



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

# Newsletter

ISSUE 24

SUMMER 2019

## Message from the President



Dear All,

It was a great honour to accept the Presidential chain of office of our College during the Annual Conference. I would firstly like to congratulate Alison Blake on the wonderful job she did as President and also for the many other roles she has held in the College. She will indeed be a very hard act to follow. I look forward to the challenges that lie ahead knowing what an excellent team we have.

We all hold our College very dear – that was evident at our recent Annual Meeting. I would encourage everyone in whatever capacity they can manage to get involved. Your voice matters and we want to hear from you.

I would like to congratulate and thank Yvonne Delaney for all her work as Dean, especially for the wonderful job she has done in setting up the Medical Ophthalmology Programme. The standing ovation she received from the trainees at the Annual Dinner said it all. We are all so very grateful to Yvonne and look forward to her continued support in times ahead.

Special thank you to John Doris and his team for all the hard work and organisation that made the meeting such a success. Thanks also to Gerry Fahy who has been such a dedicated chairman of the Training Committee. Kathryn McCreery now steps into the role and we wish her well in her new position.

A big thank you to Billy Power who has made significant progress as Clinical Lead through his tireless work and we look forward to the development of the Integrated Eye Care Team Model in the near future. The College will host an educational meeting in September as a joint initiative with the Clinical Programme.

May I wish you all a lovely and well deserved summer break and look forward to seeing you at the Winter Meeting and Montgomery Lecture and many other events over the coming year.

Please save the date to celebrate "6/6 20/20" – a unique day for us all. We are currently planning the event and would love to hear any suggestions you might have.

With Best Wishes  
PATRICIA QUINLAN

## Annual Conference 2019

**The 2019 Annual Conference of the Irish College of Ophthalmologists took place at the Galway Bay Hotel from Wednesday 15th to Friday 17th May. Over 200 delegates attended the three day meeting of symposia, workshops and papers covering a broad range of topics relating to the latest clinical and scientific updates in the specialty.**

The College was honoured to once again welcome international ophthalmic colleagues to participate in the programme of talks alongside our member guest speakers. We would like to especially thank Professor Nicholas Jones, Consultant Ophthalmologist and

Clinical Director of Uveitis Service, Manchester Royal Eye Hospital who delivered a superb exposition on a difficult disease in his talk for the 2019 Mooney Lecture "Old Diseases in the New Century: Déjà vu in the Uveitis Clinic".



Annual Mooney Lecturer 2019 Professor Nicholas Jones, Consultant Ophthalmologist and Clinical Director of Uveitis Service, Manchester Royal Eye Hospital is pictured with ICO Dean Yvonne Delaney at the ICO Annual Conference which took place from the 15th - 17th May, 2019 at the Galway Bay Hotel.



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# Paediatric Symposium

**Professor Chris Lloyd, Consultant Ophthalmic Surgeon, Great Ormond Street London joined Miss Sarah Chamney, Consultant Ophthalmic Surgeon, Temple Street Children's University Hospital and Professor Mary King, Consultant Paediatric Neurologist at Temple St. Children's University Hospital, Rotunda Hospital and Beaumont Hospital and Professor in Paediatrics at University College Dublin, School of Medicine & Medical Science as keynote speakers at the Paediatric Symposium on Thursday 17th May.**

Prof Lloyd's lecture on advances in the approach to and management of paediatric cataract discussed the epidemiological studies carried out via the British and Irish congenital cataract interest group and the lessons learned from the American Infant Aphakia Treatment Study (IATS) and British IoLu2 studies. In his talk, Prof Lloyd explored the role of modern genomics in the accurate diagnosis of the underlying aetiology of congenital and developmental cataract, and discussed a modified diagnostic algorithm to assist the clinician in their approach to children with cataract.

Prof Mary King's presentation,

"The 'Ayes' have it: Ophthalmological Clues to Neurological Diagnosis in Children", illustrated with clinical vignettes, provided an insight into the neurological disorders (acute-onset, congenital or progressive) where ophthalmological signs provide an early clue to diagnosis, often with therapeutic and genetic implications. Prof King's main areas of research interest are neuro-genetics, movement disorders and causation of neonatal encephalopathy and childhood disability. She has many publications in the field of Paediatric Neurology and is co-author of "A Handbook of Neurological Investigations in Children".



Keynote speakers at the Paediatric Symposium at the ICO Annual Conference, Prof Chris Lloyd, Consultant Ophthalmologist, Great Ormond Street Children's Hospital, London and Miss Sarah Chamney, Consultant Ophthalmic Surgeon, Temple Street Children's University Hospital, Dublin pictured with co-chairs of the session Maureen Hillery and John Doris.

## Diabetic Retinopathy Screening Programme update - Five Years On

**An update on the National Diabetic Retinopathy Screening Programme was presented by its Clinical Lead David Keegan at the ICO Conference in Galway. Delegates heard that Diabetic RetinaScreen, which commenced on a phased basis in 2012 and now has 124 screening locations and seven treatment centres nationally, is delivering positive results for diabetic patients in Ireland, with the detection of pre-symptomatic disease and providing sight-saving treatments in at-risk patients.**

Speaking to the *Medical Independent* in Galway, David Keegan said "uptake rates are steadily rising and we are confident that the true impact of our programme, reduction in blindness and vision impairment due to diabetic retinopathy, will be achieved."

Addressing concerns raised during a discussion in relation to the recent ruling by Mr Justice Kevin Cross in the Ruth Morrissey Case, David said clarity on the issue is needed urgently to avoid negative implications for screening in Ireland. According to the judgment, "with absolute confidence" is deemed the standard that should be applied to the reading of all screening slides.

It was noted that no screening test has 100 per cent specificity and sensitivity and that absolute confidence was an impossible ask of any screening programme. Alison Blake told the Conference medical screening was a very important population health measure aimed at reducing the risk of developing the advanced stages of a particular disease. She noted the risk could not be entirely eliminated and that there was still a misperception about the basis and limitations of screening in the public and the media.

David Keegan stressed that those involved with the Diabetic RetinaScreen programme were very conscious and sympathetic of the impact on individual patients involved in the CervicalCheck controversy and that their primary concern was about protecting patients and ensuring the continuation of screening. The State is set to appeal the landmark ruling by Mr Justice Kevin Cross in the case of Ruth Morrissey. The state claims agency will appeal on behalf of the HSE in respect of the primary and liability findings, together with the 'absolute confidence' finding.

# Lean Thinking in Cataract Delivery

**A** symposium on “Lean Thinking in Cataract Delivery – an Integrated Care Model” at the ICO Annual Conference focused on dedicated cataract unit models in operation in Ireland and in the UK, and learnings with regards to efficiencies and patient throughput, as well as the ongoing challenge in dealing with the growing number of patients.

The panel of speakers included Paul Mullaney, Sligo University Hospital, Barry Quill, Clinical Lead for the Cataract Unit, Royal Victoria Eye and Ear Hospital, and Mr Paul Chell, who recently retired from his role as Clinical Director of Head and Neck Surgery at Worcester Royal Eye Hospital. Mr Chell outlined the award winning model he developed at independent cataract clinics in the UK, renowned for their patient focused efficacy and standards of excellence. The session was chaired by Clinical Lead for Ophthalmology, Billy Power.

The new dedicated cataract theatres in Nenagh and Dublin are having a significant impact on cataract waiting lists, with waiting lists below six months at both units and capacity to now extend the service to patients listed at other nearby hospitals.

The unit in Nenagh Hospital, established in 2018, has increased service from operating one day a week to four days following the appointment of an additional surgeon, with the hope that this will increase to five days.

Paul Mullaney highlighted the innovative work being carried out in Sligo University Hospital to reduce waiting times and maximise the numbers of patients being operated on, including having a patient booking system that can fill up any last-minute surgical slots with suitable patients on standby.

In his presentation on the new unit at the RVEEH, Barry Quill confirmed that 1,600-1,700 more cataract operations were performed last year as a result of the new facility and that the aim is to increase the number to over 2,000 in 2019. The RVEEH has begun working with other hospitals with long cataract waiting lists, including the Mater Hospital, to take some of their patients onto its lists for surgery.

It was emphasised during the discussions that now the theatres are working efficiently and have additional capacity, the need for the implementation of the recommendations of the HSE Primary Care Eye Services Report where cataract patients can be preoperatively assessed in the community and are then ready to be directly referred to the dedicated units for surgery, is a priority next step.

Speaking to the *Medical Independent*, Billy Power acknowledged that there was a significant need for at least one other such theatre in the South of the country, where patients remain waiting over two years, and frequently longer, for cataract surgery.

In his interview, Billy also highlighted that it is a priority for the Clinical Programme in Ophthalmology to tackle initial outpatient appointment waiting times, saying it was completely unfair that patients diagnosed with cataracts by their GP have to wait long times for an initial outpatient appointment for diagnosis by a consultant and then be put on a surgical cataract waiting list while their vision deteriorates. The Clinical Programme is working with the HSE and NTPF to develop a plan so that these patients will go directly to cataract assessment clinics and onto surgical lists, thereby reducing their overall waiting times.

The role of the integrated eye care team in the delivery pathway was discussed during the session and the need for a priority on the placement of initial eye care teams in the Dublin CHO 6, 7 and 9 as per the actions contained in the Department of Health Scheduled Care

Access Plan 2019 published earlier this year. These plans mirror the recommendations contained in the HSE Primary Care Eye Services Report, and approved by the Minister for Health, for the role out of an integrated eye care model between the community and acute setting and envisaged under Slaintecare policy. The Clinical Programme in Ophthalmology is working closely with the Department of Health and Slaintecare office to get the first initial teams in place at the existing Dublin CHO facilities (Grangegorman, Tallaght and Churchtown) and to ensure this sustainable pathway of eye care delivery can be replicated at regional level nationally.

Mr Paul Chell highlighted the importance of risk management strategies in the success of lean services, having protocols and systems firmly embedded, clear lines of responsibility, no interruptions of the surgeons, and tips like “triple-checking of intraocular lenses and no lens decisions on the day, so all of these things create a high-volume, very, very low-complication rate system that is low risk”. He emphasised the need for strong working relationships within the multidisciplinary team to ensure optimal outcomes.



Pictured at the ICO Annual Conference 2019 'Lean Thinking in Cataract Delivery - an Integrated Care Model' Symposium were keynote speakers Paul Mullaney, University Hospital Sligo, Barry Quill, Royal Victoria Eye and Ear Hospital, Mr Paul Barrington Chell, Consultant Ophthalmic Surgeon, Worcester Royal Hospital, UK with session chair Billy Power. The session examined models in place in Ireland and the UK, and discussed the efficiencies associated with dedicated cataract units, and the creation of novel patient pathways to increase both efficiency and the patient experience.

# Nutrition and AMD Symposium - ICO Annual Conference 2019

**The Nutrition and Age-related Macular Degeneration symposium welcomed keynote speakers Dr Arjuna Ratnayaka, Lecturer in Vision Sciences at the University of Southampton, Miss Monique Hope-Ross, Honorary Clinical Lecturer, Birmingham University and former Honorary Consultant Surgeon at the Birmingham and Midland Eye Centre and Good Hope Hospital (retired) and Dr Sinéad Corr, Assistant Professor in Microbiology, The Moyne Institute of Preventative Medicine, Trinity College Dublin. Mark Cahill and Fiona Harney co-chaired the session.**

Discussion surrounding the role of the microbiome in protecting and regulating our immune, cerebral and digestive system, and the health benefits of good nutrition for patients was the focus of the talks.

Dr Ratnayaka presented an overview of his lab investigation into the molecular mechanisms underlying degenerative pathologies in the senescent retina and brain leading to conditions such as AMD, retinal dystrophies and Alzheimer's disease. His talk entitled "Cellular consequences of an unhealthy diet- trafficking defects in the Retinal Pigment Epithelium (RPE)" discussed whether some of these disease-causing pathways could bring about pathogenic alterations in cells of the retinal pigment epithelium (RPE). The study, published in *Molecular Nutrition & Food Research* focuses on the RPE protein degradation pathway, the impairment of which is associated with accumulation of lipofuscin and other toxic material inside RPE cells. Dr Ratnayaka discussed how these novel discoveries reveal that disease processes triggered by high fat/cholesterol-

enriched foods ("Western-style" diet) can cause small but important changes in RPE cells which could contribute to sight-loss in later life. The researchers found healthy RPE cells had considerable degree of flexibility to cope with changing conditions in the ageing eye, whereas a high fat diet can disrupt the breakdown process, causing long-term damage and subsequent sight loss.

The effects of poor nutrition in eye health has been studied in large populations before but how this actually brings about disease-causing changes in retinal cells is less understood. The results of Dr Ratnayaka's study show how the waste disposal system of the RPE becomes damaged by unhealthy diet-driven disease pathways.

The next phase of the study is to find out whether this type of damage can be reversed through better nutrition and if stressed or damaged RPE cells can possibly be rescued. The potential for new therapies developed along these lines could offer new treatments for some AMD patients.



*Pictured at the Nutrition and Age-related Macular Degeneration Symposium at the ICO Annual Conference were (l-r); co-chairs Mark Cahill and Fiona Harney with Miss Monique Hope-Ross, Honorary Clinical Lecturer, Birmingham University and former Honorary Consultant Surgeon at the Birmingham and Midland Eye Centre and Good Hope Hospital (retired), Alison Blake, Dr Arjuna Ratnayaka, Lecturer in Vision Sciences, University of Southampton, and Dr Sinéad Corr, Assistant Professor in Microbiology, The Moyne Institute of Preventative Medicine, Trinity College Dublin.*

This research includes a new mouse model of dry AMD which was recently described in *Nature Scientific Reports*. The lasered mouse model of retinal degeneration displays progressive outer retinal pathology providing insights into early geographic atrophy. We look forward to future updates from Dr Ratnayaka's lab on the continued research findings.

Dr Sinéad Corr's talk "Exploring the Microbiome in Health and Disease" focused largely on her team's research at the Moyne Institute of Preventative Medicine, TCD on the role of the microbiome and relationship with our health. The microbiome is becoming an increasingly important area of research. However, Dr Corr explained that despite the extensive research efforts, how the microbiota impacts development of disease is not completely understood, although it is clear that a two-way communication exists between the microbiota and the immune system. Understanding this cross talk will enable the development of novel therapeutic strategies to promote health and reduce disease.

Much of Dr Corr's talk focused on her team's recent research on identifying a novel regulator of the gut microbiome, mir21, which when its expression is lost, leads to a protective effect against intestinal inflammation, specifically by altering the microbiome towards a healthier profile, enhancing the presence of beneficial members. Dr Corr said understanding how the host and its microbial inhabitants interact is important to allow researchers to target the microbiome in disease settings.

Miss Monique Hope-Ross also discussed how a healthy gut microbiome with diverse species is critical for health and wellbeing and conversely, a less diverse microbiome is associated with non-communicable diseases. She explained that the microbiome is altered by many factors, one of which is nutrition, with the typical modern Western diet lacking in diversity, with inadequate plant and fibre consumption for our needs.

A junk-food diet, largely based on processed carbohydrates and little, if any fibre, is highly associated with the development of obesity and non-communicable diseases while a diet high in vegetables with less processed food and meat is associated with better long-term health outcomes. Monique said changing to a low-carbohydrate diet, for example, has been shown to induce remission in many people suffering from diabetes.

# Orbis and Irish Aid Grant

*Trachoma is the leading infectious cause of blindness worldwide. Orbis Ireland was established with the single aim of eliminating blindness secondary to trachoma infection in the Gama Gofa region of southern Ethiopia.*

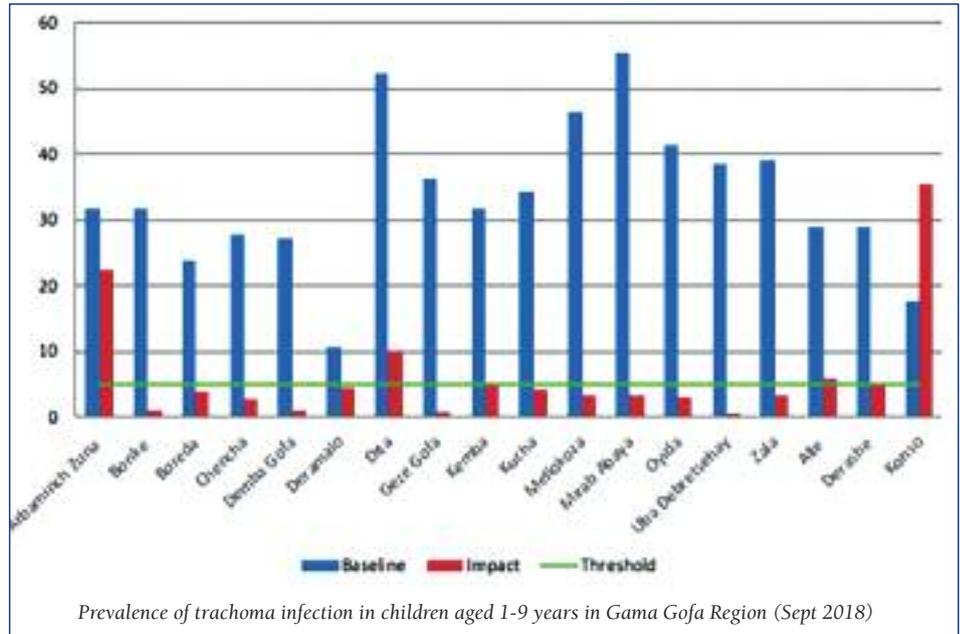
**Orbis Ireland has received a three-year grant from the Irish Aid Civil Society Fund to fund a comprehensive eye care project in the Gama Gofa region of southern Ethiopia. The announcement for the Orbis Ireland Irish Aid grant was made in May 2019.**

Irish Aid has a long history of supporting Irish civil society organisations working in the developing world. The Civil Society Fund is Irish Aid's main project funding scheme.

The Orbis project funded by Irish Aid is focused on the leading causes of blindness and visual impairment in Ethiopia – trachoma, cataract and refractive error. Over the next three years, the grant will assist Orbis to train eye care health professionals and establish vital eye health services across 28 districts in southern Ethiopia (population 3.4 million).

Since 2007, Irish Aid has supported Orbis and their plight to rid the Gama Gofa region of Ethiopia of avoidable, blinding diseases like trachoma, cataract and refractive error. With the support of Irish Aid, and alongside donations from Irish people and companies, Orbis has implemented the World Health Organisation's SAFE strategy (Surgery for trachomatous trichiasis (inturned eyelashes), Antibiotics, Facial cleanliness and Environmental improvement) and has

enhanced local government's capacity to manage treatment of eye diseases through intensive training and capacity-building initiatives, health systems strengthening and community engagement.



Director of Orbis Ireland and ICO member, Donal Brosnahan said,

“Since the establishment of Orbis Ireland in 2007, Irish Aid has supported our goal to eliminate blinding trachoma in the Gama Gofa region of Ethiopia.

Prior to Orbis' intervention, trachoma was endemic in this region of Ethiopia. This funding which will enable our continued focus on significantly reducing the prevalence of sight loss in this population through treatment and training of eye health care professionals in the region, to develop a sustainable model of care in their communities”.

In just over a decade, Orbis significantly reduced the prevalence of blinding trachoma. An external evaluation in 2016 and follow-up trachoma impact surveys in 2018, found that the project was successful in achieving its

targets of reducing the prevalence of Trachoma infection to the World Health Organisation elimination threshold in 14 of the 18-original intervention districts.

The evaluation concluded that it was highly likely that the combined achievements of the project have contributed to wider health and well-being impacts and positive economic benefits.

In 2017, due to the success of the ongoing project, the scope of the original project was broadened to include cataract services and refractive error screening. The inclusion of these services will ensure that the three main causes of preventable blindness and visual impairment are being addressed, maximising impact.

In 2018, a geographical expansion commenced into a new region of southern Ethiopia.

Alongside the Irish Aid grant, Orbis Ireland raise the remainder of the required funds for the success of this project through individuals and companies from across Ireland and an array of initiatives and events, such as the Great Ethiopian Run.



Director of Orbis Ireland, Donal Brosnahan, examining a patient in Addis Abada, Ethiopia

# Ocular Emergencies and Trauma Symposium

**T**he ICO were delighted to welcome Miss Seema Verma, President of British Emergency Eye Care Society (BEECS) and Consultant at Guys and St Thomas' Hospital as a keynote speaker at the Ocular Emergencies and Trauma Symposium, alongside Rizwana Khan, Consultant Ophthalmic Orbital, Oculoplastic Surgeon and Consultant in-charge Accident and Emergency Department, Royal Victoria Eye and Ear Hospital. The session was chaired by Gerry Fahy.

In 2016 the Royal College of Ophthalmologists in the UK granted sub-specialty status to Emergency Ophthalmology for the first time. Miss Seema Verma's talk covered the journey to get to that point of recognition and the aims of the BEECS of which she presides over.

Miss Verma was appointed a consultant at Moorfields Eye Hospital and became the first ophthalmologist in the UK to lead an ophthalmic A&E department. For 15 years she was their Service Director for A&E and General Ophthalmology and developed the role of the Nurse Practitioner and the extended role of the optometrist in delivering acute care in the A&E department. In 2017 she established the optometry delivered Urgent Care Centre at Moorfields.

Seema co-founded BEECS in October 2013 and strove to establish emergency ophthalmology as a sub-specialty in its own right. In March 2016 the Royal College of Ophthalmologists granted sub-specialty status to Emergency Ophthalmology. Seema continues to champion acute ophthalmology as a sub-specialty by teaching and organising courses nationally and internationally and is a member of the Scientific Committee at the Royal College of Ophthalmologists.

Rizwana Khan gave an overview of orbital and oculoplastic emergencies presenting at the Royal Victoria Eye and Ear Hospital, where the accident and emergency department manages between twelve to fourteen thousand emergencies per year.

Ms Khan highlighted that the majority of orbital and oculoplastic emergencies presentations, especially trauma and space occupying lesions like tumours, require urgent surgical intervention and can take several hours of operating time. She discussed the importance of anatomical accuracy in surgical repair, advising suturing eyelids carefully layer-by-layer, showing a number of examples of excellent outcomes in patients who presented with eyelid tears and trauma.

Most of the orbital and some of the eyelid pathologies are dealt within a multi-disciplinary manner in conjunction



Key note speakers at the Ocular Emergencies and Trauma Symposium at the ICO Annual Conference Rizwana Khan, Consultant Ophthalmic Surgeon and Consultant-in-Charge, A&E, Royal Victoria Eye and Ear Hospital and Miss Seema Verma, President of the British Emergency Eye Care Association (BEECA) and Consultant Ophthalmic Surgeon, Guys and St Thomas' Hospital, London pictured with session chair, Gerry Fahy.

with other specialties including radiology, oncology, neurosurgery, rheumatology, endocrine and dermatology, aiding the management of these complex cases.

Ms Khan discussed image guided navigation system, the latest technology to aid orbital surgery and difficult to access space behind the eyeball which has been used for improving surgical outcomes in Neurosurgery and ENT base of skull surgery. The system uses scans taken before the operation and allow the surgeon to identify important structure in real-time with the help of tracking instruments, a bit like google maps, Dr Khan explained.

*The College extend our sincere thanks to our international colleagues who presented at this years' meeting, and our appreciation to all guest speakers for their invaluable participation in what resulted in a highly educational meeting in Galway.*

## Upcoming...

SAVE THE DATE

**11th Annual Adare Retinal Meeting**  
Thursday, 26th September,  
The Dunraven Arms Hotel

**AMD Awareness Week**  
9th - 15th September

**UKISCRS Meeting and Mr Peter Barry Memorial Lecture**  
28th November, Education and Conference Centre, RVEEH

**ICO Winter Meeting, RAMI Meeting and Montgomery Lecture 2019**  
Friday, 29th November 2019

# ICO/Bayer Clinical Ophthalmology Fellowship 2019 Recipients

**Dr Pathma Ramasamy and Dr Micheál O Rourke were officially announced as the joint winners of the ICO/Bayer Clinical Fellowship in Ophthalmology 2019 at the ICO Annual Conference in Galway.**

Micheál O'Rourke said he is delighted to be a recipient of this educational bursary. Having completed his ophthalmology training scheme in Ireland, he has commenced a year-long fellowship in oculoplastics and orbit at the Manchester Royal Eye Hospital. This large teaching hospital has five oculoplastic consultants and a specialist oculoplastic on call service for emergencies. The unit allows complete exposure to all parts of the subspeciality including reconstructions, endoscopic and external DCR, orbital surgery and paediatric oculoplastics as well as multi-disciplinary team management with maxillo-facial surgery, ENT and neurosurgery.

Dr O'Rourke said the grant will assist him with attendance at international conferences and courses to build up links between Irish ophthalmology and International experts in the field.

Pathma Ramasamy is undertaking a Vitreo Retinal Fellowship in Bristol Eye Hospital. The fellowship is in a tertiary referral centre and provides advanced subspecialty training in the surgical management of vitreoretinal disorders.

Speaking about his training experience to date and the impact of the Clinical

Fellowship opportunity, Dr Ramasamy told the ICO:

"Since my first ophthalmology post, I have always been fascinated with the challenging nature and complexity of vitreoretinal surgery. I also find the acute aspect of this specialty exciting and fulfilling. As it almost exclusively entails the prospect of irreversible visual loss without surgical intervention, I have found a tremendous amount of satisfaction in playing a role in restoring patients' sight by performing complex surgery.

"The fellowship in Bristol Eye Hospital is renowned for the exceptional quality of surgical training provided to those pursuing a career in vitreoretinal surgery. The VR service here provides care for 1.5 million patients, in addition to providing on call and tertiary referral service for complex vitreoretinal disorders for the Southwest of England and South Wales. Around 1500 VR surgeries are performed each year, of which approximately 500 are emergencies. The training and high volume of surgery here has enabled me to do most emergency cases independently within a few weeks of starting my fellowship. I'm now seeing these patients a few months following their surgery and to



*Pictured at the official announcement of the ICO/Bayer Clinical Fellowship in Ophthalmology 2019 are joint winners, Pathma Ramasamy (2nd left) and Micheal O Rourke (centre) with Alison Blake and Katy Carroll (left) and Neil O'Connor, Bayer Ireland Ltd.*

know that I've been able to make a difference and help save their sight is immensely rewarding."

Dr Ramasamy added, "I am very grateful to both Bayer and the Irish College of Ophthalmologists for the funding provided, which has enabled me to access this incredible training opportunity. With the advanced training this fellowship offers, I hope to bring back the knowledge, skills and expertise gained to benefit the Irish healthcare service."

The ICO thank Bayer for their support in facilitating the winning ICO trainees to undertake an exceptional training opportunity in their chosen centres of excellence in the field of ophthalmology. The College acknowledge the tremendous benefit this will have to their training experience and in turn the Irish health service.

## ICO Presidential Handover



Patricia Quinlan's tenure as the President of Irish College of Ophthalmologists came into effect at the Annual Conference in Galway. Alison Blake handed over the presidency at the AGM on Friday 17 May following her two year term. During her inaugural address to ICO members as President, Patricia thanked Alison for her outstanding commitment and dedication to the role carried out during her term.

The Honorary Officers of the College and Council members wish to sincerely thank Alison for her wonderful work and her commitment in particular to the high profiling of the College throughout the commemorative programme of events to mark the Society's 100 Year Anniversary in 2018.

# ICO Dinner, Annual Confer



*Alison Greene, Aoife Smyth and Caoimhe Normile*



*Eoin Silke, Emily Hughe, and Eamon Nugent, Orthoptist*



*Geraldine Comer, Malcolm Green, Ann McCarthy, Catherine McCrann and Dharm Pandeya*



*Alison Blake and Patricia Quinlan*



*Muhammad Omar Ashraf, John Doris and Darren McAteer*



*Barry Quill, Caroline Baily, Nikola Brummel-Murphy and Micheal O'Rourke*

# ence - Galway Bay Hotel 2019



*Denise Curtin, Alison Blake and Marie Hickey Dwyer*



*Stephen Farrell, Patricia Logan and Dharm Pandeya*



*Ruth Ellard and Glynis Hanrahan*



*Siobhán Kelly, Aziz Rehman, Loretta Nolan and Joanne Kearney*



*Prof Nicholas Jones and Mary Jones; Prof Christopher Lloyd and Fiona Lloyd; Donal Brosnahan*



*Robert Brady and Reinold Goetz*

# GDPR and Practice Privacy Statement Guidelines



Nicola Bayly

**F**ollowing an informative and practical presentation to delegates at the ICO Annual Conference by Ms Nicola Bayly, Data Protection Commission Officer on GDPR, the ICO is pleased to share the following guidelines for information purposes furnished by the Commission. The Commission has advised that, as is always the case with referencing guidelines or templates, practitioners should exercise caution in using them and ensure that the end product is truly reflective of their practices. HSE members and Hospital Group members should discuss further with their local GDPR expert for guidance, as per HSE guidelines.

The guideline documents and a sample Practice Privacy Statement are available for members to download through the ICO members portal using your login. Should members have any specific data protection related queries, we have been advised that the best avenue to channel these queries is via the *Contact Us* page on the Data Protection Commission website ([www.dataprotection.ie](http://www.dataprotection.ie)).

## Privacy Statement guidelines:

Pursuant to Article 13 of the GDPR, practices are required to provide patients with certain information in relation to how they collect and use their personal data. Article 13 places emphasis on the importance of data protection information being easily accessible to patients. The communication of this information is often done by way of a written Privacy Statement (also referred to as Privacy Notice or Privacy Policy). The information contained within such notices should be concise and written in clear, straightforward language.

Practices may choose various methods to display this information, including posters in waiting rooms, leaflets at reception, information sheets attached to registration forms and letters to patients. Where applicable, Privacy Statements could also be publicised on your practice's website, with links to the website made available to patients via waiting room posters, registration forms and letters.

## Practice Privacy Statement

### Introduction

The Privacy Statement should start with an introduction explaining that the practice takes its data protection obligations seriously under the GDPR and the Data Protection Act 2018. The introduction should also detail what information the reader will learn from reading it i.e. an outline of the practice's policies on dealing with the patient's personal data and the patient's rights in relation to their personal data. This section should acknowledge that as a health practitioner, very sensitive personal data (referred to as special category data in the GDPR) shall be collected by the practice and that this Privacy Statement is intended to explain to the patient his /her rights in relation to it.

*The following points are important to include:*

- The practice name, address and phone number should be clearly identified;
- Contact details of the data protection officer (if applicable);
- A description of the categories of personal data that the practice collects from patients (e.g. name, address, phone number; credit card details). Explain the purpose of collecting and storing each category of information (e.g. to provide health services / medical diagnosis to the patient) and outline your legal basis for so doing (e.g. using the information is necessary for the performance of a contract between you). Explain that the personal data collected is likely to include special category data such as medical history, and detail any other personal data relating to health which may be collected);
- An explanation of how the personal data is collected, for example "we collect and process data when you are referred to this practice in the form of a referral letter, attend appointment in the form of a patient registration form or details we will input into your online file etc".
- Outline who else the personal data are shared with (e.g. the HSE or other consultants if required). Explain you will only do so insofar as it is necessary and relevant to conduct medical diagnosis and that the patient will be consulted in this regard before the personal data is shared with a third party. The patient should be advised that these other professionals are legally bound to treat their information with the same duty of care and confidentiality that the initial practitioner does. Explain that work

related Medical Certificates will only provide a confirmation that a patient is unfit for work with an indication of when s/he will be fit to resume. However, inform the patients that Department of Social Protection sickness certificates for work must include the medical reason s/he is unfit for work. Disclosures to insurance companies or requests made by solicitors for patient's records should only be released with signed consent. Outline that in some instances the law provides that personal information can be disclosed, e.g. in the case of infectious disease;

- If the practice wishes to use patient information for research & audit purposes explain it will be done in an anonymised manner with all the personal identifying information removed. If it is proposed that a patient's information would be used for this purpose and it is not anonymised, explain that the practice will seek written explicit consent;
- Explain how the practice stores the personal data and measures taken to ensure it is securely held. Details of location and description of security precautions should be provided;
- Explain how long the practice keeps the personal data, if this is not possible to quantify specifically outline the criteria that is used to determine how long personal data is kept; i.e. for so long as the data subject is a patient of the practice plus three years (currently the time period for bringing a claim for medical negligence in Ireland is two years from the date of knowledge of the injury.). Practices may choose to increase its retention period on patient files depending on their assessment of risk as the "date of knowledge of injury" is not capable of being defined;

- If the practice stores or otherwise sends the personal data outside the EEA (e.g. via cloud service provider) then you must inform the patients of this and inform them of what provision under Chapter V of the GDPR legitimises the transfer;
- Outline the various rights of the patients in respect of their personal data, i.e:

– **Right of access**

Subject to certain exceptions allowable under the GDPR, patients have the right of access to all the personal information held about them by the practice. If they wish to see their records, in most cases the quickest way is to discuss this with the practitioner who will review the information in the record with them. They can make a formal data subject access request to the practice and receive a copy of their medical records. These should be provided to patient within one month, without cost however a reasonable fee can be charged when there is a significant administrative burden;

– **Right of data portability**

If a patient decides at any time and for whatever reason to transfer to another practice, if requested, the practice should provide a copy of their records on receipt of a signed

consent from the new practitioner. For legal reasons the original practice will also retain a copy of the records in for an appropriate period of time.

– **Other Rights**

The right to rectification: the patient has the right to request that the practice correct any information s/he believes is inaccurate. S/he also has the right to request the practice to complete the information s/he believes is incomplete.

The right to erasure: the patient has the right to request that the practice erase his/her personal data, under certain conditions.

The right to restrict processing: the patient has the right to request that the practice restrict the processing of his/her personal data, under certain conditions.

The right to object to processing: the patient has the right to object to the practice's processing of his/her personal data, under certain conditions.

The right to lodge a complaint: the patient must be informed that they can complain to the Data Protection Commission if s/he is unhappy with how his/her personal data is being handled.

# How we use your data

## Important information for patients

- In order to provide health services to you, this practice needs to collect and keep information about you and your health in your personal medical record.
- Our policies are consistent with the privacy principles of the GDPR.
- We share medical records with those who are involved in providing you with care and treatment.
- In some circumstances we may also share medical records for medical research, for example to find out more about why people get ill. In all such circumstances we will either anonymise your personal information or ask for your explicit consent before doing so.
- We share information when the law requires us to do so, for example, to prevent infectious diseases from spreading or to check the care being provided to you is safe.
- You have the right to be given a copy of your medical record.
- You have the right to object to your medical records being shared with those who provide you with care.
- You have the right to object to your information being used for medical research and to plan health services.
- For further details please review our Practice Privacy Statement which will be provided to you on your first visit (OR visit [www.dataprotection.ie](http://www.dataprotection.ie)).
- You have the right to have any mistakes corrected and to complain to the Data Protection Commission.

## AMD Breakfast Symposium



Prof Michael Ulbig, Ludwig Maximilians University Munich and Department of Ophthalmology, Klinikum rechts der Isar, Munich (far right) is pictured with (l-r) Alison Blake, Neil O'Connor and Katy Carroll, Bayer Limited Ireland at the Irish College of Ophthalmologists Annual Conference, Galway Bay Hotel, 15th-17th May. Prof Ulbig's talk centered on the management of Neovascular Age-related Macular Degeneration utilising a treat and extend approach at the Conference.

# ICO/Novartis Eye Research Bursary Winner Study Update - ICO Annual Conference 2019

**Dr Emily Greenan, Senior House Officer, Royal Victoria Eye and Ear Hospital; PhD Student and Clinical Tutor, Ophthalmology, Royal College of Surgeons in Ireland presented an update on her study ‘Multiomic profiling of ocular inflammation in dry eye disease, and targeted therapy using novel micro-RNA based therapeutics’ at the ICO Annual Conference in Galway. Below is an overview by Dr Greenan.**

Inflammation, the use of corticosteroids and an inability to predict adverse immune responses are some of the features for a range of ocular conditions affecting the cornea and ocular surface including dry eye disease (DED) relating to primary Sjogren's syndrome (pSS) and ocular graft versus host disease (GVHD) after allogeneic hematopoietic stem cell transplant (HSCT).

Our preliminary studies focused on pSS patients where inflammation is thought to mediate both the development of aqueous deficient DED and extra-glandular/systemic disease manifestations. We identified panels of novel microRNAs (miRs) that not only distinguish pSS patients from healthy controls but also reflect low or high systemic disease activity thus demonstrating the potential of epigenetic studies to reveal biomarkers that can aid in patient diagnosis and stratification.

As no study had previously focused on the ocular surface, we optimised the isolation of miRs from primary human conjunctival epithelial cells (CECs) by impression cytology and performed a miR and mRNA screen which identified a novel miR, miR-744, whose expression was significantly increased in CEC from pSS patients. This over expression resulted in significantly reduced expression of Pellino3 a known negative regulator of type I IFN production. Controlled and sustained delivery of ophthalmic drugs continues to remain a major focus in the field of pharmaceutical drug delivery. As such in collaboration with Professor Sally Ann Cryan, Pharmacy department RCSI, we next formulated and characterised suitable non-immunogenic nano-particle to deliver miR modulating compounds to ocular surface. Treatment of primary human CEC with our optimised nanocarrier resulted in decreased miR-744 expression and increased Pellino3 expression.

Ocular GVHD affects between 25-70% of recipients, and remains a major cause of non-relapse related morbidity and mortality. Ocular manifestations of GVHD develop in 40-60% of patients after allogeneic HSCT with keratoconjunctivitis sicca, that is, dry eye, being the most common finding, present in 90% of cases. Its main cause is lymphocytic infiltration of the lacrimal glands leading to fibrosis of the acini and the ductules, which has also been reported for patients with Sjogren's syndrome, a severe presentation of DED. For HSCT patients, severe dry eye persists after the remission of acute GVHD and normal tear function is rarely noted after 4 years of follow up. Treatment options are reactive and several complications may follow such as

punctate keratitis, corneal filaments, persistent epithelial defects, corneal keratinization, ulceration and even perforation in spite of adequate tear substitutes. Considering 25,000 HSCT are undertaken annually worldwide and that this figure will double in the next 5 years, it is critical that diagnosis and disease management strategies are improved.

Overall, we hypothesize that the epigenetic mechanisms that regulate the interplay between inflammatory cytokine networks, innate immune cells and their mediators are dysregulated in pSS and ocular GVHD patients thereby contributing to disease pathology. We hope to identify the local immune signature associated with these conditions, so as to establish biomarkers that could be used as diagnostic, prognostic and therapeutic targets in the future. In doing so we also hope to correlate multiomic dysregulation with the clinical features of both pSS and ocular GVHD, disease severity and impact on patient's quality of life.



Recipient of the Irish College of Ophthalmologists/Novartis Eye Research Bursary 2018-2019, Dr Emily Greenan (2nd right), PhD and Clinical Tutor, Ophthalmology, Royal College of Surgeons in Ireland, is pictured with (L-R) Janice Tilley, Novartis, Alison Blake, and Fiona Flynn Smith, Medical Affairs, Novartis Ireland, at the ICO Annual Conference in Galway Bay Hotel, Salthill. Dr Greenan presented an update on her study “Multiomic profiling of ocular inflammation in dry eye disease, and targeted therapy using novel micro-RNA based therapeutics” at the Conference.

# ICO Medal Winners 2019

Dr Clare McCloskey, Ophthalmology SpR at University Hospital Waterford was awarded the Barbara Knox Medal for Best Paper at the Irish College of Ophthalmologists Annual Conference 2019 for her paper entitled "Audit of Acute Acquired Esotropia in Adults with Myopia". The paper described the clinical characteristics of adult-onset esotropia in association with myopia in eight patients that recently

presented to University Hospital Waterford.

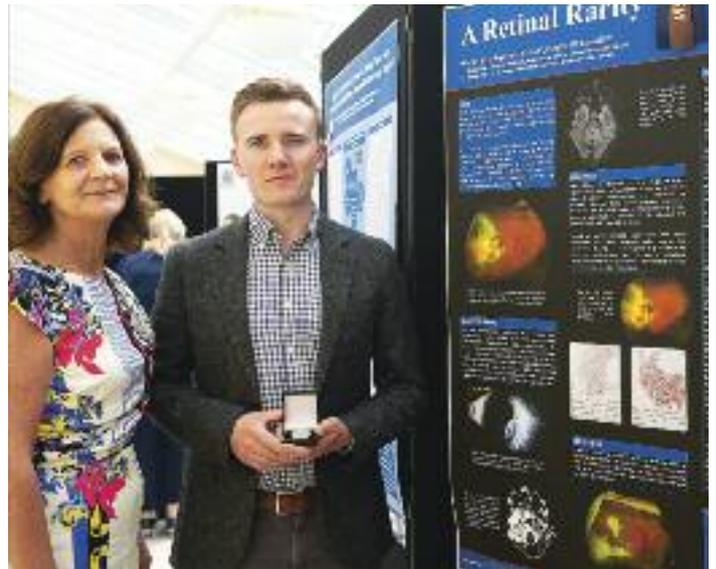
All patients underwent bilateral medial rectus recessions with an adjustable suture following prism adaptation, and, following surgery, all patients were symptom-free of diplopia. This is possibly an increasing presentation ophthalmologists will see in clinic with rising rates of myopia worldwide, as well as advancing

technologies mounting near work usage.

Dr Brian Woods, SHO, Mater Misericordiae University Hospital, was awarded the Sir William Wilde Medal for Best Poster at the Conference for his paper entitled "A Retinal Rarity". Retinal metastases are exceedingly rare with only a few case reports in the literature and therefore represent a diagnostic challenge. The case highlights the importance of considering malignancy in a non-resolving retinal lesion despite treatment. Data continues to be limited on how to best manage retinal metastases and what role screening has.



Pictured at the presentation of the Barbara Knox Medal for Best Paper at the Irish College of Ophthalmologists Annual Conference 2019 is recipient Clare McCloskey (2nd right), SpR University Hospital Waterford for her paper entitled "Audit of Acute Acquired Esotropia in Adults with Myopia" with (l-r) Maureen Hillery, Alison Blake and Patricia Quinlan.



Pictured at the presentation of the Sir William Wilde Medal for Best Poster at the Irish College of Ophthalmologists Annual Conference 2019 is recipient Brian Woods, SHO, Mater Misericordiae University Hospital, Dublin with Alison Blake for his paper entitled "A Retinal Rarity".

## Scope Travel Bursary Winner

Dr Fiona Kearns is pictured with Mr Steve Betts, Scope Ophthalmics Ltd and Alison Blake at the presentation of the Scope Travel Bursary 2019 at the ICO Annual Conference in Galway. The ICO wish to thank Scope for their continued generous support of this travel bursary.



# Medical Protection Tackles the Rising Cost of Clinical Negligence

**The Irish claims environment is increasingly placing a burden on the State, doctors and patients. Hilary Steele, Claims Lead for Republic of Ireland at Medical Protection explains how the leading medical defence organisation is tackling the rising cost of clinical negligence.**

## 1. What is Medical Protection's view of the clinical negligence law in Ireland?

Unfortunately, we are operating within a legal system in desperate need of reform. This has been recognised by the government but the pace of change is slow. For example, pre-action protocol legislation to enable claims to be resolved before litigation has been in place since 2015 but four years on we are waiting for the Regulations to allow the protocol to come into effect. This is frustrating given the year-on-year rise in the cost of resolving clinical negligence claims. The State Claims Agency (SCA) paid out nearly €270m in compensation in clinical negligence claims in 2018, representing an increase of 7.5% from 2017. A further €39.1m was paid out for plaintiff legal costs, some of which could have been avoided if resolved using a pre-action protocol.

The current legislation does not provide any incentive or obligation on plaintiffs' or defendants' solicitors to resolve a claim before being litigated. Rather, the system encourages a culture where resolution on the eve of a trial is the norm. Medical Protection believes that the people who benefit the most from this system are the lawyers.

## 2. How do we compare to other countries in terms of the cost of compensation for pain and suffering?

The Personal Injuries Commission (PIC) reported in 2018 that compensation awarded in Ireland is between 3.3 and 5 times higher than equivalent awards in England and Wales.

This led to a call for a downwards recalibration of the existing Book of Quantum guidelines.

Mr Justice Kearns (PIC Chairman) has criticised the slow progress of the Judicial Council Bill which, if passed, would allow judges to recommend guidelines for injury payouts. The bill has been sitting in the Seanad for more than two years. However, there have been some encouraging signs from the courts

suggesting a link needs to be made between compensation awarded and affordability for society.

In 2018, Judge Twomey commented in a claim involving a Garda who sustained a minor hand injury with no lasting harm, that awards must be proportionate when considered in light of the sum awarded to those suffering the most life-changing and devastating injuries. The plaintiff's lawyers had argued for up to €21,700. However, Judge Twomey concluded that the appropriate award should be €5,000. The award for such a minor hand injury would have been about £600 (approx. €670) in the UK.

It seems clear that the courts can only go so far in ensuring access to justice at an affordable cost to society. This is ultimately a matter for the State.

## 3. What has Medical Protection recommended to the Government to tackle the rising cost of clinical negligence?

Last August, Medical Protection provided detailed recommendations to the Government's Expert Group led by a High Court Judge, Mr Justice Charles Meenan. The group, set up by the Government, aims to review alternative ways for resolving clinical negligence claims.

In making its recommendations, Medical Protection has focused on each stage of the claim process – from pre-litigation all the way through to the conclusion of trial. Our focus is on creating a more efficient and predictable legal process.

## Here are some of our key proposals:

### Pre-action protocol

Prompt resolution of a dispute has many advantages, not least, in helping to preserve the relationship between a patient and their doctor. Delays in resolving disputes are frustrating for both doctors and patients; patients may find

themselves involved in unnecessarily protracted court cases at a time when they need financial help to pay their mortgage or access care. Unfortunately, many patients' solicitors are unwilling to engage with the Medical Protection legal team, preferring to raise court proceedings. This approach is not in the interests of patients or their doctors.

A pre-action protocol provides the opportunity to investigate a claim and resolve it without going to court by setting out what information parties must provide to one another. Currently, we cannot force plaintiff solicitors to provide the information we need in order to resolve a claim without court proceedings.

### Specialist courts

The creation of specialist courts with strict timetables and judges who have expertise in clinical negligence could lead to useful precedents for clinical negligence practitioners and bring consistency in approach, particularly regarding awards of compensation. This has certainly been the case in Scotland.

### Introduction of judicial guidelines

Improving consistency and certainty in awards of general damages will improve the overall claims environment. We believe that the Book of Quantum – a general guideline to the level of compensation for personal injury lawsuit – should be calibrated downwards to a level that reflects awards in neighbouring European countries including the UK.

Ultimately, Medical Protection is advocating for a system which would be more predictable, fair and transparent – and this would in turn result in savings which would be better spent on patient care.

## 4. What are claims in ophthalmology like?

Claims in ophthalmology are particularly interesting as they are often complex. These claims can lead to particularly large awards of compensation including substantial payments for future care and loss of earnings. When vision has been significantly impaired such claims can result in payments of more than €1million.

# Update on Patient Safety Licensing Bill and Open Disclosure

**The General Scheme of the Patient Safety (Licensing) Bill, approved by Government in December 2017, has been published.**

The Bill is focused on ensuring that appropriate governance arrangements are being applied by licensed entities, which will include hospitals but will also incorporate high risk designated activities that take place outside a hospital setting (provision of a safe service for patients and the governance and accountability that underpins that service delivery). HIQA will become the licensing authority and services will need to satisfy them that

they meet minimum requirements to provide safe care.

The ICO, through its involvement with the Forum of the Irish Postgraduate Medical Training Bodies, is informing decision makers at the Chief Medical Office and Patient Safety Office on the contents of the Bill.

The HSE published an update on its Open Disclosure Policy on June 12th 2019.

Open disclosure in the new policy remains voluntary, and staff can claim legal protection for their disclosure as provided for under the Civil Liability (Amendment) Act 2017. This means their

apology cannot be used in litigation against them.

This is the first revision of the policy in six years, but further changes are expected when mandatory open disclosure is enacted as part of the forthcoming Patient Safety Bill.

Under the policy staff must disclose all incidents involving harm or suspected harms to patients. Incidents where no harm results must be “generally” disclosed, while near-miss incidents will be assessed on a case-by-case basis and “generally do not require open disclosure”.

The Full policy document is available to read on the HSE website.

## Inaugural John Blake Medal Presentation

**Dr Alan Hopkins, Smurfit Institute of Genetics, Trinity College Dublin, was awarded the inaugural John Blake Medal for the Best Scientific Laboratory Paper at the ICO Annual Conference 2019 (15th-17th May).**

Dr Hopkins study entitled "Fundus Fluorescein Angiography in Human Subjects Displays Circadian Variation" examines the relationship between the circadian clock, retinal inner blood-retina barrier permeability and their possible role in retinal pathology.

Explaining the research during the nominated poster presentations at the Galway Conference, Dr Hopkins said, "Retinal blood-brain permeability appears to vary depending on the time of day. We have shown that in healthy volunteers undergoing fundus fluorescein angiography (FFA) there is a significant increase and more prolonged fluorescein signal in the compared to the morning.

The study, carried out at the Royal Victoria Eye and Ear Hospital, involved 23 healthy human volunteers aged 18 to 30 who underwent quantitative in the morning and evening to assess for any changes in retinal vascular integrity. Fundal images were independently reviewed by a consultant ophthalmologist and Image +J analysis was used for quantification of FFA images.

The investigation showed that the fluorescein signal was more evident and more prolonged in the evening compared to the morning in the same subject and in all macular regions analysed ( $P < 0.001$ ).

Dr Hopkins added, "An inner retina

derived supply of systemically derived components to the photoreceptor outer segments and RPE has not been described previously and may represent a critically important physiological process central to the development of a range of retinopathies including age-related macular degeneration (AMD)."

The new research paper medal is in

honour of Mr John Blake (1932-2011), father of outgoing ICO President Alison Blake, for his tireless campaigning and lobbying of Government in the 1980's to have toughened glass banned in favour of laminate windscreens and to ensure compulsory seat belt legislation was properly enforced in order to prevent horrific eye injuries as a result of car crashes. The enforcement of these measures ultimately led to the virtual elimination of perforating eye injuries from road traffic accidents.



Recipient of the inaugural John Blake Research Medal Dr Alan Hopkins, Smurfit Institute of Genetics, Trinity College Dublin, is presented with his medal by Conor Murphy and Alison Blake at the ICO Annual Conference 2019.

# Irish Guide Dogs for the Blind is welcoming patient referrals from Ophthalmologists

**A**s a leading national mobility and independent living skills training provider for people who are blind, partially blind or have impaired vision and families of children with autism, you can refer patients to our organisation for advice, training, advocacy support and peer support.

## Our Services:

- Guide Dogs
- Orientation and Mobility (Long Cane)
- Independent Living Skills
- The Next Step Programme aiding progression onto work/college
- Child Mobility
- Assistance dogs for children with autism

## Who can be a Guide Dog Owner?

- People who are totally or partially blind or vision impaired.
- Aged 16 and over with no upper limit.
- Who is mobile and in reasonably good health.
- Who is willing to work in a partnership with a Guide Dog.
- Seeking better social inclusion.

All services are provided free of charge.



*Cara and Guide Dog Uri walking down a busy shop street in Galway. We can see lots of people, cyclists and buskers in the background.*

## How to make a referral:

If you have a patient who would benefit from our services, please contact our Client Services Administrator on T. 021 487 8200, E: [info@guidedogs.ie](mailto:info@guidedogs.ie) or refer online W: [www.guidedogs.ie](http://www.guidedogs.ie)

*For further information or an information visit, please contact our Advocacy and Policy Officer, Léan Kennedy.*



*Paraic Ugo – Paraic sitting with his Guide Dog Ugo on a yellow bench in HQ. It is a lovely day with blue skies and greenery in the background.*

## Testimonials:

In her own words:

*"Having Uri means the world to me. I don't think I can explain how I could nearly burst with love for him."*

– Cara Gibbons & Guide Dog Uri

In her own words:

*"Getting Ugo feels like a new lease on life, a bounce back to positivity and independence."*

– Paraic Barnes & Guide Dog Ugo