

2017/2018 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 3 July 2017

Supervisor Information (First named supervisor will be the contact):

First Supervisor's Name and Title: **Dr Ruth Savage**

Department - UOC &/or CDHB (if applicable): **General Practice**

First Supervisors Phone: **03 364 3613/ 027 229 7670**

First Supervisor's Email: **ruth.savage@otago.ac.nz**

First Supervisors Mailing Address: **Dept of General Practice, UOC, PO Box 4345, CHCH 8140**

Co-Supervisors Name and Title(s): **Deborah Callahan, Canterbury Clinical Network, Integrated Services Programme Manager, deborah@ccn.health.nz**

Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical

Laboratory

Community ✓

Project Title (20 words MAXIMUM):

Diabetes Care in General Practice – Access to the Retinal Screening Pathway

Project Description:

Introduction:

In Canterbury we have a great deal of insight into our patients who have diabetes. We know if they've had their HbA1c tested within the recommended guidelines, and we know the results of that test. We also know if they've had their eyes examined in the Canterbury Retinal Screening Service within recommended timeframes. In New Zealand approximately 20-25% of people with diabetes have some form of diabetic retinopathy. In addition to retinopathy, people with diabetes are 40% more likely to suffer from glaucoma and 60% more likely to develop cataracts than people without diabetes.¹

Our data shows 65.4% (13,475) of people with diabetes eligible for screening have received a retinal screen within three years up until December 2016. We do not know if the 34.6% (7,123) of people with diabetes not enrolled in the funded programme are missing out on being screened, or if they are getting their eyes examined by a local optometrist who isn't part of the Canterbury funded programme. We want to find out if people who need to be screened are being screened elsewhere, and if not, why not.

Aim:

Identify barriers and alternatives to accessing the Canterbury retinal screening programme for people with diabetes who have not received a retinal screen within the last three years.

Possible Impact (in lay terms):

Retinopathy, if not monitored and treated, can lead to blindness. Early intervention can prevent or reduce vision loss. Everyone over the age of 10 diagnosed with diabetes should receive a retinal examination every two years (this can be extended to three years if no diabetic retinopathy is detected and no clinical modifiers are present).²

Method:

We will use the existing PHO diabetes data to identify patients who have not been enrolled in the Canterbury retinal screening programme. We will then survey a subset of patients to identify if they have been screened elsewhere, or if there are barriers to them accessing the funded programme.

¹ <http://www.diabetes.org/living-with-diabetes/complications/eye-complications/>

² People with newly diagnosed Type 1 diabetes should be screened within five years after diagnosis. Children with Type 1 diabetes should be screened after the age of 10, or five years after diagnosis (whichever occurs first). People with newly diagnosed Type 2 diabetes should be enrolled into the retinal screening programme at the time of their diagnosis. Ministry of Health. 2016. *Diabetic Retinal Screening, Grading, Monitoring and Referral Guidance*. Wellington: Ministry of Health.

Student Prerequisites (eg. Medical Student) if applicable:

Preferably a medical student

Administration Details

1. Is ethical approval required? Yes ~~/No~~

If Yes: please circle or tick one of the following:

a) ~~Applied for (provide application #)~~

b) ~~Approved (attach a copy of the letter of approval from the ethics committee or application #)~~

c) To be done ✓

2. Are you able to provide the funding for this project (ie. \$5,000 for the student, incidental expenses should be met from departmental or research funds) Yes ~~/No~~

If Yes: Please provide name of the funder: Pegasus Health

If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.

If Yes: You will be sent a request for more information.

3. Medical Records or Decision Support accessed Yes ~~/No~~

4. Health Connect South or other DHB records Yes ~~/No~~

5. Signatures:

- I have read the 2017/2018 Summer Studentship programme handbook.
- I am prepared to supervise the project and will be available to the student during the studentship (including Christmas/New Year break if the student is working during this time).
- I agree to assume responsibility for the submission **of the student's reports to the Research Office** by the due date 29 January 2018.
- I agree that the project lay report may be available to local media for publicity purposes.

Signature of Project Supervisor(s): 

Date:

3/7/2017

- I understand that I am responsible for hosting the Summer Student chosen for this project and will meet any costs incurred. I agree that incidental expenses will be met from departmental or research funds.

Signature of Head of Department:
(Print Name)

Date:

Signature of Clinical Director: (if applicable)
(Print Name)

Date: