CME Small Group Network Report

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Overview

This is the first report in the January to January format. All previous reports covered the academic year from June to June of the following calendar year.

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.

A questionnaire survey, to assess if participation in GP CME SGL influences medical practice, was undertaken in November–December 2012. There were 1, 360 replies received and the results are being analysed. The results will be of interest and will be presented and published in due course.

At the beginning of the year, there were 35 CME tutors in post. The local CME tutors 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 continued in these areas with volunteer group leaders and mentoring from neighbouring tutors. This was 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 was not satisfactory. I am pleased that a new arrangement was put in place that allowed the ICGP to advertise, interview and appoint four new replacement CME tutors. The new tutors are in the two areas mentioned and Dublin South and West Midlands. The new tutors commenced their new posts on 1 November 2013 and had an induction day on 7 November 2013. The network always benefitted from the enthusiasm of new tutors. The CME national tutor network has now reverted to the full complement of tutors and no area of the country is without a CME tutor. The HSE and the ICGP are to be thanked for the progress in this area.

The national GP CME scheme had 2,847 GPs on the mailing lists in 2013. This was an increase of 447 on the previous year. GPs are assigned to a particular group in their area. In 2013, there were 162 groups nationally. The meetings remain an 'out of hours' activity in most areas.

The tutor will inform the GP 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. There were 1,171 meetings held in 2013. Due to capacity problems and attempting to maintain the SGL ethos the meetings are not 'open'; GPs must be on the tutor's mailing list of participants to attend. When in a local learning 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.

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 obligation under PCS requirements. The CME SGL meetings are not ordinarily sponsored by the pharmaceutical industry.

The advent of PCS has resulted in more GPs joining the mailing lists. This has resulted in a significant rise in attendance at CME SGL meetings. There was a GP attendance of 13,980 in 2013. The massive increase of 3,500 attendances occurred the previous year. This increase has led to capacity problems in many areas, particularly in the cities.

The numbers now attending some groups are so large they cannot be considered 'small groups' and there is pressure on this learning model. The average attendance nationally is 13 people per group. The average attendance per GP is 4.5 meetings.

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 budget cuts in the region of 35% from the HSE over the past five years.

The national network is increasingly dependent on the local group leaders to assist the CME tutor in running meetings. In 2013, there were 92 group leaders. This is almost a 90% increase over the past 3 years. The HSE budget for group leaders has been fixed. The ICGP are again to be thanked for providing the additional resources to allow the network deal with the capacity problem by engaging extra group leaders. There is a need for group leaders to be trained in leading groups, to adhere to reporting responsibilities, to ensure the briefing/debriefing process with the tutor works and to assist on the local tutor advisory group.

There is a need for group leader courses to be organised at a regional level. It is hoped there will be four such courses in 2014.

The CME tutor network needs sufficient funding to 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

In 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 continue to have access to CME SGL meetings.