

Message from the President



Dear Members,

Spring is returning and it is time for another newsletter. 2018 marks one hundred years since Irish Ophthalmologists started gathering as a national society, and we look forward to celebrating this anniversary throughout the year. The ICO was formed from the Irish Ophthalmological Society and the younger Faculty of Ophthalmology twenty seven years ago but the IOS was founded in 1918 when the political independence of our country was yet to be established. Ophthalmology is an ancient specialty that owes its roots to ancient India and its name to classical Greece. There have been many advances in eye care since that time and Irish Ophthalmologists have much to be proud of including progress made in the one hundred years that we now commemorate.

The highlight of the year will be an anniversary dinner in conjunction with the Montgomery Lecture on the 16th November.

As part of our role to advocate for patients, the ICO has well publicised concerns about the lack of regulation for medical advertising. A multi-stakeholder meeting was held in 2014 and efforts have continued since to influence law makers and the Department of Health on introducing appropriate regulatory oversight in this area. The College is engaging with the National Patient Safety Office as the Licensing Bill goes through the legislative process.

The ICO Annual Conference takes place in Kilkenny in May and I very much look forward to hearing from our esteemed colleagues and international guest speakers on topics which are of interest to all.

DR ALISON BLAKE

ICO Annual Conference

The Irish College of Ophthalmologists Annual Conference 2018 will be held in the Lyrath Estate Hotel, Kilkenny from Wednesday 16th to Friday 18th May, 2018.

The programme will include a symposium looking at the changing face and future of ophthalmology.

The Mooney Lecture will be delivered by Dr Cynthia Bradford, former President of the American Academy of Ophthalmologists (AAO) and Professor of

Ophthalmology at the Dean McGee Eye Institute/Department of Ophthalmology of the University of Oklahoma Health Sciences Center in Oklahoma City. Dr Bradford's lecture will be on Challenges of Cataracts highlighting the complexity of cataract surgery and the high success rate due to the skill and training of surgeons.

Mr Mike Burdon, President of the Royal College of Ophthalmologists in

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Annual Montgomery Lecture 2017



Prof. Michael O'Keeffe, Consultant Ophthalmic Surgeon and Newman Clinical Professor of Paediatric Ophthalmology, UCD is pictured with Prof. Martina Hennessy, School of Medicine, Trinity College Dublin and Alison Blake, President of the Irish College of Ophthalmologists at the Annual Montgomery Lecture which was held in the Trinity Biomedical Science Institute on November 24, 2017. Professor O'Keeffe's lecture on "The Evolution of Paediatric Cataract Surgery" discussed classification, surgical technique, complications and the recent advances to improve visual outcomes in paediatric cataract surgery. The ICO was honoured to invite Prof. O'Keeffe to deliver this year's Montgomery Lecture in recognition of his significant contribution to the specialty and paediatric ophthalmology in particular. Photos from event on Page 6/7.



Published by
Irish College of Ophthalmologists
121 St Stephen's Green, Dublin 2.
Tel 01 402 2777 · e: info@eyedoctors.ie
w: www.eyedoctors.ie
t: [@eyedoctorsirl](https://twitter.com/eyedoctorsirl)

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

100 Years of Irish Ophthalmological Society

London will speak on his sub specialty of Neuro-ophthalmology together with Mr Patrick Lavin, Professor of Neurology and Ophthalmology at Vanderbilt University in Nashville. Dr Millicent Stone, Specialist in General Internal Medicine and Rheumatology at Guy's and St Thomas in London will also present.

We look forward to seeing everyone in Kilkenny for what promises to be a most invigorating and stimulating programme of talks and knowledge sharing. Further details on the Annual Conference programme are available on the ICO website www.eyedoctors.ie

This year marks the Centenary of the formation of the Irish Ophthalmological Society in 1918, the forerunner to the ICO. The College is delighted to use the occasion of our Annual Conference to launch a special programme of commemorative events to mark the Centenary.

We look forward to honouring the achievements of our forefathers in the specialty, as well as the opportunity to look forward in our goals for the future generation of ophthalmologists in ensuring the highest standards of ophthalmic care in Ireland are maintained and protected.

The Centenary milestone also facilitates an opportunity to celebrate the relationships the ICO and the IOS and Irish Faculty of Ophthalmology before us achieved with our international colleagues and ophthalmological societies, including the Royal College of Ophthalmologists, the American Academy of Ophthalmologists, the UEMS and the SOE. It is this essential sense of collegiality and of a unified community in our common goals that has ensured the advancement of our specialty over the past 100 years and which continues to prosper.

ICO Annual Conference 2018 Guest Speakers



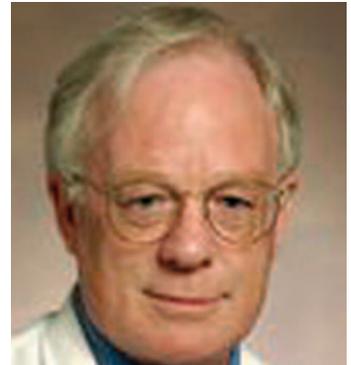
Dr Cynthia Bradford, Professor of Ophthalmology, University of Oklahoma Health Sciences Center, Oklahoma City.



Mr Mike Burdon, President of the Royal College of Ophthalmologists, London.



Dr Millicent Stone, Consultant Rheumatologist in the Division of Ophthalmology Guys and St Thomas Hospital.



Mr Patrick Lavin, Professor of Neurology and Ophthalmology at Vanderbilt University, Nashville.

IOS CENTENARY CELEBRATIONS Request for Photos

To mark the 100th Anniversary of the IOS, the College is currently seeking to collate photos which may be available from down through the years in Irish Ophthalmology in order to create a slideshow of images for display throughout the Commemorative Programme of Events in 2018.

We would be delighted to hear from members who may have photos to share from ophthalmology gatherings over the past decades for inclusion in this visual record.

Members can contact Communication Manager Ciara Keenan Ciara.keenan@eyedoctors.ie or call the ICO office on 01 402 2777

East Coast Ophthalmology meeting

The 4th East Coast Medical Ophthalmology meeting was held in Dublin on the 20th February. Chaired by Alison Blake, guest speaker Barry Quill, Consultant Ophthalmologist at the Royal Victoria Eye and Ear Hospital, spoke on the subject of adult refraction through cataract and refractive surgery in 2018 "to Emmetropia and Beyond". Sponsored by Pamex, the meeting is now well established on the calendar.



Mr Barry Quill speaker, Ms Mairead Heffernan Pamex, Dr Alison Blake Chair, Mr Diarmuid Gavin Pamex.

National Diabetic Retina Screening Report Highlights Globally Unique Programme

The HSE National Diabetic Retinal Screening Programme released its inaugural programme report providing screening statistics for the first two screening rounds of the programme's operation (2013–2015) on November 15th, coinciding with the annual World Diabetes Week.

Launching the report, the Minister for Health, Simon Harris TD, said the free screening and treatment programme is globally unique and he very much welcomed the significant progress being made. He added that when fully implemented, it will halve the rates of blindness and vision loss due to diabetic retinopathy and encouraged all individuals with diabetes to avail of the service.

Mr. Charles O'Hanlon, Head of the National Screening Service highlighted that what makes the HSE National Diabetic Retinal Screening Programme in Ireland unique is having an integrated treatment component and electronic medical records system which allows visibility of the patients through the entirety of their care pathway.

David Keegan, who is Clinical



Charles O'Hanlon, Head of the National Screening Service, Minister for Health, Simon Harris TD, Colette Murphy, Programme Manager and David Keegan, Clinical Director of Diabetic RetinaScreen pictured at the Diabetic Retina Screen launch which took place on November 15th.

Director of the Programme, stated that Diabetic RetinaScreen has already started to deliver positive results for diabetic patients in Ireland, detecting pre-symptomatic disease and providing

sight saving treatments in at risk patients. Uptake rates to the programme are steadily rising.

David said Diabetic RetinaScreen is steadily becoming a world class model which many other nations aspire towards. The electronic health record is a major component which enables the programme to see patients' screening and treatment activity. This supports clear and transparent reporting on all patients' pathways.

Ms. Colette Murphy, Programme Manager said that many international peers at the recent World Sight Day Diabetic Eye Conference in Belfast commended Diabetic RetinaScreen for its foresight to include screening and treatment activity as part of the programme. Close links with international diabetic retinal screening programmes gives us access to new innovations and technological changes, placing us in a fully researched position to adapt to our needs.

The Diabetic RetinaScreen Programme Report 2013-2015 can be viewed and downloaded at www.diabeticretinascreen.ie



Billy Power, Marie Hickey Dwyer and David Keegan

RAMI Research Awards

Winner of Ophthalmology Best Paper Category 2017

Congratulations to surgical trainee Emma Duignan who was awarded the Ophthalmology Best Paper Category for her paper entitled 'Long-term visual acuity, retention and complications observed with the type-I and type-II Boston keratoprotheses in an Irish population' at the Royal Academy of Medicine in Ireland (RAMI) Research Awards on November 29th.

The project was a paper presenting the results of Professor Billy Power's keratoprosthesis patients, a technique learned in the Massachusetts Eye and Ear Hospital from the inventor of the keratoprosthesis, Dr. Claes Dohlman. Dr. Dohlman continues to work at perfecting these devices at the age of 96, an incredible achievement and contribution to our speciality.

The aim was to evaluate the outcomes of the type-I and type-II Boston keratoprotheses in a single Irish centre. A retrospective chart review of keratoprosthesis implantations carried out from November 2002 to March 2014 was performed. All procedures were performed by a single surgeon.

The cohort of thirty-four patients achieved excellent vision. The procedure involves placing a plastic optic within a corneal graft for those patients where all other surgeries are doomed to fail. In the majority of these cases, the vision is very poor prior to surgery. Eighty-five per cent



Dr Emma Duignan, Mr Declan Daly, Santen pictured at the Royal Academy of Medicine in Ireland (RAMI) Research Awards on November 29th.

of the patients achieved an improvement in their vision and fifty per cent of the patients achieved a best-ever vision of 6/12.

These data demonstrate excellent visual acuity and retention outcomes in a cohort with a long follow-up period in a single centre. Complications remain a considerable source of morbidity. These outcomes provide further evidence for the long-term stability of type-I and type-II Boston keratoprotheses in the management of patients in whom a traditional graft is likely to fail.

The paper is published in the British Journal of Ophthalmology (2016 Aug; 100(8):1093-7).



Dr Emma Duignan, Prof Luke Clancy, Dr Patricia Kearney, Ms Annette Burns, Dr Dermot Power President RAMI, Dr Joanne Kenney, Dr William Gallagher, Prof Kevin Barry

Protective Provisions for Open Disclosure included in Civil Liability (Amendment) Act

The Civil Liability Amendment Bill, which includes protective provisions for open disclosure, was signed by the President Michael D. Higgins on the 22nd November last. This bill is now an act and is due to be commenced this year.

A duty of candour (often referred to as open disclosure) is a responsibility on a hospital, medical and nursing staff to disclose to patients and their families if a mistake has been made that has adversely affected the patient. The onus is on the healthcare staff to admit to the patient or their family as soon as they realise their error.

Difficulty with this to date for medical practitioners has been the lack of protective legislation in place, which created uncertainty in relation to admitting an error, apologising or providing information when an adverse event happened as there were concerns this could be used against them in civil proceedings.

The Government has tried to mitigate this through the Civil Liability Bill, which has now passed all stages in the Oireachtas and is due to be signed into law this spring.

The Bill states that, where information and an apology are given, it will not constitute an admission of liability, fault or professional misconduct, and as such will not be admissible in evidence. Nor will it invalidate a contract of indemnity or insurance.

Ireland originally planned to make open disclosure mandatory, as is the case in other countries, but the Bill has passed without the mandatory requirement on medical and healthcare staff in Ireland. It is widely accepted that fewer patients will sue if errors and mistakes are acknowledged from the outset.

The HSE provides training on open disclosure and following her presentation to ICO members at our Annual Conference in Cavan in 2017, any member of the College who would be interested in attending this course can contact Angela Tysall, HSE lead for Open Disclosure at angela.tysall@hse.ie

British Oculoplastics Surgery Society Conference 2018 – Dublin

The British Oculoplastic Surgery Society Conference 2018 will take place in Dublin from the 13th – 15th June in The Printworks conference centre at Dublin Castle.

Tim Fulcher and Gerry Fahy are on the organising committee and delighted to announce esteemed international colleagues, Mr Timothy Sullivan, Brisbane, Australia and Mr Peter Dolman from Vancouver, Canada will be invited keynote speakers.

Timothy Sullivan completed his Ophthalmology training in 1988, and then undertook further subspecialty Fellowship Training in Oculoplastics, Eyelid, Lacrimal and Orbital Disease at Moorfields Eye Hospital, London and Paediatric Ophthalmology in Toronto at The Hospital for Sick Children. He returned to Brisbane in 1992 where he joined the Terrace Eye Centre to provide tertiary and quaternary level subspecialty care. Since then he has also worked in the public sector, conducting the Orbital Clinic at the Royal Brisbane and Women's Hospital and Royal and Lady Cilento Children's Hospitals. Complementing his clinical and research efforts he is involved in medical student, registrar and Fellow teaching as Professor of Ophthalmology for the University of Queensland. He is a former President of the Australian and New Zealand Society of Ophthalmic Plastic Surgery and the Asia-Pacific Society of Ophthalmic Plastic and Reconstructive Surgery, and an active



Mr Timothy Sullivan, Professor of Ophthalmology, University of Queensland.



Mr Peter Dolman, Clinical Professor at The University of British Columbia (UBC).



Tim Fulcher and Gerry Fahy, members of the Organising Committee for the British Oculoplastics Surgery Society Conference 2018 which will take place at The Printworks conference centre, Dublin Castle from the 13th - 15th June.

Fellow of the American and European Societies of Oculoplastic and Reconstructive Surgery. He is on the board of the International Thyroid Eye Disease Society.

Peter Dolman is a Clinical Professor at The University of British Columbia (UBC), Vancouver, Canada and is on clinical staff at five hospitals. He is the director of ophthalmology fellowship programs at UBC, division head of oculoplastics and orbit, and a past President of the BC Society of Eye Physicians and the Canadian Society of Oculoplastics and Reconstructive Surgeons. He is currently the president of the International Thyroid Eye Disease Society. Peter has supervised over 45 international oculoplastics fellows, has delivered over 200 invited lectures, and published 20 chapters and over 70 journal articles. He has volunteered as a surgeon or lecturer in 20 developing nations and has received several departmental

research and teaching awards, the ASOPRS research award (2007) and the Queen Elizabeth Jubilee Gold Medal for community service.

A welcome reception will take place on the evening of Wednesday 13th June at the historical Dublin City Hall, followed by the Scientific Meeting on Thursday 14th and Friday 15th June.

The deadline for abstract submission is March 23rd (midnight) 2018. Notification of acceptance of abstract for presentation and posters will be on April 16th 2018

For registration details and further information, ICO members can visit www.bopss.co.uk. The end of early registration is the 4th May 2018 and please note that there are separate tickets for update day and scientific meeting.

Gerry and Tim are hoping colleagues can join them for what is expected to be a very educational and sociable few days with international colleagues in the Oculoplastic subspecialty.

BOPSS
BRITISH OCULOPLASTIC SURGERY SOCIETY

Annual Montgomery Lecture

Professor Michael O’Keeffe, Consultant Ophthalmic Surgeon and Newman Clinical Professor of Paediatric Ophthalmology, delivered the 2017 Montgomery Lecture entitled ‘The Evolution of Paediatric Cataract Surgery’ on November 24, 2017 at the Trinity Biomedical Sciences Institute, Dublin.



Emma Duignan and Sarah Moran



David Keegan and Philip O'Reilly



Claire Quigley and Geraldine Cunniffe



Ruth Ellard and Olya Scannell



Ann Marie Mongan, Reinold Goetz and Lisa McAnena

ICO Winter Meeting

The ICO Winter Meeting took place on November 24th at the Chartered Accountants House, Pearse Street, Dublin. A Clinical Session on 'Skin to Disc – linking Dermatology, the Ocular Surface and Glaucoma' discussed rosacea and other skin conditions that have conjunctival and corneal effect, and a talk on the management of glaucoma in the context of those challenges. Discussions at the 'I.T. Supporting Clinical Practice' highlighted the importance of the roll out of a robust IT system and electronic patient record (EPR) to the successful integration of community and hospital care, in line with HSE policy contained in the Primary Care Eye Services Review Group Report.



Jim O'Reilly, Paddy Condon and Peter Tormey



Tim Horgan, Sylvia Jungkim and Philip O'Reilly



Marie Hickey Dwyer and Annie Nolan



'Skin to Disc – Linking Dermatology, the Ocular Surface and Glaucoma' clinical session at the ICO Winter Meeting 2017 were (l-r) Prof. Frank Powell, Consultant Dermatologist, Mater Misericordiae University Hospital and the Charles Institute of Dermatology, UCD, Aoife Doyle, Alison Blake, William Power.



'I.T. Supporting Clinical Practice' key speakers (l-r) Gregory Johnston, HSE Programme Lead for E-Referrals, William Power, Alison Blake, Niall Sinnott, HSE Assistant National Director, IT Delivery Director for Primary Care and Gerry Kelliher, Business Intelligence, National Clinical Programme in Surgery, RCSI.

European Board of Ophthalmology

Report by Denise Curtin

The European Board of Ophthalmology (EBO) is a permanent working group of the Ophthalmology Subspecialty Section of the European Union of Medical Specialists (UEMS) and is tasked with overseeing the standards of education in ophthalmology in Europe (UEMS Countries).

The European Board of Ophthalmology Diploma (EBOD) Examination is a test of excellence in ophthalmology, designed to assess the knowledge and clinical skills requisite to the delivery of a high standard of ophthalmologic care both in hospitals and in independent clinical practices. The EBOD is the responsibility of the Education Committee of the EBO. The exam takes place in Paris every year and Trainees must have passed the MRCSI to be eligible to take the examination. The successful candidate may add the title Fellow of the European Board of Ophthalmology (FEBO) after his or her name. Eligible candidates must be in their fourth year of training. The exam has an MCQ and a Viva Voce. Success in the EBO is mandatory in Ireland to apply for Specialist Registration as an Ophthalmologist.

Consultants travel annually from Ireland to participate as examiners. The ICO wish to acknowledge and thank Marie Hickey Dwyer, who has examined for the EBO nineteen times in Paris. The current national delegates are Deidre Townley and Denise Curtin who is chairperson of the CME Committee.

EBO Subspecialty Examinations

EBO subspecialty examinations are carried out in Glaucoma, Cataract and

Refractive Surgery, and Strabismus and Paediatric Ophthalmology.

Successful candidates of the EBO Subspecialty Examinations are awarded an EBO diploma: the Fellow of the EBO Subspecialty Diploma in formal recognition of their advanced subspecialty training and expertise in their chosen field.

The 2018 FEBOS Glaucoma Subspecialty Exam will be held in Vienna, Austria on Friday 21st September 2018 (immediately preceding the ESCRS Congress).

The EBO, the European Strabismological Association (ESA) and the European Paediatric Ophthalmological Society (EPOS) have established a Subspecialty Examination in Strabismus and Paediatric Ophthalmology. The examination is primarily intended for those who have recently completed a one-year fellowship to ICO standards for Fellowship Training in Strabismus and Paediatric Ophthalmology or equivalent training and are starting independent practice.

The FEBOS – Strabismus and Paediatric Ophthalmology exam is a yearly one-day exam consisting of a written and oral part. The Exam is conducted in English.

The first Strabismus and Paediatric Ophthalmology EBO Examination will be held at the Palais de Congress, Paris on 4th and 5th May 2018.

EBO offers 10 training grants annually through its Residency Exchange Programme.

It is a continuous policy of the European Board of Ophthalmology to encourage ophthalmologists to share their knowledge within the countries of the European Union in order to achieve the highest standards of training.

Through its Residency Review programme, the EBO has established a strong network of training centers around Europe, which it has reviewed and certified as EBO accredited. Exchange of residents among these institutions has been taking place since 2001.

Applicants must be residents from European University teaching centers, upon approval and recommendation by the local Chair/University Administration. Hosting centers must be EBO certified. The chosen resident will receive from EBO an honorarium of 1000 EUR.

The *Peter Eustace Medal* was established by unanimous decision of General Assembly of the European Board of Ophthalmology (EBO) in Tallinn on 20th June 2010 as a token of appreciation of the efforts of Peter Eustace from Ireland who established the first EBO diploma examination in Milan in 1995. Peter Eustace Medal is given to an ophthalmologist who has devoted long term and exceptional efforts towards upgrading education in ophthalmology in Europe.

Recipients included Marie Jose Tassignon, Belgium; Roger Hitchings, UK; Jack Kanskii, Poland; and Jose Luis Menzo, Spain.



Khaldoon Al Tahs, Anne Marie Mongan and Fergus Doyle, presented with their European Board of Ophthalmology Diplomas (EBOD), are pictured with Marie Hickey Dwyer and Barry O'Dwyer from Pamex at the ICO Winter Meeting, Chartered Accountants House, Dublin on November 24th 2017.



Paris 2017 successful candidates Kirk Stephenson and Sinead Connolly with examiners Marie Hickey Dwyer and Denise Curtin

Training and Retaining Ophthalmologists in Ireland

Challenges in training and retaining the medical workforce are not unique to the specialty of ophthalmology or the Irish Health Service. 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.

To ensure that the guidance given to policy makers is evidence based, the ICO carried 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.

A wide ranging survey was developed and distributed to ICO members. An additional survey with questions specific to the training experience was circulated to ophthalmology trainees. The data generated by the survey and a series of semi-formal and informal interviews informed a number of recommendations reflecting two broad themes; 'Training the Ophthalmologists of the Future' and 'Retaining Irish Trained Ophthalmologists in the Irish Health Service'

Reconfiguration of Training Pathway

To continue to attract high calibre trainees it is essential to continue to evolve the training pathways in the specialty. A 10-year retrospective review of trainees in ophthalmology revealed a high degree of attrition from those with the option of continuing in medical ophthalmology training only. This can in part be explained by the fact that the specialty has primarily attracted those wishing to pursue a surgical career. To counteract this, those with a specific interest in medical practice must be attracted into the programme and so from July 2018 the choice between medical or surgical ophthalmology will be made at the point of selection & entry not at the end of year three of common core training as has been the case.

Less than Full Time Training

To support trainees who are challenged by the realities of balancing family and work responsibilities, alternatives to the full time five or eight-year training pathway must be considered and supported as appropriate. It is acknowledged that the acquisition of clinical and surgical skills requires a certain intensity and consistency of training. It is also recognised that there exists a perception that seeking out

less than full time opportunities may have a negative impact on training and future career options. Options around 'less than full time but more than half time training' may provide the right counter point to concerns on both sides and should be considered further.

Additional Supports During the Period of Transition from Training to Permanent Post

A recurring theme reflected in the data is the difficulties posed by the non-clinical challenges associated with delivering health care. Many of those in the early part of their careers reported significant difficulties in adjusting to independent practice, in particular those who returned to Ireland after a period of overseas training. Support and guidance is needed during the transitional period, especially for those taking up posts in the public health service. The ICO has introduced a seminar series for senior trainees and early years Consultants aimed at providing some of this support and guidance.

Retaining the Workforce

A major challenge in attracting interested candidates to Community Ophthalmology Posts has been documented,

coupled with a growing challenge in retaining permanently appointed doctors in those posts. The HSE's Review of Primary Eye Care Service identified a number of issues that have exacerbated this situation including clinicians working in isolation with very poorly staffed and resourced clinics. The evidence produced in this research confirms the significant challenge currently being experienced in community practice. The model of care developed by HSE Primary Care in conjunction with the Clinical Programme for Ophthalmology includes a suite of recommendations that, if implemented, will address many of the challenges. This research has also confirmed that concerns over remuneration are having a significant demotivating effect in Community Ophthalmology. This must be addressed to both attract the future workforce and retain the existing one.

Further Analysis

The data collection produced a wealth of information that warrants further analysis, including reviewing the responses by a variety of the recorded characteristics e.g. age group, role, etc. and this is planned.

ONE Network Reminder

The College wish to remind all members of the ICO, including trainees, that you have access to the American Academy of Ophthalmology Ophthalmic News & Education (ONE®) Network by way of being an ICO member.

The ONE Network is an online educational resource that brings together the most clinically relevant content, news and tools from a variety of trusted sources and we encourage our members to avail of this benefit.

Full text access to numerous ophthalmology journals, including Ophthalmology, EyeNet, the American Journal of Ophthalmology, the British

Journal of Ophthalmology, and the Journal of Clinical and Academic Ophthalmology, is also available to ONE Network members.

Members will have received an email from licensesales@aao.org with subject "AAO Access Instructions" with your personal Access Key and the required follow up steps in the last few weeks.

If you have any queries or need further assistance logging in, you can contact the ICO office or email oneintl@aao.org. Further details on the benefits of subscribing to the AAO ONE Network are available for members to review on the ICO website.

Centenary of formation of first Irish Ophthalmological Society 1918-2018

2018 marks the centenary of the establishment of the first ophthalmology society in Ireland, the Irish Ophthalmological Society. This later amalgamated with the Faculty of Ophthalmologists to create the Irish College of Ophthalmologists in 1991.

No documents regarding the founding of the society are extant, however, a verbal account provided by Ms Euphan Maxwell, a surgeon in the Royal Victoria Eye and Ear Hospital Dublin was recorded in 1951, where she recalled the establishment of the society in 1918 by the ophthalmologist, John Benjamin Story. While no details of society's early days are available, it is possible to brief a sketch of the environment in which the society was founded.

The population of the 32 counties in 1911 was 3,139,688 with 10.5% of the population over 65 years of age and while the number of people over the age of 65 has not markedly increased (11.7% in 2011), what could be regarded as significant was that 776,594 people were documented as being unable to read or write in 1911; evidence of a society that had very different requirements from that of the modern era.

John Benjamin Story was one of four senior surgeons the RVEEH in 1918, a time when the hospital had 102 inpatient beds. In common with contemporary Voluntary Hospitals, these surgeons provided their skills to the hospital gratis. Two clinical assistants and three house surgeons attended to the patients, some combining the role of ophthalmic and aural surgery. Contemporary documents reveal that 1,610 inpatients were admitted to the Royal Victoria Eye & Ear in 1919, and a total of 11,452 seen in Outpatient Department, with an average number of 140 patients attending each day. The average number of days spent in the hospital by each inpatient was 22. The doors to the Outpatient opened from 9am to 10.30am each day. An analysis of the inpatients treated in the RVEEH in a single year, shows that 65 were treated for glaucoma, 78 for refraction, 186 for corneal problems, 266 for lens problems, 198 for the conjunctiva: 198, and 132 squint patients were admitted.

A contemporary annual theatre list from the RVEEH document a total of 1060 operations performed with cataract extractions: 281, squint: 106, glaucoma: 35, Enucleations: 62 of which 48 were for trauma and 66 corneal ulcers were cauterised.

In attempting to analyse these figures, one must bear in mind that hospitals had a tenuous existence in the early 20th century



Ophthalmologist John Benjamin Story, credited as Founder of the IOS in 1918. Dr Story served as President of the Royal College of Surgeons in Ireland from 1918-1920. Photo courtesy of the Royal College of Surgeons in Ireland.

as they did not receive any funding from the government authorities. This was the era of the Voluntary Hospitals, where all treatment and support provided for patients was funded by subscriptions, pensions, donations, and fund-raising events. Subscribers to the hospital funds were allowed to recommend patients to the hospital for treatment and other than those who could pay, only those who were recommended by a subscriber were

admitted to the hospital. The Poor law Unions, the local authorities of the day, paid to have Poor Law recipients treated and local businesses subscribed to the hospital to ensure that their staff could receive treatment if required. Although there was a charge for outpatients, all accident cases were always admitted on the basis of clinical need.

An annual income of the RVEEH in 1919 was £7,515, and the combined fees from private patients, donations, Poor Law Union patients (£1,647), annual subscriptions (£842), donations (£237), and war pension payments (£685), did not meet the expenditure for the year of £8,128, of which provisions and groceries (£2,267) and heating (£1,005) were the main expenditure. Medicine and leeches accounted for £457.

The maintenance of the hospital was a community effort and in an era prior to disposable dressings, in 1918 the Lord Chancellor of Ireland, James Campbell, proposed the establishment of a Linen Guild in RVEEH, which he described as 'comparatively modern'. By 1919, the guild had 280 members (each subscribing 10/- each) and the ladies of the Hospital Linen Guild made 6 dozen bandages and 539 garments and provided much of the mending of hospital sheets and clothing often at work parties held every Monday during the winter months.

Louis Werner Snr, one of the surgeons in the RVEEH also acted as a Consulting Surgeon in the Mater Hospital in Eccles Street. In 1917, the capacity of the Eye Wards in the Mater Hospital was increased to 24 beds now placed in adjoining wards to



War injuries: The famous picture entitled 'Gassed' by John Singer Sargent completed in March 1919 demonstrates the appalling impact of eye injuries from mustard gas and illustrates what patients and staff had to cope with. Imperial War Museum, London.

which ensured that the same nursing staff could care for all the ophthalmic inpatients. While a smaller number of inpatients were treated in the Mater (138) the Mater outpatient clinics appear to have had a greater role in treating outpatients with 32,490 outpatients seen in 1917.

The War effort took its toll at the Mater where a general surgeon, Arthur Chance, complained to the hospital authorities about the cramped conditions in the operating theatres and the lack of trained staff because so many had joined up to serve during the war. World War One dominated all aspects of life in the Great Britain and Ireland in 1918, and particularly in the medical sphere. Most hospitals attempted to provide for serving troops and war casualties, and the Eye, Ear and Throat Hospital in Cork treated 5,523 soldiers, sailors and disabled servicemen from 1914-8 and at the outbreak of the war a special ward with 12 beds was set aside in the hospital for the treatment of the military patients. The RVEEH also set

aside beds for military casualties, and in 1916, 111 wounded soldiers were treated there. Ophthalmologists in the later stages on the war were battling a new problem, the impact of mustard gas which had the legacy of leaving many blind.

The first president of the IOS was Arthur Wellesley Sandford who was influential in establishing the new Eye, Ear and Throat Hospital in Cork which opened in 1897. He was Vice-President of the Ophthalmic Society of the UK in 1902-05 and Professor of Ophthalmology and Otolaryngology in UCC. Mr A.M. Killen from Belfast followed Sandford as president of the IOS in 1919, demonstrating that the countrywide remit of the new society.

While John Story is credited with founding the IOS, other responsibilities occupied him in 1918 as he served as President of Royal College of Surgeons of Ireland from 1918-20, and at the same time, he was secretary of the Ophthalmic Society of the UK. While another ophthalmologist,

Sir Henry Swanzy, had also been president of RCSI in 1906-8, it is interesting to note that the ophthalmologist, Charles Edward Fitzgerald was President of Royal College of Physicians in Ireland in 1916-18. In some ways, the early 20th century could be regarded as a golden era for Irish ophthalmologists giving them a confidence in their own ability to establish a society to further ophthalmology in Ireland. This, combined with the dangers from German U-boats when travelling by sea during the war probably stimulated John Story to initiate the events that led to the founding of the IOS in 1918.

Susan Mullaney

Acknowledgement:

The ICO would like to acknowledge Ms Helen Madden, Archivist in Mater Hospital, and Ms Vivienne McGovern in the Royal Victoria Eye and Ear Hospital for their assistance in researching this article.

ICO Advocates for Medical Advertising Provisions in new Patient Safety Legislation

The College is continuing to impress upon the National Patient Safety Office on the importance of the inclusion of provisions on marketing and advertising standards in forthcoming patient safety legislation.

The General Scheme of the Patient Safety (Licensing) Bill was approved by Cabinet on 12th December 2017 and is currently with the Oireachtas Committee on Health for pre-legislation scrutiny. The ICO has been advised that a consultation exercise with various stakeholders engaged in this process, including the ICO will take place later this year to assist in identifying such activities.

The Bill is focused on ensuring that appropriate governance arrangements are being applied by licensed entities, which will include hospitals but will also incorporate high risk designated activities that take place outside a hospital setting. HIQA will become the licensing authority and services will need to satisfy them that they meet minimum requirements to provide safe care.

Statutory laws in relation to advertising for medical services in Ireland are currently absent. The ASAI Code is a voluntary code of practice for members. Following their participation in the 'Medical Advertising in Ireland' multi stakeholder meeting hosted by the ICO in December 2014, the ASAI acknowledged that discussions at this meeting were instrumental in informing the review group as they prepared the 7th edition of the Code, published in 2016. While the ICO welcomed the amendments made to the Health and Beauty sections of the new code, the position remains unchanged and distinct regulation of advertising of medical and surgical procedures is required.

Key areas of concern to the ICO, Irish Association of Plastic Surgeons and the Irish Association of Dermatologists in relation to the direct to consumer advertising for medical services include:

- Direct to consumer advertising of medical procedures is currently unregulated (ASAI code is voluntary)
- Advertising that only emphasises the benefits of such procedures can lead to unrealistic expectations
- Unmet expectations can predispose patients to take legal action
- Medical or surgical procedures must not be regulated in the same manner as consumer or lifestyle goods (current status through ASAI code)
- Currently in Ireland there is no regulatory requirement for advertisements or marketing materials to provide any information on the health risks of procedures.

Examples of coercive and inappropriate direct to consumer sales techniques for medical services include:

- Financial inducements
- Time limited deals
- Celebrity Endorsements
- Package deals (buy one, get one free / refer a friend / reduced prices for 2 person or procedure (2nd eye for laser)
- Surgery offered as a raffle prize

Procedure Specific Patient Information Leaflets and Consent Guidelines

The ICO would like to remind our members of the Procedure Specific Patient Information Leaflets and Consent Guidelines developed by the College for your use. The Patient Information Leaflets on a range of ophthalmic procedures were developed in order to provide patients with clear and accessible information in advance of a proposed procedure.

Effective communication with a patient and ensuring the delivery of the necessary points in a way that is understood is central to the consent process. Consent forms are not binding contracts but do serve as evidence that the process was undertaken by the doctor with their patient. Discussion of risks is a crucial element of informed decision making. Alternatives to and the potential implications of not having the procedure should also be covered with a patient.

Procedure Specific Patient Information Leaflets, developed by the ICO Ethics Committee aim to provide;

- Standardised information – all forms state identical accurate risk information
- Authoritative Information
- Legible information (not handwritten)
- More time to explain complications

The ICO has also developed Consent Guidelines, Refractive Surgery Guidelines and Advertising and Marketing Guidelines for ICO members in the interests of ensuring patients receive clear and unbiased information during the decision making process and in supporting doctors.

All documents are available on the ICO website or members can contact the office if they wish to receive further information.

Progressing the Management of Dry Eye Disease after the TFOS DEWS II Report

Prof. James Wolffsohn, Tear Film and Ocular Surface Society Board outlines the progress with Dry Eye Disease management following the TFOS DEWS II Report and highlights the aims of the next steps in advancing the management of the disease.

Until the TFOS Dry Eye 2nd Workshop (DEWS II), every clinician seemed to have different criteria for diagnosing dry eye disease. The new criteria developed by my diagnostic methodology committee and ratified by the over 150 members of the consensus process narrowed the screening element to just two questionnaires, the Ocular Surface Disease Index (OSDI ≥ 13 cut-off) or the Dry Eye Questionnaire (DEQ-5 ≥ 6 cut-off). In addition to symptomology, a diagnosis of dry eye disease requires at least one of the following three signs to be present to indicate a loss of homeostasis of the tear film: a reduced (ideally) non-invasive break up time (< 10 s cut off for subjective observation, but typically lower for automated devices); hyperosmolarity (≥ 308 mOsm/L in either eye or an inter-eye difference of > 8 mOsm/L with the currently validated clinical device); or

ocular surface staining of the cornea (cut off > 5 punctate spots), conjunctiva (> 9 punctate spots) or lid margin (positive if stained area ≥ 2 mm length & $\geq 25\%$ width).

There is now an evidence-based consensus opinion of diagnosis which should unify global diagnosis of dry eye disease. A challenge to conducting this diagnostic criteria in practice is the lack of availability of some of the diagnostic sign equipment, although technique selection criteria was ability to be conducted in clinical practice as well as non-invasive and objective instrumentation with a high sensitivity and specificity.

Challenges remain on the treatment of dry eye disease also, with a general lack of randomised control trials comparing between treatments (compared to a control) and identifying with what severity and sub-classification spectrum

(from evaporative to aqueous deficient) of dry eye disease they are the best choice for.

Hence the next step to advance the management of this chronic, debilitating disease is conducting a survey of how practitioners currently diagnose and manage dry eye disease and it would be so much appreciated if you would complete this to benchmark your practice against others in Ireland and beyond and to inform future research.

The link is <http://bit.ly/2zmZUIK> and has been circulated to ICO members via email by Siobhan Kelly. It is totally anonymous and takes about 10 minutes to complete (quite a few clicks to complete the table, but it is relatively simple). Thank you so much in advance for giving up your valuable time to be part of this global initiative.

Prof. James Wolffsohn

Mr Peter Barry Memorial Lecture

Mrs. Carmel Barry is pictured with Professor Oliver Findl, Head and Founder of the Vienna Institute for Research in Ocular Surgery (VIROS) at a Memorial Lecture in honour of Mr Peter Barry which took place on the 14th December at the Royal Victoria Eye and Ear Hospital. Professor Findl's lecture was on the topic of 'Lens Surgery and Retinal Detachment: Risks and Prophylaxis'.



Save the Date:

VISION BALL, April 21, 2018

Fighting Blindness and National Maternity Hospital Foundation have joined forces to fund a new Retina Camera for the neonatal unit at Holles St. This Ret Cam will screen 500 premature babies at risk of blindness from retinopathy of prematurity each year. Please join us at the upcoming Vision Ball to help purchase this vital equipment and create a future we all can see for generations to come.



For more information please visit www.FightingBlindness.ie/events or please contact fundraising@fightingblindness.ie or 01 6789 004.

