

CME Small Group Network Report

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Summary of programme

The working environment of general practitioners in active practice continues to be difficult. The effect of cuts in fees and allowances by the Health Service Executive (HSE), coupled with dwindling private practice due to the recession, is having adverse effects on most GP practices. Nevertheless, GPs continue to commit themselves to keeping medically up to date by attending the locally based small group learning (SGL) meetings. The Continuing Medical Education (CME) network of tutors continues to provide accessible educational modules to GPs in an SGL format. This educational model has been built up over many years and continues to be the most popular educational activity for GPs. The modules provided by the tutor network are relevant and reflect the everyday dilemmas faced by GPs in active practice. Allowing discussion to take place among peers in a trusted environment facilitates learning at each meeting.

This type of adult learning allows GPs to keep abreast of medical developments relevant to their specialty. Reflection on current practice among peers should result in improved care of our patients. The funding of the CME national tutor network is from the HSE. The National Director of CME reports to the Medical Education and Training (MET) unit in the HSE. The Irish College of General Practitioners (ICGP) has the governance role.

Questionnaire

A questionnaire survey to assess 'Does participation in GP CME SGL influence medical practice?' was undertaken in the November – December period in 2012. Over 1,360 replies were received and are now being analysed. The results will be of interest and will be presented in due course.

Tutors

There are 35 CME tutors in post. They are responsible for organising monthly meetings of small groups throughout the academic year. For some time, there has been no tutor in the Laois/Offaly or West Dublin schemes due to the recruitment ban in the civil service. Meetings have continued in these areas with volunteer group leaders and mentoring from neighbouring tutors. This is not satisfactory. Due to retirements, there used to be a turnover of three tutors per year. Again, because of the recruitment ban, this has not happened for some years. This also is not satisfactory. The network always benefitted from the renewed enthusiasm of new tutors. It is detrimental to the scheme that this is not happening.

Participants

The GP CME Scheme now has 2,400 GPs on the mailing lists. GPs are assigned to a particular group in their area. The meetings remain an 'out of hours' activity in most areas. The GP will be informed of the date and venue in advance of each meeting. The tutor will provide a minimum of seven SGL meetings for each participant throughout the academic year. Due to capacity problems and attempting to maintain the SGL ethos, the meetings are not 'open'. One must be on the tutor's mailing list of participants to attend. When in a group, each participant is expected to contribute to the discussions, to join in any activities and to protect the confidentiality of discussions on patient care. This commitment may need to be explicit at the beginning of each academic year.

Professional Competence Scheme

It is now compulsory for all registered medical practitioners (RMPs) on the Irish Medical Council (IMC) Register to enrol on a Professional Competence Scheme (PCS) organised by a recognised training body. For general practice, this body is the ICGP. All physicians are

now expected to partake in regular continuing professional development (CPD) activities, including CME. CPD credits are accumulated under various headings and RMPs record these credits to ensure their continued maintenance of professional competence.

The national GP CME tutor network and the local SGL meetings have a significant role in facilitating GPs in active practice in attaining CPD credits and meeting their legal obligation under PCS requirements. The CME SGL meetings are not ordinarily sponsored by the pharmaceutical industry.

Meetings

The advent of PCS has resulted in more GPs joining the mailing lists. A total of 345 more doctors were added in the past year. There has been a massive rise in attendance at CME SGL meetings. June 2012 is the end of the academic year and the time for completion of statistics for that academic year. A total of 13,571 GPs attended meetings at year end. This was up 3,500 on the previous year. This increase has led to capacity problems in many areas, particularly in the cities. The numbers attending some groups now are so large they cannot be considered 'small groups' and there is pressure on this learning model. The average attendance nationally is 13.5 persons. There are 146 small groups meeting every month and a total of 1,074 meetings were held in the past year.

In response to the capacity problems, some tutors have formed new groups to deal with the demand but some are now resourcing groups greater than the maximum of five they are expected to service. There is a need for more tutors if the quality of educational product is to be maintained. At this time of high demand, the network has received cuts in the region of 40% from the HSE over the past five years. From September to the end of December 2012, on foot of a further HSE memorandum, there was no funding for room hire or the travel costs of tutors attending meetings. The ICGP thankfully agreed to assist the continuation of the schemes by a once off 'bailout' with the reimbursement of vouched expenses for room hire and travel costs. These unilateral actions make it very difficult to maintain a national programme.

There is a suggestion from the HSE that the ICGP engage in a transfer of the HSE's responsibilities and take over the GP CME tutor network. The ICGP would want a guarantee of annual funding, at a minimum of current levels, before committing additional resources. The HSE are undertaking a due diligence exercise in relation to the network. From the tutors' perspective, they want to be officially informed of any plans for their future and that the national director would be involved on their behalf. They want the continuation of the scheme and new tutors to be employed in the immediate term in Laois/Offaly and West Dublin, and that sufficient funding be provided from whatever source to allow the development of the network, including new technologies. The tutor network wants to provide a quality educational product to all GPs who need it, in particular new entrants to general practice. At the present time, this cannot be done unless new funding is provided.

Conclusion

I would like to sincerely thank all the tutors and group leaders for their efforts in continuing to provide this popular CME product to the GPs in their area. I believe this model is of help to GPs in active practice. It helps GPs diagnose, investigate, prescribe and manage patients, and improve patient care. I hope there will be more recognition of the value of the CME network and that more resources will be provided in the immediate future so that all areas and all GPs in practice can have access to CME SGL meetings.