



Irish College of
Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

ICO NEWS

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John Doris

President's Message

Dear Colleagues

I hope you enjoy our latest ICO summer newsletter edition.

Firstly, I am honoured to have taken up the ICO presidential chain of office at the Annual Conference in May. I will do my best to serve the needs of all College members.

I would like to pay tribute to Tim Fulcher our Past President particularly for leading the implementation of the new clinical governance structures within the ICO and guiding us back to in-person meetings following Covid. He is a hard act to follow.

I would like to take this opportunity to thank our outgoing board members Patricia Quinlan Past President, Colm O'Brien, Mairde McGuire and Caroline Baily. I would also like to welcome Olya Scannell, Conor Murphy, Shauna Quinn and President elect Gerry Fahy.

It was wonderful to see such a large attendance at the Annual Conference in Killarney. The Kingdom yet again was the venue for a very successful educational and social event. A big thank you to Colm O'Brien and the scientific committee for putting together an excellent programme. Professor David Garway-Heath delivered a thought-provoking Mooney Lecture on mitochondrial function as a potential modifiable factor for treatment of glaucoma. We had 85 abstract submissions this year which is an all-time record. Well done to all those who presented on the podium and who prepared posters. I would also like to extend special thanks to all our keynote speakers and those who chaired sessions.

The College is committed to improving training and education opportunities. We recognise the increase in demand for our services and the need to expand our workforce, including the expansion of our allied health professional teams. We are thus running our second ICO Eye Care in Focus conference for the extended eye care team on the 19th September.

We have already embarked on transformational change with the increasing rollout of the Model of Eye Care plan nationally. The first of our medical ophthalmologists are graduating from the new ICO Medical postgraduate programme. However, we need more young doctors to share our vision for the future. To that end we

need your continuing help to promote medical ophthalmology to our medical students as a positive and rewarding career.

After the last number of years of sequential world crises in health, finance and war, things can only get better. It has been tough, and we still need to be mindful of each other. It is important to enjoy the summer and recharge the batteries. However, it might also be the time to reset the dial and restore a sense of purpose.

Perhaps there is now an opportunity to tackle some other issues including climate change and global warming. Over the next years, I would like to promote environmental issues and sustainability within ophthalmology. We need to examine what is feasible and what is in our toolkit. The ICO would like to support health care environmental education including the roll-out of the "green theatre checklist".

As part of our efforts to support the planned improvements in ophthalmology we need better scrutiny of our real time national metrics. We would like to explore the feasibility of national clinical audits in such topics as Wet ARMD and Cataract. This will require buy in from as many centres as possible in public, private and community settings. Currently this is a very expensive endeavour but with the introduction of better IT systems and improvements in artificial intelligence this may become more practical. However, we can begin conversations on what we consider the standards should be.

I hope to see you all again at the upcoming ICO meetings and wish you a good summer.

Kind regards

John Doris, ICO President

ICO Annual Conference 2023

Updates in Medical Retina

Opening proceedings to a full auditorium on Monday 22nd May, ICO President Mr Tim Fulcher welcomed delegates and introduced the first clinical symposium of the conference focused on medical retina.

Presentations were delivered by experts in the field, Dr Stela Vujosevic,

Head of Medical Retina Unit, MultiMedica Scientific Institute of Recovery and Care, Milan, Prof Usha Chakravarthy, Professor of Ophthalmology and Vision Sciences, Queen's University of Belfast and Dr Robert Braunstein, Clinical Professor of Ophthalmology at Vagelos College of



Keynote speakers at the 'Updates in Medical Retina' symposium at the Irish College of Ophthalmologists Annual Conference 2023, Dr Stela Vujosevic, Head of the Medical Retina Unit, MultiMedica Scientific Institute of Recovery and Care, Milan and Dr Robert Braunstein, Clinical Professor of Ophthalmology, Vagelos College of Physicians and Surgeons, Columbia University New York pictured with ICO President Mr Tim Fulcher, Mater Misericordiae University Hospital.

Physicians and Surgeons, Columbia University New York.

The lectures provided valuable insights into emerging trends, cutting-edge technologies, and novel treatment approaches, setting the tone for the rest of the event.

In her talk, 'Can we Address the Discordance between Function and Morphology in GA Clinical Trials' Prof Usha Chakravarthy summarised reasons for the discord between function and morphology in the recent GA trials.

The presentation also covered findings from a retrospective analysis on the study of patients with bilateral GA enrolled in the lampalizumab trials (NCT02247479, NCT02247531, NCT02479386). Fundus autofluorescence images were captured on Spectralis (Heidelberg Engineering, Heidelberg, Germany) every 6 months over a 2-year period and GA lesion area was measured (mm²).

Providing an overview of the study, Dr Chakravarthy said,

"Longitudinal plots were generated to visualise the impact of baseline geographical atrophy (GA) area and GA growth rate on best corrected visual acuity (BCVA) change over time. The longitudinal plots were further subgrouped by lesion location (subfoveal or non-subfoveal) and/or focality



Prof Usha Chakravarthy,
Professor of Ophthalmology
and Vision Sciences, Queen's
University Belfast

(unifocal or multifocal). GA lesion area at baseline and GA growth rate during time on study were divided into quartiles based on their distributions. Rates of BCVA loss were similar across GA baseline quartiles, and the findings were unaffected when data were sub-classified into subfoveal and non subfoveal lesions. On subgrouping baseline GA area quartiles by focality,

unifocal lesions had a faster rate of BCVA loss compared to multifocal lesions. When classified by GA growth rate quartiles, and subgrouping by lesion location and/or focality showed that the combination of subfoveal location with unifocal configuration accelerated BCVA loss, especially in the top two GA growth rate quartiles. This is important since subfoveal lesion location should not be a criterion for not treating patients when drugs that inhibit GA growth become available.

Separation of Kaplan-Meier (KM) plots by GA growth rate quartiles was observed when eyes were categorised by 5, 10 and 15 letter losses showing that using endpoints defined by categorical outcomes have potential to reveal differences. Specifically, time to event plots showed that higher GA growth rates reached their endpoints faster and that this was influenced by baseline lesion characteristics. This approach has not been used and the

information could be useful in performing secondary analyses in studies that test agents with potential to reduce GA growth rates."

In his talk 'Biosimilars: *What are they? Do we need them?*' Dr Robert Braunstein, discussed the role of biosimilars in medicine including their development, government approval process and their differentiation from generics.

Explaining their use in ophthalmology, Dr Braunstein said,

"Biosimilars are biological medicines produced through a complex manufacturing process involving living cells highly similar to an already approved biologic medicine. In ophthalmology, biosimilars have only recently been introduced. They have the potential to offer an alternative to the high costs of treating age-related macular degeneration and diabetic retinopathy," Dr Braunstein said their the introduction of biosimilars in Irish healthcare has provided increased patient access to treatment as well as a significant savings for the healthcare system.

The third international guest speaker for this session on medical retina, Dr Stela Vujosevic, discussed the results of a recent phase 3 clinical trial in GA treatments in her presentation. Her major research interests are vascular and degenerative retinal and choroidal diseases, with particular interest in the study of imaging, biochemical and functional biomarkers and diagnostic techniques in ophthalmology.

The Water Eye – from Start to Finish

Mr Gareth Higgins, University Hospital Waterford opened the session with an overview of the assessment and investigations of the watery eye, followed by a talk from Mr

Micheal O'Rourke, Royal Victoria Eye and Ear Hospital on the management of the eyelid disease.

In her presentation, 'The Great DCR Debate: Endoscopic' Ms Rizwana Khan, Royal Victoria Eye and Ear Hospital, discussed lacrimal system / tear duct disorders and the current management and surgical technique of endoscopic dacryocystorhinostomy (tear duct surgery).

Ms We Fong Siah, Mater Private, discussed case examples in her talk 'What to do when DCR is not an Option?' followed by Ms Elizabeth McElnea, University Hospital Galway who provided a brief review of the advantages and disadvantages of an external approach to dacryocystorhinostomy with reference to a number of other 'debates' in lacrimal surgery.

Chair of the Watery Eye Symposium session, Mr Tim Fulcher (centre), is pictured with keynote speakers Ms Rizwana Khan, Consultant Ophthalmic Surgeon, Royal Victoria Eye and Ear Hospital, Ms Elizabeth McElnea, Consultant Ophthalmic Surgeon, University Hospital Galway, Ms We Fong Siah, Consultant Ophthalmic Surgeon, Mater Private Hospital and Mr Gareth Higgins, Consultant Ophthalmic Surgeon, University Hospital Waterford, at the Irish College of Ophthalmologists Annual Conference 2023.



Mooney Lecture 2023

A wonderful highlight of our summer conference for delegates each year is the prestigious Mooney Lecture. The Lecture is named in honour of the Mooney family for their multi-generational contribution to ophthalmology in Ireland. Now in its 28th year, the 2023 Lecture was presented by Prof David Garway-Heath, Moorfields Eye Hospital, London.



Prof David Garway-Heath, Consultant Ophthalmic Surgeon, Moorfields Eye Hospital, London and Glaucoma UK Professor of Ophthalmology University College London, who presented the Mooney Lecture at the Irish College of Ophthalmologists Annual Conference 2023 is pictured with Mr Tim Fulcher, and Prof Colm O'Brien, Chair, ICO Scientific & PCS Committee and Mater Misericordiae University Hospital Dublin.

The College was honoured to welcome esteemed colleague and internationally renowned ophthalmologist, Professor David Garway-Heath, Consultant Ophthalmic Surgeon Moorfields Eye Hospital London to present the 2023 Mooney Lecture on his chosen subject "Mitochondrial Function – a Potentially Modifiable Risk Factor for Glaucoma?"

In addition to his clinical work, Prof Garway-Heath is Glaucoma UK Professor of Ophthalmology for Glaucoma and Allied Studies at the Institute of Ophthalmology, University College London and leads Vision Assessment and Imaging Research at the Biomedical Research Centre of the UK National Institute for Health Research.

His research focuses on the development and evaluation of the techniques for effective diagnosis, monitoring and management of glaucoma, the identification of risk factors for glaucoma progression, and decision-support systems for health-care delivery services.

This work has contributed to the understanding of structure-function relationship in glaucoma, and the anatomical map that he invented (known as Garway-Heath map) is used worldwide in research in this field and

has been incorporated into FORUM Glaucoma Workplace, a clinical tool developed by Zeiss for the management of glaucoma.

Prof Garway-Heath also pioneered a technique for analysing optic nerve head images, the Moorfields Regression Analysis, which contributed to the worldwide acceptance and use of imaging in the clinical management of glaucoma. This work was selected by University College London to showcase its excellence in medical research.

He was the principal investigator of the UK Glaucoma Treatment Study, the first randomized placebo-controlled trial to provide evidence for visual field preservation in glaucoma patients with an intraocular-pressure-lowering drug. This was the first glaucoma trial published in *The Lancet*, and the study design enabled a considerable reduction in the period needed to identify treatment effects.

Prof Garway-Heath's Mooney Lecture provided a fascinating examination of the substantial research and ongoing work in this area and efforts to trial a potential intervention. The ICO sincerely thank him for a wonderful lecture experience for all in attendance.

SOE Lecture 2023

Medical Ophthalmology - A personal journey.

Dr Geraldine Comer, Consultant Medical Ophthalmologist, Community Healthcare West presented the 2023 European Society of Ophthalmology (SOE) Lecture, speaking about her personal journey working in the field of medical ophthalmology in Ireland.

Dr Comer highlighted her own experience of the progression of medical ophthalmic practice over recent decades ranging from community in a rural setting, to private practice and onto hospital based services with her new role as Consultant Medical Ophthalmologist and looking towards the future. Through her work and experience in all these spheres, Dr Comer shared the encountered challenges, the wonderful developments and a wealth of knowledge of the varied aspects of this specialty.



Dr Geraldine Comer, Consultant Medical Ophthalmologist, CHO2/Community Healthcare West, who presented the European Society of Ophthalmology (SOE) Lecture 2023 entitled 'Medical Ophthalmology – A Personal Journey' is pictured with Prof Billy Power, Clinical Lead for Ophthalmology at the ICO Annual Conference.

Ocular Tumours Clinical Symposium

The ICO was delighted to welcome leading national and international figures to speak at the ocular tumours symposium on Tuesday 23rd May.

Prof. Heinrich Heimann, Consultant Ophthalmic Surgeon at St Paul's Eye Unit, Royal Liverpool University Hospital presented two informative talks; the first on referral guidance for ocular oncology (who, when, how to refer) and a second presentation focused on the current understanding of uveal melanoma.

In 2013, Mr Heimann took over as the Clinical Lead of the Liverpool Ocular Oncology Unit, one of the four highly specialised NHS services for adult ocular oncology in the UK.

In his presentation, Prof John Crown, Consultant Medical Oncologist at St Vincent's University Hospital examined the current and future strategies for metastatic uveal melanoma.

Providing an overview, Prof Crown said;

"Approximately 50% of patients with a diagnosis of uveal melanoma will ultimately develop metastatic disease. In the majority of cases where

metastasis does occur, the liver is the sole dominant site of metastasis.

The treatment of metastatic uveal melanoma remains unsatisfactory.

For patients with disease confined to the liver, different forms of liver directed therapy such as surgery, radiofrequency ablation, chemo embolisation, or hepatic perfusion therapy can produce degrees of disease control. Hepatic perfusion therapy has been shown in a randomised trial to prolong progression free survival and duration of hepatic progression free survival compared to systemic treatments."

Prof Crown said the impact on overall survival is modest.

"Metastatic uveal melanoma is far less sensitive to systemic immunotherapy than is cutaneous malignant melanoma, a disease where immunotherapy has been transformative over the last decade.

The combination of Ipilimumab



Dr Carol Shields, Director of Ocular Oncology Service at Wills Eye Hospital, Philadelphia gave a virtual presentation at the Ocular Tumours symposium.

and Nivolumab in several recent phase 2 trials has been shown to produce objective response rates of approximately 15% with occasional durable remissions.

More recently, Tebentafusp, an immune mobilising T cell receptor against cancer (ImmTAC), a new class of T cell directed treatment has been shown in a prospective randomised trial to prolong survival compared to conventional treatments in patients with uveal melanoma where the patient has HLA-A2-01 subtype.

Increasing understanding of the molecular basis of uveal melanoma will hopefully result in novel molecularly targeted treatments."

It was a great honour for the College to also have renowned specialist in the field, Dr Carol Shields, Director of Oncology Service at Wills Eye Hospital and Professor of Ophthalmology, Thomas Jefferson University, Philadelphia join via video link to present her highly informative talk 'Conjunctival pigmented Tumours – when to worry'. Dr Shields showcased a number of clinical cases investigating the difficulties sometimes in correctly differentiating ocular cancers from other eye conditions. Each year the oncology service manages over 500 patients with uveal melanoma or retinoblastoma, and hundreds of other intraocular, orbital, and conjunctival tumors from the United States and abroad.



Keynote speakers at the 'Ocular Tumours clinical symposium', ICO Annual Conference 2023, Prof John Crown, Consultant Oncologist, St Vincent's University Hospital, Dublin (left) and Prof Heinrich Heimann (right), Consultant Ophthalmic Surgeon, Royal Liverpool University Hospital, Liverpool with session chairs, Mr Noel Horgan and Dr Fiona Darcy, Royal Victoria Eye and Ear Hospital, Dublin.

Keratitis Diagnosis and Management of Corneal Infections

The fourth clinical symposium of the conference which took place on Wednesday morning focused on keratitis, from the rarer acanthamoeba form to the more common bacterial, fungal and herpes simplex presentations of the corneal infection.



Keynote speakers at the 'Diagnosis and Management of Corneal Infections' Symposium, Ms Nikolina Budimlija, Institute of Eye Surgery, Waterford, Mr Tom Flynn, Bon Secours Hospital, Cork, Ms Sarah Moran, South Infirmary Victoria University Hospital, Cork, Mr Barry Quill, Royal Victoria Eye and Ear Hospital, Dublin, Ms Eleanore O'Gorman, guest speaker and session chair, Prof Conor Murphy (chair), Royal Victoria Eye and Ear Hospital at the Irish College of Ophthalmologists Annual Conference.

Opening the session, Mr Tom Flynn, Bon Secours Hospital, Cork discussed acanthamoeba keratitis, an uncommon but grave eye condition. In particular, he discussed the challenges in diagnosis and management of the condition, highlighting clinical 'red-flags', discussing diagnostic techniques and covering the early pharmacotherapeutic recommendations.

Ms Sarah Moran, South Infirmary Victoria University Hospital, Cork followed with her presentation on bacterial keratitis, the most common form of microbial keratitis and a painful, sight-threatening ocular emergency. Ms Moran explained, "Bacterial keratitis is primarily diagnosed on clinical grounds with support of microbiological findings, although culture sensitivity is poor. Early diagnosis and treatment is key as is the importance of identifying and managing underlying risk factors, of which contact lens wear is the most common in this part of the world. Gram positive infections are most common, although there is an increasing trend reported in Gram negatives such as Moraxella and

Serratia. Pseudomonas aeruginosa is the most common organism associated with contact lens wear and has a particularly virulent course."

Ms Moran outlined how treatment consists of intensive topical antibiotics, either in the form of fluoroquinolone monotherapy or dual therapy with fortified antibiotics. "The use of adjunctive topical steroid is variable but some benefit has been shown for central, deep, non-Nocardia ulcers. Where the clinical response is poor, consider polymicrobial infections or antimicrobial resistance and have a low

threshold for re-evaluation and adjusting treatment. Despite appropriate treatment, the clinical outcomes may be poor secondary to scarring. Future strategies to reduce morbidity associated with bacterial keratitis are multi-factorial, and aimed at prevention, improved early and accurate diagnostic techniques, and novel antimicrobial agents to address antimicrobial resistance. Adjuvant therapies aimed at modifying the immune response to infection may hold the most potential to improve clinical outcomes."

Ms Nikolina Budimlija, the Institute of Eye Surgery, Waterford gave her presentation on herpes simplex keratitis, examining the challenges in diagnosis and clinical management.

Providing a summary of her talk, Ms Budimlija said, "Herpes simplex keratitis (HSK) is an infection of the cornea caused by Herpes simplex virus -1 (HSV-1). Primary infection is the result of direct exposure of the host's mucous membranes to infectious HSV. Following primary infection and the establishment of latency in the sensory ganglia, the virus can be stimulated to enter an infectious cycle, from which it returns to the cornea. HSK is primarily a clinical diagnosis based on the findings of the slit-lamp examination. Accurate diagnosis is necessary for proper treatment, in order to prevent serious consequences. Current treatment reduces the severity of lesions and controls further viral spread, but does not provide a cure. Each episode of recurrent infection increases the risk of subsequent episodes and further complicates clinical management.

In his talk, Mr Barry Quill, Royal Victoria Eye and Ear Hospital gave an update on the diagnosis and treatment of fungal infections of the cornea (fungal keratitis).

Patient Experience - Microbial Keratitis

The College was extremely grateful to Ms Eleanore O'Gorman, who gave the closing talk at the Keratitis symposium on her personal experience of microbial keratitis, the most common serious form of keratitis. She was treated under the care of Mr Tim Fulcher and the eye care team across Beaumont Hospital and the Mater Hospital.

Providing a clinical overview, Mr Tim

Fulcher explained;

Contact lens wear is one of the commonest causes of microbial keratitis. This is due to corneal microtrauma associated with inserting and removing the contact lens, corneal hypoxia due to contact lens overwear or poor lens hygiene (inadequate sterilisation technique for daily wear lenses or showering / swimming with

contact lenses in).

Microbial keratitis presents with a red, painful eye associated with watering and light sensitivity. The symptoms can progress very quickly and result in initial blurring of vision and then significant visual loss. The loss of vision is due to clouding of the cornea due to the associated corneal inflammation.

The diagnosis is made clinically. However, corneal scrapings are taken to determine the causative organism. The scrapings are directly plated onto slides for gram stain and on to agar plates for culture.

The treatment is divided into a sterilisation phase, a healing phase, and a visual rehabilitative phase.

When the cornea has fully healed, some patients can get back normal vision and some patients can be severely visually impaired. The affect on vision depends on the location and size of the resultant corneal scar and the degree of corneal irregularity.

If the vision is significantly affected, the options to improve vision include wearing rigid gas permeable contact lens which will compensate for any corneal irregularities or a corneal transplant if there is a significant scar.

*Ms Eleanore O’Gorman, guest speaker and
Mr Tim Fulcher*



Ms Eleanore O’Gorman – *Keratitis – A Personal Account*

In November 2019 while on holiday in Tulum, Mexico I began to experience a sudden irritation in my left eye, and a feeling as if there was something lodged in my eye. The discomfort worsened over the next 12-24 hours and I sought advice from a local pharmacy who gave me eye drops. While these helped dulled the discomfort, the symptoms persisted.

The following day I was due to fly to Dublin; I felt with the eye drops and pain medication I could manage this trip. Unfortunately the overall condition of my eye deteriorated on the journey home. Mid-flight my vision became increasingly blurred, the severity of pain increased and the health of my eye worsened. This very much took me by surprise and considering the severity of these symptoms, I knew I would be seeking immediate medical attention once I arrived in Dublin.

I first presented to Beaumont Hospital A&E department, where I was triaged and swiftly referred to the Mater Emergency department. I made the short trip to the Mater by taxi and met the eye team. The team asked about my medical history, including contact lens use. I am a long term contact lens user and have worn them for over ten years, predominantly using them for playing sport and social occasions.

Based on their examination and results the severity of the infection began to become clear. I was diagnosed with keratitis. I was immediately admitted to the eye unit and would spend the next five days receiving intensive treatment to combat the infection. In the first 24 hours I received eye drops every 30 minutes, a particularly exhausting experience coming off a long haul flight. My time in the Mater was a blur and while I knew I was receiving the best care I was starting to feel concerned about the potential long-term effects on my vision. All my life I have played sports and before travelling to Mexico I received my first cap playing for Ireland’s Mixed Senior Tag Rugby team. I was also working as

an Occupational Therapist on a stroke ward in a busy acute hospital. At this time I was unsure when or if I would be able to do these things again.

In the weeks following my discharge I was regularly seen in the eye clinic in Beaumont Hospital. In the early days travelling to these appointments was challenging as my eye was sensitive, irritable and became tired easily. I was following a regimental eye drop regime but the vision in my left eye was not improving. This period was emotionally difficult. I was trying to remain hopeful my vision would return but it gradually became apparent the residual scarring from the infection would have long term effects. While not a surprise, it was difficult to hear I would need surgical intervention involving a corneal graft to help restore my vision.

I was listed for this procedure which was due to take place in the Mater in April 2020. However that March the covid-19 pandemic arrived and all elective procedures were cancelled. I would spend the rest of 2020 eagerly waiting for any updates but also coming to terms with living with my new visual issues. Effectively I had little sight in my left eye and it was extremely sensitive to light. The infection had left a visible scar in the centre of my pupil which made me self-conscious about the overall appearance of my eye. My goals for 2020 were only to return to work and driving which I achieved. In the latter part of the year I tried to return to playing tag rugby, but this was extremely difficult and I felt my confidence had been greatly affected.

In early 2021 I contacted the Mater eye team and asked if there was a possibility of reviewing my case.

Thankfully they finally carried out the corneal graft in May 2021. The experience of receiving the donor eye tissue and having the surgery was surreal. The recovery process was relatively straightforward, albeit long. I was told I would have a stitch in my eye for one year and my vision would change throughout the year. I returned to playing some tag rugby with protective eyewear but was extremely conscious of protecting my eye.

In May 2022 the stitch was removed and I waited for my vision to improve again. In the coming months my left eye became stronger. Six months on from the removal of the stitch, I was able to visit my local optician to be fitted with proper eyewear for the first time since 2019. I also was able to wear a contact lens in my left eye, for the first time since 2019. With expert guidance from my optician I was able to find a suitable lens which further corrected my vision and astigmatism. With these supports I have regained most of the vision in my left eye.

From my experience, I now prioritise my eye health and have an enhanced understanding of the significance of maintaining good hygiene and properly caring for contact lenses. I've learned the importance of promptly seeking medical attention for any persistent eye symptoms. This timely intervention can make a significant difference in preserving vision.

In February 2023 I was selected to play for Ireland in the 2023 Tag Rugby World Cup. This is a huge personal achievement, but one which would certainly not be possible only for the teams in the Mater and Beaumont Hospital, which are led by Consultant Tim Fulcher. I am forever grateful that I had access to these amazing people as I arrived off a flight from Mexico three and a half years ago. I believe the attention, care, support and decision making in relation to my care has allowed me to return to what I love doing and to represent my country at a World Cup this August.

My journey with keratitis during a global pandemic was challenging and a life changing event. But with the appropriate medical care, trusting in the expertise of medical professionals I was able to recover fully, and embrace a newfound appreciation for the gift of sight.

ICO Medal Winners 2023



Dr Alison Greene, winner of the Barbara Knox Medal 2023 for Best Paper 'Uveal Melanoma in Ireland' is presented with her award at the ICO Annual Conference. Dr Greene (second left) is pictured with (l-r) Ms Elizabeth McElnea, ICO Higher Surgical Training Programme Director, Mr John Doris, incoming ICO President and Miss Yvonne Delaney, ICO Dean of Postgraduate Education.



Dr Simon Neary, winner of the Sir William Wilde Medal 2023 for Best Poster '3D Printed Biomechanical Model of the Human Lamina Cribrosa' is presented with his award by Mr John Doris, incoming ICO President.

The standard of submissions for the 2023 conference was once again of the highest calibre this year. The ICO sincerely thanks Prof Colm O'Brien, Chair of the Scientific Committee and his committee colleagues for their selection process work and in choosing the overall medal winners.

We would like to congratulate all who were selected to present their findings and showcase their work at the conference which as always generates great interest and inspiration.

The presentations covered a wide array of topics, stimulating discussion and analysis of the latest research developments.

Publication of ICO Annual Report 2022



Protecting, Promoting and Preserving Eye Standards in Ireland – Siobhan Kelly, CEO and Tim Fulcher, President, Irish College of Ophthalmologists pictured at the announcement of the publication of the ICO Annual Report 2022. The Report provides an update on ICO activities and finances for 2022, in line with our responsibilities under the Charities Governance Code and the requirements of the Charities Regulator. The Report is available to read on our members portal and published on our website www.eyedoctors.ie

ANNUAL CONFERENCE



Nicolina Budimlja, Martin Coyne, John Traynor, and Alison Blake



Tim Fulcher and Aziz Rehman



Brian Woods, Rob McGrath, Sarah Powell and Edward Ahern



Donald Fernandes, Joanne Kearney and Kate Coleman



Shane O'Regan and Clare Gillespie



Grace O'Malley, Maureen Hillery and Fiona Kearns

NCE SOCIAL DIARY



Siobhan Kelly, Ciara Keenan and Yvonne Delaney



Marcus Conway, Emma Duignan and Mark Forristal



James Morgan, Sean Chen, Marie Hickey Dwyer and Richard Comer



John Doris, Janice Brady and Tim Fulcher



Sarah Powell, Caoimhe Normile, Grace McCabe, and Claire Quigley



Fiona Harney and Michele Coffey

Professor Michael O’Keeffe:

An Appreciation by Robert Acheson

Professor Michael O’Keeffe, a colleague well known to many of us, fell ill suddenly in 2021 aged 69. After long and difficult admissions to St Vincent’s Hospital and the Mater Private Network Dublin, he died on 25 January 2023. With a 5% chance of survival, he fought his illness with great courage and known for his stamina and stubbornness, he went back to work after the first several months in hospital. His work was his passion.



Prof Michael O’Keeffe with Dr Alison Blake and Prof Prof Martina Hennessy, School of Medicine, Trinity College Dublin.

Born the youngest of seven children to a farming family of Tom and Josephine O’Keeffe, Ballylough, Mitchelstown, County Cork, after college he went on to study medicine in University College Cork. His first job was in St Finbarr’s Hospital in Cork and left in 1978 to train in ophthalmology in Dundee leading to a fellowship in paediatric ophthalmology in Toronto, Canada.

Soon after taking up his consultant post in the Mater and Temple Street Children’s Hospital in 1986, he became heavily involved in medical politics and was a founding member of the Irish Hospital Consultants Association (IHCA). Politics was in the blood, his father was in the dairy co-operative movement and his brother Ned, a Fianna Fail TD and Minister of State. Michael had a major influence in securing a negotiating licence for the newly formed Association. He served as its first secretary and was at the centre of demands for a better healthcare system for all patients, proper remuneration for consultants, and opposed the idea of consultants going on strike.

He was chairperson for the IHCA

negotiating group for the revised common contract in 1992. He continued in an active role, voicing strong opinions on healthcare on the radio and television, highlighting the huge error in reducing hospital beds and the lethargy and muddle around tackling waiting lists. He was openly critical of his colleagues participating in the National Treatment Purchase Fund (NTPF) as he believed that the money could be better spent in the public sector. He was also critical of his colleagues receiving sponsorship for conference travel. He resigned from the IHCA in 2010, claiming that the new consultants’ contract had not boosted productivity among hospital consultants.

In his early years as a consultant, he was very active in his own hospitals’ administration and was a member of the Mater Hospital Medical Executive and participated in ophthalmology department meetings. Later he became one of the first UCD Newman professors and re-directed his energy in growing the paediatric ophthalmology department in Temple Street Children’s Hospital and Refractive Surgery Unit in the Mater Private Hospital. As there was

no funding for equipment for the paediatric ophthalmology department in Temple Street, he was very active in fundraising, often travelling late into the night to give talks to raise money and then back to work the next day. He was massive, an icon of stamina and drive to do the very best for his patients. He was kind and gentle and often described as their hero. The unending list of condolences in RIP.ie from his ever grateful parents and patients was a testament to his dedication.

He made regular contact with colleagues in Canada, USA and Europe to get the latest developments and world class treatment for his patients. He started work early every morning. Indeed patients questioned that an appointment for 6 must be for 6 pm, believing that 6 am was a typo! He would have seen the babies in 3 maternity hospitals for retinopathy of prematurity screening before 6 am. Babies with significant retinopathy would be treated that day or soon afterwards.

He was very industrious on the academic front, often travelling to give lectures, actively contributing to international conferences, getting a Lifetime Achievement Award from the American Academy of Ophthalmology, training Irish ophthalmologists and had many postgraduate foreign ophthalmologists come specifically to train with him. He often subsidized the travel of trainees who accompanied him to present papers at international meetings.

He published over 200 papers in peer reviewed journals and wrote chapters in books. He eschewed using computer word processing, writing with pen and paper often late at night and his loyal secretary would type the final version. Notably he contributed with Patrick Condon to a chapter on the history of cataract surgery in Ireland with a section on congenital cataract surgery in the book by Lucio Buratto and Richard Packard entitled “History and Evolution of Modern Cataract Surgery” published in 2019.

With Patrick Condon, he carried out the first refractive surgery LASIK operation in Ireland and the UK in 1993, and then published in 2007 the long term results of a series of 107 cases. Soon after the establishment of a laser refractive surgery unit in the Mater Private Hospital in 1992, he ran a biennial Refractive Surgery conference alternating with his popular Inter-

national Paediatric Ophthalmology Conference which had started in 1987 running for 16 meetings until 2017.

In 2015, he became President of Vision Sports Ireland, attending all major events including the launch to merge Vision Sports Ireland with NCBI in 2020 and is fondly remembered for his lunchtime presentations at the MayFests when he invited many celebrity friends.

He retired from the Mater and Temple Street Children's Hospital at 65, saying in an interview with Marian Finucane "I'm better at what I do now than I was fifteen, twenty years ago" and continued working his own locum. Shortly before he fell ill, he left the Mater Private Hospital because of the HSE take-over at the start of the pandemic in 2020 and set up another state of the art Refractive Surgery Unit in Clane Hospital. At the same time, his son Philip on whom he doted, also fell gravely ill with Mike and all the family feeling helpless in getting him better, and were grief stricken when he died age 27 in January 2022.

His contribution to paediatric ophthalmology was honoured in Britain in 2004 by the British Child Health Foundation with the Claud Worth Medal. His contribution to Irish Ophthalmology and in particular paediatric ophthalmology was recognised with the award of the highest honour the Irish College of Ophthalmologists can bestow on any international or Irish colleague, with the Montgomery Lecture in Trinity College Dublin in 2017 when he gave a fabulous insight into the management of congenital cataracts. In 2018, he received an honorary Fellowship in Paediatrics from the Irish College of Paediatricians and the Royal College of Physicians in Ireland.

Michael was a great physician and colleague, had a good sense of humour, could be relied on to give a good opinion and was always prepared to help if he could. It is hard to believe that he had time for anything other than work but he enjoyed his time at his country house in Wexford and often attended Croke Park with his family and friends. We will all miss him sorely for his wisdom and good common sense and I miss him as a friend. He is survived by his wife Eleanor, daughter Isabelle, and son Nicholas an ENT surgeon, brother Ned and sisters Eileen, Breda, Kathleen and Mary.

ICO Listen and Learn Patient Engagement Session

The College, in its remit as a registered charity and through its core function as the education and training body for eye specialists, recognises the significant importance of supporting and advocating on behalf of both patients and doctors in striving for the best eye healthcare system possible in Ireland.

We endeavour to carry out this duty of care through our ongoing collaboration with patient support groups on our shared goals and demonstrating leadership on healthcare practice and patient focused policy decisions.

To support our commitment to this key area of focus, the ICO hosted a 'Listen and Learn' patient engagement session with patient advocacy groups representatives on the evening of May 8th.

The session was aimed at helping the College develop a greater understanding of the direct experience of patients, and to integrate our learnings into the ICO training and continuing medical education and professional development programmes.

An invitation to participate in the session was circulated to patient advocacy groups prior to the date across the vision, dual sensory and broader family and professional carer advocacy representatives.

The groups who participated in the session were: National Council for the Blind, Fighting Blindness, Sjögren's Ireland, Usher Syndrome Ireland, Feach and Care Alliance Ireland.

Each representative gave a short presentation sharing the perspective of the patient, families and of carers. They outlined key messages of importance to share with clinicians and trainee doctors.

ICO representatives who participated in the engagement session were Tim Fulcher, Siobhan Kelly, Ciara Keenan, John Doris, Sean Chen, Caroline Baily, Mairide McGuire and Sean Gallagher.

Patient groups were invited to share their service information on www.eyedoctors.ie under the 'Your Eye Health' and Patient Support section. New and updated information has been added to our website following the meeting. We are also engaged with the groups via our social media channels (Twitter and Instagram @eyedoctorsirl).



ICO Listen and Learn Patient Engagement Session. Hilary Devlin, Eye Clinic Liaison Officer (ECLLO) and Kevin Kelly, National Strategic Partnership Manager, NCBI

Following the session, patient groups were invited to share their slides and any additional supporting material via the ICO members portal. This is work in progress and the College will signpost these new educational materials with our members over the coming weeks.

Certain information has already been uploaded to our portal and shared with our members in recent weeks, including the NCBI patient referral guidance and a Hospital Care for Patients with Vision Impairment guidance. Resources have also been received and uploaded to the portal from Feach and Sjogren's Ireland

The College will continue our engagement with patient representative groups to encourage dissemination of helpful guidance and feedback from patients to clinicians.

The National Council for the Blind is collaborating with the College to deliver a session at the Eye Care in Focus Conference for the extended eye care team, taking place at The Gibson Hotel on September 19th, 2023.

ICO Eye Care in Focus Conference 2023

The ICO Eye Care in Focus Annual Conference for the extended eye care team will take place at The Gibson Hotel in Dublin on Tuesday, 19th September 2023 from 8am-4pm.

The College invites ophthalmologists, general practitioners, optometrists, orthoptists, ophthalmic nurses and technicians working across the private and public service to join us for this unique, 1-day clinical education event for the extended eye care team.

Topics of focus for this year's conference will include a session on Glaucoma, Presbyopia and Refractive Surgery and on Vision Impairment and Supporting Patients.

Keynote Speaker

Former Leinster Rugby player, Ian McKinley, who lost vision in his left eye as a result of an on-pitch incident in 2010, will share his inspirational story as a keynote guest speaker at this year's conference.

Through incredible determination and resilience, and the development of special goggles to protect his right eye, Ian returned to the game following the incident, playing for Treviso in Italy and

eventually getting the call up for the Italian National team.

He retired from international rugby in 2021 and has continued to be an advocate for protective eye wear in the sport.

Dr Robert Harper, Optometrist at Manchester Royal Eye Hospital and Honorary Professor of Optometry, School of Health Sciences, University of Manchester will be among the guest speakers at the Glaucoma session. Delegates will also hear an overview of the Clinical Nurse Specialist led glaucoma clinic in operation over the past 12 years at Beaumont Hospital Eye Department.

Prof. Billy Power, Consultant Ophthalmic Surgeon, will present at the Presbyopia and Refractive Surgery session on the options and different procedures available to patients.

Guest speakers from the NCBI and Eye Clinic Liaison Officers (ECLLO) will discuss referral guidelines and the importance of early intervention to offer support as soon as possible to your patient at the Vision Impairment session.

Registration

Registration is now open to all ICO members, and members of the

extended eye care team via www.eyedoctors.ie and our portal. Please do share the date with your colleagues.

We look forward to what promises to be another excellent Eye Care in Focus conference in 2023, supporting clinical education and shared learning for all those working across the eye care health service.

Full programme details will be posted on our website www.eyedoctors.ie and social media on Twitter and Instagram @eyedoctorsirl

For further information, please contact ICO Communications Manager, on ciara.keenan@eyedoctors.ie



Former Leinster Rugby player, Ian McKinley, who lost vision in his left eye as a result of an on-pitch incident will share his inspirational story as a keynote guest speaker at this year's Eye Care in Focus conference.

ICO Board Update

In the early months of 2023 the Board was active in its preparations for the annual general meeting, overseeing the 2022 audit and the recruitment of new Board Directors.

The Charities Regulator, via its governance code, requires all charities to include an independent director on its Board. Similarly the Medical Council requires all the accredited Training Bodies to include lay people in its governance structures.

To address both of these requirements the Board sought to recruit an independent member and was delighted to have well known businessman Mr Sean Gallagher agree to become the first non ophthalmologist to join the ICO Board. Sean brings a wealth of knowledge from his entrepreneurial and political experience.

The additional new Board members announced at the AGM are Olya Scannell, Conor Murphy and Shauna Quinn. Their terms will run from this year to 2026. Gerry Fahy has also joined the Board as the President Elect and he will follow John Doris in the role.

HSE Diabetic RetinaScreen Launches New Pregnancy Eye Screening Initiative

The HSE Diabetic RetinaScreen programme has launched (June 2023) a new screening initiative for women who have diabetes and become pregnant.

The risk of diabetic retinopathy may increase during pregnancy and this new initiative will provide more frequent screening to women, protecting their sight during pregnancy. Part of the National Screening Service (NSS), the HSE Diabetic RetinaScreen programme is encouraging women with diabetes to take up their invitation of this free screening during their pregnancy.

What this new screening initiative offers

Women who have diabetes at the time they become pregnant will be referred to the Diabetic RetinaScreen programme by their maternity service as part of their initial assessment, or by their diabetes nurse or hospital doctor. The Diabetic RetinaScreen programme will then contact the woman to arrange their invitation to attend a retina screening appointment.

If retinopathy is detected as a result of screening, the Diabetic RetinaScreen programme will arrange an immediate referral for further investigation or treatment.

Some women may develop gestational diabetes during pregnancy. This usually resolves after their baby is born. Women who develop gestational diabetes do not need to attend diabetic eye screening.

Women who had diabetes before becoming pregnant should speak to their maternity care provider to get more information on the programme.

Information is also available from diabeticretinascreen.ie, or Freephone 1800 45 45 55.

Healthcare professionals can refer a woman with diabetes to Diabetic RetinaScreen via pregnancyeye@screeningservice.ie



DRS Programme Manager Helen Kavanagh; Karen O'Connor of the Mater Misericordiae University Hospital; NSS Chief Executive Fiona Murphy; Consultant Endocrinologist Assoc Prof Mensud Hatunic; Minister for Health Stephen Donnelly; patient advocate Vicky Doyle; and Clinical Director Prof David Keegan.

Irish College of Ophthalmologists announces Recipients of the ICO/Bayer Clinical Bursary in Ophthalmology 2023

The Irish College of Ophthalmologists (ICO), the training and professional body for eye doctors, is delighted to announce and congratulate Dr Barry Power and Dr Karen Curtin who have been awarded the ICO/Bayer Clinical Bursary in Ophthalmology 2023.

Dr Karen Curtin, a final year ICO Higher Medical Ophthalmology Trainee and Specialist Registrar at the Royal Victoria Eye and Ear Hospital will undertake a Medical Retina Clinical Fellowship at the internationally renowned Bristol Eye Hospital in the UK. Dr Curtin's one year fellowship will commence from August this year under the supervision and guidance of Ms Serena Salvatore, Head of Medical Retina, University Hospitals Bristol and Weston NHS Foundation Trust.

Dr. Barry Power, a final year ICO Higher Surgical Ophthalmology Trainee and Specialist Registrar at the Royal Victoria Eye and Ear Hospital in Dublin has secured a one-year Cornea and Anterior Segment Fellowship at the

Greenlane Clinical Centre and University of Auckland in New Zealand. Dr Power's fellowship training will commence in January 2024 under the supervision of Professor Charles McGhee, Maurice Paykel Professor of Ophthalmology, University of Auckland and Director, New Zealand National Eye Centre.

The ICO Clinical Bursary in Ophthalmology is intended to support a trainee to access a high-quality training opportunity overseas to prepare for a future career in this subspecialty and bring the skillset back to the Irish healthcare service.

Application is open to ICO trainees nearing the end or recently finished their Higher Surgical Training or Higher

Medical Training. The ICO Clinical Bursary programme, with support from Bayer, has been instrumental in facilitating exceptional specialty training for ICO trainees in centers of excellence internationally over the past decade.

Dr Karen Curtin's fellowship programme at Bristol Eye Hospital provides advanced subspecialty training in medical retinal, uveitis and related ocular inflammatory diseases. The hospital also has a very active Clinical Research Unit where, as a Fellow, Dr Curtin will have the opportunity to work as a clinical trial sub-investigator and experience first-hand how clinical trials are conducted.

Commenting on the fellowship award, Dr. Curtin said,

"I am delighted to be awarded this bursary. My aim through this fellowship is to become an expert in diagnosing and treating sight threatening uveitis with immunosuppressants, to develop an in-depth knowledge in inherited retinal dystrophies and ocular malignancy and to solidify my knowledge acquired to date in medical retina and multi-modal retinal imaging.

The fellowship will give me a once in a lifetime opportunity to work with Prof Andrew Dick, a leading expert in the management of complex ocular inflammatory disease, whose seminal work (VISUAL I, VISUAL II AND SYCAMORE) generated the evidence and scientific rationale that led to both the use and UK state funding of anti-Tumour Necrosis Factor (TNF) agents in the treatment of non-infectious ocular inflammatory disease. I will have exposure to very rare and complex uveitis cases which will help me to develop the level of understanding and clinical acumen needed to become an expert in this field.

My goal is to acquire the skills and knowledge to take up a post as a Consultant Medical Ophthalmologist on my return to Ireland with a subspecialist interest in Uveitis and Medical Retina."

The Cornea and Anterior Segment Fellowship in Auckland where Dr Barry



Pictured at the announcement of the recipients of the ICO/Bayer Clinical Bursary 2023, are (l-r) Ms Elizabeth McElnea, ICO Higher Surgical Training Programme Director, bursary recipient Dr. Barry Power, final year ICO Higher Surgical Ophthalmology Trainee and Specialist Registrar at the Royal Victoria Eye and Ear Hospital in Dublin, Miss Yvonne Delaney, Dean of Postgraduate Education, Irish College of Ophthalmologists and Neil O'Connor, Product Manager, Ophthalmology, Bayer Ireland. Dr Karen Curtin, a final year ICO Higher Medical Ophthalmology Trainee and Specialist Registrar at the Royal Victoria Eye and Ear Hospital, was also awarded the clinical bursary prize for 2023.



Dr Karen Curtin, recipient of the ICO/Bayer Clinical Bursary 2023.

Power will undertake his sub specialty training has a world-class reputation, offering successful candidates an opportunity to access the most cutting-edge techniques in corneal surgery.

The fellowship has an 80% clinical, and 20% academic split under the leadership of Professor Charles McGhee. Fellows are also exposed to high volumes of complex cataract surgery and anterior segment reconstructions.

Speaking about his forthcoming fellowship, Dr Power said,

"This fellowship is a combined cornea and anterior segment training experience, with exposure to high volumes of infectious and inflammatory keratitis, keratoconus, ocular cicatrizing disease, ocular surface neoplasia and advanced corneal surface disease. I will bring home the latest clinical and surgical skills relating to all forms of corneal transplantation. I chose this fellowship as it will provide me with a unique corneal and anterior segment training experience that will add to the corneal expertise already present in Ireland.

The anterior segment training is a key component of the fellowship where I will develop robust anterior segment repair and secondary IOL skills. I am also eager to learn from the ways the unit in Auckland involves the multidisciplinary team in the management of patients. I hope this fresh perspective may allow the development of our own practices in Ireland."

Dr Power was recently involved with setting up the Down Syndrome Keratoconus screening programme at The Royal Victoria Eye and Ear Hospital. This is an example, Dr Power said, of a

patient population he hopes will benefit from his specialty training on his return to Ireland.

Miss Yvonne Delaney, ICO Dean of Postgraduate Education said,

"I am delighted to congratulate Dr Curtin and Dr Power on securing these outstanding international fellowship programmes and wish them both every success in their further training.

The service demand in medical retina continues to grow at an exponential rate in Ireland due to a rapidly ageing population and the advancements in treatments over the past two decades. Dr Curtin's skill set will provide an invaluable service to the Irish healthcare system on her return.

Dr Power's sub specialty training will elevate his surgical skills to an outstanding competence level in PKP, DALK, DSAEK and DMEK surgery and in cataract surgery, where our high-volume cataract units continue to require skilled and masterful surgeons.

The College wishes to thank Bayer for their continued support in facilitating ICO trainees to undertake an exceptional clinical fellowship overseas and the tremendous potential this has for the future of ophthalmic specialists working in the Irish health service."

ICO National Education Series for the Integrated Eye Care Team Meeting

The ICO, in collaboration with the National Clinical Programme for Ophthalmology, hosted the fifth meeting in the National Education Series for the HSE Integrated Eye Care Team on Thursday, 30th March.

The morning session took place at the Education and Learning Centre, Royal Victoria Eye and Ear Hospital, Dublin with an audience of ophthalmologists, optometrists, orthoptists, ophthalmic nurses and HSE management.

The National Education Series coordinated by the ICO and National Clinical Programme for Ophthalmology has been developed in support of the implementation of the new Integrated Eye Care Teams (IECT) which is extending the delivery of specialist ophthalmic care in the non-acute setting.

At this latest meeting, delegates listened to presentations from Dr Margaret Morgan and Dr Olya Scannell, Consultant Medical Ophthalmologists, on the development of eye care services in South Dublin – CHO7 in partnership with the Royal Victoria Eye and Ear Hospital.

Their talks provided an update on the continued reconfiguration of adult and children's eye care service delivery, as guided by the National Clinical Programme for Ophthalmology Model of Care. Prof Billy Power, the National Clinical Lead for Ophthalmology, chaired the session.



ICO National Education Series

In collaboration with the National Clinical Programme for Ophthalmology

CHO7 is the most populous CHO in Ireland with a population of 761,175 – 15% of national population, and is predicted to grow. Based on the HSE Primary Care Eye Services Review Group Report, published in 2017, approximately 12,000 adult patients will be eligible for the community service in CHO7 for the management of cataract, glaucoma, and medical retina pathologies.

The ophthalmology service is based in two locations, Kildare Primary Care Centre and Kilnamanagh Tymon Primary Care Centre in Tallaght. The Tallaght clinic is expected to relocate to the Russell Building in Tallaght in 2024.

The current clinical team (across both sites) consists of two full time consultant medical ophthalmologists, ➡



Dr Margaret Morgan, Dr Olya Scannell, Michelle Forde, HSE Head of Primary Care, CHO9, Prof Billy Power, Clinical Lead for Ophthalmology and Tommy Bracken, CEO, Royal Victoria Eye and Ear Hospital



Dr Sarah Gilmore and Dr Mairide McGuire, CHO6 and Royal Victoria Eye and Ear Hospital



Dr Mark James, Cork University Hospital and Ms Caroline Gardiner, Mater Misericordiae University Hospital

four optometrists, two senior orthoptists, and two part time nurses, with support from an admin team. The site is also a training site for higher medical ophthalmology trainees.

The service currently delivers care to four patient groups – cataract pre/post-op care, glaucoma, medical retina, and paediatric ophthalmology.

Dr Margaret Morgan outlined the initial challenges in setting up the adult service i.e. setting up clinics, equipment, IT integration with the RVEEH, and the complexities brought about by the cyberattack shortly after set up.

Dr Morgan spoke about the cataract and glaucoma clinic start ups, followed by Dr Scannell's presentation on the medical retina and paediatric service.

The cataract service started in April 2022. Pre-operative assessments take place as a one-stop shop with nurse assessment, biometry, and consent on the one day. Post-operative clinics and YAG laser clinics are also delivered. Quality improvement – no need for ECG (changed RVEEH protocol), and alteration to post-op OCT protocol.

Waiting Times:

There were 2182 attendances across the various cataract clinics in CHO7 to March 2023. New patient cataract waiting time in CHO7 reduced from 60 months in 2021, to 16 months in 2023. Increased capacity to see new referrals with greater numbers are now being seen. RVEEH OPD waiting list reduced from >10000 in Jan 2020, to slightly over 8000 in Jan 2023.

The glaucoma service commenced in November 2021. The pathway was developed to transfer suitable review patients from RVEEH to the community

glaucoma assessment clinics (run by the optometrist), with subsequent virtual review by the consultant ophthalmologist. 18% of glaucoma long-waiters in RVEEH transferred to CHO7, with 92% patient satisfaction in these patients. There is capacity to do glaucoma laser – SLT and YAG peripheral iridotomy. There have been 337 attendances in the glaucoma clinics up to and including March.

The medical retina service started in November 2022. A hundred patients had been transferred from RVEEH to CHO 7 up to March 30. There is a mix of pathologies with a third having AMD. 22% are new patients taken off the RVEEH waiting list. Dr Scannell discussed the plans in development for an optometrist-led stable clinic and a community intravitreal injection service.

The paediatric ophthalmology service has been running since April 2021. Dr Scannell outlined the initial challenges, including the high volumes of long waiters both on community and hospital waiting lists (>50% waiting over a year on the community waiting list). The steps taken to develop the paediatric service began with large-scale validation and triage of the entire waiting list, and the discharge of suitable patients aged over 8. Training of referrers (PHNs) and the clinical team was undertaken and a continuous audit of processes. Pathways and clinical guidelines have now been developed. Different types of clinics have been developed including COOL (combined optometrist and orthoptist led clinic), doctor, optometrist, additional needs clinic and an orthoptist review clinic.

Dr Scannell discussed sources of referrals – 28% are from PHN

developmental health checks and over 50% are from school screening. The audit of PHN referrals and steps taken to improve the quality of referrals (training of PHNs and new referral form) was also discussed. 63% of PHN referrals are for strabismus, only 21% of these are found to have strabismus.

2022 Key Performance Indicators – over 10,000 appointments have been offered and over 6700 patients have been seen (DNA audit done and protocols tweaked accordingly). 2218 referrals were received in 12 months (expected to be much higher in 2023). Only 1% referred back to hospital 1465 discharged. 99% patient satisfaction with the service. Patients are waiting over 6 months in 2023. This has also had a big impact on hospital paed waiting lists – RVEEH routine wait was 36 months in 2019 and is now 3 months.

Dr Scannell highlighted the importance of continuous audit and quality improvement initiatives in developing this new service.

The main challenges identified include: ongoing complexities with full IT integration between community and RVEEH, network security concerns, and difficulties in progressing healthlink in community ophthalmology and difficulties with recruitment of both administrative and clinical team members.

Future plans for the service include minor ops and developing an intravitreal injection service.

A panel discussion followed the presentations. The ICO wishes to thank Dr Scannell, Dr Morgan, Michelle Forde, HSE Head of Primary Care, CHO9, Tommy Bracken, CEO RVEEH and Prof Billy Power for their participation on the day.