



Message from the President



Dear Colleagues

Soon we will all gather in Westport for our Annual Conference. This year's Mooney Lecturer is Simon Harding and we will also welcome Carmel Noonan, Ian Marsh and Fiona Rowe from Liverpool. Carmel has been a fantastic support to the College during the training programme inspections and I am delighted that we will have the opportunity to host her in Westport to show our appreciation. I am also looking forward to welcoming Carrie MacEwan, President of the Royal College of Ophthalmologists. Carrie will speak on ocular trauma but the visit will also be an opportunity to grow the long standing relationship with our UK colleagues. From this year all our juniors will be sitting the first part of the Royal College membership exam and this change coupled with Carrie's visit will no doubt lead to a reinvigorating of links between our two Colleges.

Brain Murphy from the HSE will update us on the review of primary eye care. I hope that the review will prove an opportunity to improve the resources available to our colleagues in the Community. Thank you to all those who have contributed to the work of the group, particularly Alison Blake and Loretta Nolan.

As my own term as President of the College draws to a close I want to thank all of you who have contributed to College life and to encourage you to continue to do so. We may be small in number in comparison to our sister Colleges, however our independence allows us to focus on the issues of particular importance to our patients and our specialty. This is only possible through the great generosity of time and effort of so many of you, thank you and long may it continue. It has been my honour to serve you as President, every good wish to my successor Billy Power and to all of you.

With best wishes
MARIE HICKEY DWYER

ICO Publish Guidelines for Refractive Eye Surgery

In February 2015, the ICO published new Guidelines for Refractive Eye Surgery as a reference for the public, patients and healthcare professionals and as part of our mission to advance developments and improvements in eye health and patient safety.

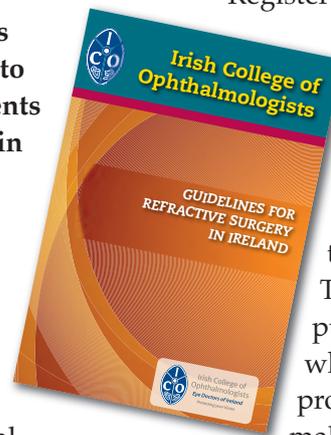
Following consultation with stakeholders and feedback received from interested parties at the Medical Advertising in Ireland meeting organised by the ICO last September, the College worked closely with our members and the other relevant expert bodies, including the Medical Council, patient associations and the Advertising Standards Authority, in ensuring this document sets the appropriate standard for refractive eye surgery practice in Ireland.

Clear indications relating to the qualifications, facilities and clinical governance of surgeons who perform refractive eye surgery are central to the guidelines, which

recommend that surgeons must be registered with the Medical Council (Ireland) on the Division of Ophthalmic Surgery Specialist Register and must have undergone sub specialist training for refractive surgery.

The guidelines also recommend that surgeons must keep their knowledge and skills up to date.

The guidelines provide the public with information on what to expect during the process, from decision making to post-operative care.



Standards Relating to Advertising and Marketing

A dedicated section on Standards Relating to Advertising and Marketing are contained in the new Guidelines. The recommendations were devised following the *Medical Advertising in Ireland Meeting* in September 2014 which facilitated a debate by expert bodies on the impact direct-to-consumer advertising for a medical or surgical procedure can have on a patient's decision making.

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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

The guidelines state that information on procedures must not trivialise the seriousness of surgery or minimise the potential risks and that time limited deals, financial inducements and any advertising which undermines surgery should not be used. They include that advertising material must be legal, factual and not misleading and must be designed to safeguard patients from unrealistic expectations.

This document is an important step in the College's continued efforts to safeguard patients and provide accurate information to the public.

The Guidelines will be circulated to all relevant stakeholders, including key political audiences, HSE lead officials, patient advocacy and lobby groups in tandem with our on-going engagement with health media to help raise awareness of the publication.

A copy of the Refractive Surgery Guidelines is available to view on the ICO website.

Overview - Irish College of Ophthalmologists Refractive Surgery Guidelines:

- The appropriate experience and qualifications of surgeons performing refractive surgery
- Requirements of the facilities at which it takes place
- Information that should be provided to patients – must be accurate, fair and balanced
- The patient consent process
- Relevant issues of clinical governance
- Advertising and marketing of services
- Specific issues related to the post-operative management of patients.

Visual field defects and driving

Up to 2009 there was little overt discussion on medical fitness to drive within the medical profession in Ireland. However, change was in the offing, largely prompted by a series of European Union Directives on fitness to drive which in the first iterations were rather generic.

The Directive of 2009 was a game-changer, specifically laying down minimum and legally-binding standards for vision, diabetes and epilepsy. These were in turn based on a series of expert working groups such as the Eyesight Working Groupⁱ, whose deliberations were transposed in a manner not always completely in tune with their content.

Once the 2009 Directive was enacted in Irish law, it was clear that there was a need for more detailed guidelines on medical fitness to drive. The Road Safety Authority and the Royal College of Physicians in Ireland set up the National Programme Office for Traffic Medicine, with over 30 disciplines, including ophthalmology, optometrists and orthoptists, on its working group. The Programme is fortunate to have a good working relationship with the DVLA in the UK, and representatives of the Programme sit as observers on the UK Panels: Ms Patricia Logan has been our representative on the Vision panel.

The resulting output has been the guideline *Sláinte agus Tiomáint*ⁱⁱ, now approaching its third edition, and an associated educational programme, including a newly developed

Certificate in Traffic Medicine. The guidelines have been shown to have utility and applicability in general practiceⁱⁱⁱ.

There are many ways in which this guide differs from the excellent DVLA At-A-Glance guidelines with which many readers who worked in the UK will be familiar. In particular, there is an extensive introductory section, giving an overview of traffic medicine, and clearly outlining the responsibilities of drivers, health care professionals and the National Driver Licensing Service (see table).

A consideration of particular note for ophthalmologists is that of Group 1 drivers (cars and motor bikes) who have adapted well to a significant field defect which does not satisfy the standard of a horizontal visual field is at least 120 degrees, with extension of at least 50 degrees left and right and 20 degrees up and down.

To resume driving, such patients can be classified as exceptional cases by a medical eye-doctor competent



medical authority, subject to the following strict criteria:

- a) The defect must have been present for at least 12 months.
- b) The defect must have been caused by an isolated event or a non-progressive condition.
- c) There must be no other condition or pathology present which is regarded as progressive and likely to be affecting the visual fields.
- d) The applicant has sight in both eyes.
- e) There is no uncontrolled diplopia.
- f) There is no other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision.
- g) Clinical assessment of full satisfactory functional adaptation.

In addition, the EU Directive mandates that there must be a satisfactory practical driving assessment, carried out by an appropriately qualified driving assessor. This is a new aspect to practice, and requires forging a link with a driving assessor. Currently the NPOTM is working on guidelines on on-road assessment^{iv}, but in the interim there are a number of private and voluntary organisations and individuals who can carry out this function, including and not confined to the Irish Wheelchair Association, the Disabled Drivers Association of Ireland, Transport and Mobility Consultants-Ireland and Southern Mobility.

A critical aspect of the referral pathway is a referral letter from the treating ophthalmologist to the driving assessor confirming that a) the assessment is for an adapted field defect, and b) that in the opinion of the ophthalmologist the patient has fulfilled the criteria a-g above. This letter is needed to suitably tailor the assessment, and to reassure the driving assessor that the ophthalmologist considers the patient to have made a full satisfactory functional adaptation.

The adjudication of functional adaptation is a clinical one, backed by appropriate multi-disciplinary support as required.

Roles and responsibilities of drivers, health professionals and the NDLS

Driver

- To report to the National Driver Licence Service (NDLS) and their insurance provider any long-term or permanent injury or illness that may affect their ability to drive without elevated risk: if holding a licence from an EU country other than Ireland, or a recognised country for licence exchange, and developing a condition which could elevate risk of impairment while driving, the driver must contact the NDLS to arrange for an exchange of their licence.
- To respond truthfully to questions from the health professional regarding their health status and the likely impact on their driving ability.
- To adhere to prescribed medical treatment and monitor and manage their condition(s) and any adaptations with ongoing consideration of their fitness to drive.
- To comply with requirements of their licence as appropriate, including periodic medical reviews.

Health professional

- To assess the person's medical fitness to drive based on the current Sláinte agus Tiomáint medical guidelines.
- To advise the person regarding the impact of their medical condition or disability on their ability to drive and recommend restrictions and ongoing monitoring as required.
- To advise the person of their responsibility to report their condition to the NDLS if their long-term or permanent injury or illness may affect their ability to drive.
- To treat, monitor and manage the person's condition with ongoing consideration of their fitness to drive.
- To report to the NDLS regarding a person's fitness to drive in the exceptional circumstances where there is a risk to the public and the driver cannot or will not cease driving.

National Driver Licence Service (NDLS)

- To make all decisions regarding the licensing of drivers. The NDLS will consider reports provided by health professionals.
- To inform the driving public of their responsibility to report any long-term or permanent injury or illness to the NDLS if the condition may affect their ability to drive.
- Will act on reports of third parties, Gardaí, general public and healthcare workers regarding concerns of public safety relating to medical fitness to drive.

ⁱ *New standards for the visual functions of drivers: Report of the Eyesight Working Group. Brussels, European Commission (DG TREN), May 2005. http://ec.europa.eu/transport/road_safety/pdf/behavior/new_standards_final_version_en.pdf*

ⁱⁱ *Road Safety Authority. Sláinte agus Tiomáint: Medical Fitness to Drive Guidelines, 3rd Edition. Ballina, Road Safety Authority, 2014. http://www.rsa.ie/Documents/Licensed%20Drivers/Medical_Issues/Sl%C3%A1inte_agus_Tiom%C3%A1int_Medical_Fitness_to_Drive_Guidelines.pdf*

ⁱⁱⁱ *Kahvedžić, A., McFadden, R., Cummins, G., Carr, D., & O'Neill, D. (2014). Impact of new guidelines and educational programme on awareness of medical fitness to drive among general practitioners in Ireland. Traffic injury prevention, (e-pub ahead of print).*

^{iv} <http://www.rsa.ie/en/Utility/News/2015/The-National-Programme-Office-for-Traffic-Medicine-launches-a-public-consultation-process-for-Medical-Fitness-to-Drive-Assessments/>

Recruitment to VISICORT study commences in Ireland



First patient recruited to the VISICORT study.

Immunological rejection remains the most important cause of corneal graft failure with failure rates of up to 60% at five years in high risk situations, such as in patients with prior graft failure or herpes keratitis.

VISICORT is a multi-disciplinary research project involving 12 partners from across the EU with expertise in corneal transplantation, cell therapy, immunology, bio-sampling, systems biology / immune profiling and bioinformatics. The project will complete the first ever systematic immune profiling of human corneal transplant recipients. Clinical data

and bio-specimens from over 700 corneal transplant recipients at five leading transplant centres, including the Royal Victoria Eye and Ear Hospital and RCSI, will be centrally collated and distributed to cutting-edge laboratories for multi-platform profiling and integrated bioinformatics analyses. Profiling data will generate a better understanding of corneal transplant rejection and failure. This knowledge will be used to develop novel biomarker-based surveillance strategies and, coupled with SME-based expertise in cell product development, will also inform the design and initiation of an

optimised clinical trial strategy of immunomodulatory stromal stem cell therapy in high-risk human corneal transplant recipients. The project is being coordinated by Prof Matt Griffin, Professor of Transplant Biology at NUI, Galway.

Benefitting from a €6 million award from the European Commission, the project launched in May 2014 and following a development phase we are delighted to announce that patient recruitment has commenced. Having performed 111 corneal transplants at RVEEH in 2014, we expect the Irish contribution to recruitment to be strong and we look forward to being able to achieve better outcomes for our patients in the future.

Conor Murphy

Pharmaceutical Grants Awarded to Doctors or Medical Bodies to be Disclosed

From January 2016 information will be published on all grants given to individual doctors or bodies by the pharmaceutical industry.

The Irish Pharmaceutical Healthcare Association has introduced changes to their Code of Practice that will oblige member companies to make public from January 2016 all payments to Healthcare Professionals and Organisations. The information will be made public no later than 1st July 2016 and will convey details about transfers of value such as research and development, donations and grants (including medical education and unrestricted educational grants), consultancy fees, conference registration fees or travel costs to attend medical congresses.



ICO Annual Conference

The ICO Annual Conference 2015 will take place at the Knockranny House Hotel & Spa in Westport, Co Mayo from Wednesday 13th to Friday 15th May.

This year's overseas speakers will include Professor Simon Harding from Liverpool University Hospital who will give the ICO Annual Mooney Lecture on Diabetic Retinopathy. Professor Harding specialises in the diagnosis and management of retinal diseases including diabetic retinopathy and age-related macular degeneration in which he leads a number of national and international research programmes.

The programme this year will include a symposium on the Ocular Complications of Acquired Brain injury with speakers Miss Carmel Noonan, Consultant Ophthalmologist and Mr Ian Marsh, Consultant Ophthalmic Surgeon from the Royal Hospital in Liverpool and orthoptist Fiona Rowe from Liverpool University.

Professor Richard Collin, Consultant Ophthalmic Surgeon at Moorfields Eye Hospital, London, will contribute to the Ocular Plastics symposium which is being chaired by Kate Coleman.

Paul Connell will present the honorary SOE Lecture entitled 'Diabetic retinopathy and maculopathy; Seeing beyond anti-VEGF therapy'.

We look forward to welcoming Brian Murphy, Head of Planning Performance and Programme Management and Assistant National Director for HSE Primary Care who will give a keynote talk on the recommendations of the Primary Eye Care Review Group. The ICO is collaborating with the HSE Primary Care Division and various HSE departments including the Primary Care Reimbursement Scheme, Public Health and the Directors of Nursing on the Review Group. The role of the Group is to examine and document the primary care eye services



Brian Murphy

currently provided to children and adults nationwide including HSE directly provided services and contracted primary care services and to determine the needs of the population for these services. The group is also tasked with reviewing the current service in terms of quality, safety and consistency and to identify issues for action.

The evaluation process aims to provide a clear blueprint with recommendations for the delivery of primary care eye services which will ensure a high quality, safe and consistent service for patients. A report and recommendations on the future delivery of services will be published in mid-2015.

Patricia McGettrick who sits on the College's Ethics Committee is organising a very timely seminar on Ethical and Legal aspects of Clinical Practice. Speakers will include Dr Diarmuid Hegarty GP and Mr Asim Sheikh, Barrister-at-Law, both of whom are on the faculty of the RCSI Masters in Healthcare Ethics and Law course.

A new edition to the programme this year will be a discussion forum on Eye Care Practice and Policy. The format will be interactive Q & A and input from members will be very welcome.

This year's conference will include a very special contribution from Guest speaker – Mark Pollack. Mark has overcome significant challenges, first blindness at the age of 22 followed by a fall in 2010 which left him paralysed, to explore the frontiers of human capability and courage. His talk promises to be a highlight of the meeting.

Professor Carrie MacEwan,
President of the Royal College of Ophthalmologists in London will speak at this



year's conference on the epidemiological aspects of ocular trauma. Carrie was elected to the role of President of the College from May 2014 to May 2017 and is a Consultant Ophthalmologist at Ninewells Hospital, Dundee and Head of the Department of Ophthalmology at the University of Dundee.

2015 Mooney Lecture



This year's Mooney Lecture will be given by Prof Simon Harding. Prof Harding, from the University of Liverpool's Institute of Ageing and Chronic Disease will present on Diabetic Retinopathy. Simon has carried out significant research through the IVAN trials (Alternative Treatments to Inhibit Vascular Endothelial Growth Factor in Age-related Choroidal Neovascularisation), which investigated whether treatment-as needed is as effective as monthly treatment for AMD.

The Mooney lecture is named in honour of the Mooney Family for their multi-generational contribution to ophthalmology in Ireland.

Report on National Vision Coalition



CEO Siobhan Kelly is pictured outside Leinster House with the National Vision Coalition representatives ahead of the Seanad Debate on July 16th.

The National Vision Coalition is a coalition of stakeholders in eye care delivery in Ireland and includes the charities; Fighting Blindness, National Council for the Blind under the chairmanship of Ms. Avril Daly and Mr. Des Kenny. Also represented are the Irish College of Ophthalmologists, clinicians, Child Vision, Guide Dogs for the Blind, the Association of Optometrists in Ireland and there is a service user representative. Coalition meetings have been facilitated by Prospectus with funding for the project generously supported by Novartis, by way of an unrestricted grant.

The principle aim of the group is the adoption of the aspirations of Vision 20/20 to eliminate preventable blindness and to develop a national vision strategy for implementation in this country to support that initiative.

The Coalition also supports the adoption and implementation of the National Care Plan for Ophthalmology which has been developed under the stewardship of Paul Moriarty (National Clinical Lead for Ophthalmology) and aims to use its advocacy voice through the service users and the strength of the coalition to promote political and administrative awareness of the needs of the vision impaired and blind community in Ireland.

The third goal of the Coalition is the integration of all aspects of eye care in Ireland under one umbrella; from those who need spectacles, to those who access hospital eye services and right through to mobility training with a cane or a guide dog for individuals who suffer severe vision loss and blindness.

The first project undertaken by the Coalition was the development of a framework document for a National Vision Strategy, which was published in November 2012. The document outlines the principles for a National Strategy and recommended that any future strategy must include;

- 1) the full agenda of eye health for children and adults
- 2) maximising quality and assuring safety for all the access services
- 3) all services and supports should be provided on a person-centred basis
- 4) people with sight loss will have the supports in place to enable them to live fulfilled lives, exercising choice and control in their lives
- 5) services will be provided using seamless pathways to reversing healthcare, and social care in the voluntary sector
- 6) resource allocation and services will be guided by evidence based approaches where quality of access to treatment rehabilitation and support is prioritised

- 7) research will serve as a key enabler in our continuous commitment to improve outcomes in the quality of care provided
- 8) the strategic development of eye health and support care in Ireland will be aligned as appropriate with public health policy framework.

Following on from those principles the key objects to be considered nationally are;

- 1) co-ordination and integration of services
- 2) a core focus on prevention and early intervention with respect to vision impairment and sight loss
- 3) knowledge and awareness of the conditions that cause vision impairment and sight loss
- 4) to foster a research culture to prevent vision impairment and sight loss and indeed reverse sight loss
- 5) those affected by vision impairment and sight loss will have full inclusion and support to take part wholly in society.

Following on from the adoption of a framework for a National Vision Strategy the second aim was to gain political support. The Coalition made a presentation to the Joint Oireachtas Committee for Health in June 2014. This was followed by a Seanad debate in July 2014 from which the Coalition has achieved cross party support for the adoption of a National Vision Strategy. The motion to adopt that strategy was passed in the Seanad following the debate. The Framework has enjoyed the support of both the previous Minister for Health, Dr. James Reilly and the current Minister Dr. Leo Varadkar.

The Vision Coalition aims to ensure that there is an adoption of the National Vision Strategy via the Department of Health and the Health Service Executive and that there will be the implementation of specific asks determined by the Coalition. These are centred on the needs of the individual and the care plan as adopted by the clinical programme. We continue to work as a group to further these aims in the best interests of our patients. We look forward to providing further positive updates in the coming year.

Equals Initiative RCPI Hospital Equipment gets new lease of life in Africa

ICO Supports EQUALS Initiative which ships vital lifesaving equipment to hospitals in Zambia

A 40-foot container, which is packed with donated medical equipment, no longer required by Irish hospitals, has arrived in Africa as part of the EQUALS Initiative - a joint initiative between the Health Service Executive and the Royal College of Physicians of Ireland. The ICO is fully supportive of the initiative and has provided financial support on behalf of our members.

The first shipment includes ultrasound machines, endoscopes, incubators, defibrillators, hospital beds and other minor equipment that has either been replaced or is no longer required by hospitals in Ireland.

The EQUALS Initiative aims to provide medical equipment and quality support through partnerships in healthcare to less developed countries and to address inequalities in global healthcare.

The equipment has been delivered to the Monze District Hospital, the University Teaching Hospital Lusaka, the Ndola Central Hospital, the Livingstone Hospital and the NORTEC Training Institute for Biomedical Engineers.

The EQUALS Initiative was founded by the HSE and the Royal College of Physicians of Ireland in 2013. It came about following a request from Irish trained consultant Dr Michael Breen, an obstetrician based in Monze, Zambia for a much-needed ultrasound machine for his patients.

"This equipment will enable local staff to provide essential and life saving care to their patients", says Dr David Weakliam, National Lead of the HSE Global Health Programme.

"The concept of 'EQUALS' is about improving quality of care for patients and the programme will

follow up with our colleagues in Africa by supporting training of their local engineers and clinical staff so the equipment can be maintained and used effectively in their own environments."

"There is a regular turnover of medical equipment in Irish hospitals as items are replaced with newer models. Often the existing equipment is still good quality and functioning well, but it will not be used again in Ireland," says Professor Frank Murray, RCPI President.

"We have worked with the HSE as part of a multi-agency team to establish a system to donate equipment that would be suitable for use in Africa and have received huge goodwill and co-operation from many people."

In August 2013, Prof Murray and Dr Diarmuid O'Donovan, Director of Public Health, HSE West/NUI Galway, travelled to Zambia to meet officials from the Ministry of Health to assess the types of equipment required and to develop links with

key hospitals and training institutions.

"It was immediately evident when we visited, that the donation of equipment alone would not be the desired 'game changer' because often as much as 80 per cent of medical equipment currently in developing countries does not function or requires maintenance. We recognise that in addition to training in biomedical maintenance we also need to offer our experience to support the development of post-graduate training programmes for doctors in Zambia" said Prof Murray.

Dr Diarmuid O' Donovan and Dr David Weakliam will travel to Africa in March 2015 to visit the sites that will benefit from the equipment.

The EQUALS Initiative is completely funded by donations and all support is welcome. If you have good quality equipment available for the initiative and you work in either public or private hospitals, please contact Ger Flynn to discuss how you can contribute to this fantastic initiative.

Ger Flynn, National Clinical Head of Medical Devices HSE, co-ordinated the collection of equipment from hospitals.

Anybody interested in donating equipment can contact Ger Flynn ger.flynn@hse.ie or for further information, contact Taimse Tracey, taimsetracey@rcpi.ie



Professor Frank Murray, President Royal College of Physicians of Ireland pictured with Dr David Weakliam, National Lead of the HSE Global Health Programme

ANNUAL MONTG

On December 6th, 2014 Professor David Wong, Chair in Ophthalmology at the University of Hong Kong delivered the Annual Montgomery lecture. His talk was on 'Physics in Everyday Ophthalmology and Vitreo retinal Surgery.' Professor Wong delivered the lecture with enthusiasm and style and ably conveyed the essence of a very complex topic by utilising many familiar everyday objects. Prof John Hyland RCSI Council member and Dr Ellen O Sullivan, President of the College of Anaesthetists joined a large gathering of ICO members and trainees to hear the lecture.

The annual Montgomery Lecture was established by Robert Montgomery surgeon in the Royal Victoria Eye & ear Hospital in the early 20th Century. He named the lecture in honor of his mother Mary Louisa Prentice Montgomery. Professor Wong joins a distinguished list of international speakers who have honoured the College in giving this annual talk.



Ellen O'Sullivan (President College of Anesthetists) & Maureen Hillery.



Marie Hickey-Dwyer, David Wong & John Hyland, Council member RCSI



Philip Cleary & Colm O'Brien.



Reinold Goetz & Claire Hartnett.



Paul Moriarty & Sonia Manning.

OMERY LECTURE



Catherine Cleary & Robert Acheson.



Sue Wong & Gerry Fahy.



Billy Power & Louis Collum.



Patricia Logan & Mark Cahill.



Clare Quigley & Krishanth Vigneswaran & Louise Hendrick.



Janice Brady & Jeremy O'Connor

ANNUAL MONTGOMERY LECTURE



Gerald Gleeson, David Wong, Marie Hickey-Dwyer & Alison Blake.



Ian Flitcroft & Caroline Brady.



Fiona Kearns & Catherine McCrann.



Malcolm Graham & Oonagh Hawe & Peter McManus.



Tahira Saad, Christine Goodchild & Niamh Wynne.



Denise Curtin & Jeremy O'Connor.

Study on Photoscreening of Children

Overview:

Photoscreening is widely used in other European countries and in North America. This study, undertaken by Kathryn McCreery and Pathma Ramasamay in Crumlin Children's Hospital, has shown that the utilisation of photoscreening in preverbal children by a suitably trained professional such as a community nurse/orthoptist in the primary care setting would identify those at higher risk of developing amblyopia or strabismus. At present, children are screened in preschool/school at age 4-6, and by this age, the chances of successful treatment of amblyopia is limited.

Study:

Currently screening our paediatric population for visual defects from birth to junior infants is by means of parental history and examination using the red reflex test and motility evaluation with the corneal light reflex. At age 5-6, screening is performed in the school setting by a public health nurse or doctor and children are referred to an ophthalmologist if visual acuity is less than 6/9 in one eye, if there is more than 1 line of difference in visual acuity between eyes, the presence of strabismus, family history of strabismus or if there are any parental concerns. As the efficacy of amblyopia treatment in older children is less than that their younger counterparts, a screening method that enables earlier detection of amblyogenic risk factors is desirable.

We conducted a study using a Plusoptix S12 infrared portable handheld autorefractor photo-screening camera which measures the refractive state, gaze asymmetry, pupil size/anisocoria, interpupillary distance, ptosis, and media opacities. It is widely utilised in North America and continental Europe for vision screening. All patients who presented to our practice for specialist paediatric ophthalmology evaluation in a 20-week period underwent photo-

| Age (months) | Anisometropia (D) | Hyperopia (D) | Myopia (D) | Astigmatism (D) |
|--------------|-------------------|---------------|------------|-----------------|
| 5-30 | 2.50 | 4.50 | -3.50 | 2.00 |
| 31-48 | 2.00 | 4.00 | -3.00 | 2.00 |
| 49-300 | 1.50 | 3.50 | -1.50 | 1.50 |

Table 1: Updated AAPOS vision screening committee 2013 referral criteria. (Donahue SP, Arthur B, Neely DE, Arnold RW, Silbert D, Ruben JB. AAPOS. 2013 Feb;17(1):4-8)

screening; visual acuity testing, orthoptic evaluation and cycloplegic refraction were included. Photoscreening resulted in either a "pass" or "fail" result based on predetermined referral criteria. The results of cycloplegic refraction and motility evaluation were compared to photoscreening results. A total of 183 patients were included in the study. The mean age of patients was 5.38 years. Using the updated AAPOS vision screening referral criteria (table 1), a sensitivity of 84.43% and specificity of 85.25% in detecting amblyogenic risk factors was found using the device. False positives were likely due to higher astigmatism identified on Plusoptix than cycloplegic refraction while false negatives are often due to accommodation in patients with significant hyperopia, and in intermittent exotropia¹ it should be noted that this study was performed

in specialist referral paediatric ophthalmology setting where most children were at risk of developing amblyopia or undergoing treatment.

This study was presented by Pathma Ramasamy at the College conference in 2014 and highlighted the ability of this device to be used as an adjunctive method to screen and detect amblyogenic risk factors in the general paediatric population. With optimisation of the referral criteria, a higher sensitivity and specificity can be reached thus minimising under and over referrals. It is quickly accomplished and may assist efficient, cost-effective and high-volume screening. Combined with orthoptic evaluation, photoscreening could be utilised for primary screening for visual defects in the community.

Reference

1. Arthur BW, Riyaz R, Rodriguez S, Wong J. J AAPOS 2009;13:51-57

Website - directory reminder

Members will have received an email notification at the end of February with a link allowing them to update their own profile page in the eye doctor directory of the ICO website.

Analytics has shown that one of the main reasons people visit eyedoctors.ie is to find a doctor. Completing this next phase of development is an essential element in ensuring we are responding to the needs of visitors to the site.

We are encouraging members to include as much information as they

can in order to ensure the result is an informative and comprehensive directory.

We would also like to include a photo of members and ask you to please send a suitable portrait image by email to our communications manager at

ciara.keenan@eyedoctors.ie.

For those who may not have a photo to send, the College can select from our archive of photography taken at ICO events or indeed make sure to catch you on film at this year's conference!

Redesign of the new Surgical Training Pathway

Many of you will already be aware that new changes are being introduced to the National Training Program (NTP) for Ophthalmic Surgery in July 2015. There are multiple reasons from within the specialty to implement these changes but there are also external drivers from both the HSE and Medical Council to introduce certain design changes to the existing NTP in Ophthalmic Surgery. A convergence of external and internal factors create a compelling argument for a more rationalised approach to the training pathway, with the aim of eliminating the gap years and shortening the total training time, whilst retaining competitive entry into HST.

Critical to understanding the need for change is the paradigm shift which has taken place in postgraduate medical education with a worldwide movement away from time-based to competency-based programs. The Medical Council requires that national training programs remain in line with international best practice and the incorporation of competence-based training into our NTP is not only long overdue, but is essential for continuing accreditation by the Medical Council. Competence-based training also brings with it a transparency and clarity to the training pathway which is key to attracting and retaining high-quality trainees. The latter is a priority for the HSE. They are eager to eliminate unnecessary 'gap' years and rationalise training programs nationally so as to maximise return on investment, improve graduate retention and more effectively align training programs to future manpower demand and patient need.

Within the ophthalmic community and the ICO itself, there is recognition of the need for change. The most recent ICO inspection process in February 2014, benchmarked our NTP against other training programs in well respected jurisdictions. In terms of length of training, our existing NTP is clearly an outlier, with gap years extending the training journey from a nominal 8 to 10-12 years. Such a prolonged

training journey, particularly in an environment where a third of all medical graduates are now graduate entry, has been cited by trainees as a significant issue in their willingness to stay and train in Ireland.

From the curricular perspective it is also difficult to stand over a training model which drives trainees into 'gap' years, in order to become competition-ready for HST. The gap years are overtly dedicated to the pursuit of research, publications, MDs and surgical numbers. All of these are important but may be better purposefully embedded into a curricular structure rather than pursued individually for the sake of competition. The new program will ring-fence a number of HST posts for the academic arena but design the main competition to enter HST around surgical and clinical skills that can be acquired in BST. Publishing papers, understanding research methodologies, critical appraisal of the literature, statistics etc will in turn be redesigned into a revised HST curriculum and embedded into HST year 1 upwards.

Challenges ahead

The ICO is currently operating in a competitive environment of HSE-MET driven change. The RCSI and RCPI, College of Anaesthetists and Faculty of Radiology are all rationalising their training programs, removing incentives to step out of training and shortening the total training journey. The ICO

must remain cognisant of this environment. To stand still and fail to engage with change will leave us vulnerable to losing the best graduates to other sister Colleges with 'well planned' programs.

With the new program will come additional responsibilities. The key feature of the new training pathway is that career progression and entry into HST is linked to trainee performance during the basic common core years of training. Therefore it has never been more important to ensure equity of access to training opportunities across all training units nationally. To do so in the current climate of severe fiscal restrictions with theatre and other resource limitations, will be challenging.

It is important that as we phase in the new system that trainees in the existing program, who have already expressed valid concerns regarding equity of access to enter HST, are treated fairly. During 2018 to 2020/21 a dual-intake process will facilitate trainees entering HST via both the current and new system. Adjustments will be made to the HST numbers in order to accommodate the dual-intake program and to ensure fairness to both the 'current' as well as the 'new' trainees. However it is important to emphasise that of each trainee cohort who enter common core training, be it in the current system or in the new program, only a minority are expected to successfully enter higher surgical training.

Many challenges lie ahead as we engage with the new Program in July. Despite some uncertainties the ophthalmic community – trainers, trainees and the College - will work together to ensure the continued delivery of high-quality ophthalmic training in the College and at all training sites nationally.

Yvonne Delaney

New NCBI Online Referral Process and Referral Advice for Doctors

The National Council for the Blind has developed a new online referral process which makes referring patients a quicker and simpler process for doctors. There is a form specifically for Eye Doctors which asks for the relevant details of your patient. When the form is submitted, the NCBI will make contact with the patient to discuss any difficulties they may be having and how NCBI can help.

Who should you refer?

NCBI assesses a person's functional vision, looking at the impact of their vision loss and what they can no longer do as a result. Two people with the same level of sight loss may cope with it in very different ways so please refer anyone for whom sight loss is impacting on their daily lives to the point where they can no

longer drive, read and are finding it difficult to get out and about independently. NCBI works with children and adults.

Resources for Eye Doctors

NCBI's leaflet and poster 'Vision Loss – Next Steps' will help you explain to patients why you are suggesting that they contact NCBI and how we can help them. The NCBI has eight regional centres nationwide and their services include advice and information, emotional support and counselling, Low vision solutions, assistive technology advice and training, rehabilitation training, a library – large print, audio and Braille book and employment advice.

For further information, the NCBI can be contacted on 01 830 7033 / info@ncbi.ie

Alcohol Alliance

The RCPI, in association with Alcohol Action Ireland, has established the Alcohol Health Alliance. The primary aim of the Alliance will be to support the Government's Public Health (Alcohol) Bill to be published in coming months and enacted by the end of the year.

The group, chaired by Prof Frank Murray, President of the RCPI, will initially articulate support for the measures included in the Bill, such as Minimum Unit Pricing, which are evidence-based solutions to reducing the harm caused by alcohol.

Further to Professor Murray's invitation to medical training bodies, health professionals and NGO's to join the Alliance, the ICO is very happy to lend our support to the action group as the legislation makes its way through the Oireachtas.

Mary Mitchell O'Connor, Fine Gael TD for Dún Laoghaire-Rathdown, spoke at the recent press conference in RCPI on the 5th March announcing the formation of the Alliance and highlighted the key points of the submissions to the Oireachtas.

The ICO has recently been involved with a similar alliance in support of tobacco plain packaging legislation, which has now successfully passed Dail Committee stage. Ireland has led the way with the smoking ban and we believe similar strides can be made through the introduction of Minimum Unit Price and other measures to curb misuse of alcohol in our society. There is very strong research evidence available to show that minimum unit pricing reduces the amount of alcohol consumed by young people, a key target group for this legislation.

It is to be expected that the resistance to some of the elements in the proposed Alcohol bill will be even greater than that faced by the tobacco legislation and therefore the support of expert medical bodies will play an important role in strengthening the 'for' argument.

The image shows two promotional materials from NCBI. On the left is a leaflet titled 'Vision loss: What next? NCBI can help'. It features a photograph of a woman, a young girl, and an older man. The leaflet lists services: Advise and information, Emotional support, Low vision solutions, Independent living training, and Technology training. It includes the contact number 01 8307033 and the website www.ncbi.ie. On the right is a poster titled 'Vision loss: your next steps' with a colorful grid pattern. The NCBI logo 'Working for People with Sight Loss' is visible at the top of the leaflet.

eXcellence in Ophthalmology Vision Awards (XOVA) 2015

Novartis is calling for submissions for the 2015 eXcellence in Ophthalmology Vision Award (XOVA), which provides grants to support innovative, sustainable, not-for-profit eye care projects worldwide that typically address the vision needs of underserved populations.

Launched in 2010 and co-sponsored by Novartis Pharmaceuticals and Alcon, XOVA has awarded more than EUR 650,000 for 21 grants in 16 countries. XOVA welcomes entries up until April 30, 2015 from all eye care specialists, including trainees and specialist nurses, with the support of their responsible institutions.

The 2014 XOVA winners comprised five programs: door-to-door screening for glaucoma, diabetes and hypertension in India; surgery, postoperative

care and low vision devices for children and training of a vision professional in eastern Uganda; a hospital operating theater in Myanmar; training and deployment of ophthalmic personnel to support an eye care service in Ethiopia; and clinical and managerial training to enable affordable treatment for diabetic retinopathy patients in Nigeria. In 2011, "Right to Sight", the Irish non-profit organisation was selected from over 80 applications throughout Europe, and awarded funding towards a state of the art sustainable cataract surgeon training centre in Rift Valley, Kenya.

Application process and eligibility

The 2015 XOVA applications are open to ophthalmologists, optometrists

and allied eye healthcare professionals, including those in training.

Applications must be endorsed by a legitimate academic institution or organisation. The XOVA grants are awarded to the employing institutions of the winning applicants. Winners will receive their grants as part of a XOVA ceremony at a medical congress in the autumn of 2015.

- The XOVA is awarded to eye care professionals and institutions who have devised not-for-profit educational or innovative initiatives;
- These not-for-profit educational or innovative initiatives are expected to have a significant impact on unmet needs in the field of eye care;
- Proposals must indicate how the initiative can be run in the local country using local resources after the funds have been used;
- Proposals must demonstrate with clear plans and examples long-term viability, impact and benefit in the local area.

Practitioner Health Matters Programme

Following discussion at a recent Council meeting, it was agreed to support the Practitioner Health Matters Programme and to fund the programme at the suggested contribution per member.

The services provided through the Programme are now available to members and the College would like to remind doctors of what support the service can offer. Formally called the 'Sick Doctor Scheme', the 'Practitioner Health Matters Programme' (PHMP) is the new title of the scheme which provides confidential care and support for health professionals who may have substance misuse problem and other mental health issues.

Led by Dr Íde Delargy, a GP with a special interest in Addiction and Substance Misuse problems, the 'Practitioner Health Matters Programme' (PHMP) is a new service which will provide support and medical advice for any doctor or health care professional who has a concern about their mental health or have a substance misuse



problem, which may be interfering with their ability to practice safely. The service is strictly confidential and Doctors will receive help from experts who will provide appropriate interventions which will range from simple and reassurance advice only to specialist referrals. Specialist services which will include psychiatry, psychology, occupational health, career mentoring, life coaching, addiction counselling, financial planning and drug and alcohol testing will be offered depending on the needs of the individual.

More information on the service is available at www.practitionerhealth.ie

The ICO is financially supporting the Practitioner Health Matters programme on behalf of members who can access their services if required:

Q. What exactly is the Practitioner Health Matters Programme?

A. The Practitioner Health Matters Programme (PHMP) provides appropriate care and support for

health professionals who have substance misuse problem and/or mental health issues.

Q. How will medical care and treatments be paid for?

A. Access to PHMP will be free of charge at the point of care to all practitioners. Where referral to another service or ongoing monitoring is required, patients who have health insurance would be expected to avail of such cover to meet the costs. Others will have treatment provided through the public healthcare system. In circumstances of financial hardship special arrangements may be required using our charitable funds.

Q. Where will patients be treated?

A. Care will be provided from a single location in the Dean Clinic, Sandyford Dublin which is just off the M50 and therefore provides convenient access for patients. Suitably confidential rooms are available for face-to-face assessments, limited therapeutic interventions, physical examination and sample taking (for example, blood, urine).

Mark Pollack – Unbreakable

This year's conference will include a talk from Mark Pollack – who despite the significant challenges life has given him, has managed to inspire and motivate people from all walks of life through his enduring resilience and personal courage. Mark lost his sight at 22 and despite this took on extreme challenges, competing in ultra-endurance races across deserts, mountains, and the polar ice caps and an epic 2 month expedition race to the South Pole, which inspired many. He won silver and bronze rowing medals in the Commonwealth Games.



His sight loss was tragically followed by a serious fall in 2010 which left him paralysed. While the journey to get to where he is today is an incomprehensibly difficult one for most of us to imagine, Mark continues to show incredible strength and has taken on the new life challenge as a pioneer exploring the frontiers of spinal cord injury recovery. His fascinating journey, pushing the boundaries on both a personal and medical scientific level, will no doubt provide for a most engaging and motivational talk at this year's meeting.

Retinal Imaging Society of Ireland

The dates for the 2015 meetings of the Retinal Imaging Society will be April 24th and November 6th. The meetings aim to showcase the retinal expertise in Ireland by presentation of cases by retinal specialists in an informal setting and to provide an important teaching opportunity for all ophthalmologists in practice and in training.

The two meetings held last year were a great success with our inaugural meeting held in June 2014 at the Royal College of Surgeons and guest chaired by Dr Lawrence Yannuzzi, a leading expert in the world of medical retina. It was a very entertaining evening and many excellent cases were presented. Dr Yannuzzi himself presented six cases from his files. A range of Irish cases were also presented and such was the interest in the quality of the cases that Dr Yannuzzi asked to include three of

the cases presented in the next volume or addition of his Retina Atlas. The November meeting was held in conjunction with the Fighting Blindness Retina 2014 meeting at Croke Park, and again was guest chaired by Professor Alan Bird from Moorfield's Eye Hospital.

The November meeting included a guest presentation from Dr Mark Pennesi of the Casey Eye Institute in Oregon who presented a series of inherited macular degeneration cases. The programmes for the 2015 meetings are being finalised and promise to be an excellent addition to last year contributions. Bayer will continue to support the 2015 programme and have kindly sponsored a medal for the Guest Chairs and there will be a prize for the best contribution from the floor for an answer or query raised on foot of the presented cases.

15th International Paediatric Ophthalmology Conference

The 15th International Paediatric Ophthalmology Conference will be held on the 15th and 16th October 2015 at the Gibson Hotel, Dublin.

Topics for discussion will include Retina, Stabismus, Amblyopia, Retinoblastoma, Uveitis and Neuro-ophthalmology.

The meeting is being coordinated

by Prof Michael O'Keeffe. ICO members David Keegan, John Stokes and Donal Brosnahan are among the faculty speakers at the meeting.

For further details, contact Helen Murphy, secretary to Michael O'Keeffe at hmurphy@materprivate.ie or call 01 885 8626.

End of PCS Year Approaching

The current PCS year concludes on April 30th. Please ensure that you have logged the minimum required points (50 CME points) on the ePortal before that date.

Further information on the different points categories is available on the ICO website www.eyedoctors.ie

Practice Trends Survey:

Practice trends in the routine administration of intravitreal anti-VEGF injections

Led by Dr Helen Fogarty, a BST trainee in Ophthalmology and under the supervision of Mr Zubair Idrees, Consultant Ophthalmic Surgeon at the Dept of Ophthalmology in University College Hospital Galway, a survey entitled: "Practice trends in the routine administration of intravitreal anti-VEGF injections" is currently being undertaken.

The aim of the survey is to identify inter-hospital practice differences in the administration of anti-VEGF injections. The College has circulated a link to our members and ask you to please take a few moments from your busy schedules to complete the brief questionnaire. All results will be anonymous.

The questionnaire is available in word document should you prefer to complete it via this method, please contact fogarthm@tcd.ie or the ICO office.

You may also share this survey with your NCHD colleagues for completion either on your behalf or in addition to your own.

Dr Fogarty would be delighted to receive as many responses as possible in order to help advance the research.

A Time Traveller's Guide to Life, the Universe and Everything

Ian Flitcroft (author) and Britt Spencer (illustrator)
O'Brien Press, 1st April 2015.

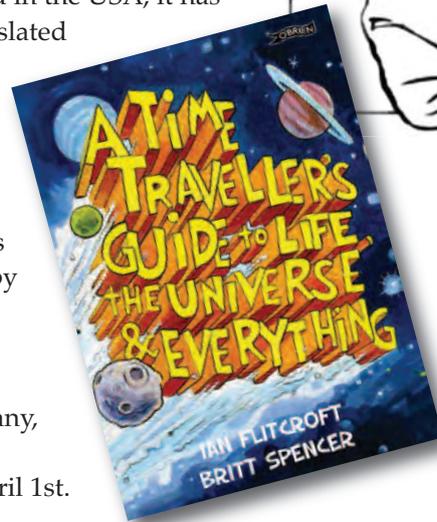
Looking for a book to inspire your children, nieces, nephews or patients about science? Well the wait may well be over. Ian Flitcroft of Temple Street Hospital has teamed up with American artist Britt Spencer to create a graphical novel called *A Time Traveller's Guide to Life, the Universe and Everything*.

Albert Einstein is the tour guide on this magical mystery tour through time and space. Along the way, Einstein explains the science behind everything from the origins of the universe to the meaning of life, relativity, black holes, quantum mechanics (for beginners), climate change, evolution vs. intelligent design, and how the brain works: all delivered in fun, easy-to-understand, bite-sized chunks.

This innovative graphic novel

pairs the narrative with fantastic, whimsical artwork to make difficult concepts clear - and explain life, the universe and (almost) everything! Be warned once the kids in your life have read this book, you'll have to read it too. Otherwise you'll be left light years behind.

First published in the USA, it has already been translated into Chinese, Japanese and Turkish. Now this book has finally arrived in Ireland where it is being published by O'Brien Press, Ireland's largest independent publishing company, and should be in bookshops by April 1st.



Retired Doctors' and Professional Competence Requirements

Retired medical practitioners are subject to the same professional competence requirements as all other practising doctors.

This means that any retired doctor wishing to retain registration for the purpose of practising medicine will be obliged to fulfil their statutory duty to maintain professional competence, getting the annual minimum 50 CME points. The College has compiled an information booklet for doctors in this category with suggestions as to how the points can be achieved.

The guidance booklet is available for members to download on the ICO website.

National Clinical programme for Rare Diseases

One of the current Clinical Programmes is one for rare diseases, covering all medical specialities. Ian Flitcroft is the representative for ophthalmology on the programme working group.

There is no specific additional funding at a hospital level but one of the aims of the programme is to ensure that patients with rare diseases have access to the doctors who are best able and willing to manage them.

As part of a pan-European initiative a list of rare ophthalmic diseases has been proposed from European figures, however the list does not seem fully representative of the Irish population.

With family clustering of rare genetic diseases there may well be units around the country that have garnered expertise in a particular disease that could benefit patients from further afield.

If you or your unit manages a cluster of what is otherwise a rare disease, it would very helpful to share details with the Rare Diseases programme through Ian Flitcroft email ian@flitcroft.com. Please share information on the uncommon condition and the number of patients with that condition under your care. The aim of this exercise is to find out where patients and the matching expertise are to be found.