Vision Coalition Report Launch

Pan-European Report includes Economic Cost and Burden of Eye diseases and Preventable Blindness Figures for Ireland.

The National Coalition for Vision Health launched the key findings of The Economic Cost and Burden of Eye diseases and Preventable blindness in Ireland at a breakfast meeting in the RHA Gallery in Dublin on April 1st. The Report analyses the economic impact of four eye diseases (cataract, diabetic retinopathy, glaucoma and wet AMD) and blindness in Ireland. The report states that up to €76 million could be saved annually in Ireland if early intervention is prioritised.

The launch of the Deloitte report on April 1st marks the yearly point of the Vision Coalition’s collaborative efforts to review the future of eye health in Ireland and their call on the Government to implement a number of specific recommendations focused on eliminating avoidable sight loss. The expert group convened by the NCBI, Fighting Blindness and people working in vision-related advocacy and healthcare, launched the Framework to Adopt a Strategic Approach for Vision Health in

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Ireland in the RHA Gallery, Dublin one year ago in March 2013.

The Report is a pan-European study of 16 countries on the cost of blindness study which has already analysed the economic impact and burden of four eye diseases and blindness in 6 countries (Germany, France, Italy, UK, Spain and Slovakia) and the cost-effectiveness of interventions to prevent eye disease and blindness. The report now includes Irish figures from phase two. The report reveals that five people go blind in Ireland each week, despite 75% of blindness being preventable and reinforces the immediate need to eliminate avoidable sight loss in Ireland. It reflects similar findings in countries across Europe.

The report found that 123 million workdays are lost per year in Europe while in Ireland 2.1 million healthy days are lost per annum as a consequence of vision impairment and blindness. Blindness and vision impairment cost the Irish state €205 million in 2010, yet up to €76 million could potentially be saved if a series of cost-effective measures for the four main eye diseases in Ireland were implemented.

This potential saving is particularly relevant as the cost of blindness is expected to increase to €2.5 billion by 2020. The recommended interventions include screening for diabetic retinopathy, which allows for earlier access to treatment, if treatment is required; treatment with anti-VEGF for wet AMD; screening for cataracts; and access to surgery where needed.

Deputy Mary Mitchell O’Connor, a strong political supporter of the objectives of the Vision Coalition, opened the meeting and spoke of her own family experience with vision loss. Deputy Mitchell’s brother is one of the 14,000 people living in Ireland with vision impairment and spoke of how his life is complicated by practical difficulties which come with significant sight loss. She declared her commitment to the vision strategy objectives as a member of the Joint Oireachtas Committee on Health and Children and her intention to help place vision health prevention strategies on the priority health agenda with the Minister and the Committee on Health.

Other political supporters in attendance included MEP Marian Harkin, Senator Katherine Zappone and Senator Martin Conway, who chaired the Coalition’s presentation meeting of the Framework report in the Dáil in July 2013.

Also speaking at the launch was David Keegan who described how the establishment of the Diabetic Retinopathy Screening Program and the HSE’s National Programme for Eye Care has provided a real opportunity to achieve improved outcomes for people with sight loss in Ireland. David highlighted the fact that diabetes is the leading cause of blindness among the working age population and that it has been internationally recognised that screening and treatment of diabetic retinopathy is one of the most cost-effective interventions, preventing 6% of potential blindness in the first year of treatment.

The National Vision Coalition group includes ICO representatives David Keegan, Mark Cahill, Maureen Hillary, Patricia Logan and Siobhan Kelly. The group are recommending eight principles to direct any future development of vision health support and services. The launch of the report was used as an opportunity to remind the Government and relevant policy makers to act upon its recommendations for a national vision strategy and to implement the cost-effective measures highlighted in the new report to prevent unnecessary blindness.

Glaucoma Week Awareness

‘Beat Invisible Glaucoma’ was the theme for this year’s World Glaucoma Week (9-15 March). Thank you to Aoife Doyle and Shauna Quinn for ensuring the College had the latest information on the condition to circulate to media and post on our website and twitter feed to help generate public awareness.

The College engaged with health and lifestyle media during the Awareness Week to highlight the importance of having a regular routine eye exam, especially for those in the higher risk groups and to stress the significance early diagnosis and careful regular observation and treatment can have on ensuring damage is kept to a minimum.
Orbis Ireland provides eye care to 2.25 million people in Ethiopia

Trachoma is the leading infectious cause of blindness worldwide. Orbis Ireland was established in 2007 with the single aim of eliminating blindness secondary to trachoma infection in the Gama Gofa region of southern Ethiopia with a population of 2.25 million people.

The incidence of active trachoma in the population was 32.2% and 1.9% for trachomatous trichiasis (the blinding stage of the disease). A national survey of blindness in Ethiopia carried out in 2005 found corneal scarring secondary to trachomatous trichiasis was the second largest cause of blindness in Ethiopia.

Orbis has implemented the World Health Organisation’s SAFE strategy since 2007. SAFE is an acronym for Surgery, Antibiotic distribution, Face washing and Environmental change. Integrated Eye Care Workers (IECW) are key in carrying out the required surgeries. They are nurses who have received training in primary eye care and trachomatous trichiasis surgery. Training consists of 10 days devoted to primary eye care and 20 days practical training in trachomatous trichiasis surgery. Follow up training consists of a two day workshop every year. Since the inception of the programme 32,800 lid surgeries have been undertaken.

8,471,168 doses of Zithromax have been delivered in the region to eliminate active infection. It is necessary to treat a minimum of 85% of the population to have significant impact on infection rates in the community. All antibiotics have been provided free by Pfizer as part of its International Trachoma Initiative. An educational session about trachoma is delivered at the time of antibiotic distribution.

Three cadres are involved in health promotion related to trachoma:
1. Health Extension Workers (HEW) are trained for one year in health promotion (including maternal and child health, vaccination, sanitation and hygiene). They also receive training in primary eye care and trachoma.
2. Community Health Agents (CHA) are community volunteers elected by their communities to support the work of the HEW’s.
3. School teachers receive five days training in primary eye care, sanitation/hygiene and refractive error.

Surveys have shown that there is now widespread understanding in the population about the need to wash hands and faces in order to prevent trachoma.

Provision of clean water supply remains the most challenging component of the SAFE strategy. To this end Orbis has worked with other NGO’s such as Water Aid to implement the water, sanitation and hygiene elements of the programme.

In 2007, the Gama Gofa region had one of the highest prevalence of trachoma in the world. Now, due to Orbis’ implementation of the SAFE strategy in the Gamo Gofa region, repeated surveys have shown a steady decline in the prevalence of both active trachoma and trachomatous trichiasis, in some areas as much as a 30% reduction.

Orbis Ireland is a registered charity (CHY16838) and is currently in receipt of a grant from the Irish Aid Civil Society Fund. We also raise funds through generous donations from companies and individuals from across Ireland. In addition, we organise a number of fundraising events, the most popular being the Great Ethiopian 10km Run in Addis Ababa every November. Over 35,000 people take to the streets of Addis Ababa to take part in Africa’s biggest road race. A huge variety of runners from all age groups and fitness levels take part, many just there to experience the carnival atmosphere that takes over the city. Come and join us this November and also take the opportunity to visit the Orbis programme in this most beautiful and magnificent country.

www.orbis.org
Donal Brosnan – Director, Orbis Ireland
Eye Health and Tobacco Use

The cancer causing properties of tobacco are well known in the general population but less well known is the significant impact smoking has on eye health. After ageing, smoking is the biggest risk factor for developing Age-Related Macular Degeneration (AMD). Smoking also increases the risk of developing cataracts.

To help highlight the link between smoking and blindness the ICO has recently joined a health alliance with more established anti-smoking advocates including the Irish Cancer Society, Irish Heart Foundation, Ash Ireland, Irish Asthma Society and a number of other health and children’s charities.

The current Government has published two key health policy documents; Healthy Ireland and Tobacco Free Ireland. Both documents highlight the need for tobacco controls to reduce and eliminate tobacco-related harm in the population and the unnecessary and preventable deaths and disability caused by tobacco use. Government policy is to drive a more concerted effort to support the continued development of a tobacco free society by 2025 where people can live longer and healthier lives, free from the detrimental effects of tobacco.

In order to reduce tobacco-related harm, smoking prevalence must be decreased and tobacco use in society must be denormalised. The policy aims to prevent non-smokers including children and young people from starting to smoke and to encourage, motivate and support current smokers to quit.

The Alliance is united around the call for increased tobacco controls and recently actively lobbied the Government to call for standardised packaging for tobacco products. Research in Australia, where packaging legislation has recently been introduced, has shown that standardised or plain packs reduced the appeal of tobacco products to young people, stopped smokers believing that some brands are less harmful than others, made health warnings more effective and increased negative feelings about smoking.

A recent hearing at the Joint Committee on Health and Children on the introduction of standardised packaging was attended by Siobhan Kelly and ICO Communications Manager, Ciara Keenan and was an important opportunity to highlight to legislators the links between smoking and eye health.

With the current and predicated changes in smoking prevalence in Ireland and if current policies are maintained and strengthened children born in Ireland today, will live in a tobacco free Ireland when they turn 18. Tobacco control is a health issue that has widespread cross party support and the impact of smoking on eye health must be highlighted at every opportunity.
It is ten years since the workplace smoking ban was introduced. Ireland was a world leader when it successfully implemented the ban in 2004 with many other countries following suit. It was the world’s first country to ban smoking in bars and restaurants. Since the ban came into effect, smoking prevalence has dropped from 28% - 21% and the growing denormalisation of smoking has led to less young people taking up the habit.

A meeting was recently held in the RCPI to mark the ten year anniversary of the ban which Siobhan Kelly attended as a representative of the ICO. Dr Pat Doorley, Chair of the RCPI Tobacco Policy Group spoke at the event, highlighting the policy group’s aim is to influence national tobacco policy and legislation, particularly in support of the Tobacco Free Ireland plan launched by the Minister for Health in 2013.

The RCPI policy group comprises representatives from a range of medical specialties, from within RCPI’s own Faculties and Institute, and from other external bodies such as the Irish College of General Practitioners, the Irish Thoracic Society and the Psychological Society of Ireland. The ICO has reached out to the relevant personnel with the RCPI to offer our support for the policy group.

Key Facts highlighted
- Dangers of e-cigarettes – reduces perception of harm, hi tech appeal to younger people, reduced cost - regulation needed including ban on sale to children
- Globally tobacco kills 6m people annually, 1.6m in Europe
- 12% global deaths attributable to tobacco, Eur 16%, Ireland 22%
- Anti-smoking Initiatives work, Irish smoking prevalence has dropped from 28% to 21% 2004-2014
- 80% smokers would like to quit, 40% try every year
- Critical to have good on-going research to establish progress and evaluate impact
- Strong evidence that advertising bans reduce smoking – tobacco pack is one of the last vestiges of tobacco promotion
- Plain packs less attractive to adults and children
- Strong opposition to standardised packaging from tobacco industry
- Tobacco taxes are an effective measure in decreasing smoking prevalence particularly in children
- Smoke free campus – All HSE campuses to be smoke free by 2015
- Ban on smoking in cars where children are present – legislation recently passed in the UK
- Health system needs to be incentivised to promote prevention

Minister for Health Dr James Reilly and Fianna Fail Leader Micheal Martin, pictured at the recent event in the RCPI marking Ireland’s 10 year anniversary of the smoking ban in the workplace.
The College looks forward to this year’s Annual Conference which will be held at the Strand Hotel, Limerick, from Wednesday 14th to Friday, 16th May. This year’s programme includes symposia on Uveitis, Ocular Infections and New Technologies in Ophthalmology.

Distinguished guest speakers will include Prof Jim Lucey, Medical Director of St. Patrick’s University Hospital, Prof Susan Kennedy, Consultant Pathologist at the Royal Victoria Eye and Ear Hospital and Prof Stephen Foster, Clinical Professor of Ophthalmology, Harvard Medical School and Founder and President of the Ocular Immunology & Uveitis Foundation. Prof Foster will also give this year’s Mooney Lecture.

ICO Annual Conference schedule includes:

- May 13th: Eye Care in General Practice Session
- May 14th: Conference opening, Ocular Infections Symposium, CO Annual General Meeting
- May 15th: Mooney Lecture, Uveitis Symposium, Train the Trainers Course, Public Information Session
- May 16th: Understanding New Technology

Prof of Psychiatry to give talk at Annual Meeting

The College is delighted to be welcoming Professor Jim Lucey, Medical Director of St. Patricks University Hospital in Dublin, to speak at this year’s ICO Annual Meeting in Limerick. Prof Lucey, who is also Clinical Professor of Psychiatry at Trinity College Dublin, has more than 25 years’ experience in psychiatry. In addition to medical management he maintains his clinical practice at St.Patrick’s where he works on the assessment, diagnosis and management of obsessive compulsive (OCD) and other anxiety disorders.

Educated at the Royal College of Surgeons in Ireland (RCSI), Prof Lucey trained in psychiatry at St. Patrick’s Hospital in Dublin and at the Maudsley Hospital in London, graduating with an MD from Trinity College, Dublin and a PhD from the University of London. He was appointed to St. Patrick’s in 2002 where he became the Director of the Anxiety Disorders Service and also Consultant Psychiatrist with responsibility for electro-convulsive therapy.

St Patrick’s University Hospital is Europe’s oldest mental health facility, founded in 1746 by Jonathan Swift, Dean of St Patrick’s Cathedral. The hospital has in the region of 200 beds and treats many more through its Dean Clinics around the country and through on-line support and education.

A new book by Prof Lucey, entitled In My Room – the Recovery Journey as Encountered by a Psychiatrist, is based, as described in a recent interview with Prof Lucey in The Irish Times, on composite real-life experiences of depression, alcohol dependence, obsessive compulsive disorder and post-traumatic stress. The focus of the book is not treatment plans and therapeutic approaches, but how the individuals describe their experience and how, in most cases, they learn to move beyond it.

Prof Lucey also regularly uses personal stories of mental anguish to teach his medical students and to engage listeners in his slot on Today with Seán O’Rourke on RTÉ Radio 1. One of Lucey’s key motivations is to move society beyond the stigma and self-stigma of mental illness. In his interview with The Irish Times, he explained; “I’m naturally positive. We have come a long way in that people talk about and share their experiences of mental distress and that is a great achievement, but people still wait years to seek treatment.

“Panic, anxiety and other major distressed states are treatable and often by the time people get treatment, they have been suffering for 10 years or more. The earlier the interaction, the earlier people can move on.”

Prof Lucey believes the role of creative arts in mental health recovery, and the paintings throughout the modern, brightly lit, spacious hospital, are a testament to this changed approach to mental illness.

According to Prof Lucey, mental health problems affect one in four people. One third of patients attending their GPs have mental health distress. He addresses the need to look at our mental health in a much more positive way – by being sober, being in family – as well as engaging with recovery around mental distress. We look forward to Professor Lucey’s talk which will no doubt be engaging and an important insight into his work in the area of mental health in Ireland.
As part of the on-going commitment to educating our medical colleagues about eye care, we are pleased to announce the ICO will be hosting an education event for GPs to coincide with this year’s Annual Meeting in Limerick.

At last year’s meeting in Killarney, the College began the GP focused education initiative which has been developed and tailored for the May 2014 meeting in Limerick. GPs play an essential eye care role in primary care and the College is committed to working with GPs to tackle the growing impact of vision impairment and the increase in adverse lifestyle factors contributing to the onset of eye complications.

ICO members Philip O’Reilly, Jeremy O’Connor and Catherine McCrann will talk on the most common eye conditions presenting to GPs in their practices and offer advice to GPs on the conditions which can be treated or managed directly and those which need to be referred on to an eye doctor for specialist care.

ICO President, Marie Hickey-Dwyer will open the meeting, welcoming GPs from the region and will speak on issues relevant to the local community.

The event also aims to foster a greater understanding of the roles and responsibilities of community and hospital based eye doctors and referral pathways.

The session will be held on the evening of Tuesday, 13th May at 7.30pm and run for approximately 90 minutes. The event will be accredited for CPD points.

If you would like to send any comments in relation to this planned event or would like to suggest GPs who would be interested in attending please contact Siobhan Kelly or Ciara Keenan at the College.

As part of our annual meeting for 2014, the ICO will once again host a free community information event on Eye Health at The Strand Hotel Limerick from 6pm on Thursday, 15th May.

The format of this year’s public session will be a panel of three eye doctors who will cover the main eye conditions affecting patients in Ireland and general advice for the public on how they can take better care of their eye health. The College would like to thank Garry Treacy, Alison Blake and Patricia Quinlan for committing their time again to present at this year’s meeting. Marie Hickey Dwyer will welcome members of the Limerick community to the event, giving a brief overview of local services and the ICO’s commitment to patient safety and educating the public on best eye health practices.

The College is honoured to welcome Professor Stephen Foster, Clinical Professor of Ophthalmology at Harvard Medical School and Founder and President of the Massachusetts Eye Research and Surgery Institution, who will give this year’s Annual Mooney Lecture at our Conference in Limerick.

The title of this year’s lecture is ‘MERSI Guidelines for a Preferred Practice Pattern for the Care of Patients with Recurrent or Steroid-Dependent Uveitis’ and will cover Dr. Foster’s views on evidence-based current best practices or preferred practice patterns of caring for patients who have recurrent or steroid-dependent uveitis.

Dr. Foster did his Residency training at Washington University in St. Louis, Missouri, and completed two additional Fellowships in Cornea and External Diseases, and in Ocular Immunology. After 30 years on the full time faculty of Massachusetts Eye and Ear Infirmary, he decided to establish his own private practice – The Massachusetts Eye Research and Surgery Institution, a state of the art 12,000 square foot practice with its own chemotherapy infusion suite and phlebotomy lab. Dr. Foster continues to direct a research laboratory at the Massachusetts Eye Research and Surgery Institution (MERSI), through the support of his newly created research foundation, The Ocular Immunology and Uveitis Foundation, and continues his teaching activities and training fellows as a Clinical Professor of Ophthalmology at Harvard Medical School. He has also authored over 600 published papers and 5 textbooks.
Supporting Doctors in Difficulty

The financial and capacity challenges in the health service in the past number of years have been well publicised but very little attention has been given to the pressures faced by doctors as they strive to give high quality and safe care to their patients in this difficult environment. International studies have shown that doctors suffer high degrees of burnout and stress as they are faced with more and more responsibility yet less and less authority within the health system. High workloads and time pressures can lead to depression and anxiety and through the Forum, the Post Graduate Training Bodies have been looking at the impact this may have on practice while also attempting to define their role in this arena while ensuring that the proper supports are given to doctors by their professional body.

In the Irish health service there are a number of structures in place to manage risk and to protect patient safety; systems or service issues, adverse incidents or complaints to the Medical Council all trigger processes which may result in an individual doctor finding him or herself facing professional challenges that can cause great distress and difficulty.

The Faculty of Radiology in RCSI recently held a seminar which focused on ‘Doctors in Difficulty’. Amongst the speakers was Dr Paul Kavanagh, head of Professional Competence at Irish Medical Council who outlined how the Council receives approx 500 complaints annually, a figure which represents 2.5% of registered doctors. 10% of those complaints proceed to fitness to practice with 50% of those subject to a finding or disciplinary action. In a recent survey conducted by the Council 14% of Irish doctors said they had experience of a colleague in difficulty in previous 3 years. While the Council acknowledged that prevention & early detection is important they believe that building resilience is not enough on its own. The Council’s view is that the training environment affects future performance and they are becoming increasingly interested in the quality of the learning environment because of its long term impact on good professional performance. The Council’s view is that the number of complaints they receive from healthcare organisations is low when compared to other national regulators and they are considering a move to a revalidation model of professional competence.

Dr Ide Delargy, Medical Director Health Matters Program and Chairperson of the Sick Doctors Scheme discussed how prevention is most definitely better than cure for doctors in difficulty. The Health Matters Program is a confidential scheme to prevent issues escalating to the Medical Council. Dr Delargy discussed how Doctors in difficulty are often a hard to reach group; they don’t access healthcare in conventional ways, suffer higher levels of burnout, often present late and in crisis and have easy access to medications. There is often a stigma attached to psychological illness, Doctors practice high levels of self care, have perfectionist personality traits and often try to conceal or deny they are experiencing a problem. There are often barriers to seeking help such as heavy workload and difficulty taking time off, the fear of stigma of mental illness and concerns about professional future and negative experience of how other colleagues were treated. There is also a lack of awareness of the services available. The Health Matters Program is in its infancy. It is a confidential service supported by but separate from from the Medical Council to which it only reports if there is a significant risk for patients. There is also a lack of awareness of the services available. The Health Matters Program is in its infancy. It is a confidential service supported by but separate from from the Medical Council to which it only reports if there is a significant risk for patients. There is also a lack of awareness of the services available. The Health Matters Program is in its infancy. It is a confidential service supported by but separate from from the Medical Council to which it only reports if there is a significant risk for patients.

Leah O’Toole from the Forum outlined how the challenges from Doctors who are experiencing difficulties, present; clinical mistakes, communication problems with patients/colleagues, complaints from colleagues/patients, lack of insight and behavioral issues – anger, defensive, lack of team working. But once it is recognized that there is an issue what happens or what should happen next?

For trainees there is the well defined structure of the training programme. If difficulties emerge these should be picked up through the appraisal and assessment processes. Currently the training bodies are looking at these structures and this concept of mindfulness and health and well being of the trainees is being reviewed with a view to improving the current structures.

But what about those doctors who are no longer in training? What structures exist to help identify difficulties and offer support? In 2012 the HSE introduced a new performance management framework but it is doubtful that this has been widely or properly implemented across the system.

In a well functioning performance management framework difficulties would be identified in a manner whereby doctors would feel supported not targeted. For the most part issues would be resolved through local supports and processes. More serious issues may require the involvement of the Medical Council.

Recovery rates for doctors treated for addiction in such programs are high: - 82% abstinence for alcohol addiction (compared to 10% in the general population) and - 88% abstinence for drug use (compared to a 10-20% in the general population).
or if there is a need for a specific programme of remediation then the training body could be approached to work with the doctor. However the training body can only act as the last port of call once all efforts locally have been exhausted.

So why are the training bodies considering entering this remediation space? There is a growing consensus at the Forum that the Colleges are the only organisations which have the expertise to provide such programmes. The Training Bodies mission is to maintain high professional standards but they also want to fulfil that supportive role for colleagues.

In debating the role of the Training Bodies is in this area, a number of basic principles have been developed: the training body should only be contacted when local attempts to address the concerns have been exhausted, the process should only be used to address deficits in competence and/or performance, the remediation process cannot address system issues, the request for support by the postgraduate training body can only be made when the doctor has explicitly agreed to participate in the process of retraining or remediation. Confidentiality must be observed at all times and the responsibility for addressing deficits in competence and/or performance remains with the individual doctor.

The Forum is currently working with the Quality and Risk Directorate in the HSE to review all the structures currently in place. The causes of poor performance are multi factorial but thoughtful support will help most doctors to get back on track. There is a growing need for medical leadership on this issue and an increase in understanding of how management style and practice both promotes employee mental well being and keeps stress to a minimum.

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**Sick Doctor Scheme**

The Sick Doctor Scheme is accessible to all doctors from any medical discipline who may have a problem or are concerned about a substance misuse issue. The SDS will provide medical assessment, appropriate referral, ongoing monitoring and general support in the event of a problem being diagnosed.

Dr Ide Delargy
086-8100803 or dridedelargy@eircom.net
All contacts will be dealt with strictly in confidence.

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**Fighting Blindness Gala Dinner**

Avril Daly, CEO of Fighting Blindness, is pictured with Peter Ryan, the recipient of the Fighting Blindness Empowerment Award, at the charity’s Annual Gala Dinner at The Shelbourne Hotel, Dublin on February 8th.

David Keegan and his wife Anne, pictured at The Fighting Blindness Annual Gala Dinner, held at The Shelbourne Hotel on February 8th.
Montgomery lecture

The Annual Montgomery Lecture hosted by the Irish College of Ophthalmologists in The College Hall, RCSI Dublin on 6 December, 2013. The lecture entitled ‘Ophthalmoscopy in the 21st century’ was given by special guest speaker Nancy Newman, Professor of Ophthalmology and Neurology, and instructor in Neurological Surgery at Emory University School of Medicine, Atlanta, USA.
College Support Irish Guide Dogs SHADES 2014 Campaign

The College is committed to increasing our outreach and communications with patient groups as we endeavour to provide support and education to those affected by sight loss in Ireland.

Irish Guide Dogs for the Blind recently approached the ICO to request information on the main causes of sight loss in Ireland and will be publishing this information on behalf of the ICO on their website to coincide with the IGDB annual SHADES Campaign this year which starts on April 28th. The SHADES campaign, supported by Irish Guide Dogs patron Roy Keane, aims to raise awareness and income for the organisations much needed range of services including Guide Dogs, Assistance for Dogs for children with autism and a wide range of mobility and independent loving skills services.

As well as the major fundraising drive of SHADES 2014, the Irish Guide Dogs is planning to incorporate a strong public health message this year, to encourage people to protect their eyes in summer by wearing shades.

It costs €38,000 to train a working Guide or Assistance Dog over the course of its lifetime; however, all of the services offered by Irish Guide Dogs are given to clients free of charge. The organisation is 80% funded through public and voluntary donations. This means that every SHADES pin purchased is making a real and vital difference in the life of someone who is vision impaired or a child who has autism. SHADES 2013 raised almost €200k for Irish Guide Dogs.

Medical Advertising Standards

The ICO is currently preparing for a Health Policy Meeting which will focus on advertising standards in medicine, an issue which the ICO has previously highlighted with the Department of Health and Children.

Other specialties including Plastics and Dermatology will be invited to participate in the Meeting, as they face similar challenges concerning unregulated advertising which can trivialise surgery and other medical procedures.

SAVE THE DATE – Wednesday September 24th Health Policy Meeting

The ICO and supporting organisations are calling on the Department of Health to act to enhance information flow to patients and address the lack of clarity in health care provider advertisements, marketing and self-identification through tighter regulation of medical advertising standards. Patients often lack information about the wide variety of individuals who work in health care settings, and they are confused by the increasing ambiguity of health care provider related advertisements and marketing material.

The ICO will use the platform of the meeting to officially launch Medical Advertising Guidelines, drafted by the ICO, as an important step towards helping the public make informed decisions.

We will be calling on the Department of Health to endorse and issue these guidelines and work towards enacting tighter regulation of medical advertising in Ireland in order to promote and protect patient safety. A recommendations report will be drafted and presented to the Department of Health and HSE officials in order to keep eye health a priority on the health agenda.

National Audit on Referrals

A National Audit on Referrals and a survey on patient demographics is currently under way. This information will be very useful in understanding the current population accessing eye services in Ireland and will be used to advocate for appropriate resources with the Department of Health and the HSE. The audit template is available from siobhan.kelly@eyedoctors.ie An update on progress will be given at the Annual Conference in Limerick in May.

New Ocular Prosthetic Service

An Ocular Prosthetic Clinic has been established at Child Vision, (formally St Joseph’s School for the Visually Impaired) Gracepark Road, Drumcondra. The purpose of the Clinic is to custom make and fit artificial eyes. Mr John Pacey-Lowrie, from Nottingham, is the attending Ocularist. The Clinic is held once a month and is open to both adults and children who require artificial eyes or cosmetic shells (lenses).

The cost per eye is €2000. This includes the cost of any adjustments and polishing required during the lifetime of the prosthesis. Those who have a medical card should contact their Local HSE Office for approval. Those with private health insurance may be able to recoup some of the cost from their provider. A not-for-profit company, Ocular Prosthetics Ltd, has been set up to organise and manage the service. The directors are Professor Michael O’Keefe and Bernie Lanigan.

For further information please contact Bernie Lanigan at 087 3839440 or email ocularpros@gmail.com – Bernie Lanigan Children’s University Hospital, Temple St.