



Irish College of
Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

Newsletter

ISSUE 12

SUMMER 2015

Message from the President

Dear Colleagues,

It was my great honour to take the mantle of President of our College from Marie Hickey Dwyer during the Annual Conference. I am looking forward to the challenge ahead but must start by paying tribute to the hard work and dedication shown by Marie, not just in her term as President but in the various College roles she has held - a hard act to follow indeed. I also want to acknowledge and thank Paul Moriarty for his time as Clinical Lead. The Clinical Lead Programme is a significant opportunity for Eye Doctors to advocate for our patients and to ensure that eye care continues to be delivered at a high standard in the Irish health system. It was through Paul's foresight that a Clinical programme for Ophthalmology was established and under his guidance and diplomacy care pathways have been agreed. The College has nominated Peter Barry as the next Lead, which has been confirmed by the HSE. The College will continue to support the Programme and we wish him success in the role.

Having spoken at length with many of you in the past number of months I am well aware of the growing concerns regarding the cost of indemnity. Unresolved, this is an issue which will have a detrimental effect on surgical and medical practice and the topic is explored in more detail elsewhere in this newsletter. I am reactivating the College's Surgical Affairs Committee to provide a forum for our colleagues, primarily in independent practice, to discuss this and other pressing issues. I take this opportunity to encourage you to consider becoming active in this Committee, and to contact me directly if you would like to get involved.

I am pleased to announce that the College will hold a Winter meeting in December to coincide with the RAMI meeting and our Montgomery Lecture. The programme for the Annual Conference has become a very busy few days with some topics remaining untouched and the Winter meeting will give a good opportunity to look at other important aspects of practice. Further information will be circulated soon.

With best wishes
BILLY POWER



Significant Concerns On Rising Indemnity Costs

The concern of ICO members on the continuing increases in the cost of medical indemnity was discussed at this year's annual conference. Peter Barry outlined the current and potential future options available in the Irish market and this was followed by a robust discussion by delegates.

In response to the publication of the Report on the Cost of Medical Indemnity Insurance by the Houses of the Oireachtas Joint Committee on Health and Children on June 17th, the ICO issued the following statement:

The Irish College of Ophthalmologists welcomes the Report on the Cost of Medical Indemnity Insurance by the Houses of the Oireachtas Joint Committee on Health and Children.

The significant rise in the cost of medical indemnity cover for doctors in Ireland is a serious concern and has already led to some clinicians making the decision to cease medical practice. This situation will continue if there is no change. The ICO support the call for procedural reform in the legal process which addresses personal injury claims, including pre-action protocols, periodic payment orders and limitations on the size of damages.

The introduction of Open Disclosure is to be supported, however, it must be possible for practitioners to apologise without it

being used in court against them and we urge the introduction of the necessary protections to make this possible. Doctors work in very challenging environments where there is little room for error. It must be recognised that mistakes can occur without intentional negligence on the part of medical teams and while adverse events are very traumatic for patients, so too are they for medical staff where harm is often as a result of systems failure or unintentional error. The focus must be on supporting patients and doctors and on learning from adverse events to improve patient safety. We also encourage the exploration of alternative dispute resolution mechanisms so that claims can be resolved without the need to go to Court.

The ICO would welcome the lowering of the caps but only if this translates into reduced premiums for private consultants. Consultants in private practice provide an essential service in the provision of healthcare in Ireland and significantly ease the burden on an already stretched public system.

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



Published by
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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

Medical Council Consultation on Draft new Guide to Ethics and Professionalism

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

The Medical Council held recent workshops as part of their overall review of the guidance on good professional practice. The purpose of the guidance is to ensure that the medical profession and the public have a clear understanding of the standards of practice expected from doctors and to ensure that the guidance provided is inclusive, relevant and useful.

A public consultation process in 2014 highlighted a number of topics which required in-depth review, as well as some additional topics which have been included in the new guide.

The Medical Council has now reached the final step in a thorough consultation process to seek the views of the public, doctors and partner organisations and would like to hear views on the Draft Guide to Professional Conduct and Ethics, prior to finalisation.

The edition can be viewed on the Medical Council website under Public Information section and Professional Conduct Ethics.

A short questionnaire is available for completion on the Medical Council website following review of the draft guide. The Medical Council is asking for responses to be submitted by close of business on August 7th, 2015.

Medical Council Publish a Five Year Review of Complaints

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

The underlying causes of complaint, the motivation for making complaints, and the effect of the incidents complained of on the complainants and their families are examined in the analysis of research. To ensure balance, an analysis of the responses from doctors, their style and content, and the effect of complaints on doctors and their families is included.

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

The council's review shows that of these complaints, 10% resulted in a fitness to practise inquiry and 68 per cent resulted in findings against the doctor. One in 40 complaints made by a member of the public resulted in a sanction against a doctor.

Twice as many complaints are received about male than female doctors and complaints that proceed to fitness to practice are more likely to be about male doctors, those who are on the general register and those who qualified outside of Ireland. The review says there is a need to "consider" internationally trained doctors who may find it difficult to adapt to local expectations and working conditions. Older doctors were also more likely to face a complaint.

A far higher proportion of complaints were made by the public (86 per cent), compared to similar regulatory bodies in other countries, and just 3 per cent came from the HSE or other employers.

The study identified some areas which were described as more "complaint-prone" – psychiatry, cosmetic surgery, obstetrics and gynaecology, and locum/out-of-hours staffing. It is stated in the qualitative review that 'In the context of plastic surgery, recurring complaints related to patients who were unhappy with the outcome of their treatment and who reported the risks of treatment had not been adequately explained.

The report highlights that the total number of complaints is increasing and

rose during the period, from 335 in 2008 to 488 in 2012, up 46 per cent. A doctor's chance of being complained about rose to 2.7 per cent, about one-in-37. One of the factors contributing to the "rising tide" of complaints is a "sustained diet of negative media coverage of doctors", the review says. It reflects changed expectations in society of interactions with doctors and patients

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

It is identified that in many ways a patient's family can be of critical importance and value to the doctor in describing symptoms, explaining concerns, acting as a carer and an advocate for the patient.

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

The research highlights that patients see no distinction between a doctor having good clinical skills and good communication skills and it is assumed by the patient that doctors will be good at both.

Patients who made complaints reported experiencing negative emotions ranging from upset to anxiety and fear, according to the review. Many said they lost trust in the medical profession and for some, these reactions continued for a long time after the experience.

Doctors reported experiencing distress and anxiety, shock and disappointment and concern about negative publicity.

Review of Primary Eye Care Services

The ICO welcomed Brian Murphy, Head of Planning, Performance and Programme Management in the Primary Care Division in the HSE to our annual meeting in Mayo this year. Mr Murphy gave a keynote talk on the work to date of the HSE review of Primary Eye Care Services. The session provided an opportunity for members to give their own feedback and raise questions on the progress of the review to date.

The HSE convened the Primary Care Eye Services Review Group (PCESRG) in August 2014 to review all primary eye care services and to determine the needs of the population. It is also reviewing the current service in terms of quality, safety and consistency and identifying issues for action throughout 2015-2016. A priority of the review is to address immediate primary care paediatric eye services issues in the Dublin area as highlighted by the Temple Street waiting list audit. The review will conclude with the publication of a recommendation report.

The review group includes representatives from HSE management, clinicians, nursing and the Clinical Programme including Paul Moriarty, Alison Blake, Loretta Nolan and Siobhan Kelly.

The report will provide a clear blueprint with recommendations for the delivery of primary care

ophthalmic services. The aim is to ensure a high quality, safe and consistent service for patients.

The HSE has committed €1 million in funding in the HSE National Service Plan 2015 towards the implementation of the recommendations outlined in the final Report.

Speaking to health journalist Priscilla Lynch for the Medical Independent at the conference, Mr Murphy said the group's report is at an advanced stage but the final recommendations have not yet been agreed. He said, "A lot of work has been done but the report is still a work in progress. We expect the final report to be ready by late summer / early autumn. He added, "We are more than anxious to get it right. It is the first review to my knowledge of primary care eye services. We want to make sure the recommendations are doable. We've had a huge consultation process."



Brian Murphy giving his keynote talk.

Mr Murphy said he "acknowledged that increased staff and resources would be necessary to improve primary care eye services" but maintained that "re-organisation of current services and better referral pathways and screening would be vital". Mr Murphy stressed that ICT will have a key role to play but admitted that there are currently issues with accommodation and equipment. He said, "We have to change the processes, get other professionals involved, like optometrists, eye nurses and health-care assistants, at an appropriate level and look at clinical governance, with a big emphasis on team work.

Speaking to the Medical Independent as newly appointed ICO President, Billy Power said "integration of acute and primary care ophthalmology services is essential to allow for the rebalancing of access and delivery of eye care services from the acute hospital to primary care setting. He said "a lot of the required structures and staff already exist, but the manner of care delivery has to change, with an emphasis on team-working and joined up referral and discharge pathways."

The most recent waiting figures from the National Treatment Purchase Fund show that, as of the end of April, there are 10,754 people waiting for inpatient ophthalmic treatment – the highest of any speciality – while 30,685 are waiting for an outpatient appointment.



Alison Blake, Brian Murphy, Head of Planning, Performance and Programme Management, Primary Care Division, HSE, Marie Hickey Dwyer, Billy Power, Loretta Nolan, Donal Brosnahan, Aisling Heffernan, Programme Manager of HSE Primary Care Division and Shirley Keane, HSE Primary Care Division, pictured at the Irish College of Ophthalmologists Annual Conference In Westport. Photo: © Michael Donnelly.

Professor Simon Harding – Mooney Lecturer 2015

The latest advances and study findings for the treatment of the diabetic eye disease was a key focus at this year's ICO meeting.

The ICO were honoured to welcome Professor Simon Harding, Professor of Clinical Ophthalmology at the University of Liverpool and Honorary Consultant Ophthalmic Surgeon at the Royal Liverpool University Hospital as this year's guest Mooney Lecturer. The title of Professor Harding's lecture was "New directions in the management of diabetic retinopathy".

Professor Harding gave an insightful and engaging presentation which outlined how far treatments for diabetic retinopathy have come since his beginnings in the field in the 1980's, and described what the future might look like for patients. He discussed the latest developments in treatments for diabetic maculopathy, including the increasing usage of anti-VEGF therapy and the declining use of laser and steroids.

Professor Harding was instrumental in setting up the NHS retinopathy screening programme in the UK in 2008 and said Ireland's programme will start showing positive results in a number of years. Speaking to the Irish Medical News (IMN) in Westport, Professor Harding said "Research shows that systemic screening of diabetic retinopathy is cost effective in terms of sight years preserved, compared with no screening. He said, "In the future digital photography with tele-medicine links has the potential to deliver cost-effective, accessible screening to rural, remote and hard to reach populations."

In his presentation, Prof Harding praised the Irish model for treating diabetic retinopathy. He said unlike the UK, Ireland now has a joined-up care pathway, involving screeners, ophthalmologists, endocrinologists and general practitioners.

Prof Harding spoke of the new

technologies being developed and advanced around the world, such as teleophthalmology, which use ultra wide-field imaging, and which can assist standardised grading for diabetic retinopathy evaluation. Prof Harding highlighted the need to inform patients that they play an integral role in their own eye care, in terms of managing their glucose levels. He said that The Diabetes Control and Complications Trial, for example, has found that intensive glucose control in patients with insulin-dependent diabetes mellitus has decreased the incidence and progression of diabetic retinopathy.

He said that although laser photocoagulation remains the gold standard for diabetic retinopathy and diabetic macular oedema, it is not effective in many patients.

Prof Harding also outlined a practical clinical pathway for management of diabetic macular oedema. Results from the recent Protocol T Study in the US have confirmed that all current three anti-VEGF treatments (two licensed, one

unlicensed) are safe and effective. The clinical trial results, published in the March issue of the New England Journal of Medicine, show that intravitreal injections of afibercept, bevacizumab, or ranibizumab improved vision in eyes with centre-involved diabetic macular oedema but the relative effect depended on baseline acuity. When this initial visual acuity loss was mild, there were no apparent differences on average among the three drug groups. At worst levels of visual acuity however, aflibercept was more effective at improving vision.

Discussing laser use in diabetic retinopathy treatment, Prof Harding noted that while it has declined there is still a role for it, particularly in regard to maculopathy patients, partial responders or peripheral disease. For patients who do not respond to anti-VEGF treatment, particularly after six months, he also advised trying a different treatment or completely stopping treatment,

Continued on page 5



Professor Simon Harding, Chair Professor of Clinical Ophthalmology, Dept of Eye and Vision Science, University of Liverpool and Consultant Ophthalmic Surgeon, Royal Liverpool University Hospital, is pictured with Marie Hickey Dwyer and Dr Giuliana Silvestri, Royal Victoria Hospital and Queen's University Belfast at the ICO Annual Conference in Westport.

citing that while the risk of anti-VEGF treatments are relatively low, there is still the endophthalmitis risk, at about one in 3000.

Looking to the future, Prof Harding said he has huge optimism about the potential for research on biomarkers to detect early disease and the impact of new imaging technology, emerging pharmacological treatments. He maintained there is still a "huge unmet need" for effective treatment for early diabetic retinopathy disease. Speaking to the Medical Independent, Prof Harding said it would need to be very low risk therapy, something that was very cost-effective for early or pre-clinical disease.

Also speaking on the subject for the honorary European Society of Ophthalmology (SOE) lecture, Paul Connell gave a presentation on the future of therapies for the treatment of diabetic retinopathy and maculopathy. Paul is involved in the collaborative research between UCD and Australia on the causative factors relating to the pathogenesis of vascular dysregulation in diabetic retinopathy, with the hope of possible new therapeutic options relating to gene expressions. In an interview with the Medical Independent, he stressed that early detection of diabetic retinopathy is critical but that the clinical course of the disease is often difficult to predict. He acknowledged that anti-VEGF treatment has been a "paradigm shift" in retinopathy but some limits remain such as costs, total response rate, treatment predictability and potential long-term toxicity.

"In real terms, what we are looking at is markers which may be identified in particular diabetic cohorts which may give some other paradigms to treat patients, synergistically with other current therapies, which may eliminate some of the regimes associated with the injection therapies", he explained in the MI interview. He added that the research is also focused on stratifying the various levels of disease aggression.

New ICO Trainee Assessment Process

A new process for assessing trainees is being implemented from this July based around new mandatory Work Place Based Assessments.

A workshop for Consultants Trainers was held on June 25th to discuss the new assessment process in terms of why the changes are being made and what those changes are.

Many of the questions and

concerns trainees may have are answered in the summary of the discussions from the workshop which was circulated to trainers on July 13th.

The College does appreciate that there is an increased paperwork burden with the new assessment process and we will be doing everything we can in the College to help in this regard.

A follow up workshop will be scheduled in the Autumn.

Phaco Bootcamp



Pictured at the Phaco Bootcamp 2015 which was held in Royal Victoria Eye and Ear Hospital on the 27th and 28th June are (l-r) Claire Quigley, Naoimh Herlihy, Treasa Murphy, Princeton Lee and Rory Murphy. Now in its second year, Max Treacy joined as a trainer for this year's course alongside Princeton Lee.

ICO Medal Winners 2015

Congratulations to this year's ICO medal winners, which were announced at the Annual Conference in Mayo.

Dr. Qistina Pilson, who is based in the Royal Victoria Eye and Ear Hospital, won the Barbara Knox Medal for best paper for "Pellino3 as a Novel Target for the Treatment of Primary Sjogren's Syndrome Related Dry Eyes."

Dr. Lina Kobayter, currently based in Sligo, won the Sir William Wilde Medal for best poster for "Visual and Refractive Outcomes in Patients with High Astigmatism Following Cataract Surgery with Toric Lens Implantation."

The ICO thanks Bayer for the two new edition Kanski Ophthalmology text books which were awarded to the medal winners as prizes.

National Diabetic Retinopathy Screening Programme - Review Day, NSS

A review of the National Diabetic Retinopathy Screening Programme took place at the National Screening Service office at Kings Inn House in Dublin on Friday, June 19th. The event, chaired by David Keegan, was an opportunity for all stakeholders involved in the Diabetic RetinaScreen programme to meet and discuss the progress of the programme to date and any issues or related topics.

It was confirmed at the meeting that the new Optimize 4.2 is being tested in mid-July and is due to be on the ground at the screening centres by the autumn. The upgraded technology expands the clinical side of the previous model and training is planned for mid-August.

In response to questions raised in relation to the suitability of some referrals the treatment centre are receiving, it was noted that there is a 10-15% error margin at the screening stage and that it is therefore essential when any question over a patient's need for further assessment arises, that these individuals are referred on. Photographic technicians must err on the side of caution and refer on if they have any concerns arising from the screening report.

In Ireland, 5.6% of the population have diabetes or 190,000 people. The number currently on the Diabetic RetinaScreen register is 163,000 which would indicate that there are some 30,000 people with diabetes that still need to be identified and added to the register. The aim of the programme is to continually strive to build on the existing database, which it is on track to achieve. There have been 4000 new entrants since the beginning of 2015. Of those who have consented to take part in the programme, 85% have attended their screening appointment and had a satisfactory outcome, David Keegan said.

It was stressed that all involved in the programme, at all levels must work as a team to ensure its success and the desired outcome for patients achieved. The target of 80% on the register is to ensure 80% of the diabetic patients are in one form of care, screening or in private, as some

patients will make the decision to stay in the care of their ophthalmologist. Treatment centres must feedback their information and diagnosis to the photography centres in order to give the graders guidance on the appropriate next steps for re-referrals when they return the following year.

It is crucial for the treatment centres to communicate back to the screening providers of the programme. In these early years of the programme, there will be a natural evolution and the programme will see a lot of the issues resolved by next year but that already it is extremely positive that we are avoiding many of the pitfalls the UK programme experienced. It was acknowledged that having real figures on the incidence of diabetic eye diseases to report for the first time in Ireland, similar to the TILDA study which reports AMD figures in Ireland, was an extremely positive development.

The programme to date has equated to 14,000 hospital clinic hours saved or 14% referral to the Treatment Centres as opposed to these patients waiting on the already overburdened hospital consultants lists.

The superior quality of the photographs at screening stage was noted during the discussion, including the capability of the technology to capture peripheral symptoms. The point was raised that the difference of this programme to the diabetic patient is that a sight threatening (R2) can be identified and an immediate appointment at the treatment centre arranged, rather than that patient waiting an extended timeframe for their hospital appointment when treatment options may be more limited.

ICO ANNUAL CONFERENCE 2015

Medical Ethics Workshop

The importance of detailed patient record keeping in pre-treatment discussions and ensuring patient consent is fully informed was stressed during a special session on medical ethics at the ICO annual meeting this year.

Organised and chaired by Patricia McGettrick, who sits on the ICO Ethics Committee, the seminar on Ethical and Legal Aspects of Clinical Practice included guest presentations from 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.

In an interview with the Medical Independent, Dr Hegarty stressed that doctors need to write down the details of their discussions and "exercise caution", saying "consent is vital and sometimes that is not taken seriously enough, but it should be. It is also important to point out that a lot of medico-legal cases hinge on record keeping and it cannot be over emphasised how important that is."

Dr Hegarty noted that times have changed and that patients do not want a paternal attitude when discussing their care. Doctors also have to accept that patients have the right to refuse treatment and make their own informed decision.

Mr Asim Sheikh told delegates that discussion must be tailored to individual patients needs so that the conversation is fully understood. He said consent has been an issue for a long time and the key message now emerging from the law and the courts is the importance of physical dialogue between the doctors and patients. Speaking on the importance of record keeping, Mr Sheikh said often clinicians cannot remember the exact details of the consultation that a patient may take a case over. The doctor may thus lose a case even if they feel informed consent was given and the risk discussed.

A special thanks to our International guest speakers

A line up of distinguished guest speakers at this year's conference ensured an engaging programme of talks for our delegates. Symposia on Ocular Complications of Acquired Brain Injury, Medical Retina and an update on Oculoplastic Management Across the Ages were highlights of the 2015 meeting.

Miss Carmel Noonan, Consultant Ophthalmologist and Mr Ian Marsh, Consultant Ophthalmic Surgeon at the University Hospital Aintree, Liverpool, alongside Dr Fiona Rowe, Orthoptist at the University of Liverpool presented at the Ocular Complications of Acquired Brain Injury symposium.

Professor Richard Collin, Professor of Ophthalmology at UCL and a Consultant Ophthalmic Surgeon at Moorfields Eye Hospital, London gave a fascinating presentation at the Oculoplastics Symposium entitled "Aetiology and Management of Congenital Ocular and Eyelid Abnormalities". Prof

Collin said we have also started to understand why some of the defects occur and that they are usually a result of a combination of genetic and environmental factors. Our current knowledge is limited to trying to correct the established defects. He said exciting new experimental work offers the future possibility of perhaps being able to reverse some of the malformations if treatment is given early enough in-utero. If this becomes a reality it would be far more effective than current postpartum surgery.

It was a great pleasure and honour for the ICO to also welcome our esteemed colleague, Prof



Prof Caroline MacEwen, President of the RCOphth & Miss Marie Hickey Dwyer, ICO.

Caroline MacEwen, President of the Royal College of Ophthalmologists, London to the ICO annual conference. Prof MacEwen is a consultant ophthalmologist at Ninewells Hospital and Head of the Department of Ophthalmology, University of Dundee. Her subspecialty clinical interest lies in the field of eye movement disorders and squint, in which she runs a tertiary referral service. Prof MacEwen gave a presentation at the ICO conference on Ocular Trauma, the changing trends and outcomes.

From this year, all ICO juniors will be sitting the first part of the Royal College membership exam and this change, coupled with Prof MacEwen's visit, has undoubtedly helped to re-ignite the strong connections between our two Colleges. Our international relationships are increasingly important to the ICO as we seek support and guidance from our colleagues from further afield, many of whom have great experience in dealing with issues we too find challenging.



L-R Miss Carmel Noonan, Consultant Ophthalmologist, University Hospital Aintree, Marie Hickey Dwyer, Mr Ian Marsh, Consultant Ophthalmic Surgeon, University Hospital Aintree and Dr Fiona Rowe, Orthoptist, University of Liverpool are pictured at the Annual Conference of the Irish College of Ophthalmologist

ICO Conference 2



Billy Power & Marie Hickey Dwyer.



Teresa McManus, Grace O'Malley & Siobhan Kelly.



Denise Curtin & Tim Carpenter.



Aideen Curtin, Caitriona Munier, Emer Henry, Marie Hickey Dwyer & Alain Munier.



Pat McGettrick & Denise Curtin.



Mairide McGuire & Eamonn O'Connell.



Paul Moriarty, Caroline MacEwen & Richard Collin.

2015 – Gala Dinner



Frank Phelan, Treasa McManus, Peter Barry & Peter McManus.



Malcom Graham, Fatima Hamroush, Evelyn Graham & Dharm Pandeya.



Donal Brosnahan, Giuliana Silvestri, Bruce Golchin & Aziz Rehman.



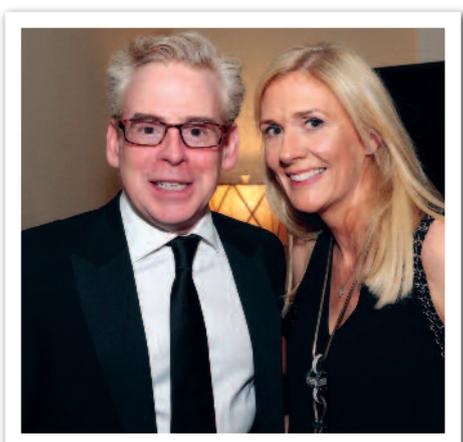
Deirdre Townley & Mark James.



Annie Nolan & Shauna Quinn.



David Wallace & Billy Power.



Mark Cahill & Aideen Curtin

UEMS 2015

The 67th Plenary Session of the UEMS Section of Ophthalmology was held in Dubrovnik, Croatia 13th-14th June 2015. Twenty-three European countries were represented. Attending for Ireland were Alison Blake and Denise Curtin with Gerard O'Connor attending as the Representative to the EBO. The 68th Session will be held in Dublin in June 2016.

The Union of European Medical Specialists is an EU wide representative body liaising with the EU Commission divided into sections by specialty. UEMS represents over 1.6 million medical specialists in 39 different specialties. The Section of Ophthalmology encompasses the European Board of Ophthalmology which holds the annual EBO Diploma exam to become a Fellow of the EBO. The current President in the Ophthalmology section is Hank Bonnemaier from The Netherlands, Denise Curtin is Assistant General Secretary.

Dublin 2016

Dublin will host the next meeting in June 2016. The members are looking forward to visiting Ireland. Alison Blake presented to delegates on the arrangements for the meeting in Ireland, which will be held on June 11th and 12th at the Herbert Park Hotel in Ballsbridge. The College looks forward to supporting Alison, Denise and Gerard O Connor as hosts of the meeting next year.

Plenary Session Highlights

The introduction of the new criteria for accreditation has consolidated the UEMS-EACCME's position as a leader in setting the standards for CME/CPD throughout Europe. Denise Curtin is to become the new Chairperson responsible for coordinating EACCME activities including e-learning programs.

The ECOO (European Council of Optometry and Optics) has released a document (Blue Book 2015) concerning the activity of opticians and optometrists in Europe. This Blue Book is intended to provide comprehensive data on the scope of competence of optometrists and opticians in Europe.

The results of the surveys on Avastin, premium lenses and advertising were presented; very positive support for the use of Avastin was noted and it was recommended that it should be used where national health regulations permit, co-payment for premium lenses should be considered because of the extra work it entails and advertising is acceptable in accordance with the National ethical rules.

Post Graduate Training

Alison reported the results of her survey on the duration of training in ophthalmology in Europe. The goal is to have more accurate information on competence of practitioners who want to settle in other EU countries. Standardisation of specialization is required by EU directive, the length of time is currently 4 years. A survey of European countries done between members recently shows that this length varies from 4 to 5 years, with some countries including a mandatory time of up to one year in areas of medicine outside ophthalmology. In many countries it is mandatory for trainees to sit the EBO exam. Ireland is to the fore in using it as the exit exam for completion of medical training. The training received in most countries in that time is both surgical and medical, with the countries split between those who consider training to be medical and those who consider their trainees qualified in surgery after four years. These countries expect further study in surgery after this time but not in the nationally structured fashion currently in place in the UK and Ireland. The information obtained give a general idea of the training journey but further information is required as surgical training is longer in countries reporting low training duration.

EBO Diploma

President of the EBO Peter RINGENS emphasised the growing importance and success of the EBO exam which gathered this year about 600 candidates from 28 countries, with a success rate of 90%. The ever increasing number of candidates poses a challenge for the venue and the number of examiners required. All Irish candidates were successful this year. A sub-specialty glaucoma exam took place in May. The Peter Eustace medal was awarded to Professor Marie Jose Tassignon for her contribution to Education and Training.

ICO advises ICGP on Ophthalmology eLearning Module

The Irish College of General Practitioners have created a series of eLearning programmes over the past few years that have been immensely successful. All of these include an MCQ which can be completed online to obtain a Certificate of Successful Completion for each module.

The ICGP is about to embark on its latest module called '*Ophthalmology in General Practice eLearning Programme*'. This programme will be made up of a series of five ten-minute videos covering the most common eye conditions that present in general practice including red eye, foreign body, cataract, AMD, glaucoma, diabetic retinopathy and paediatric ophthalmology. There will be a core video which will outline the correct examination of the eye by a general practitioner and will include 'top tips' and case scenarios for the various eye conditions.

The Irish College of Ophthalmologists is cooperating with the ICGP and advising the College on this production. It is hoped that the completed module will be available for ICGP members online later in 2015. We would like to thank Garry Treacy for his work with the ICGP on developing the module.

The Bayer Retinal Summit Meeting took place on Friday 24th April in RCSI, Dublin. The meeting was chaired by Frank Kinsella.

Guest speakers were Mr. Praveen Patel, Consultant Ophthalmic Surgeon at Moorfields Eye Hospital and Ms. Sobha Sivaprasad, Consultant Ophthalmologist at King's College Hospital and Moorfields Eye Hospital, London.

The meeting was followed by a Retinal Imaging Society of Ireland meeting, chaired by David Keegan.

Bayer Retinal Summit Meeting



Sobha Sivaprasad & Brid Morris.



Sinead Connolly & John Woods.



Sonia Manning & Neil O'Connor.



Paul Connell & Frank Kinsella.



Katy Carroll & Patricia Quinlan.



Tahira Saad, Neil O'Connor & Sinead Connolly.



John Doris & David Keegan.



Max Graham & Robert Acheson.

AMD Awareness Week 2015

Now in its 5th consecutive year, AMD Awareness Week 2015 will take place from the 14th - 20th September to promote early detection of the signs of Age-related Macular Degeneration.

Many thanks to our members who have offered their time in previous years for the nationwide mobile testing units and/or see referrals. The College will be in touch in due course with further details of this year's schedule and will ask members to please email the College if you wish to be involved.



Eye Safety in Hurling

A study carried out by David Kent, entitled “Eye safety in hurling: a few remaining blind spots?” highlights a number of key areas that still need to be addressed by the Gaelic Athletic Association if the risk of ocular injury and the potential for permanent sight loss is to be reduced further. The case study series, which was recently published in the Irish Journal of Medical Science, highlights that despite the compulsory use of faceguards in hurling, serious and sight-threatening eye injuries are still an occurrence.

It showed that distinct patterns of injuries are being observed in both playing and non-playing staff in the pre-match ‘warm up’ period and during training drills, situations historically where faceguards or eye protection has not been worn. Moreover, significant injuries are being observed in matches due to either modification of or defective faceguards.

Hurling is reputedly the fastest field game in the world. The force used by the players in swinging their hurls and the velocities attained by the ball when struck make players extremely vulnerable to potentially serious head and facial injury, which were endemic prior to the compulsory introduction of helmets and faceguards in 2010. To this end, recent years have seen the almost complete eradication of these types of injuries, and led to the almost complete eradication of serious sight-threatening eye injuries.

However, based on the study findings, there are still a small but significant amount of serious or potentially serious eye injuries occurring. Although only a case series, it draws attention to specific

areas in and around the game, such as the warm up period where players historically have never worn their helmet/faceguard, and where players and even management are constantly vulnerable to injury.

That players appear not to favour wearing protective devices during the warm up tends to suggest either a lack of awareness of the inherent dangers or perhaps even a casual attitude to the possibility of injury. The risk of injury to management personnel in the pre-game period is also significant as highlighted in the case example. Historically, there has never been a culture of eye safety amongst mentors. However, extrapolation of the findings here to a nationwide scenario would tend to suggest that eye injuries to management are not uncommon and are, therefore, a cause for concern.

Furthermore, players and medical personnel must be educated regarding the potential seriousness of even the most innocuous eye injuries which may have silent, devastating damage internally that can only be detected by an eye specialist. The occurrence of cataract, glaucoma or retinal detachment years or decades later may

Case Study

A 40-year-old male hurling coach was struck in his left eye with a hurling ball during a training drill. He noted the immediate onset of blurred vision, floaters and photopsias. He presented to the clinic 2 weeks later when his symptoms failed to settle. He had a 26-year history of type I diabetes, but no past ophthalmic history. Unaided visual acuity was 6/6 in the right eye and 6/36 in the left and positive examination findings were high-risk proliferative diabetic retinopathy (PDR) with pre-retinal haemorrhage in the right eye and diffuse vitreous haemorrhage in the left. Retinal details were suboptimal, but it was attached in all four quadrants. Urgent panretinal laser photocoagulation was performed in both eyes with further laser being performed in the left eye as the vitreous haemorrhage cleared, with vision returning to normal during the next month. Clearance of the haemorrhage also demonstrated widespread PDR which was showing early signs of regression following his laser treatment. Six months following the injury vision remains normal in both eyes with regressed PDR and asymptomatic inferior vitreous haemorrhage persisting in the left eye.

be directly attributable to such an injury. These key areas must be addressed by the GAA to improve the welfare of all those involved in both playing the sport and preparing teams.

A surprising finding from this case series is the fact that serious ocular injuries are still occurring during games despite the mandatory use of faceguards, raising at least two important issues. Firstly, that safety devices are defective and secondly, players may be modifying faceguards to gain a perceived advantage over their opponents. In the first instance, players are probably unaware that they are at risk while in the second instance it raises the worrying scenario that players are knowingly or unknowingly risking their wellbeing.

The author acknowledges that the recommendations made in the report may provoke controversy and require a sea change in attitude amongst those charged with preparing teams for competition, but no more than the



introduction of seat belts, hard hats or high visibility jackets elsewhere, there would be acceptance within a short period of time, particularly with the current climate of heightened safety awareness in the work and leisure place.

In conclusion to his report, Dr Kent said it is incumbent upon the GAA to expand current safety regulations to eliminate injuries in these key areas. This should include mandatory checks of faceguards by match officials prior to the commencement of matches. Dr Kent also recommends that there needs to be more robust data collection by the association to ascertain the true extent of long-term ocular morbidity following these types of injuries.

Mr Kent has recommended that a joint audit be carried out by the ICO with the GAA to investigate further. At the time of going to print with this newsletter edition, the ICO had made initial contact with the GAA to progress with David Kent's recommendation.

Summary of key recommendations

1. It should be compulsory that all players wear their helmet-faceguard once they enter the field of play irrespective of whether the match has commenced.
2. That management personnel involved in warm up wear eye protection at all stages of the warm up
3. That referees or their assistants examine all safety devices on the pitch prior to the commencement of a game
4. That absolutely no modifications of the faceguard or helmet be permitted irrespective of playing position
5. That it be mandatory to replace all faceguards every 5 years and helmets if deemed to be unfit for purpose
6. That it be mandatory to replace all helmets or faceguards at any stage if they are deemed to be unfit for purpose
7. The regulations should also be applied to camogie, the female equivalent of hurling.

SOE Meeting Vienna, June 2015

Pat Logan attended the SOE board and scientific meeting in Vienna in June as the Irish representative on the board. The meeting was held in conjunction with the AAO and APAO.

The meeting has a wide ranging programme with courses and wet labs and covered all the main issues for ophthalmologists in practice, in particular for young ophthalmologists.

Keynote speakers at the 2015 meeting included Anja Tuulonen, Head of the Department of Ophthalmology, University of Oulu, Finland who gave a presentation on developing high quality, high volume, low cost glaucoma eye care in Europe and Masayo Takanashi from the Riken Center for Developmental Biology Japan, who led the world's first operation to implant induced pluripotent stem (iPS) cells into a human body.

Neil Miller, Professor of Neuro-ophthalmology at the Wilmer Eye Institute of Research, John Hopkins Hospital, gave a talk on 'Neuro-ophthalmologic disorders you can't afford to miss' and Joseph Demer, from the Jules Stein Eye Institute discussed 'Orbital Imaging in Ocular Motility and Strabismus: Insights Into Extraocular Muscle Function, and Unique Value in Clinical Management'.

At the board meeting, Pat informed members of the death of Peter Eustace, who was a great enthusiast of our European

connections. The meeting stood for a minutes silence in remembrance of him.

Also at the board meeting, David Keegan gave a presentation on EULDP training. His project is "Comparison of training schemes in Ireland" and he has an ambitious project to build up knowledge of what levels of training are taking place across Europe from country to country in ophthalmology. Following discussion, the board of SOE agreed that national societies would agree to provide information on training and fill in his proposed questionnaire, on the understanding that they could withdraw their data at any time. David Keegan will send the proposed questionnaire to the secretariat to forward to all SOE members.

As the Irish representative, Pat attended the first meeting of the European branch of the Internal Agency for the Prevention of Blindness (IAPB), a subcommittee of WHO. The focus of this group is to address global blindness, with an input from all countries. The College will keep members posted on discussions; our actions will be discussed at world sight day on October 8th.



NOVARTIS BURSARY

Awardee of the ICO / Novartis Eye Research Fellowship, Maedbh Rhatigan gave a presentation at the Irish College of Ophthalmologists Annual Conference in Westport on the update of her study entitled 'Negative Regulators of Inflammation and AMD in a cohort of The Irish Longitudinal Study on Ageing'.

Maedbh Rhatigan was announced as the winner of the research award at the 6th Annual Retinal Meeting in Adare last year. The annual bursary is supported by Novartis.

The study is being carried out under the supervision of Mark Cahill at the Royal Victoria Eye and Ear Hospital and Sarah Doyle, Assistant Professor in Immunology at the Department of Clinical Medicine, Trinity College Dublin, and is being undertaken as part of an MSc by research in Clinical Medicine.

The annual bursary, awarded to a medical doctor, has been instrumental in facilitating eye doctors to undertake a period of research or



Maedbh Rhatigan.

specific training in an eye care centre of excellence. The fellowship award is an unrestricted educational grant.

Dr. Eva Lindgren, Medical Director, Novartis Ireland said,

"Novartis Ireland is pleased to support such an important research bursary as part of our ongoing commitment to research in Ophthalmology in Ireland. At Novartis Ireland, our research is driven by a clear scientific strategy which focuses on finding solutions to

unmet medical needs. We look forward to once again supporting original and innovative research in partnership with the Irish College of Ophthalmologists."

ICO/Novartis RESEARCH Award 2015-2016

The ICO is inviting interested medical practitioners to submit their applications for the ICO / Novartis Research Award to the College by Monday, 7th September, 2015. The prize is not restricted to eye doctors in training and those in practice are encouraged to consider making a suitable application. The applications received will be shortlisted and a panel of experts, to include an extern, will interview those shortlisted to determine the winner. Interviews are expected to take place during the week beginning September 21st. Application form and further details are available on www.eyedoctors.ie.



HEALTHY IRELAND

The ICO is progressing in its efforts to engage with the HSE and the Department of Health on the implementation plans for Healthy Ireland.

Siobhan Kelly and ICO communications manager, Ciara Keenan, met with Sarah McCormack of the HSE National Programme Management Office to outline the importance of factoring eye health into the HI agenda and to offer our medical expertise as a resource to the programme. The College previously met with Stephanie O’Keeffe, National Director of Health & Wellbeing to begin discussions.

The ICO is in the process of exploring various points of interaction between the HI agenda and our own agenda around improving and safeguarding eye health following recommendations discussed at the meetings. This involves engaging with a number of key figures, including Kate O’Flaherty, Director of Health & Wellbeing Programme in the Department of Health to highlight the ICO’s support of Healthy Ireland, our focus on prevention of eye diseases and addressing key modifiable risk factors and importance of increasing

awareness of how individuals can look after their eye health in order to alleviate future costs to the state.

In its recently published Health & Wellbeing Operational Plan for 2015, the second operational plan for the Division since its establishment in mid-2013, the HSE highlights that the focus is to build on the cooperation and momentum generated over the last 12 months in designing a system wide response to improving population health. In addition to cooperation received in aligning healthcare reforms to the prevention agenda and improving accountability for Health and Wellbeing objectives in the work of hospital groups and community healthcare organisations, the HSE says it has gathered momentum and cooperation to address the key modifiable risk factors for chronic disease and ill-health such as tobacco, alcohol misuse, physical inactivity and obesity. The priorities will be tackled through governance and cross-divisional accountability frameworks, collaborative working, leadership and the further implementation and embedding of Healthy Ireland principles and actions across the organisation.

Nyumbani Project

As part of her curriculum last year, Sophie Quinlan, a sixth year student in Holy Child Killiney and daughter of Patricia Quinlan, worked with 16 other girls on a development programme within the school. The project, called ‘Nyumbani’ was to raise funds for orphans who have HIV in Kenya.

At Nyumbani (meaning ‘home’ in Swahili) children are cared for until a definite assessment of their HIV status can be made. Children who are found to be HIV positive are given the best nutritional, medical, psychological, academic

and spiritual care available at Nyumbani until they become self-reliant. Nyumbani is a home to approximately 100 children ranging in age from newborn to twenty-three years old.

Unfortunately, Nyumbani has been affected by the war and unrest that is still present in Kenya today. The project helps to support these children so that they can achieve their full potential. Any donations, through Holy Child Killiney, would have a massive impact on the lives of these children who are in great need of help.

Consultation Process - Statutory Regulation of Optometrists and Dispensing Opticians at CORU



Ag Rialáil Gairmithe Stáinte agus Cúraim Shóisialaigh
Regulating Health + Social Care Professionals

CORU is preparing for the transfer of the registers for dispensing opticians and optometrists from Bord na Radharcmhastóirí (the Opticians Board) to the Optical Registration Board at CORU, later this year.

The Optical Registration Board at CORU is currently working to put in place the standards that will determine how the two professions are regulated in the future.

A Consultation Process is now underway as the Board seeks to hear the views of members of the professions, the public and stakeholders on a number of matters relating to the statutory registration of optometrists and dispensing opticians at CORU. These include the Code of Professional Conduct and Ethics for Dispensing Opticians Bye-Law 2015, the Code of Professional Conduct and Ethics for Optometrists Bye-Law 2015 and the Regulation and Control of Prescribing

The full text of each of the by-laws can be viewed on the CORU website or can be requested by emailing consultation@coru.ie or calling 01 2933160.

The closing date for receipt of submissions was Friday, 24 July 2015.

A report on the consultation process will be published on www.coru.ie.

Retina 2015 Scientific Conference



Minister for Health, Mr Leo Varadkar is pictured with Avril Daly, CEO Fighting Blindness and ICO Member David Keegan.

The Retina Conference is an annual Fighting Blindness event which brings together leading international and Irish figures in the global effort to find treatments and cures for conditions causing sight loss. Retina 2015 takes place on Friday, November 6 in Croke Park, Dublin.

Among the many international speakers at this year's event is Dr Eric Pierce. Dr Pierce is an ophthalmologist and molecular geneticist whose research program is dedicated to understanding the molecular

mechanisms of inherited retinal degenerations (IRDs) and improving therapeutic interventions for these conditions. Dr Pierce is the Director of the Retinal Degenerations Service at Massachusetts Eye and Ear and Associate Professor of Ophthalmology at Harvard Medical School.

Early bird registration of €75 for clinicians and €35 for trainees is now open at www.Retina.ie. Attendees will receive 10 external CPD points from the Irish College of Ophthalmologists. For more information please contact 01 6789 004 or communications@fightingblindness.ie

Eye Doctor Directory

Thank you to members who have sent their photos to the ICO for use on the updated eye doctor directory on our website. For those who wish to still have their photo added, please email communications manager ciara.keenan@eyedoctors.ie.

Dates for your Diary

19th Sept	Medical Careers Day, Dublin Castle.	1st Oct	Adare Retina Meeting coordinated by Marie Hickey-Dwyer
15th Oct	15th International Paediatrics Conference, Gibson Hotel, Hotel Dublin	20th Oct	Anaesthesia Course, RVEEH.
		4th Dec	Montgomery Lecture, RCSI, Dublin

ICO Meetings

9th Sept	Ocular Anatomy Study Day, RCSI
25th Sept	Phaco Course in the UK run by Alcon (1st year trainees)

Visit www.eyedoctors.ie for further information and please email the College if you would like to promote an event on the ICO website

Professional Competence Scheme

Mandatory compliance with a Professional Competence Scheme has now entered its 5th year for all Medical Practitioners. All doctors must complete a minimum of 50 CME credits each year and upload the details and supporting documentation to the ePortal.

The ICO selects a random sample of doctors to validate their recorded activity and reports on this to the Medical Council. As the schemes are now well established the Medical Council is asking the Training Bodies to become more focused on the quality and relevance of the CME activity that doctors are recording, with the audit becoming a particular focus.

This year each of the Training Bodies must submit a strategic plan to the Council which will be a blueprint for the operation of the professional competence scheme over a three year period. It will highlight the work already undertaken and planned by the training bodies against agreed standards that supports the continuous development and improvements of the scheme.

The plan must demonstrate that the scheme supports enrolled doctors to meet their professional competence requirements in particular highlighting the level of engagement between the training body and enrolled doctors as well as wider stakeholders. The eight domains of good professional practice as devised by the Council cover the full range from clinical skills to relating to patients and the Council is directing the Training Bodies to broaden their education and training programmes to include the wider skills such as teamwork and professionalism.

The ICO has and will continue to respond to this direction.