

Selected Abstracts from the Orthoptics Australia 75th Annual Scientific Conference held in Adelaide, 19th to 21st November 2018

PATRICIA LANCE LECTURE ASSOCIATION AND PROFESSION - YOU CAN'T HAVE ONE WITHOUT THE OTHER

Marion Rivers

The presentation examined the relationships between profession and association. It investigated what makes a profession and why a profession needs an association. It also investigated what makes a professional and how that differs from a technical expert. We will continue the exploration of professionalism to incorporate modern professional associations and their governance, examining the co-dependence between association and profession.

The presentation examined the current state of Orthoptics Australia and where it might be heading in the future to best serve the needs of a diversified workforce. Heading into the future, Orthoptics Australia must provide the best possible member benefits to support the growth of the profession of orthoptics.

THE PREVALENCE OF EYE CONDITIONS IN CHILDREN ADMITTED TO NEONATAL INTENSIVE CARE UNITS

Felicia Adinanto

Purpose: To compare the prevalence of eye conditions in children who had been admitted to Neonatal Intensive Care Units (NICU) and those who had not.

Methods: The Sydney Children's Eye Disease Study examined 2,446 children between six months and six years. All children underwent a comprehensive ocular examination including visual acuity, cover test and cycloplegic refraction.

Results: A total of 150 children were reported to have been admitted to NICU. Overall, 28.7% of children admitted to NICU presented with some form of eye condition and this did not differ from those who had not been admitted (23.5%, $p=0.148$). However, there was a significantly higher prevalence of strabismus in children admitted to NICU (6.7%) compared to those not admitted (2.8%, $p=0.007$). There was also a significant difference in the prevalence of refractive errors with a higher prevalence of myopia ($\leq -0.50D$, 6.8%, $p=0.007$) and anisometropia (6.8%, $p<0.0001$). The prevalence of ocular pathologies ($<1.00D$, 6.7%, $p=0.46$) in children admitted to NICU was similar to those not admitted.

Conclusions: The overall prevalence of eye conditions with children admitted to NICU is similar to those who had not been admitted, however there was an increased risk of developing strabismus, myopia and anisometropia.

ORTHOPTIC LED PAEDIATRIC DIABETIC RETINOPATHY SCREENING CLINIC IN SOUTH AUSTRALIA

Gulsah Bakar

This presentation outlined the paediatric diabetic retinopathy screening protocol developed and implemented by the orthoptists and ophthalmologists at Flinders Medical Centre.

The aim of the orthoptic led screening clinic is to improve clinic and

patient flow, as well as to provide better patient care to paediatric diabetic patients through a multidisciplinary approach involving orthoptists, ophthalmologists, endocrinologists and paediatricians.

A IS FOR ATROPINE

Louise Brennan

It is quite remarkable that a drug that has been used in ophthalmology since the 1800s still remains at the forefront of eye care in paediatrics. Atropine is well known for its use in facilitating fundus examination and objective refraction. It is also used to treat uveitis, it can be helpful in the glasses adaptation of hypermetropes and more recently low dose atropine is being used to aid myopia control. Most commonly in the paediatric setting atropine is used to augment amblyopia treatment.

The cautions, downsides, benefits and tricks of using atropine as part of an amblyopia treatment plan were discussed.

WHERE ORTHOPTICS AND OPTOMETRY DIVERGED IN THE NON-SURGICAL MANAGEMENT OF STRABISMUS

Shayne Brown

Orthoptics as practised by orthoptists evolved from ophthalmology. Ophthalmologists recognised that the time-consuming therapy required to restore binocular vision to patients with strabismus could be undertaken by 'lay people'. These 'lay people' became the first orthoptists. By the late 1920s orthoptics was in its early stages of development in London. Ophthalmic opticians (optometrists as they are known in Australia) also practised a form of orthoptics in 1920s London. This paper explored the theories underlying the difference in orthoptics as practised by orthoptists trained in the medical model compared with optometric practice. It was shown that orthoptics had its roots in the physiology of eye movements and binocular vision, especially in the understanding of depth perception. Whereas the optometrists based their practice on an understanding of eye movements and depth perception based on psychological theories. The fundamental difference in approach goes some way in explaining why ophthalmologists trained orthoptists to follow the physiological, and therefore the medical evidence path in preference to working with optometry which based its practice on a non-medical model.

ORTHOPTIC LED VISION SCREENING SERVICE: ONE YEAR IN

Jessica Collins

This presentation continues on from the 74th OA Annual Conference where the design of the orthoptist led vision screening service was described. With limited resources comprising only three orthoptists and a small suitcase, the service is now in its first year of operation at the Women's and Children's Hospital in Adelaide. This presentation provided an update on the service's successes, pitfalls, barriers and solutions encountered along the way. It highlighted the importance of an orthoptist's role in the context of a demanding public health system.

RETINOPATHY OF PREMATURE IN RETROSPECT: TRENDS IN RETINOPATHY OF PREMATURE OVER A 10-YEAR PERIOD

Renee Fernandez

Abstract: Retinopathy of prematurity (ROP) is a potentially blinding condition which affects the developing retinal blood vessels of infants born prematurely. Improvement in neonatal care over the years has led to increased survival of extremely premature infants, who are at particular risk of developing ROP. This retrospective study will report on the incidence of ROP in a population of premature infants admitted to a South Australian neonatal care unit over a 10-year period. It will further examine the relationship between gestational age, birthweight, incidence and severity of ROP.

EYES ON THE HORIZON: PATHWAYS TO PRIVATE ORTHOPTIC PRACTICE

Julie Fitzpatrick

We live in an aging population and two-thirds of Australians with low vision are aged 65 years or over. Age-related macular degeneration, cataract, glaucoma and diabetic retinopathy (DR) can all cause vision loss to varying degrees, with DR on the increase.

Orthoptists are perfectly placed to deliver high quality and 'person-centred' low vision care to these individuals in need, or people at any stage of their lives. There is an emerging group of orthoptists setting up to provide fee-for-service based assessments. Additional funding opportunities through Veterans Affairs, NDIS, TAC and My Aged Care are making this an exciting time for both providers and clients.

The presentation discussed common challenges based on recent research, regarding the perception of low vision and uptake of services, and how these can be considered for better outcomes. With more independent practitioners in the arena, awareness of orthoptic services will only increase.

A RETROSPECTIVE REVIEW OF RETINOBLASTOMA IN A TERTIARY SETTING

Katie Geering

Retinoblastoma is the commonest primary malignant tumour of childhood. The Children's Hospital at Westmead is the primary centre for treatment in NSW. A retrospective review has been conducted on patients who were diagnosed with retinoblastoma within the last five years at The Children's Hospital at Westmead. The presenting reason, patient's age, visual outcome and treatment type was discussed.

CLOSING THE GAP OF VISION BY 2020 – WHERE ARE WE AT?

Rosamond Gilden

Aboriginal and Torres Strait Islander Australians still suffer higher rates of vision loss and reduced access to eye services than other Australians. The Roadmap to Close the Gap for Vision (2012) provides 42 sector-endorsed, evidence-based recommendations that address this inequity of vision and eye health. Significant progress is being made as evidenced in the National Eye Health Survey (2016), Roadmap Annual Update (2017), and Australian Institute of Health and Welfare (2018) reports. From the 2017 Roadmap Annual Update, 16/42 recommendations were fully implemented, with two-thirds of intermediate steps complete. Roadmap activity is occurring in more than 37 regions across the country, covering 60% of the Indigenous population. The 2018 report outlines further progress.

Findings from the NEHS and AIHW, showed blindness rates had halved from six times (in 2008) to three times, with increased rates of diabetic retinopathy screening and cataract surgery of Indigenous Australians. Although great progress has been made in improving eye health outcomes of Indigenous Australians, the same is also occurring for other Australians. This presentation provided an update on achievements and progress since the last Annual Update (2017) and what still remains to be done to Close the Gap of Vision by 2020.

ORTHOPTICS AUSTRALIA WORKFORCE SURVEY

Mara Giribaldi

Aim: To present data collected from the Orthoptics Australia workforce survey 2016/17 about current demographics, academic qualification, employment patterns and current professional practice.

Method: Financial members of Orthoptics Australia as well as non-members were encouraged to participate in the online workforce survey. Data was collected from 1st July 2017 to December 2017 using the online survey tool, Survey Monkey.

Results: The presentation reported on the data collected surrounding gender, distribution, age, nationality, place of residence, location and status of employment and diverse clinical areas of practice.

Conclusion: This workforce survey provides information about the profession in 2016/17. The results are a platform for data analysis for use in the future.

'CROUCH, TOUCH, PAUSE, ENGAGE': USING A VISUAL TOOL TO DETECT CONCUSSION IN RUGBY UNION

Premkumar Gunasekaran

Aim: To determine the utility of the King-Devick test (K-D) in diagnosing concussion and identifying its incidence in semi-professional rugby players.

Methods: Forty male rugby players (mean age 23.48 (\pm 3.7 years) (22 forwards and 18 backs) who played in the top two divisions at the Randwick Rugby Club, Sydney, were recruited. Thirty-six players performed K-D test as a pre-season baseline. Twenty-eight were followed-up to repeat the test throughout 18 matches and following a concussion diagnosis.

Results: There were 112 injuries across the season with three direct ocular-related injuries, including one orbital fracture. Seven were diagnosed concussions (85.7% in forwards and 14.3% in backs) resulting in 9.72 concussions per 1,000 match hours. Baseline testing resulted in an average completion time of the K-D of 41.4 (\pm 7.89) seconds. Players that repeated the test throughout the season demonstrated significant improvements to their baseline; 40.25 (\pm 7.1) vs 36.41 (\pm 6.1) seconds, $p < 0.001$. Concussed athletes displayed average K-D scores that were significantly worse than baseline; 33.63 (\pm 5.4) vs 36.04 (\pm 6.0) seconds, $p = 0.032$, with a mean difference of 2.41. One player demonstrated a two-second improvement post-concussion.

Conclusion: The K-D test was useful in detecting concussion within this cohort. Results reflect over double the rate of concussion previously reported of 4.73 concussions per 1,000 match hours.

YOUR ROLE AS AN ORTHOPTIST AND THE NDIS

Laura Hartley

Our role as an orthoptist has once again diversified since the introduction of NDIS. It has had a huge impact in the community and health sector. Many of us are still learning, not confident and quite unsure about NDIS. My presentation aimed to explain, educate other orthoptists and promote discussion regarding the NDIS.

- What is NDIS? who is eligible, when and how to refer a patient for NDIS services
- What is an NDIS plan? How does it come about? What to do with it
- Ability for participants to have choice (eg self-managed vs NDIA-managed) and control
- The impact the NDIS has had on low vision services such as fee for service and the change this has had on services
- The impact NDIS has had on our role as orthoptists. Our profession being recognised, skills acknowledged consequently given authority as assistive technology assessors.

WORKING AS AN ORTHOPTIST AT THE CHILDREN'S HOSPITAL AT WESTMEAD

Amy Huynh

Working as an orthoptist in the hospital environment involves more than just working within eye clinic. There are frequent interactions with other allied health departments and low vision support services in order to diagnose and provide the best management care for our patients. An overview of the main services the eye clinic has been involved with were explored through some selected patient cases. In addition, I will share my roles and experiences as a new graduate orthoptist at CHW.

WHAT IS THE IDEAL VISUAL ACUITY CUT-OFF FOR DETECTING OCULAR CONDITIONS IN PRESCHOOL CHILDREN?

Mythili Ilango

Purpose: Visual acuity (VA) cut-offs used in preschool vision screening programs are not universal. We aimed to establish the sensitivity and specificity for detection of refractive error, amblyopia and strabismus using different VA cut-offs.

Method: VA was measured using an electronic vision chart (single-surround HOTV) on 216, 4-year-old children. An orthoptic examination and cycloplegic autorefractometry (cyclopentolate 1%, Canon RK-F1) were conducted.

Results: Using a VA cut-off of 6/15 and 6/18, 100% sensitivity was achieved, however lower specificity (74.2% and 73.8%, respectively) meant a number of children with ocular conditions (25.8%, n=55 and 26.2%, n=56, respectively) would go undetected. At 6/9.5 and 6/12, higher specificity was achieved, particularly with 6/9.5 (sensitivity 84.6%, specificity 76.8%). Of the 203 children who achieved 6/9.5 or better VA, 47 were false negatives; mainly with hyperopia $\geq 2.00D$ (63.8%), but 23.4% had strabismus and/or amblyopia. Cover test combined with 6/9.5 VA cut-off, improved sensitivity (89.5%) and specificity (79.2%).

Conclusion: There was a good sensitivity and specificity using a 6/9.5 VA cut-off, making it appropriate for vision screening programs. However, a number of children with amblyopia and/or strabismus passed at the 6/9.5 cut-off, which indicates that a cover test may improve detection of these childhood eye conditions.

DEVELOPING THE ORTHOPTIST'S SCOPE OF PRACTICE IN A GENERAL OPHTHALMIC SETTING

Sevag Ipradjian

As demand and expectations of our patients continue to rise: we can meet them. As more orthoptists move away from ocular motility, traditional scope of practice boundaries are being tested. This presentation aimed to enlighten and empower orthoptists to initiate and assist in growth and development, not only in the work-place, but our profession. The management of many common conditions demonstrate the increase in dependence on orthoptists and our skills.

- Specialised dry eye treatment systems and how the orthoptic staff play a vital role for cataract and MGD patients
- Satellite outreach clinics and how the orthoptist can assist with volume and flow
- Postoperative care – a developing role for orthoptists
- Glaucoma monitoring and their six-monthly reviews.

We are increasingly sharing the workplace with optometrists, nurses and technicians – but have much to offer in the field of ophthalmic sciences. Meeting the demands of patients is a critical aspect of business development, and of course – patient confidence.

THE SUCCESS AND PITFALLS OF INVERSE OCCLUSION

Lindley Leonard

The role of inverse occlusion in clinical practice was discussed. Case studies highlighted the perceived success and pitfalls when making clinical decisions for children who have eccentric fixation.

ORTHOPTISTS HELPING TO IMPROVE ACCESS TO EYE HEALTH CARE

Catherine Mancuso

Since 2012 there have been a series of reforms of specialist outpatient clinics in Victorian Public Hospitals with the aim to improve access to care for patients. Despite significant efforts made by the various health services, the state government has recognised that more support is required to address current system constraints and gaps impacting on timely access. Over 2017 and 2018, Better Care Victoria and the Department of Health and Human Services initiated 'The Specialist Clinics Access Improvement Partnership' (SCAIP) which was formed with 11 Victorian health services. The Royal Victorian Eye and Ear Hospital (E+E) was one of those health services. Orthoptists have long been recognised as a highly skilled and versatile professional group at E+E and many different iterations of our scope of practice have been explored over the years. Three different projects were undertaken at E+E, all utilising the orthoptic workforce in different ways. These three projects were presented and the impact of the orthoptic workforce in the SCAIP will be discussed.

VISION-RELATED QUALITY OF LIFE AS A PREDICTOR OF PROGRESSION TO LATE AGE-RELATED MACULAR DEGENERATION: SELF-REPORTED OUTCOMES FROM THE LEAD STUDY

Myra McGuinness

Despite major advances in the assessment of visual function and ocular structure during this century, there is no way of predicting exactly which patients with the earlier stages of age-related macular degeneration (AMD) will go on to develop later stage AMD. It has been hypothesised that patient-reported visual function may provide insight into physiological processes that are not yet clinically detectable. Participants of the Laser intervention in Early stages of Age-related macular Degeneration (LEAD) trial completed the 28-item Impact of Visual Impairment (IVI) Questionnaire and the 10-item Night Vision Questionnaire (NVQ) every year for three years in order to quantify their vision-related quality of life. The psychometric properties of these questionnaires were assessed via item response theory to validate their use among patients with intermediate AMD. Standardised scores were then analysed to assess the ability of the scales to reflect clinical measures of visual function, such as visual acuity and microperimetric sensitivity, and structural changes assessed via multimodal imaging. On average, the standardised scores decreased over the duration of the study and the risk of progression to late AMD, particularly geographic atrophy, was greater among participants who had lower questionnaire scores at baseline.

THE REDEVELOPMENT OF THE KAY PICTURE PAEDIATRIC VISUAL ACUITY TEST

Ashli Milling

An accurate assessment of visual acuity (VA) is vital to inform diagnosis and management. Currently, there are a number of paediatric VA assessments available, of which few are validated yet are still in use. In the United Kingdom the Kay picture VA test, developed in the early 1980s, is one of the leading tests for pre-literate children in clinical practice. The test has since been redesigned with an aim to validate the updated optotypes to improve the resolution acuity, recognition, repeatability and to compare with other gold standard LogMAR acuity assessments.

Methods: To evaluate the redesign of the Kay Picture test, four stages were involved. In all phases the pictures were presented on a monitor as a single crowded optotype, with five optotypes at each VA level.

Phase one: Resolution acuity for 25 pictures, eight Landolt Cs and five ETDRS letters were assessed in adult subjects to ensure results were not impacted by varying cognitive abilities. Phase two: Recognition phase assessed children younger than 30 months to determine the most commonly identified pictures. Phase 3: Resolution acuity of a reduced number of pictures and the Landolt C was reassessed. Phase 4: The redesigned Kay Picture test was compared with LEA symbols and the ETDRS letters.

Results: Resolution acuity was assessed in 50 adults. Mean acuity scores (\pm SD) with the 25 pictures ranged from $-0.123 (\pm 0.124)$ to $-0.308 (\pm 0.105)$. The mean acuity for the eight Landolt C orientations was $-0.059 (\pm 0.120)$ and $-0.128 (\pm 0.101)$ for the ETDRS letters. Three pictures were removed at this point. The recognition of the pictures was assessed in 420 children. Analysis resulted in removal of 10 further pictures based on the recognition. Resolution acuity was assessed in 42 adults with the remaining 12 pictures. Based on mean bias levels and further recognition data the picture selection was reduced to six. A further 113 adults were assessed with the new Kay picture test, the ETDRS and LEA symbol. The mean bias indicated similar results between the tests. The final phase evaluated the repeatability of the newly designed test and the ETDRS. Kay pictures test and the ETDRS were assessed in 100 adults, and no significant difference was found between either test (paired t-test, $p=0.1$).

EMERGING TOOLS IN THE MEASUREMENT OF TIME SPENT OUTDOORS

Long Phan

Time outdoors has been strongly associated with the prevention of childhood myopia in numerous studies. The proposed mechanism behind this light-mediated effect has also been supported in animal models. The implementation of this environmental modification into broad public health policies has been slow, as existing quantitative outcomes have been based upon subjective measures and accurate dose-response relationships have not been recognised. Recently, devices such as the Clouclip P2 light meter (Mirror Technology Co Ltd, Hangzhou) have emerged with the potential to precisely capture light exposures as well as near work; another significant contributor to myopia. This device can provide further detail of two important facets of time outdoors: the duration of exposure and the intensity of light required for a protective effect. Together with existing knowledge on other environmental factors such as intensive near work, education, socioeconomic status and geographic location, as well as pre-determined risk factors such as parental myopia and ethnicity, more effective intervention trials can be developed. This study investigated the validity of the Clouclip P2 as an objective device to more precisely measure outdoor time in combination with near work and compared the inherent differences between previously used illuminometers and questionnaires.

PSYCHOSOCIAL IMPACT OF REPEATED INTRAVITREAL INJECTIONS ON PATIENTS WITH DIABETIC MACULAR OEDEMA

Monique Rose

Diabetic macular edema (DME) is caused by leakage of fluid from damaged blood vessels. Vascular endothelial growth factor (VEGF) is elevated in eyes with DME and drives vascular leakage. Centre-involving sight-affecting DME is currently treated with intravitreal anti-VEGF injections. It is a commonly performed procedure, which involves multiple injections every 4-8 weeks until the fluid is resolved and may be continued indefinitely to maintain vision, posing a high burden on patients. Patients differ in their personal need to undertake treatment. Patients evaluate clinician's advice and decide to follow it based on individual judgment and understanding of the illness and treatment. Theoretical models have been developed to increase understanding of treatment adherence behaviour. Horne and Weinmann developed the Necessity-Concerns Framework (NCF) to identify beliefs influencing patients' decisions to undertake medication/treatment. The NCF postulates that adherence is influenced by the necessity (personal need for the treatment) and concerns about potential adverse effects. A mixed method design (in-depth interview and self-administered questionnaires) was utilised to develop an understanding of treatment adherence in patients undergoing repeated intravitreal injection treatment for DME. The Belief of Medicines Questionnaire-Specific (BMQ-Specific) assessed patients' beliefs and adherence to intravitreal treatment and the Satisfaction with Information about Medicine Scale (SIMS) measured satisfaction with information received about treatment. The results will be presented by categorising public and private DME participants into the NCF and comparing treatment information satisfaction and qualitative reasons for treatment adherence. Enhanced awareness and understanding of nonadherence and patients' beliefs could assist in the development of interventions to improve adherence.

DYNAMIC RETINAL VASCULAR ASSESSMENT: AN INNOVATIVE APPROACH FOR EARLY GLAUCOMA SCREENING

Sahar Shariflou

Purpose: Spontaneous venous pulsations (SVPs) are a potential biomarker for glaucomatous optic neuropathy, with reduced SVPs associated with thinner retinal nerve fibre layer and lower retinal ganglion cell (RGC) counts. We used a novel fundus imaging tool to investigate the association between SVPs and RGC estimates.

Methods: Forty-one participants [30 confirmed glaucoma, 74 (± 11) years, 14 male; 11 suspects, 66 (± 10) years, 5 male] had a 10-second video recording of venous circulation at the optic nerve head using a digital ophthalmoscope following dilation. RGC counts were estimated using established methodology (Humphrey Visual Field and Optical Coherence Tomography). SVP amplitudes were extracted from the videos using a custom written algorithm and a linear regression was applied to study the association between SVP amplitude and RGC counts.

Results: The mean percentile change in venous diameter (SVP amplitude) and RGC count was 38% (± 12) and 635,455 ($\pm 169,665$), respectively. We observed a positive association between SVP amplitude and RGC count ($r=0.34$).

Conclusion: Our findings suggest that SVPs may be a quantitative measure of structural and functional changes in GON. This novel tool could be further developed for early screening in glaucoma.

IMAGING IN RETINA

Sally Steenbeck

Sydney Eye Hospital runs a very busy uveitis clinic in conjunction with one of its medical retina clinics. The availability of multiple retinal imaging devices, such as Spectralis OCT and OPTOS, has made diagnosis both easier and faster. A few examples were presented to highlight this.

ORTHOPTIC LED POSTOPERATIVE CLINIC

Julie Taylor

The current Surgical Ophthalmology Service clinic model at the Eye and Ear Hospital, Melbourne, is experiencing increased demand for postoperative cataract reviews. This demand has been generated from an increased level of surgical throughput required to support the hospital's funding agreement with the Victorian Department of Health & Human Services.

A trial of Orthoptic-led Surgical Postoperative (OSOP) Clinic was developed as an alternative sustainable model of care to support timely postoperative access for routine cataract patients. This presentation described the OSOP trial implementation process, including training requirements as well as the current state, impacts made, supporting data, and the potential future state.

AUDIT OF CLINICAL DECISION MAKING IN AN OPHTHALMIC DIABETIC PHOTOGRAPHIC SCREENING CLINIC

Danielle Thorburn

The Austin Hospital, Melbourne, currently runs an Ophthalmic Diabetic Photographic Screening Clinic for patients diagnosed with diabetes. This is an orthoptist led clinic whereby patients are solely assessed by an orthoptist who screens for diabetic retinopathy. Despite the inclusion of orthoptists in this service, the patient's clinical pathway or clinical management is determined by the ophthalmology registrar upon reviewing the orthoptist's clinical notes at a later time.

The aim of this study is to investigate the agreement between orthoptists and a principal ophthalmologist, on the clinical management decision for patients with diabetes presenting to this clinic. There is scope for future extension of the orthoptists' role within this traditional service delivery model.

De-identified clinical notes and retinal photos from patients attending this clinic in 2016 were retrospectively reviewed by a senior orthoptist and principal ophthalmologist for agreement on diagnosis and treatment plan and timing. Results are currently being analysed. The first 200 eyes will be presented.

UNBLOCKING THE SYSTEM: CHALAZION AND NASOLACRIMAL DUCT OBSTRUCTION PHONE CLINIC

Faren Willett

Lady Cilento Children's Hospital is the major specialist children's hospital with a large catchment area including the entire Queensland state and Northern New South Wales, receiving approximately 5,200 new referrals to Ophthalmology outpatients per year. These are then categorised by urgency according to the referral. There are numerous referrals for eye conditions such as chalazia and blocked tear ducts that may be conservatively managed at home, with improvement or complete resolution likely prior to their appointment. An orthoptist-led phone clinic has been implemented with a purpose to contact patients with these referrals to attempt to educate the family and resolve the issue before presentation. It is additionally an excellent screening tool to detect more serious pathology and ensure it is addressed in a timely manner. The phone call clinic has been in action for eighteen months, with positive impacts on waitlist numbers and waiting times.