



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

# Newsletter

ISSUE 13

WINTER 2015

## Message from the President

Dear Colleagues,

I hope you are all well as 2015 draws to a close. This year the increases in indemnity costs have been a significant concern for many of our members. This edition of the newsletter includes a special report on what is driving the increases and details how the College is working to counteract those issues. Following representations from our colleagues working in independent medical practice we met recently with Simon Kyall CEO and others from the MPS to discuss both the broader issues but more specifically the proposed 100% increase in subscription charges for medical ophthalmologists. The increases appeared to have been in isolation from any corresponding increase in risk or claims and if imposed would have made it impossible for many of our medical colleagues to continue in practice. The discussion with the MPS was comprehensive and I am very pleased to report that they have agreed to reverse the increase for this particular group of eye doctors. I will continue to work towards alleviating the high cost of indemnity for all members.

I look forward to meeting with many of you at our Winter Meeting on December 11th. The event will give us another opportunity to discuss mal-practice and the positive steps we can take to minimise the risk – protecting patients and protecting doctors. Our Annual Montgomery Lecture will also take place on December 11th. Prof. dr. Marie-José Tassignon will join us from the University of Antwerp to deliver this year's lecture in the RCSI, which promises to be an interesting and festive event.

With best wishes  
BILLY POWER



## ICO Publish Report on Medical Advertising in Ireland

**The ICO has published a report examining direct-to-consumer advertising of medical and surgical procedures in Ireland.**

The 'Direct-to-consumer medical advertising report – informing and empowering patients, doctors and healthcare professionals' is a further step by the ICO to address factors influencing rising medical indemnity costs in Ireland.

The concern of ICO members on the increases in the cost of medical indemnity and its impact on the sustainability of continuing practice was discussed in detail at this year's annual conference. The College is committed to working with the relevant decision makers and legal experts in actively supporting the

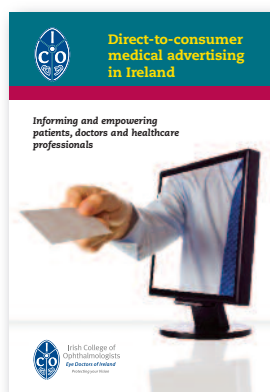
resolution of some of the issues driving the significant increases.

The aim of the Medical Advertising Report is to highlight, in the interests of patient safety and

transparency, the urgent need for regulation of medical advertising in order to ensure all prospective patients can make a fully informed decision before undertaking a procedure. The report stresses that standards and safeguards for responsible advertising and marketing

must apply equally in the public and private sectors.

A special feature outlining the on-going work by the ICO to address rising indemnity rates is on pages 10 to 14.



## Bursary Winners Announced at Adare Retina Meeting

**Two research projects have been awarded funding for this year's ICO/Novartis Eye Research Bursary 2015-16. The winners were announced at the Adare Retina Meeting on October 1st.**

One study, led by Dr. Khalid

Kamel, looks at a genetic weakness which may predispose glaucoma patients to optic nerve damage. The clinical project is examining the role of mitochondrial DNA mutations and

*Continued on page 2* ➔



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

consequent mitochondrial dysfunction on pseudoexfoliation (PXF) glaucoma.

The second study, led by Dr. Ghaleb Farouki, is an animal based project investigating the potential protective role of neutralising interleukin-18 binding protein on the development of laser induced choroidal neovascularisation in a mouse model. The research is aimed at identifying patients at an increased risk of developing Wet AMD

The expert panel this year was led by Professor David Henshall, Associate Professor of Physiology at the Royal College of Surgeons Ireland, and included Jeremy O Connor, Chair of the ICO Scientific and CPD Committee and ICO President Billy Power.

Explaining the rationale for his study, Khalid, an eye doctor at the Mater Misericordiae University Hospital in Dublin said, "To date there is very little known about the genetic defects in the mitochondria in glaucoma patients. Our research group published an exciting paper in 2014 which found that 50% of patients with primary open angle glaucoma have a mitochondrial genetic defect. We now want to look at a different sub-type of glaucoma called pseudo-exfoliation glaucoma, and to know if the patients with this genetic weakness find it hard to produce enough energy from their cells to be healthy and to clear away the waste products."

Blood samples and skin biopsies will be collected to extract cells for the study, which will be tested for mitochondrial genetic weaknesses and measure the ability of the mitochondria to produce enough energy for the cells to live and survive.

Speaking about the potential outcome, Khalid said, "If our study demonstrates that glaucoma patients with a mitochondrial gene defect are unable to clear away toxic waste products from cells, then we would propose that these patients would benefit from 'across the counter' medications (such as Co-Enzyme Q10) that enhance mitochondrial function to help control their glaucoma disease



L-R Jennifer Coppins, Medical Advisor, Novartis Ireland, Khalid Kamel and Marie Hickey Dwyer.

mechanism. This can eventually help in reducing the morbidity of glaucoma by decelerating visual loss."

Ghaleb Farouki, at the Royal Victoria Eye and Ear Hospital in Dublin, was also announced as a recipient of the ICO/Novartis bursary for his project entitled 'Neutralising Interleukin-18 binding protein (IL-BP) as a potential therapy for treatment of neo-vascular AMD'.

The study is being carried out under the supervision of Mark Cahill, Sarah Doyle and Matthew Campbell at the Ocular Genetics Lab at Trinity College Dublin.

Speaking about the study, Ghaleb said, "Current treatment for wet AMD is based on blockage of the action of vascular endothelial growth factor (VEGF) in the retina. Inflammation plays a significant role in the development of AMD and in disease progression. Interleukin-18 (IL-18) is a cytokine that has been highlighted as having useful anti-angiogenic (against the development of new abnormal blood vessels) effects, with promising results in animal studies including the use of exogenous interleukin-18 as a therapy on its own and in combination with established treatments.

The study will use antibodies to block IL-18 binding protein to

increase levels of both intra-ocular and systemic IL-18, thus promoting its anti-angiogenic effect.

Ghaleb added, "This treatment strategy, while novel, holds translational value and promise of real-world application, including as a prophylactic treatment to prevent progression to wet AMD and as an added option for patients who are refractory to current available therapies".

Speaking about this year's bursary recipients at the Adare Retina Meeting, Dr. Jennifer Coppins, Medical Advisor, Novartis Ireland said, "Novartis is proud to fund this bursary, which helps support the development of the future leaders in ophthalmology. This year's entries were of a very high calibre and I'd like to congratulate the winners and wish them well in their research and future careers".

The ICO thank Novartis for their continued support and recognition of the important contribution this award makes in facilitating doctors to undertake a period of research or specific training in an eye care centre of excellence.

The winners will present an update on their work at the ICO Annual Conference 2016 in Killarney.

# ICO Winter Meeting

**O**n Friday 11th of December the ICO will hold its first Winter Meeting in the College of Anaesthetists, Merrion Square, Dublin. The programme at the annual summer conference has become increasingly busy and the winter meeting will give an opportunity to the College to focus on professional practice issues.

*Minimising Malpractice Risk* will be the topic for the morning session with a range of speakers from across the health and legal sectors.

Ms Angela Tysall, HSE Lead for Open Disclosure will talk on the new national policy. Mr Asim Sheikh, Barrister at Law will talk about how best to do the consent process.

We are also pleased to announce that President of the Medical Council, Mr Freddie Wood, will contribute to discussion at the meeting, particularly in light of their study on 5 years of complaints.

## RAMI Winter Meeting

The RAMI winter meeting will follow in the same venue that afternoon until 5pm. A programme will be circulated once the abstracts have been selected (closing date for submission of abstracts in 19th November).

## Business Case Preparation

On the morning of the ICO winter meeting a workshop on Business Case preparation is being organised with Trainees and NCHD's in particular in mind.

The workshop, entitled "*At first I was blind but now I can see!*" will be given by Mr John Doris, Consultant Surgeon at University Hospital Waterford.

The one-hour workshop will open with tips on how to productively negotiate and briefly discuss effective leadership styles and explore change management. The major section of the workshop will surround the writing of a business case within the context of the Irish health service, concentrating on



Asim Sheikh



Freddie Wood

business fundamentals, planning and financial calculations. The aim is to provide a framework of how to effectively engage with management structures to allow successful implementation of innovations.

The venue is the College of Anaesthetists at 22 Merrion Square and the workshop will start at 8.45am. Annual appraisals for Higher Surgical Trainees are being scheduled to run concurrently with the ICO winter meeting and will take place in the CoA also that morning.

## NCBI Presentation at ICO Winter Meeting

The ICO and NCBI are committed to developing a stronger alliance between our two organisations in order to ensure the best possible care and support outcome for individuals who are living the differing degrees of vision impairment.

Chris White, CEO of the NCBI will give a brief overview of the services the NCBI provides and the importance of early intervention for individuals with sight loss to maximise their functional vision and to ensure patients are fully informed of the support available to them.

The benefit of the services the NCBI can give to individuals, from even the early onset of sight loss, is significant in terms of improving the person's quality of life and their independence. It is important to note that 95 percent of people using NCBI's services have useful vision and are not totally blind.

The NCBI is focused on assisting people with maximising their functional vision and therefore, early intervention with the service can be of greater benefit than a delayed referral. Anybody experiencing problems with their eyesight, to the point where everyday tasks are becoming harder to carry out, can be referred to NCBI for assessment.

An online referral system for doctors was introduced earlier this year by the NCBI. See [www.ncbi.ie](http://www.ncbi.ie) or the ICO website for further details.

## Ocular Prosthetics Ireland

**O**cular Prosthetics Ireland is located in Child Vision, Gracepark Road, Drumcondra, Dublin 7.

Fiona Kirwan is Consultant Ocularist. The service provides clients with fitting and fabricating of artificial eyes, cosmetic shells and associated services.

Patients with a medical card should contact their local HSE office for approval. Those with private health insurance may be able to recoup some of the cost from their provider.

Open Monday to Friday (excluding bank holidays) 7:30-5:30.

For a free consultation contact Fiona 086 888 2600 or email at [info@ocularprostheticsire.com](mailto:info@ocularprostheticsire.com).

For further information contact Sr. Bernadette Lanigan at Temple Street Children's Hospital Tel: 087 383 9440 or [email: ocularpros@gmail.com](mailto:ocularpros@gmail.com)

# "One Design with Multiple Derivations"

The Annual Montgomery Lecture will take place in the RCSI on the evening of December 11th. This year's lecture will be given by Prof. dr. Marie-José Tassignon, Professor of Ophthalmology at Antwerp University Belgium, Faculty of Medicine and Chair of the Department of Ophthalmology at Antwerp University Hospital since 1991. Prof. dr. Tassignon was Medical Director of the Antwerp University Hospital for 8 years until October 1st, 2015.

An ophthalmic surgeon since 1985, Prof. dr. Tassignon initially trained in vitreo-retinal surgery and retinal detachment. She moved to the anterior segment of the eye in 1992 and focussed on cataract and corneal surgery but remained active in vitreo-retinal surgery, though in decreasing order of importance in surgical volume.

Prof. dr. Tassignon is involved at the board level in many national and international ophthalmological societies and acquired a well-known reputation in the field of ophthalmology, mainly in the subspecialty of cataract and refractive surgery. She has dedicated much of her research activities in the field of cataract surgery, where she developed the innovative bag-in-the-lens implantation technique to avoid the development of the so-called secondary cataract, the main complication of the traditional lens-in-the-bag implantation technique.

She is author of 7 patents; inventions related with cataract surgery and developed ophthalmic instruments in collaboration with the industry. She has been successful in acquiring €5 million in grants nationally and internationally.

Professor Tassignon's lecture on December 11 entitled 'One Design with Multiple Derivations' will examine how the development of a new IOL led to new obstacles that had to be solved.



Professor dr. Marie-José Tassignon

In her overview, she explains, "Ring caliper for precise ACCC needed to be designed and other rings were developed to augment capsular support in the absence of intact capsular bag. On the other hand, new insights were possible regarding the anatomy and physiology of the anterior vitreo-lenticular interface of the eye which leads to new hypothesis regarding developmental cataract".

## ICO Winter Meeting

Friday 11th December

### College of Anaesthetists

8.45am **Business Case Preparation Workshop**

9.45am **NCBI Services**  
Chris White, CEO of NCBI

10.00am Coffee

10.15am **Minimising Malpractice Risk**

Ms Angela Tysall,  
HSE Lead for Open Disclosure

Mr Asim Sheikh, Barrister at Law

Mr Freddie Wood,  
President Irish Medical Council

12.15pm Lunch

1.30pm **Royal Academy of Medicine Ophthalmic Section Winter Meeting**

### RCSI

6.00pm **Pre-Montgomery Reception - RCSI**

6.30pm **Montgomery Lecture**  
Prof. dr. Marie-José Tassignon  
Professor and Head of Ophthalmology Department, University Hospital, Antwerp, Belgium

## ICO Annual Conference 2016

The College is delighted to announce that the Annual ICO Conference for 2016, which marks our 25th Anniversary, will be held in the Europe Hotel Killarney from the 18-20th May.

# Medical Careers Day

**T**he ICO participated in the Medical Careers Day on the 19th September in Dublin Castle. The one day event organised by the Forum of Irish Postgraduate Medical Training Bodies, HSE and the Medical Council is open to all interns and fourth/final year medical students.

It offers a programme of career advice and guidance with speakers from the Postgraduate Medical Training Bodies, HSE and the Medical Council. Minister for Health, Mr Leo Varadkar gave the opening address. Other key speakers included Eilis McGovern, Director of the National

Doctors Training Planning, HSE, Freddie Wood, President of the Medical Council and Professor John Crowe, Chair of the Forum of Irish Postgraduate Medical Training Bodies.

Claire Harnett gave an excellent talk on a career in Ophthalmology while Conor Malone and ICO communications manager Ciara Keenan, were on site to provide information and answer questions from students interested in a career in eye care.

The event attracted close to 400 medical students. Feedback from the day revealed that overall students found the event to be an extremely valuable experience, offering an informative and relevant programme of talks and an appreciation of the level of available interaction with representatives from the specialties to answer their queries.

*Ciara Keenan, Irish College of Ophthalmologists, Dr Helena Yoo, Intern, St. Vincents and Shuying Ho, RCSI*



## 'Your Defining Moment' - AMD Awareness Week 2015

**T**he theme for this year's AMD Week, which took place from the 14-20th September was 'Your Defining Moment'. The campaign focus was to urge the public to take control of their eye health and avail of free testing for AMD throughout the week.

The ICO would like to thank our members who offered to see referrals. The campaign generated considerable media coverage yet again this year, including an excellent interview with Mark Cahill and his patient Noel Delaney on TV3's Ireland AM.

Now in its 8th year, the awareness week has gained significant momentum and in turn public awareness of the condition is increasing each year. It is an important annual initiative for the ICO and our members to participate in, alongside the other key stakeholders from eye health involved.



# Your Training Counts – Medical Council Report

**T**he results from the Medical Council's third Your Training Counts report were launched by Minister for Health Leo Varadkar on the 15th of October. The report focuses on the career intentions of trainee doctors, along with the 2015 Medical Workforce Intelligence report which provides a detailed overview of doctors' practice in Ireland, and includes data on the number of doctors in each specialty practising in Ireland.

Speaking at the launch, Minister Varadkar said "Doctors in training are the future of our health service. It's essential that their voices are heard. Their concerns should be at the centre of all decisions about medical education and training. The *Your Training Counts* report and the *Medical Workforce Intelligence* report provide vital information for me as Minister and will help the Department's ongoing efforts to encourage Irish-trained doctors to choose Ireland. I want to commend the Medical Council for its work in this area."

The Minister added, "There are more doctors in Ireland than at any point in the past ten years with 300 additional consultant and 1,000 NCHD posts created since the Government came to office in 2011. Nonetheless, we are struggling to fill consultant posts in many hospitals and fewer Irish-trained doctors are coming back to Ireland than in the past. I want this to change. The Government is now acting by making posts financially attractive again through new pay scales that recognise experience and higher qualifications, reductions in taxes and the pension levy, by reducing working hours and by implementing the MacCraith Report."

Minister Varadkar said the colleges and training bodies also need to act by giving doctors in training more certainty about their rotations, taking into account that couples do not want to be separated and ensuring that they get protected training time.

He said, "It is evident from this survey that those most likely to leave have had a bad experience during training and many describe being bullied by other or senior staff. Doctors in training need to be treated

with respect and courtesy by everyone working in our health service. We have invested a lot in them and they should be seen as assets not workhorses. I am encouraged that younger doctors are more likely to say that they see their future in Ireland and I hope that is reflective of some of the changes made in recent years."

Speaking about the report findings, President of the Medical Council Professor Freddie Wood said: "*The Medical Workforce Intelligence* report provides us with doctor exit rates and information on the practice arrangements of all doctors in Ireland, while the *Your Training Counts* report gives us an insight into the career intentions of trainees and the reasons why certain doctors are planning to leave. While there has been much speculation on this issue, it is welcome to now have a strong and clear evidence base as to why these doctors are opting to leave medical practice in Ireland. These findings will

inform the work of postgraduate medical training bodies, employers and policy makers as part of a system-wide focus on retaining as many Irish-qualified doctors as possible."

CEO of the Medical Council, Bill Prasifka, also commented on the report findings saying: "The robust evidence that has emerged from these reports helps to clarify critical challenges facing medical education and training in Ireland. While we may have expected younger doctors to be more interested in working abroad, in fact the data is showing that it is doctors over the age of 35 who are most likely to indicate their intention to leave."

## Findings in the reports include:

- Over one-in-five (21%) trainees intended to either 'definitely not' or 'probably not' practise medicine in Ireland for the foreseeable future. 54% intend to practise medicine in Ireland for the foreseeable future, with a further one in four (25%) undecided.
- Trainees who were frequently bullied in post were twice as likely as those who were never bullied to express an intention to leave medical practice in Ireland;



Minister for Health, Leo Varadkar speaking at the Medical Careers Day at Dublin Castle.

- Trainees on higher specialist training programmes (years 4-6) were most likely to say they did not intend to practise in Ireland for the foreseeable future (30%), compared to 14% of Registrars, and 14% of those in GP training.
- Older trainees (aged 35-39) and trainees in certain specialties (Radiology, Anaesthesia, Psychiatry and Medicine) were most likely to want to leave medical practice in Ireland. Doctors training in Occupational Medicine, Pathology and Paediatrics were most likely to indicate their intention to practise in Ireland for the foreseeable future.
- Trainees that had an illness, health problem, or disability that limited their daily activity were twice as likely than other trainees to express an intention to not practise in Ireland for the foreseeable future;
- Trainees who intended to leave medical practice in Ireland reported lower wellbeing, poorer quality of life and worse health than trainees who intended to stay;
- Male trainees (25%) were more likely than females (18%) to state an intent to not practise in Ireland for the foreseeable future;
- In total, across all age groups 41% of doctors on the register are women. Among doctors under 35, 56% are women;
- Galway, Cork, Waterford and Westmeath had the highest density of General Practitioners per 100,000 of the population, with Longford, Kilkenny and Monaghan having the lowest.

Mr Prasifka continued: "It is now becoming clear that trainee doctors are not just leaving for a 'gap year' but are prompted to leave by their experience of the clinical learning environment in the Irish health system, including the culture of bullying. The Medical Council is committed to doing everything it can to ensure that our health service offers

doctors in training good places to work and learn and are looking to partner organisations to do the same so that we can secure the future of the health system in Ireland."

### Focus on Ophthalmology

The report published findings that trainees in ophthalmology (58 per cent), surgery (32 per cent) and medicine (16 per cent) were most likely to have an interest in changing specialty areas.

In table 2 on page 10 of the report, it lists that 42% intend to stay in ophthalmology while 58% wish to move to surgery for their long-term career.

As this high attrition rate was inconsistent with the ICO's records, the College contacted the Medical Council to get a better understanding on the information contained in the new Report on the intention of ophthalmology trainees to change speciality.

The Medical Council responded by saying they group the specialties as 'specialty blocks'. As such trainees, who are currently in core or basic ophthalmology training who have the intention of continuing onto specialist training in surgical ophthalmology, are recorded by the Medical Council as intending to change from ophthalmology to surgical training.

The ICO highlighted to the Medical Council that ophthalmology is somewhat different than some of the other specialties in that it encompasses both medicine and surgery so the criteria used in this instance to categorise our trainees intentions does not fully reflect the structure of training, which is a continuum from compulsory core training through to medical or surgical ophthalmology.

The Medical Council acknowledged that they had discussed having this proviso on the data in the report but decided to leave the information as it was printed. They said that in the future, especially given our feedback, that they will include some further explanatory information.

## AAO ONE Network launches new features

**T**he ICO would like to remind members of the resources available to you through the AAO's ONE Network, which now has over 15,000 pages of content, including 1,700 videos and 3,500 downloadable images.

The AAO want to ensure that members of the ONE Network are getting the most out of the resource and have therefore created a number of tools and communication resources that can assist you in accessing the network.

The recent updates mean that when members log on to use the ONE Network, they will be able to access a greater extent of new content, such as a library of 3,500 free clinical images, basic skills courses, master class videos and self-assessments.

Several new features will be launched on the ONE Network during November, including the Plastics Center, Paediatric Center and Pathology Atlas.

The upgraded facility will also find content easily and quickly using a powerful new search engine and customise a visitors learning experience with the "My ONE Network" tool. The updated version allows members to view clinical content on any mobile device.

All our members, including trainees, have access to the ONE Network resource by way of being a member of the College. The ICO strives to keep our members connected to the AAO and provide updates on their on-going activities. The advantages of this close alignment of our organisations are of great mutual benefit.

ICO members have personal login details but if you have any queries or have forgotten your username or password or need instructions on logging in to the ONE Network you can contact the ICO directly or email [oneintl@aao.org](mailto:oneintl@aao.org).

*If you would like more information on the tools available, please contact Annamarie Hastings at [ahastings@aao.org](mailto:ahastings@aao.org).*

# ADARE RETINA MEETING



*Tom Stumpf, Biergiacomo Grassi and John Dorris*



*Maureen Hillary, Marie Hickey Dwyer, Philip Cleary and Catherine McCrann*



*Michelle Coffey, Carol Gallaher and Yvonne Delaney*



*Kahirul Nazri Mohammad and Michelle Fenton*



*Ann Collins and Ann McCarthy*



*Fiona Darcy, Maridea McGuire Ursula Behan & Marie Sweeney*





Frank Kinsella, Rob Acheson, Guiliana Silvestri, Marie Hickey Dwyer, Deirdre Townley, Philip Cleary, Mark Kerins and Michael Williams.



Aisling Foley-Nolan and Guiliana Silvestri

## Diabetic RetinaScreen Information System

### Reminder: Register for Diabetic RetinaScreen Information System

For members who would like to be included on the register of ophthalmologists for the diabetic RetinaScreen information system, (cut info from para 3) please send your name (title), place of practice address(es) and MCRN number to [catherine.cooney@screeningservice.ie](mailto:catherine.cooney@screeningservice.ie)

This will enable registered ophthalmologists to input patient's data to register them as a diabetic on the programme. In addition it would also enable you to receive information regarding your patients, should your patients designate you to receive a letter following their screening or treatment visit at a RetinaScreen centre.

Endocrinologists are live on the system since earlier this year and we hope to have the ophthalmologists included by later in the year.

## Blind musicians get a Helping Hand

**A** new handbook *Hands on: Feel the Music* devised by UCC music lecturer Dr Eva McMullan-Glossop sets out to help blind and visually impaired musicians read braille music so that they can further their music education at second and third level.

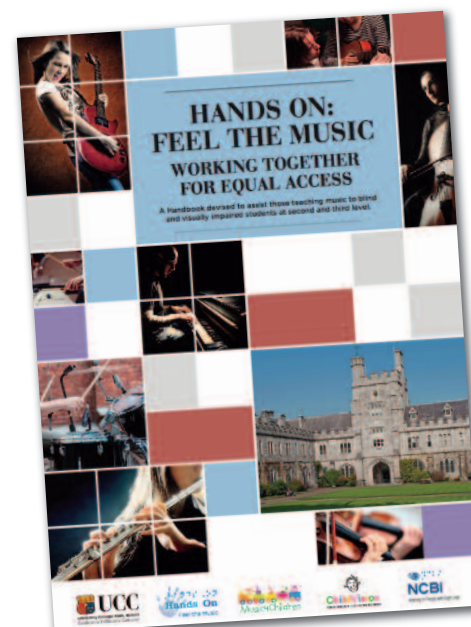
Dr McMullan-Glossop recognised the special challenges for blind music students and the handbook contains a collection of interviews, articles and resources to help teachers at second and third level. She highlights the importance of forethought, preparation and planning on the part of both the school and the student before course work begins. She believes that braille is the way forward for blind students. "A Braille music system will allow blind musicians to read and write music more quickly and easily than other systems" states McMullan

Both the aural and written elements are important – the more visually impaired musicians develop their aural skills, the more they can integrate into a social setting which can have huge impact on their musical development as well as their social integration and confidence.

UCC has one of the most

progressive Disability Support Services in the country and it also has the largest number of visually impaired students registered at third level in Europe.

Visually impaired UCC music student Robert Creed from Kildare not only received a first class music degree recently but has written a poem about the experience of being a blind musician. Inspired by the commemorations taking place in UCC for George Boole's bicentenary he also composed a piece in his honour.



# Rising Indemnity Costs

**The ICO has been proactively engaging with relevant parties in order to address the causes of the unsustainable rises in medical indemnity rates for practitioners.**

The cost and frequency of claims are significantly higher in Ireland than in many other comparable health systems. The process has involved on-going consultation by the College with the Medical Protection Society, the Medical Council, representatives from the Law Society and engagement with the Minister for Health and his department colleagues and the Minister for Justice on the issue of legal reform to reduce the cost of claims. The ICO is also examining our internal protocols and guidelines to encourage greater transparency and protection for both the patient and doctor aimed at reducing the frequency of claims.

The College's Ethics Committee has begun work on a suite of leaflets to support informed decision making by patients and will also devise guidelines for members on the consent process.

The concerns regarding the rising costs are not restricted to medical circles but also in the public arena, with the publication of the Joint Oireachtas Committee for Health and Children's Report on the Cost of Medical Indemnity Insurance in June this year.

The development of the HSE national policy on Open Disclosure, along with educating and training doctors on how better to deal with difficult situations, is an initiative aimed at reducing the frequency of claims in the future. *As highlighted in the Medical Council report reviewing 5-years of claims, the majority of complaints to the Council are not as a result of poor clinical decision making but because of communication and transparency failures.*

The College will continue to focus on measures for our members aimed at helping to reduce the frequency of claims, including the development of

informed consent patient forms and information literature on open disclosure as well as the standards and recommendations which are outlined by the ICO in the Medical Advertising in Ireland Report.

## ICO Winter Meeting – Minimising the Risk of Malpractice Litigation

The focus of the discussions at the ICO inaugural winter meeting this December will be on minimising malpractice risk with a range of speakers from across the health and legal sectors.

Ms Angela Tysall, HSE Lead for Open Disclosure will give a talk on the national policy in place at the meeting.

Open disclosure can be described as a transparent, timely and consistent approach to communicating with service users and their families when things go wrong in healthcare.

The HSE piloted an open disclosure programme at two hospitals, the Mater Misericordiae University Hospital, Dublin and Cork University Hospital from October 2010 until October 2012.

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

The HSE and State Claims Agency launched these documents on 12th November, 2013.

Work is now on-going across all health and social care services in relation to the implementation of the national open disclosure policy and guidelines. Additional resources have

been developed to assist services in the implementation of open disclosure. These resources will assist in preparing for and conducting an open disclosure meeting, training staff in open disclosure and managing the organisational change required to successfully implement an open disclosure programme.



## ICO Ethics Committee – Informed Consent

Following an important presentation at the Medical Ethics Workshop during the ICO Annual Conference in Mayo earlier this year, the College will welcome Mr Asim Sheikh, Barrister at Law, to participate in discussions at the ICO winter meeting.

The ICO Medical Ethics Committee have been working closely with Mr Sheikh to benefit from his expert guidance on the consent process.

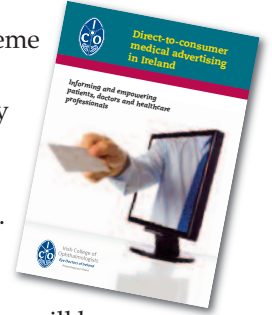
During his talk at Annual Conference, Mr Sheikh spoke about the importance of discussions being tailored to individual patients needs so that the conversation is fully understood. He highlighted that consent has been an issue for a long time and the key message now emerging from the law and the courts is the importance of physical dialogue between the doctors and patients. Mr Sheikh stressed the importance of record keeping, as often clinicians cannot remember the exact details of the consultation that a patient may take a case over. The doctor may thus lose a case even if they feel proper consent was given and the risk discussed.

The importance of issues raised during these discussions has led to the Medical Ethics Committee undertaking to develop further supports for members in this regard.

The committee is currently preparing information and consent forms for the major procedures which will be available for members to download from the ICO website in due course. The use of the forms will be



William Kennedy, Irish Medical Council, Billy Power, ICO with John Elliot, Law Society of Ireland, pictured at the Medical Advertising in Ireland meeting



Another key theme to emerge was the challenges that may arise for doctors in dealing with the families of patients. Families now have a growing expectation that they will be involved in the decision making with doctors and this can prove especially challenging because of patient confidentiality issues and where there is disagreement in the wider family about the best options. Doctors can be in danger of having to play the mediator in a family dispute.

Good communication emerged as a key factor in the causes of complaints against doctors. From the perspective of many complainants, assessment of the medical needs of patients also requires recognition and valuing of patients' "experiential and embodied knowledge" and "lay expertise" of their health.

### The Rising Cost of Claims

While the frequency of claims in Ireland is greater than other countries, so too is the cost of claims.

An analysis by the Clinical Indemnity Scheme of claims resolved from 2008-2014 shows that the total cost of medical legal claims increased by 221%, the average award paid out increased from €37,000 to €90,000 in the same period while average legal fees for the State Claims Agency increased from €15,000 in 2008 to €28,000 in 2013, falling to €19,000 in 2014 and average Plaintiff legal fees increased from €18,000 in 2008 to €46,000 in 2013, falling to €30,000 in 2014.

Issues that have been highlighted in the Irish system include the adversarial nature of the Irish medico-legal system, relatively high legal costs as a proportion of medical claims, and undue delays in processing medical negligence claims.

Other jurisdictions faced similar problems. Australia and the USA both introduced reforms aimed at curbing the rise in medical indemnity

non-compulsory, with the purpose being a resource available for those who wish to use it for record keeping. The ICO believe it will be a beneficial tool to both doctor and the patient.

The intention is to start with common procedures and to continue to develop the programme in the future.

Mr Sheikh will be available at the ICO winter meeting for troubleshooting and to instruct on the correct and appropriate processes.

The ICO is committed to adding to the available resources and support for our members and the Ethics Committee welcome any feedback members may wish to share.

### Medical Council – 5 year Report on Complaints

President of the Medical Council, Mr Freddie Wood, will also contribute to discussion at the winter meeting, particularly in light of the Council's review of 5 years of complaints.

The *Listening to Complaints, Learning for Good Professional Practice* report looks at complaints made against doctors practising in Ireland over a 5-year period between 2008 – 2012 and was published during a seminar at Dublin Castle on July 13th this year.

The underlying causes of

complaint, the motivation for making complaints, and the effect of the incidents complained of on the complainants and their families were examined. To ensure balance, an analysis of the responses from doctors, their style and content, and the effect of complaints on doctors and their families was included.

The research revealed that more than 2,000 complaints have been made against doctors, mostly by members of the public, over a five-year period.

The Council's review shows that of these complaints, one in ten (or 10%) resulted in a fitness to practise inquiry with 68 per cent resulting in findings against the doctor. One in 40 complaints made by a member of the public resulted in a sanction against a doctor.

The report highlights that the total number of complaints is increasing and rose during the period, from 335 in 2008 to 488 in 2012, up 46 per cent. The likelihood of a doctor having a complaint made against them rose to 2.7 per cent, about one in 37. One of the factors contributing to the "rising tide" of complaints is a "sustained diet of negative media coverage of doctors", the review says. It reflects changed expectations in society of interactions with doctors and patients.

insurance costs. These reforms consist of changes in tort law, combined with transparency measures and increased use of alternative dispute resolution mechanisms.

**State Claims Agency – recommendations**

Following consultation with the State Claims Agency and review of their recommendations, the ICO understand that the implementation of pre-action protocols and case management would likely have a positive effect in reducing the costs of medical claims under the current Tort system.

The legal reforms required, as outlined by the State Claim Agency are as follows:

**(1) Pre-Action Protocols**

Pre-Action Protocols are so-called as they regulate the behaviour of the plaintiff and the defendant, following a letter of claim, prior to the initiation of any proceedings. The protocols function in such a way that the plaintiff and the defendant, within very specific time limits, share documents, including expert reports, in reliance on each other’s positions. The function of the protocols is to net out those issues which are actually in contention rather than under the current Tort system, where everything is put in contention and nothing is agreed. Similarly, the protocols include a provision whereby the medical experts, retained on both sides, meet and agree a joint report, stating points of agreement and points of disagreement.

The protocols will also carry a sanction, if either party does not properly engage with the other. This sanction will be a legal costs sanction if the matter subsequently goes to court.

**(2) Periodic Payment Order Legislation**

Complex catastrophic injury cases, consequent upon a clinical negligence event, involve significant quantum – the largest case settled by the Agency, to date, is €13 million. The State

Claims Agency is anxious to ensure that catastrophically injured victims, who lack capacity, would have their future care paid on a yearly basis rather than the current “lump sum” payments system. There are two benefits to Periodic Payment Order legislation as follows:

- (i) The investment risk and longevity risk passes to the defendant; and
- (ii) In the event that the plaintiff dies, all future payments cease i.e. there is no windfall to the estate of the deceased.

The State Claims Agency has informed the ICO that they are confident the current Government will bring forward two separate pieces of legislation dealing with each of the above. It is anticipated that the Pre-Action Protocol legislation will be freighted within the Legal Services Regulation Bill and that a separate Bill will be promulgated in respect of the Periodic Payment Order issue.

The State Claims Agency is confident that these legislative initiatives, if adopted, would greatly transform the current Tort landscape in relation to the handling of clinical negligence actions.

The ICO supports the introduction of legal reforms aimed at reducing the high cost of resolving medico-legal issues and is advocating for such reforms with legislators.

**Medical Advertising in Ireland Report**

The publication of the ICO report ‘Direct-to-consumer medical advertising in Ireland – Informing and empowering patients, doctors and healthcare professionals’ is a further step by the College to engage with key stakeholders in examining the potential factors influencing the rising costs of medical indemnity in Ireland.

The report reflects the views given by the experts invited to the ‘Medical Advertising in Ireland’ multi-stakeholder meeting at the RCSI Dublin in September 2014 and the conclusions drawn from the discussions and debate. The meeting enabled an exchange of views between those

working in the specialties whose patients are most impacted by this form of advertising, alongside consideration of the views of the regulators and the patient advocacy bodies in order to reach a consensus on what the next steps should be.



Stakeholder’s involved in the discussions at the meeting included representatives from the Advertising Standards Authority in Ireland, Irish Medical Council, HSE, Injuries Board, RCPI, RCSI, Law Society of Ireland, Broadcasting Authority of Ireland, Irish Patients Association, and medical press.

The ICO, together with colleagues in the Irish Association of Plastic Surgeons and the Irish Association of Dermatologists has cautioned that a lack of regulatory oversight impacts on prospective patients’ access to unbiased information, and that the appropriateness of certain direct-to-consumer advertising of medical procedures is questionable.

**Unrealistic expectations and an increasingly litigious environment**

It must be considered whether advertising that only states the benefits of medical procedures is leading to raised and, at times, unrealistic expectations among the patient population, thus contributing to a more litigious environment. The processes by which patient expectations are formed must be examined, in order to determine whether they are a contributing factor to the surge in medical malpractice legal cases in Ireland.

The cost of claims to the State is considerable and the continued increases in professional indemnity costs for medical practitioners are unsustainable.

The medical advertising report explores some of the issues involved and concludes that tighter guidelines or formal legislation controlling direct-

to-consumer medical advertising is required in order to safeguard and promote patient safety and enhance the consumer's ability to make a fully informed decision before undertaking a procedure.

Best patient outcomes must be held at the highest priority level and the medical training bodies, the Medical Council, the advertising regulators, the legal professions, the Department of Health, and Government must collaborate to ensure that the appropriate actions are taken.

### Patient Safety (Licensing) Bill

The Fine Gael/Labour Programme for Government has committed to the introduction of a national licensing system for healthcare facilities. The Department of Health and Children is currently drafting proposals relating to the development of a licensing framework for health and social care facilities.

The Framework which will be included in the *Patient Safety (Licensing) Bill* will provide for a mandatory system of licensing for public and private health and social care providers. It will be designed to improve patient safety by ensuring that providers do not operate below standards which are applied in a consistent and systemic way.

*The ICO proposes that this legislation, which will impose controls on the operation of the facilities and clinics, includes responsible advertising and marketing standards.*

The proposed licensing system is in addition to other patient safety policy initiatives in progress by the Government, including recently completed work on the Code of Conduct for employers that clearly sets out employers' responsibilities in relation to achieving an optimal safety culture, governance and performance in their organisation.

### Refractive Surgery Guidelines

In February 2015 the ICO published Guidelines for Refractive Surgery in Ireland as a reference for the public, patients and healthcare professionals.

The guidelines, which were developed to assist people in making an informed decision, include a section on advertising, discouraging time-limited deals and the promotion of unrealistic expectations.

In formulating the guidelines, the ICO worked closely with its members and with the other relevant expert bodies, including the Medical Council, patient associations and the ASAI, in order to ensure that they set the appropriate standard.

The guidelines provide the public with information on what to expect during the entire process, from decision-making to post-operative care. This document is an important step in the ICO's continued efforts to safeguard patients and provide accurate information to the public.

### Advertising and Marketing Guidelines

The ICO has devised specific guidelines in relation to the advertising and marketing of surgical and non-surgical elective procedures.

The guidelines apply to any marketing or advertising material (broadcast, print or online) for an elective procedure that could be interpreted or deemed to potentially influence the decision making process of a prospective patient.

### ASAI Launch 7th Edition of Advertising Code

In September 2014, the ASAI participated in the consultation process with the ICO and other key stakeholders at the 'Medical Advertising in Ireland' meeting to review the practice of direct-to-consumer advertising in this country. The ASAI acknowledged that discussions at this meeting were instrumental in informing the review group on the views of key stakeholders and as they prepared the seventh edition of the Code.

While the ICO welcomes the amendments made to the health and beauty section of the new 7th edition of the Code, the position remains

unchanged and distinct regulation of advertising of medical and surgical procedures is urgently required.



### Medical Council

During each term of the Medical Council, the guidance on good professional practice is reviewed and revised.

The *Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners* outlines the importance of the full disclosure to the patient of the risks and benefits of the procedure.

While this is welcomed it does not, in the view of the ICO and the other medical representative bodies that are seeking tighter regulation, go far enough in addressing the increasing advertising by commercial entities of medical procedures. Regulation is required to ensure an environment of transparency and full disclosure.

### With regard to the powerful impact of advertising, the following points should be noted:

- Direct-to-consumer advertising of medical procedures is currently unregulated in Ireland.
- Advertising that only emphasises the benefits of such procedures can lead to unrealistic expectations.
- Unmet expectations can predispose patients to take legal action.
- The increasing incidence of litigation and the cost of professional indemnity is driving doctors out of practice
- Medical or surgical procedures must not be regulated in the same manner as consumer or lifestyle goods.

**Medical Advertising in Ireland Report - key recommendation from Clinicians:**

1. Regulation of direct-to-consumer advertising for medical or surgical procedures is required.
2. Inclusion of responsible advertising and marketing standards in the new licensing of healthcare facilities legislation
3. Standards and safeguards must apply equally in the public and private sectors.
4. Financial inducements must not be used to entice patients to undergo procedures, and providers should not offer financing for procedures they will subsequently provide.
5. Marketing materials must be designed to safeguard patients from unrealistic expectations. Claims must be objectively substantiated.
6. Advertisements should not offer discounts linked to a deadline date for booking appointments for surgery, or other date-linked incentives.
7. Advertisements should not offer surgery as a competition prize or trivialise surgery by offering it as a package deal (e.g. refer a friend, reduced price for two people).
8. Profit motivation must not override safety.
9. Listing of qualifications of practitioners must be mandatory.

**Report on the Cost of Medical Indemnity Insurance by the Houses of the Oireachtas Joint Committee on Health and Children on June 17th**

Earlier this year, the Irish College of Ophthalmologists welcomed the Report on the Cost of Medical Indemnity Insurance by the Houses of the Oireachtas Joint Committee on Health and Children.

In the report, the Committee expressed their concern that, without action, the increasing costs of medical indemnity insurance would threaten

the financial viability of private consultants working in private practice.

It was recognised, that given that over 40% of all non-emergency operations are carried out privately each year, such a scenario would have serious implications for the public health system which would need to absorb these patients.

The Committee also received evidence of significant increases in malpractice premium for consultants moving to full-time private practice upon retirement. By way of example, in two cases the premium increased by 239 per cent and 400 per cent respectively, in spite of significant reductions in workload and risk profile.

As a result of increased costs, the report acknowledged that it is likely that consultants required to retire at the age of 65 will choose not to continue in private practice. It is also suggested that a younger cohort of consultants may find that it is not financially tenable to practice in Irish private hospitals.

The report cites that the long-term implications of this trend would be significant difficulties in replacing medical expertise in certain private hospitals, with a consequent transfer of workload to public hospitals.

The ICO support the call for procedural reform in the legal process which addresses personal injury claims, including pre-action protocols, periodic payment orders and limitations on the size of damages.

The introduction of Open Disclosure is also to be supported. Under its recommendations for the Health Service, the JOHC report said an open disclosure culture should be considered as a key reform of medical negligence in Ireland. Since 2013, the HSE has piloted an open disclosure policy in a small number of hospital sites. The Committee recommends that consideration be given to accelerating implementation of an open disclosure policy at all public hospitals.

The ICO believes the focus must be on supporting patients and doctors and on learning from adverse events to improve patient safety. The ICO also

encourage the exploration of alternative dispute resolution mechanisms so that claims can be resolved without the need to go to Court.

The College has called on TDs and Senators to address the issues raised in the Report as soon as possible, legislating where necessary, as failure to do so will add to the already significant pressures on the Irish Health Service.

According to the Medical Protection Society (MPS), 'the protracted and challenging process of responding to a litigation claim can make it a distressing experience. The paradox is that, in general, outcomes from healthcare in Ireland have never been better, and yet doctors have never been more likely to receive a complaint, claim or be referred to the Medical Council, according to a Casebook by M. Dinwoodie published on the MPS website, entitled 'Why Patients Sue ... and How to Try and Avoid it'. Medical Protection Society

If the patient has an experience that is very different from what they are expecting, these unmet expectations lead to a 'disappointment gap', which can be a powerful 'predisposing factor' in a decision to take some sort of action. The patient's perception of the outcome or experience may be very different from that of the clinician', or even reality, but it is the patient's perception that matters in terms of dissatisfaction. In commercial terms, this is equivalent to 'over-promising and under-delivering'.

Advertisements which assure 'life-changing' results from surgery are, in the view of the ICO, the IAD and the IAPS, inappropriate. No surgery is risk free and controls on advertising which indicates the contrary are required. All medical interventions imply risk and while those risks may be infrequent or rare, prospective patients must be fully informed.

A medical or surgical procedure cannot and must not be regulated in the same manner as other lifestyle consumables.



# ASAI launch revised Code

The Irish College of Ophthalmologists issued a recent statement to welcome the Revised Code of Standards for Advertising and Marketing Communications in Ireland (7th Edition) by the ASAI which was launched in Dublin on September 17th 2015. The updated Code set out by the independent, self-regulatory body comes into effect on March 1st 2016.

Among the key changes, the ASAI describes the *Health & Beauty* section (page 79) updates as follows:

*The rules in this section are designed to ensure that marketing communications for medicines, medical devices, treatments, health-related products and beauty products receive the necessary high level of scrutiny.*

While the ICO acknowledge the commitment by the ASAI Review Group to address concerns raised by the College on what it regards as inappropriate medical advertising, the College remains of the strong view that a medical or surgical procedure cannot and must not be regulated in the same manner as other lifestyle consumables.

It is the shared view of ICO, the Irish Association of Dermatologists (IAD) and the Irish Association of Plastic Surgeons (IAPS) that medical advertising should concentrate on educating the public rather than as a medium being used to entice prospective patients through the use of attractive or reduced pricing, along with competitions and time-limited offers.

In the interest of patient safety and transparency, regulation of direct-to-consumer medical advertising is urgently required.

Standards and safeguards must apply equally in the public and private sector. It is essential for patients to receive balanced, unbiased information in order for them to be in a position to make fully informed decisions.

Best patient outcomes must be held at the highest priority level and

the Medical Training Bodies, the Medical Council, the Advertising Regulators, the Legal Professions and the Department of Health and Government must collaborate to ensure the appropriate actions are taken.

The ICO is recommending that the current regulatory system needs to be revised to provide clearer rules through which to hold advertisers to account and which reflect the changing market, particularly the huge growth in non-surgical procedures and the increasing use of digital marketing.

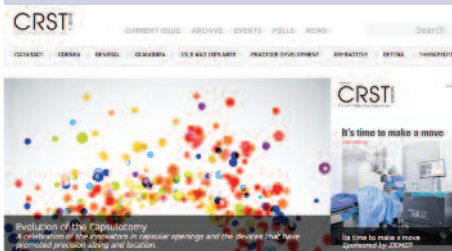
## E-cigarettes

The ICO has welcomed the introduction of new rules for the advertising of e-cigarettes contained in the new ASAI Code of Standards which states that e-cigarette manufacturers must refrain from using marketing tools which appeal to under 18s, must not encourage non-smokers to use their product and must not use health professionals or celebrities to endorse electronic cigarettes.

According to the code, e-cigarettes should not contain health or medicinal claims unless authorised to do so and may not use any design, imagery or logo style that may be associated with a tobacco brand.

Advertising and marketing communications which fail to comply with the code will be asked to change the advertisement appropriately. Companies who do not comply with the regulations will not face a financial penalty.

## CRST Europe – free subscription for ICO members



**CRST Europe, a leading Ophthalmic publication uniquely positioned within the European marketplace to serve cataract and refractive surgeons' needs, is offering a free subscription to ICO members.**

Steered by a European-specific Editorial Advisory Board of veteran and noted up-and-comer key surgical opinion leaders, *CRST Europe* is designed to provide readers with an in-depth look into today's ophthalmic practices.

Each of the publication's 10 annual issues includes a cover series of articles dedicated to a specific topic of interest to cataract and refractive surgeons as well as a multitude of additional articles on surgical approaches and techniques, complications management and avoidance pearls, practice management and business advice, and the latest technological advances. *CRST Europe's* articles are written by surgeon contributors – one of the attributes that sets the publication apart from other ophthalmic publications. Furthermore, the how-to format of the articles in *CRST Europe* promotes continuing education and information exchange among colleagues.

For a free subscription to *CRST Europe*, visit [www.ezsub.com/crs/](http://www.ezsub.com/crs/) or email Gaynor Morrison at [gaynor@bmctoday.com](mailto:gaynor@bmctoday.com).

# Kevin Tempany – Haiti Eye Clinic

**K**evin Tempany recently travelled to Haiti to set up an eye clinic on the island of Ile a Vache in an attempt to help service the severe deficit in eye care for children and adults. He worked closely with the Soul of Haiti Foundation, an organisation focused on creating new businesses and a better future for the people of Haiti, particularly in the aftermath of the devastating 7.0 magnitude earthquake which hit the region in January 2010.

Speaking about the development of the new clinic, Kevin told the ICO, “The aim is to provide a community based eye care service delivered by skilled, experienced medical staff which will allow for patients to be seen, diagnosed and treated quickly. It is our intention to organise visits to the clinic by American and Irish eye doctors to treat patients and we are working with a Haitian eye doctor in the start-up phase to ensure local medical involvement in the project which will be crucial in ensuring the sustainability of the project.”

The ICO commend Dr Tempany in his efforts to establish this much needed service for the people of Ile a Vache and all of our eye doctors who continue to be involved in overseas projects to help deal with the inequalities in the delivery of eye care.

The new clinic in Haiti will treat patients presenting with cataract, glaucoma, uveitis, age-related macular degeneration (AMD) and corneal disease. It will also run a dedicated paediatric eye clinic service. The diagnostic equipment has been

donated by The Ranelagh Eye Clinic with great support from Topcon Ireland.

## Kevin Tempany gives a personal account of his visit:

I was approached last year by Michael Cullen of the Soul of Haiti charity, asking me to set up an eye clinic on an island off Haiti where eye problems in the young and old were endemic.

The concept of doing this seemed easy, until the logistics of acquiring eye equipment and transporting it halfway across the world, requiring two flights, a jeep and a boat, became clear. However, thanks to Topcon Ireland's care and attention, combined with the Soul of Haiti organisation, the equipment arrived safely and intact.

My own arrival on the island coincided with the end of the rainy season resulting in trails being flooded and mosquito's aplenty waiting to gorge on pale Irish skin- and they did without stopping. The island, with 12000 inhabitants, is a poor rural community with basic means which has been adopted by two Irish charities which have improved the lives of these people by housing projects as well as school and orphanage support.

For my time there, I was chaperoned by Damian Meaney a NGO for Soul of Haiti and the respect by which he is held by this poor community is summed up by their name for him 'el papa'.

Our clinic started straight after setting the eye clinic equipment up. Tense moments existed when the only clinic's electricity generator stopped but we got that sorted. I saw young



and old with eye problems such as cataracts, glaucoma and even the basics of having no glasses. The word spread by day two and the waiting area resembled a packed meeting hall. I soon realised the importance of delegation. The basic screening performed by a trained local technician will be a vital part of an eye service to a community like this going forward.

Part of the week was spent visiting two orphanages where I saw children with special needs. It was obvious they were cared for with an immense amount of love and attention by the staff. These orphanages and schools only exist because of well-known Irish citizens' donations and they deserve huge admiration for their commitment to the cause.

My lasting memory of the island and its people is that despite the extreme poverty, the children are all immaculately dressed and have huge pride in their school. This highlighted to me the community respect for education and the chance it gives their young.

It is without doubt that I will return to the island to assess the progress and support the development of this clinic, however next visit I will be armed with double quantities of mosquito spray and a greater knowledge of creole.

My thanks to Fergal Byron of Topcon Ireland and Soul of Haiti charity.

