in Killarney. The three leg team race began with a 3km run, followed by a 20km cycle and finishing up with a 5km run.

Congratulations to all who took part and a special thanks to Dara Kilmartin and David Wallace for organising the event.



## New President Elect

Earlier this year College President **Pat Logan** wrote to the members inviting nominations for the incoming President Elect. Pat was delighted to announce at the AGM that the nomination of **Billy Power** as President Elect was confirmed by Council. Billy has a two year run in as President Elect and will Preside over the College for two years commencing at the Annual Conference in 2015.

## ICO Golf Classic



*John Walsh, Edward Dervan and John Doris pictured at the ICO Golf Classic in Killarney, congratulations to winner Iain Harrison.*

## Upcoming Meetings and Courses

- Sep 5th: Pathology exam preparation course, RVEEH, Dublin
- Sep 12th & 13th: International Paediatric Meeting, Croke Park, Dublin
- Sep 24th: Anaesthesia Course, RVEEH, Dublin
- Sep 27th: Refraction Course, RVEEH, Dublin
- Sep 27th & 28th: Glaucoma Meeting, Galway
- Oct 10th: Retina Meeting, Adare
- Oct 25th & 26th: International AMD Meeting, Convention Centre, Dublin

## New arrival!

Welcome to baby Caoimhe Connell safely arrived on June 18th.

Congratulations to mum Evelyn O'Neill and dad Paul Connell.

