

President's Report

AUTHOR | DR BRENDAN DAY

During 2010/2011 I had the honour to represent the College at many academic meetings, seminars, functions and annual representative dinners in Ireland, north and south, the UK and Europe (Wonca).

At each and every one I was warmly welcomed and to all those who invited me I would like to say a special thank you.



This year has seen the retirement of our CEO, Fionan O'Cuinneagain. I have known Fionan for over 25 years and he has always been a guiding hand, a wise counsel and a decisive voice when needed. I would like to thank him for his role in guiding the College over the past 27 years in making it the voice of Irish general practice and for all his help to me as President in 2010/2011. I wish Ann and Fionan a very happy and health retirement.

I sat on the interview board which recommended Kieran Ryan as our new CEO. I think we have chosen well and I offer him every support in his challenging role. I would like to thank Liam Lacey, outgoing President and Rita Doyle, Vice President for sharing the work load with me in the past year.

The staff at Lincoln Place have been exceptional. In particular Orla and Caroline have steered me through a busy year with great tact and diplomacy.

Finally, I would like to thank my wife Bridie and my family for all the support and encouragement they have given during this most enjoyable year.

Chairman's Report

AUTHOR | DR JOHN DELAP

The tragic loss of John Hunt in December shocked us all. John made a special contribution to general practice in Ireland as an enthusiastic examiner, CME tutor, GP trainer and Certification Committee member. Our deepest sympathy goes to Pascaline and e family. Our Sympathies also go to the families of all members who died during the past year.



The new coalition Government while acknowledging that the country faces an 'unprecedented economic emergency' published a new programme that includes a major re-organisation of the health service with general practice at its centre. It is reassuring that the principles laid down in the ICGP 'blue book' in 1988 are now government policy. The challenge will be for government and the profession to create a collaboration that can transform the way we deliver health care in Ireland. Are you ready for this? Are you willing? I assure you that our College will engage with all stakeholders to ensure that the existing strengths of general practice are preserved and that new programmes continue to support GPs to provide an excellent service to the people of Ireland.

Congratulations to James Reilly on his re-election as TD for Dublin North and his appointment as Minister for Health. We look forward to working with James, Minister of State for Primary Care, Roisin Shortall and their colleagues at Hawkins House.

Membership continues to grow. We now have 3438 members, including GP trainees and associates. You will hear from the Treasurer that we have a slight operational profit for 2010. Funding for some programmes has come to an end and it is unfortunate that we have needed to curtail some activities.

In response to the strain on College finances, staff salaries were reduced with agreement and allowances for officers and committees have been curtailed.

The Medical Council will introduce mandatory Professional Competence from May 1st and ICGP has the role of administering the scheme for GPs on behalf of the Medical Council.

The role of the College in postgraduate training continues to develop with the prospect of a new contractual arrangement between the College and HSE-MET for the delivery of GP training nationally. This year 157 new trainees commence four years of training. The membership examination has changed in recent years with the introduction of a new style of MCQ with single best answer questions. Plans are under way for a new clinical skills assessment as part of the examination.

The Executive will present a recommendation to the AGM to restructure Standing Committees with the creation of the Education Governance Committee to provide oversight to all College educational activities and the establishment of a Quality and Standards Committee to deal with the Professional Competence schemes, Quality in Practice, and assessment of ICGP educational programmes.

Although we have planning permission for a dramatic additional fourth floor at Lincoln Place it became clear during the year that funding the development would be a struggle. So a compromise solution has been completed involving refitting of the existing building and re-organisation of working space to accommodate all staff within the existing shell.

A new sponsorship policy was developed to help guide decisions about the kinds of activities the ICGP undertakes and about its relationships with other parties, with the objective of ensuring the integrity and good reputation of the ICGP.

We are lucky to have recruited Kieran Ryan as CEO. I am confident that he will be a force for innovation and development in the College. Dermot Folan is now in the role of Chief Operating Officer, Margaret O’Riordan has been appointed Head of Quality and Standards and Gerry Mansfield Director of Postgraduate Training.

The ICGP holds a place of influence in Ireland today as the voice of general practice. So much of the success of the College is due to the influence of Fionan O’Cuinneagain who led our administration with such finesse. We wish him well in his retirement.

Honorary Treasurer's Report

**AUTHOR | DR GERRY CUMMINS,
HONORARY TREASURER**



It gives me great pleasure as Treasurer of the Irish College of General Practitioners, to present my report and the financial statements for the year ended 31st December 2010. The accounts for the year ended 31st December, 2010 show an operating profit of €54,709 compared to a deficit of €54,776 for the year ended 31st December, 2009. This result is due in part to the transfer of monies due to the College from the R & E Foundation and the incorporation of the R & E account into the ICGP Accounts by way of prior year adjustment. Whereas income shows a decrease of €223k, expenditure was also reduced by €335k. The main downturn in income showed in Courses and Conferences, down €190k. The main reduction in expenditure was in the area of Administration, down €145k.

The key source of income for the College is the annual subscription which showed a slight decrease of €90k. However, the amount of outstanding subscriptions still remains very high at €305,000. You will see from other sections of the Annual Report (see www.icgp.ie) the wide and ever increasing range of courses and services being provided to members. An important and very successful programme is the Network of Establishing GPs which again included the running of a very successful national conference, regional meetings and a very active and interesting discussion board on the College website.

During the course of the year the College Executive, in the context of the current economic environment, implemented a series of cost reductions including staff salaries which contributed to this favourable result.

During the year we undertook considerable planning in regard to the refurbishment of the College offices. Whereas the greater plan to add an additional floor had to be deferred, due to the economic environment, we commenced a substantial refurbishment in January 2011, resulting in the location of all staff and facilities on one site, which will result in considerable rental savings and overhead efficiencies in 2011/12.

Looking to the future, the major development will be the introduction of mandatory Professional Competence for all registered doctors from 1st May, 2011. Considerable costs have been incurred by the College over the past three years in order to develop and facilitate the necessary processes and structures. The Medical Council has accredited the College for the purpose of enrolling and supporting GPs in the ICGP scheme. There will be an enrolment fee of €267. Although the overall economic environment is not good the College is in a strong position to support member's needs and develop new services as demand may indicate.

I would like to thank Mr Fionán Ó Cuinneagáin, Chief Executive for his careful and dedicated stewardship of the Irish College of General Practitioners.

I would also like to thank my fellow Finance Committee Members and our Accountants and Auditors for their whole hearted engagement.

Please see the abbreviated accounts below. Full accounts are available on request.

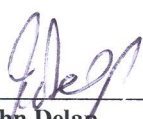
The Irish College of General Practitioners Limited
(a company limited by guarantee)

Income and Expenditure Account
for the year ended 31st December 2010

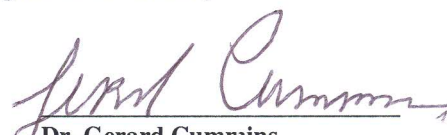
	Note	2010 €	2009 €
Income			
Subscriptions received		2,081,467	2,170,380
Course income and fees		942,880	1,060,502
M.I.C.G.P. Examination		358,635	301,090
Conferences		319,286	391,284
Grants: HSE		148,825	153,500
Sundry Income		115,173	112,405
	1	<u>3,966,266</u>	<u>4,189,161</u>
Expenditure			
Establishment		281,728	274,282
Administration		2,061,014	2,205,164
Programmes		403,626	340,441
Communications, publications, library and related services		166,348	210,743
Courses		767,292	838,596
Conferences		197,190	331,946
		<u>3,877,198</u>	<u>4,201,172</u>
Operating result for the year		<u>89,068</u>	<u>(12,011)</u>
Interest receivable and similar income	4	2,428	4,343
Interest payable and similar charges	3	(36,787)	(47,108)
Surplus / (deficit) before taxation		<u>54,709</u>	<u>(54,776)</u>
Taxation		-	-
Surplus / (deficit) for year		<u>54,709</u>	<u>(54,776)</u>
Statement of total recognised gains and losses			
Total recognised surplus / (deficit) relating to the year		54,709	(54,776)
Prior year adjustment	23	634,834	-
Total recognised gains / losses since last annual report		<u>689,543</u>	<u>(54,776)</u>

All income and expenditure and the surplus for the year arise from continuing activities.

Approved by the Board of Directors on 16th April 2011 and signed on its behalf by:



Dr. John Delap
Director




Dr. Gerard Cummins
Director

The Irish College of General Practitioners Limited
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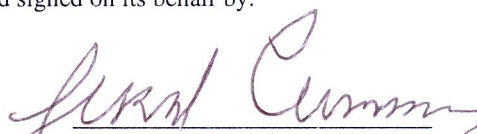
Balance Sheet
at 31st December 2010

	Note	2010 €	2010 €	2009 €
Fixed assets				
Tangible assets	8		2,204,029	2,178,316
Financial assets	9		500,195	500,195
			<hr/>	<hr/>
			2,704,224	2,678,511
 Current assets				
Debtors	11	674,897		936,646
Cash at bank		646,693		1,295,493
		<hr/>		<hr/>
		1,321,590		2,232,139
 Creditors: amounts falling due within one year	12	(2,182,545)		(2,968,581)
		<hr/>		<hr/>
Net current liabilities			(860,955)	(736,442)
			<hr/>	<hr/>
Total assets less current liabilities			1,843,269	1,942,069
 Creditors: amounts falling due after more than one year	13		(491,621)	(645,129)
			<hr/>	<hr/>
Net assets			1,351,648	1,296,940
			<hr/>	<hr/>
 Reserves				
Accumulated surplus			1,351,648	1,296,940
			<hr/>	<hr/>
Members funds	15		1,351,648	1,296,940
			<hr/>	<hr/>

Approved by the Board of Directors on 16th April 2011 and signed on its behalf by:



Dr. John Delap
Director



Dr. Gerard Cummins
Director

Management in Practice

AUTHOR | DERMOT FOLAN, MIP DIRECTOR



INTRODUCTION

The Management in Practice Programme continues to support College members and their practices as follows:

- **Training** - courses for general practitioners, practice managers and practice staff.
- **Information provision** through online publications and guidelines.
- **Direct advice and consultation** with individual members and practices – telephone advisory service and online information service/resource via www.icgp.ie¹
- **Practice Consultancy** - consulting with practices on a broad range of management issues including business planning and development, practice set up, practice continuity/succession planning, organisational review, human resource management, premises, health and safety and quality initiatives.
- **Mediation service** - provided both to practice partners and in relation to employer/employee issues.
- **Referral** - to external professional advisor net work and resources.
- Supporting the **occupational health** needs of GPs and practice personnel (refer to Health in Practice Programme Report).

OTHER MEMBERS OF PROGRAMME TEAM

- Ms Margaret Cunnane, Administrator, Management in Practice Programme.
- Dr Andrée Rochfort, Director, Health in Practice Programme.
- Mr Barry O'Brien, Course Tutor, Diploma in Management in Practice and Management in Practice and GP Registrar Courses.
- Ms Romy Moloney, Course Tutor, Practice Staff Training Programme.
- Mr Colin McGlynn, CMG Consultants.

¹ Refer to request analysis table page 7

PROJECT ACTIVITIES

Training Courses

Management in Practice - Diploma Course – September 2010 – May 2011

This course, aimed at practical management needs of GPs and practice managers.

22 participants include GPs, practice managers and other practice staff, with managerial responsibilities, are currently enrolled. The course format which includes formal assessment and practice based project work has a core focus the bringing about of substantive change in the participants practice. Many graduates of the course successfully competed in the ICGP/Aviva Health Quality Improvement Awards. Key to the success of the course is the requirement of full involvement by practice and not solely that of the participant.

Evaluation of feedback from past course participants indicates a very high satisfaction level among participants. (Refer to Appendix 1).

- Course Director: Mr Dermot Folan.
- Course Administrator: Margaret Cunnane.
- Course Tutor: Mr Barry O'Brien, Practice/Business Development Manager, Abbey House Medical Centre.

Delivery: The course is run over one academic year and consists of 14 units and is delivered through a combination of workshops, module reading and course assignments; these include 2 Reflective Learning Portfolios, 4 Short Essay Questions (SEQs), a *Quality Improvement* in the Practice Project and participation on the online discussion boards.

Essay assignments are based on common practice scenarios and are marked by a panel of general practitioners/practice managers, past participants of the course, who act as assessors. Learning is supported through the College website www.icgp.ie including discussion board facility and email communication.

The course utilises the specialist expertise available within the college and also external resources. External accreditation of this programme is being currently being explored.

General Practice Registrar - Management in Practice Certificate Course

September 2010 – May 2011

This is the fourth consecutive year that this course has been successfully delivered.

It is specifically designed to meet the practice management 'educational needs' of GP registrars with the objective of equipping the GP registrar with the basic knowledge of '*business management*' principles, skills and competencies needed for successful commencement in professional practice. The course is reflective of the Core Curriculum for general practice training and the related learning outcomes for the practice management category of the curriculum.

Delivery: The course is run over one academic year and consists of 13 units, delivered through a combination of workshops, module reading and course assignments; these include: 2 reflective learning portfolios, career progression plan and assignments via the course web based *discussion board*.

A key objective of the course is to enable participants to achieve a greater appreciation of the management and organisation of the GP training practices to which they are assigned. The involvement and cooperation of the trainer is a requirement for enrolment by the GP registrar. The course utilises the specialist expertise available within the College and also external resources.

To date 68, 3rd and 4th Year registrars have undertaken the course. We plan to offer the Management in Practice and the GP Registrar Certificate course again in September, 2011.

- Course Director: Mr Dermot Folan.
- Course Administrator: Margaret Cunnane.
- Course Tutor: Mr Barry O'Brien, Practice/Business Development Manager, Abbey House Medical Centre.

Practice Staff Training Course

This course is designed to give practice staff an opportunity to develop their functional roles: receptionist/secretary/administrator and increase their contribution and support to the clinical providers in the practice. Feedback from both GP employers and practice staff alike, remains consistently positive. We are currently developing assessment methods and exploring the external accreditation of the course.

Course Tutor: Ms Romy Moloney, Practice Manager.

CONTRIBUTION TO OTHER PROGRAMMES AND PROJECTS

Network of Establishing GPs ²

- Presentations and workshops for the 3rd Annual NEGs conference programme (November 2010). Support to the Programme in relation to employment, partnership, and State contract issues.
- Addressing the question of succession planning for established general practitioners and how this can link to the existing NEGs programme.
- Currently review of the provision of referrals to professional advisors, solicitors, accountants, broker's taxation specialists, mediators and other professional advisors.
- Updating of the Signposts to Success (2008) online publication.

² Refer to ICGP Network of Establishing GPs Annual Report April 2011

Data Protection Publication

A revised publication – A Guide to Data Protection Legislation for Irish General Practice – It is anticipated that this guide will be launched at the ICGP Summer School in June.

Management in Practice Section of the College Year Book and Diary

External Presentations/Training by Programme Director and Programme Personnel 2010/2011

The programme director has made presentations/conducted workshops for a number of external organisations including group practices during the year including:

- Riverside Medical Centre Group.
- Blackrock Meeting.

Undergraduate/Postgraduate:

- UCD Medical Students.

GP Specialist Training Programmes:

- TCD/HSE General Practice Specialist Training programme 3 & 4th year GP registrars.
- RCSI/HSE North East Specialist Training Programme – 4th Year registrars.
- North Eastern Regional Specialist Training Programme in General Practice – 3rd Year Registrars.
- Mid-Leinster Specialist Training Programme in General Practice.
- Presentation to GP Trainers Workshop – TCD/HSE General Practice Specialist Training Programme.

ICGP Conferences:

AGM - Galway, May 2010

- Management in Practice: Partnership Dilemmas.
- Practice Staff Health: Managing Dilemmas of Being Doctor, Employer & Work Colleague.

Summer School – Kilkenny – June, 2010 - Management in Practice – Workshops

- People Management – 4 effective ways to improve ‘productivity’ in your practice.
 - The Management of 3rd Party Requests for Access to Patients’ Information.
-

3rd National Conference ICGP Network of Establishing GPs: Where's the Evidence?

Athlone – Saturday, 20th November, 2010

Workshops: Partnership Dilemmas.

Faculty/CME Groups

Managing the Practice in the Current Adverse Economic Climate - Dun Laoghaire Faculty.

Onsite Practice Consultancy/Mediation

Provided to a number of practices and this service is ongoing but limited due to conflicting commitments.

Course Teaching

- Diploma in Management in Practice course 2010/2011.
- Certificate in Management in Practice for the GP Registrar 2010/2011.

GP Training Programmes and the CME tutor network have been supported by the programme in sourcing practice management educational resources throughout the year.

Human Resource Compliance for General Practice Service (HRC)

This further enhances the existing service provided by the programme to GPs in the area of employment regulations. The service provided is on site/in practice support and advice, enabling GPs to become fully compliant with their legal obligations as employers and to improve human resources management in the practice.

PROPOSALS FOR FUTURE PROVISION

Leadership Course – Objectives

- Provide training for GPs in the skills of organisational leadership.
 - Augment GP groups e.g. CME, faculties, and committees in their leadership roles.
 - Cultivate and mentor future leaders of the profession and the ICGP.
 - Support GPs as leaders in the wider community context.
 - Exploration of avenues for individual and organizational GP leadership development and engagement for and on behalf of the ICGP.
-

GPIT Course

- GPIT designed to meet the needs of practice managers and other non-clinical staff. Consideration is being given to the development of a training course on increasing IT uptake and efficiencies for all computer users in the practice – clinical and administrative.

Half Day and One day Seminars/Workshops

- A number of one day modules/seminars are planned to update skills and knowledge of practice managers and other practice staff. It is hoped that these will be made available in the near future.
- A series of half day Seminars/Workshops on Managing the Practice in current adverse economic climate is being considered.

Advisory/Information Service

Direct Access Advisory Service

College members continue to access the service daily by phone, fax and email on a wide variety of management issues. With the current economic climate the service has seen an increase in the number of employment, GMS related issues and GP taxation issues and in particular requests for advice on cost reduction in the practice.

** Table 1. Analysis of relative volume of requests from members by category and advice provided by the Management in Practice Advice/Information Unit.*

<u>Enquiry Category</u>	<u>Number</u>
Partnerships Material/Associate Material/Practice Formation	25%
Employment Issues	25%
Taxation	15%
Retirement Issues	10%
GMS	10%

FORUM

The monthly Management in Practice – *Questions and Answers* column continues to reflect practical management issues occurring in everyday practice and this together with relevant commissioned articles provide a platform for dissemination of management information for members.

WEB RESOURCES

Development and updating of the *Management in Practice* Section of College website is ongoing.

HEALTH IN PRACTICE PROGRAMME

The Health in Practice Programme comes under the remit of the Management in Practice Programme. The Health in Practice Programme report is given separately by the HIPP Director, Dr Andree Rochfort.

The Acting Director of the Management in Practice Programme also fulfils the dual brief of Chief Operating Officer of the College, with specific responsibility for the following areas: MICGP Examination, Certification, Network of Establishing General Practitioners, and Membership. Refer to separate reports under the relevant headings.

I would also like to acknowledge the assistance and contribution of general practitioner members from around the country and their staff who have given freely of their time and expertise on many aspects of the programme. Graduates of our courses have also contributed greatly to the increase in knowledge of the management of general practice. In particular, the input from Diploma course assessors is appreciated.

The continued contribution and expertise of Barry O'Brien is much appreciated and I would also like to express our thanks for the assistance of Ms Jean Hubbard, Practice Manager, Medical Centre Waterford. Finally, I would like to acknowledge the dedication and professionalism of the Management in Practice Programme's Administrator Ms Margaret Cunnane.

APPENDIX 1 – DIPLOMA IN MANAGEMENT IN PRACTICE COURSE EVALUATION SUMMARY

Presentation and Format of the Diploma in Management in Practice Course

The majority of participants rated the following formats as “Excellent”³

- Written Modules
- Presentations
- Support
- Workshops
- Discussion Boards
- Group Discussion
- Presenters
- Assignments

Selection of comments taken from Online Evaluation and Participant Reflective Learning Portfolios: - Course Participants 2009-2010⁴

“Excellent course, wished I had done it years ago, changed my mindset from clinical management to practice management.”

“Excellent course - very much a requirement in the current setting of primary care! - GP is not just about clinical expertise but also management expertise.”

“The course is well organised, and the breadth of the topics covered is good. I feel much more confident about taking on the responsibilities of practice management.”

“Very informative course, really enjoyed, learned loads, have more course material to revise in coming months - as we had a choice of SEQ - feel I need to read more material on the SEQs I did not answer while doing the course”

³ Rating scale, Excellent, Very Good, Good, Fair, Average, Poor

⁴ The 2010-2011 participants' evaluation will be available in June, 2011

APPENDIX 2 – MANAGEMENT IN PRACTICE AND THE GP REGISTRAR CERTIFICATE COURSE

Summary of Participant Course Evaluation

1 Learning Goals

All participants indicated that they achieved their learning goals and that they improved their knowledge, management skills and competencies and indicated a positive change of attitude to practice management.

2 Impact

All participants indicated that the course had a positive impact with regard to assisting their Trainer, Practice Systems and Financial Performance of the practice.

3 Approach to the Management of a Practice

All participants indicated that the course had a major effect on their approach to the management of a GP practice.

4 Delivery of Services to Patients

All participants indicated that the course had a positive impact on their approach to the delivery of services to patients.

5 Course Delivery

The aspect of the course that was most beneficial was attendance at Workshop and Discussion Board participation.

6 Course Assignments

Participants found all assignments were educationally beneficial, scenarios realistic and the completion times were reasonable.

7 Relevance to GP Registrar Year(s)

In rating the relevancy of the course to the GP registrar years and the immediate post graduation period, participants indicated relevancy as follows:

Absolutely essential (56%), very relevant (44%).

8 Overall Rating of Course

Scale 10 – excellent to 1 - very poor

56% gave the course a rating of 10, 19% gave a rating of 9 and 25% gave a rating of 8.

All participants indicated that they would recommend the course to other GP registrars and to their training programmes.

9 Should the Course be Compulsory for GP Registrars

The majority of participants felt that the course should be compulsory for all GP registrars.

10 Integration of Course within the GP Training Programme

All participants stated that GP registrars would benefit from the integration of this course within the GP training programme.

Selection of Comments taken from Online Evaluation and Participant Reflective Learning Portfolios: - Course Participants 2009-2010⁵

- *"This course is so important for trainees and GP. Highly recommended."*
- *"I would never have acquired this essential information if I had not done the course. As GP trainees this essential learning curve can go un-noticed and un-appreciated in our every day work. I feel much more confident moving away from the scheme and becoming self-employed."*
- *"Very beneficial. Got a lot out of it. Would recommend it to any GP Registrar/qualified GP. Empowering."*
- *"Really enjoyable course. Good practical knowledge. Excellent resource material. I am definitely going to recommend that the current 3rd years on my scheme apply to do it next year."*
- *"I thoroughly enjoyed the course."*
- *"I also learnt that time is the commodity in general practice."*
- *"I am definitely more knowledgeable and interested in most aspects of practice management."*
- *"I have definitely had a low level of radar switched to 'on' constantly, for any issues surrounding management and constantly asking myself "How would I deal with this situation if I was in charge?"*
- *"I would highly recommend the course and perhaps it will become part of GP training as it is just as vital as clinical aspects of the job."*
- *"Training so far has been focused on clinical issues but this course made me realise how important good management is if I am to provide a good clinical service to patients."*
- *"Absolutely super course. Additional day attendance would be useful as I felt I learned more on these days."*
- *"More involvement and support from the trainers would be of benefit."*
- *"Excellent course, well organised, need to prepare trainers for being involved in assignments."*

⁵ The 2010-2011 participants' evaluation will be available in June, 2011

National General Practice Information Technology (GPiT) Group



AUTHOR | DR BRIAN O'MAHONY, PROJECT MANAGER

SUMMARY OF PROJECT

The GPiT Group is collaboration between the Irish College of General Practitioners and the Health Service Executive. There are two parts to the group, an education section with a national co-ordinator, four regional GPiT co-ordinators and a panel of expert GPiT advisors, and a projects section with Dr Brian O'Mahony as project manager.

PROGRAMME TASKS DURING PAST 12 MONTHS

- Certification of GP Practice Software Management Systems.
- Working with Healthlink and the National Cancer Control Programme on electronic cancer referrals from GP practice software systems.
- Working with the Health Information and Quality Authority (HIQA) on Identifiers for Health Care Providers and Organisations and the GP Referral Review Project.
- Communicating the needs of GPs and primary care to developers of information systems throughout the health services.
- Membership of the Project Board of the National Integrated Medical Imaging System (NIMIS) Project, which will bring digital radiology to hospitals and electronic radiology reports to GPs.
- Working with the Office of the Data Protection Commissioner on writing Data Protection Guidelines for GPs in a project led by Dr Brian Meade.
- Promoting interoperability and health informatics standards in the health services.
- Writing monthly IT questions and answers for Forum, the Journal of the Irish College of General Practitioners, available at <http://www.gpit.ie/faq>.

PROJECT DELIVERABLES

- Five GP practice software systems are now certified: Complete GP, Health One, Helix Practice Manager, medtech32 and Socrates.
- The certified GP practice software systems have the capability to send electronic breast cancer referrals to the cancer centres; electronic referrals for prostate and lung cancer will follow in 2011.
- A range of publications and reports on topics such as information security, appropriate usage of the Internet and scanning are available on <http://www.gpit.ie>.

FUTURE PLANS

- Continue to work with major national information systems, such as the National Integrated Medical Imaging System (NIMIS) and the National Laboratory Information Management System (LIMS).
- Expand the range of electronic referrals available from GP practice software systems to include general referrals.
- Work to improve electronic communication between GPs and the health services, particularly through structured messaging and Healthlink.
- Commence a new practice software certification cycle in 2011, incorporating patient safety, decision support and enhanced audit functions into GP practice software systems.

Administrative Resource Person in ICGP

Ms Niamh Killeen, email niamh.killeen@icgp.ie

Further Information

Available at <http://www.icgp.ie/gpit>.

GPIT Programme

AUTHOR | DR BRIAN MEADE, PROGRAMME DIRECTOR

REGIONAL CO-ORDINATORS

Dr Frank Hill (Southern region), Dr Kieran Murphy (Western region), Dr Keith Perdue (Eastern region), Dr Conor O'Shea (Dublin/North East). Dr John MacCarthy (with responsibility for National Electronic Referral Pilot Project)



GPIT ADVISORS

Dr Donal Buckley (Dublin), Dr John Sweeney (North-West), Dr Donal O'Donovan (Galway/Western), Dr Fergus McKeagney (Midlands), Dr Anne Lynott (Dublin), Mr Paul Gaffney (North East), Dr Martin White (North East), Dr John Cox (South East).

HISTORY OF THE GPIT TRAINING PROGRAMME

The GPIT training programme was originally set up in 2001 to provide IT training and support for GPs who wished to switch from manual to electronic patient records. At the time there was a huge need for both basic IT skills training and more advanced training on the various tasks associated with using electronic patient records. GPs were recruited to act as IT tutors and run courses in suitable venues around the country. The courses were highly successful, but by 2005 it became obvious that GPs had moved on. Most of those interested had mastered the basic skill and the GPIT courses had achieved a certain level of computer usage.

The programme was relaunched in 2006 with the appointment of ten GP facilitators. These were GPs with first hand experience and knowledge of IT whose role it was to provide support to GPs and practices in their use of IT and to encourage the use of IT beyond simply administrative functions. The group of facilitators also contributed to a number of advisory documents for GPs on IT issues as well as contributing to a number of ICGP training courses and training programme.

The GPIT training programme has been re-developed this year to provide greater focus and impetus to a number of national IT developments which require the involvement of GPs with a sound knowledge and understanding of information technology. This will be achieved with a smaller number of IT facilitators with a greater time commitment and a larger number of GPIT advisors who will continue to provide support, training and expert advice where necessary. Further details of the re-structured programme are provided below.

ACTIVITIES OVER THE PAST 12 MONTHS

(Programme was dissolved in December 2010 and re-established in April 2011)

- User groups: User groups allow GPs using a particular GP software package to learn from each other and to channel ideas for the development of the product back to the software provider. Groups for GPs using Helix Practice Manager, Health One and GP Mac have been established in Dublin and Cork. It is hoped to extend these to other areas of the country over the coming year.
 - National Referral Template: In response to the growing number of referral forms being sent by secondary care provider to GPs, the group has developed a national referral letter template which it is hoped will in time replace the multiplicity of different referral forms in use. This initiative which is being lead by GPIT facilitator Dr. Jack MacCarthy has lead to the group working with HIQA and the HSE in order to establish a single agreed template that is acceptable to both GPs and specialists. The template letter contains a standard data set required for all good referral letters as well as a separate section which will contain information specific to the service to which the patient is being referred. These sections have yet to be agreed. While the referral form is currently only available in a paper version at present, work is under way to develop electronic versions for use within certified GP software packages.
 - National Cancer Control Programme – The GP facilitator group have provided valuable support towards the development of electronic referrals for patients with suspected cancer under the National Cancer Control Programme. They have promoted the programme among their colleagues and in some cases acted as pilot sites for electronic referrals.
 - GP Training programmes – GPIT facilitators continued to provide training to 3rd and 4th year GP registrars on a number of GP Training programmes. A modular IT training programme has been devised for GP Registrars in order to provide them with the key IT skills and knowledge necessary in general practice. Details of the GP registrar training modules are available on the GPIT website www.gpit.ie.
 - ICGP Summer School 2010 – GPIT facilitators ran modules for participants at the 2010 ICGP Summer School on a range of topics including data security, electronic referrals for cancer patients, data protection issues and chronic disease care.
 - Other ICGP courses and events – the training programme resourced workshops in IT issues at the 2010 ICGP AGM, the 2010 National NEG's Conference and the 2011 National Trainers Workshop. In addition, we provided input into the ICGP Management in Practice course for GPs and Practice Staff Training Courses.
 - A one day national workshop of GPIT facilitators was held in October 2010 at which current and future projects were discussed.
 - The GPIT facilitator group have contributed significantly to “A Guide to Data Protection Legislation for Irish General Practice” which is a document due to launched in May 2011 by the Data Protection Working Group and provides practical advice to GPs on the many sensitive issues arising for GPs in the area. The group also provided input into “Disease coding and classification –
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An Overview for GPs” which provides advice to GPs on the area of disease registers and disease coding.

FUTURE PLANS

Chronic Disease

- The effective management of many chronic diseases in primary care will not be successful without a robust ICT infrastructure and secure electronic communication pathways between primary and secondary care. GPIT facilitators and advisors will have a critical role in helping GPs to up skill themselves in coding chronic diseases correctly, establishing disease registers and recall systems. They will also have a key role in providing advice to the HSE chronic disease programmes to ensure that the ICT aspects of the programme are developed in a way that is compatible with GPs and their patients.

National Cancer Control Programme

- Significant work has been done by Dr Brian O’Mahony, the GPIT project manager together with Healthlink and the NCCP in bringing forward an effective system of electronic referrals to the dedicated cancer control centres. At present referrals can be made electronically from within the GP software packages for patients presenting with symptoms or signs of breast, lung and prostate cancer. The future success of the programme however relies on GPs using the system in preference to paper referrals and using the NCCP guidelines to make appropriate referrals. Even though the benefits of electronic referrals are clear to any GP who has used the system there is a significant challenge remaining in persuading all GPs in Ireland to use the system. The GPIT facilitators and advisors have an important role in encouraging their GP colleagues to adopt electronic cancer referrals in preference to the traditional paper referral.

Medical Council Professional Competence

- From May of this year GPs will be required to maintain their professional competence by enrolling in a professional competence scheme. A requirement of this scheme is for GPs to carry out a practice audit once a year. The GPIT group hope to help GPs to develop the IT skills required to carry out and analyse a full audit cycle.

IT Security

- An area of concern for the GPIT facilitator group is the apparent low awareness among some GPs and practices of the importance of IT security. The area is not provided for by suppliers of GP software and it can be easily overlooked with disastrous consequences for GP electronic records. The facilitators and advisors will endeavour to raise the awareness of this critical area over the coming year and provide advice on areas such as backing up, internet security and staff training.

Data Protection Legislation

- A working group within the ICGP including representatives from the office of the Data Protection Commissioner are about to launch a new set of guidelines for GPs on the area of Data Protection Legislation. The area can be a difficult one for GPs and the guidelines hope to provide practical solutions and advice for GPs seeking clarification. The facilitators and advisors have an important role in highlighting the area of data protection and the guideline document.
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National Electronic Generic GP Referral Pilot Project

- This pilot project aims to develop electronic referrals between GPs and hospital out patient departments using the national referral template and the Healthlink infrastructure. An ambitious programme of work is scheduled for the coming year and Dr Jack MacCarthy and Dr Frank Hill are expected to be heavily involved.

National Referral Template

- While the project mentioned above will be using the national referral template it is hope eventually that all GPs will use it. The GPIT facilitators and advisors will have an important role in explaining the benefits of a referral template to GPs, primary care teams and our hospital colleagues.

ICGP Courses and Events

- As in previous years the GPIT facilitators and advisors will continue to deliver training to GP training programmes, ICGP courses, workshops and other events.

Health in Practice

AUTHOR | DR ANDREE ROCHFORT, PROGRAMME DIRECTOR



SUMMARY OF PROGRAMME

ICGP Health in Practice is a programme of personal health information, personal health education and customised confidential healthcare for personal use of GPs* and their families. (*GPs include all members of ICGP, including trainees, registrars, GP locums, sessional and part-time GPs, and GP members retired from practice)

GPs and their families who require advice on the services provided may contact the HiP Administrator Margaret Cunnane at ICGP 01 6763705. Those who require personal health advice or who are not sure who to consult may contact the HiP Helpline on 087 7519307. This helpline is staffed by a GP whom you can speak to in confidence.

OTHER MEMBERS OF PROGRAMME GROUP

- Ms Margaret Cunnane – HiP Administrator.
- Mr Dermot Folan, Chief Operations Officer ICGP.
- Four Healthcare Networks (GPs, Counsellors/Psychologists/Psychotherapists, Occupational Physicians & Psychiatrists).

PROGRAMME ACTIVITIES/TASKS

- Dealing with calls to the HiP telephone helpline from GPs and their families, GP trainees.
- Liaising with Network GPs, Counsellors and Occupational Physicians to assist in anonymous case management.
- Educational activities see below.

PROGRAMME MILESTONES/DELIVERABLES/OUTPUTS

Internal ICGP

- Course material and workshops for ICGP Diploma in Practice Management on 'Protecting Your Practice with Health & Safety' and 'Personal Stress Management'.
 - National Association of GP Trainees Annual Conference, Galway October 2010 on 'Personal & Professional Development in Specialist Training for General Practice'.
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- ICGP AGM Workshop 2010 in conjunction with Dr Charles McManus on 'Practice Staff Health – Managing Dilemmas'.
- Lecture to ICGP/FOM RCPI Course in Occupational Medicine on 'Personal and Professional Development for Occupational Health Physicians'.
- ICGP Summer School on 'Managing Difficult Patient Encounters'.

Specialist Training Programmes/GP Medical Educators

- Midland Training Programme Tullamore.
- National CME Tutors Workshop (guest).

External Universities

- Lecture on Doctors Health Issues to UCD 1st years and to UCD 1st year graduate entrants. November 2010.
- Lecture on Doctors Health Issues to UL 1st years (all graduate entrants) on Drugs and Alcohol Abuse in Patients and Colleagues.

Other Colleges

- RCPI lecture to final year Specialist Registrars on Managing Doctors Ill- health, September 2010.
- RCSI Lecture to first year Masters in Leadership in Medical Education on 'Managing Colleagues in Difficulty'.
- College of Psychiatry Ireland, Southern CME meeting for Psychiatrists, Waterford on 'Complex Consultations in Psychiatry: When the patient is a doctor or a doctors' relative'.

Publications

"Self treatment: a Neglected Occupational Hazard for Physicians and Medical Students". Authors: Anthony Montgomery, Colin Bradley, Andrée Rochfort, Efharis Panagopoulou. In Press. Occupational Medicine. (Oxford Journals)

Video Interview

RCSI/RCPI Joint Patient Safety Online Course. I was involved in one of the five modules on this course on patient safety. Course is funded by HSE on basis it is mandatory for all interns. My involvement was on "*The Doctor is the 2nd Victim of Medical Error*" module, in order to guide doctors on how and where to seek support when they are emotionally distressed by a complaint or an error. Other speakers involved in other modules include Mrs Margaret Murphy (parent of deceased patient), Dr Deirdre Madden UCC, Prof Alf Nicholson, Dr Ailis Quinlan HSE, and Prof Ciaran O Boyle.

See: <http://www.patientsafetyfirst.gov.ie/index.php/downloads-and-links.html> click on the link to PDF of Prof Frank Keane's presentation.

Clinical Societies

- Joint 1st meeting of Faculty of Occupational Medicine, RCPI Dublin and Faculty of Occupational Medicine London. Meeting held in Newry. Theme: Mental Health Promotion for Doctors.
- “International Perspectives on Mental Health Promotion for Doctors”
- Waterford Clinical Society (Joint meeting of GPs and Hospital Consultants)

Miscellaneous

- Annual Conference of Community Psychiatric Nurses, Athlone March 2011 on ‘Caring for your Health as a Health Professional’.
- HSE Primary Care Teams in Mental Health Course, DCU on ‘Working Towards Self Care to Improve Patient Care’.
- National GP Trainees Conference in Netherlands (900 registered) – The Hague, May 2010 on ‘Improving the Quality of Doctors’ Healthcare to Improve the Quality of Patients’ Healthcare’.
- Wonca Europe Conference September 2010 on ‘STOP Stress: A Practical Skills workshop in Stress Management for GPs’.
- European Association for Physician Health, December 2010 on ‘Perfectionism in Doctors: when is good enough~enough?’

FUTURE PLANS

In the interests of quality assurance we have received ethical approval to do a research project to evaluate the Health in Practice programme in order to continue to meet members’ needs. This is conditional on receiving funding.

The programme will meet with key ICGP decision makers in 2011 in order to look at re-branding the name of the service to make it more obvious that this is a service for doctors. We also will redesign the website pages of the programme to make it easier to access contact details of sources of advice and support.

ADMINISTRATIVE RESOURCE

I would like to thank the HSE for continuing to support this important service for promoting and supporting GP health and healthcare in Ireland. We know that many GPs continue to self-diagnose and self-treat and self-direct their own care of chronic illness. I would like to encourage all GPs to register with a GP during 2011 and to avail of the excellent services we provide for our very own patients! A stitch in time saves nine!

APPRECIATION

With grateful thanks to Margaret Cunnane for her Administrative Support, and to all ICGP staff who have helped in any way with the delivery of the healthcare service and the educational activities of HiP during the past year.

I would also like to acknowledge the services of the Sick Doctor Scheme, under the leadership of Dr Ide Delargy, Chairperson of the Sick Doctor Scheme, who has assisted the HiP programme by providing routes to formal outpatient assessment or facilitated inpatient assessment and treatment for doctors with substance misuse who contacted the HiP programme. Like in our general practice populations, there may be a need for more than one episode of care for problems of mental illness or addictions. Doctors' overall recovery rates are far higher than those in the general population, not because they get 'special' treatment but apparently because they perceive they have a lot to lose if they do not work hard at recovery.

Contact Sick Doctors Scheme for advice on how to help a colleague with addiction to receive help.

Contact Numbers

- For Health in Practice health advice (members): HiP Helpline 087 7519307.
 - For guidance on how you can access personal health services, referral routes etc: HiP Helpline 087 7519307.
 - For the Directory of Services; GPs for GPs, Counsellors for GPs etc see www.icgp.ie/hip.
 - All service providers are listed with telephone numbers on a county by county basis.
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Network of Establishing GPs

AUTHOR | DR SINEAD MURPHY, PROGRAMME DIRECTOR



OTHER MEMBERS

NEGs steering committee current and new members: Dr Mary Glancy (incoming NEGs Director, Midlands); Dr Jason McMahon (Midwest); Dr Ger Hayes & Dr Sheena Finn (Cork), Dr Barry Cosgrove (Northwest), Dr Nicholas Fay and Dr Maria O'Mahony (Dublin).

SUMMARY OF PROGRAMME

The Network of Establishing GPs was set up by the ICGP in 2004 to address the needs of GPs establishing in practice. The aims were to support, represent and deal with issues arising for these doctors. The project has been a huge success and is seen as a valuable resource for establishing GPs, as well as highlighting the College's commitment to supporting younger members. The steering committee are involved with helping to choose the programme for the annual conference and regional meetings, as well as organising and running the regional meetings.

The initial phases included needs assessment and developing the programme. Current and ongoing phases need to continue the existing levels of support for establishing doctors, as well as helping to integrate these doctors into College life and their careers. There remains a very strong need to continue the project and foster better links between establishing GPs and their senior colleagues.

PROGRAMME MILESTONES DURING PAST 12 MONTHS

- **Development of ICGP Leadership Programme:** In conjunction with Mr Dermot Folan (Chief Operations Officer) and management team. This has taken a lot of preparatory work over the past couple of years, in gathering relevant background information about how such programmes work in other countries, agreeing what is required for our setting and deciding how and who to target as participants and also for delivery. The Leadership Programme management team have met on numerous occasions to progress plans for the 1st leadership course, which is now almost ready for advertisement. It is hoped this will be a valuable step in securing effective GP leaders for the future, within the ICGP and in the wider Irish setting.
 - **NEGs Conference November 2010:** This was another big success and well-attended ICGP conference. The keynote speaker was Dr Ben Goldacre, medical doctor in the UK and author of award-winning 'Bad Science' book and website. He delivered a very interesting and thought-provoking speech about evidence-based medicine – in particular, unpicking dodgy scientific claims
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made by journalists and others. There was a broad variety of clinical and non-clinical topics, both as workshops and hot topics. Clinical workshop topics: Sleep Disorders, Psychosexual therapy, Dermatology/Laser, Contraceptive Conundrums. Non-clinical workshops: Partnership Dilemmas, IT Issues and Software Tips, Missed Diagnoses/Critical Incidents, Commissioning New Services. Hot Topics covered: Measles and Other Old-fashioned Rashes, BDZ and Codeine Addiction, Professional Competence, Your College Needs You, and the GP Exercise Referral Programme.

- **Ongoing Moderation of the Increasingly Busy NEGs Discussion Board:** This has now become the busiest of all the ICGP discussion boards, and has proven to be a very valuable benefit of membership for establishing GPs. It provides rapid access to a wealth of information and support from colleagues, and is a portal for feedback to the College of relevant issues, which I have undertaken on a regular basis. The time involved in moderating this board has increased significantly in the last year. NEGs members have been reminded again of posting within the terms of use of the board. See below for future suggestions.
- **Organised Workshop on the Friday Night of the ICGP AGM May 2010:** The workshop was entitled 'Setting up or Expanding your Practice' – this was very well attended by a large number of ICGP members at various stages of their careers, who gleaned valuable information and tips about setting up or expanding a GP practice. There were 2 talks, delivered by 4 speakers (GP and management) who spoke of their experiences ranging from first-time set-ups to top of the range primary care centres.

OTHER PROGRAMME ACTIVITIES DURING PAST 12 MONTHS

- **NEGs Regional Meetings:** These took place throughout the country in March 2011 under the topic: 'Professional Competence and Update on NEGs Issues'. These meetings are valued by NEGs members, both as a source of useful relevant information, and as an opportunity to meet local establishing GPs in a closed meeting format.
 - **Participation on new Events Planning Committee:** Several meetings in the last year of this committee, which aims to improve existing structures for organising ICGP conferences and meetings. From the NEGs perspective, this helps to ensure appropriate level of relevant topics and meetings for establishing GPs throughout the year.
 - **NEGs Welcome Pack:** In conjunction with Angela Byrne, Website and Communications Manager, involved in producing a 'NEGs Welcome Pack' to circulate electronically to all 4th year GP trainees when they are entering the NEGs programme.
 - **Chair of NEGs Steering Committee:** This committee has had a lot of change in the last year or two, so now has a few new members and very little long-standing members. This committee is involved in choosing topics and agenda for the NEGs conferences and meetings, as well as hosting and presenting the regional meetings. There is a dedicated discussion board for the committee which is under-used.
 - **Presentation to the GP registrars** on the Management in Practice Programme regarding state contracts, January 2011.
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- **College Executive:** Elected as Honorary Secretary of the ICGP for a three-year term. This is an honour and I feel is an important step for further helping to ensure younger ICGP members are more involved and better represented in College Executive decisions and future plans.
- Several phone interviews and queries with medical media regarding the NEGs programme and related topics.
- Updating of 'Signposts to Success'.
- Analysis of ICGP strategic plan with particular reference to the NEGs programme.
- Attended Council meetings when available.

FUTURE PLANS

The NEGs programme has been a great success for the ICGP in terms of providing a supportive structure for GPs starting out on their careers. It is vital this programme remains in place, both to continue supports for these doctors but also to integrate them into College life and ensure the future of the College remains relevant for these doctors and also for general practice in Ireland.

Dr Mary Glancy was recently appointed as the next NEGs Director for a period of 2 years, as suggested in last year's report given that a one-year term is too short. This underlines the College's commitment to continuing this Programme and the vital support it offers for GPs establishing in practice. I strongly recommend that this programme be continued as a permanent fixture within the ICGP.

Priorities for NEGs in the coming years include the rollout of the ICGP Leadership Programme and course, development of the GP mentor network, continuing to improve links between establishing GPs and their established colleagues, including those nearing retirement, as well as helping develop supports for GPs nearing retirement. Existing supports must be continued, including the NEGs Programme Director, the annual NEGs conference, online supports including the NEGs discussion board and classifieds facility, the NEGs steering committee and the regional meetings. The NEGs Director will be working more closely with the chair of the Membership Committee and within that committee to further supports for members, including looking at best faculty structures for the future and putting supports in place for GPs planning retirement.

I would suggest at this stage it may be worth opening the annual NEGs conference to the wider ICGP membership, in the interests of improving integration of the NEGs members into College life and structures, and of offering an alternative conference for all members. Topics covered in this conference are often of mutual interest to GPs of all ages and therefore invitations should be extended to all, and the agenda decided accordingly. One area which may be ideal for exploring is to target GPs planning retirement and run a conference which covers as many areas of common interest as possible for these GPs and NEGs members.

The NEGs discussion board is extremely busy and popular, and is used for a wide variety of clinical and non-clinical topics. As a result, it has become more difficult to navigate old threads or find related topics. Many users of the board have requested an easier system to make the board more user-friendly if possible. I am aware of cost restraints, but would suggest that any affordable changes be made to help this, for example creating a second NEGs board so one could be used for clinical topics and one for non-

clinical. A more detailed option would be ideal, where the board could be subdivided according to type of topic, e.g. clinical, employment queries, tax issues, partnership issues, GMS issues and miscellaneous. In addition, a better search facility would be great, where it would be possible to find all related threads in the archived or previous threads.

The NEG's regional meetings remain a popular feature of the NEG's programme and as such should be continued. Twice a year seems appropriate. Relevant topics have been chosen according to demand and requests from establishing GPs, either through the NEG's survey or suggestions on the discussion board or at other meetings. I have resourced the regional meetings myself or within the College where possible, so outside speakers have not been required in recent years. The presentation for the meetings is circulated to the NEG's steering committee, which discusses this on a teleconference before the meetings to ensure they are familiar with the content, and that all NEG's get the same information regardless of which meeting they attend. I have found this format for meetings to be very good and would suggest that it be used by the College for other reasons (as occurred with the swine flu pandemic meetings).

The nationwide coverage of regional meetings does depend on a supply of steering committee members who are willing to run these meetings. We have had a lot of change in membership of this committee in the last year in particular, which is not ideal but still the meetings in March were popular and well attended. Mary and I had to run the Dublin meeting due to inability to source committee members there from previous requests on the discussion board and at meetings. However, we now have 2 new committee members in Dublin from this meeting.

Establishing GPs frequently complain about the cost of ICGP subscription and educational courses. It is important that reductions for GPs in part-time practice and on special leave are continued. I would also request again that anything which can be done to reduce the cost of courses and subscription for establishing GPs would be very welcome.

ADMINISTRATIVE RESOURCE PROVIDED TO PROGRAMME

Ms Orla Sherlock is the lead administrator for the NEG's programme, and is also the lead for organising the Annual NEG's Conference in November each year. Ms Angela Byrne is also involved with the programme through moderation of the NEG's discussion board and co-ordinating other web structures and supports. Mr Dermot Folan, as always, provides great support and dedicated time to the direction of the NEG's programme. Sincere thanks to all of the above for their valued input.

Postgraduate Training Committee

AUTHOR | DR MATT LYNCH, CHAIR



SUMMARY

The Postgraduate Training Committee, on behalf of Council, considers applications for membership, accredits specialist training programmes for general practice, and promotes development in training and assessment in general practice. Sub-committees of PGTC deal with GP training programme assessment, MICGP examination, examination appeals, GP training certification, Certificate of Satisfactory Completion of Training, and curriculum development.

The full Committee usually meets three times per annum and a newsletter is produced for wide circulation after each meeting. The Sub-Committees meet three to six times per annum.

MEMBERSHIP OF THE PGTC

Dr Matt Lynch, Chair	Dr Genny McGuire, Chair Assessors Sub-Committee	Dr Tony Cox, Chair Exam Sub-Committee
Dr Ursula Keegan, Chair Curriculum Development Sub-Committee	Dr Ciara McMeel, Chair, Certification Sub-Committee	Dr Kieran McGlade, Exam Development Committee
Dr Margaret O’Riordan, Director of Quality & Standards	Dr Gerry Mansfield, National Director of Specialist Training	Dr Karena Hanley, NAPD
Dr Velma Harkins, NATIGP	Dr Susan McLaughlin, NAGPT	Dr Mark Murphy, Trainee, NAGPT
Dr Michael Griffin, CSCT	Dr Molly Owens, MICGP	Dr Marie Carmody–Morris, ICGP Council
Dr Thomas Foley, ICGP Council	Dr David Hurley, ICGP Council	Dr Donal McCafferty, ICGP Council
Prof Fergus O’Kelly, ICGP Council		

ACTIVITIES/TASKS DURING PAST YEAR

- Dr Gerry Mansfield was appointed National Director of Specialist Training in November, 2011.
- The South Eastern and Mid-Western Training Programmes were both visited and re-accredited for five years.
- The issue of interruptions to GP training will be addressed by the Assessors Sub-Committee. Dr Gerry Mansfield will be co-opted to chair this sub-group.
- The Criteria Document, adopted by Council in 2009, will be implemented on re-accreditation visits to UCD, RCSI and Donegal in April/May 2011.
- The MICGP Exam Development Committee commissioned a report from Dr Aisling Lavelle Director, Clinical Medical Education Consultancy, on the development of a new clinical skills element of the MICGP Examination. The Committee is progressing with plans for the introduction of a Clinical Skills module.
- The Certification Committee presented its final report and recommendations to the PGTC, on an alternative route to the MICGP (and entry onto the Specialist Division of the Register). This route will be open to GPs who are not currently eligible for the MICGP through examination or by equivalent qualifications route but have been actively involved in substantial general practice. The report has now been adopted by Council and is currently in the early stage of implementation. This route will be open for a limited period only. The report was written by Dr Sarah Maguire of the Certification Committee. Further details are available on the College website: www.icgp.ie/gptraining.
- In order to facilitate GP registrars transferring from the Trainee to the Specialist Register, with the Irish Medical Council, it was agreed that the training programmes would facilitate awarding the Certificate of Training by 1st June.
- The Medical Council is currently reviewing the application process for entry to the Specialist Division of the Register and moving towards a **clinical competency assessment**. The new process is mapped to the Medical Council eight domains of good practice. The Certification and Competence assurance committees have worked closely in drafting the new forms for entry to the general practice division and are due to meet the Medical Council shortly regarding the implementation of the new process.

ACHIEVEMENTS/OUTCOMES

- 152 new members were elected to membership, 109 of these were elected by examination (MICGP) and 43 by equivalent qualifications. These applicants' training originated in the following countries: 35: UK, 2: Germany, 3: Poland, 2: Hungary and 1: Australia.
 - The MICGP Examination continues to evolve in line with the ICGP's commitment to maintain its current reputation of fairness, validity and transparency. It is mapped to the core curriculum. The MICGP 2011 comprises of a full single best answer paper, MEQ paper, an applied knowledge test (which replaced the SEQ) and Oral Examinations.
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PERSONAL NOTE

Dr John Hunt tragically died in December. John contributed significantly to the Committee through both the Examination and Certification Committees and will be sadly missed.

THE FUTURE

As a result of changes arising from the Medical Practitioners Act 2007, the future organisation of general practice training in Ireland will undergo significant changes. The HSE and ICGP with the input of relevant stakeholders, are in discussions regarding the future structure of GP training. These discussions are expected to come to a conclusion in the coming months. The aim is to restructure training programmes as a national programme delivered and governed by ICGP by way of an agreement with the HSE which will include the allocation of funding. As with all recognised training bodies the ICGP will be undergoing a reaccreditation process under the Medical Council in the coming months.

There is likely to be significant changes in the future delivery of general practice training. The ICGP is the best placed body to deliver this training, however, it is important that these future challenges are overcome in order to ensure the continuation of training of high quality, committed GPs for service to local communities throughout Ireland.

IN CONCLUSION

On my own behalf and on behalf of the ICGP, I would like to sincerely thank all the members of the above committees. GPs have an extremely full and demanding work life and the level of commitment to volunteer for committees, which are vital for the proper functioning of the ICGP, and by extension for general practice in Ireland is deeply appreciated.

I am also very grateful to Martina McDonnell, who continues to provide expert administrative assistance.

Lastly, I, on behalf of the PGTC, would like to congratulate Fionan O'Cuinneagain on his outstanding career as CEO for the last 25 years, since the ICGP foundation. He has made an enormous and profound contribution to the development of Irish general practice and I wish Fionan, and his wife Anne a very happy and long retirement.

Specialist Training in General Practice

AUTHOR | DR GERRY MANSFIELD, NATIONAL DIRECTOR OF SPECIALIST TRAINING IN GENERAL PRACTICE



SUMMARY OF PROGRAMME

The National Director of Specialist Training in General Practice occupies a senior strategic and operational role with overall responsibility for the delivery and standards of GP training in the ICGP. Leadership and coordination of all activities are pivotal to this position.

The Director supports and advises the main stakeholders involved in Irish GP training, namely the National Association of Programme Directors (NAPD), the National Association of GP Trainers (NATGP) and National Association of GP Trainees (NAGPT), the staff and steering committees of GP training programmes, the ICGP Assessors group and the MICGP Examiners. National conferences are organised for existing and new GP trainers and for GP trainees. Liaison with external regional, national and international groups involved with training for general practice is also undertaken.

PROGRAMME ACTIVITIES

Dr Gerry Mansfield took up the post of National Director of GP Training in November 2011. Following expansion of GP training places there have been a number of logistical challenges to overcome. Reconfiguration of programme directing teams to meet the increased workload without additional resources has been undertaken and deserves recognition and commendation. Similarly, the formation of the North Dublin Inner City training programme has been successful but remains a work in progress.

There has been a struggle to determine NCHD rotations for all of the trainees recruited. Sadly, with July looming the last handful of rotations are only now being confirmed despite the best efforts of local programme directors. This has posed a challenge for the HSE/MET unit. As part of this expansion programme there has been a recognition for the need of further GP trainers and the GP Training Strategic Review group await confirmation of funding for the Stand-by trainer numbers required, from HSE/MET.

These and other issues have been influenced by the HSE Primary Care Services calling together a Service Level Agreement (SLA) Obstacle Identification Group. Mr Brian Murphy (HSE) chaired this group comprised of representatives of each HSE RDO, HSE MET, ICGP Head of Quality and Standards, National Director of GP Training, four members of NAPD on behalf of the ICGP. This group outlined the main obstacles facing both ICGP and HSE in their need to form an SLA for the provision of GP training. The progress of the group to date and the need for further meetings are currently being considered by both parties.

A proposed national model of GP training is set to be developed through a series of meetings with representatives of NAPD and NATGP. The PGTC will need to approve any such model.

ONGOING ACTIVITIES

Courses/Conferences

- Participation NAPD October 2011.
- Presentation NAPD April 2011.
- Organisation of and participation in NAGPT October 2010.
- Organisation of and participation in NATGP February 2011.
- Presentation at NEGS conference November 2011.
- Working with Dr Ide Delargy (ICGP Substance Misuse Director) and Mr Nick Fenlon (ICGP Director of Education) to set up immersion days in addiction for GP trainees.

Committees

- Member ICGP Postgraduate Training Committee.
- Member ICGP Curriculum Development Committee.
- Member ICGP Examination Development Committee.
- Member NAPD Executive Committee.
- Member of the ICGP Event Planning Committee.
- Member of the ICGP Leadership Course Planning Committee.

Presentations

- 'Post Graduate Career Planning' Symposium, NATGP Annual Conference February 2011.
- 'Commissioning New Services' NEGS Annual Conference November 2011.
- Planning to present on 'Commissioning New Services', ICGP AGM 2011.

ADMINISTRATIVE RESOURCE

Ms Pauline Tierney and Ms Niamh Killeen provide comprehensive, high quality administrative support. Ms Martina McDonnell has a further role in supporting research, development and coordination of work around the proposed SLA for National Delivery of GP training.

Head of Quality and Standards

AUTHOR | DR MARGARET O'RIORDAN

SUMMARY

The position of Head of Quality and Standards was created for the first time in July 2010. The Head of Quality and Standards has a leadership role across the Postgraduate Resources of the College including Training, Education, Research, Professional Competence and Quality working closely with the ICGP Directors in each of these areas.

Leadership, oversight, co-ordination/integration and support at strategic and operational level are provided as appropriate.

At a strategic level the Head of Quality & Standards has been involved in promotion of general practice and contributed to health policy through interaction with external agencies including – Department of Health & Children, The Health Services Executive, The Health Information & Quality Authority, The Medical Council, The Forum of Postgraduate Training Bodies, the National Cancer Control Programme, Patient Representatives and the Irish Medical Organisation.

MAJOR DEVELOPMENTS

The ICGP has been involved in a great deal of change in the past 12 months.

The HSE Clinical Care Directorate and associated network of clinical directors are working on national guidelines for chronic disease management and clinical care pathways which will cross the primary and secondary care interface. The appointment of GP leads to represent the voice of general practice on the HSE Chronic Care Programmes is a welcome development. The Head of Quality and Standards has provided a supportive role for the individual GP leads and worked with Dr Joe Clarke HSE in the Primary Care Chronic Care Programme.

The National Cancer Control Programme has also developed a good working relationship with ICGP as new cancer related guidelines are developed.

The ICGP is responsible for setting standards of general practice specialist training under the auspices of and accredited by the Irish Medical Council; and is the body responsible for the overall accreditation of the training programmes. The funding, delivery and governance of medical education has changed with the implementation of the Medical Practitioners Act 2007. The HSE Medical, Education and Training unit has developed service level agreements for funding and development of postgraduate and continuing medical education. Agreements to deliver postgraduate training have been signed with all the Postgraduate Medical Training Bodies with the exception of the ICGP. The ICGP will commence discussions shortly on the content of an SLA to deliver GP training.

From May 1st 2011, all doctors registered in Ireland will be subject to the requirements of Part 11 of the Medical Practitioners Act 2007. The ICGP is formally recognised by the Medical Council under section 91 (4) of the Medical Practitioners Act, 2007 such that it may assist the Medical Council to perform its duty to satisfy itself as to the ongoing maintenance of professional competence of registered medical practitioners. The ICGP through its professional competence scheme will support doctors working in general practice/primary care to meet these requirements.

ONGOING ACTIVITIES

Committees

- Member ICGP Council and Executive.
- Member ICGP Education Committee.
- Member ICGP Postgraduate Training Committee.
- Member ICGP Research Committee.
- Member ICGP Finance Committee.
- Member Professional Competence Committee (and Audit subcommittee).
- Member of Joint HSE/ICGP GPIT Group.
- Member of AUDGPI Executive Committee.
- Member of the Forum of Postgraduate Medical Training Bodies.
- Member National Medical and Education Committee.
- Member of European Definition of General Practice Review Committee.

Presentations

- Presentation to GP Registrars ICGP Practice Management course “The GP and the Health Service” September 2010.
- Grand Rounds Cork University Hospital “General Practice in Ireland – now and in the future” November 2010.
- Sligo GP Clinical Society “The wife sent me for the MOT doctor and related tales from General Practice” February 2011.
- TCD Biological Association “General Practice as a Career” April 2011.

Reports

- Contributor to “The Economist” publication on the “Future of Health Care in Europe” March 2011.
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- Lead contributor in conjunction with the ICGP Executive in various submissions including the following:
 - Medical Council on Rules for proposed Professional Competence Scheme.
 - Medical Council Application for recognition as a recognised body to provide a Professional Competence Scheme.
 - ESRI report by the Expert group on Resource Allocation and Financing in the Health Sector.
 - HIQA on Draft Standards for Safer Better Healthcare.
 - ICGP Sponsorship Policy (in conjunction with Dermot Folan).

Membership Support

The Head of Quality and Standards has a key role in providing clinical support for ICGP members. This involves dealing with individual queries from members and issues of interest to larger numbers of members have also been addressed. For example the H1N1 ICGP committee was reconstituted on a short term basis in January 2011 during a resurgence of the virus in the community. The establishment of an ICGP working group to liaise with the Road Safety Authority and the RCPI in relation to revision of the Driving Licensing guidelines and associated forms was also a response to members needs.

FUTURE PLANS

Over the coming year while continuing the aforementioned activities the Head of Quality & Standards will have responsibility for the continuous evaluation of all Education programmes including, CME Small Group Network, College courses, Professional Competence Structures and other designated College programmes and projects. Formal mechanisms to document these evaluations (most of which are already in place) will be developed.

Administrative Resource

Ms Orla Sherlock provides essential high quality administrative support to the Head of Quality and Standards which is much appreciated.

Education Committee

**AUTHOR | DR MARY FAVIER, EDUCATION
COMMITTEE CHAIR**

Chairing the Education Committee for a fourth year has again been a busy and interesting undertaking. In these challenging financial times the educational activity of the College has managed to continue with enthusiasm and commitment and is a credit to the hard work of all those involved in the delivery of education in the College – all doing more with significantly less resources.

The Education Committee has a number of sub-committees reporting to it. One of the most significant and topical is the Professional Competence Committee chaired by Dr Mary Sheehan. Professional competence is becoming a reality and May 1st 2011 is the start date. After a lengthy and detailed application process the ICGP has recently been accepted as an accredited body authorised by the Medical Council to administer professional competence requirements for its members and those on the specialist register for general practice. The sub-committee has been very busy with detailed preparations for the structures needed to support and resource this new statutory obligation for its members. The College will communicate in greater detail with members re requirements when these are made clear by the Medical Council nearer the start date.

In spite of the current real financial challenges to Irish general practice, course activity has been maintained and numbers participating continue to increase year on year. The Summer School has consolidated its success and attracts an audience that is encouragingly diverse. Last year's inaugural research and audit day was a success and will be continued this year. With professional competence there will need to be an increased focus on audit in general practice and all educational materials produced by the College will reflect this as well as general professional competence requirements. Nick Fenlon continues to head a strong e learning unit. He, with Aisling Lavelle, has been working on achieving HETAC accreditation for College courses and this application process is in the last of four stages.

One college programme that has had to wind up is the Alcohol Awareness programme headed by Rolande Anderson. This wide-ranging and important programme has had its external funding cut. Rolande has undertaken excellent work in raising awareness in this area and his further contribution to the College and the subject would be welcomed in the future.

The Quality in Practice Sub-committee chaired by Sheila Rochford also reports to the Education Committee. The impact documents they produce have been renamed 'quick reference guides' and their prominence on the College website has been raised recognising their importance in setting standards for Irish general practice. The annual Aviva sponsored Quality in Practice Award is highly contested and awarded at the AGM each year. The finalists display significant innovation and imagination in realising high standards in their general practice work. All GPs, practice nurses, administration staff and anyone who works in Irish general practice is encouraged to enter.



Continuing Medical Education groups continue to increase in number and activity year on year, and remain central to GP continuing education. Unfortunately the current HSE embargo on recruitment has left one CME tutor post unfilled in recent months. The critical importance to GP education of small group peer led learning is well recognised and must be protected.

The role of the Education Committee has changed over the more than twenty-five years it has been in existence however its structure has not. At the twice yearly meetings it has become apparent over time that the structure of the Committee did not fully serve its intended purpose - that is to provide a broad oversight of educational activity of the College both in terms of content, quality and assurance. Committee meetings were largely taken up with reporting from the many College projects and the structure did not facilitate reflection and planning. Following lengthy discussion about what would best serve the needs of the College and its members in the future, it was decided to recommend first to College Council and then the AGM that the structure of the Committee be changed and two education-focused committees be formed. The first to be termed the Education Governance Committee, the second titled the Quality and Standards Committee. The changes reflect other recent changes to reporting structures in the College with the creation of the two posts of Quality and Standards Officer and Chief Operating Officer.

The proposed new structures and their terms of reference are detailed below:

EDUCATION GOVERNANCE COMMITTEE

- Oversight, validation and review of existing education programmes.
- Analysing need, and planning for new educational programmes and activities.
- Overseeing of assessment where relevant, including appointment of External Examiner.
- Provision of end-point certification for courses (including those that do not lead to named awards).
- Decision making in learner grievance/disciplinary proceedings/appeals process.
- Collaboration and partnership with external organisations & bodies including academic departments of general practice.
- To recommend to the Foundation Projects Committee, for their decision and recommendation, worthwhile educational programmes.

QUALITY AND STANDARDS COMMITTEE

- Oversight of the Professional Competence Schemes as accredited by the Medical Council.
 - Oversight of the work of the Quality in Practice Committee.
 - Comprehensive quality assurance of all educational programmes provided by the College including evaluation and periodic internal audits of all educational programmes and activity including the results of external audit of educational activities where relevant.
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Each committee will have a minimum of five members including an extern. The chair of each committee must be a Council member and will, ex-officio, sit on the ICGP Executive. It is expected that the two new committees will significantly enhance the educational role of the College which is central to its activities.

Feedback from members on any aspect of the education agenda is welcomed and is encouraged.

Quality in Practice Subcommittee

AUTHOR | DR SHEILA ROCHFORD, QIP COMMITTEE CHAIR

OTHER MEMBERS OF THE COMMITTEE

Dr Ben Parmeter, Dr Jason McMahon, Dr Ray O'Connor, Dr Andree Rochford, Dr Sarah Carty, Dr Phillip Purcell Sheeran, Mr Dermot Folan

ADMINISTRATIVE RESOURCE

Ms Pauline Tierney of the ICGP has provided administrative support to the Quality in Practice Committee for the past year.

SUMMARY

The ICGP Quality in Practice Committee which is a subcommittee of the Education Committee was established in 2004. It produces impact documents and guidelines on clinical and non-clinical areas on topics of relevance to general practice in Ireland. In many instances these documents are produced in conjunction with outside bodies. The Quality in Practice Committee also supervises the competition for the annual ICGP Quality Improvement Award. In addition the Committee also looks at requests for the use of the ICGP logo in publications by external agencies.

ACTIVITIES/TASKS DURING PAST 12 MONTHS

- Chair of Committee: Dr Sheila Rochford has fulfilled this role for the past year.
 - Project Officer: Dr Anna Cunney resigned as Project Officer in early January 2011. The post has been advertised with closing date for receipt of applications March 18th 2011. Interviews will be held shortly after this date. The post provides for 2 sessions per week to support the chair of the committee in view of the increasing workload.
 - National Cancer Control Programme Documents: Consultation was sought with the Quality in Practice Committee in relation to the development of referral guidelines for the management of patients with skin cancer, ovarian cancer, breast pain and long-term follow-up of patient with breast cancer.
 - Osteoporosis Management: An impact document on the management of osteoporosis is being developed by Dr Melissa Canny. This document is being produced in conjunction with the HSE and is nearing completion.
 - Perinatal Depression: Ms Rosemary O'Callaghan of the HSE Health Promotion Unit is in the process of developing a Quick Reference Guide on perinatal depression. The focus of the document is to
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raise awareness of perinatal depression and to give primary care staff practical guidance on management of same.

- Young People and Mental Health: Dr Blanaid Gavin of the Lucena Clinic along with Professor Fiona McNicholas and Professor Walter Cullen are in the process of developing a Quick Reference Guide on the diagnosis and management of mental health problems in young people.
- Infanrix Administration Protocol: This HSE document is intended to be used by practices so that practice nurses can safely administer the Infanrix Hexa vaccine without the specific prescription of the GP in individual cases. Feedback was sought from the committee on its content.
- MMR Administration Protocol: This HSE document is intended to be used by practices so that practice nurses can safely administer the MMR vaccine without the specific prescription of the GP in individual cases. Feedback was sought from the committee on its content.
- Infection Prevention and Control Guidelines: A first draft of these guidelines has been produced and feedback from relevant stakeholders is now being sought.
- Evaluation Project: Ms Maria Leahy has undertaken an evaluation project on the use of impact documents by primary care staff. A questionnaire was conducted with a 28% response rates. Responders were generally aware of the existence of ICGP guidelines but recommendations were made to increase uptake of same.
- Disclaimer: Following discussions and feedback from users of the guidelines the committee have agreed a further addition to the Disclaimer on all documents indicating that the recommendations relate to best practice and recognise that resources available can impede delivery of care.

MILESTONES/DELIVERABLES/OUTPUTS

- Early Psychosis Diagnosis and Management from a GP Perspective: A Quick reference Guide on this topic was published on the website in January 2011.
 - GP Guideline on Managing Cardiac Risk Assessment for People less than 35 Years Involved in Sport and Exercise: An algorithm to assist GPs was published on the website in February 2011.
 - Drugs and Doping in Sport: A revised 2010 version of the Drugs and Doping in Sport was produced in conjunction with Dr Aidan O'Colmain and published on the ICGP website in July.
 - Weight Management Treatment Algorithm was produced in conjunction with HSE and published on the website in July 2010 along with links to supporting documentation.
 - Improving Access: The ICGP website has been updated by Ms Angela Byrne to make it easier to locate documents. The name of Impact documents has been changed to Quick Reference Guides and there is now open access to these documents on the web site.
 - Quality Improvement Award: The annual ICGP Quality Improvement Award will be sponsored by Aviva and will be presented at the ICGP AGM in May 2011.
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FUTURE PLANS.

- Chronic Disease: Documents produced for the management of chronic disease will be reviewed by the committee as they are produced.
 - Dementia Care: A project is underway to develop a quick reference guide to aid GPs on all aspects of care of patients with dementia. This is being supported by the Alzheimer's society.
 - Algorithms: It has been proposed that the Quality in Practice Committee develop algorithms for the impact documents produced with a view to having them incorporated into practice software packages. This is proposed with a view to making the impact documents more readily useable in the GP surgery.
 - Raising Awareness of Material Produced by Committee: Forum will publish a summary from one of the Quick Reference Guides each month, starting in the March 2011 issue.
 - Improving Implementation of Material Produced: Two slots have been secured in the next Summer School for recently produced guidelines on psychosis and cardiac risk assessment. Dr Finnegan is to be contacted in relation to bringing guidelines to attention of CME tutor network and Mr Nicholas Fenlon has been contacted in relation to the development of modules for e-learning based on material in Quick Reference Guides.
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European Association for Quality Improvement in General Practice (EQuIP)



**AUTHOR | DR ANDRÉE ROCHFORD, IRISH DELEGATE
EQUIP IS A WONCA EUROPE NETWORK ORGANISATION**

PROJECT DIRECTOR

All European Countries may send up to two delegates per country to be members of EQuIP. Members must represent their National Colleges of General Practice, and be clinicians, academic GPs, or researchers in GP. The current Irish delegate is Dr Andrée Rochfort, who attended her first EQuIP meeting in 2007. She was elected Honorary Secretary of EQuIP at the EQuIP meeting in May 2010.

SUMMARY OF PROJECT

The aim of EQuIP is to contribute to the achievement of high levels of quality of care for patients in general practice in all European countries, by providing a structure for collaboration and exchange of expertise and methodology and by initiating projects on development and evaluation with regard to Quality Improvement (QI). Members of EQuIP base their work on quality improvement as being a professional responsibility; a continuous process; covering all aspects of patient care; an integrated part of medical education; a routine part of daily practice; patient centred; enhancing the appropriate use of medical services and resources; and acknowledging the specific strategies of general practice.

PROJECT ACTIVITIES/TASKS

EQuIP has active working groups in the following areas: Teaching Quality Improvement (QI); Tools and Methods in QI; Research in QI; Professional Health in QI; Quality indicators. I am active in the Professional Health Working Group and the Teaching Quality Working Group.

PROJECT MILESTONES/DELIVERABLES

EQuIP working groups deliver twice yearly reports on their outputs, two summaries:

Current Activities of Professional Health Working Group

Aims:

To promote quality improvement in DOCTORS HEALTH & HEALTHCARE.

Activities:

Issue EQuIP policy statement on Doctors Health –translate into European languages for maximum impact, and circulate to European Colleges of General Practice/Family Medicine.

Publication – To include 2006 Survey and an online 2011 follow up survey, the proceedings of Wonca Europe 2009 workshop and the agreed 2011 EQuIP Policy Statement.

Medical Education: We plan to increase awareness of the importance of addressing doctors' health and healthcare through producing an educational package to be distributed to the Colleges of General Practice in Europe.

Future Plans:

Wonca Europe Warsaw 2011: Doctors' Healthcare: Improving the Quality of Healthcare Provision for Doctors by Doctors. (Dr Andrée Rochfort, Irish College of General Practitioners & Dr Beata Modlinska, Polish College of General Practitioners).

Current Activities of Teaching Quality Improvement Working Group

Aims:

- A Curriculum on Teaching Quality (EQuIP position paper).
- Inventory of Teaching Quality 'Tools and Methods'.
- Analysis of the Current Situation in Europe.
- A European Summer School on Quality Improvement.

Activities:

- Summer School 2011 Ghent.
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- Copenhagen Equip open conference: workshops on Teaching the quality cycle and Competence based education of QI with Leonardo da Vinci project (InGPinQI).

Literature analysis:

- Results of the European electronic survey of QI activities.
- Recommendations on teaching quality improvement in CME.

Future plans:

- Summer school on quality improvement research – Ghent August 2011.
- Publishing results of the European survey as EQuIP Statement.
- Discuss recommendations with Equip, Euract and Vasco da Gama.
- Find and show good QI practices and interesting QI projects.

EQuIP Invitational Conference April 2011

Theme: Value for Money in General Practice: Management and Public Trust.

Keynote Speakers

- Professor Frede Olesen Professor at the Research Unit of General Practice at Århus University since 1992.
- Professor Andreas Christian Sönnichsen professor of general practice and director of the Institute of General Practice, Family Medicine and Preventive Medicine at Paracelsus Medical University in Salzburg.
- Dr Iona Heath President of the Royal College of General Practitioners, member of the WONCA world executive since 2007.
- Dr Jozé Braspenning is an associate professor at IQ healthcare, Radboud University Nijmegen Medical Centre in The Netherlands.
- Professor Martin Roland is Professor of Health Services Research in the University of Cambridge. Director of the National Primary Care Research and Development Centre.
- Professor Richard Roberts of the Department of Family Medicine at the University of Wisconsin, President of the World Organization of Family Doctors (Wonca) and chaired its Working Party on Quality in Family Medicine. He is Past President of the American Academy of Family Physicians (AAFP).

Programme and presentations available at:

http://www.equip.ch/flx/equip_invitational_conference_2011/programme/

EQuIP Closed Meeting

In April 2011, at the EQuIP meeting in Copenhagen, Andree made a case for and proposed a name change and change of remit of the EQuIP Network Organisation from the European Association for Quality Improvement in General Practice to the European Association for Quality Improvement AND Patient Safety. This was approved by the EQuIP delegates and will be brought to the next Wonca Europe Executive meeting in June 2011.

EQUIP, A PARTNER IN AN EU PROJECT (2011-2012) IN TEACHING QUALITY IMPROVEMENT IN CME

The European Commission, through its Leonardo Da Vinci Programme, granted funding to a major research project to develop an elearning course for GPs CME purposes on the topic of Quality Improvement (QI). “Innovative lifelong learning of European General Physicians in Quality Improvement supported by information technology” (InGPInQI). This two year project began in January 2011. The lead partner is the College of General Practitioners in Poland; other partners include Maastricht University and EQuIP. Four members of EQuIP are participating actively on behalf of EQuIP, including Andree Rochfort, ICGP. We have responsibility for the Work Package which assesses the current status of QI education in GP training and in Continuing Medical Education (CME) across Europe. We also propose a framework for teaching QI for CME purposes. Other work packages have responsibility to derive competencies and create a curriculum and the E-learning programme. EQuIPs preliminary results show significant gaps in postgraduate training, for example the Plan-Do-Check-Act strategy, one of the most important strategies for quality improvement, is often omitted.

Quality Improvement and Patient Safety are critically important in general practice in Ireland in 2011 given the announcement of the Medical Councils Eight Domains of Professional Practice which places Patient Safety and Quality of Care at the centre of their framework. Current developments in mandatory Professional Competence which include a requirement to conduct an annual audit of one’s medical practice is a priority area and must also be viewed in the context of current pressures to promote best practice and adherence to guidelines while making best use of available (diminishing) resources.

Quality of care and patient safety has always been at the heart of general practice in Ireland. Through participation in this major EU project as part of EQuIP, we can learn from best practice in Europe and internationally to guide us in continuous quality improvement.

ADMINISTRATIVE RESOURCE

EQuIP receives its funding from Wonca Europe. The cost of venue and accommodation for meetings is covered by the rotating host country or by EQuIP. The individual Colleges fund travel costs to delegates attending meetings. EQuIP is looking forward to holding a meeting in Ireland in the future.

European Academy of Teachers in General Practice (EURACT)

BRENDAN O'SHEA, IRISH REPRESENTATIVES

SUMMARY

EURACT is established (1992) to promote and facilitate interaction, research, and skills training among all GPs engaged in general practice teaching, including GPs involved in teaching undergraduates, doctors engaged in specialty training (ST)(GP trainees), and in continuing medical Education to practicing colleagues. In general terms, EURACT seeks to foster and maintain high standards of care in European general practice by promoting general practice as a discipline by learning and teaching.

ACTIVITIES/TASKS DURING PAST 12 MONTHS

- Biannual Council Meeting, with associated Executive meetings.
- Maintenance and development of EURACT website as a teaching resource.
- Provision of biannual Teacher Training Workshops, rotating between EURACT member states, in the areas of basic teaching skills for GP trainers, and on assessment of GP registrars.
- Reporting to WONCA Executive on issues and matters affecting GP teaching on a European basis.
- Facilitating exchange of teaching material, transferable teaching skills, and student exchange among EURACT members.
- Descriptive study on the criteria used for the selection and reaccreditation of specialty trainers in general practice in Europe (Brendan O'Shea Lead).
- Upgrade of EURACT website to render it more effective as a repository of teaching material for undergraduate, specialty training and CME (Brendan O'Shea Lead, and appointed as Managing Editor, EURACT website (April 2010).

MILESTONES/DELIVERABLES/OUTPUTS

- The EURACT Advanced Teaching Skill Course for Teachers and trainers in Family Medicine - 23rd-27th March 2010 - Cappadocia, Nevsehir – Turkey.
 - 2010 First issue of EURACT Newsletter (attached).
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- Hippocrates Programme: The aim of Hippocrates is to encourage exchange and mobility among young doctors in the course of their professional formation as general practitioners; thus providing a broader perspective to the concepts of family medicine at both professional and personal levels. Particularly, Hippocrates facilitates 2 week exchanges of GP registrars among participating EURACT members.
- Seminar: LEARNING AND TEACHING ABOUT THE IMPACT OF NEW INFORMATION TECHNOLOGIES IN MEDICAL EDUCATION IN GENERAL PRACTICE/FAMILY MEDICINE Bled, Slovenia, September 7th – 11th, 2010.

FUTURE PLANS

- Continuing collaboration, information sharing and networking between Council members, facilitating exchange of experiences in general practice teaching.
- Submission of descriptive study on the selection and reaccreditation specialty trainers in EURACT member states.
- Maintenance of current workshops, including workshop at Bled, and trainee assessment course.
- Upgrade of EURACT website to include greater volume of teaching material for use by GP teachers at undergraduate, postgraduate (ST) and CPD levels.
- It was determined at Autumn Council Meeting (Louvain) to significantly extend the EURACT membership during the next 18-24 months.

ADMINISTRATIVE RESOURCE

Resource includes members' subscriptions (historically there has been a very low volume of EURACT members in Ireland). These have been collected, and forwarded to EURACT Treasurer. Attendance of the EURACT National Representative at Council Meetings had previously funded in part by the host country (providing accommodation), with travel costs paid by ICGP. This has changed from 2010, and it has been decided by EURACT Council, that the host country will no longer be in a position to fund accommodation. Thus an uncertainty exists in relation to our ability to maintain representation at EURACT Council.

A partial solution to this issue lies in the successful recruitment of additional EURACT Members among the GP Teaching Networks (ie GP trainers, members of Training Scheme Directing Groups, undergraduate tutors, and faculty CME Tutors. EURACT ordinary member subscription is €50 per annum.

ICGP Nominee to Medical Council

AUTHOR | DR RICHARD BRENNAN



SUMMARY OF PROJECT/PROGRAMME

The Medical Council is the statutory body for the registration and regulation of doctors engaged in medical practice. The object of the Council is to protect the public by promoting and better ensuring high standards of professional conduct and education, training and competence among registered medical practitioners.

ACTIVITIES/TASKS DURING PAST 12 MONTHS

Providing a general practitioner perspective to all Medical Council business and discussions where applicable through my involvement as a:

- Member of the Medical Council.
- Member of Standards in Practice Committee.
- Chairman of the Health Sub-Committee.
- Member of the Research and Public Affairs Group.
- Member of the Fitness to Practice Committee.
- Member of the Professional Competence Committee.

MILESTONES/OUTPUTS

The council has a large and diverse remit, with significant workload for all Council members. Full details are available from the Medical Council annual report. For the purposes of this report, I will mention three areas of significant Council and personal activity during the year.

Professional Competence

For practitioners the most significant event was the enactment of Part 11 of the Medical Practitioners Act 2007- Maintenance of Professional Competence – into effect from 1st May 2010. Preparations are ongoing, in conjunction with ICGP and the other Colleges, for the implementation of Maintenance of

Professional Competence in May. This will affect all doctors in active practice. It will also have a knock on effect on the ICGP, who are the accredited body for General Practice schemes.

Complaints Against Doctors

During 2010, the Council received 361 complaints, with 54 cases resulting in enquiries. This is an increase on 2009, when there were 295 complaints resulting in 31 enquiries.

The Health of Doctors

As Chairman of the Health Sub Committee of Council, I would like to remind doctors of the importance of maintaining their own health, of their obligations to their colleagues who suffer with illness or addictions, and to familiarise themselves with the new Ethical Guide.

ADMINISTRATIVE RESOURCE

Via ICGP and Medical Council.



AUTHOR | DR LYNDA HAMILTON, IRISH REPRESENTATIVE

SUMMARY OF THE PROJECT

Dr Liam Lynch is Head of Delegation, on behalf of the IMO, chairs the Ad Hoc Committee.

Dr Martin Daly is an IMO delegate from its International Affairs Committee.

Dr Lynda Hamilton is representing the ICGP, chairs the Equal Opportunities Standing Committee, working with the Specific Training Working Group on recognition of GP/FM as a speciality, mutual recognition of training, freedom of movement, and the development of a professional smart card/passport to facilitate this and possibly CME/CPD for the future. She contributes to the Preventative Activities WG, the Future of General Practice WG, and Quality Assurance WG, whose paper on QA has been sent to all the NMAs (Margaret O'Riordan).

Dr Annraoi Finnegan Chairs the CME/CPD Working Group, and submits his own report.

Education Unit

AUTHOR | NICK FENLON, DIRECTOR OF EDUCATION

OTHER MEMBERS OF ELEARNING, COURSES, SUMMER SCHOOL

- Louise Nolan, E-Learning Unit administrator (Full time).
- Caitriona Finn, E-Learning Unit administrator (Registration and Assessment).
- Maureen Dempsey, E-Learning Unit administrator (Collaborative courses and Course Evaluation).
- Margaret Cunnane – Administrator for the Diploma in Management in Practice course.
- Gillian Doran & Patricia Patton – ICGP librarians – available to e-learning and course participants on request.
- Angela Byrne – Website & Communications Manager – available to elearning and course participants on request.
- Niamh Killeen – Administrator for Minor Surgery Course.
- Dr Aisling Lavelle – co-ordinate the ICGP application for HETAC accreditation.



For the academic year 2010 – 2011 the College facilitated 17 different educational courses of study. This involves many Course Tutors and Assessors. We delivered courses in collaboration with the Faculty of Occupational Medicine and the Faculty of Sports and Exercise Medicine and have been academically supported by UCC for our Therapeutics course.

SUMMARY OF UNIT

Aims of Education Programme

The aim of the College Education Programme is to provide general practitioners and health care professionals with a practical update on identified course topics that are relevant and applicable to their everyday practice. It aims to provide these in a format that recognises the reality of the busy and stressful work of GPs and through the use of educational methodologies that match the learning styles of members.

The eLearning and courses project is responsible for both developing and delivering relevant and up to date courses to ICGP members. In recent years we have also offered some courses to practice nurses and other health care professionals.

In addition to the eLearning courses the need for short direct face to face courses was identified. In response to this we have developed and delivered a very successful 'ICGP Summer School' where members have the option to meet for a three day series of educational sessions as well as social interaction. So far the College has hosted four very successful Summer Schools and will be hosting it's fifth one from June 23rd to June 25th 2011.

PROGRAMME ACTIVITIES/TASKS

In 2010/11 we delivered the following e-learning courses:

- Diploma in Therapeutics.
- Diploma in Women's Health.
- Certificate in Palliative Care.
- Certificate in Diabetes Care.
- Masters in Medical Education (In collaboration with Queen's University, Belfast).
- Theory Course for Cervical Smear Takers.
- Occupational Medicine – leading to LFOM (In collaboration with the faculty of Occupational Medicine).
- Certificate in Management in Practice.
- Certificate in Cognitive Behaviour Therapy.
- Musculoskeletal Examination and Injury Management (In collaboration with the Faculty of Sports and Exercise Medicine).

In addition, under the direction of other College Directors, the College delivered many other courses including:

- Family Planning Theory & Practical.
 - SCALES Course.
 - Managing Alcohol Problems.
 - Substance Misuse.
 - Minor Surgery.
 - 4th Annual ICGP Summer School.
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Summary of College Education Programme

Course/Educational Event	Number Attending
Diploma in Therapeutics	13
Certificate in Palliative Care	11
Diploma in Women's Health	11
Diploma Practice in Management	22
Certificate in Diabetes Care	32
Musculoskeletal Examination and Injury Management	23
Occupational Medicine Year 1 & 2	30
Masters in Medical Education	40
Course for cervical Smear Takers	55
Minor Surgery	34
CBT	15
SCALES	21

Management in Practice (Registrars)	17
Family Planning (Theory)	136
Family Planning (Practical)	55
LARC	11
Managing Alcohol Problems	32
ICGP Summer School	150

Education Timetable

The elearning unit has been operating since 1999. It is continuously developing and has been expanding annually. Our elearning courses all start in October and end in May. The ICGP Summer School is a three day event which takes place during the last week of June. Participants have the option to partake in as many or as few sessions as suit their needs. The summer months are used to evaluate courses which have finished, collate course results and prepare the next year of courses by bringing all programmes up to date, launce new courses etc.

MILESTONES, DELIVERABLES & OUTPUTS

Unit Milestones

- Fourth ICGP Summer School June 2010.
- New course in Minor Surgery 2010 – using RCSI Skills lab.
- New course in Musculoskeletal Examination and Injury Management in collaboration with Faculty of Sports and Exercise Medicine 2009/2010.

Statement of Achievements/Outcomes 2010

During the academic year 2010 – 2111 we had the second collaborative course in Musculoskeletal Examination and Injury Management. There are 23 participants on this second course. This course was

delivered by both workshop and elearning and we have received very positive feedback from participants.

We ran a number of very successful courses in Minor Surgery, these took place in Dublin and Cork. This year we have entered a collaborative arrangement to deliver our minor surgery courses in the RCSI surgery training laboratory and the facilities have greatly enhanced our course.

HETAC granted us Institutional Recognition Status for progression to full accreditation status and we are now in the final stages of approval recognition. This process has resulted in the formulation of a College Quality Procedures manual for College education delivery.

A small number of people have taken Modular studies from our Diploma Courses.

We are in our final year of collaborative delivery of the ICGP/QUB Masters in Medical Education and 30 course participants are completing their Thesis work at the moment.

FUTURE PLANS

We will be facilitating the fourth ICGP Summer School which will be held from June 23rd to June 25th 2010 in the Lyrath Estate Hotel, Kilkenny. This is the second time we will be running the Summer School to include a Saturday. Building on the success of the last four years this venture will consist of a broad range of short presentations with something to suit everyone. The Summer School will include topics from therapeutics, practice management, minor surgery, legal and ethical issues, mental health, chronic disease, women's health, cancer care etc.

The summer Schools 2011 will also facilitate 3 parallel conferences:

- Alcohol Awareness.
- Master Classes in Contraception.
- Research.

Other new ventures include:

- We have successfully achieved eligibility to proceed to the next stage of HETAC accreditation and are progressing towards course accreditation.
 - We will be delivering the Minor Surgery course to three/four locations outside of Dublin in 2011 and will be using the RCSI Minor Surgery Mobile unit for this purpose.
 - In recognition of the requirement for Professional Competence credits from May 2011 forwards we will be delivering alternative modes of study of some College courses – this will be in the form of delivering stand alone topics from identified courses so that members can chose topics that best suit their needs and study in a less pressured way. It will also give recognition to the financial constraints being currently experienced. These topics will be recognised for Professional Competence Credits.
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- We are preparing for the delivery of GP relevant material in:
 - Suicide Prevention
 - Men's Health
 - Personal Development
 - Smoking Cessation (eLearning consultation tool).

ADMINISTRATIVE RESOURCE

The eLearning Unit has one full time administrator, Louise Nolan and two part time administrators – Caitriona Finn (Registration and Assessment) and Maureen Dempsey (Evaluation and Collaborative courses). Louise Nolan is also administrator for the ICGP Summer School. Niamh Killeen is administrator for the Minor Surgery course. Margaret Cunnane is administrator for the Practice in Management courses. All administrators have given hugely to the development and continued success of ICGP education delivery.

FUNDING SOURCE

There is a charge for all courses, and so the unit strives to be self funding. We have also been able to avail of 'start up' sponsorship for new courses in the past. The ICGP foundation has also contributed funding in the past.

CME Small Group Network

AUTHOR | DR ANNRAOI FINNEGAN, NATIONAL DIRECTOR OF CME EDUCATION

OTHER MEMBERS OF NETWORK

Dr C McNicholas, Assistant National Director of CME.

Administrative Resource: Mrs Betty Kelly.

SUMMARY OF PROGRAMME

From May 2010 to May 2011

The Continuing Medical Education [CME] network of tutors continues to provide locally based, accessible, educational modules to general practitioners in a small group learning [SGL] format. This form of education remains popular with GPs in established practice. The modules provided are relevant, allowing discussion and learning to take place in a trusted environment among peers.

There are thirty six tutors in post and responsible for organising monthly meetings of small groups throughout the academic year. Most of these meetings take place as an 'out of hours' activity. It remains a tribute to the commitment of GPs in their desire for ongoing education that they continue to attend this activity in large numbers after a busy day seeing patients. Over two thousand GPs are eligible as participants in the programme. The target audience for this educational activity is every GP in active general practice in the Republic of Ireland.

The funding of the CME national tutor network is from the HSE. The Irish College of General Practitioners has the oversight and governance role. In the current financial situation all projects and schemes are being scrutinised by the HSE. The continued funding of GP CME schemes is in the context of the Department of Health and Children Patient Safety Commission agenda and the Professional Competence Scheme requirements of the Irish Medical Council. The CME meetings are not sponsored by the pharmaceutical industry.

The Minister of Health and Children signed section 11 of the Medical Practitioners Act [MPA] 2007 on the first of May 2010. It will be compulsory for all physicians on the IMC Specialist Register to partake in regular CME from the first of May 2011 and ensure their personal Continuing Professional Development.

Doctors will have twelve months to register with the IMC and their relevant training body. It will be a legal requirement to participate in a PCS organised by the relevant training body. In March 2011 the ICGP has been accepted by the IMC as the relevant Post Graduate Training Body (PgTB) for general practice. The national GP tutor network and the GPCME Schemes will have a significant role in facilitating individual GPs to meet their requirements under PCS.

ACTIVITIES

- 905 CME small group learning (SGL) meetings (take place monthly & dates are on the ICGP web site).
- 7,907 GPs attended SGL meetings (from Sept to May 2010).
- 124 CME small groups.
- 36 CME tutors in the network.
- 48 group leaders.
- 2,218 potential number of participants in general practice.
- 1,141 Highest number of attendees in a particular month (October).
- 3 CME tutor workshops.
- 6 evaluation visits to CME tutors/schemes.

PROGRAMME DELIVERABLES/OUTPUTS

- The tutor topics are relevant to modern day general practice and often will be based on a learning needs assessment carried out by a tutor with local participants. The educational topics for each small group meeting are reported to the National CME Director.
- The GP CME Schemes continue to provide a locally based opportunity for GPs to keep up to date with medical developments relevant to general practice.
- The SGL model remains popular and one of its strengths is that peers can meet and review their actual performance in a confidential and trusted environment. Notwithstanding other forms of educational activity, the regular contact with colleagues is invaluable in promoting change at practice level.

FUTURE PLANS

It will be a challenge for the tutor network to continue to organise and supply a quality educational product with the increased demand and limited resources. The effect of the provisions of the MPA 2007 will mean more GPs will want to join small groups. In some areas this will mean an increase in group size while in others it will mean the creation of new small groups. The role and responsibility of tutors in relation to PCS will need discussion and agreement over the next year.

The IMC PCS process will be designed to identify poorly performing or under performing doctors. In this regard the responsibilities of the IMC, HSE and ICGP will be agreed over the next year. Some doctors will be deemed to need the provision of remedial courses to assist them meet IMC requirements. It is not clear at this stage if the tutor network will be asked to have a role in this regard.

The tutor network has always been committed to imparting the knowledge skills and attitudes necessary so that GPs in active practice can be aware of relevant medical developments and implement change at practice level to ensure quality standards are maintained. This commitment to the implementation of quality and standards of practice is of benefit to patients.

Over the years a national network of GP CME Schemes has been developed. This structure has achieved high participation rates. The topics covered have been and continue to be common, important and relevant to general practice. It is a challenge to prove successful outcomes from participation in SGL meetings. In future audit of practice based activity in a peer review context may prove the beneficial outcomes for patients.

Women's Health Programme

AUTHOR | DR MIRIAM DALY, PROGRAMME DIRECTOR



PROGRAMME MEMBERS

- Programme Director: Dr Miriam Daly.
- Project Director, LARC Course: Dr Geraldine Holland, until January 2011.
- Tutor, Family Planning Certificate Courses: Dr Deirdre Lundy.
- Administrator: Yvette Dalton.

Other Members of Programme Group

- Contraception tutors.
- LARC tutors.

SUMMARY OF PROGRAMME

The Women's Health Programme aims to provide educational support for primary care in women's healthcare and to contribute to the College's policy development in this area. Since its inception in 1998, the programme has evolved to cover a wide range of topics, using a variety of educational formats and has produced a series of publications using a multi-disciplinary approach.

PROGRAMME ACTIVITIES/TASKS

- Undertook a full review of the training and application procedure for the Certificate in Family Planning.
 - Following the disbanding of the Joint Committee for Family Planning, we undertook to establish a new ICGP sub-committee to oversee reproductive and sexual health.
 - Undertook to train new tutors in contraception and update existing tutors.
 - Run courses in women's health.
 - Facilitate workshops in contraception at ICGP events throughout the year.
-

- Reply to queries from members on women's health issues.

PROGRAMME MILESTONES/DELIVERABLES/OUTPUTS

The Reproductive and Sexual Health (RSH) Committee: The RSH Committee, a new sub-committee of the ICGP has been set up. The Committee will oversee training and awarding of certificates in reproductive and sexual health.

The Certificate in Contraception: The Certificate in Contraception (formerly Family Planning Certificate) is now awarded by the RSH committee of the ICGP. A new updated programme handbook, logbook and application form for the Certificate in Contraception is in use since September 2010 and is available to download online. We ran a number of theory and practical courses for the Certificate in Contraception, see below.

Contraception Tutors: A group of new Contraception Tutors were trained at the Masterclass in Contraception in May 2010. Existing Family Planning Instructing Doctors also attended the Masterclass in Contraception as an update in Contraception in May 2010. We have compiled a register of Family Planning Instructing Doctors/Contraception Tutors.

GP Training for Long Acting Reversible Contraceptives (LARC): The LARC pilot project, a joint initiative between the ICGP and the Crisis Pregnancy Agency (CPA) concluded in December 2010 and a final report on the project sent to the CPA. The final report was reviewed by a sub-committee of the Education Committee and work is ongoing to develop a training programme in this area.

HPV Testing: Represented the ICGP on the Human Papilloma Virus Testing Implementation Group in the National Cancer Screening Service.

Education: We are contributing to a Women's Health series of articles running in Forum journal. We were involved in updating the Contraception module of the therapeutics elearning course. We reviewed and helped edit the Contraception and Menopause Bulletins published by the National Medicines Information Centre.

Website: We have improved and updated the women's health section of the ICGP website (www.icgp.ie/wh) and improved our useful links section.

National Guidelines: We reviewed the proposed National Ovarian Cancer Referral Guidelines and the proposed National Breast Family Risk Assessment Guidelines for GPs and reported to the Quality in Practice Committee.

Law Reform Commission: Made a submission to and met with the Law Reform Commission regarding the consultation paper titled Children and the Law: Medical Treatment.

Women's Health Courses: April 2010-May 2011

Course	Date	Number Attending
Certificate in Family Planning Theory Course	10-11 September, 2010	61
	20-21 January, 2011	28
Certificate in Family Planning Practical Course	20 Sept-1 October, 2010	20
	21-22 October 2010	20
	17-18 February, 2011	8
	10-11 March, 2011	16
Long Acting Reversible Contraceptives Pilot Course	June 2008-Dec 2010	12
Masterclass in Contraception	May, 2010	63

Women's Health Workshops

- Conundrums in Contraception, workshops for the ICGP Summer School, Kilkenny, June 2010.
- Recent Developments in Contraception, Lecture to The Dun Laoghaire Faculty of the ICGP, October 2010.
- Contraception Workshop, National GP Trainee Conference, Galway, October 2010.
- Contraception Workshop, Diploma in Women's Health, ICGP, October 2010.
- Contraception Workshops, the NEGS Conference, Athlone, November 2010.
- Contraception Workshop, the National Trainers Workshop, Tullamore, February 2010.

- Women's Health Lectures at ICGP SCALES Course.

FUTURE PLANS

- Plan and deliver a training programme in LARC to include certification for experienced LARC fitters, training and certification for GP trainees and training for GPs in practice.
- We will run Reproductive and Sexual Health updates for those who wish to re certify for the Certificate in Contraception.
- We aim to encourage all Contraception Tutors and Family Planning Instructing Doctors to attend an update session every two years. We will plan and run these events.
- We plan to incorporate elearning into our courses.
- Further improvements to our website page and increase GP usage of the page.
- Women's Health News Bulletin in autumn 2011.
- Undertake a full review of the theory and practical courses for the Certificate in Contraception.

ADMINISTRATIVE RESOURCE

Yvette Dalton, Irish College of General Practitioners.

Helping Patients with Alcohol Problems

AUTHOR | ROLANDE ANDERSON, PROJECT DIRECTOR



Other Members of Project

Yvette Dalton, Administrator.

SUMMARY OF PROJECT

This project regrettably is due to end on 4 April 2011 so this report is written in that context. The project started as an educational resource for general practitioners and commenced in March 2000. At that time the problems of alcohol abuse and dependence had been very much neglected in most areas of medical education training and practice.

The project has gone through a number of phases in which it received funding from various outside sources. For the past two years and more it received no external funding and was supported by the ICGP itself. During this time the work commitment to ICGP from the Project Director was reduced to one and a half sessions per week however given the recessionary times the situation could not continue without external funding and unfortunately an end date had to be set.

The main aim of this initiative was to provide primary care practitioners with up to date information on best practice in the field of alcohol interventions. Underpinning that aim was the philosophy that patients would benefit accordingly. The summary of the educational aims were as follows:

- To educate and train GPs in brief interventions for alcohol problems.
 - To encourage GPs to educate patients and their families about alcohol problems.
 - To provide the necessary skills training to primary care staff.
 - To develop guidelines and practical help for GPs to help patients.
 - To encourage and support training programmes to develop alcohol modules.
 - To generate public awareness and lobby for appropriate changes in legislation and attitudes towards alcohol use and abuse.
-

I am delighted to report that I will still be spokesperson for the ICGP on alcohol issues and related matters as required and will also participate as requested and needed in training sessions and courses.

PROJECT ACTIVITIES/TASKS DURING PAST 12 MONTHS

- Meetings with various bodies and pressure groups throughout the year regarding policy, treatment, prevention and supply of alcohol.
- Lectured at Irish Times series in Waterford on 29th June, 2010.
- Conducted two one-day training courses for GPs with a total of 34 participants at the AGM on 7th May, 2010 and also on 18th November, 2010. Two more courses are scheduled for the coming year.
- Participated in numerous local radio and national radio broadcasts as well as articles for medical and general press.
- Delivered a lecture on 'Motivation' for E-learning Course on 28th January, 2011.
- Ran half day workshop for the GP Refresher (SCALES) Course on 12th October, 2010.
- ICGP representative on the National Drug Misuse Strategy Committee set up by the previous Government to incorporate alcohol into the National Drug Strategy 2009 – 2016. Involved monthly meetings throughout 2010 and up till the end of Jan 2011. Report is due out shortly.
- Meetings re Liver Cancer documents on alcohol.
- Attended HSE meeting re alcohol and primary care on 27th May, 2010.
- Attended Tobacco control conference in Dublin on 27th May, 2010.
- Attended Alcohol Action Conference in Dublin – September, 2010.
- Delivered two lectures on alcohol for RCSI medical students in April, 2010.
- Delivered public lecture on Alcohol at the Hermitage Clinic 2nd March, 2010.

FUTURE PLANS INCLUDING PROJECT MILESTONES/DELIVERABLES

There are no future plans at the time of writing apart from running some courses and participating in training sessions as necessary and required.

It is hard to avoid any political comment on this situation at the end of this eleven year project. Despite numerous reports that state the importance of Primary Care in the detection, screening, and treatment of patients with alcohol problems and the publicly endorsed importance of brief intervention training, as well as international evidence to support same, it appears that the 'powers that be' only pay lip service to these ideals. It beggars belief that resources could not be allocated to this important topic even in such

difficult financial times. Indeed, I would argue strongly that alcohol and alcohol related harm continues to be the greatest social problems facing our country and an increasing reality for the work of every GP. We had made significant progress though a lot more needed to be done.

We still hold to the hope that the results of the Alcohol Aware Practice Service Initiative, undertaken by the ICGP under my direction, will at some stage be noted properly and the lessons implemented. The integration of alcohol counsellors into general practice on a national basis remains a strong recommendation based on the research we conducted.

At least we have clearly demonstrated that alcohol problems can be tackled effectively within primary care.

FINAL NOTE

I have thoroughly enjoyed the challenge of this project. I am very grateful to the ICGP for the chance to make a difference in such an important area of concern. I have loved being part of the ICGP family too. I am happy that many of our goals have been achieved. It would not have been possible without the support of many GPs and all of the excellent staff employed by the College. In particular, I want to thank Dr Michael Boland and Mr Fionan O'Cuinneagain for their endless encouragement and for the vision to set up this innovative project in the first place.

The most unsung hero of this project is my colleague, Yvette Dalton, for her hard work, dedication, enthusiasm and professionalism, delivered always in a most pleasant and supportive manner over the whole 11 years of the project. The project would not have been the success that it is, were it not for her.

Sincere thanks to one and all.

Best wishes to Mr Kieran Ryan, in his new role as CEO.

Disease Surveillance Sentinel Practice Network Project Report

AUTHOR | DR MICHAEL JOYCE, PROJECT DIRECTOR

OTHER MEMBERS OF PROJECT

I run the project on behalf of the ICGP in collaboration with the Health Protection Surveillance Centre (HPSC) and the National Virus Reference Laboratory. The Health One User Group (HIUG) provides valuable technical support. Valuable assistance is provided by my practice nurse, Ms Olga Levis.

SUMMARY OF PROJECT

The project involves running a computerised surveillance network for certain infectious diseases in the community and involves sixty sentinel practices spread throughout the country. There is a particular emphasis on the surveillance of influenza.

BACKGROUND TO THE PROJECT

There is a need to monitor certain infectious diseases in the community, especially influenza. In the past there was a paper based system in place where sentinel practices were asked to complete and return forms when they saw cases in the community. Unfortunately it was quickly realised that often as GPs got busier with outbreaks of influenza they had less time to fill and return forms leading to the paradoxical finding that as influenza increased in the community the reported incidence fell. Clearly this was ineffective as a system.

To try and address this problem this project was set up in 2001. The aim was to recruit practices that had a high level of recording of computerised information in their practices already. This meant that when a GP saw a case with one of the index conditions he was recording it anyway and there was no need for any extra work on behalf of the GP to have the case recorded. Then at the end of the week a computerised search, which can be delegated to a staff member is run and the result is sent to the ICGP. The data is cleaned and forwarded to the HPSC.

The process was successful from the outset with very good return rates being achieved immediately and all the stake holders were very pleased. Initially there were twenty practices involved, all using Health One software and the conditions covered were Influenza, chicken pox and shingles. Health one was chosen in particular because of its suitability for this type of project. Now there are sixty practices involved including some practices using soft ware other than Health One. Measles mumps rubella and gastro-enteritis have been added to the conditions that are covered.

Although I have been involved in the project since its inception by being one of the sentinel practices and also through HIUG, I took over the ICGP role formally from Dr Dermot Nolan in September 2004.

EDUCATIONAL AIMS OF THE PROJECT

- Illustrates the use and application of computerised practice.
- Demonstrates the power of data available and collected in general practice.

BENEFITS TO MEMBERS OF THE PROJECT

There is a wealth of data out there in general practice which will be sought after in increasing amount as time goes by. It is absolutely critical that general practice and the members of the ICGP remain in control of this data so that it is used for the general good and not used inappropriately. This project provides a method for control and distribution of GP generated computerised data that can be built on in the future in different areas. The lessons learned have already contributed to the developments in Heartwatch and the Independent National Data Centre (INDC) and will continue to do so in the future.

PROJECT ACTIVITIES

- Collection of incidence data for influenza measles mumps rubella chickenpox shingles and gastro-enteritis in the community.
- Cleaning and preparation of data.
- Forwarding of this data on behalf of the ICGP to the HPSC.
- Taking swabs from suspected cases of influenza to confirm cases and determine what type of influenza virus is circulation.

The results of the surveillance is available on the HPSC website at

<http://www.hpsc.ie/hpsc/A-Z/Respiratory/Influenza/SeasonalInfluenza/Surveillance/InfluenzaSurveillanceReports/20102011Season/>

Although not technically a part of this ICGP project a significant number of the network participants have volunteered to take part in a pan European study of influenza vaccine effectiveness in conjunction with the HPSC which was first carried out in the 2009/2010 season and has been continued during this season.

PROJECT MILESTONES / DELIVERABLES / OUTPUTS

Whereas previously surveillance was carried out from week 40 to week 20 it now takes place throughout the entire year. With sixty participating practices we now have the desired 5% population coverage. No further recruitment is currently planned.

SWINE FLU

Early 2011 saw another big upsurge in the incidence of H1N1 (swine flu) influenza which was again effectively monitored by the network. The incidence of influenza B is also high this year.

ACHIEVEMENTS TO DATE

The project has achieved its goals of community surveillance of the specified conditions. The project needs to continue as it has become a cornerstone of surveillance particularly seasonal and pandemic influenza. Return rates well in excess of 90% continue to be achieved consistently.

Currently on a trial basis a new innovation for 2011 is the publication on the internet of anonymous performance data. Each practice knows their site number but this is not known to anyone else. Therefore we can show graphs of performance and practices can inspect this to see how they are comparing with other practices. This and other relevant information can be viewed at

<http://www.hiug.ie/DISEASE%20SURVEILLANCE/Disease%20surveillance.htm>

If the trial is successful this will be moved to the ICGP website.

FUTURE PLANS

Continued surveillance is planned.

FUNDING SOURCE

Funding is provided on an agreed annual budget basis by the HPSC.

Substance Misuse

AUTHOR | DR IDE DELARGY, PROGRAMME DIRECTOR

OTHER MEMBERS OF PROGRAMME TEAM

Administrator: Niamh Killeen.

Audit Facilitator: Lynda Haran

NEW DEVELOPMENTS

- The HSE commissioned a review of the Methadone Treatment Protocol (MTP) which was conducted by Professor Michael Farrell, Consultant Psychiatrist from the Maudsley Hospital, London. He was assisted by Professor Joe Barry from TCD. The ICGP was invited to make a submission as one of the main stakeholders in the MTP. The report entitled, The Opioid Treatment Protocol was published in December 2010 and the ICGP was commended for its significant contributions to this area of work.
- A review of the Audit Process was conducted through a Think Tank in May 2010. A selection of Level 1 and Level 2 GPs most of whom had experience of the audit were invited to give feedback on the current process and how it might be improved.
- A system of Self-Audit is being developed to supplement the external audit process. Ms Lucy Kielty, Audit Facilitator in St James Hospital has been of great assistance in this regard. The final format of this online audit will be agreed following the development of new national Best Practice Guidelines as recommended by Prof Farrell in his report, The Opioid Treatment Protocol.

ONGOING ACTIVITIES

Online Level 1 Training

The Online Level 1 training continues to be popular and based on the feedback candidates are happy with the format and content of the course.

Online CME

The first two CME lectures have been recorded and are available on the Substance Misuse section of the ICGP website since October 2009. Prof Tom Fahey from the RCSI, presented the first lecture in the series which has been received very well. Professor Hugh Garavan from the Neuroscience Department at Trinity College has also delivered a lecture on current research on the neuroscience of addiction.

Substance Misuse Newsletter

The electronic newsletter is available online as well as in hard copy for all doctors on the Level 1 and Level 2 database. The purpose of the newsletter is to update GPs on upcoming events and educational opportunities as well as new activities on our own SMP. Relevant research and publications will be highlighted.

Audit

Lynda Haran, who resigned in December 2010 the recently conducted audits throughout the 2009 and 2010 period. She successfully updated our records and with the agreement of the ARG, recommended modifications to the existing audit process. The committee meets on a month to six weekly basis when audit results are presented to the ARG and a decision is made with regard to the performance.

Updated Website

The information is regularly reviewed and updated. There are links to other agencies and publications.

FUTURE PLANS

An Immersion Day in Addiction is being planned in conjunction with the National Director Specialist Training in General Practice.

- Dr Gerry Mansfield. This will be run on a pilot basis initially and will be rolled out fully if successful.
- A full day workshop at the ICGP Summer School in Mental Health and Substance Misuse is planned.

Mental Health in Primary Care

AUTHOR | PEARSE FINEGAN, PROJECT DIRECTOR



Administrative Resource

Michelle Dodd.

Other Advisers to the Project

Dr Martina Kelly, Dr Andree Rochfort, Dr Mel Bates.

Since my last report the Mental Health Services in this country have gone into freefall. It must be noted that in 1966 the proportion of the health budget spent on Mental Health was 23%. This year the proportion will be 5.3%. With the retirement of professional staff from the psychiatric services and non replacement of same has led to approximately 12% decrease in personnel.

With no extra resources for the development of Mental Health Services (Psychiatry) or Mental Health at Primary Care level it is virtually impossible to change the manner or structure of the delivery of services for patients presenting to GPs with mental health difficulties.

Notwithstanding these difficulties the project continues to look at ways to enhance the services that general practice can deliver to patients with mental health difficulties.

SUMMARY OF PROJECT

Support the Joint Forum of ICGP and Irish College of Psychiatry of Ireland (2009)

The Joint Forum continues to meet five times per year. It has opened a channel of formal communication between the two Colleges. The three main being addressed are:

- Physical Health of People with Mental Ill-health

Membership: Dr John Delap (convenor), Dr M Kelly, Dr J Thakore, Dr Vincent Russell.

Objective: How best to address the physical needs of those with chronic severe mental illness?

The Mental Health Act 2001

Membership: Dr M Kelly (convenor), Dr W Flannery, Dr K Holmes, Dr Mel Bates.

Objective: To identify the difficulties arising for GPs and Psychiatrists in terms of admitting a patient involuntarily under the Mental Health Act, 2001. To work together to overcome these.

Shared Care and Quality Indicators Programme for Depression

Membership: Dr Vincent Russell, Dr A Jeffers, Dr S Tighe, Dr A Rochfort.

Objective: To develop a shared care protocol for patients with depression, informed by international best practice.

Dementia Online Resource Development

Development of a web based resource to support GPs in planning pathways of care for patients with dementia

With the changes within the HSE this project was suspended. Prof Greg Swanwick is now developing an Impact Document on Dementia Care. This draft document will be forwarded to the College Quality in Practice Committee for consideration in due course.

GP Exercise Referral Programme

Physically activity plays a major part in maintaining good mental health. Over the past few months we are developing strong links with this programme and are now piloting four areas of the country to promote general practice to use the GP Exercise Referral Programme as part of the plan of care for patients with mental health difficulties

The GP Exercise Referral Programme is a joint initiative involving ILAM, ICGP and HSE. It is a 12 week programme to help people develop a physically active lifestyle. Qualified Local Coordinators who have completed the HSE National Training Course are running the programme from facilities across Ireland. For more information www.gpexercisereferral.ie.

Proposal for Funding from the National Office of Suicide Prevention to Design and Deliver a Course in Suicide Prevention

This proposal is for the development and running of a Suicide Prevention Course for general practitioners, practice staff and primary care teams. The course will be developed using a blended learning approach to education, it will therefore consist of:

- A short workshop.
 - Home study modules by elearning.
-

- Online discussions including case discussion.
- Implementation into practice activities.
- Access to online resources and services information.

The aim of the course is to deliver an evidence based education programme with a focus on competence development in knowledge, skills and attitudesⁱ in the area of suicide prevention. The specific content of each module will be influenced by the findings of the needs assessment associated with this project.

Representatives from the NOSP met with the College and we await the outcome from this meeting.

Teams Based Approaches to Mental Health in Primary Care

(Programme delivered at Dublin City University 2009/2010)

The last intake of 27 participants for this present programme was February 2010. There are no GP participants in this present group. The programme will be evaluated in June. The feedback from participations^j is very positive. The current Irish mental health agenda aims to re-orientate mental healthcare to local settings and the Government policy *A Vision for Change*^k (DOH & Children 2006) provides a comprehensive blueprint for the development of responsive and dynamic mental health services for all. This policy document emphasises the role primary care can play in addressing the mental health care needs of the local population. With the closure of the Mental Hospitals and the delivery of Psychiatric services in the community the role of mental health in primary care needs to be defined and pathways of care for all patients presenting to general practice with mental health issues clarified and agreed.

The module content seeks to address educational needs associated with preparing primary care practitioners to address the health and welfare of people with mental health care needs in primary healthcare settings.

Other Opportunistic Initiatives

- Working with Mental Health in Primary Care within the HSE.
 - Advising voluntary sector “Pieta House”, “SOS”.
 - Electronic discharge letter HSE West Galway was invited to be part of the review group.
 - Education on mental health issues in primary care.
 - Part of the “See Change” programme on the stigma of mental health.
 - Shared care in primary care.
-

SCALES Course

AUTHOR | DR MARIA WILSON, COURSE TUTOR

ADMINISTRATOR

Yvette Dalton.

SUMMARY

The key principle of this course is to focus keenly on what general practitioners actually do and is primarily aimed at doctors who wish to update their knowledge after a career break from general practice as well as an orientation for those who have trained in other areas but who now wish to work part-time in general practice.

Over the years this course has attracted doctors who have never worked in a general practice setting and who are considering a future in general practice. In recent years there have been a large number of vocationally trained doctors taking up the course as a way of easing back into general practice. Public health doctors have also been participating as they have felt quite distant from some clinical scenarios and they wish to update their medical knowledge.

The culmination of doctors from these various backgrounds lends to a wide range of expertise and opinions expressed in the group and interesting discussion.

ACTIVITIES/TASKS DURING PAST 12 MONTHS

In the past we have learnt that we should endeavour to limit registration to 20 participants. However, this year we once again oversubscribed with interested participants. At the conclusion of our interview process we increased our numbers to accommodate 21 registrants suitable to participate in this year's course.

Due to the renovations scheduled to take place in ICGP Headquarters, we ran this year's course at the new Institute of Chartered Accountants on Pearse Street, Dublin. This venue, purpose built for lectures and education proved popular with both speakers and participants.

The course this year was timetabled to run over 7.5 days which and included a half-day practice visit and a half-day practical session covering areas such as suturing techniques, pelvic examination and breast examination. The other days were broken into four sessions. Two given sessions given by Dr Maria Wilson and the remaining two were given by visiting lecturers. The format was often clinical-based accompanied with a PowerPoint presentation and handouts.

Our guest speakers are largely chosen from expertise within general practice and covered topics such as: Asthma, Ophthalmology, Palliative Care, Managing Alcohol Problems in Primary Care, Diabetes,

Occupational Health, Travel Medicine, Dermatology, Depression, Women's Health/Common Gynaecological Issues, Paediatrics, Medical Informatics and Child Protection Issues.

We thank the following guest lecturers for their support of this course and their excellent contribution again this year: Dr Geraldine Holland, Dr Deirdre Lundy, Dr Susan Smith, Dr David Buckley, Dr Daragh O'Doherty, Nurse Thelma Smith, Dr Dom Colbert, Dr Keith Perdue, Mr Rolande Anderson, Dr Aisling O'Gorman, Dr Elizabeth Healy and Dr Shunil Roy and Dr Pat Felle.

College Website

AUTHOR | ANGELA BYRNE, WEB & COMMUNICATIONS MANAGER

INTRODUCTION

The College website project is responsible for the development and management of the ICGP website – www.icgp.ie - in line with the strategic direction of the College. The project aims to create a comprehensive content resource enabling the dissemination of information to members and wider audience. The College website also enables members to make communication and interaction with the College more convenient and efficient as well as marketing and promoting College activities.

Other Members of Project

Ionic, the College's web development company, and Sandra Rooney, SMR Consulting, who provides consulting and project management of web projects requiring integration with the College's membership database.

PROJECT ACTIVITIES

- Daily update of website to keep information up to date and relevant.
 - Technical support for ICGP members and users of the website.
 - Project management of web developments and liaison with Ionic Ltd and SMR Consulting.
 - Formatting of publications for the website.
 - Liaison with various College groups (administrators, project directors, committees etc), management of each group's section and communication regarding website developments and tools.
 - Creation of online repository of documents so that all staff can locate most recent version of all documents quickly and easily.
 - Online marketing and promotion of College events and conferences.
 - Presentation of College material in an online, user friendly manner.
 - Keep up to date with IT developments and advise College of same.
-

WEBSITE STATISTICS | OVERVIEW

The busiest month was January 2011. This is due to the GP training intake and MICGP examination online applications. A page view refers to the number of individual pages visited during a month; unique visitors count the number of times individual users access the website while visits records the number of visits that those users made.

	May 2010	June 2010	July 2010	Aug 2010	Sep 2010	Oct 2010
Page Views	187,269	151,375	153,026	124,661	151,339	166,469
Visits	30,100	26,754	27,325	24,636	26,896	27,655
Unique Visitors	12,721	11,610	12,133	11,763	12,748	12,876

	Nov 2010	Dec 2010	Jan 2011	Feb 2011	March 2011	April 2011
Page Views	213,224	155,113	283,076	250,212	261,403	Not available
Visits	33,239	26,743	40,498	37,497	41,403	Not available
Unique Visitors	14,329	11,911	17,738	16,253	17,163	Not available

CURRENT STATUS

There have been a number of developments during the year May 2010 to April 2011.

GP Training Programme Intake 2011

In January 2010, this year's GP training programme intake took place entirely online. 302 applicants applied for 157 available places using the system. This is the seventh consecutive year that the application process has taken place online. In addition, this year the system was upgraded so that applicants received information on interviews and placements online. This has further reduced the amount of time and administrative effort needed to administrate this process.

MICGP Examination Intake 2011

For the fourth year running the MICGP examination application process was conducted online via www.icgp.ie. This has proved to be very efficient process and the feedback from examination candidates has been very positive. The projected figure of candidates who will sit the MICGP examination 2010, based on the online applications is 372.

Quality Control of Website

In 2007 we bought the services of Site Improve a company that provides internet-based tools and services for the management and maintenance of websites and intranets. The ICGP website comprises 3,800 pages with over 6,700 links to outside websites and 29,000 attachments which constitute a huge site to maintain. We have purchased the Site Check module for the ICGP website which checks the entire site for errors in spelling, links and accessibility. Site Check provides instructions of why and where issues occur, and clear recommendations on how to fix them and has greatly improved quality control on the website.

Intranet

The Web & Communications Manager and Sandra Rooney have been working on an intranet/extranet on the ICGP website. Throughout 2009-2010 we added information on all College tasks, job responsibilities, protocols and manuals and would display the relevant information according to a user's role. The intranet will also improve internal communications and allow HR/Management to plan resources and assist in the induction of new staff. This service went live in November 2010.

Core Curriculum

In December 2009 Dr Margaret O'Riordan asked the Web Manager to look into improving the interface of the online core curriculum and to integrate a visual learning aid developed by Dr Tony Tee, a GP Trainer from Waterford.

A series of improvements are in progress and are due to go live in June 2011. We intend to redesign the core curriculum to make more user friendly and easy to navigate. Flash authoring software, Ajax and JavaScript programming languages will also allow for the development of an enhanced user interface and a dynamic experience. This will allow users to find what they need more quickly and easily.

We will also be linking learning outcomes to useful resources in conjunction with the ICGP librarians and will improve the learning plan for trainees.

Exam Orientation Course

We created an interactive e-learning course for participants of the MICGP Exam 2011. This online course gives guidance on preparing for all 4 modules of the exam and also provides details on the new examination formats which came into effect in 2011. This course was launched in November 2010.

Quality in Practice Quick Reference Guides

During 2010, the Quality in Practice committee decided to go with an online format for their quick reference guides (formerly called 'impact documents'). This will allow us to link the quick reference guides to the practice software systems so they can be used during consultations with patients. The committee have also decided to open the impact documents to the public in order to improve their usage. In the past the quick reference guides were available to members only and required users to login with their ICGP ID and PIN. All audit and professional competence tools will be for members only.

Prof Competence ePortfolio & Toolkit

With the introduction of mandatory professional competence on the 1st May, the ICGP is developing an online ePortfolio to allow users to easily record their professional competence activity. Once you are enrolled on the ICGP system you will get automatic access to the ePortfolio.

There are four main screens that you will use:

1. A **Summary Page** which gives an overview of your planned and completed activity.
2. An **Add an Item** page where you can enter in details of your professional competence activity.
3. A **Search Events** page where you can search the database of accredited events.
4. An **Activity Log** which gives a summary of all activity – either planned or completed. This area can also hold all supporting documentation that you will need in case of audit.

In addition, we will work on creating a professional competence toolkit. This will provide access to various educational activities which will allow users to undertake professional competence activities and gain credits. Most of the development work during 2011 will concentrate on providing professional competence tools for members.

FUTURE PLANS

As above most of the developments during 2011 and 2012 will concentrate on providing online tools for members to fulfil the requirements of the Medical Council's professional competence scheme. Some of these developments will centre on providing tools to record activity and to store information in case of audit. Other developments will focus on providing readily accessible educational activity on the website so that users can access at a time and place that suits them.

COMMUNICATIONS & PUBLIC RELATIONS

**AUTHORS | DR MEL BATES, CHAIR OF COMMUNICATIONS
COMMITTEE AND ANGELA BYRNE, WEB & COMMUNICATIONS
MANAGER**

The communications and public relations role is undertaken by Dr Mel Bates (Chairman Communications Committee) and Angela Byrne (Web and Communications Manager).

SUMMARY OF THE COMMITTEE

College spokespersons were once again active in responding to TV, radio and print media requests over the past 12 months. The volume of these requests has grown as the College is seen more and more as a useful source of information on health issues. The media decide what topics are important to them. Some have little impact on general practice and members may question the value of a College response. Engaging with the media is an important way of connecting with that part of the population who rarely attend their GP and who have less of an appreciation for the service when compared to frequent attenders. It has the potential to impact on opinion makers within the health service and with politicians. This public interaction should always enhance the justly deserved reputation associated with the majority of the 14,000,000 GP consultations each year. The effort of spokespersons in responding to the media only has merit if it adds to the reputation of the College and to that of their fellow GPs.

The Communications Committee is lucky to have a pool of doctors experienced in radio and TV, with a good geographical spread throughout the country. Huge work is done with local radio and this is rarely appreciated outside the region the radio station covers. In recent years, extra effort has gone into listing all the media contacts with the College on a monthly basis. This activity is presented to the Executive and to Council at each of their meetings.

An easily overlooked skill has developed within the College communications response. This skill is aimed at not responding to certain media requests. These may be high profile and controversial but hold no prospect for the imparting of a positive message from general practice. Frequently they are preceded by statements that are unfair and derogatory and specifically designed to provoke a reaction. The resulting response usually comes across as a defence of the status quo at the expense of the quality of care for the patient. The committee is frequently supported in making these decisions by members of the College Executive. This is always appreciated.

On a personal note, I would like to acknowledge the skill and professionalism of Angela Byrne, Web and Communications manager in the College as well as the wisdom and advice of the outgoing Chief Executive, Fionan, over the last 4 years. I wish him every good wish in the years to come. Dr Mel Bates, April 2011

PROJECT ACTIVITIES/TASKS

- Represent the College on all national and regional media.
- Liaise with the College Officers and Executive on the College's position on issues.
- Liaise between journalists and College spokespersons and personnel.
- Organise and facilitate media coverage for the AGM and other College meetings and events.
- Develop and maintain a communication process embracing College staff/projects, faculties and members.
- Organise workshops in media skills for College spokespersons.
- Collate monthly College news for Forum.
- Facilitate meetings of Editorial Board of Forum.

MEDIA RELATIONS

Material Sent to the Media

Press releases and photographs issued to the media:

- ICGP AGM, May 2010.
 - ICGP Summer School, June 2010.
 - ICGP/NAGPT Conference, October 2010.
 - E-learning Workshop, October 2010.
 - MICGP Graduation, October 2010.
 - ICGP NEG's Conference, November 2010.
 - Announcement of new ICGP CEO, January 2011.
 - GP Trainers Workshop, February 2011.
 - Announcement of new NEG's Director, March 2011.
 - ICGP AGM, April 2011.
 - ICGP Summer School, April 2011.
-

Media Queries

The media desk was busy again during the 2010-2011 periods with an average of 30-40 queries per month. Each month media reports are prepared for College officers. A full report for 2010 – 2011 is available on request.

A number of important topics were in the spotlight this year which resulted in the College and general practice being called on to give their comments and opinions. This also led to a number of high profile appearances especially on television for our College spokespersons, a sample of which are available below:

January 2011: Swine Flu Pandemic

The key topic during January 2011 was the swine flu pandemic. A sample of the interviews can be viewed below:

6th January from Morning Ireland

<http://www.rte.ie/podcasts/2011/pc/pod-v-0601111sthour24m41smorningireland.mp3>

Irish Times

<http://www.irishtimes.com/newspaper/ireland/2011/0110/1224287157578.html>

TV3, Ireland AM

<http://www.tv3.ie/videos.php?video=31442&locID=1.65.74&page=7>

January – February 2011: Emergency Contraception Available Over the Counter

The pharmacy Boot's decision to make emergency contraception available without prescription also led to a lot of queries. A sample is available below:

RTE News

<http://www.rte.ie/news/2011/0110/pill.html#video>

Irish Times

<http://www.irishtimes.com/newspaper/ireland/2011/0111/1224287234949.html>

RTE Radio 1, Morning Ireland

http://www.rte.ie/radio1/player_av.html?0,null,200,http://dynamic.rte.ie/quickaxs/209-r1-morningireland.smil

TV3 Ireland AM

http://www.tv3.ie/videos.php?video=31158&locID=1.65.74&date=2011-01-12&date_mode=&page=11&show_cal=&newspanel=&showspanel=&web_only=&full_episodes=

Other important topics included:

- American Academy of Paediatrics advising parents against giving children paracetamol and ibuprofen for mild fever.
- Mental health and the recession.
- Queries from Fair City RTE regarding accuracy of stories relating to their GP character.
- Obesity.
- Professional Competence Scheme.

Dr Mel Bates was also a frequent contributor to the Irish Times Health Supplement on a number of clinical topics, the Eamonn Keane Show on Newstalk FM, the Drivetime programme on RTE Radio 1 and the Health Supplement on the Irish Times.

Media Watch

In November 2007 we entered into a contract with Electric Search an online search engine. This search engine monitors Irish press for media reports relevant to the ICGP. It then automatically alerts us via email and brings us directly to relevant articles. This has allowed us to keep track of all media reports on the ICGP and general practice issues.

COMMUNICATION WITH MEMBERS

Emails to Members

The following topics have also been emailed to members since May 2010:

Title	Date	Audience
Email to Members re Summer School and Early bird rates	10/05/2010	All members and trainees in ROI
IMB Study Demonstrates that 8 out of 10 Adults Would Use Generic Medicines	12/05/2010	All members in ROI
Minor Surgery	18/05/2010	Selected people on list
HSE - Clinical Care Programmes: GP Leads	29/06/2010	All members in ROI
ICGP Reminder - Closing date for Reduced course fees 19th July	12/07/2010	All members and trainees in ROI
ICGP, Reproductive and Sexual Health (RSH) Committee	14/07/2010	All members in ROI
Irish Medicines Board Issues Advisory Notice Regarding Ongoing Benefit-risk Review of Anti-diabetes Medicines	28/07/2010	All members and

Containing Rosiglitazone		trainees in ROI
HSE Elder Abuse Information Booklet	04/08/2010	All members in ROI
ICGP Reminder: Closing date for the following ICGP course is Friday 3rd September -	30/08/2010	All members and trainees in ROI
ICGP Guidance on Switching Patients from Rosiglitazone	29/09/2010	All members and trainees in ROI
Seasonal Influenza Vaccine Campaign 2010/2011 - Statement to General Practitioners	19/10/2010	All members and trainees in ROI
ICGP Conference "Where's the Evidence" - Saturday 20th November, 2010 - Athlone Sheraton Hotel	17/11/2010	NEGs Members
Upcoming feature on Operation Transformation	13/01/2011	All members and trainees in ROI
Valtrex advisory notification	13/01/2011	All members and trainees in ROI
revised recommendations from the National Immunisation Advisory Committee regarding seasonal flu vaccine for pregnant women	18/01/2011	All members in ROI
National policy on <i>Vitamin D Supplementation for Infants in Ireland</i>	24/01/2011	All members in ROI
Glucophage 500mg tablet - Supply notification - Update	03/02/2011	All members in ROI
Clarification in relation to eyesight reports and RSA	11/02/2011	All members in ROI
Information for members Re: Revenue e Brief No 08/11:07 February 2011	23/02/2011	All members in ROI
ICGP NETWORK OF ESTABLISHING GPs REGIONAL MEETINGS (SPRING 2011):	02/03/2011	NEGs members

ANNUAL NEWSLETTER TO MEMBERS

The fourth annual newsletter to members was distributed in December 2010 and outlined the main activities in the College throughout the year. The College received good feedback about the newsletter and members felt it was a good way to communicate College activities.

COMMUNICATIONS ACTIVITIES

Forum

Angela Byrne continued to collate monthly Forum news from ICGP staff, members and Committees. A meeting of the Forum Editorial Board was organised in November 2010 and March 2011.

Intranet

As detailed in the website annual report, the Web & Communications Manager and Sandra Rooney have been working on an intranet/extranet on the ICGP website. The intranet will also improve internal communications and allow HR/Management to plan resources better and assist in the induction of new staff.

In-house Development of Materials

The Communications Manager has been working with an external designer to create a number of templates for in-house use. These include publications, application forms, brochures, conference programmes and course prospectuses. A series of training sessions were organised to train in-house staff on how to update documents and create professional looking material. It is hoped that this development will help the College to have a more professional image and to reduce the cost of design and printing of material.

FUTURE PLANS

- Reactivate the network of GPs who used feature on local radio on a regular basis in the past.
 - Update College database - useful contacts by area of interest.
 - Update College website (MyICGP, Membership areas).
 - Creation of email newsletters to in-house and external groups.
 - Media training for College spokespersons.
-

Research Centre

AUTHOR | DR CLAIRE COLLINS, DIRECTOR OF RESEARCH

OTHER MEMBERS OF TEAM

ICGP Research Committee – Chair: Dr Owen Carey.

ADMINISTRATIVE RESOURCE

ICGP administrative support was provided by Ms. Carol White.

SUMMARY OF PROJECT

The main aim of the ICGP research programme is to develop and support research and audit in general practice in a structured format. The ICGP Research Committee supports the programme through the provision of advice and direction. We aim to contribute to the knowledge base of general practice and to support evidence-based practice.

BACKGROUND TO THE PROJECT

The **ICGP's Strategic Plan 2008–2013** highlights the importance of research to its mandate. Of particular relevance to the national action plan for health research is the strategic action to “Contribute to the evidence base that underpins quality general practice” specified in the ICGP's Strategic Plan (under the goal of ‘A healthier community through high quality general practice’ in the area of ‘Quality general practice’). The associated action plan outlines the following activities:

- Take a leadership role in identifying and undertaking research related to general practice.
 - Develop relationships with research sector.
 - Support the development of research skills, capacity and infrastructure in general practices.
 - Expand the Academic Senior Registrar programme.
 - Push for career pathways for those involved in education, training and research.
 - Maintain and enhance the publications capacity of the ICGP.
-

PROJECT ACTIVITIES/TASKS DURING PAST 12 MONTHS

The following projects have recently been completed:

- Development of a morbidity & epidemiology database from general practice in Ireland.
- Developing quality indicators for use in general practice in Ireland.
- Patients' depiction of their general practitioner/family physician across Europe.
- European patients' attitudes and beliefs about preventative services and lifestyles and how these relate to their actual behaviour and the support they receive from their general practitioner.
- Telephone survey of IID.
- Flu vaccination effectiveness study 2009/10 with HPSC.
- Elder abuse: experience, attitudes and insights of Irish GPs.
- Literature review on codeine dependency in general practice.

Publications (2010)

Barry Lambe and Claire Collins. A qualitative study of lifestyle counselling in general practice in Ireland. *Family Practice. Fam. Pract.* 2010 27: 219-223.

Kennedy C, Vahey C and Collins C. Do Irish patients trust their general practitioner? *National Institute of Health Sciences Research Bulletin* June 2010, 5(3):25-26.

Lambe B and Collins C. An investigation of behavioural risk factor management in general practice. *National Institute of Health Sciences Research Bulletin* June 2010, 5(3):27-28.

Janssens K. Standardizing Consultation Notes: Recording 'Reason for Encounter' as part of an 'Episode of Care' Structure in General Practice Digital Records. *FORUM*, February 2010.

Fitzpatrick P, Lonergan M, Collins C, Daly L. GP-delivered secondary prevention cardiovascular disease programme; early predictors of likelihood of patient non-adherence. *EJGP*, posted online on September 19, 2010. (doi:10.3109/13814788.2010.516360).

Fitzpatrick P, Fitzsimon N, Lonergan M, Collins C, Daly L. Heartwatch: the effect of a primary-care-delivered secondary prevention programme for cardiovascular disease on medication use and risk factor profiles. *European Journal of Cardiovascular Prevention & Rehabilitation*, posted online July 2, 2010. (doi: 10.1097/HJR.0b013e32833cca7d).

Barret AS, O'Donnell J, O'Hora A, Collins C, Coughlan S, Joyce M, Moran J, Duffy M, Tuite G, Hall WW, O'Flanagan D. Effectiveness of Swine Flu Vaccination Measured. *FORUM* October 2010.

Collins C, Vahey C and Sheehan M. Do Irish GPs take opportunities to communicate with patients about behaviours that promote health and preventative examinations. *National Institute of Health Sciences Research Bulletin* December 2010, 5(4):17-18.

Collins C and Janssens K. Creating a general practice epidemiological database in Ireland-data quality issue management. *Journal of Data and Information Quality* December 2010.

Conference Presentations (2010)

Kennedy C and Collins C. Experience of primary diagnostic coding in Irish General Practice. *AUDGPI Conference in March 2010*. Poster.

O'Donnell M, de Siún A, O'Mullane M, Dinneen S, D Smith, Bradley C on behalf of the National Diabetes Register Team. Adult outpatient diabetes care in the Republic of Ireland: a survey of public hospitals. *Diabetes UK conference in March 2010*. Poster.

Vahey C, ní Riain A and Kennedy C. Validating a Quality Improvement Tool for Use in Irish General Practice. *Health Services Quality and Safety Conference in May 2010*. Poster.

Kennedy C and Collins C. The feasibility of primary diagnostic coding as a decision-making aid in Irish General Practice. *Health Services Quality and Safety Conference in May 2010*. Poster.

Lambe B and Collins C. A qualitative study of lifestyle counselling in general practice in Ireland. *EGPRN conference in May 2010*. Oral Presentation.

Kennedy C and Collins C. Challenges, barriers and facilitators experienced by Irish GPs in establishing diagnostic coding. *EGPRN conference in May 2010*. Oral Presentation.

Lambe B, Collins C. A qualitative study of lifestyle counselling in general practice in Ireland. *WONCA World conference in May 2010*. Oral Presentation.

O'Brien CL, Janssens K, Collins C. ICPC-2 in Ireland: Progress and challenges encountered in the GPMED study. *WONCA World conference in May 2010*. Oral Presentation.

Vahey C, Kennedy C, O'Brien C, Collins C. What is important to Irish General Practice. *WONCA World conference in May 2010*. Oral Presentation.

Barret AS, O'Donnell J, O'Hora A, Collins C, Coughlan S, Joyce M, Moran J, O'Flanagan D. Pandemic (H1N1) 2009 Influenza vaccine effectiveness study in Ireland. *Summer Scientific Meeting in May 2010*. Oral Presentation.

Barret AS, O'Donnell J, O'Hora A, Collins C, Coughlan S, Joyce M, Moran J, Hall W, D O'Flanagan. Pandemic (H1N1) 2009 Influenza vaccine effectiveness study in Ireland. *Infectious Disease Society of Ireland in June 2010*. Poster.

O'Hora A, Barret AS, O'Donnell J, Collins C, Coughlan S, Joyce M, Moran J, Hall W, O'Flanagan D. Pandemic (H1N1) 2009 Influenza vaccine effectiveness study in Ireland. ICGP Research and Audit conference in June 2010. Oral Presentation.

O'Brien, J, Collins C, NiRiain A and O'Neill D. Primary care insights into elder abuse. *EUGMS conference in September 2010*. Poster.

Vahey C, ní Riain A, Kennedy C and Collins C. Validating a Quality Improvement Tool for Use in Irish General Practice. *WONCA Europe conference in October, 2010*. Oral Presentation.

Collins C. Progress towards the development of a general practice morbidity and epidemiological database in Ireland. *WONCA Europe conference in October, 2010*. Oral Presentation.

Collins C, Richardson J and Finnegan H. Motivation of Irish GPs in respect of CME. *EGPRN conference in October 2010*. Poster.

Barret AS, O'Donnell J, O'Hora A, Collins C, Coughlan S, Joyce M, Moran J, Hall W, O'Flanagan D. General practitioners' sentinel surveillance system as a model to monitor the influenza vaccine effectiveness in Ireland. *European Scientific Conference on Applied Infectious Disease Epidemiology conference in October 2010*. Poster.

Fitzpatrick P, Fitzsimon N, Lonergan M, Collins C, Daly L. 3.5 year follow up evaluation of effect of a primary-care-delivered secondary prevention programme for cardiovascular disease in Ireland. *3rd Joint European Public Health Conference in November 2010*. Oral Presentation.

REPRESENTATIONS

Dr Claire Collins currently represents the ICGP on the following:

- National group regarding the creation of a common ethics form for non-clinical trials and the IT sub-committee, who are investigating and advancing an electronic online process for such ethics applications.
- National representative to the European General Practice Research Network and member of its Research Strategy Committee and is the EJGP English language editor for the EGPRN abstracts.
- Mental Health Commission research committee.
- HIQA referrals project.

RESEARCH AND AUDIT CONFERENCE

The first ICGP research and audit conference - Strengthening General Practice through Research and Audit – held on June 19th in the Lyrath Hotel, Kilkenny and sponsored by Flora ProActiv was a notable success. Delegates at the conference reported being very satisfied with the content and format of the conference.

Other

“A Picture of General Practice 2010 Strengthening General Practice through Research and Audit” is available on www.icgp.ie.

Three grant applications were prepared and submitted in 2010.

PROJECT MILESTONES/DELIVERABLES/OUTPUTS

Nine publications and 18 oral/poster conference presentations in 2010.

First ICGP Research and Audit Conference.

Online publication of “A Picture of General Practice 2010 Strengthening General Practice through Research and Audit”.

International collaboration leading to involvement in EU projects.

FUTURE PLANS

The action plan for 2011 focuses on facilitating GPs’ professional competence audit requirements, enhancing the research environment for trainees, dissemination of relevant research findings; capacity building within the GP community; supporting GPs/Academic colleagues in their research (in particular in implementing the recommendations) and promoting audit aimed at improving quality of care.

The 2011 Conference will take place on Saturday June 25th Lyrath Hotel, Kilkenny. The programme has been finalised and is available on www.icgp.ie.

To support GP professional competence audit requirements, an audit toolkit has being developed and is available on www.icgp.ie/PC.

FUNDING SOURCE

ICGP.

Research Ethics Committee

AUTHOR | PROF COLIN BRADLEY, CHAIR

SUMMARY OF COMMITTEE'S ROLES AND ACTIVITIES

The Committee's main function is to consider research proposals and to determine whether there are ethical issues to be addressed before the study can proceed. The Committee was initially established to provide ethical advice and approval for studies in general practice as a benefit to College members. Subsequently, the Committee was recognised under the Clinical Trials legislation to approve therapeutic clinical trials. Latterly, however, we have had very few clinical trials, we have had a slowly increasing number of non-clinical trial studies from academic institutions sometimes with minimal GP involvement, and a greatly increased number of project proposals from GP trainees and students of various third level courses.

ACTIVITIES DURING PAST 12 MONTHS

The committee met six times during 2010. This included an extra meeting held in October to deal exclusively with applications from GP trainees. 83 applications we considered which included 50 GP trainee studies and one therapeutic clinical trial (within the terms of the Clinical Trials Act). We have continued our participation with Molecular Medicine Ireland and others working towards the development of a common application form for all ethics committees for studies that do not come under the Clinical Trials Act.

FUTURE PLANS

The committee is in discussion with the National Director of Specialist Training with a view to establishing more effective and efficient mechanisms for the consideration of projects from GP trainees. We also anticipate having a role in relation to advising about ethical aspects of audit (as this is implemented as a competence assurance requirement) and advising on the relationship between audit and research.

Administrative Resource: Ms Pauline Tierney

MEMBERS OF RESEARCH ETHICS COMMITTEE

Prof Colin Bradley	Dr Thomas Maher	Dr Jean Holohan
Dr Cliona McGovern	Dr Teresa Maguire	Mrs Anne O'Cuinneagain
Dr Claire Collins	Dr Philippa Kildea Shine	Dr David Smith
Prof Walter Cullen	Dr Cormac O'Dubhghaill	Dr Kieran Doran

Library & Information Service

**AUTHORS | GILLIAN DORAN & PATRICIA PATTON, ICGP
LIBRARIANS, WWW.ICGP.IE/LIBRARY**

INTRODUCTION

The Library & Information Service is there to support ICGP staff and members in the pursuit of clinical excellence. We have been actively involved in many aspects of College activities throughout May 2010 – April 2011. Patricia Patton is now Acting Librarian, as and from November 2010, while Gillian Doran is on maternity leave.

SERVICES PROVIDED BY THE ICGP LIBRARY

- Query Service - Answering telephone, fax, email and online requests for information.
- Literature Searches - Conducting literature searches on specific topics for private research, clinical queries, theses, etc.
- Document Supply Services - Ordering of materials i.e. articles/reports/books on behalf of requesters. This may involve an Inter-Library Loan service. We have connections with the Irish Co-operative of Health Science Libraries Group and Subito (German Document Supply Company).
- Training – Offer both group presentations and individual one-on-one sessions by appointment that is tailor-made to the particular group/person.

ACTIVITIES DURING 2010-2011

Information Needs

This section provides a quick overview of the information needs of the College looking at our users, how the query was received as well as the types of queries we handle.

The users of the ICGP Library & Information Service are varied as can be seen from the table below. We have been busy with nearly 500 queries received over the period April 2010 to February 2011.

Queries Received From	Number
GPs	183
ICGP Staff	106

e-Learning Participants	40
GP Trainees	36
GP Training Programme	3
Practice Staff	8
CME Tutors	27
External	94
Total No. of Queries	497*

*(Please note this is only from my records and doesn't contain queries Gillian has handled during Apr – Oct 2010)

The majority of our queries come from GPs followed by ICGP staff members who include management, the e-Learning department, research and the project directors. We also get numerous queries from external sources. These include other libraries, Government Bodies, consultants, students, as well as members of the public. Some of the external organisations include the HSE, Irish Heart Foundation, HIQA and the Irish Cancer Society.

We receive queries through a variety of methods as can be seen in the table below. The majority of our queries are received via email followed by phone. The number of online requests indicates that people are using the ICGP Library Catalogue but this is an area that could be expanded on.

Queries Received by	Number
Phone	157
Online	32
E-mail	191
Fax	17
Person	41
Post	3
Info E-mail	16
Other*	40
Total No. of Queries	497

(* denotes queries received via members of staff)

Their information needs are also diverse covering personal interest, clinical, educational and professional areas. The most popular queries we receive are for article requests and literature searches. Most external

queries are for requests for ICGP publications or requests for GP statistics. Staff requests also can include book orders as well as help with referencing [RefWorks] and online questionnaires [SurveyMonkey].

TRAINING & PRESENTATIONS

The library was involved in training through many presentations and individual sessions to different College members throughout the year including:

- eLearning Course Participants – We presented at the eLearning Workshops in both October 2010 and January 2011. A short introductory session was presented in October 2010 introducing the ICGP Library and the services available. This was followed up in January 2011 with a session on searching skills including PubMed training. I was also invited to provide an information skills session at the Medical Education Stepback course in May 2010 to prepare the students as they started their thesis.
- GP Trainees - We also travelled to Tullamore in October 2010 to give a session to the GP trainees on the Mid-Leinster Specialist Training Programme. This involved a general session on searching skills followed by an in-depth one-to-one session on each trainee's individual research project. Brendan O'Shea also brought GP trainees on the TCD/HSE Specialist Training Programme in for a visit to the ICGP in July 2010 and I presented a brief session on the ICGP Library.
- CME Tutors - Gillian presented at the CME Workshop in September 2010 proposing a new system for sharing educational college resources. Guidelines were drawn up by the Library in collaboration with the eLearning Unit and discussed by the CME Tutors at their Workshop in February 2011.
- GP Trainers - Trish provided assistance to Angela Byrne, ICGP Webmaster in putting together handouts for the GP Trainers for a session she was to give at the GP Trainers conference in February 2011.
- Individuals - As well as group sessions, we provided individual training by appointment on searching for specific topics and teaching literature searching skills to 10 members as well as 2 library induction sessions to new members of staff.

We both feel that training is an invaluable part of our jobs and overall the sessions have been well received.

COURSES ATTENDED

Since January 2006, Gillian has been a volunteer Member and Secretary to the Irish Journal Co-operative Organising Committee. She attended 2 meetings over the course of the year.

Trish attended a Health Science Libraries Group (HSLG) course on 'Effective Course Presentations' in Trinity College in September 2010. It provided insightful tips on how to best present. I also attended the HSE Irish Health Research Seminar and the HSLG Academic & Special Libraries Seminar entitled 'Library Services – so what? Survival Skills, Sustainability and Visibility' in February 2011.

We both attended the HSE LENUS demo in September 2010. LENUS is the Irish health repository set up by the HSE but expanded to include other Irish health organisations.

The networking opportunities and participation at external meetings and training courses are valuable in terms of professional development of the ICGP Library. We feel it is important to keep up to date with current trends in our area and this allows us to do so.

LIBRARY SUPPORT TO OTHER COLLEGE ACTIVITIES

Gillian was heavily involved in producing the ICGP membership survey that went out with the October 2010 issue of Forum in collaboration with Dermot Folan and Claire Collins. She also provided help with the eLearning Course Evaluations as well as providing resources for the Core Curriculum document.

Trish was involved with the premises planning and the renovations taking place during January to March 2011. This involved among other things packing up the library and facilitating moving it to a new location within the building. This is still on-going. Trish also helped out at the MICGP exams in March 2011. Trish also attended two meetings of the Forum Editorial Committee in Gillian's absence.

FUTURE PLANS

- Development of Online Library Website: www.icgp.ie/library. We will continue to develop our library website to keep it current.
 - Development of ICGP Library Catalogue: We will continue to develop the ICGP Library Catalogue including up-dating our Search facilities and adding help on how to use it.
 - Information Skills Module: We propose creating an online version of our information skills module that can be accessed by members to improve their information skills.
 - Quality & Standards: The ICGP Library proposes a more central role in issues regarding college publications. We have created the ICGP Publications Guidelines and are working on their implementation. We are involved in developing the system for sharing ICGP educational material with the CME Tutors. In the future, we propose creating ICGP Retention Guidelines and ICGP Referencing Guidelines.
 - LENUS: www.lenus.ie launched by the HSE as Ireland's health repository in 2008. We are looking into the ICGP becoming one of the main contributors to LENUS and developing our links with the HSE Libraries and LENUS.
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EURACT Newsletter

EURACT

European Academy of Teachers in General Practice / Family Medicine

Editorial: EURACT and the spirit of Alma Ata

by **Francesco Carelli**

Thirty years ago, the "Declaration of Alma Ata" defined health as a "complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" and stated that the access to basic health services was a fundamental human right. The model adopted to provide health care services was "primary health care".

Two really important documents have tried to make the Alma Ata ideals a practical reality for patients. The WONCA Europe Definition has set out the range of skills required to practice the kind of primary health care envisaged in the Alma Ata declaration. The EURACT educational agenda seeks to equip future generations of doctors in the same way.

Local care facilities will need to be enhanced as well as the provision of primary care, reaffirming the role of family doctors. The growth of Family Medicine is of great importance, because the challenge for medicine in the third millennium is to achieve the right balance between modern technologies and interpersonal relations, rethinking the issue of humanization/dehumanization, with all its underlying physical, psychological, cultural and relational aspects.

Family doctors are in a privileged position, because Family Medicine is the place where medical sciences merge with other disciplines, particularly sociology, economics, philosophy and law. The Alma Ata declaration statement that health is not merely the absence of disease renewed the meaning of the concept of care, transcending a restrictive view of care simply as treatment. A shift was made, from patient to person, from treatment to giving care, with the human being viewed as part of a network of relationships. Treatment thus becomes more of a social process; attention is given to paradigmatic circumstances, such as diseases affecting children, the elderly and women.

EURACT supports fully the Alma Ata philosophy by defending high levels for teaching and learning health promotion, by looking for mandatory specific training, an adapted undergraduate curriculum and early exposure to clinical experiences within the primary care setting and by promoting a clear selection of teachers and practices.

EURACT's values were inspired by the Alma Ata Declaration, taking into consideration a community's orientation, understanding

the potentials and limitations of a community. The ethical and moral responsibilities of general practitioners could lead them to try to influence health policy in a community, reconciling the health needs of individual patients and of a community, in balance with available resources. To be able to do this, general practitioners should be allowed contractually to act as advocate for all their patients and a whole community. To be successful, general practitioners need to learn in the basic curriculum and in the vocational training the interrelationships between health and social care, the impact of poverty, ethnicity, inequalities, the structure of the health care system in which they live and in which they work (Educational Agenda 2004).

The increasing role of the patient as a determining factor in health care and its provision, compels us to start organizing an approach to implement a social model truly consistent with the human nature, which ought to foster the interaction between health care providers and patients and between the different professionals involved in the treatment and care who intend to work for the good of the single person and the community.

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The grey epidemic in Europe and its consequences on primary care doctors' training and function

by George C. Spatharakis
& Elena Frolova

"Geriatrics is not recognized as a medical speciality or sub-specialty in certain countries"

Humanity for the first time in its history is faced by an unprecedented "grey epidemic" alias an important demographic senescence. This phenomenon started presenting itself in the midst of the 20th century and it continues to progress steadily. Demographic projections point out that it will continue to accentuate and will acquire on the European soil critical, if not explosive, dimensions somewhere between 2035-2050.

This phenomenon poses unique problems on all levels of social activities. Health services are among those who receive the big-

gest burden as advancement in age is often related to comorbidity – multimorbidity, frailty, polypharmacy, atypicality of clinical manifestations, iatrogenic adverse reactions, disability, solitude, emotional and/or mental disturbances, financial problems, etc.

On the other hand the global state of preparedness of the medical world seems not very high on this behalf:

1. The number of certified Geriatricians is low and tendencies in some countries are towards a decline rather than an increase in their number.
2. Geriatrics is not recognized as a medical speciality or sub-specialty in certain countries.

3. The model of education in medical schools still largely relies on the Pasteurian one, that is that one infectious factor (microbe) > one pathological image > one set of precise and well defined clinical symptoms > one diagnosis > one treatment. This model that has worked perfectly for infectious and/or acute diseases and has contributed a lot to the development of medical science, is de facto incapable of permitting the understanding, assessment and management of multimorbid frail elderly and their complex bio-psychosocial problems.

While the number of specialized Geriatricians seems



not to keep up pace with the number and increasing needs of the elderly population, the number of available General Practitioners / Family Doctors (GP/FDs) and that of Community / Primary Health Care Nurses seems to be at least stable, if not progressing in some cases (countries). The important number of GP/FDs, their proximity to the living places of the elderly, their community orientation and integration as well as the use of the Engelian “bio-psycho-social” modelling in the approach, assessment and management of health care and psycho-social problems make them the privileged interlocutors in the process of maintaining frail elderly at home, thus decreasing health costs and increasing elderly quality of life.

Nevertheless the “geriatric” education and training of GP/FDs in many European countries still seems insufficient and/or inadequate to cover all these needs and all the multiple and complex aspects of community geriatric care, as far as knowledge but especially as far as the acquisition of skills is concerned. GPs in Europe are trained in organ- and disease-based approaches and may lack knowledge about the concepts, tools and instruments required to manage complex health problems in an ageing population.

Nursing home care that also often implicates GP/FDs is still an open, hard and unaddressed issue, different in many aspects from that of the community geriatric care. The problem of sharing responsibilities between the geriatricians and GPs also still exists. An example of such failing collaboration was shown on the Geriatric Congress in July 2009 in Paris. The session devoted to the role of GP in the geriatric care was absolutely insufficient with no examples of successful collaboration, not containing any practical points, and finally being boring and unintelligible.

Moreover the efficiency and the cost-effectiveness of the services/approaches offered by GP/FDs to manage the needs of an ageing population are failing to make much impact. The case for routine comprehensive screening for unmet health needs in the older population has, for example, collapsed following the Medical Research

Council (MRC) trial’s demonstration that there are few or no benefits to quality of life or health outcomes for older people. In addition to the above, primary care services are often reactive, fragmented, and poorly adapted to the management of older patients with high levels of dependency and comorbidity, leading to enthusiasm for ‘case management’.

“One of the solutions to the problem of teaching on frailty could be the introduction in the vocational training of all GPs/FDs of a 3-6 months rotation in geriatric establishments of different kinds ”

On the other hand, the Intermediate model of care of Dutch GPs and nurses in the Dutch Easy Care Study demonstrated cost-effectiveness as well as multi-dimensional assessment. But in order to demonstrate the influence of such models of assessment or interventions on clinical or health related outcomes we need more real scientific research focused on the primary level. The leading role in such research should be carried out by the General Practice research centres really informed about the needs of primary care. Two interesting projects were started in 2009: BELFRAIL in Belgium led by the Family Medicine Department of Leuven University (Belgium) and Crystal led by the Family Medicine Department of St-Petersburg’s Medical Academy for postgraduate study (Russian Federation) The goal of both research projects is to understand the frailty concept and its impact on the health of community dwelling people above 64. This population is under the responsibility of GPs. The study’s results will help to elaborate new principles of collaboration between the geriatrics and GPs, to enhance the sharing

of responsibility and to create relevant input in the teaching of new GPs.

One of the solutions to the problem of teaching on frailty could be the introduction in the vocational training of all GPs/FDs of a 3-6 months rotation in geriatric establishments of different kinds (acute care units, rehabilitation ones, long-term care institutions, nursing homes, day care centres -geriatric or psychogeriatric-, home aid mobile units, etc.). Another idea might be the introduction of specific teaching modules including vignette (case) analysis and acquisition of specific skills, composites of the comprehensive geriatric assessment [MMSE, Geriatric Depression Scale-30, Mini Nutritional Assessment -short and full form-, Timed Get Up and Go Test, Tinetti test, ADL of Katz (Activities of Daily Living), IADL (Instrumental Activities of Daily Living) of Lawton, etc.]. Furthermore the teaching modules should not only address the diagnosis, assessment and management of specific diseases (e.g. Alzheimer’s disease, denutrition, osteoporosis, depression, etc.) or syndromes (e.g. falls, incontinence, frailty, etc.) or conditions (e.g. Polypharmacy) but should also be focused on prevention, reducing iatrogenesis and promoting function.

For the already existing GPs/FDs working in the field, the solution might be the organization of Continuing Medical Education/ Continuing Professional Development activities promoting the very same goals and focusing mainly on acquisition of skills and attitudinal change. Some of these courses may be presented in electronic format, for implementation through EURACT.

These new needs and challenges for the health care systems in Europe will demand a concerted action/effort of all of the family physicians, geriatricians and nurses in primary care. In particular, in addition to the need for more intensive training there is an

increasing need for more intensive research in primary care. Public health officials, politicians and local authorities' representatives should also intensely and thoroughly be informed, updated and lobbied the interests of the proposed approaches and strategies, especially using as contact points the notions of cost-effectiveness and the possibilities for large scale economies, through such concerted actions of education, training/retraining and reorganization/changing of philosophy of primary/proximity services in primary health care of the community dwelling elderly.

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Family medicine in Estonia: historical background and newest trends

"92% of those who had visited their family physician during 2007 were satisfied with the service and the share of satisfied patients had risen by 9% since 2001"

by Ruth Kalda

Prior to the independence, the Estonian Primary Health Care (PHC) System was based on the Soviet Semashko model. PHC services were mainly provided in polyclinics and health centres owned by the municipalities. There was no specialist training in family medicine and the specialty did not exist. Polyclinics were staffed by therapists, paediatricians, gynaecologists and other specialists.

Following independence, PHC reforms were introduced in 1991. The reforms aimed to develop a family medicine centred PHC system and to establish family medicine as a medical specialty. In 1993, family medicine was designated as a medical specialty in Estonia – the first Post Soviet country to do so. New postgraduate training

programmes were introduced, including a three-year residency programme for new graduates and an in-service training programme for retraining of specialists who were working in PHC – especially therapists and district paediatricians.

In 1997 significant health reforms were introduced in primary health care, which required Estonian citizens to register with a family physician (FP) and family physicians to become independent contractors. As independent contractors, family physicians were able to conclude a contract with the Health Insurance Fund (HIF) to provide primary health care services to their registered population and be remunerated according to a new mixed payment system comprising capitation payment, fee-for-service, a

basic practice payment and additional allowances. Since 2006 a special fee for quality of care (quality bonus system) was established. This bonus system wants to stimulate preventive activities, the follow-up of patients with chronic diseases as well as the provision of more comprehensive care.

Partial gate keeping was introduced as part of the PHC reforms. Family physicians have a gate keeping function and control to a large extent the access to specialist care. Generally patients need a referral from the FP to see a specialist and to be admitted as an inpatient (except for acute emergency cases when ambulance services may be used).

Access, accessibility and quality of primary care are monitored by the Ministry



Estonia is a small country with 45,226 sq km, population about 1,33 million. In Estonia we have only one Medical Faculty, which is located at the Tartu University, the oldest in the Baltic Sea region (founded in 1632).

Medicine has been taught at the University of Tartu since 1632 when the king of Sweden, Gustav Adolf, gave orders to found a university here. The Faculty of Medicine offers basic courses, residency training and degree courses.

In 2008 there were 4504 physicians in Estonia (excluding dentists and pharmacists). This means that there were ~338 physicians per 100 000 inhabitants. According to the official data, there are 940 certified family doctors today in Estonia, but the number of trained family doctors is somewhat higher (~1050). Some of them retired, went to work abroad or work in other areas.

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My current position is: since the 1st of Sept. 2009 I am professor of the Department of Family Medicine. I am chair of the Estonian Society of Family Doctors and I am working as part time family doctor in a group practice (5 doctors together).

of Social Affairs and the Estonian Health Insurance Fund. Surveys show that, overall, 92% of those who had visited their family physician during 2007 were satisfied with the service and the share of satisfied patients had risen by 9% since 2001. The satisfaction with family doctors is even higher than the satisfaction with other specialist services (86% of the patients were satisfied with specialist in 2007). Accessibility of family physicians is generally good – more than 40% of patients surveyed in 2007 were able to see their family physician on the same day, 33% during 1-2 days and only 2 % of patients waited for more than week. However, compared to the period 2001-2002, the number of patients seen on the day of attendance has decreased. In 2002 this number was more than 60%. The decrease is mainly due to the growing work-load and responsibilities of family physicians in every day work. Compared to 2001, significantly more problems are solved at primary care level today.

During the last years several new developments took place in Estonian primary health care, but also in health care as a whole. First, the Estonian Society of Family Doctors worked out a collection of standards describing acceptable levels of family medicine practice organisation and clinical work. The document consists of written text, a table of indicators, an

example of the patient questionnaire for feedback and a digitable table in the Society's intranet for voluntary comparison of practices and doctors. The quality guide has 4 parts : access to practice, organisation of the practice, quality of clinical care and practice as the base of teaching and research. Quality management systems will be soon linked to the practice contracts and certain incentive systems.

A second change occurred when the Estonian Society of Family Doctors started to create a distant learning environment for family physicians, called as SVOOG. At the moment SVOOG includes about 120 different topics and lectures which family physicians can listen to and read without leaving their every day practice.

The third very important development is related to the nationwide e-health system. During the last decade, Estonia became well known as a country with advanced e-services, not only in the business sector (especially banking), but also in e-Government services (electronic tax board, state commercial, car and shipping registers, e-voting, e-school, e-ticket etc.). Other IT-solutions such as digital signatures and ID-card authentication are recent innovations, and their use is comprehensively regulated by national law.

The idea of e-Health and a national e-health information system already emerged in 2002. The purpose was to develop a nationwide framework (database) using different medical documents in a digital format that facilitates the exchange of diffuse health information, which was available only in local databases and information systems that were not able to communicate with each other. Implementing e-Health projects resulted in the Estonian health information system that was launched on December 17th 2008. The gradual development of the system will continue until 2013. From the September the 1st of 2008 the health care service providers



are obliged to forward medical data to the health information system. The rules for data usage state that only the health care employee (the attending physician) currently associated with a patient's treatment has the right to make enquiries about this patient's data, i.e. the patient's attending physician or a medical assistant.

Patients have the right to set restrictions of access to their data. In this case the patient will be informed by the information system at the time of setting the restriction that it is dangerous to his/her life and health to provide health care services based on insufficient information. There will be no access allowed to initial docu-

ments even in the emergency situation and the patient will take full responsibility regarding possible consequences that may arise from banning access to data.

The Estonian health information system is globally unique for the fact that it encompasses the whole country, registers virtually all residents' medical history from birth to death, and is based on a comprehensive state-developed basic IT infrastructure.

"Compared to the period 2001-2002, the number of patients seen on the day of attendance has decreased. In 2002 this number was more than 60%. The decrease is mainly due to the growing work-load and responsibilities of family physicians in every day work."

Literature Reviews



Defining and assessing professionalism – a blueprint

Reviewer Monica Lindh

Wilkinson TJ, Wade W, Knock D. *A Blueprint to Assess Professionalism: Results of a Systematic review. Academic Medicine* 2009; 84(5):551-558.

Summary

There are many and varying definitions of professionalism, no agreed consensus, and views on professionalism may change over time. Many attempts have been made to develop tools to measure professionalism.

The purpose of this article is to match assessment tools to definable elements of professionalism and to identify gaps where elements of professionalism are not well addressed by existing assessment tools.

Literature reviews of definitions of professionalism and of relevant assessment tools were made. This was done within Medline and then expanded through manually checking for further publications.

The findings have been clustered into five clusters of professional-

ism. Predominantly professionalism is about what someone does, rather than what he/she knows. And nearly all definitions include some elements of reflectiveness and/or self-monitoring. Nine clusters of assessment tools were identified. Findings are presented in tables including an overall table "Professionalism Assessment Blueprint".

Professionalism can be assessed using a combination of assessment tools such as mini-CEX, P-MEX, MSF, patients' opinions, paper-based tests, simulations, measures of research and/or teaching activities, and scrutiny of self-assessments compared with assessments by others. Portfolio is seen as having a role of collecting evidence but not as the source of that evidence. More tools need to be developed to measure some of the attributes for example reflectiveness, dealing with uncertainty and advocacy.

Comments

This is a new article from 2009. The first author is the associate dean in medical education at University of Otago, New Zea-

land. It is a thorough and well-described literature review leading to interesting and valuable findings.

However some assessment tools commonly used are not included (why? because there are no studies published?), for example repeated video-recorded consultations with real patients seen in real/actual practice. The Assessment Blueprint (table 3) does not include assessment by the supervisor (the most common assessment tool/model in for instance Sweden where the supervisor might have been supervising that trainee for 5 years or more, working in the same workplace). Also the portfolio could be used as the source of evidence for assessing for example completion of tasks, time management, punctuality, and taking responsibility.

Implications for training

Interesting to read for those involved in assessments, especially for directors of training and assessment, trainers' course organizers, medical departments etc.



Medical teacher as the hero of nonfiction literature

Reviewer Elena Frolova

Sutkin G, MD, Wagner E, Harris I, PhD, and Schiffer R, MD. What Makes a Good Clinical Teacher in Medicine? A Review of the Literature. Acad Med. 2008; 83:452–466.

Summary

The purpose of this review was to find the key features of a good clinical teacher. Methods used are discussions with clinical teachers on their own experiences, framing the question (what are the qualities of a good clinical teacher in medicine), and searching for the literature pertinent to this question. Between July and December 2006 titles from Index Medicus, Pubmed, PubMed related articles and referenced articles were reviewed. Chosen articles were then read in their entirety and those that described specific characteristics of clinical teachers were included. Qualitative analysis was used to identify themes. From 4914 titles 68 articles were selected for analysis. Four hundred eighty descriptors were identified and grouped into 49 themes, which were clustered into main categories: physician, teacher and human characteristics. Non-cognitive characteristics dominated the descriptions and themes. The conclusion is that inspiring, supporting, actively involving and communicating with students characterize excellent clinical teaching. Therefore faculty development programs and future research should focus on development of the non-cognitive attributes of clinical teachers, as well as the knowledge and skills associated with effective teaching.

Comments

During the previous meeting of EURACT Council members we discussed very actively this question. We did not come to any conclusion and did not finish the discussion. I am sure that it is the same discussion that can be heard in any department and/or offices of General practice. The question is not only the consequence of curiosity. It reflects the growing interest of the public and society for the quality of health care and correspondingly for the quality of teaching. Is a good teacher the product of education? Can we foster him or must he have inherent personal features which make him so good in teaching?

If the authors' view is followed, we should believe that non-cognitive characteristics are prevalent among others and thus they make out a good teacher. This position is one that is close to my heart. But what to do with people who want to teach or who must teach because of their clinical position, but were not awarded by fairies during birth with such brilliant features as patience, good sense of humor, and other qualities, listed in the appendix?

I do agree that we can create a good model of teaching behaviour, and to learn this model is to become a good teacher. I do agree that a teaching style may exist and that we can improve it. But some of the statements (quoted in the appendix) that were used as the basis for determining the characteristics are contradictory.

Can we accept this approach to elaborating a good clinical teacher model? I am not completely sure, because despite of the systematic literature review method the first step (framing the question in the discussions with the clinical teachers) was subjective. We also have to be careful when

this model is internationally acceptable. In countries where the paternalist style of teaching is still popular, for example, not all the characteristics mentioned would be accepted by both teachers and students or trainees. Anyway, this article is very interesting and stimulating for our own search: how to make a teacher good?

Implications for training

This article may be very useful for discussions with faculties, with students and trainees, and also for including some of the characteristics proposed into faculty development programs. Finally it may be a starting point for generating a good clinical teaching features list (as Good Clinical Practice for example).

Globalization in medical skills assessment

Reviewer Yvonne Van Leeuwen

McKinley RK a.o. Development of a tool to support holistic generic assessment of clinical procedure skills. Medical education 2008; 42 619-27.

Summary

The article describes an attempt to globalize checklists for procedural skills. The main reason is because skills increase as well as the variety of performers. A very careful and elaborated procedure, with both qualitative and quantitative elements, is introduced to assess reliability and validity of the checklists. Moreover, non technical aspects are introduced, which position the skill in its context. Test validity is mainly assessed by consensus-techniques, reliability with generalizability estimated, resulting in a certain mini-

conclusion is that globalizing checklists contributes to feasibility.

Comments

Before arguing, I want to state that I have tried to escape being taken into custody because of an attempt to administer a lethal dose of cyanide to a patient by intravenous injection. I doubt whether an assessor using only his checklist, would have caught me.

This illustrates the difficulty of globalization: specific elements like checking the content of the bottle are left out, because the skill could also be suturing a dermal wound. In my opinion, the preferred instrument depends highly on the desired feedback. A beginning surgeon wants feedback on the exact stitches he makes, not (only) on the performance as a whole. See also the literature of Eriksson on deliberate practice - training for hours to perform one music scale well, or a backhand volley in tennis. Secondly, globalization assumes that you have assessors who know the skill rather well.

This having said, I appreciate the careful and elaborated approach to construct an instrument which is really needed. See only the many checklists (51) assembled, which must have cost a lot of time to construct. It may be an idea to start with the G (global) list and add specific items if needed fitting the focus of feedback.

My last question concerns the weighing. Being considerate towards patients and skillful technique, should not be mutually exchangeable as far as scoring is concerned. Students should score sufficiently well on both.

Literature Reviews

Teacher as a patient? No, patient as a teacher!

Reviewer Sandra Gintere

Jha V, Quinton ND, Bekker HL, Roberts TE. What educators and students really think about using patients as teachers in medical education: a qualitative study. Med Educ 2009;43 (5):449-456.

Summary

This is an explorative study using qualitative methods with the aim to find out the benefits and drawbacks of patients as educators for the medical students. It is a qualitative study with semi-structured focus groups set at the university and hospital of Leeds, UK. A purposeful sample of 46 participants divided into 4 focus groups of clinician, non-clinician teachers, patient-educators and medical students of each study year were used. Semi-structured focus group interviews followed by thematic content analysis.

The main themes were: the role and the impact of the patient-educator including the patient as a storyteller as well as mechanisms explaining the patient-teacher role in the medical training. Most of the time the participants of the above mentioned focus groups had similar views on the topics.

Patients-educators might be helpful in consolidating the theory into practice as well as giving close insight into patients' feelings and perceptions of an illness.

However, the major problem indicated were the repeated narratives of the traumatic illness experiences of the

patients and the way students would perceive them emotionally. In addition, the quality of a study process of such type needs to be constantly monitored.

Focus group participants did not accept the patients' involvement in the curriculum development and formal assessment.

Both educators and students see the value of patients being educators though with some potential pitfalls related to the quality assessment of the learning process as well as emotional involvement of both students and patients.

Comments

In my opinion, the purpose of this study is to inform medical educators who have already been working with patients-educators of the potential strengths and drawbacks of the particular education format.

Overall, it is a very well designed study with explicitly explained methodology as part of the study.

The evaluation of the particular parts of the paper follows :

The abstract represents the full article with exception of conclusions that are not linked with the results part. In addition, no clear conclusions are given on the main part of the paper answering the question of the title of the paper - "what people involved in the education really think about patients-educators?".

As a result, the usual format of main themes with some

typical quotations is used which is very helpful in order to get insight in the work of the focus groups.

Though the discussion of the results by each participant group is missing, I would expect some differences in views, e.g., between the group of non-clinicians and clinicians or medical students of non-clinical years compared to the ones from the clinical years (for instance on the theme of the emotional impact of the patient-educator on the students).

The group of patients-educators is missing in the part describing the results (this group is only mentioned the chapter "Sample size").

The discussion part gives a very good summary of the main topics discussed which probably could be emphasized also in a more condensed manner in the separate chapter "Conclusions". Too little is said on the potential biases and problems related to the study (except the selection bias).

The last 2 questions in the list of questions for the focus group (Appendix 1) on the 'expert-patients' and the effects on doctor-patient relationships are extremely interesting though not discussed in the paper.

Overall, this paper is a very good example to learn how to carry out a good quality research in a qualitative manner. However, in my view, the readers would also expect some 'tips' or suggestions on how to use this format more efficiently

or advice in what setting and in what circumstances the patient-led learning sessions would benefit the students most.

Implications for training

As mentioned here above under comments, the implications/drawbacks cannot be drawn very clearly from the paper. In my view, the patient-led-education can be used in some non-clinical years as an example when discussing issues related to communication skills, but for clinical years this format could be used more frequently involving the development of the clinical knowledge as well as communication with the patients. The main drawback of the particular format is the complicated way of standardized training of patients-educators as well as the assessment standards following such sessions.

Portfolios can support and assess competence development in medical education

Reviewer Bernhard Rindlisbacher

Driessen E, van Tartwijk J, van der Vleuten C, Wass V: Portfolios in medical education: why do they meet with mixed success? A systematic review, Med.Ed. 2007;41:1224-33.

Summary

The study is a systematic literature review on the effectiveness of portfolios ("reports on work done, feedback received, progress made and plans for improving com-

petence”) in supporting and assessing competence development in undergraduate, postgraduate and continuing medical education. It shows that portfolios are in fact effective to support learning and feasible for assessment if they fulfil certain important criteria. These are decisive in the successful use of a portfolio.

The recommendations, based on the studies containing empirical data, are as follows:

- Clearly introduce the goals of working with a portfolio to learners and teachers
- Combine the two goals learning and assessment (if portfolios are not formally assessed, other summative assessment instruments tend to be prioritised by the assessment-driven students and the use of the portfolio is tailed off)
- Integrate the portfolio into other educational activities in the curriculum
- Provide clear guidelines about the procedure to follow, the format and the content of the portfolio but keep the format flexible and avoid being overly prescriptive about the content
- Use a hands-on introduction with a briefing on the portfolio's purpose and the procedures
- Avoid too much paperwork
- Be cautious of possible problems of the users with information technology
- Provide mentoring by teachers, trainers, supervisors or peers to enhance learning
- Use assessment panels of 2-3 assessors depending on the stakes of the assessment and train the assessors (in high stakes exams a satisfac-

tory reliability can so be achieved)

- Use holistic scoring rubrics (global performance descriptors) to allow for learners' preferences
- It may be a good choice to combine the portfolio assessment with an interview.

Comments

This is an important study by authors who for a long time already work in this field. They have published themselves quite a few scientifically well based articles on the use and effect of portfolios.

A bias might be that they support, based on their studies, the use of portfolios in medical education.

Implications for training

For general practice portfolios are an especially important tool as they allow for a holistic and integrated approach in education and assessment and they can support reflective practice. So a portfolio may well be used to support the development of competence in more complex fields like person-centred care, comprehensive and holistic approach to the patient.

“PBL is like sex: more fun than IVF but not more effective” (quote from G. Norman)

Reviewer Yvonne Van Leeuwen

Norman G e.a. Predicting doctor performance outcomes of curriculum interventions: problem bases learning and continuing competence. Med.Educ. 2008;42:794-9

Summary

The article compares alumni from Mc Master (PBL curriculum) and Canadian conventional

schools on keeping up to date with new medical knowledge and on performance according to peers. On neither issue the ex-PBL-students performed better.

In spite of the study limitations the conclusion is warranted that PBL is not the major asset it was assumed to be.

Comments

It causes a kind of grief to see ‘proven’ that a learning method which is so attractive to students is not as promising as it was supposed to be. Thus, the sex metaphor is very appropriate: more fun, not more kids (than IVF).

It is, however, still worthwhile to look for other valuable outcome measures e.g. the ability for teamwork. If nothing works: fun is very important too and the amount of drop-outs being so small is a kind of efficacy anyway.

To be aware of romantic and pseudo-self evident gain, is an important message to retain from this article too!

Implications for training

Go more for evidence based education.

Does the presence of medical students affect quality in general practice consultations experienced by patients?

Reviewer Mladenka Vrcic-Keglevic

Price R, Spencer J, Walker J. Does the presence of medical students affect quality in general practice consultations? Med.Educ. 2008 42;374-81

Summary

Previous studies have

has looked at the effect of students' presence on conventional UK general practice consultations.

This study aims to measure the quality of the consultation as experienced by patients when students are present, to explore patients' attitudes to the presence of medical students, and to look at the relationships between these factors.

A cross-sectional questionnaire study was conducted in general practices in north-east England. General practitioners (GPs) from practices teaching fourth and final year students administered questionnaires to patients who were seen in either teaching or non-teaching consultations. The questionnaire comprised previously validated measures of empathy and enablement as measures of quality, attitudinal statements regarding the presence of students, a scale rating pertaining to the patient's degree of acquaintance with the doctor, and items on demographic data.

Results showed no significant differences in enablement scores between the 2 groups. Consultations with students present, last longer. Empathy scores were significantly lower in the 'students present' group, but the size of the difference was small. Attitudinal statements regarding the presence of students showed a high proportion of positive responses, and some groupings of negative ones. Further analysis demonstrated some significant links between attitudinal statements and enablement and empathy scores.

The quality of general

Literature Reviews

practice consultations was not adversely affected by medical students' presence. However, significant numbers of patients who agreed to be seen with a student present were resistant to the students' presence.

Comments

The study has several strengths. Firstly, the research topic is highly relevant to the general practice as an academic discipline as it concerns an important teaching resource in undergraduate medical education. It is important to emphasize to various stakeholders that "The quality of general practice consultations was not adversely affected by medical students' presence". Secondly, the topic was put into a well elaborated framework, enabling the reader to make conclusions on the added value of this study. Thirdly, several already validated instruments (PEI, CARE, patient-doctor acquaintance, length of consultation...) were used to measure the quality of a consultation from the patients' perspectives, which leads to valid conclusions. Fourthly, a large number of the patients were involved. Fifthly, several different statistical methods, (chi-square test, Mann-Whitney, Spearman correlation, multiple regression and factor analyses) were implemented to get a deeper insight into variables and their associations. Sixthly, the results are presented in a simple and readable manner and the discussion is

organized along with the results and in comparison to the results of other studies.

The study has some limitations. One of the limitations mentioned by the authors is that they were unable to relate the patients to a particular GP. Another limitation is the possible effect of the study on the GP's behaviour (the same as usually) and the fact that attitudinal statements are presented to the patient with students present at the consultation.

Implications for training

Further study would be very valuable to see why a certain number of patients were resistant to having the students present : what are their reasons ? What are their suggestions ?

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The education and training of rural doctors

Reviewer Sandra Gintere

Story M. *The rural doctor shortage: two aspects of an international issue.* *Med Educ* 2008;42:552–3.

Summary

This is the summary of and commentary on two studies on the topic of education and training of rural doctors: the retrospective study by Wright and Woloschuk on

data from one medical school in Australia (1) and the meta-analysis of 12 studies by Wilkinson et al. (2). The summary of both studies is given as well as discussions on potential challenges in implementing the novel method of videoconferencing suggested by Wilkinson et al.

Comments and implications for training

I agree with the author of the commentary on the potential financial challenges related to videoconferencing as well as to addressing this issue of rural doctors in general. In addition to the training itself, the selection procedure during the admission process to medical schools can be reviewed. This is in contrary to videoconferencing a low-cost way to ensure the admission of a higher proportion of students from rural areas.

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Teaching complexity is complex

Reviewer Yvonne Van Leeuwen

Cook DA et al. *Introducing resident doctors to complexity in ambulatory medicine.* *Med Educ* 2008;42:838–48.

Summary

The article constitutes an original study to test e-learning on complex medical cases among 1-3th year medical residents.

Complex cases were presented to residents and experts of different fields (e.g. endocrinologist and general practitioner). Residents compared their answers to a complex written case with those of experts. The aim was to have the residents learn from the comparison, to attract them towards the diversity of approaches. The residents however, suffered more than they enjoyed from this presented complexity. It is suggested that it may be better to slowly increase complexity and present it in fragments.

Comments

The study itself as well as the outcome and the theory presented are interesting. The complex cases are cases often presented to GPs, in the Netherlands. Our residents learn day by day to tackle such complexity, having one hour per day to discuss these with their teacher. American students seldom have this opportunity, so looking for means to show how diverse problems and solutions are, is sensible. I can well imagine the residents' wish to discuss on these patients live with a forum of experts. I doubt whether the overwhelming information should be reduced and presented in fragments. Why not podcast the reaction of the experts and present this on the e-learning environment, asking the students to react toward these comments? One more comment: It is often the identity of the patient that structures the knowledge about the pa-

tients. Presenting a face and perhaps a little film may help against overload and increases commitment.

Implications for training

It may be worthwhile to try this out in undergraduate training with all kinds of IT-facilities.

What is professionalism and how to train it in medical education? – The theory of planned behavior (TPB) model

Reviewer Monica Lindh

Archer R, Elder W, Hustedde C, Milam A, Joyce J. *The theory of planned behavior in medical education: a model for integrating professionalism training. Medical Education* 2008;42:771-7.

Summary

There is no common definition of medical professionalism. This paper discusses various definitions of professionalism. Some of the factors that influence behaviors of professionalism are identified. The current indirect methods used to teach professionalism in medical schools are not adequate to affect change in learners' attitudes and skills, which may lead to a poor relationship between the attitudes taught and their corresponding behaviors.

The paper describes a model based on the theory of planned behavior (TPB) which originates in the social psychology literature. In TPB behavior is predicted by intention which is influenced by three factors: attitude towards the behavior, subjective norms and perceived behavioral control. The TPB has been used to successfully predict a variety of health-related behaviors including smoking and exercise. The suggested model is predictive of

professional behaviors. Limitations of this proposed model are also described.

In conclusion: Successful implementation of this model in medical education curricula should increase positive professionalism attitudes, alter institutional social norms and increase the perceived behavioral control of students.

Comments

This is an interesting paper from the Department of Family and Community Medicine, University of Kentucky, USA. It introduces and describes a model that originates in another scientific field, social psychology. The abstract part might be a bit "too" theoretical but the full article clarifies the topic, describes the model and is well-written.

Implications for training

According to the authors, the TPB best serves the purposes in medical student education. To me the content of the paper seems to be useful for trainers/educators involved in ST-training as well as to doctors and facilitators involved in CPD activities, even if the model as such might not be implemented.

Is it Fashionable? Yes! Is it simply and easy? No! Is it useful and valuable? Yes!

Reviewer Elena Frolova

Deketelaere A, Degryse J, De Munter A, De Leyn P. *Twelve Tips for Successful E-tutoring of Electronic Portfolios. Medical Teacher*, 2009

Summary

E-tutoring of a digital portfolio allows for personal guidance in a context in which regular face-to-face contact between supervisor and student is difficult. In medical training an e-portfolio can be a handy tool during long periods of clinical clerkships in peripheral contexts. However, implementing e-tutoring in practice is not always straightforward. Tutors do not always get round to posting e-feedback regularly. In this article authors present twelve tips which can increase the chances of successful e-tutoring of electronic portfolios. The tips are based on the authors' own experiences with e-tutoring, on interviews with 14 tutors of an e-portfolio and on questionnaires answered by 107 students who have experienced the e-tutoring.

Comments

Nowadays to implement e-learning is a very fashionable trend. But how often a crash of plans follows because of unskillful hasty efforts! Unfortunately people think that every thing linked with E (e-learning, e-portfolio, e...) will make everything easy. And how disappointing the results may be!

It is a pity that an appropriate number of publications on this topic can not be found. Both the mentoring and the tutoring are not too popular in publications. From the 1988 onwards only 27 articles were published about mentoring (Pubmed resources) and not more than 100 from 1966 about tutoring.

An interesting point is the differentiation of mentoring and tutoring and the detailed explanation of what these

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words mean. This may be most important for countries which only start to be members of the educational community and of course it is of the utmost importance to have a common ground for our efforts to improve teaching. Differences between countries in terminology and in programs, curriculums still

exist. The idea even crossed my mind to adjust (or to extend) the vocabulary of EURACT pages according to this paper: tutoring, teaching, mentoring, e-learning, portfolio.

Personally it was very useful to learn some things about the implementation of e-

portfolio step by step during the year. I agree totally with the delicate position of the authors as far as the relation of tutor and students is concerned. And what else did I get from this article? Practical things which could be special directions to act.

Do you think that it is too easy to be e-tutor? Tell us!

Implications for training

Very useful for creation of e-learning and implication of portfolio method. My proposal is to open a discussion about these tips on the EURACT website.

Agenda

EURACT

April 2011

Euract council meeting
TARTU (Estonia)

November 2011

Euract council meeting
FARO (Portugal)

WONCA – Europe

8-11 September 2011

Europe Regional Conference
2011 Warsaw, Poland
"Family medicine, practice, science and art".

EGPRN

www.egprn.org

4-17 October 2010

Zürich-Switzerland
The theme for this meeting is:
"Motivation in Medical Education and Patient Communication"
Deadline for abstracts is the
30th June 2010

5-8 May 2011

Nice – France
The theme for this meeting is:
"Relevant Outcome Measures in General Practice Research into Chronic Diseases".

AMEE

27-31 August 2011

AMEE 2011,
Vienna, AUSTRIA

9-13 March 2012

OTTAWA conference on
assessment of medical
competence
Kuala Lumpur, Malaysia



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