



Irish College of
Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

ICO NEWS

ISSUE 30

SPRING 2022

President's Message

Dear Colleagues,
Welcome to the
spring edition of the
ICO newsletter.



It is hard to believe it has been three years since our last conference and we look forward to our long overdue reunion at this year's meeting in Kilkenny. It will be an excellent educational meeting, with clinical symposia on ocular surface disease, retina and glaucoma and a dedicated service delivery symposium on planning for the future and the model of eye care developments.

The College is honoured to welcome Prof Stanley Chang, K.K. Tse and Ku Teh Ying Professor of Ophthalmology to present the Annual Mooney Lecture 2022. A specialist in vitreoretinal disorders, Prof Chang has pioneered many of the surgical techniques currently used in this field.

Our sincere thanks to Prof. Colm O'Brien and his fellow members of the ICO CPD and Scientific Committee for the planning and coordination of this years meeting.

The first in the ICO National Education Series 2022 webinars for the integrated eye care team will take place on 28 April. Dr Mairíde McGuire and Dr Sarah Gilmore will give an update on the significant developments at CHO6/CHEast. An overview of the developments in Cork and Kerry eye services, presented by the consultant team at our last webinar is featured in this edition.

I would like to congratulate our Dean, Yvonne Delaney on the launch of the new ICO Masterclass Series in Medical Ophthalmology, which took place on March 24.

Wishing you all a healthy and happy Easter break and it will be fantastic to see so many of you in person in a few weeks' time.

Best wishes,
Tim

ICO Masterclass Series



Pictured at the first meeting of the Irish College of Ophthalmologists (ICO) new National Masterclass Series in Medical Ophthalmology, which took place on Thursday, 24 March at the Radisson Blu, Golden Lane in Dublin were (l-r) Bobby Tang (HMT Yr4), Alan Hopkins (BMT Yr1), Ann O'Connell (BMT Yr3), Gareth O'Dwyer (BMT Yr3), ICO Dean Miss Yvonne Delaney, Jay Jun Lee (BMT Yr2), Christine Bourke (HMT Yr4), Liam Connolly (BMT Yr1), Eimear O'Leary (BMT Yr 2), Shane O'Regan (HMT Yr4).

The launch of a new **ICO Masterclass Series** for trainees currently on the ICO National Training Programme for Medical Ophthalmology is an exciting development for the College in 2022!

The first of the new Masterclasses, welcoming invited speakers from internationally renowned centres, took place on the evening of Thursday, 24 March in The Radisson Blue Hotel, Golden Lane. Mr Luke Nicholson, Consultant Ophthalmologist and Medical Retina Specialist at Moorfields Eye Hospital in London gave his masterclass talk on "Retinal Ischaemia: Evaluation of ischaemia in retinal disease and the role of multimodal imaging" for the inaugural event.

The purpose of the new Masterclass Series is to promote Medical Ophthalmology and the new National Training Programme. It is an opportunity to showcase the expertise of our own specialists in the field and our colleagues in other jurisdictions to expand on this knowledge.

Opening the meeting, ICO Dean of Postgraduate Education, Miss Yvonne Delaney noted how fantastic it was to see the trainees and trainers face to face and paid tribute to all those involved in medical training and in particular to those instrumental in the launch of the new Higher Medical Training Programme over the past four years.

Retinal ischaemia was chosen as the first topic for the Masterclass series as an area that is constantly evolving and its evaluation by trainees is a recurring area of challenge in the Medical Retina assessment in Higher Medical Training.

Whilst Mr Nicholson zoomed in from London for his talk, ICO Basic and Higher Specialist Medical trainees attended for an in-person meeting at the Radisson Blu. Mr Nicholson gave a fantastic 30 minute presentation followed by his own case scenarios to expand on the subject of ischaemia followed by an audience Q&A session. His knowledge and research in the area has brought a significant degree of

clarity into how we quantitatively evaluate clinical ischaemia, and this Masterclass provided a valuable insight into how he applies that to his clinical cases and to his care pathways.

The final 30 minutes was allocated to case reports presented by Jay Jun Lee (BMT Yr2), Bobby Tang (HMT Yr4), Christine Bourke (HMT Yr4) and their teams.

The evening was incredibly educational for the trainees and the College would like to thank and congratulate all who presented on the evening.

Our thanks also to meeting chair Tomás Burke, Mater Misericordiae University Hospital and to Andrea Ryan and Caroline Baily, Royal Victoria Eye and Ear Hospital for their time and excellent coordination of the event and incredible support in the rollout and implementation of the Higher Medical Training Programme module in Medical Retina.

Medical Retina Module Assessments

College Dean, Yvonne Delaney, also took the opportunity at the Masterclass event to sincerely thank and express her appreciation to all the assessors who have taken part in the medical retina module SOE (Structured Oral Examination) throughout the last four

occasions: Andrea Ryan, Caroline Baily, Tomás Burke, Duncan Rogers, Mairide McGuire, Dee Townley, Louise O’Toole, Bríd Morris, Olya Scannell and Patricia Quinlan.

Basic Medical Training and Higher Medical Training Selection Panel 2022

The College wishes to also thank the panel of assessors for the 2022 intake interviews for Basic Medical Training and Higher Medical Training, which took place in March.



Prof Sobha Sivaprasad

BMT Selection Panel 2022: Stephen Farrell, Duncan Rodgers, Margaret Morgan, Caroline Baily, Deirdre Townley, Gareth Higgins and Sarah Moran.

HMT Selection Panel 2022: Michael Williams (external assessor Queens University Belfast), Olya Scannell, Mark James, Donal Brosnahan, Noel Horgan, Susan Kelly, Emer Henry, Mairide McGuire and Margaret Morgan.

Save the date...

Masterclass Series 2022

The next ICO Masterclass Series talk will take place via webinar at 6.15pm on Friday, 22 April with guest speaker Prof Sobha Sivaprasad, Consultant Ophthalmologist, Moorfields Eye Hospital, London on the topic of Age-related macular degeneration and is open to all trainees.

Further details and the registration link will be circulated to trainees via the portal.

The College is also excited to announce that Dr Camiel Boon, Professor of Ophthalmology, Leiden University Medical Center, Amsterdam will present a Masterclass in September on Central serous chorioretinopathy.



Pictured at the ICO Masterclass in Medical Retina on Thursday, 24 March at the Radisson Blu, Golden Lane were (l-r) Dr Mark James, Cork University Hospital and CHO4, Ms Olya Scannell, Royal Victoria Eye and Ear Hospital and CHO7, Ms Andrea Ryan, Royal Victoria Eye and Ear Hospital, Dr Duncan Rogers, Mater Misericordiae University Hospital and CHO9, ICO Dean Miss Yvonne Delaney, Ms Emer Henry, University Hospital Waterford, Ms Dee Townley, University Hospital Galway, Mr Tomás Burke, Mater Misericordiae University Hospital, Ms Caroline Baily, Royal Victoria Eye and Ear Hospital and Dr Margaret Morgan, Royal Victoria Eye and Ear Hospital & CHO7.

ICO Annual Conference 2022

After such a long imposed hiatus due to the pandemic, the College is excited about our reunion in Kilkenny this May at what promises to be an educationally rich and enjoyable three days!

Importantly it will give so many of our trainees and young ophthalmologists the opportunity to present on their work of the past couple of years, and for all of us to engage in person as colleagues and friends.



Lyrath Estate, Kilkenny

The conference will commence from noon on Monday 16th and run until lunchtime on Wednesday 18th May 2022 at the Kilkenny Convention Centre, Lyrath Estate.

Symposia will include a clinical session on Ocular Surface Disease; a service delivery session on 'Planning for the Future' examining medical retina

and telemedicine/virtual review, IOP clinics and glaucoma diagnostic hubs; while a separate symposium focused on the Integrated Eye Care Team will highlight the model of eye care implementation at national, regional and community level.

A clinical session on recent clinical trials in glaucoma, myopia and retina is

also planned.

ICO Dean of Postgraduate Education, Yvonne Delaney, will deliver a dedicated session on the development of the ICO National Training Programme, with particular focus on the Medical Ophthalmology programme launched in 2018. It will also be an opportunity for the College to acknowledge and congratulate the exceptional achievements of so many of our trainees in examinations and accreditation awards over the past two years.

A parallel workshop session on Ocular Movement and OCT, in addition to the paper and poster sessions, ICO medal and prize presentations and the SOE Young Ophthalmologist Lecture 2022, are just some of the many other highlights on this year's agenda.

A parallel exhibition will run alongside the three-day scientific conference with a sponsored breakfast sessions on Tuesday and Wednesday morning, and a separate sponsored session on Tuesday afternoon. Please visit the ICO website www.eyedoctors.ie or members portal for all updates on this year's programme and registration details.

Guest Speakers



Miss Dawn Sim, Consultant Ophthalmic Surgeon, Moorfields Eye Hospital, London. Guest speaker at the Planning for the Future Symposium



Mr Jonathan Clarke, Consultant Ophthalmologist, Moorfields Eye Hospital, London. Guest speaker at the Planning for the Future Symposium



Mr Samer Hamada, Clinical Lead and Consultant Ophthalmic Surgeon, Queen Victoria Hospital NHS Foundation Trust, UK. Guest speaker at the Ocular Surface Disease Symposium



Professor Anthony King, Consultant Ophthalmologist, Nottingham University Hospital, NHS. Guest Speaker at the Recent Clinical Trials session (glaucoma)



Prof Tunde Peto, Retina Professor of Clinical Ophthalmology, Queen's University, Belfast. Guest Speaker at the Recent Clinical Trials session (retina).

Annual Mooney Lecture 2022



Prof Stanley Chang

Prof Stanley Chang, M.D., K.K. Tse and Ku Teh Ying Professor of Ophthalmology will present this year's prestigious Annual Mooney Lecture.

Prof Chang is the former Edward S. Harkness Professor and Chairman of the Department of Ophthalmology at Columbia University Medical Center. He is a specialist in vitreoretinal disorders and surgery, and pioneered many of the surgical techniques currently used in this field. He developed and pioneered several revolutionary surgical approaches to treat complicated forms of retinal detachment, improving outcomes for patients worldwide. He was the first to use perfluoropropane gas in the management of retinal detachments caused by scar tissue proliferation (PVR) on the retina. He developed perfluorocarbon liquids, a 'heavy liquid' used in flattening retinal detachment, and the related surgical techniques for vitreoretinal surgery.

In collaboration with Avi Grinblat, he developed a panoramic viewing system and led in the worldwide adaptation by retina surgeons to this technique.

Prof Chang is the recipient of several honors including the Hermann Wacker Prize from the Club Jules Gonin, Helmerich Prize from the American Society of Retinal Specialists, the Lifetime Achievement Award and the Secretariat Award from the American Academy of Ophthalmology, the Jackson Lecture and the Alcon Research Institute Award.

The Annual Mooney Lecture will take place on the evening of Monday, 16 May and it is our great privilege to host and welcome Prof Chang to deliver this prestigious ICO lecture.

New National Undergraduate Ophthalmology Society

A new national Medical Student Ophthalmology Society of Ireland (MSOSI) for undergraduates considering a career in the specialty has been formed.

The College is delighted to support and work alongside the new society, which was established by 4th year UCD medical students Deon Shaughnessy and Mouayad Masalkhi in recent weeks. The formation of the society provides an important platform for increased engagement at undergraduate level, enabling the ICO to inform students about the national training programmes in both medical and surgical ophthalmology.

Whilst awareness of the surgical training programme is strong at undergraduate level, the College is cognisant of the need to increase knowledge and the profile of the Medical Ophthalmology NTP launched in 2018 and promotion of the career pathways in both medical and surgical ophthalmology.

A series of educational talks will be organised for members of the society through their association with the ICO.

The ICO would like to thank higher surgical trainees Ruth Ellard and Robert McGrath for facilitating a Duke-Elder Prize exam preparation session in early March for medical students. There was a fantastic turnout at this first organised event between the society and the

College so word is definitely spreading!

The College has been engaged in a targeted communications campaign over the past year with the individual University Schools of Medicine, highlighting the newer NTP in Medical Ophthalmology, and is very grateful to the professors of ophthalmology and clinical tutors for their support in this regard.

A 'Career in Ophthalmology' talk and pop up Q&A stand was organised for UCD medical undergraduates on 16 March. Our thanks to UCD ophthalmology tutor Dr Brian Woods and Professor Colm O'Brien for their help in coordinating this event with the ICO. Our aim is to run similar career talks for all final year medical students in the Schools of Medicine throughout the coming weeks and we look forward to continuing our engagement with the educational tutors to arrange these sessions.

If members would like to learn more about the new society, or get involved, we would be delighted to hear from you. Please email ICO Communications Manager ciara.keenan@eyedoctors.ie or contact Deon or Mouayad directly at msosi.ico@gmail.com



Pictured at the Career in Medical Ophthalmology talk with ICO Dean, Miss Yvonne Delaney at UCD on March 16th were Dean Shaughnessy, 4th Year Medical Student and President of the Medical Students Ophthalmology Society of Ireland, Dr Brian Woods, Ophthalmology Tutor, UCD, Mouayad Masalkhi, 4th Year Medical Student and Vice President of the Medical Students Ophthalmology Society of Ireland, and Dr Bobby Tang, Higher Medical Trainee (Yr 4).

Professional Competence

CPD Planning

The Medical Council has confirmed they will in the future require all doctors enrolled on PCS to engage in CPD planning by completing a Professional Development Plan / Annual CPD Plan at the start of each PCS year. We are working with our fellow training bodies to approve a template that will make this process as easy as possible to incorporate as part of your PCS activity. We want to bring it to your attention now so you can consider opting to complete an Annual CPD Plan when the new PCS year commences on 1 May 2022, to build the practice before it becomes a requirement. There is a template ICO Annual Plan on the Member's Portal that you can use to aid you in this process. We will inform you of any updates to the template.

Clinical Practice Audit Suggestion

The ICO suggestion for Clinical Practice Audit for 2021/22 is around sustainability, to select any consumable or process you use over the course of one week in your practice and record whether there is any environmental waste or time inefficiency associated. The survey link to record the details of your audit for PCS purposes has been

circulated to our members by the College. The ICO will upload the credit for audit completion on your PCS online account after you have logged your audit details at the link above.

If you have any queries, please email niamh.coen@eyedoctors.ie.

PCS Year-End Preparation

The end of this current PCS year is on 30 April 2022 so a reminder to please review your PCS online account to ensure you are on target to meet this year's requirements:

- 25 x CPD credits in any category (External, Internal, Personal Learning, Research/Teaching)
- 1 x Clinical Practice Audit

You can also complete the template ICO End of Year Reflection on the Member's Portal, this is basically a recap of the year and any learnings. You can complete the template, upload it to your PCS online account and award yourself 1 Internal CPD credit before the 30th April. Even if you did not complete an Annual Plan/PDP at the start of the year, you can still complete an End of Year Reflection.



ICO reviews eyedoctors.ie to enhance digital accessibility

The College is currently undertaking a review of our website and digital accessibility standards with NCBI Inclusion and Accessibility Labs (IA Labs) to ensure our compliance with the latest Web Content Accessibility Guidelines (WCAG 2.1) standards.

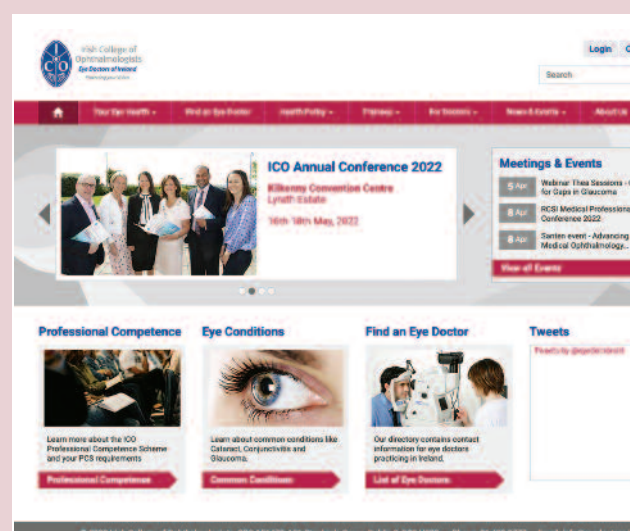
We strive for best practice standards and compliance with the agreed EU and international standards. The website is our public facing information source for the wider public, patients and stakeholders and we are committed to ensuring the information is accessible to all.

In the first round of review, particular attention has been paid to the homepage, 'Your Eye Health' section and the Eye Doctor Directory, as the most visited pages.

The process involves the audit of

our website and a review report outlining where we can improve and upgrade our site is currently under review by our web development company.

When the work is complete and we have reached the AA or AAA standard, the College will publish our Accessibility Statement (WCAG 2.1 Certified) with the NCBI IA Labs endorsement. It will be an ongoing project but the College are committed to showing leadership and example in this area.



Understanding human suffering in pursuit of a flourishing life

Dr Volker Hitzeroth, Medicolegal Consultant at Medical Protection

As we enter the third year of the Covid-19 pandemic, some of us are contemplating the future that awaits us and our loved ones. The past two years have affected all of us in different ways. Dr Volker Hitzeroth, Medicolegal Consultant at Medical Protection shares some thoughts – informed by recent studies – about human suffering to cultivate a flourishing life.

Suffering

Suffering is defined as a state of undergoing pain, distress, hardship, injury or harm. This, however, is rather generic, dry, and bland. Suffering seems to be so much more than that! Hence, more qualitative descriptors from the literature are:

- “Sense of powerlessness or loss of control, feelings of sadness, loneliness or hopelessness”
- “Disconnection from self, others and the world”
- “Descent into the underworld, blackness, nothing, the void, the abyss”
- “That which cannot be put into words but is screaming to be disclosed”

Suffering means different things to many different people. It is varied and multifaceted and a very personal and subjective experience. It is also influenced by numerous factors such as traumatic events, genetics, prior experiences and whether the individual has resilience, support and treatment for their sufferings.

The philosophy and over-arching theories of suffering suggest that there are several different approaches to human suffering:

1. *Actively acknowledging and responding to suffering, where suffering is seen as positive and a force for the good:*

With this belief, suffering serves a higher purpose, and overcoming suffering leads to a more authentic life where we can explore our limits, grow and mature. We get to find ourselves and discover what is of value and significance to us. In short, suffering is a way to turn an

adversity into an opportunity for personal growth.

2. *Accepting suffering and possibly even becoming indifferent to it, where suffering is neutral:*

Suffering is a natural part of our life and our existence. It is normal and cannot be avoided. It is neither good nor bad and has no meaning in and of itself but rather is indifferent and inherently meaningless. The challenge is to accept its presence and live with it.

3. *Escaping and eliminating suffering, where suffering is seen as negative and a force for the bad:*

Suffering is seen as an unwanted, evil and unnecessary in life. It is best avoided, alleviated or eliminated. It requires intervention, treatment or a cure and must be actively curtailed through an intercession.

Many interventions have been posited to reduce suffering, stress, sadness and burnout. The literature is awash with suggestions and recommendations ranging from mindfulness and meditation, from therapy to treatment and from physical exercise to specific diets and healthy eating. Much of this is evidence-based and widely accepted.

Unfortunately, very few of us manage to continue with these helpful interventions for any length of time. Most people, including healthcare professionals, struggle to maintain healthy habits and often give up on our balanced diet and exercise. Our busy lives make it difficult to engage in such healing behaviour while we have family and work responsibilities, and healthcare professionals feel obligated to be

available for on-calls and emergencies.

However a recent study has shown that there are several protectors of wellbeing. The research suggests that harbouring an attitude of gratitude (showing appreciation and being thankful) and practising tragic optimism (remaining optimistic in the face of tragedy) seem to be most effective at promoting and protecting our wellbeing. Social support, a connection with nature and physical activity are also helpful.

What if the suffering we experience or witness, is so extreme and profound with no relief or reprieve?

Sometimes, the suffering we experience or witness, is so immense and so unrelenting that traditional healing interventions seem unhelpful or misdirected. We are left feeling utterly helpless and even hopeless. What can we do and what may help? The literature suggests that while we may not be able to actively relieve the suffering in such tragic circumstances it may be helpful to:

- Be present – create a safe space where the sufferer is not alone and can be heard and their suffering can be acknowledged.
- Give permission – permission to talk, to share and to confirm the hurt and harm that is being experienced.
- Connect – as a fellow human who cares, shares, and supports.
- Bear witness – notice the suffering, recognise it, name it, shine a light on it, document it and give it a voice.

Finally, lest we forget, we should practise compassion. Compassion for the sufferer, but also become receptive

to receiving compassion when we are in need ourselves.

Flourishing

Human flourishing is thought to be a broad and composite state of wellbeing.

Achieving a state of flourishing may seem unachievable and distant when suffering is visible all around us. We tend to think that it is only by exception that someone could reach a state where they flourish, where all the important aspects of their lives align in a state of positivity. Some believe that it is good luck and circumstances that bring forth a state of flourishing – and that there is very little that we ourselves can do to achieve this state.

A recent article outlining an evidence-based guide to activities that promote human flourishing is particularly helpful. Tyler VanderWeele from the Harvard University has reviewed numerous activities and has published a four-step guide to promote human flourishing:

1. Cognitive steps:

- Gratitude – making a list of things that one is grateful for and then discussing these and reflecting thereon
- Savouring – recognising what is good and then attending to, appreciating, and enhancing any uplifting and positive experiences
- Imagining one's best future –

imagining one's best possible future self and future life and then writing about it, reflecting, and discussing this with selected individuals.

2. Behavioural steps:

- Using character strengths – identifying character strengths and using them in a novel manner daily.
- Acts of kindness – engaging in acts of kindness and helping other people.
- Volunteering – participating in volunteering activities enhances wellbeing and social contacts as well as fostering a sense of purpose.

3. Engagement:

- Work and employment – meaningful work encompasses having to contribute to society and addressing the needs and desires of our communities
- Marriage, family, and relationships – our close relationships are the foundation of life and attempts to improve these through education, counselling and working through difficulties is likely to improve wellbeing and encourage flourishing
- Religious service attendance – the study finds that regular religious

service attendance improves mental and physical health, is meaning-making and encourages social cohesion, all of which improve wellbeing and flourishing.

4. Addressing psychological distress:

- Address low mood and depression – identify, and recover from depression
- Address fear and anxiety – alleviate and master anxiety
- Forgiveness – practice to forgive others for the wrongs they have done (this does not mean that one must forgo the judicial process, condone their actions, or reconcile with the individuals concerned).

According to VanderWeele, engaging in the above-mentioned activities on a regular basis we are likely to improve our wellbeing and may even flourish.

If we want to live and work in a world where human suffering is diminished, and where most of us can flourish, let us embrace strategies, encourage plans, and implement policies that reduce suffering and cultivate a flourishing life for all.

As part of membership, Medical Protection offers an independent, confidential telephone counselling service to members experiencing work-related stress. For more information, visit <https://www.medicalprotection.org/ireland/support-advice/counselling-service>

Assisted Decision Making Legislation – HSE Webinar Series 2022

The Assisted Decision Making (Capacity) Act 2015 was signed into law on the 30th December 2015. This Act applies to everyone and is relevant to all health and social care services. The Act is about supporting decision-making and maximising a person's capacity to make decisions. The Act will be commenced in June 2022.

The HSE is running a series of monthly information webinars, organised by the HSE National Office of Human Rights and Equality Policy and HSE Strategy and Research, on the Assisted Decision Making Act throughout 2022.

The objectives of the webinar series are to:

- Stimulate discussion about practical implementation of the 2015 Act
- Provide guidance to services and practitioners
- Identify areas of uncertainty and learning needs
- Explore case studies with the framework of the 2015 Act

Recordings of the webinars will be made available on the HSE website HSE Assisted Decision Making

ICO National Education Series

Webinar for the Integrated Eye Care Team December 2, 2021 **Expansion of Ophthalmology Services Cork/Kerry**

The ICO, in conjunction with the National Clinical Programme for Ophthalmology, hosted the third event in the National Education Series for the Integrated Eye Care Team (IECT) via webinar on Thursday, 2nd December 2021.

The meeting provided an update from the ophthalmic consultant team on the progress for the development of regional ophthalmic services in Cork/Kerry to integrate hospital and community service and plans for the future. The meeting was chaired by National Clinical Lead for Ophthalmology Prof. Billy Power.

The team discussed the new Community Centre in Ballincollig, Co. Cork due to open later this year.

Mr Eamonn O'Connell, Consultant Ophthalmic Surgeon at Cork University Hospital, and a driving force behind the service expansion plans for the region, opened the meeting with an overview of the journey to date for the team, discussing the progress now in motion, as well as the challenges they encountered and their continued aspirations to bring the project plans to complete fruition.

At the starting out point of the project 8-10 years ago, he said the capacity of the units in Cork and Kerry were completely overwhelmed by the growing demands, with ophthalmology services greatly impacted by an ageing population and a lack of adequate funding.

Ophthalmology had also experienced rapid advances and the development of new treatments, including intravitreal injections where the demand has grown exponentially, essentially doubling the pressure on ophthalmology departments around the country over a very short time period of 5-10 years.

This demand is expected to double again in the 10 years to 2031. While some units around the country were able to increase capacity and resources to cope with the new demand, no additional capacity was delivered in Cork/Kerry.

Services in the region therefore



The banner features the text "INTEGRATED EYE CARE TEAM" in large, bold, blue and purple letters. To the right is the logo of the Irish College of Ophthalmologists, which is a circular emblem with "I CO" in the center, "Irish College of" on the left, and "Ophthalmologists" on the right. Below the main text, it reads "ICO National Education Series" and "In collaboration with the National Clinical Programme for Ophthalmology".

remained in a 'fixed' capacity state trying to deal with the rapidly expanding demand for injections, urgent and emergent conditions are displacing all other activity and preventing access for patients with chronic sight threatening conditions such as glaucoma, macular degeneration and cataract and the waiting times for outpatients continue to grow.

Making Change

Eamonn O'Connell outlined how now, retrospectively, the team involved in the project can review the steps they took to deal with the chronic and unsustainable situation, albeit with many challenges along the way.

This started with Information gathering to build the case about existing capacity versus demand, including activity data, demographic data and incidence/prevalence data to clearly demonstrate the mismatch between available service resources and capacity and patient demand. This was useful in communicating with the hospital clinical director, CEO and risk management team, but also critically with the wider goal of reaching the decision makers in the

Health Service Executive and the Minister for Health.

The team continued to collate data on the number of patients affected by AMD, diabetes, glaucoma, cataract, and time sensitive paediatric conditions, highlighting the risk of permanent and irreversible vision loss as a direct consequence of delays accessing services.

In his presentation to the integrated eye care team, Eamonn O'Connell pointed out how a targeted communications drive, identifying those most appropriately positioned to affect change and take ownership of the issues was undertaken.

The final piece of the puzzle was very much the realisation of the need to bring people along with them, Eamonn said, and a belief in the solutions that were clearly outlined in the key recommendations of the Clinical Programme Model of Care and HSE Primary Care Eye Services Review Group Report.

"These policy approved documents provide a clear roadmap and a very 'concrete reference point' for eye care and management teams on the direction they are working towards to deliver improved eye care services."

Cork/Kerry Integrated Eye-care Services Review Group (CKESRG)

A dedicated Cork/Kerry Integrated Eye-care Services Review Group (CKESRG) was formed, comprising representatives from the acute hospital units in Cork University Hospital and South Infirmity Victoria University Hospital (Orla Healy, Tess O'Donovan, Helen Donovan, Darren Hickey, Geraldine Barry Murphy) with the Community groups in CHO4 (Teresa O'Donovan, Magella Daly, Nuala Scannell (project lead) and Mary-Ellen O'Mahony).

Ballincollig Primary Care Centre – Community Eye-Care Services

The working group was responsible for drawing up the business case on the future roadmap for community eye care services developed at Ballincollig Primary Care Centre.

The new Community Centre will offer future space (circa 20 clinical rooms), to accommodate 36 newly recruited staff and will allow for over 30,000 patients a year to be seen at the facility. This will be an enormous benefit to the current congestion in the hospital and community services, Eamonn said, allowing access for patients with stable glaucoma, AMD and paediatric conditions to be seen thereby restoring access for patients with surgical needs in the acute system, including cataract.

Two dedicated purpose-built injection clean rooms are designated for intravitreal injections, which will provide the potential for 280 injections per week. This future additional capacity would provide a three-fold increase to current injection capacity. The facility will also house OCT rooms, clinical examination room, waiting room, and appropriately designated storage rooms. The layout lends itself to a high flow treatment service.

Dedicated Eye Care Theatres

Plans for the development of a second eye-theatre in South Infirmity Victoria University Hospital (SIVUH) will also improve access for patients requiring cataract and other surgeries. A third dedicated eye theatre at SIVUH is in the business case plan for the expansion of services 2021-2031, required to

accommodate ongoing growth in demand for cataract surgery.

The collaborative Cork/Kerry Review Group also meant that the new Consultant Ophthalmologists posts, approved by the acute hospitals, but without physical space to accommodate their service, can now be delivered across an integrated model at the Ballincollig site and the acute hospital.

The appointment of three new Consultant Ophthalmologists posts has been approved for the area. Two of these have already been filled by Dr Mark James and Dr Daniel Coakley.

Funding and Ongoing Plans

The business case for the expansion and integrated eye care services in Cork / Kerry is completed and securing the funding required to fulfil the vision is the current focus.

An expansion of the ophthalmic workforce will be required in the next 10 years to meet existing and projected future demand. This will necessitate expansion of the consultant workforce from five to 16 for Cork/Kerry, with an associated increase in the numbers of doctors in specialist training, and recruitment of allied health professional including optometrists, orthoptists, nursing, technician and admin staff to support the service.

Eamonn O'Connell confirmed there is a lot of optimism about the project at every level that the funding will follow, and that the seeds of something transformative for Cork and Kerry are finally happening, with hope of a bright future ahead for eye care services in the region.

In his presentation, **Dr. Daniel Coakley, Consultant Medical Ophthalmologist at Cork University Hospital** outlined the progress in establishing an interim service at St. Mary's Medical Eye Centre prior to the planned opening of a permanent centre in Ballincollig in 2022 to allow the transfer of services from the hospital to the community.

The temporary facility is located at St. Mary's Health Campus north of the city, approximately 5 km from Cork University Hospital. The campus contains a range of primary care services, including an established paediatric ophthalmology unit.

They have been successful in recruiting a multidisciplinary team, which has allowed for the commencement of clinics. This will make up the core ophthalmology team, to be expanded when the move to Ballincollig takes place in 2022.

Patient Pathways

Prior to commencing clinics, a consultation process to agree patient pathways with surgical colleagues in the acute hospital was initiated. The main issues discussed included the method of surgical referral, direct cataract and intravitreal injection listings, the timings for minor op and laser session and the emergency care pathways.

There is still a reliance on the acute hospital for minor operative procedures, lasers and intravitreal injections, but plans are in place for the expansion of imaging capabilities and injection lists when the team transfers to Ballincollig.

The initial patient cohort will be review long waiters from Cork University Hospital, estimated to be approximately 13,500. The team has begun triaging these patients and placing them in categories to plan for specialist clinics such as Age-related macular degeneration, glaucoma, paediatrics and general medical ophthalmology. Running these specialty clinics will improve the efficacy of this service, increase capacity and help plan for future virtual clinics.

Virtual Glaucoma Clinics

An important component of meeting this demand will be the establishment of virtual glaucoma clinics and a need to redesign patient pathways to improve capacity, reduce overdue review intervals and enhance the patient experience.

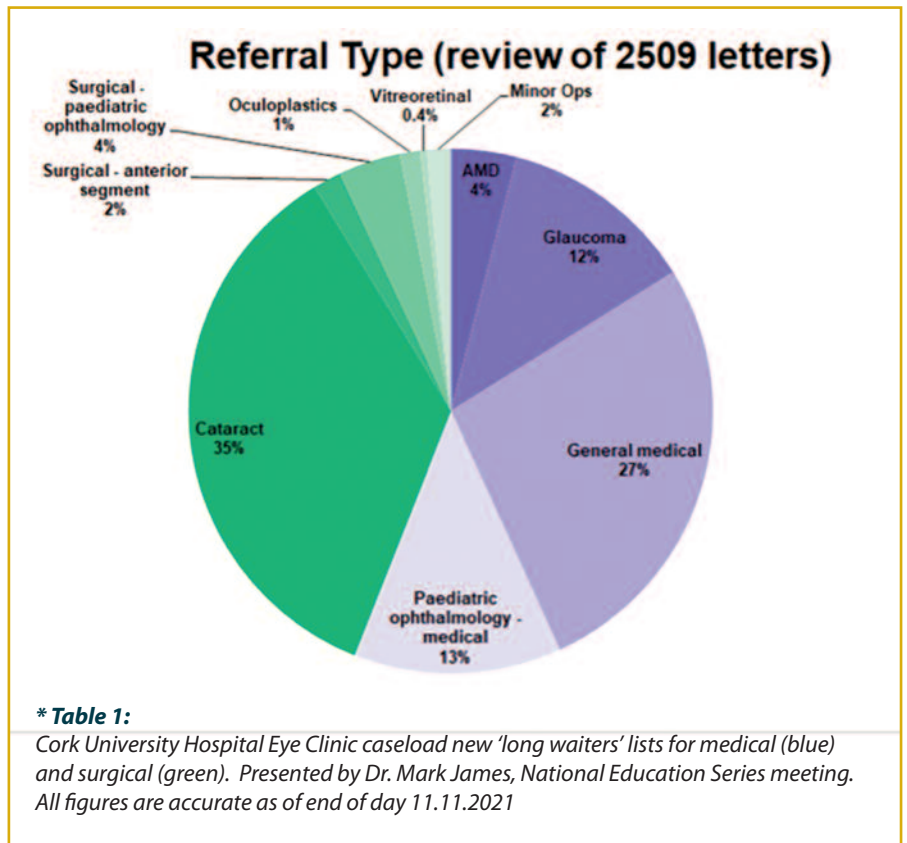
Daniel pointed to current UK national guidelines, which recommend virtual clinics for patients with ocular hypertension, glaucoma suspects or early glaucoma. However due to the increasing demand, particularly as a result of the COVID pandemic, many centres have expanded patient eligibility for these clinics. Studies so far show these to be safe and effective.

Billy Power highlighted the many virtual glaucoma clinics in operation across the UK and Northern Ireland, and the importance of engagement with colleagues to learn from their experience. He also stressed the importance of utilising the skills of the allied health professional teams for these clinics, and in particular the skillset of optometrists for the virtual glaucoma clinics, remarking on the plans in Ballincollig to expand their virtual clinic team with a clinical optometrist.

Opening his talk, **Dr. Mark James, Consultant Ophthalmologist at Cork University Hospital** highlighted the early stages of development the project in Cork is currently at and welcomed the platform the ICO and Clinical Programme National Education Series provided for engagement with colleagues who might be further on in the process of the reconfiguration of eye care service delivery. He pointed to the aspirations the ophthalmic team have for Cork/Kerry, and the importance of the opportunity to profile regional projects on a national scale and receive feedback and advice.

The current structure in Cork involves the community ophthalmic service, the interim medical ophthalmology service in St Mary's Primary Care Centre (which will expand when transferred to the permanent Ballincollig site in 2022) and the tertiary hospital eye service. Mark highlighted the importance of integrating these services, and the advantages of community ophthalmic services joining the medical ophthalmology team to review difficult cases and allowing for ongoing management, thereby hopefully removing some of the traditional isolation barriers experienced by community ophthalmologists in the past and enhancing a greater shared knowledge base.

Mark also reinforced the importance of the Integrated Eye Care Team model, highlighting the key rationale for establishing the team is to deliver a health service that is patient focused, promotes evidence based practice, decompresses hospital based eye services and improves timely access to care for patients in the appropriate setting and level of complexity.



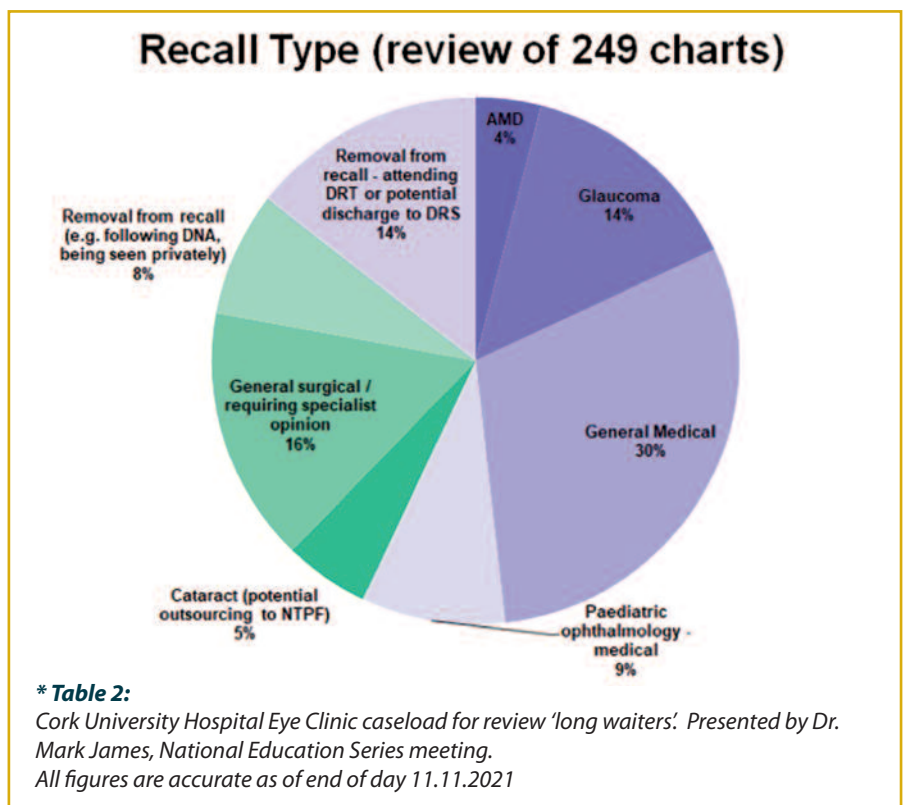
Current 'Long Wait' (new and review) List – surgical and medical

Mark James presented an overview of the workload breakdown that currently exists for the CUH ophthalmology service for both new and review cases in terms of medical vs surgical

ophthalmology.

For the CUH eye clinic caseload new 'long waiters' lists, this involved reviewing thousands of referrals (2509 letters) – see table 1.

The team also examined the review 'long waiters' (249 charts), patients who were typically seen in 2017 for conditions such as AMD, paediatric squint and glaucoma who were told to



come back in 6-12 months and are still on the waiting list for that review appointment (see Table 2).

The majority (71%) of the cohort are for medical ophthalmology (highlighted in blue); however, there are currently just two medical ophthalmologists appointed, versus five surgical consultants. This also reinforces the need for increased resourcing of the integrated eye care team to help address the lists as the majority of these cases can be transferred to community ophthalmology services and taken off the main hospital waiting lists.

Of the review patients, 14% are Diabetic Retinopathy patients, and with the development of the national Diabetic Retinopathy Screening (DRS) programme, these patients can be seen in the community with digital surveillance or directly by attending the national DRS. This is a significant cohort of the review long waiters where services in the community exist and could be discharged, showing the potential of a reduction of 14% off the hospital waiting list. This combined with the 8% who are 'removal from recall' following a Did Not Attend or were seen privately in the interim shows the potential to remove 20% from this review wait list, albeit with a huge amount of administration work, Mark highlighted.

Existing Community Eye Service Cork / Kerry

The existing community eye services are entirely paediatric in Cork, with an adult eye service in Kerry.

One Community Ophthalmic Physician (COP) is currently serving the four local health authorities in Co. Cork, with the recent retirement of another COP. One ophthalmologist is currently in University Hospital Kerry, providing a paediatric and adult eye service. Combined, this is for a population of 690,000 in the region, so highly

inadequate. Equally, services are lacking with just 1 x 0.6 WTE orthoptists with additional hours provided by another (semi-retired) orthoptist for Cork and no orthoptists in Kerry, and 1 WTE clinical optometrist, Oliva Donegan, who contributed to the presentation at the integrated eye care team virtual meeting to outline the work on the ground at St Mary's clinic in CHO4.

Members can view the recording of the December 2 meeting on the members portal under 'Professional Competence/ Ophthalmology Meeting Recordings.'

Save the date...

28 April National Education Series Webinar

Title:

Successful implementation of the Primary Eye Care Team in CHEast – Challenges, Learning Points and Future Direction

Thursday, 28 April from 9.30am – 10.30am.

The meeting will provide an update from CHO6 / CHEast eye care team, with presentations from Consultant Medical Ophthalmologists Dr Mairíde McGuire and Dr Sarah Gilmore.

Agenda and registration details will be circulated to ICO members via the portal.

Board activity updates

The current Board Members are; Tim Fulcher, President & Chair of the Board, John Doris, Patricia Quinlan, Kathryn McCreery, Paul Connell, Joanne Kearney, Colm O'Brien, Caroline Baily, Mairíde McGuire, Eamonn O'Connell, Aziz Rehman and Sean Chen.

To keep members up to date the Board has decided to include an update on its work in each edition of the newsletter. During 2020 and 2021, the College undertook significant work to ensure compliance with the Charities Regulator Governance Code. The College Constitution was updated and a comprehensive governance code was developed. All Council members are now formally registered with the Companies Office as Board Directors. The term length continues to be three years but as per Charities Regulator requirements the maximum length of time any one individual can serve

cumulatively as a Board Director is nine years. Due to the increasing regulatory requirements of the role the College no longer has an Honorary Secretary but rather a Company Secretary with specialist knowledge. This role is currently carried out by Ms Brona Kavanagh, the College's Accountant.

The terms of three members will conclude at the next AGM and three new members will join the Board. Board meetings are also attended by Billy Power, Clinical Lead, Yvonne Delaney, Dean and Siobhan Kelly CEO who acts as secretary to the Board. As a post graduate training body the College is

also regulated by the Medical Council and it is a Medical Council requirement that external and lay people are involved in the governance structures and the College is working towards satisfying this requirement in 2022.

Reflecting Charities Regulator requirements the ICO Board works to an annual work plan to inform the agenda for each Board meeting. This work plan is available for members to view in the members portal. Currently much of the activity is given over to addressing the accreditation requirements of the Medical Council. The College as a body and the training programmes it oversees, must meet a detailed list of standards set by the Medical Council. The regulatory requirements and the administrative work that this entails, has grown significantly in recent years and addressing this burden will continue to inform a considerable part of Board activity as 2022 unfolds and in future years.

Joint UKISCRS Meeting & Prof Peter Barry Memorial Lecture



Pictured at the Joint UKISCRS (United Kingdom & Ireland Society of Cataract & Refractive Surgeons) Meeting and Prof Peter Barry Memorial Lecture which took place in The Conrad Hotel, Dublin on Thursday, 31st March were: Ms Rizwana Khan, Mr Tom Flynn, Mr Paul Ursell, Prof William Power, Mr Maynak Nanavaty, Prof Dara Kilmartin, Ms Kathryn McCreery, Mr Richard Parkard, Prof Louis Collum, Prof Colm O'Brien, Mr Paul O'Brien, Professor Sathish Srinivasan .

Mr Richard Parkard's Prof Peter Barry Memorial Lecture entitled 'Towards the perfect anterior capsulotomy' was a reflection on the developments and long historical innovations on one of the most important steps in cataract surgery.

Save the date...

ICO Masterclass Series
(virtual) ARMD 21 April

RCSI Charter Day –
Ophthalmology Surgery
Parallel Session
21 April

National Education Series for the
Integrated Eye Care Team
(virtual) 28 April

ICO Annual Conference
16 – 18 May

Visit www.eyedoctors.ie for a listing of
upcoming events

Call for Papers - RAMI Research Awards 2021

The Royal Academy of Medicine in Ireland (RAMI) has announced the call for papers for the RAMI Research Awards 2021 with ophthalmology included in the categories.

The Awards will take place (in person) on 7 June, 2022 at the Royal College of Physicians of Ireland. Attendance is by invitation only for the authors of the three shortlisted papers in each category.

The awards are open to all those involved in Irish medical research who have had an original research paper published in an indexed journal between 1 January, 2020-31 December, 2021.

**Closing date for submissions:
Friday, 29 April, 2022.**

Further details at www.rami.ie