



Annual Report 2015 (Jan–Dec)



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The Irish College of General Practitioners

About the Irish College of General Practitioners

The Irish College of General Practitioners (ICGP) is the professional body for education, training, research and standards in general practice.

College Activities

- Teaching, training and education at undergraduate and postgraduate levels
- Accreditation of specialist training programmes in general practice
- Operates a professional competence scheme under arrangement with the Medical Council
- Examining body for membership in general practice (MICGP)
- Continuing education and professional development
- Research
- Practice management support through training, advice and consultancy
- General practitioner health
- Public relations and media liaison on behalf of the profession
- General practice publications, guidelines and protocols
- Advice and support to members
- Advocacy on behalf of the profession with external agencies.

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1. Chief Executive Officer’s Report

Author: Mr Kieran Ryan

The year 2015 was another challenging year for the College and our members. The government outlined how the country is recovering but unfortunately the recovery is not being felt equitably among rural and urban deprived communities. Hospital waiting lists are getting longer and longer, and the hospital trolley crisis continues to worsen. In 2015, the most significant event for general practice was the rolling out of free GP care for under-sixes. There were significant concerns about the implementation of such a scheme. On the face of it, the policy of providing access to care without fees being a barrier is one that the College would support, as fundamentally we consider healthcare to be a right and not a commodity. But we also understand that there are significant resourcing and planning issues needed to implement such programmes. Unfortunately, the voices of GPs on the impact of this programme on workload, out of hours activity and increased referrals to specialists fell on deaf ears. The College, though involvement with enthusiastic and experienced members, produced four important reports to address the need for the proper planning and implementation of care programmes. Our reports on rural general practice and general practice in areas of deprivation not only mapped out the problems but referred to the international evidence on solutions that need to be supported if we are ever to address the increase in health inequalities in these communities.

We also highlighted the future of Irish general practice as envisaged by our members and in particular our trainees and recent graduates. These reports should act as a significant warning to the HSE and Department of Health as to the real manpower crisis the Irish health services will face in a short number of years. There is a worrying number of highly qualified and trained GPs who intend to emigrate. We see that many will want to only work on a reduced number of sessions. On the positive side, they all wish to remain as GPs and they support chronic disease management in general practice if properly resourced. The time has come to have an inter-agency forum to plan our general practice and primary care services properly. Unless we develop an implementation pathway that adopts a variety of proven approaches and engage with all the disciplines in primary care, it is possible that the only part of the health system that isn’t yet broken may begin to fail in the manner our hospital system is failing the needs of the Irish citizen. The College will continue to provide the information and evidence base to support the better resourcing of general practice and primary care.

In 2015, the College reported a significant financial loss, and much of this has been covered in the treasurer’s report. As far back as 2014, it was clear that the ICGP systems and processes for financial reporting and control needed to be improved. We changed our operational model in the accounting team and appointed Mr John McCormack as our financial controller. John’s experience in finance and the health and social care sector has been invaluable to the ICGP. We have put in place robust systems of budgeting and reporting. We have formally established our Audit Committee and have supported our managers to understand the underlying resources available to them in the provision of services to members. Notwithstanding the deficit reporting in 2015, we are confident, based on a rigorous budgeting process and the unique nature of some of the contributory factors, that the ICGP will be in a positive position in 2016 and beyond.

We ended 2015 with the launch of the College’s statement of strategy for 2016-2020. I wish to thank Dr Brendan O’Shea who lead on the engagement with members on the development of the strategy and to all our members who participated in a number of

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workshops as we developed this important document. The strategy restates the core mission and values of the College and its members, and outlines key areas in education, advocacy and research which the college will pursue in achieving our strategic goals.

The College also engaged in the long awaited formal process of negotiating with the HSE on the transfer of training responsibilities from the HSE to the ICGP. This has been a long term project or objective for both the College and the HSE, and we were encouraged that there is formal engagement. The Board of the College have spent long hours devising a new structure for the delivery of GP training, that ensures the quality of training and vital key components of Irish GP training are maintained. We hope to have the final agreement and commencement of the implementation of the new structures underway by mid-2016.

Our president, Prof O’Kelly and chair, Dr Sheehan, and all our Board members, the Council and a myriad of committees have shown great leadership and wisdom. The College would not exist if it were not for the selfless commitment that these GPs make on behalf of their profession. The management team of the ICGP and all the staff have, as we have seen time and time again, risen to the challenges and ensured that we stay focused on supporting our members in all the activities we are involved in. At the time of publishing this, my colleague and advisor, Dr Margaret O’Riordan, will have stepped down from her role here in the ICGP. Margaret has been an incredible asset and true professional in all her work in the College on behalf of members. Her patients will be very lucky to see more of her and I wish her my very best regards.

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2. President’s Report

Author: Prof Fergus O’Kelly

Summary

Since my installation as president of the ICGP last May, I have attended many meetings and functions on behalf of the College. I have learned the importance of this role to the College and I have tried to be an effective ambassador for the College, and hopefully will do so for the remainder of my term.

The role of ICGP president is a prestigious role and I follow in the footsteps of 30 previous distinguished general practitioners. The role of College president includes the following (as I see it to date):

- Being one of the main College Officers and Board members to assist with key decisions and policies.
- Representing our speciality at other colleges, annual functions, and important meetings and events.
- Helping to reinvigorate College faculty activity and support individual members.
- Listening to members’ queries and concerns, and bringing the voice of GPs from the faculties to the Board.
- Attending meetings of College committees and sub committees. Thanking the members of those committees for their hard work and professionalism on behalf of the ICGP.
- Acting as an advocate for the speciality of general practice.
- Being a member of ICGP delegations who meet with the HSE and Government policy makers.

After the Council meeting in November, I had the honour and great pleasure of officiating at the annual graduation ceremony. There were 200 graduates with 157 graduating from the training schemes from all over the country. It was a great afternoon with a lot of infectious enthusiasm in evidence.

The talks with the HSE on the proposal that the College would assume responsibility for delivering GP training have been long, arduous and difficult but ultimately successful for the College.

I represented the College on the National Cancer Strategy Committee. This involved 10 or more long meetings with much work in between sessions over several months.

Other meetings I attended are as follows:

- The ICGP Winter Meeting.
- The Sligo Faculty clinical meeting and annual dinner.
- The national launch of the diabetes clinical care document.
- Formal meeting with Minister Leo Varadkar to discuss recent College reports and other matters.
- Meeting with the IMO to discuss matters of mutual interest, especially chronic disease management.
- Meeting with the East of Ireland Hospital Group CEO to discuss GP participation at their Board level.

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- Ongoing representation at the Forum for Postgraduate Training Bodies. Recent attendance at a day long workshop on the future role of this group.
- Attendance at the Sligo Clinical Society and Faculty annual meeting and dinner.
- Attendance at the IMO President’s Charity Ball.
- The National Trainers Conference
- AUDGPI Annual Scientific Meeting.
- ICGP Memorial Service – St Andrews Church.
- RCGP reception at the WONCA Europe Conference, Istanbul – Chair.
- Medical Education and Training Leaders Forum – Vice-President.
- Faculty of Paediatrics, RCPI – Annual Reception and Dinner.
- MPS Evening Reception, RCSI.
- Bray Faculty Relaunch.
- MPS General Practice Conference, Convention Centre, Dublin – Chair.
- RCGP Annual Conference 2015, Glasgow.
- Primary Care Surgical Association Annual Scientific Meeting, Clontarf Castle.
- Retiring GP Group – College Offices, Lincoln Place.
- Irish Pharmaceutical Healthcare Association, Innovation and Partnership – Vice President.
- Meeting With Dr Eilis Mc Govern, METR.
- Meeting of the Forum Of Postgraduate Training Bodies.
- Meetings with Mr John Hennessy re. Primary Care issues.
- Meetings of College Committees including MICGP examiners , MICGP-AR group, NCCT, accreditors.
- Medical Council leadership meeting.
- Meeting with Ministers Leo Varadkar and Kathleen Lynch.
- Primary Care Surgical Association dinner.
- Examiner’s dinner.
- Irish Hospital Consultants Association.
- Faculty of Paediatrics.
- College of Anaesthetists.
- Faculty of Public Health.

I am enjoying my time in the post. The role is challenging but extremely stimulating and I have forged links with some of the key personnel within the HSE and Government structures. My hope is to be able to use those connections to advocate for better services and resources for general practice.

Thank you for your ongoing support.

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3. Chair’s Report

Author: Dr Mary Sheehan

Overview

2015 was, as ever, a busy and productive year for the ICGP.

On 29 January, we met with the Minister for Health, Dr Leo Varadkar, and discussed a number of issues. We spoke about the role of general practitioners in chronic disease management and the ability to deliver CDM if adequately resourced. We presented him with a paper detailing peer reviewed papers from Irish general practice proving that GPs can and do make a difference to mortality and morbidity when CDM is delivered in a structured fashion. (This paper was published in Forum subsequently.)

We discussed the crisis in general practice manpower with the emigration of new graduates and the new phenomenon of established GPs resigning from GMS lists and choosing to emigrate. We highlighted the difficulty in attracting doctors to rural areas.

We raised the fact that in the UK, a forum is in existence involving the Dept. of Health, BMA and RCGP to develop a primary care strategy, and asked him to consider “A Forum for National Development of General Practice” involving all stake holders.

In February, the second Vasco de Gama Forum was hosted by the NEGs (Network of Establishing GPs) Programme on 20-21. There were 328 registered delegates of whom 75 were Irish. During the meeting, Tony Cox, President; Fergus O’Kelly, Vice President; and I, as Chair, met with Professor Job Metsemakers and Dr Anna Stavdal from the Wonca Europe executive board. I would like to thank Peter Sloane, Sinead McEoin and the other members of the organising team for representing the ICGP NEGs Programme and Ireland so admirably.

At the AGM in May, a lively debate on the Under-Six contract was held which gave members an opportunity to air their concerns about the effect of the new contract on access, patient safety, workload implications and quality of care.

The autumn saw a flurry of publications from the ICGP, Margaret O’Riordan produced *ICGP Vision for the Future of Irish Rural General Practice*, and Brian Osborne produced a paper on deprivation and its effects on patients and GPs, called *Irish General Practice – Working with Deprivation*.

Bridging the Gap, How GP Trainees and Recent Graduates Identify Themselves as the Future Irish General Practice Workforce was produced by Gerard Mansfield, Claire Collins, Margaret O’Riordan and Kieran Ryan.

The Future of Irish General Practice – ICGP Member Survey 2015 was published in November and clearly demonstrates that virtually all respondents believe there is a crisis in Irish general practice. This survey highlights a high degree of stress and low morale in Irish general practice. Cuts in resources and supports in recent years have contributed significantly to this situation. This is compounded by workload issues with the lack of availability of locum cover and the inability to recruit both doctors and support staff seen as a major issue. Research shows that factors, such as work overload, lack of control over work demands and insufficient reward for work volume and complexity are risks for professional burnout. The high prevalence of these factors among Irish GPs shown here would suggest that, without intervention, this is a real risk for the current workforce. Promoting job satisfaction and morale, in addition to

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addressing issues such as administrative demands, will help to retain the current workforce. Despite the limitations outlined, GPs are supportive of new developments in general practice including chronic disease management, prevention related activities and working with primary care teams. This can only be translated into reality if adequate supports and resources are put into general practice. Manpower issues are a particular challenge with recruitment of both locum and new doctors at crisis level. The current GP workforce cannot continue to function unless this situation is addressed as a priority by the Government. At all meetings with the Minister, Department of Health officials and the HSE we have continued to repeat the message that general practice requires resourcing and support.

Throughout 2015, the College's statement of strategy was debated at workshops and council meetings. Dr Brendan O'Shea and Kieran Ryan surveyed and met a selection of the faculties to ensure that members' opinions informed the strategy. *Beyond 2020: Statement of Strategy 2016 -2021* was launched at the Winter Meeting. This strategy document sets the priorities for the College for the next five years and provides a benchmark against which College activity can be measured.

Also in November, the ICGP launched *Transition – Retirement Planning for the General Practitioner* by Dr Olivia Muldoon and Dr Brendan Lee. This guide is relevant especially to those contemplating retirement but contains useful information for most of us. This publication provides a resource for those exiting to match *Signposts to Success* for those entering general practice. All of these publications are available on the College website and I would recommend reading them to all.

General practice training and the transfer of training from the HSE to the ICGP has been an identified priority of the College for many years. During my term as chair, it has been an agenda item at almost every board meeting and at every meeting with the HSE or ministers. In the second half of 2015, talks began in earnest. The current model of GP training is recognised by the HSE to produce good general practitioners. However, the HSE has long expressed concerns about duplication, inefficiencies and a lack of standardisation nationally within the infrastructure. Stemming from these concerns, there has been a reluctance by the HSE to continue financially supporting GP training unless significant reform takes place. This ongoing position threatens the quality of training, the reputation of the ICGP and the quality of our future general practice workforce.

The College, as the training body, remains aware of our onerous responsibilities and also must take account of the changing environment, the Medical Council criteria, the Forum of Postgraduate Training bodies, and legal and financial concerns.

Guided by the rich experience of its members, the College remains firm on the protection of the core principles of GP training, namely, one to one mentorship in the training practice, day release with small group teaching and experiential rather than didactic learning. A comprehensive SLA, involving a new model of training in which these will be protected, is currently being determined. The new model will not appreciably alter the experience of the current GP trainee except positively. The details of the final agreement are yet to be fully clarified but a decision to proceed to drawing up a service level agreement has been reached.

Working in general practice is always challenging but current pressures, especially financial and workforce issues, have increased the stress for every GP. The ICGP will continue to advocate for general practice and general practitioners at every opportunity. It has been my privilege to serve as chairperson of the ICGP Board for the past three

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years and to learn the huge amount of work that goes on in Lincoln Place on behalf of all of us. So many members are involved in representing the ICGP and its members on statutory bodies, expert committees and forums, ensuring that the voice of general practitioners is heard and that we are represented. I would like to thank all of these members who give of their time to represent the profession.

Finally, I would like to thank all the staff in Lincoln Place who make the organisation run so efficiently and particularly Caroline Murtagh for her admin support to the Board. I would especially like to thank, on my behalf, but also on behalf of the members, the senior management team of Kieran Ryan, Dermot Folan and Margaret O’Riordan.

Strictly speaking this is meant to be a report on activity in 2015 but I cannot miss the opportunity to thank Dr Margaret O’Riordan for all her work for the College in the various roles she has had. Her expertise, enthusiasm, clear vision and ability will be sorely missed. I wish her well in her future plans.

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4. Honorary Treasurer's Report

Author: Dr Joseph Martin

The financial statements for 2015 reflect a difficult year for the College. We are reporting a deficit of €419,184 in 2015 compared to a surplus of €115,600 in 2014 (restated from the previously reported surplus of €116,362 due to changes in accounting standards). The deficit is as a result of a decrease in income of €226,431, an increase in operating expenditure of €328,688 and an increase in net finance income of €20,335.

On the income side, membership subscriptions and levy have been reduced by €73,756 and sponsorship by €31,476. The reduction in income from Professional Competence of €116,155 is a timing issue and while this income will be received in the first four months of 2016, it adversely affects the 2015 results and will give a once-off improvement to 2016.

Education and eLearning required significant additional subvention by the College to the tune of €98,000. The Finance Committee has recommended a review of some of the ways the College is spending its income especially with regard to the educational courses, as previously we had invested heavily in setting up new courses which would run over the following years, but with the onset of e-learning and competition from both subsidised or large commercial operators, the demand for our courses has dropped dramatically. The College is responding to the new rules for charities which are designed to provide the highest levels of financial clarity and transparency. Some of the deficit in 2015 is due to a more conservative application of the rules relating to deferring expenditure on education courses to following years.

The continuing difficulties in attracting advertising to Forum journal has resulted in increased costs of €42,000 to a total of €87,000 as the College is covering the costs of the postage and the medical editor's remuneration. The HSE greatly reduced the funding of the small group learning in the CME Network, so the Board decided to step in to help pay for CME in areas which would otherwise have inadequate numbers of small groups, at a cost of €74,000 last year.

As I mentioned in last year's report, the Board asked for a financial review to be carried out by an independent company. This report was carried out by Smith & Williamson and we have implemented their recommendations, the most important of which were the appointment of a full-time financial controller and the development of a budgetary and financial reporting process. This added to the costs last year while there was a crossover period, but from 2016 on, the direct and indirect financial benefits will be seen.

A budget for 2016 has been prepared in consultation with all the managers and the financial controller in a process where all income and expenditure lines have been reviewed and budgets set for each department. This should result in a return to an operating surplus in 2016.

While the performance in 2015 was a concern, it must be noted that the College is in a healthy position, being both solvent and liquid, with our balance sheet showing reserves of €3,197,603 and net current assets of €1,601,301. The new budgetary and financial reporting process we have introduced offers reassurance that the results for 2016 will be positive.

I would like to thank all the members of the Finance Committee, Kieran Ryan, Dermot Folan, our new financial controller John McCormack, Caroline Murtagh and all the College team for their help and support over the last year, and also a special thanks to Ms Mary Donovan – who is one of the lay members of the Board and is chair of the Audit Committee – for her expertise and guidance in this area.

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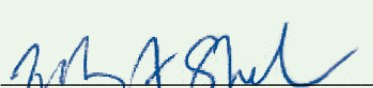
Profit and Loss Account
for the year ended 31 December 2015

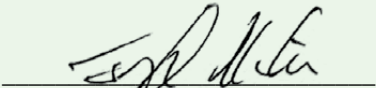
	Note	2015 €	2014 €
Income			
Subscriptions received		1,800,674	1,865,985
Professional competence		957,069	1,073,224
Other college generated income		1,208,856	1,522,683
Public and private sector funding		2,453,423	2,144,640
Foundation levy		245,546	253,991
Sponsorship		190,202	221,678
	4	6,855,770	7,082,201
Expenditure			
Establishment		103,933	97,854
Administration		2,408,023	2,346,498
Personnel		3,094,796	2,923,026
Professional fees		1,265,431	1,182,938
Committee, meeting and travel		271,776	244,385
Depreciation		143,207	163,091
Loss of disposal of fixed assets		-	686
		7,287,166	6,958,478
Operating result for the year		(431,396)	123,723
Interest payable and similar charges	6	(33,723)	(39,246)
Interest receivable and similar income	7	45,935	31,123
Operating (loss) / profit		(419,184)	115,600
Taxation			
Total comprehensive (loss) / profit on ordinary activities		(419,184)	115,600
			=====

There have been no discontinued activities or acquisitions in the current or preceding year.

A separate statement of total recognised gains and losses is not required, as there are no gains or losses other than those reflected in the income and expenditure account.

Approved by the Board of Directors on 16 April 2016 and signed on its behalf by:


Dr Mary Sheehan
Director


Dr Joseph Martin
Director

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Balance Sheet
at 31 December 2015

	Note	2015 €	2015 €	2014 €
Fixed assets				
Tangible assets	8		1,615,700	1,724,676
Financial assets	9		3	300,003
			1,615,703	2,024,679
Current assets				
Debtors	11	1,098,177		1,494,829
Cash at bank		3,018,636		2,893,790
		4,116,813		4,388,619
Creditors: amounts falling due within one year	12	(2,515,512)		(2,681,256)
Net current assets			1,601,301	1,707,363
Total assets less current liabilities			3,217,004	3,732,042
Creditors: amounts falling due after more than one year	13		(19,401)	(115,255)
Net assets			3,197,603	3,616,787
			=====	=====
Reserves				
Profit and Loss Account			3,197,603	3,616,787
			3,197,603	3,616,787
			=====	=====

Approved by the Board of Directors on 16 April 2016 and signed on its behalf by:


Dr Mary Sheehan
Director


Dr Joseph Martin
Director

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5. Membership Services Committee Report

Author: Dr John Gillman, Chair of Membership Services Committee

Introduction

Within the remit of membership services, we seek to identify and meet the ever changing needs of our members, including trainees, those establishing their practice, members whose practices are established and are practising in these challenging times, members who are planning retirement, those who are retired from active practice but wish to remain active in the College, and our members who are now based overseas.

The membership services committee has oversight of the following College programmes:

- ICGP faculty network
- Health in Practice Programme (HiPP)
- Network of Establishing GPs (NEGs)
- Retiring GP Project
- National General Practice Information Technology Programme (GPIT)
- Management in Practice Programme (MiP)

Activities in 2015

National ICGP meetings

- Network of GP Trainees Conference
- Annual Conference and AGM
- National Trainers Conference
- Summer School
- Winter Meeting

Retiring GPs Project

Project directors: Dr Olivia Muldoon and Dr Brendan Lee

In anticipation of a large cohort of members retiring in the next 5 to 10 years, the ICGP has looked at the needs of this section of the membership. This is in line with the overall objective of the College in supporting members throughout their professional career. The aim of the project is to make available a resource to enable GPs planning for retirement to do so in a planned and effective way.

The focus of the project directors in 2015 was on exploring and researching the needs of retiring/retired GPs and completing and launching a web based information resource for GPs planning for retirement from practice.

Transitions – Retirement Planning for the General Practitioner, a web based resource, was published and launched at the College Winter Meeting in November.

Delivery of workshops: the project directors presented three workshops on the themes of retirement from practice and planning for retirement at the following ICGP conferences:

- ICGP Annual Conference/AGM, May 2015 – Retired GP Discussion Group Workshop
- ICGP Summer School, June 2015 – ‘Planning to retire? GPs’ ideas, concerns, expectations and needs’
- ICGP Winter Meeting, November 2015

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Faculty Liaison Officer Project

Dr Mary Davin-Power, Faculty Liaison Officer

Ms Michelle Dodd, Administrator

- Support to faculty officers for the organisation of faculty meetings.
- Support to faculties in the coordination of activities and support, and role development for faculty officers
- Implementation of recommendations of the College faculty membership survey

Refer to Faculty Liaison Officer’s Report for more information.

Network of Establishing GPs (NEGs)

Dr Peter Sloane, Project Director (Jan-Oct 2015)

Dr Peter Sloane and Dr Laura Noonan, Joint Project Directors (Nov 2015 – March 2016)

New appointment: Dr Laura Noonan was appointed as NEGs co-director in November.

- The ICGP Winter Meeting was convened by Dr Noonan.
- The second Vasco da Gama Forum was held in Dublin in February.
- A series of regional NEGs meetings were held over the year.

Refer to Dr Peter Sloane’s NEGs Director Report for more information.

GPIT Programme

GPIT advisers and facilitators contributed to the following projects in 2015:

- Healthmail – GP training and introduction to hospital groups
- National Electronic Referral Project
- Further support of electronic cancer referrals
- Proposed introduction of Individual Health Identifier
- Advice on data protection issues
- Liaison with eHealth Ireland
- Contributions to the Council of Clinical Information Officers
- Presentation to the Health Informatics Society of Ireland Conference 2015
- Participation in the National Medicines Group for Older People
- Contributions to National Maternity System & Child Health and Immunisation Groups

Refer to Dr Conor O’Shea’s GPIT Report for more information.

Health in Practice Programme

Dr Andree Rochfort, Project Director

This key programme is dedicated to the health of doctors and remains a core support to members.

Refer to Dr Andrée Rochfort’s Health in Practice Report for more information.

Management in Practice Programme Report

Mr Dermot Folan, (Acting) Director of the Management in Practice Programme

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The Management in Practice Programme continues to support College members and their practices.

Refer Mr Dermot Folan’s Management in Practice Programme Report for details.

Publication

The Future of General Practice: ICGP Member Survey 2015 was launched in November.

Discussion

It has been my privilege to work with such a committed team of colleagues in developing and delivering a wide range of services to all our members.

Their work in 2015 on diverse areas, such as retirement planning, health in practice, the development of a pilot mentorship scheme, faculty reinvigoration, GP IT and enhancing the NEGS and GP trainee network, has been superb and feedback from our members has been extremely positive .

In 2015, the College commissioned a range of reports at the direct request of our members on the issues impacting upon patients and their doctors particularly affecting those in rural Ireland, the effects of deprivation on health inequality and our membership survey.

The results are astounding:

- 13% work in functional primary care teams
- 55% are unable to recruit sessional doctors
- 47% describe morale as poor or very poor
- 90% describe government communications with GPs as failing patients and doctors

The evidence base is very clear and it is incumbent upon the state to address these deficiencies and to reverse the effects of underinvestment in general practice which has been health policy throughout these years of austerity.

Dr Martin Luther King succinctly described “of all the forms of inequality, injustice in health is the most shocking and inhuman.”

As we look to celebrate the centenary anniversary of the Easter proclamation, perhaps as a nation and as a people we should reflect upon the current state of our nation, the cornerstone of which is the health and wellbeing of its citizens and the cornerstone of providing for the health and wellbeing of our citizens is general practice.

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6. Management in Practice Programme Report

Author: Mr Dermot Folan, (Acting) Director of the Management in Practice Programme

Introduction

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

- **Training** courses for general practitioners, practice managers, GP registrars and practice staff. These courses are provided under the Education Programme (refer to the Education Programme director’s report).
- **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.ie.
- **Referral** to external professional advisor network and resources.
- **ICGP Doctors’ Health Programme (HIP)**: The ICGP Doctors’ Health Programme comes under the remit of the Management in Practice Programme. The Doctors’ Health Programme report is provided separately by the director, Dr Andrée Rochfort.

Activities

Training courses

Management in Practice Diploma Course – Sep 2015 – May 2016

This is the nineteenth course to be delivered since the commencement of the MIP Diploma programme.

- Course director:** Mr Nick Fenlon
- Course administrator:** Ms Jana Pickard
- Course principal:** Mr Barry O’Brien, Management Consultant, Abbey Medical Management Consulting

General Practice Registrar – Management in Practice Certificate Course – Sep 15 – May 16

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

- Course director:** Mr Nick Fenlon
- Course administrator:** Ms Jana Pickard
- Course principal:** Mr Barry O’Brien, Management Consultant, Abbey Medical Management Consulting.

Practice Staff Training Course

This training course is specifically designed for existing reception, secretary and administrative staff in general practice who wish to consolidate and update existing skills. The course will also enable participants to deal more effectively in their role of receptionist/secretary/administrator with the rapidly changing environment in which general practice operates. Two courses were run in 2015 and both courses were well subscribed. Feedback from course participants continues to be very positive.

- Course Tutor:** Ms Romy Maloney, Practice Manager
- Course Administrator:** Ms Yvette Dalton

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Contribution to other programmes, projects and events

Management in Practice section of the website and College year book 2015.

External presentations/training facilitated/supported by the MIP programme director and programme personnel in 2014.

ICGP conferences – input and coordination:

AGM, Galway, May 2015

- Planning to retire – GPs’ ideas, concerns, expectations and needs

Summer School, June 2015

- Preparing for and surviving revenue audits and topical tax tips
- Understanding and maximising your GMS entitlements and benefits
- Data Privacy Conundrums
- Planning to retire – GPs’ ideas, concerns, expectations and needs

Winter Meeting, Nov 2015

- Launch/publication: Transitions – Retirement Planning for the General Practitioner
- Workshop: Practice management in action – solutions for your everyday problems.

Forum Journal – various practice management articles.

Advisory/information service

Direct access advisory service

College members continue to access the service daily by phone, email or in person on a wide variety of management issues.

There has been an increase in the number of requests for information and support in relation to practice staff reduction, GMS claims, partnership cessation and closure of practice. Medico-legal issues and data protection queries have also increased.

Table 1 (overleaf) illustrates the spectrum of queries from members.

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Table 1

TOPICS (14)	JAN–DEC 2015: BREAKDOWN OF AREAS OF CONCERN%
Employment issues	17.5%
Medical records/data protection/FOI	15.8%
GMS	10.8%
Medico-legal	13.8%
Medical indemnity insurance	9.2%
Practice formation/partnerships/associate agreements	4.5%
Mediation/partnership or practice staff dispute	5.4%
GPIT	3.8%
Retirement/pension queries	4.5%
Financial management/taxation queries	2.5%
Practice and premises design (upgrading/regulations)	2.5%
Health and safety	3.8%
Marketing/advertising	0.8%
Miscellaneous, e.g. consultancy services, co-location of GP practice pharmacy and related regulations, ill health/demise of GP, contractual issues	5.0%
Average number of member requests per month	~ 20

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@healthmail.ie

7. The National General Practice Information Technology (GPiT) Group Report

Author: Dr Brian O'Mahony, Project Manager

Other part of GPiT Programme: Education Section

Summary of project

The GPiT Group is a collaboration between the Irish College of General Practitioners, the Health Service Executive and the Department of Health. 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.

Healthmail: secure clinical email

The main focus of work in 2015 was the implementation of secure clinical email. Healthmail allows GPs to communicate patient identifiable clinical information in a secure and confidential manner with clinicians in primary and secondary care. GPs apply online for a Healthmail account at www.healthmail.ie. With their permission, their application is authenticated by the ICGP to ensure they are a bona fide general practitioner. GPs receive their user name at their normal email address and a temporary password is sent by SMS text to their mobile phone. They can log in to Healthmail at <https://access.healthmail.ie> from a desktop or laptop. Microsoft OWA App is available to access Healthmail from tablets or smartphones.

The use of Healthmail, secure clinical email, continues to grow. The headline figures for the service in 2015 were:

- 1,236 registered users
- 61,603 secure messages sent and received
- 26.6 Gigabytes of data securely transmitted
- No viruses or malware

On average there are 64,782 pages in Microsoft Word format in a gigabyte of data, so that gives you an idea of the volume of information transmitted by Healthmail. (64,782 X 26.6 = 1,723,201 page equivalents). For some practices this represents a considerable saving in printing and postage costs or less time on the phone. Here are some common GP use cases for Healthmail:

GP to GP

Sending patient records between GP practices via Healthmail when a patient moves to a new practice makes life a lot easier for the practice support staff at both ends of the move.

Clinical queries

Many hospital groups, including the Saolta Group, are opening up email addresses for clinical queries to allow GPs to ask questions of cardiologists and nephrologists without referring the patient to OPD.

Communication with secretaries

Trying to get hospital consultants to engage with Healthmail can be difficult. They are often inundated with clinical work and many do not use email. It may be easier to communicate with their secretary when it comes to questions about test or scan results or review appointments.

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Substitute Healthmail for FAX

Sending a secure email via Healthmail is preferable to sending an insecure FAX.

Physiotherapists, occupational therapists and speech and language therapists

Therapists in the community are usually willing to discuss patients by secure email and take referrals. Sometimes there is a central address for referrals to the Primary Care Team.

Healthmail allows GPs to exchange patient identifiable clinical information with clinicians in primary and secondary care. GPs are issued with @healthmail.ie addresses and can exchange information securely with @hse.ie and @voluntaryhospital.ie addresses. All HSE hospitals and primary care teams are securely connected to Healthmail as are all of the voluntary hospitals. A full list of connected agencies is available at www.icgp.ie/healthmail.

Healthmail is sponsored by the HSE Primary Care Directorate and funded by the HSE. Healthmail is governed by the General Practice Information Technology (GPIT) Group made up of representatives from the HSE, DOH and ICGP.

Additional projects in 2015

- Continuing to work with the National Cancer Control Programme on electronic cancer referrals.
- Working with Healthlink and the Primary Care Reimbursement Service to enable electronic returns of data for periodic assessments, Asthma and Diabetes Cycles of Care.
- Membership of the Project Board of the National Integrated Medical Imaging System (NIMIS) Project, which is bringing digital radiology to hospitals and electronic radiology reports to GPs.
- Membership of the Project Board of the National Laboratory Information System project, MedLIS, which will implement a new national laboratory system in 2016.
- Contributing to the HIQA eHealth Standards Advisory Group (eSAG).
- Writing monthly IT questions and answers for Forum, the journal of the Irish College of General Practitioners, available at www.gpit.ie/faq.

Future plans

- Implement Healthmail nationally, working with hospitals, primary care teams and GPs.
- Continue to work with major national information systems, such as the National Integrated Medical Imaging System (NIMIS), the National Medical Laboratory Information System (MedLIS) and the National Maternal and Newborn Clinical Management System.
- Work to improve electronic communication between GPs and the health services, particularly through structured messaging and Healthlink.
- Provide a general practice and primary care perspective on interoperability and health informatics standards in the health services.

Administrative support in the ICGP

Ms Niamh Killeen, email niamh.killeen@icgp.ie. Special thanks are due to Niamh Killeen for her support of Healthmail and her efficient authentication of Healthmail applicants.

Further information

Available at www.icgp.ie/gpit.

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8. National GPIT Training Programme Report

Author: Dr Conor O’Shea, National GPIT Co-ordinator

Other members of programme team

Regional co-ordinators

- Dr Frank Hill (Southern region)
- Dr Kieran Murphy (Western region)
- Dr Keith Perdue (Eastern region)
- Dr John MacCarthy (with responsibility for the National Electronic Referral Pilot Project)

GPIT advisers

- Dr Brian Meade (Dublin)
- Dr Donal Buckley (Dublin)
- Dr John Sweeney (North-West)
- Dr Fergus McKeagney (Midlands)
- Dr John Cox (South East)
- Dr Brian Blake (Dublin)

Summary of GPIT Education Programme

The GPIT Group is a collaboration between the Irish College of General Practitioners, the Health Service Executive and the Department of Health and Children. Dr Brian O’Mahony, as project manager, has issued a report on the major projects undertaken in 2015. Members of the Programme team have contributed to these projects as well as to ongoing education in IT for GPs.

In particular, they have been heavily involved with the continuing roll-out of Healthmail and the national electronic referral programme. This has involved work at local level with hospitals as well as GP colleagues.

There has also been a volume of work associated with the development of electronic returns to the PCRS for patients under 6 years of age or with chronic disease.

Presentations were made at the 2015 ICGP Summer School and are detailed below.

Members of the group have continued to provide support to individual GPs and faculties. There are a number of queries on all matters IT which arise throughout the year, and we try to address these as they arise.

GPIT participated in and contributed to the development of the ICGP Education and Training Plan.

Programme activities in 2015

Summer School presentations 2015

- Healthmail: Secure clinical email in the practice – Dr Brian O’Mahony, Dr John Cox
- Data privacy conundrums in general practice – Dr Brian Meade
- The computer – Your master or your slave? – Dr Conor O’Shea

GPIT advisers and facilitators contributed to the following projects in 2015

- Healthmail - GP training and introduction to hospital groups
- National Electronic Referral Project
- Further support of electronic cancer referrals
- Proposed introduction of Individual Health Identifier
- Advice on data protection issues
- Liaison with eHealth Ireland

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- Contributions to the Council of Clinical Information Officers
- Presentation to the Health Informatics Society of Ireland Conference 2015
- Participation in the National Medicines Group for Older People
- Contributions to National Maternity System & Child Health and Immunisation Groups

Future plans

- The GPIT advisers and facilitators will continue to contribute both to IT education and upskilling for College members, as well as to the development of IT projects which have the potential to improve the lives of GPs in the future.
- In particular, the group will support the further development of electronic communication, including the use of Healthmail and electronic referrals.
- We will run a webinar series in 2016 and explore other means of online educational support.
- The members of the group aim to work closely with other ICGP educational structures, and provide support for individual GPs, CME groups and faculties.

Administrative support

This is currently being provided by the ICGP and my sincere thanks to Niamh Killeen for her knowledge, support and work throughout the year.

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9. Health in Practice Programme Report

Author: Dr Andrée Rochfort, MICGP, Director of the Health in Practice Programme

Summary of the Programme

This programme promotes quality improvement in healthcare for GPs and GP trainees. For detailed information, see www.icgp.ie/doctorshealth or enter ‘doctor’s health’ into the search box on the ICGP website.

Healthcare

The Health in Practice Programme aims to promote the health of GPs through improving access to healthcare through supporting primary care services for GPs and trainees with direct access to a networks of GPs, psychologists, counsellors, psychotherapists and occupational physicians, and by referral to a network of associated psychiatrists, if indicated. Contact numbers are listed in Directories on the ICGP website. In 2015, the consensus of general feedback from GPs who treat GPs was that those doctors who attended their practice attended for “all the same reasons that their general practice population attend for” including acute and chronic health conditions across all body systems, and mental health issues such as anxiety, depression and burnout.

Information helpline

Information on the management of doctors’ health issues and healthcare for self and for colleagues is available to all members through a confidential telephone helpline: 087-7519307, email to Dr Andrée Rochfort, GP and Director of HIP: andree.rochfort@icgp.ie, the ICGP landline number: 01-6763705, and post. The spectrum of queries in 2015 included advice for management of acute and chronic illness in GPs, sick leave advice, return to work advice, work overload issues, professional isolation and financial difficulties.

Calls to the helpline and emails were received from GPs and their supportive colleagues, GPs’ family members, hospital doctors, health administrators and other health professionals. Support was given to GPs in approaching colleagues to help them access health assessment or appropriate treatment. Advice was given to GPs who are on the HiP networks and also to GPs who are not on the HiP network where they wished to anonymously discuss the management of a doctor’s healthcare.

Medical education

The Health in Practice Programme is actively involved in the medical education of GPs, GP trainees, doctors from other specialties and medical students. Presentations can be arranged on request to ICGP Faculty meetings, CME groups, trainers meetings, other medical colleges and societies.

In 2015, educational activities such as lectures and interactive workshops were delivered with a variety of learning objectives depending on the needs of the participants, for example to improve knowledge skills and attitudes in terms of:

- 1. Doctors’ attitudes to self-care, work-related health and their own health care.
- 2. Recognising signs of health-related issues in self and medical colleagues.
- 3. Knowing where to get advice and support; services for doctors.
- 4. Challenges associated with treating doctors and with being a doctor patient.

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- 5. Awareness of Medical Council professional guidance on doctors’ health.
- 6. Creating personal development plans for GP health and wellbeing.

Specific details on presentations and publications in 2015 are listed on the ICGP website.

Representing the ICGP on external groups and committees

- European Association for Physician Health (Council member), www.eaph.eu.
- Health & Safety Authority Steering Group for the health sector, www.hsa.ie.
- Professional Health Working Group of EQuIP, the Wonca Europe Network for Quality and Safety in Practice. EQuIP regards quality Improvement in GP healthcare to be a professional quality improvement activity and important in terms of delivering high quality safe patient care. See www.woncaeurope.org/networks.

Acknowledgement of other members of the Health in Practice Programme team

- Four Healthcare Networks (over 100 independent healthcare professionals – GPs, counsellors, psychologists, psychotherapists, occupational physicians and psychiatrists). These doctors and health professionals can be accessed directly by ICGP members without contacting the ICGP; their contact details are at www.icgp.ie/doctorshealth.
- Mr Dermot Folan, Chief Operations Officer, ICGP.
- Membership Services Committee including Dr John Gillman, Committee Chair.
- Ms Sally-Anne O’Neill, HiP Administrator, sally-anne.o’neill@icgp.ie.
- A special thanks to ICGP librarians, Gillian Doran and Patricia Patton.

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10. ICGP Network of Establishing GPs Programme Report

Author: Dr Peter Sloane, Office of the Director, NEGs Programme

Summary of the NEGs Programme

The ICGP NEGs Programme was set up in 2004 to address the needs of GPs establishing in practice. The aims were to support and represent this group of doctors and deal with issues arising for them. The NEGs Programme has proven to be a valuable resource for establishing GPs and highlights the College’s commitment to supporting establishing members.

The ICGP NEGs Programme is overseen by a programme director who is tasked with providing direction, structure and future strategy, facilitating the delivery of the Programme, and representing new and establishing GPs within the College.

Programme structure

Programme Director(s)

- Dr Peter A Sloane
- Dr Laura Noonan (appointed as co-director in November 2015)

Administrative support

Orla Sherlock provides administrative support to the Programme. In 2015, when required, administrative support was also provided by Louise Dent. Both Gillian Doran and Patricia Patten also contributed to the programme during the year.

NEGs Steering Committee, 2015

Steering Group members deliver the twice yearly regional meetings and provide a vital support structure to the programme director. In 2015, the Steering Group consisted of:

- Dr Laura Noonan (Mullingar)
- Dr Shastri Persad (Galway) #
- Dr Louise Malone (Dublin)
- Dr David O’Connell (Dublin)
- Dr Ciarán Bohane (Limerick) #
- Dr Clare Kelly (Sligo)
- Dr Lisa Cahill (Kerry)
- Dr Jim Harty (Cork)
- Dr Carol Sinnott (Cork)
- Dr Sheila Loughman (Dublin)
- Dr Sinéad MacEoin (Dublin)
- Dr Irina Berkun (Dublin)
- Dr Amy Morgan (Dublin)
- Dr Marie O’Dwyer (Kerry) #
- Dr Anne Marie Cox (South East) ## and #
- Dr Ger Lane (Limerick) ##

Left Steering Group during 2015 ## Joined Steering Group during 2015



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Reporting structure

The ICGP NEG’s Programme operates under the direction of Mr Dermot Folan, Chief Operating Officer (COO); and Dr John Gillman, Chair of the Membership Services Committee. The ICGP NEG’s director reports to the COO, Membership Services Committee, ICGP Council and ICGP Board of Directors.

Representative roles

The ICGP NEG’s Programme represents establishing members on a number of ICGP groups and committees. During 2015, Peter Sloane also continued his role as president of the Vasco da Gama Movement, the WONCA Europe Network for New and Future GPs. The current representative roles of the members of the NEG’s Steering Group are listed below.

NAME	ICGP REPRESENTATIVE ROLE	EUROPE (VDGM) ROLE
Peter Sloane	NEG’s Director (joint from Nov 2015)	President
	ICGP Council	
	Membership Services Committee	Executive Chairperson
	Project Directors Group	Council Member and Chairperson
	Mentorship Working Group	
	Liaison with NAGPT	
Laura Noonan	NEG’s Co-Director from Nov 2015	ICGP NEG’s Education Liaison
	Education Strategy Group	
Louise Malone	Reproductive and Sexual Health Committee	
Sheila Loughman		Hippocrates Exchange Coordinator
Irina Berkun		Hippocrates Exchange Co-Coordinator
Sinéad MacEoin	ICGP Research Committee	ICGP NEG’s Research Liaison

Main programme activities in 2015

Hosting of the second Vasco da Gama Movement Forum

See below for details.

Regional meetings and NEG’s webinars

NEG’s regional meetings took place across the country in the spring and autumn, and continued to be successful and popular. They were delivered by and with the support of the NEG’s Steering Committee in Dublin, Mullingar, Sligo, Galway, Limerick, Tralee, Cork, and for the first time in 2015, in the south east. Meetings were scheduled in a two week window in both the spring and autumn and were complemented by an ICGP NEG’s webinar one week later to facilitate those who could not attend one of the regional meetings.

The 2015 ICGP Winter Meeting

The NEG’s programme director convened the 2015 ICGP Winter Meeting. This ICGP-wide event, titled *The Different Faces of Advocacy in General Practice* was delivered to an almost capacity audience of 225 in Athlone, and feedback was very positive.

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Other meetings

The NEG programme director also gave presentations and workshops at a number of other national meetings, and was ably supported by other members of the Steering Group.

NEGs discussion board

The NEG discussion board is a highly regarded resource which the members view as an invaluable benefit of membership. During 2015, the NEG programme director continued to moderate the discussion boards.

Telephone and email queries

A significant component of the role of the ICGP NEG director is in providing advice and support to colleagues. Many queries are received by email and telephone from establishing members. These queries relate to many issues including GMS contracts, partnership negotiations, assistantship negotiations, interviews, finding a successor, and involvement in the NEG Programme.

2016 and beyond: Future plans, and continuing and planned activities

To deliver for NEG members, the planned activities for 2016 include reviewing and appraising the structure of the Steering Group, enhancing the involvement and linkages of NEG within faculties, and publishing an up-to-date revision of *Signposts to Success* (and considering the conversion of this into an e-Book).

Ongoing projects / work

- Ongoing work on the NEG webpages
- Promoting awareness of VdGM activities
- Promoting the Hippocrates Exchange Programme
- Continued moderation of the NEG discussion forum
- Continued representation of NEG within the ICGP and VdGM

Involvement in meetings

- Hosting the spring and autumn NEG regional meetings (including online Q&As)
- Presenting the spring and autumn NEG webinars
- Delivery of NEG oriented sessions at the 2016 National Conference
- Delivery of NEG sessions at the NAGPT Conference
- Convening the 2016 ICGP Winter Meeting

ICGP NEG Programme and the Vasco da Gama Movement

Summary of the Vasco da Gama Movement

The Vasco da Gama Movement is the WONCA Europe Network for new and future GPs/ family doctors. It was established in 2004.

The VdGM is a support network for European GP trainees and establishing GPs and largely operates via social media platforms including Facebook, LinkedIn, Twitter and YouTube. There are now two meetings a year: the preconference which precedes each WONCA Europe conference, and the annual VdGM Forum which was piloted in February 2014 in Barcelona.

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The decision making body of VdGM is the VdGM Council to which each member organisation sends a national representative. From the Council, an executive is elected to run the day to day functions of the VdGM. Activity and collaborations are organised through five theme groups: Research, Education and Training, Exchange, Beyond Europe and Image.

Representative roles

The ICGP NEG's Programme represents establishing members in the VdGM on a number of levels which are summarised below. The ICGP NEG's Programme is honoured that the programme director is the current president of the VdGM.

NAME	EUROPE (VDGM) ROLE
Peter Sloane	President
	Executive Chairperson
	Council Member and Chairperson
Laura Noonan	ICGP NEG's Education Liaison
Sheila Loughman	Hippokrates Exchange Coordinator
Irina Berkun	Hippokrates Exchange Co-Coordinator
Sinéad MacEoin	ICGP NEG's Research Liaison

The ICGP NEG's Programme's hosting of the second Vasco da Gama Movement Forum

Perhaps the highlight of the 2015 NEG's calendar was the hosting of the second Vasco da Gama Movement Forum. Titled *Family Medicine 2.0: Innovation and Awareness*, the Forum took place on 20-21 February 2015 in Chartered Accountants House in central Dublin.

With a vibrant two day programme in place, over 300 delegates from 30 European countries came to Dublin for what was an extremely successful event.

The Forum included workshops, poster sessions, oral research presentations, and plenaries (including on the health systems impact of the economic crisis in the PIIGS – Portugal, Ireland, Italy, Greece and Spain). Topics covered included leadership, change, mindfulness, bio-design, family violence, dangerous ideas, Balint groups, Quality circles, social media, research planning, end of life care, teaching and research competence, gender, networking, perceptions of family medicine, innovation and awareness, the future of general practice in Europe, and the role of WONCA and the relationship between WONCA and VdGM.

Delegates were also exposed to high quality Irish culture and heritage in the form of an amazing showcase of fiddle and bodhrán with a céilí and Irish dancing demonstration. The support of the ICGP staff and senior officers was central to the NEG's Programme being able to deliver the Forum.

General notes

Being VdGM president entails a wide variety of responsibilities and roles and includes the following interactions in which the profile of the ICGP is raised:

- Liaison with the WONCA Europe Board including direct communications with the president and vice president of WONCA Europe
- Liaison with the other WONCA Europe networks (EURACT, EGPRN, EQuIP, EURIPA, EUROPREV), WONCA Europe SIGS, WONCA World Executive (CEO and president) and WONCA World SIGs.

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- Regular Skype conferences with the leads of the other WONCA Young Doctor Movement (Spice Route, Rajakumar, Waynakay, Al Razi, AfriWon Renaissance, Polaris).
- Interaction with various other global GP leads.

VdGM Preconference and WONCA Conference, Istanbul, October 2015

In addition to hosting the VdGM Preconference in Istanbul, and welcoming the presidents of WONCA World, WONCA Europe and TAHUD (The Turkish Association of Family Medicine) to the preconference, a full day’s VdGM Council Meeting was chaired, and I also contributed as a speaker on the main plenary panel.

Following on, at the WONCA Conference, I was involved in a number of workshops, presentations and panel discussions, and had the privilege of being involved in prize giving during the closing ceremony.

VdGM Council representative

In my role as ICGP NEG’s director, I continue to represent the ICGP NEG’s Programme on the VdGM Council.

The Junior Research Award, WONCA Istanbul, October 2015

This prestigious European award was won by a Polish researcher, but of note was that for the second year running, an Irish GP placed in the top 3. Dr Patrick Redmond admirably represented the ICGP NEG’s Programme and the ICGP on the European stage.

Hippokrates Exchange Programme

Doctors Sheila Loughman and Irina Berkun have continued to do sterling work in running the VdGM Hippokrates Exchange Programme in Ireland. In 2015, a total of four exchanges were hosted in Ireland. However, as part of the second VdGM Forum, 30 exchange participants were also hosted all over Ireland for two days. Sheila and Irina deserve huge credit for having coordinated this mammoth undertaking. Without the support of the other members of the Steering Group, this feat would not have been achieved. As the singular most active GP host, the 2015 annual Hippokrates Host of the Year was again awarded to Dr Noreen Lineen-Curtis in Achill.

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11. Faculty Liaison Officer Report

Author: Dr Mary Davin-Power

Project commencement date: October 2014

The faculty liaison officer reports to Mr Dermot Folan, COO, and Dr John Gilman, Chair of the Membership Services Committee.

Administrative support is ably provided by Michelle Dodd.

Project objectives

The project objectives at the commencement were as follows:

- 1. To offer support to faculties around the country and their members, and to act as the first point of contact in the ICGP for communications between the ICGP and ICGP faculty officers.
- 2. To provide recommendations on how communications and interaction between members and the College centrally can be improved.
- 3. To support liaison with other GP/ICGP stakeholders at local and regional level, e.g. GP training schemes, CME tutor groups, hospital liaison committees, OOH coops; explore with faculties and report on areas of relevance to College activity, e.g. the OOHs issues, hospital/GP liaison, etc.
- 4. To disseminate information on faculties, set up communications structures and communicate effectively with faculty officers and make recommendations on the management of the circulation of formal communications.
- 5. Promotion of College resources to faculties and members at faculty level.
- 6. Utilisation of IT and web resources to increase engagement in faculty activity and also to build up a relationship between member/faculty and College centrally.
- 7. Support, encouragement and training for faculty officers.
- 8. Develop profile among members at regional level.
- 9. Research how other national ‘membership’ organisations have addressed similar issues regarding the engagement of members on the ground with one another and also with the central organisation.

Based on the project brief, many of these objectives have been realised

- The faculty liaison officer (FLO) is now identified by most faculty officers as the ‘go to’ person for queries regarding CPD, speakers, sponsorship, faculty membership lists, etc. Communicating information to the faculties about issues which come up in the College is a priority. The FLO helps to promote the voice of the GP in local and national healthcare provision and planning of services.
- Relevant information from hospitals, services, etc. is communicated on a geographical basis – getting information to the relevant faculties and from there to their membership. The role of the faculty liaison officer in this regard is becoming recognised and this has proven invaluable for hospital/GP liaison group representation, the promotion of some niche local GP services which would have otherwise have struggled for recognition, e.g. Royal Victoria Eye & Ear Liaison, New Children’s Hospital outreach planning group, Virtual Cardiology Clinic and free approved counselling service.
- Queries from members are dealt with on a regular basis regarding faculty allocation and related matters. Facilitating and supporting members planning to return from abroad, putting them in touch with the relevant areas on the website including

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- the online resource of ‘Signposts to Success’ (NEGs). This has been an encouraging development and one where the ICGP has an important role to play in welcoming and supporting returning ICGP trained GPs.
- Communicating information to the faculties about issues of current importance in College- promoting recent reports and promoting ICGP recognised experts in a variety of fields as speakers for faculty meetings.
 - The faculty liaison officer has been involved in promoting Healthmail to the faculties.
 - As new issues become relevant, information is provided for faculty officers, e.g. regarding the details and importance of applying for CPD for events, the new Lobbying Act, ‘Transfer of value,’ etc.
 - There is now an established and active discussion board for faculty officers on the College website.
 - The FLO has established the development of a texting facility for faculty officers, reducing dependence on costly and wasteful postal reminders.
 - A dedicated ‘faculty’ webpage has been established. This provides updated contact details of faculty officers. It is an ongoing task to keep this up to date and the FLO is assisted greatly by Michelle Dodd, Administrator, and Laura Smyth, Website Editor. See www.icgp.ie/faculties for more information.
 - There is an on-going process of issuing notifications of topics and discussion documents to faculty officers for consideration at faculty meetings.
 - With regard to the support of faculty officers, a number of incentives have been initiated by way of recognition and collegiality for faculty officers including complimentary registration for attendance by faculty officers at College events including the AGM and Winter Meeting. There were also a number of special events such as the Faculty Officers Lounge at the AGM and a Faculty Officer’s Lunch at the College’s Winter Meeting. These were very well attended and very positively received.
 - Support is also provided by email/phone and also by my attendance at faculty meetings where time and geography allow.
 - ICGP email address
All Faculties can now avail of an ICGP email address for the faculty, if they wish. This enables the same email address to be passed on to new officers and avoids the use of the officer’s personal email address.
 - Forum Magazine
I have established a page in Forum Magazine dedicated to highlighting the work of the faculties around the country, and the various events taking place.
 - Overseas Faculty
There have been requests from some members abroad to have an overseas faculty. Efforts have been made to realise this but with limited feedback to date from overseas members.

Faculties visited to date by the faculty liaison officer:
Cavan, Monaghan, Clare, Cork North, Dublin Mt Carmel, Dublin Merrion, Dublin Corrigan, Dublin North, Galway, Mayo, Meath, Kildare, Kilkenny, Tipperary North, Midlands East, Waterford, Wexford and Wicklow.

General observations

- There is a very positive response to initiative by the College to assist in supporting and re-energising the faculties. Assistance with arranging faculty meetings, help regarding getting officers to volunteer and general ‘moral support’ have been provided and feedback on this is very positive.

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- Many of these are now active and have regular meetings after some intervention. In some areas, there has been some confusion as regards the role for CME and the faculty, mainly in areas where the faculty has not been active.
- In some faculties, one individual/officer has taken on the roles of chair, secretary and treasurer, reflecting a not uncommon challenge – finding volunteers to fill the roles.
- There are, however, many active, successful and dynamic faculties – as a result of the hard work and dedication of the officers. They are well represented at many levels, including ICGP Council and Hospital Liaison. The faculty page in Forum will I hope continue to highlight their activities and hopefully inspire other faculties to follow suit, or at least to question what is happening in their own area. Feedback to date has been very encouraging.
- Overall the perception of members on the ground is that the ICGP is a robust organisation and resource for members and deserving of great support and praise.

Future plans

- Encourage more faculty activity in areas that are less vibrant from a faculty perspective.
- Build on faculty officer engagement in special activities during ICGP events.
- Encourage more engagement with the Faculty Officers discussion board.
- Visit more faculties where distance and time allow.
- Faculty recognition – building the brand: continue to improve recognition for faculties and build a strong membership loyalty.
- Greater engagement of younger members – NEGs, GP registrars and 3rd and 4th year trainees.
- Enhanced use of ICT for communications with and by faculties.

Acknowledgements

Many thanks are due to all of my colleagues in the ICGP, including:

Dermot Folan, COO, for his excellent guidance and support since my appointment.

John Gillman, Chair, Membership Services Committee, for his constant enthusiasm and promotion of all faculty activities.

Kieran Ryan for his constant support.

Margaret O’Riordan for her efficient engagement whenever requested.

Michelle Dodd for her efficient administrative assistance which is invaluable for everything to do with the faculties.

Janet Stafford for her efficient coordination of faculty notifications.

Niamh Killeen for all things IT.

Orla Sherlock for all her cheerful engagement at the larger events and her assistance in the organisation of faculty officer sessions at College events.

Laura Smyth for her quiet efficiency on the webpage.

Carol White and Jantze Cotter for their ongoing assistance to faculty officers with regard to CPD application.

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12. Education Governance Committee Report

Author: Dr John Cox, Chair of Education Governance Committee

Other members of the committee

- Dr Alan Barry
- Prof. Peter Cantillon, Representative of AUDGPI
- Dr Rita Doyle
- Mr Nick Fenlon, Director of Medical Education
- Dr Henry Finnegan, Director of CME
- Dr Joe Gallagher
- Dr Noreen Lineen-Curtis
- Dr Sharon McDonald
- Dr Brian Norton
- Dr Claire McNicholas, Assistant Director, CME
- Dr Kevin O’Doherty
- Dr Margaret O’Riordan, Medical Director
- Dr Brian Osborne
- Mr Kieran Ryan, Chief Executive Officer
- Dr Mary Sheehan
- Dr John Sweeney
- Dr Marie Carmody-Morris
- Administration: Yvette Dalton

Summary

The Education Governance Committee reports on the following:

- Oversight, validation and review of existing education programmes.
- Analysing need and planning for 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 OR provision of end-point certification for courses not leading to named awards (re. HETAC).
- Decision making in learner grievance/disciplinary proceedings/appeal process.
- Collaboration and partnership with external organisations and bodies including academic departments of general practice.
- To recommend to the Foundation Projects Committee, for their recommendation, worthwhile education programme.

Activities in 2015

Continuing Medical Education (CME)

CME small group learning (SGL) was provided by a total of 37 schemes run by 37 tutors, and aided by 98 group leaders.

There has been a massive increase in demand for CME since 2011 following the introduction of compulsory enrolment on a professional competence scheme.

Dr John McKeown (Louth/Meath) and Dr Mary Davin Power (Dublin Corrigan) both resigned from their tutor posts at the end of August 2015. The Committee extended its best wishes to Dr Davin Power in her new role as liaison officer to the ICGP faculties. Both were thanked for their dedication to the task of tutoring in difficult circumstances over the past number of years.

There were two new tutor appointments in 2015. Dr Sarah Jane Nugent was appointed to Louth/Meath and Dr Finola Minihan to Dublin Corrigan on 1 September 2015.

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Dr Henry Finnegan, Director of CME, attended the EURACT Bled Course as a course director from September 14-19 2015. He gave a keynote address on polypharmacy in the elderly and resourced two working groups on the same theme.

Educational meetings

- The Annual General Meeting of the ICGP took place on Friday 8 – Sunday 10 May 2015 at the Galway Radisson Hotel. The theme was ‘General practice delivering patient centred care’. There was an STI masterclass and a workshop entitled ‘Substance Misuse and Related Health Matters’ on the Friday night, both of which were well attended. The conference this year was dominated by the under-sixes debate.
- A total of 254 doctors attended the Summer School in June 2015. The Summer School was visited by Dr Antea Lints who provided an extern report which was very complimentary of the running of the event. She made a number of comments which will be incorporated into the running of future events of this kind.
- The Winter Meeting was hosted on behalf of the ICGP by the Network of Establishing GPs (NEGs) at the Sheraton Hotel, Athlone, on Saturday 28 November 2015. There were 240 delegates in attendance. Feedback from those who attended was very positive indeed. The expansion and continued success of the Creative Arts Competition with the theme of ‘family’ proved to be a great success. The committee expressed its thanks to the meeting convener, Dr Peter Sloane, outgoing NEGs Director, for his enthusiasm, hard work and dedication to the growth and development of the Winter Meeting during his tenure as director of the ICGP NEGs Programme.

eLearning

- The delivery of elearning modules on a number of educational topics continued throughout 2015 with increasing numbers of GP participants. As of September 2015, the number of registered users of ICGP Education came to 4,858. The number of general practitioners online from January to September 2015 was 1,722.
- Forum Distance Learning can now only be completed electronically. The number of Forum multiple choice questionnaire completions by ICGP members from January to September 2015 was 4,486. The number of continuing professional development hours for the same period was 8,972, with an average number of 710 users per month.
- With regard to ICGP Education elearning courses, the total number of lesson views from January to September 2015 was 62,412, with an estimated total online course usage of 3,922.

Mental Health

- The role of director of the Mental Health Programme has been taken over by Dr Brian Osbourne, Assistant Medical Director.
- Counselling in Primary Care (CIPC): There are 10 CIPC coordinators who are responsible for coordinating the delivery of this service. The service is provided by CIPC counsellor/therapists who work on a contract basis as the need requires. At present, there are approximately 200 counsellors, working various contracts per week, most working on average two days per week, across the country delivering the CIPC service. There were 10,492 referrals to CIPC from January 2015 to August 2015. The CIPC service is currently being evaluated. This is a national evaluation which is seeking to establish the clinical effectiveness of the service. Phase 1 of the evaluation has involved a feasibility study in the south east which is currently being completed. Once feasibility is complete the evaluation will be conducted in all CIPC areas.
- Suicide Crisis Assessment Nurse (SCAN): This service aims to provide support to GPs, and patients who present to them in difficult circumstances with thoughts of suicide. Access to the service is via a single mobile phone number, giving GPs a direct access to the SCAN allowing for speedy referral and an immediate discussion of the

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case. The development of the SCAN service is ongoing and the ICGP continues to support it. Our GPs are updated on these developments through meetings at Faculty level and at the Summer School.

- The ICGP also has many mental health educational programmes which are delivered through our elearning modules, CME groups, faculty meetings, ICGP events, e.g. the Summer School and Winter Meeting, and the trainers and trainees conferences.

Women's Health Programme

- Dr Miriam Daly, Programme Director of the Women's Health Programme, produced a number of reports during the year which were gratefully received. Courses leading to the award of the Certificate in Contraception, the Advanced Certificate in Long Acting Reversible Contraceptives (LARC), and other courses in women's health topics in response to members' needs are provided on a regular basis and are well attended. Workshops on women's health were also held at ICGP events throughout the year.

Substance Misuse Programme

- Dr Ide Delargy, Programme Director of the ICGP Substance Misuse Programme, produced a number of reports during the year which were gratefully received.
- Foundation Course in Substance Misuse: The Level 1 curriculum and format have been reviewed and a new Foundation Course in Substance Misuse was made available online in late 2015. This programme is very active and there is a greater movement towards the delivery of substance misuse training by way of elearning.
- Substance Misuse and Associated Health Problems: This course was also made available online in 2015 and provides a theoretical framework to assess, manage and refer appropriately patients who misuse substances. The course was delivered in an elearning environment through a combination of online modules, interactive workshops and practice-based work, reflecting the major, current and debatable health issues in substance misuse. This course now constitutes the academic training component of Level 2 Training.
- A very successful workshop on recent advances on Hep C treatment was presented at the ICGP Winter Meeting.

Quality Improvement

- We thank Dr Andrée Rochfort, Director of Quality Improvement, for her comprehensive reports and lists of publications throughout the year.

EUROPREV

- Dr John Cox, Chair of Education Governance Committee, represented the ICGP on EUROPREV, the European Network for Prevention and Health Promotion in Family Medicine and General Practice. He is an investigator in the EUROPREV study 'Lifestyle habits in patients with established cardiovascular diseases – EUROPREV III'. This is an international partnership with participation from Spain, Greece, Poland, Slovenia, Croatia, Slovakia, Austria, Ireland, Belgium and Portugal. This study sets out to evaluate the implementation of physical activity, healthy diet and non-smoking habits in patients after a cardiovascular event. It will also evaluate the implementation of evidence based drugs recommended by guidelines to achieve recommended targets in blood pressure and lipid levels. This study has been forwarded to the ICGP Ethics Committee for approval.
- Dr John Cox, through EUROPREV, has been invited by Professor Zamorano, Chairperson of the European Society of Cardiology Committee for Practice Guidelines, to act as an official content reviewer of the '2016 European Guidelines on Cardiovascular Prevention in Clinical Practice'. His report has been submitted and these guidelines will enter the publication phase with the European Heart Journal and the European Journal of Preventive Cardiology in 2016.

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Future plans

- The issue of the HSE’s continuing reluctance to adequately resource CME with the resultant need by the ICGP to subsidise CME will have to be resolved in the coming year.
- Proposals for the future ICGP education strategy will continue to be reviewed and plans made to move same forward, particularly in the light of the rising costs attached to the production of educational activities.
- Meetings are planned for the coming year to address the current relationship issues between and the ICGP and the Academic University Departments of General Practice in Ireland (AUDGPI).
- The ICGP will meet with Primary Care Surgical Association (PCSA) representatives in the coming year to establish a multidisciplinary working group under the Education Governance Committee to work towards the ultimate aim of credentialing members of the ICGP in skin surgery.

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13. WONCA Report

Author: Dr Mary Sheehan, ICGP Chair

Summary

The ICGP is represented on the many network organisations of WONCA Europe.

- Dr Peter Sloane is president of the Vasco da Gama Movement, the European young and establishing GP group.
- Dr Andree Rochfort represents us on EQUIP (Quality) and is a member of the European executive board.
- Dr Darach Ó Ciardha is the ICGP representative to EURACT (teachers in general practice).
- Dr Claire Collins is the rep to EGPRN (research network).
- Dr John Cox is the ICGP rep to Europrev (prevention and health promotion).
- Dr Noreen Lineen Curtis is our rep to EURIPA (rural doctors).
- The ICGP chair is traditionally the representative to WONCA Council which meets annually at the WONCA conference however I was unable to attend in Istanbul this year.

The WONCA Europe meeting in 2015 was held in Istanbul in October and the Istanbul Statement was formulated and released. This can be read in full on the WONCA website.

WONCA Europe represents family doctors and their member organisations across Europe. WONCA Europe:

- Acknowledges the current refugee crisis as the biggest humanitarian emergency of the continent since the Second World War.
- Recognises its devastating effects on the health of the refugees.
- Notes with concern the new priorities in public health and the challenges that primary care services and workforce face.

It called for national colleges to:

- Emphasise the importance of medical education in recognising the changing epidemiology in Europe and its neighbouring countries, and the social determinants of health.
- Recommend appropriate training for family doctors on cultural differences, the evolving infectious disease trends, the mental health problems of refugees, and the special needs of orphaned children and other underage immigrants travelling unaccompanied by family members.
- Shape their training curricula and their continuous professional development accordingly, and address the immediate training needs of the workforce while the crisis escalates.

The World Book of Family Medicine was published by WONCA in 2015 and chapters were contributed by Andree Rochfort (Patient Empowerment for Patient Self-Management) and by Claire Collins (Health Needs Assessment).

The book can be downloaded on the WONCA Europe website.

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14. EURACT Report

Author: *Dr Darach Ó Ciardha, Irish representative on the EURACT Council*

Summary

EURACT is a network organisation within WONCA Europe with a special interest in the teaching of general practice/family medicine at both undergraduate and postgraduate level. It has made significant contributions including the Definition of General Practice and the Educational Agenda, which examines the core competencies of GP/FM.

My role as EURACT Council representative is to attend and participate in Council meetings, held twice yearly. Presence on the Council allows a two way flow of information regarding the latest developments in teaching in general practice.

Activities in 2015

I attended the Council meeting in Sarajevo in October 2015.

Preparations have been ongoing for the 2016 EURACT Educational Conference which will take place on 8-10 September in Dublin. This will be preceded by our Council meeting, which will also be held in Dublin.

Future plans

The upcoming EURACT Educational Conference will be the first of its kind with guest keynote speakers having been selected to inspire and guide our journey through an exciting conference programme.

- Prof Amanda Howe (UK) will speak on ‘What is the future of general practice/family medicine and how do we prepare and educate doctors for it?’.
- Prof Mette Brekke (Norway) will speak about ‘Building a strong foundation for the future: Quality general practice/family medicine education in medical schools’.
- Prof Igor Svab (Slovenia) will give the Janko Kersnik Memorial Lecture: ‘The development of family medicine education in Eastern Europe’.

We hope to attract up to 100 Irish and European delegates for what promises to be a wonderful exchange of knowledge and ideas.

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15. Report from the ICGP Representative on the Medical Council

Author: Dr Rita Doyle

Summary

This has been a busy year for the IMC. The number of doctors registered reached an all-time high. The total of 20,473 doctors on the register marked an increase of more than 800 since the previous year.

Publications

There were many publications produced by the Council in 2015. The most notable was the *Medical Workforce Intelligence Report* and *Listening to Complaints – Learning for Good Professional Practice*. This was both a qualitative review and a quantitative review and some of the statistics bear reading about. The qualitative review was fascinating and one of the key points to emerge was about communication.

“Good communication is an aspect of professional practice that emerges as a key factor in the causes of complaints against doctors. The assessment of the needs of patients requires active listening to the patient’s concerns, description of symptoms and expectations of treatment, as well as clear communication by the doctor of the diagnosis, treatment options and the risks and benefits of treatment. Crucially, from the perspective of many complainants, the assessment of the medical needs of patients also requires recognition and the valuing of patients’ “experiential and embodied knowledge” and “lay expertise” of their health.”

The skills of “active listening” are taught regularly in GP training.

Health Committee

I chair the Health Committee at the IMC. The logic behind it is to support doctors to maintain their registration while unwell and to enable them to get back on to the register if they have been unwell for some time. With a register comprising over 20,000 doctors it is quite astounding that we have only 42 doctors being supported by this committee. We either have a very healthy population of doctors or there are quite a number of “unwell” doctors out there who are not getting any support which would be a poor reflection on the “caring” profession. I am very happy to be approached either formally or informally and will endeavor to assist where I can. We also work in close contact with the Professional Health Matters Programme which is steered by Dr Ide Delargy. A Memorandum of Understanding between both parties was signed in July 2105.

Professional Competence

Professional Competence audits are ongoing. This year saw more than one doctor being referred to Fitness to Practice hearings because of their failure to engage in the process and being fined as well as censured as a consequence. This is completely avoidable and I would encourage everyone to fulfill their responsibilities in this regard. It is not going to go away.

Preliminary Proceedings Committee

This is the first stop for all complaints. Every complaint must be investigated – that is the law. This committee works very hard to try and process complaints as quickly as possible but sometimes it is outside our control. We meet approximately every month

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and a very sizeable brief comprising of up to 80 cases may be the workload for one meeting. In *Corbally v. the Medical Council*, the Supreme Court ruled, that in order for there to be a finding of poor professional performance in relation to any error on the part of a doctor, a threshold of seriousness applies. The Council held discussions on the implications of such judgments and introduced processes in accordance with the Supreme Court ruling.

The Full Council

The full Council meet for a minimum of a day and a half every six weeks. 2015 saw the CEO, Ms Caroline Spillane, resign and the appointment of a new CEO, Mr Bill Prasifka, who officially commenced the job in December. A large portion of the Council’s work is in ensuring that educational standards are not just maintained but improved and all of the training bodies – both undergraduate, graduate and post graduate – are regularly assessed.

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16. UEMO Report – European Union of General Practitioners/
Family Physicians

Author: Dr Lynda Hamilton

Summary

- Meetings:** May 2015 in Rome and November 2015 in Malta.
- Present:** Head of Delegation: Dr Liam Lynch, Chair, Ad Hoc Working Group
- President IMO: Dr Ray Walley
- ICGP rep: Dr Annraoi Finnegan, Chair, CME/CPD Working Group
- ICGP rep: Dr Lynda Hamilton, Rapporteur, Integrated Care Working Group

TELL ME Project response to pandemics concluded and reported in May that they would develop a new threat index with the BMA.

ENS4Care project promoting good nursing and social work practice in e Health usage has completed its first assessment of integrated care with advanced roles and e-prescribing by nurses in development.

Dr Ray Walley suggested the further examination of new roles proposed for pharmacists in minor illness and chronic care.

Consultation on clinical trials regulation.

Horizon 2020 programme will continue to support M Health deployment, with issues of data protection, access/interoperability, and international cooperation. Development of a patient unique identifier and patient held personal information.

Professional recognition of qualifications.

The speciality of GP/FM has not been officially notified to the EU by many member states.

To develop criteria for a “professional card” to enable the freedom of movement of GPs.

UEMO to advance with an accrediting body for GP/FM specific CME/CPD.

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17. Education Programme Report

Author: Nicholas P Fenlon, Director of Medical Education

Other members of Education Programme team

- Louise Dent, Education Administrator
- Jana Pickard, Education Administrator
- Yvette Dalton, Education Administrator
- Orla Sherlock, Events Co-ordinator
- Gillian Doran and Patricia Patton, ICGP Librarians (available to education and course participants on request)
- Niamh Killeen – ICT & Web Services Project Manager

Summary of Education Programme

The aim of the Education Programme is to provide continuous professional competence education to members. The objective of the programme is to provide members with practical updates on identified topics that are relevant and applicable to their everyday practice. It strives to provide these in a format that recognises the reality of the busy, stressful and complex work of GPs and through the use of educational methodologies that match the learning styles of members.

Programme activities in 2015

Major courses

The following courses were delivered in 2015:

- Occupational Medicine Leading to LFOM (2 year course)
- Musculoskeletal Examination and Injury Management
- Certificate in Management in Practice
- Certificate in Management in Practice for GP Registrars
- Substance Misuse and Associated Health Problems Certificate Course

Short courses

A number of short courses were delivered. These include:

- Primary Care Surgery Course
- SCALES (started in September)
- Cervical Smear Theory Course & Women’s Health courses
- Practice Staff Course

eLearning modules

Thirty-five elearning modules were made available to members in 2015. Almost 2,000 individual users were recorded engaging in these modules. These include a broad range of modules on clinical topics, non-clinical areas, women’s health, men’s health, mental health, paediatric care, risk management etc.

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Events

We delivered the following successful major events in 2015:

- Vasco da Gama Conference – Dublin
- AGM – Galway
- Summer School – Tullow
- Winter Meeting – Athlone

All events were well attended and provided excellent and relevant education workshops to members and non-members.

Programme milestones, deliverables and outputs

Unit milestones

- Ongoing support and guidance by our extern – Professor Anthea Lints, Edinburgh University.
- The ninth ICGP Summer School took place in June 2015 with almost 300 GPs in attendance.

Forum Distance Learning online

- Those who complete the Forum Distance Learning MCQs were able to do so electronically in 2015.
- This is a reserved service to ICGP members in good standing.

Future plans

Risk management

We will be delivering a series of modules under the heading of Risk Management. We have started with modules on confidentiality and on consent, and will be adding to this with a module on medical records.

Diabetes care

We will be developing a series of elearning modules on diabetes care and will compliment with master classes on diabetes. The initial module on foot care was launched in 2015.

Dementia

We are building a comprehensive programme of modules on dementia care in general practice.

Master classes

We delivered the following master classes in 2015:

- Cardiovascular
- Risk Management
- STIs
- We will be adding to this series in 2016.

Electronic access

The plan for automatic registration and updating of professional competence records is well underway. Phase one was launched in Feb 2016 and the project will be fully complete by mid-2016.

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Summer School

We will be facilitating the 10th ICGP Summer School in June 2016 at Mount Wolseley Hotel, Tullow.

Administrative support

The Education Programme has three full time administrators – Louise Dent, Jana Pickard and Yvette Dalton. Our events are coordinated by Orla Sherlock. All administrators have given hugely to the development and continued success of ICGP education delivery. Finally, I wish to thank the Education Governance Committee under the chairmanship of Dr John Cox for their guidance and support, and our team of dedicated course tutors and assessors.

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18. CME Small Group Network Report

Author: Dr Henry Finnegan, National Director of CME

Overview

The Continuing Medical Education (CME) tutor network continues to provide locally based small group learning (SGL) meetings for GPs in Ireland. The network has been built up over many years. The educational modules provided by the tutor network are relevant to the common, important and problematic areas of clinical medicine and practice management in general practice. The meetings allow discussion to take place among peers in active practice in a trusted learning environment. It is the ethos of this format of learning that each participant shares what they actually do before concluding that some beneficial change may be required in their practice.

The funding of the tutor network comes from the Health Service Executive (HSE). I report to the National Doctors Training and Planning (NDTP) unit (formerly the Medical Education and Training (MET) unit) in the HSE and to the ICGP through the Education Governance Committee.

Attendance at the CME SGL meetings remains the most popular live educational activity engaged in by GPs in Ireland. These meetings account for 56% of the live educational events attended by GPs in a given year. Most members, when surveyed, still say the most valued asset of their membership is the CME SGL meetings.

It may be worth enumerating some of the positive features of the CME network. First of all, the unique feature of this network is that it is national. There is a local CME SGL group in every part of the country, rural and urban, and most GPs in Ireland have access to one of these groups. Other countries have CME SGL meetings or Quality Circles (QC) for GPs in established practice but no country in Europe has the penetration level as achieved here in Ireland. The next important feature is that the meetings are local. The meetings take place in HSE premises, GP premises, hotels and even the homes of GPs. They are not necessarily located in university centres or on a hospital campus. The meetings are facilitated by a CME tutor who is trained in the leadership of small groups. Of late, more group leaders have been facilitating learning in the small groups. The tutor is responsible for maintaining and reporting attendance figures and for providing CPD certification to the participants. The CME SGL meetings are ordinarily of two hours duration and are accredited for two external and two internal CPD credits. These meetings help GPs fulfil some their Professional Competence Scheme (PCS) requirement for the Irish Medical Council (IMC) by providing locally based CME. GPs attend these meetings in large numbers and this form of learning has helped GPs keep up to date on matters relevant to their specialty. The CME tutors facilitate meetings where learning outcomes are stated at the outset, where there is a meeting plan for each meeting, where the acquisition and application of knowledge and skills is promoted, and where the exploration of attitudes and change in behaviour is encouraged. A summary of the learning points is given at the end. Feedback is given by the participants. New technology is integrated into meetings as appropriate. Knowledge translation occurs which increases the prospect of favourable patient outcomes. There is some evidence that quality initiatives from these meetings have influenced positive change in the delivery of care locally. An important feature of the meetings is the avoidance of professional isolation. Another valued aspect is that attendance is free for the participants. GMS contract holders get study leave for attending.

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Survey

A survey among participants at CME SGL meetings was published in the Irish Medical Journal in April 2015 (vol. 108, no. 4; 109–11).

The research question posed was ‘Does participation in CME SGL influence medical practice?’ The conclusion was that participation in CME SGL does influence medical practice. Examples were given where participation changed doctors’ behaviour in terms of knowledge and skills, attitudes, prescribing, use of guidelines, and investigations of patients.

I made a presentation on the development of CME SGL in Ireland and included the results of our survey at the 47th EQuIP meeting in Fisingen, Switzerland on 24 April 2015. The presentation was well received by the international audience.

ATTENDANCE FIGURES FOR 2015	
Total number of schemes:	37
Total number of tutors:	37
Total number of group leaders:	98
Total number of GPs who attended:	13,725
Total number of small groups (meet monthly):	172
Total number of GPs on the mailing list:	2,990

The network has taken on over 1,000 extra GPs since May 2011. Due to the high demand for CME SGL in urban areas, especially Dublin, Cork, Galway, and Limerick, some tutors are running 8 to 9 meetings per month and can have up to 700 GP attendances at their meetings throughout the year. Because of the high demand for CME SGL some meetings are no longer “small group” meetings but can have between 15 to 25 GP attendees on any given night. The dynamics in these groups is different and highly demanding on the leader to deliver on the educational objectives. There is a waiting list to join CME SGL groups in some areas.

Tutor retirements

As I indicated in my previous report, Dr John McKeown, Louth/Meath Faculty, and Dr Mary Davin Power, Corrigan Faculty, both resigned from their tutor posts at the end of August 2015.

Tutor interviews

Interviews for these replacement posts were held on 2 July 2015 in Lincoln Place. There was keen competition for these posts. I would like to thank the candidates who competed for the posts. I would like to congratulate the successful candidates and look forward to working with them in the future. Now that the recruitment ban in the civil service may cease, it may be opportune to have the regular employment system reinstated by the HSE.

Tutor appointments

- Sarah Jane Nugent – Louth/Meath
- Finola Minihan – Corrigan

Date of commencement in posts: 1 September 2015

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Induction course for new tutors

An induction day for these two replacement tutors took place on 20 August 2015 in Lincoln Place. Both attended.

These two schemes need to be helped by the recruitment of two new tutors to these areas.

Group leaders

There are 98 group leaders facilitating meetings in the network. Any replacement or new group leader is given a list of their responsibilities and expected to agree to carry out these functions. Unlike the tutors, they have no contractual obligation to fulfil the functions required of them. With the massive increase in demand from 2011 with the introduction of compulsory enrolment on a professional competence scheme (PCS) for the accumulation of continuing professional development (CPD) credits, the network was not allowed to employ new tutors and so responded by forming new groups and engaging more group leaders to facilitate them.

Out of the 37 schemes in the network, 32 have either one or more group leaders facilitating the meetings. Group leaders are now an integral component in the delivery of the CME SGL programme.

Group leaders’ courses

A group leaders course took place on 7 March 2015 in Leighlinbridge, Co. Carlow for group leaders in the south eastern region. This was well attended. The participants were pleased to come together as a group. They came away with a better appreciation of the importance of their role. All appreciated the training in leading small groups. Most wished to improve the briefing/debriefing component of their involvement with their tutor. Most felt a greater sense of collegiality and had an enhanced view of the importance of CME SGL.

The planned group leaders’ course for the Border Midlands & West (BMW) region on 29 November 2015 in the Radisson Hotel, Sligo, was cancelled due to insufficient funds to run it.

In time, I expect these regional courses will need to take place annually. All group leaders will need regular training in how to lead small groups. A budget will be required to fund these courses.

Tutor workshops

The following tutor workshops took place in 2015:

- 6-7 February: Hilton Hotel, Kilmainham, Dublin
- 8 May: Radisson Hotel, Galway
- 4-5 September: Strand Hotel, Limerick

I have brought the ICGP sponsorship policy to the attention of the tutors. Dr C. Leech, Chief Medical Advisor, Department of Social Protection (DSP), attended the February 2015 tutor workshop. The issue of ‘Closed Certification’ was raised. It was suggested that this information would be of benefit to all GP contractors to the DSP. This was taken on board and I am pleased to report that the booklets have been sent to all GPs in Ireland.

At the May workshop Prof Colin Bradley, UCC, was our guest speaker on the issue of patient compliance with prescribed medications.

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I have encouraged the tutors to promote the ICGP quick reference guides among their group leaders and participants. I encouraged the tutors to remind GPs of the growing problem of antibiotic resistance and their role in it, and promoted the use of www.antibioticprescribing.ie. Four CME tutors have volunteered to work with Prof Des O’Neill to provide focus groups to look at the medical fitness to drive guidelines.

International meeting

I attended the EURACT Bled Course, as a course director, from 14-19 September 2015. The theme was ‘Teaching and learning about multimorbidity in aging populations’. I gave a keynote address on polypharmacy in the elderly and resourced two working groups on the same theme. On the other days, I acted as group leader for the working groups on material produced by the other three course directors. The participants are GP teachers from Slovenia, central and eastern Europe and the Balkan countries.

Scheme visits

Six scheme evaluation visits took place in 2015:

SCHEME	TUTOR	DATE VISIT TOOK PLACE
Galway A	Declan Larkin	12/02/2015
Kildare	Mary Kearney	14/04/2015
Mayo B	Scott Walkin	28/04/2015
North Cork	John Bourke	29/04/2015
Roscommon	Martina Hanratty	23/09/2015
Cavan Monaghan	Illona Duffy	18/11/2015

Conclusion

The attendances at CME SGL have levelled off at approximately 14,000 per academic year. There remains the problem of demand exceeding supply, especially in urban areas. There are waiting lists in some areas. New tutors with contractual responsibilities are needed, not more group leaders. It has been made clear that neither the HSE nor the ICGP are in a position to provide the extra funding for new tutors. The network is operating on a budget that was decreased by 35%, some budget lines were terminated, at a time when the demand expanded by 40%. Exchequer funding appears to have improved significantly of late. I have not been given any indication that there will be any new funds for the network. If the national CME network is to develop, then new funding sources will have to be found. There are increasing demands being expected of the tutors. The standard minimum of seven meetings per group per (academic) year may need to increase to eight per group. The current minimum of three groups may need to increase to four. As tutors are trained in leading groups, it may be expected that each tutor should lead at least two groups and attend one meeting per month of another group. Using doctors’ homes as venues for meetings may not be sustainable in the future. A change here will have budgetary implications. The briefing/debriefing process is variable. This may need more standardisation. There is a demand for more practice based meetings and ‘virtual’ meetings to be accredited for external CPD credits. There may be a need for an agreed protocol on the use of smartphones and iPads at CME SGL meetings. Where concurrent CME SGL meetings take place, switching between groups is not encouraged as it may cause confusion in relation to accurate attendance figures. The work of a tutor is not getting any easier. If this popular form of learning for GPs is to continue, the network needs to be valued and funded so that it can continue to deliver on its objectives.

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19. Women’s Health Programme Report

Author: Dr Miriam Daly, Programme Director

Programme members

- Dr Miriam Daly, Programme Director
- Dr Deirdre Lundy, Tutor and Course Coordinator
- Jana Pickard, Administrator

Programme activities

- Runs courses for and award the Certificate in Contraception.
- Provides training in long acting reversible contraceptives (LARC) and award the Advanced Certificate in LARC.
- Develops new courses on women’s health topics in response to members’ needs.
- Facilitates workshops in women’s health at ICGP events throughout the year.
- Provides opinion and review of documents and guidelines produced by outside bodies.
- Represents the ICGP on steering committees and policy groups relating to women’s health.
- Replies to clinical queries from members on women’s health issues.
- Represents the ICGP as appropriate.

Programme milestones/deliverables/outputs

LARC Programme

- LARC Courses:
 - LARC Tutor courses
 - LARC Updates
- LARC Training:
 - GP Led IUD Clinic, National Maternity Hospital, Holles Street, started in April 2014
 - GP Led IUD Clinic, Rotunda Hospital, started in November 2015
- Advanced Certificate in LARC:
 - Experienced inserter route
 - GP trainee route
- LARC elearning under development. Funding received from the HSE Sexual Health and Crisis Pregnancy Programme (€30,000).

Contraception

- Courses:
 - Reproductive and Sexual Health Theory Course (twice per year)
 - Certificate in Contraception Practical Course (twice per year)
 - Contraception tutor courses
- Certificate in Contraception
- Contraception elearning under development. Funding received from the HSE Sexual Health and Crisis Pregnancy Programme (€35,000).

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Sexual Health

- STI elearning currently being reviewed and updated (received funding from the HSE Sexual Health and Crisis Pregnancy Programme (€5,000 per year x 3 years)
- STI Masterclass at the ICGP AGM in Galway May 2015
- Plan to run several STI masterclasses in 2016

Women’s Health Conference

- November 2015: We ran a women’s health study morning in conjunction with the ICGP Winter Meeting
- June 2015: We ran a women’s health study day in conjunction with the ICGP Summer School.
- We plan to run a women’s health study morning in conjunction with the ICGP Summer School in June 2016

Antenatal Care

- Antenatal Care eLearning. We are currently seeking funding to develop an elearning course for GPs on antenatal care, postnatal care and common gynaecology problems in general practice. This project is being planned in conjunction with Dr Mary Holohan, Consultant Obstetrician and Gynaecologist, Rotunda Hospital; and Dean of Examinations, Royal College of Physicians Ireland.

Research

- Gonorrhoea testing and treatment in general practice. Funding received from the HSE Crisis pregnancy programme. Report being finalised.
- Research on domestic violence recognition in general practice and knowledge and attitudes of GPs. Funding sought from COSC, The National Office for the Prevention of Domestic, Sexual and Gender-based Violence. Draft report completed.
- Audit on activity at the IUD GP Led Clinic completed and a patient satisfaction questionnaire will be sent out in the coming weeks.
- Mapping of sexual health and contraception services. In association with the HSE Sexual Health and Crisis Pregnancy Programme. Draft report completed.

Representation

- National Maternity Strategy Steering Group. Department of Health, National Maternity Strategy, published in Jan 2016, Dr Miriam Daly.
- HSE Crisis Pregnancy and Sexual Health Programme, Mapping Project Advisory Group, Dr Miriam Daly.
- National Sexual Health Clinical Lead Programme, Clinical Advisory Group, RCPI, Dr Miriam Daly.
- HIQA Maternity Group, Dr Sinead Murphy.
- Cervicalcheck QA Committee, Dr Laura Noone.
- HSE Breastfeeding Action Plan Consultation Day, Dr Louise Malone.
- National Folic Acid Policy Group, Dr Laura Noone. Funding not yet agreed.
- Health technology assessment of HPV as the primary screening method for the prevention of cervical cancer, Expert Advisory Group, HIQA, Dr Miriam Daly.
- Dr Miriam Daly instigated a meeting with Minister Leo Vradkar which took place in November 2015 to discuss STC payments for IUD and implant insertions, and poor GP access to pelvic ultrasound.

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Forum articles

- Series of articles on women’s health in Forum journal.

Clinical queries

- We responded to many clinical queries from members about women’s health clinical issues.

Reproductive and Sexual Health Committee

- Meetings four times per year. New committee members appointed.

Website

- We are currently undertaking an internal project to develop and improve the Women’s Health Programme section on the ICGP website.

Future plans

- Develop a page on the Women’s Health Programme section of the ICGP website where we will upload publications of interest.
- Develop a discussion forum for women’s health clinical discussions on the website.
- Develop an elearning course on menopause.
- Provide articles on women’s health for Forum monthly.
- Plan a programme of webinars on women’s health issues.
- Complete and launch Contraception e-learning and LARC e-learning.

Women’s Health Courses: 1 Jan 2015 to 31 Dec 2015

(Table continued overleaf)

COURSE	DATE	NO. ATTENDING
Reproductive and Sexual Health Course	Jan 2015	41
	Sept 2015	55
Certificate in Contraception Practical Course	March 2015	10
	October 2015	14
LARC Tutor Workshop	February 2015	13
	March 2015	14
	May 2015	10
	June 2015	7
	Nov 2015	16
LARC Update	February 2015	46
	May 2015	24
	June 2015	23
	Nov 2015	41
Contraception Tutor Course	Jan 2015	35
	Feb 2015	16
	May 2015	23
	June 2015	22
	September 2015	32
	Oct 2015	13
STI Masterclass	May 2015	54

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COURSE	DATE	NO. ATTENDING
Women’s Health Study Day, Summer School <ul style="list-style-type: none">Breast DiseaseSexually active teenagerHot topics on women’s healthEpilepsy, contraception and pregnancyManaging menopauseOpt. Fertility & Reproductive Health	June 2015	28 37 40 29 52 51
Women’s Health Study Morning, Winter Meeting <ul style="list-style-type: none">Tips for infection control for IUD insertionsInfections in pregnancy and postpartumThe highs and lows of pregnancyPreventing infections in pregnancy	November 2015	28 45 55 50
Cervical Smear Course	March 2015 May 2015 Nov 2015	17 16 11

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20. Disease Surveillance Sentinel Practice Network Project Report

Author: Dr Michael Joyce, Project Leader

Other members of the 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.

Project summary

The project involves running a computerised surveillance network for certain infectious diseases in the community and involves 61 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.

To address this need 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 20 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 61 practices involved including some practices using software 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 the Health One User Group (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 an 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 the distribution of GP generated computerised data that can be built on in the future in different areas.

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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 in circulation.

The results of the surveillance are available [here](#) on the HPSC website.

A typical HPSC influenza summary report is included below. In this case: from week 7 2016, the week ending 21 February 2016 (as an example).

“Influenza activity in Ireland was at moderate to high levels during week 7 in 2016 (week ending 21 February 2016). Influenza A(H1)pdm09 is the predominant virus circulating. Reports of hospitalisations/ICU admissions associated with influenza and influenza outbreaks remain elevated. It is recommended that antivirals be considered for the treatment and prevention of influenza in high risk groups.

- Influenza-like illness (ILI): The sentinel GP influenza-like illness (ILI) consultation rate was 71.1 per 100,000 population in week 7 in 2016, remaining stable compared to the updated rate of 72.0 per 100,000 reported during week 6 in 2016.
- ILI rates remained above the Irish baseline ILI threshold (18 per 100,000 population).
- ILI age specific rates were highest in the 5-14 year age group.
- GP out of hours: The proportion of influenza-related calls to GP out-of-hours services decreased, but remained elevated.
- National Virus Reference Laboratory (NVRL): Influenza positivity reported from the NVRL for all respiratory specimens (sentinel and non-sentinel) remained elevated at 29.4% during week 7 in 2016, compared to 30.3% during the previous week. Of 561 sentinel and non-sentinel specimens tested, 165 were influenza positive: 103 A(H1)pdm09, 1 A(H3), 7 A(not subtyped) and 54 B.
- Influenza A(H1)pdm09 is the predominant virus circulating; co-circulating with influenza B.
- Influenza A(H1)pdm09 positivity remains high, accounting for 62.4% of all flu positive specimens.
- RSV activity has continued to decline and remains at low levels.
- All influenza A(H1)pdm09 and A(H3) viruses characterised in Ireland this season belong to genetic groups that are antigenically similar to the strains recommended for inclusion in the 2015/2016 trivalent influenza vaccines. Influenza B viruses characterised this season in Ireland, belong to the B/Victoria lineage, these viruses are not present in the 2015/2016 trivalent vaccine used in Ireland. Trivalent vaccines are the most widely used influenza vaccines in Europe.
- Respiratory admissions: Respiratory admissions reported from a network of sentinel hospitals decreased for the fourth consecutive week during week 7 in 2016.
- Hospitalisations: 886 confirmed influenza hospitalised cases were notified to the HPSC for the 2015/2016 season to date: 460 were associated with influenza A(H1)pdm09, 3 with A(H3), 136 with A (not subtyped) and 287 with influenza B.
- Critical care admissions: 15 confirmed influenza cases admitted to critical care units were reported to the HPSC since the last surveillance report, bringing the season total to 85 cases.
- Mortality: 25 confirmed influenza cases died and were reported to the HPSC for the 2015/2016 season.

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- Outbreaks: Six confirmed influenza outbreaks were notified to the HPSC during week 7 in 2016, two in HSE-E and one in each of the following: HSE-MW, -NW, -SE and -S.
- International: Overall, influenza activity has continued to increase in Europe, with influenza A(H1N1)pdm09 viruses predominating this season to date.”

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 each season since. A paper on this was published in the IMJ Volume 105 no 2, Feb 2012, pgs. 39 to 42. This project has continued in the 2015/2016 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 61 participating practices, we now have the recommended 5% population coverage. Some limited further recruitment is possible to cover areas that have poor coverage but no significant increase in the number of practices is planned. Practices, once recruited to the network, tend to remain in the network. This is good in that it provides consistency and is, I believe, a tribute to how well the network runs that we have such a high retention rate of practices.

This year, we were sorry to lose one of the original 20 practices due to the retirement of Dr Garrett Hayes. His practice in Lucan was involved from the outset. As well as helping to formulate the IT aspects of the project in the early days, he was an enthusiastic participant throughout. All of us involved would like to wish Garrett well in his retirement.

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 in relation to seasonal and pandemic influenza. Return rates well in excess of 90% continue to be achieved consistently.

As well as return rates we now also measure the timeliness of returns. Each weekly return is in by the deadline of Tuesday each week. This figure is also consistent above 90%.

Future Plans

Continued surveillance is planned.

Funding Source

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

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21. Substance Misuse Programme Report

Author: Dr Íde Delargy, Substance Misuse Programme Director

Programme members

- Dr Ide Delargy, Programme Director
- Dr Des Crowley, Assistant Programme Director
- Dr Marie Claire Van Hout, Clinical Audit Facilitator
- Aoife McBride, Administrator
- Yvette Dalton, Education Administrator
- Dr John O’Brien, Chairperson Audit Review Group

Summary of the programme objectives

- To provide education and training to all GPs and GP registrars on issues related to substance misuse and associated health problems.
- To work in collaboration with other agencies, e.g. National Guidelines Development Group to provide best practice guidelines for the management of substance misuse in primary care.
- To provide *training* and *continuing medical education* to general practitioners involved in Methadone Treatment Protocol (MTP) in primary care.
- To develop and implement an *audit* process which both ensures best practice and provides support for general practitioners taking part in the MTP.

Training

Under the terms of the Methadone Treatment Protocol (MTP) Services published by the Department of Health in 1998, any GP wishing to take part in the provision of treatment services to drug users must undertake training as provided by the ICGP.

Foundation Course in Substance Misuse

This course replaces what was formerly called *Level 1 Training*.

- The Level 1 curriculum and format were reviewed in 2015 with the result that the new Foundation Course in Substance Misuse has been available since early January 2016. This course is open to all GPs, and all GP registrars are encouraged to complete the course as part of their training. Completion of this course will be required in order to apply for a HSE Level 1 contract.
- 41 participants undertook Level 1 training between October and December 2015.

Certificate Course in Substance Misuse and Associated Health Problems

- The aim of this course is to provide course participants with the theoretical framework to assess, manage and refer appropriately patients who misuse substances. The course is delivered in an e-learning environment through a combination of online modules, interactive workshops and practice-based work, reflecting the major, current and debatable health issues in substance misuse.
- This course now constitutes the academic training component of Level 2 Training.
- Course 3 ended in April 2015 and had 15 participants.
- Course 4 (ongoing) commenced in September 2015 and currently has 25 participants.

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Continuing Professional Development (CPD)

ICGP Winter Meeting 28 November 2015

Workshop on recent advances in hepatitis C treatment entitled ‘A cure for hepatitis C: How patients are assessed and selected for the new treatment’.

Participants: 22

ICGP National Conference & AGM Friday 8 May 2015

Managing prescribed medication effectively:

- Psychoactive medications – current prescribing trends
- Benzodiazepines – the past, the present and the future
- Drug driving: the doctor’s dilemma

Participants: 50

ICGP National Conference & AGM Saturday 9 May 2015

Substance Misuse & Related Health Matters:

- Managing drug seeking behaviours in an out of hours service
- Supervised dispensing as a management tool

Participants: 56

Audit

Clinical audit for a GP participating in the Methadone Treatment Protocol

Under the terms of their contract for the MTP, all GPs participating are required to undergo clinical audit. The audit process, the standards and the audit criteria have been developed and agreed by the Joint ICGP/HSE Audit Review Group (the ARG). The clinical audit facilitator carries out the audits on behalf of the ARG.

Number of audits carried out in 2015: 20

Audit Review Group meeting dates 2015:

- 3 March 2015
- 14 April 2015
- 9 June 2015
- 8 September 2015
- 1 December 2015

Developments in 2015/2016

Recruitment

- The appointment of Dr Marie Claire Van Hout, Clinical Audit Facilitator, in June 2015. Dr Van Hout will implement the self-audit and will progress with ensuring that all GPs in the MTP have an audit completed on an annual basis. Most audits will be self -audit with a cycle of practice based audit conducted as per the policy as laid down by the ARG.
- The appointment of Dr Des Crowley, Deputy Director of Substance Misuse, in June 2015. Dr Crowley will oversee the audit process and will assist with increasing the numbers of Level 1 and Level 2 GPs.

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Publications and abstracts

Survey of general practitioners participating in the Methadone Treatment Programme, February 2015:

- A survey was issued to explore GP attitudes to the Methadone Treatment Protocol (MTP) and what additional services might support GPs in their work with opiate users. It also explored levels of satisfaction with training received and to assess whether any obstacles or barriers exist to taking patients on the MTP.
- A similar survey was conducted in 2008 and a statistical analysis is underway comparing the responses from 2008 and the responses in 2015. This paper has been accepted for publication in Heroin Addiction & Related Clinical Problems.

Abstract submitted and accepted for WONCA Europe:

- This presentation will outline the model of self-audit which has been developed by the SMP team.
- This model has applicability across other disease areas.

Lectures and conferences 2015

- Improving outcomes in Opioid Treatment Conference, Manchester, February 2015.
- Sligo GP Society – Benzodiazepine Management and other addiction problems, March 2015.
- RCPI – Hot Topic: Traffic Medicine & Substance Misuse Issues, March 2015.
- Dr Delargy and Dr Crowley conducted a site visit to the Zurich Injecting Rooms Programme in November to assess the operational and other issues in relation to current proposals to develop something similar in Dublin – November 2015.
- A programme for the 2016 AGM has been developed and agreed.

New developments for 2016

Faculty meetings

The SMP has given talks at three ICGP Faculty meetings over the past number of months:

- Wexford Faculty
- Corrigan Faculty
- Westmeath Faculty

Current activities

The newly developed Foundation Course Development (formerly Level 1 Training) was launched and has been available online since January 2016.

The course curriculum was developed in conjunction with Dr Ailis Ni Rian who has the responsibility of mapping the educational aims and objectives and setting the standards for completing the training. Dr Delargy has the responsibility of the clinical content of the course. The web development of this course is being managed by CPD sessions.

In progress: Self Audit Tool

The development of the self-audit tool has been revised as the TRAX system was considered too cumbersome for the purposes of the SMP. A survey monkey version is currently being finalised and will be piloted over the next couple of months.

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Future activities for 2016

Education and Curriculum Developments: Providers' Clinical Support System for Opioid Therapies

The SMP has entered into discussions and has gained permission from a US based organisation called Providers' Clinical Support System for Opioid Therapies (PCSS) to utilise some of their online educational material for use with Irish. Our plan is to run a webinar workshop based on selected talks from PCSS which will be made available to GPs in advance. A date for early April is planned for roll out of this format and we plan to hold one of these webinar meetings supported by external material on a quarterly basis.

The overall direction of the SMP is in transition in order to develop a broader focus on the addiction problems which face every GP in regular general practice throughout the country. To reflect this change, a chapter on substance misuse is included in the new ICGP curriculum development for postgraduate GP training. We are aiming to have completion of the Foundation Course as part of the requirements for qualification for MICGP.

National Clinical Guidelines Development Group

The ICGP Substance Misuse Programme has made some final editorial comment to the Guideline Development Group and we are awaiting the imminent publication of this document. The new OST Guidelines will be submitted to the Quality Directorate at the HSE for endorsement. On publication, the SMP will reconvene a small working group which had developed a quick reference guide and make a decision on whether such a document will a) be required and b) if required, what amendments need to be made to our existing Draft QRG in light of the new publication. This is a work in progress.

Representation on national bodies and agencies

- National Traffic Medicine Main Working Group and Subgroup on Substance Misuse (RCPI) – ongoing
- The Director of the Substance Misuse Programme represents the ICGP on this working group.
- National Advisory Committee on Drugs
- The Director of the Substance Misuse Programme represents the ICGP on this working group. Dr Hugh Gallagher also represents the ICGP on the Treatment and Rehabilitation Subgroup.
- Methadone Implementation Committee – ongoing
- The Director of the Substance Misuse Programme represents the ICGP on this working group which met on a quarterly basis.
- Ana Liffey Steering Committee – ongoing
- The Director of the Substance Misuse Programme represents the ICGP on this NGO.
- Faculty of Pain Medicine

The Director of the Substance Misuse Programme represents the ICGP on the Board of this Faculty.

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22. Mental Health Programme Report

Authors: Dr Brian Osborne, Assistant Medical Director, and Director of the Mental Health Programme; and Mr Pearse Finegan, Consultant

Summary

The elements of the Mental Health Programme that are currently in development will enhance the delivery of mental health in general practice and primary care. The Mental Health in Primary Care Project is twofold: it provides clinical advice and support in the development of educational initiatives in primary care and contributes advice from a GP perspective to national policy and programme developments. Outlined below are key developments in the past year.

- Ongoing education and the development of mental health services and systems in the primary care arena have been the focus of the work we have undertaken in the past 12 months.
- Referral of People with Depression to Specialist Mental Health Services – Guidance for GPs was updated and approved by QIP.
- The introduction of counselling in primary care is a major benefit to patients who need assistance with mental health issues in primary care. Numbers obtained from the HSE show that between July 2013 and July 2015 there were 30,011 referrals. 10,496 patients were seen and 63,576 counselling sessions were attended. The HSE is currently carrying out an evaluation process on this service.
- Following on from the development and introduction of the educational programme for GPs and practice staff on suicide prevention and post intervention, we continue to encourage members to up skill all staff working in their practice.
- The joint project by the ICGP and Caredoc to examine the referrals pathways of patients with mental health issues to general hospital or their GP to ascertain the frequency and uptake of advice is now complete and results will shortly be available.
- Funding for the proposed research with regard to the care of the physical health of patients with severe and enduring mental illness has been approved by the HSE and it is hoped that the pilot will commence shortly.

The overall aim is to develop and assess a standard protocol to aid the health professional in the monitoring and treatment of the physical health of patients who have a severe mental health illness presenting in general practice/primary care.

Specific objectives of this project:

- To establish baseline data on the health of patients with severe mental illness from general practice in Ireland.
- To obtain the views of service providers and users on needs, barriers and intervention design.
- To pilot and assess an intervention aimed at improving the physical health of people with severe mental health illness.

The development of the SCAN service is ongoing and the ICGP is continuing to support its development when local services seek our assistance. We are updating our GPs about these through meetings at faculty level and at the Summer School.

Mental Health Sessions at 2015 Summer School – Facilitated sessions and child and adolescent mental health.

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Statistical data relevant to this report, e.g. number of training sessions, trainees, support groups, one to one counselling, web hits, phone calls, etc.

The ICGP has many and varied educational programmes which are delivered through elearning modules, CME groups, faculty meetings, ICGP events, e.g. the Summer School, Winter Meeting, and the trainers and trainee conferences.

The data provided in the tables below is the most up to date available and identifies the number of GPs that are engaging in elearning education in mental health.

- Table one: demonstrates the number of individual users who have completed the elearning modules demonstrated by completing the MCQ.
- Table two: the data in this table describes the number of times these elearning modules have been accessed by GPs demonstrating that they are using these as a learning tool and source information but not necessarily completing the course in its entirety.

Table One

ELEARNING MODULES	REGISTERED COURSE COMPLETIONS (JULY–DECEMBER 2015)
Depression	95
Addressing Alcohol Misuse	148
Suicide Prevention	57
Dementia	55
CCSM	132
Forum December 2014 Alcohol	742
Total	1,134

Table Two

ELEARNING MODULES	HOURS	LESSON LOADS JULY– DECEMBER 2015
Suicide Prevention	4	840
Depression	6	928
Alcohol Awareness	3	2114
Chronic Condition Self-Management	6	478
Total Lesson Loads		4,360

The ‘GPs Take Care’ programme was developed by Dr Claire Hayes with the support of Pearse Finegan as a means of introducing GPs to practical, evidence based methods of self-care. We have delivered three full days of the ‘GPs Take Care’ programme with 15 participants on each programme. This was evaluated by a questionnaire at the end of the training and positive feedback was received, indicating that the objectives of the day had been achieved in an interactive, effective and enjoyable way.

Future plans

1. The development of an operational plan to detail the ICGP’s role in supporting the implementation of *Connecting for Life – Ireland’s National Strategy to Reduce Suicide 2015-2020*.

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In addition to the programme of work the ICGP currently undertakes to support the education and development of mental health services and systems in primary care via funding provided by NOSP, the ICGP could support a number of actions that are identified in the recently released *Connecting for Life* strategy through the following:

- Expert representation on committees/working parties in the development of guidelines and initiatives (Brian Osborne will be on the Connecting for Life Committee).
 - Explore the possibility of developing and offering training and education on:
 - Suicide in the elderly
 - Young people and mental health/suicide in adolescence
 - Continue to work with the NOSP on the effective use and expansion of Scan nurses.
 - Continue to develop and deliver GPs Take Care.
 - ICGP support for the expansion of the CIPC service.
 - Connecting for Life will form part of the developments on our educational programmes.
2. Mental Health Sessions at the Summer School 2016 – Focusing on addiction, adolescent mental health issues and psychiatry of old age.
 3. Brian Osborne will be a member of the steering group for the physical health project on patients with severe and enduring mental illness.
 4. Update mental health page on the ICGP website.

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23. Quality and Standards Committee Report

Author: Dr Sheila Rochford, Cork City Faculty and Chair of the Quality & Standards Committee

Quality and Standards Committee members in 2015

- Dr Sheila Rochford (Chair)
- Dr Margaret O’Riordan
- Dr Brian Osborne
- Dr Harry Comber
- Dr Ray Mulready
- Dr John Cox
- Ms Karen Dempsey (representing Dr John O’Brien)
- Ms Anne Cody
- Dr Brefni Reynolds
- Dr Monica McWeeney

Administrative support

- Ms Carol White

Summary

The Quality and Standards Committee reports to the Board of the ICGP from the following:

- Dr Margaret O’Riordan, Medical Director
- Professional Competence Committee
- Quality in Practice Committee
- Substance Misuse Programme (audit section)

Their reports are detailed on the following pages.*

In the past year, the committee has extended a welcome to Dr Monica McWeeney from the retired doctors’ group.

The committee has also continued to work with Ms Anne Cody, Representative of the Public Interest, who has been joined in her task group by Mr Michael Brophy and Mrs Olive O’Connor. Patient empowerment has been a focus of this group, and for this we express our gratitude.

Maintaining quality and standards remains challenging in the current healthcare climate. I would like to take this opportunity to express gratitude for the work of the many people who serve on the committees linked with Quality and Standards. Finding the time and energy out of busy work schedules to volunteer and serve on committees is a testament to their generosity and commitment in these difficult times.

*As the Substance Misuse Programme also reports to the Education Governance Committee, its annual report is published in that section.

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24. Medical Director’s Report

Author: Dr Margaret Ó Riordan

This is my last report as medical director of the ICGP as I am stepping down from the post in March 2016. I would like to take this opportunity to thank the ICGP management, staff, board and members for their support and friendship over the past 20 years. I look forward to meeting all of you again as I continue to participate as a GP and member of the college at future events.

The role of medical director involves oversight and support across all ICGP activities including education, training and research. The medical director is also a member of the ICGP senior management team and attends all ICGP Board and Council meetings. Ongoing relationships are maintained with external stakeholders including Ministers of Health, the Department of Health, 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, the Irish Medical Organisation and the National Association of GPs. The appointment of Dr Brian Osborne as assistant medical director in 2015 was a very welcome development. Brian is an enthusiastic and committed lead on mental health and makes a significant contribution to external representative roles, submission and report writing and dealing with member queries (see Assistant Medical Director’s Report for further details).

Developments in 2015

Minor Surgery Research Programme

The HSE Service Plan 2015 contained a provision to develop pilot sites in primary care for skin surgery provision. Following discussion with the HSE and the Primary Care Surgical Association, agreement was reached to establish an ICGP led research network to undertake and record activity and outcomes from minor surgery procedures in order to develop and test an accreditation process. A research network comprising of 20 GPs from a variety of practice sizes and locations was established in autumn 2015. The network is currently recording activity and outcomes from minor surgical procedures. It is hoped to extend the research programme to more practices in 2016.

Diabetes in General Practice

The ICGP (with the support of the HSE Diabetic Clinical Care Programme) *Practical Guide to Integrated Care for Type 2 Diabetes* guidelines were launched by Minister Varadkar in the ICGP offices on 4 February 2016. The lead author of the guidelines is Dr Velma Harkins and this document is the product of many years of endeavor on her part on behalf of patients with diabetes.

The Diabetes Interest Working Group chaired by Dr Velma Harkins was established in 2015 to produce educational material to support ICGP members in implementing the Cycle of Care and on working towards a full shared care Diabetic Programme in the longer term. Due to the hard work of the members of the working group (with the able support of Ms Louise Dent, Administrator), eight roadshows were delivered across the country in spring 2016.

Professional Competence Scheme

The medical director is head of the Professional Competence Scheme (PCS) which supports members of the PCS to meet their statutory continuing professional

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development (CPD) activities. Ms Jantze Cotter, PCS Manager, Ms Mairead Delaney and Ms Carol White, Administrators, have been instrumental in the success of the scheme to date. Ms Aoife McBride recently replaced Ms Mairead Delaney and is a great addition to the team. Ms Michelle Dodd has also made a significant contribution to the admin support in recent months. The PCS Subcommittee and its chair, Dr Ray Mulready, have guided the continued development and expansion of services for members.

Education and Training Plan

A working group chaired by the medical director and aimed at developing a new ICGP Education and Training Plan was established in September 2014. Representatives from all the key groups involved in delivering ICGP training and education were included. A new Education and Training Plan was produced in 2015 and an implementation plan has been approved by the ICGP board.

National Standards for Safer Better Healthcare

The National Standards for Safer Better Healthcare were launched in June 2012 by HIQA. They apply to all health care services (excluding Mental Health) provided or funded by the HSE, including general practice. An ICGP working group chaired by Dr John Delap is working on interpreting the standards for general practice and the development of a toolkit to support ICGP members to implement them. Members of the working group are drawn from ICGP members and key stakeholders, the HSE, IMO and patient representatives. A series of articles have been published in Forum highlighting the standards and raising awareness among the membership, and a section containing the tools developed to date has been created on the ICGP website. Ms Jantze Cotter, Manager of Quality and Projects, and Dr Andree Rochfort, Director of Quality Improvement, will lead on the implementation of actions from the group going forward.

Out of Hours Standards

North south co-operation between the ICGP and RCGP NI is progressing. Standards for the accreditation of out of hours co-ops in the Republic of Ireland based on a model developed by the RCGP NI have been developed. Caredoc and Shannondoc have commenced the process for accreditation and produced their self audit reports. Site visits are due to take place in April 2016.

ICGP representatives on external bodies and submissions to public consultations

The ICGP is very grateful to the more than 50 GP representatives on committees external to the ICGP. A comprehensive list of the groups involved can be found on the ICGP website at www.icgp.ie/icgp_representatives.

Dr Brian Osborne, Assistant Medical Director, in conjunction with the ICGP Board, has led on a number of formal submissions to the public consultation process on national issues over the past year. These include:

- Legislation in relation to the sale of tobacco products and non-medicinal nicotine delivery systems
- Review of HSE Primary Care Eye Services
- Public consultation on the scope for private health insurance to incorporate additional primary care services
- Public consultation on easier access to ‘rescue’ drugs in emergencies
- Review of Public Health (Alcohol) Bill 2015

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- Medical Council Draft Guide to Professional Conduct and Ethics for Registered Medical Practitioner 8th Edition 2015
- National Cancer Strategy (led by Professor F. O’Kelly and Dr B. Osborne)
- National Maternity Strategy (led by Dr Miriam Daly)
- Draft National Exercise Referral Framework (led by Dr John O’Riordan and Dr Ger Hayes)
- Title and Role of Physical Therapy and Physiotherapy (led by Dr John O’Riordan and Dr Michael Griffin)

Ongoing activities

Internal ICGP committees

Attends Council and Board meetings

- Member of Quality and Standards Committee (and representative of the Public Interest subgroup)
- Member of Education Governance Committee
- Member of Postgraduate Training Committee
- Member of Professional Competence Committee (and Audit subcommittee)
- Member of Quality in Practice Committee
- Project Development Group (Chair)
- Member of Working Group on National Standards for Safer Better Healthcare
- Member of Minor Surgery Research Advisory Group
- Member of Diabetes Working Group

External representative roles

- Member of Medical Council Working Group on Multisource Feedback
- Member of Joint IMC/PSI Working Group on Prescribing and Dispensing
- Member of DOH/HSE Discretionary Medical Card Advisory Group
- Member of local advisory group for the Mapping the Pathways to Universal Healthcare Project based in the TCD Centre for Health Policy and Management

Presentations/workshops

- “The future of general practice in Ireland” – Kerry Faculty, ICGP, Killarney, February 2015.
- “ICGP Education and Training Strategy” workshop and “One to One Teaching – Strategies for Success” workshop, National GP Trainers Conference, Kilkenny, March 2015.
- Presentation to the Joint Committee on the Implementation of the Good Friday Agreement, Houses of the Oireachtas, Dublin, May 2015.
- “Supporting general practice to implement HIQA Standards” (in conjunction with Ms Jantze Cotter) – Summer School, Carlow, June 2015.
- College Symposium “ICGP throwing a spotlight on supporting its members” –Winter Meeting, Athlone, November 2015.
- “ICGP vision for the future of Irish rural general practice” – Rural Island and Dispensing Doctors Conference, Mulranny, October 2015.
- “The Future of General Practice in Ireland” – North Tipperary Faculty, ICGP, Templemore, February 2016.

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- “National Standards for Safer Better Healthcare – implications for general practice” – West Cork ICGP Faculty meeting, Dunmanway, February 2016.
- “Enhancing general practice to enhance patient care – A GP perspective” – keynote presentation, AUDGPI/ICGP Conference, Dublin, March 2016.

Publications and reports

- O’Riordan M and Collins C. Access to Diagnostics in Primary Care and the Impact on a Primary Care Led Service, Irish Medical Journal, February 2015.
- O’Riordan M. Chronic Disease Management in Irish General Practice, Forum, March 2015.
- O’Riordan M. and Rochfort A. Development of a Patient Charter and Patient Complaints System, Forum April 2015.
- O’Riordan M. ICGP Vision for the Future of Irish Rural General Practice. ICGP September 2015.
- Mansfield, G., Collins, C., O’Riordan, M., Ryan, K. Bridging the gap: How GP Trainees And Recent Graduates Identify Themselves as the Future Irish General Practice Workforce. ICGP, October 2015.
- Interpreting HIQA Standards for Irish General Practice – Interview with Niall Hunter, Cover Story, Forum, October 2015.
- Collins C. and O’Riordan M. The Future of Irish General Practice: ICGP Membership Survey 2015. ICGP, November 2015.

Administrative support

Ms Yvonne Costello provides comprehensive and efficient administrative support to the medical director which is much appreciated.

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25. Assistant Medical Director’s Report

Author: Dr Brian Osborne

Summary

The role of the assistant medical director is wide ranging and incorporates the mental health project, submissions to government, committee work, ICGP representation, presenting at conferences, dealing with member and non-member queries and public relations. I have worked closely with the medical director on these issues and report directly to the medical director. I authored the report “Irish General Practice: Working with Deprivation” and this was published in October 2015.

I work closely with Pearse Finegan on the mental health programme and there is a separate report for this programme.

I wish to express my gratitude to the medical director, Dr Margaret O’Riordan for her advice and support since my appointment, and wish her the best for the future.

Programme activity during the past 12 months

Submissions

Formal submissions to the public consultation process over the past year included:

- Legislation in relation to the sale of tobacco products and non-medicinal nicotine delivery systems
- Review of the Public Health (Alcohol) Bill 2015
- Public consultation on the scope for private health insurance to incorporate additional primary care services
- Public consultation on easier access to ‘rescue’ drugs in emergencies
- National Cancer Strategy (led by Professor F O’Kelly and Dr B Osborne)
- Public consultation on the scope for private health insurance to incorporate additional primary care services

Mental Health Project (There is a separate Mental Health Project report)

- The Out of Hours project in association with Caredoc and three hospitals was undertaken to ascertain the frequency and uptake of advice in patients with mental health issues seen out of hours and referred to a hospital or back to their GP. This may inform future service provision. Results are due shortly.
- Funding for the proposed research with regard to the care of the physical health for patients with severe and enduring mental illness has been approved by the HSE and the pilot is hoped to commence shortly. The overall aim is to develop and assess a standard protocol to aid the health professional in the monitoring and treatment of the physical health of patients who have a severe mental health illness presenting in general practice/primary care.
- Guidance for General Practitioners on the Management of patients with Depression and referral to Specialist Mental Health Services was updated
- Child and adolescent mental health issues were facilitated at the Summer School

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Committees

I am a member of the following committees:

- Education Governance
- Professional Competence Scheme
- Project Development Group
- Quality and Standards
- Quality in Practice

ICGP external representation

- Forum of Postgraduate Training Bodies Subcommittees: Professional Competence Subcommittee, Quality and Risk Subcommittee
- Joint working group on Safe Prescribing and Dispensing
- Nursing and Midwifery Medicines Group
- Transgender Model of Care – Children and Adolescents

Representing the ICGP with external stakeholders (not health related statutory bodies)

- Dementia Group
- Epilepsy Group
- Gender Recognition Bill meetings
- Infant Health and Wellbeing meetings with Atlantic Philanthropies/ HSE

Conferences

- AGM presentation on access to diagnostics and services
- Facilitated Summer School Mental Health Sessions
- Panel discussion at the Winter Meeting
- Irish Cancer Society, November 2015 – Presentation on how health inequalities impact GP services for cancer patients

Cancer Strategy

- Presentation to the National Cancer Strategy Steering Group. This particularly focused on access to diagnostics for general practitioners and rapid access clinics.
- National Cancer Strategy Book. Contribution to the chapter on primary care.

Informing members on issues

There were numerous communications with the Irish Blood Transfusion Service and members were informed of the possibility of anaemia in patients who had donated blood, due to a faulty device. Communication to members advised the course of action to be taken if such patients presented.

Member and non-member queries

There is a large volume of queries from members and non-members. These may vary from providing clinical support and advising on practice management queries to members, to how to access GP services to members of the public.

External representatives

The ICGP is very grateful to GP representatives on committees external to the ICGP. A list of these groups can be found at www.icgp.ie/ICGP_Representatives.

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Publications/Reports

The report *Irish General Practice: Working with Deprivation* was one of three reports published by the ICGP in 2015 and submitted to the Department of Health. This report highlighted the chronic under resourcing of general practice, particularly in areas of deprivation, and recommended solutions that should be addressed urgently by the government. I am grateful to the medical director, Dr Margaret O’Riordan, for her input. I would also like to acknowledge Dr Austin O’Carroll, Dr Edel McGinnity and Professor Susan Smith’s input.

Communications

I was interviewed by the Irish Independent and Mail on Sunday newspapers. This was again to highlight the under resourcing of general practice and the difficulties in accessing diagnostics for patients in the public hospital system.

I provided articles for Forum including for the news section, case vignettes, an interview on my role and a summary of the deprivation report.

Future plans

The work streams as listed above will continue. I will also be representing the ICGP on two further national committees. These are the National Primary Care Quality and Safety Committee and the Reach Out Connecting for Life Steering Group (Ireland’s National Strategy to Reduce Suicide 2015-2020).

The paediatric algorithms which were launched at the AGM in 2013 are due to be updated in 2016. It is planned to have workshops on the algorithms at the AGM and also a presentation on them at the Summer School. A monthly article in Forum to highlight the algorithms is also planned.

The physical health project on patients with severe and enduring mental illness will commence in 2016. I will be a member of the steering group which was recently formed for this project.

Administrative support

I am grateful for the excellent support provided by Mairead Delaney initially and subsequently by Yvonne Costello.

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26. Professional Competence Scheme Report

Author: Ms Jantze Cotter, Quality and Project Development Manager

Other members of the Scheme

The ICGP Professional Competence Programme is overseen by the ICGP medical director, Dr Margaret O’Riordan, and administered by Ms Aoife McBride and Ms Carol White. A committee oversees and monitors the development of the Scheme and is chaired by Dr Ray Mulready.

The committee representation includes: Dr Claire Collins, Dr Mary Favier, Mr Nick Fenlon, Dr Henry Finnegan, Dr John Gillman, Dr Mary Glancy, Dr Brian Osborne, Dr Margaret O’Riordan, Mr Kieran Ryan, Dr Mary Sheehan, Ms Jantze Cotter, Ms Carol White and Ms Aoife McBride.

Summary of the Scheme

The ICGP operates a professional competence scheme under arrangement with the Irish Medical Council, in accordance to Section 91(4)(a) of the Medical Practitioners Act 2007. The ICGP’s key responsibilities in operating the scheme are to provide a supportive, collegiate, professional development environment to facilitate GPs’ enrolment, and engagement in and recording of continuing professional development (CPD) activities.

Scheme activities in 2015

Our aim is to provide accurate information and quality supports to all enrolees so that they can be well informed in relation to their requirements. We also strive to make the process of achieving, recording and monitoring requirements as streamlined and user-friendly as possible. By way of summary this includes:

- Supporting enrolees with their maintenance of professional competence:
 - PCS helpdesk support continues to be well utilised.
 - Retired GP group for GPs no longer in active clinical practice. This group now has 35 – 40 people attending their monthly group meetings and has produced resources that have been used to run workshops.
 - Offering advice and support to GPs who are not currently meeting the IMC’s PCS requirements.
 - Additional support proactively offered to doctors who had not recorded any CPD activity.
 - Tailored feedback given to doctors who had shortfalls identified.
 - Advanced automation of CPD activity through the development of an online CPD application process that generates CPD activity codes which can be entered at the time of attendance. This automates the CPD credits and certificates of attendance directly into the individual GP’s ePortfolio.
 - Innovatively using resources to deliver best practice education programmes to reflect ongoing professional development needs. This involves catering to different learning styles, e.g. elearning, face to face courses, providing a menu to enable self-selection based on development need.
 - Ongoing CPD recognition in excess of 1,200 activities per year.

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- Keeping PCS information up to date:
 - Maintaining www.icgp.ie/PCS , including the guides, audits and FAQ pages. The PCS section on the website is one of the top sections accessed by external users.
 - Updated sample audits in the PCS section of the website, including a National Audit on Influenza.
 - Guideline document to support first time users applying for CPD recognition.
 - Submitting FAQs to Forum monthly and also ensuring that all changes and key dates are included in the ICGP ezine.
- Undertaking the contractual arrangements in accordance with IMC agreement:
 - Preparing the annual PCS quantitative, qualitative and financial reports for the IMC.
 - Carrying out the annual verification process on a random sample (3%) of enrolees to ensure that their records are in keeping with the Medical Council guidelines.
 - Engaging with the IMC on any PCS requirement issues that directly impact GPs.
 - Ensuring that GPs report sick/maternity leave in excess of 3 months so this can be noted on their Statement of Participation in accordance with Medical Council requirements.
 - Ensuring information is accurately updated on all Statements of Participation.
 - We continue to advocate on our enrolees’ behalf through active participation on the Forum of Postgraduate Medical Training Bodies: PCS subcommittee and regular engagement with the IMC as the schemes evolve. We will continue to represent the views of GPs through these forums as the schemes evolve.

The successful implementation of the Scheme can be attributed to the PCS Department and a range of dedicated ICGP staff, the PCS Committee/subcommittee members and feedback from the scheme’s enrolees.

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27. Quality in Practice Committee Report

Author: Dr Niamh Moran, Quality in Practice Project Officer

Summary

The ICGP Quality in Practice (QIP) Committee was established in 2004 and is a subcommittee of the Quality and Standards Committee. It coordinates the production of quick reference guides for use in general practice on a range of clinical and non-clinical topics of relevance to general practice in Ireland.

In many instances, these documents are produced in conjunction with outside bodies. In addition, the committee reviews external documents from bodies such as HIQA, SARI and other medical colleges and reviews requests by other agencies for the ICGP to endorse guidelines for use in general practice.

The Quality in Practice Committee supervises the competition for the annual ICGP Quality Improvement Awards. It also assesses requests for the use of the ICGP logo in publications by external agencies.

- Chairperson:** Dr Harry Comber, June 2014 to present
- Committee membership:** Dr Paul Armstrong, Dr Patricia Carmody, Dr Harry Comber, Dr Mary Kearney, Dr Niamh Moran, Dr Brian Osborne*, Dr Maria O’Mahony**, Dr Margaret O’Riordan**, Dr Ben Parmeter, Dr Philip Sheeran Purcell, Dr Patrick Redmond.
*Member joined during 2015; ** Resignation during 2015
- Committee activity:** There were five meetings in 2015 (28 January, 25 March, 24 June, 8 September and 17 November). Where possible, members who were unable to attend in person linked into the meetings via teleconference. A considerable amount of preparatory reading is involved for each meeting. Members review and discuss documents on the agenda on a secure area of the ICGP website in advance of the meetings.
- Project officer:** Dr Niamh Moran, April 2014 to present.
The post provides for two sessions per week to support the committee in view of the considerable and increasing workload.
- Administrative support:** Ms Janet Stafford, ICGP

Key activities in the past 12 months

1. Quick Reference Guides (QRG)
- In 2015, new QRGs were published and existing documents due for review were updated. In the interests of cost and also in order to facilitate the rapid updating of content, the decision was made to make the guides available online only. They are available in the In the Practice and Library sections of the website. In addition, a Quick Reference Guides Box was recently added to the My Profile section of the website which is accessible when members log in.

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1.1 New QRGs produced	
• Coeliac Disease	
• Thyroid Disease Investigations	
1.2 QRGs updated	
• Management of Pre-gestational and Gestational Diabetes Mellitus	
• Drugs and Doping in Sport – Guidelines for General Practitioners	
• Guidance for General Practitioners (GPs) on the Management of patients with Depression and Referral to Specialist Mental Health Services	
1.3 New QRGs in development	
• Opiate Substitution Treatment Guidelines – Adapting National Guidelines	
• Acne	
• Chronic Renal Failure	
1.4 QRG updates in progress	
• Epilepsy (now three documents: Epilepsy, Febrile Convulsions and Women and Epilepsy)	
• Prostate Cancer	
1.5 Review of proposals for new QRGs	
• The project officer received enquiries regarding new QRGs and the committee reviewed proposals.	
2. Audit tools for the new QRGs	
• We assist the yearly QIP Award winner to complete a sample audit.	
• Coeliac disease sample audit was produced in 2015. Authors are encouraged to provide audit tools for QRGs.	
• HSE and other agency publications and documents reviewed in 2015	
• Transgender Health Proposed Model of Care (from the HSE Quality and Patient Safety division)	
• Head and Neck Referral Tool-Kit (From the NCCP Head and Neck Cancer Group)	
• Community Detoxification Guidelines – Benzodiazepines Clinical Guidelines	
• Community Detoxification Guidelines – Z-Hypnotics Clinical Guidelines	
• Community Detoxification Guidelines – Methadone Clinical Guidelines	
• NCCP Diagnosis, Staging and Treatment of Patients with Lung Cancer	
• HSE Pronouncement of Death by Registered Nurses Policy Document	
• GP to OOH Palliative Care Handover Pilot Project Report and GP to Out of Hours Handover Form	
• Palliative Care in Parkinson’s Disease Guidelines	
• Irish Hospice Foundation Dementia Palliative Care Guidance	
• NCCP/HSE Non Melanoma Skin Cancer Referral Guideline	

3. Supervision of the QIP Awards

The annual ICGP Quality Improvement Award was sponsored by Medisec in 2015 and was presented at the ICGP AGM in May 2015.

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Ongoing improvements

When a new QRG is published, members are emailed a hyperlink to it and a related news item is published in Forum and the College’s quarterly ezine with a summary of the new document/update.

In 2015, it was arranged for the authors of new QRGs Coeliac Disease and Drugs and Doping in Sport Update to run workshops at the Summer School and Winter Meeting. This was well received and is something we will continue to encourage so that the documents reach as many members as possible.

A presentation was given at the CME tutors workshop and information was provided in tutor conference packs regarding QRGs and the welcoming of ideas on new topics.

Time was allocated at committee meetings in 2015 to work on a strategy for new QRG development and a list was compiled of topics for new QRGs. The QIP project officer attended the NCEC Evidence Based Guideline Development Workshop in November 2015.

Future plans and challenges

The QIP Committee is cognisant of the workload and practical implications for GPs of documents endorsed by the College. An ongoing challenge is the increasing number of requests to review lengthy documents by third parties, some of which refer to work practices that are not implementable with current resources. The committee is mindful of this at all times in its feedback on documents/guidelines from outside agencies and highlights that realistic resources will be needed to implement any new work practices in general practice.

The committee plans that the ICGP Quick Reference Guide page will be developed as a first stop for GPs to access up-to-date guidelines and we have reworked our page to make it more user friendly. We are also reviewing other guidelines and websites to link to from the page in areas where good GP focused guidance is already in existence.

Work is also ongoing on:

- Providing audit tools on the QRGs.
- Ensuring our work remains user friendly and relevant for members.
- Maintaining a high standard for patient care.
- Keeping the workload manageable for committee members.

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28. Director of Quality Improvement Report

Author: Dr Andrée Rochfort, ICGP Director of Quality Improvement

Summary of programme

This role incorporates quality management in terms of:

- 1. ICGP committee work. The ICGP Working Group on HIQA National Standards for Safer Better Healthcare – assisting in the interpretation of the national standards in the context of general practice, developing a set of quality improvement (QI) tools for use in general practice and related educational modules for assisting general practice in the implementation of the standards. These tools and methods are hosted on the ICGP website as a repository of resources for GPs to use or to adopt for their own practice needs. See www.icgp.ie/nationalstandards.
- 2. Representing the ICGP on the following external groups and committees:
 - National Patient Safety Advisory Group (DoH) www.patientsafetyfirst.gov.ie/index.php/national-patient-safety-advisory-group.html
 - Steering Group for the Health Sector (Health & Safety Authority) www.hsa.ie
 - EQuIP, the Wonca Europe Network for Quality and Safety in Practice, of which I have been honorary secretary since 2010. See www.woncaeurope.org/networks and separate report.

Other members of the Quality Improvement Group

- Ms Jantze Cotter, Quality Manager
- Dr Margaret O’Riordan, Medical Director
- Working Group on Safer Better Healthcare

Publications and presentations outputs

The outputs of the ICGP working group on HIQA National Standards for Safer Better Healthcare are educational through the college website, publications in FORUM and presentations at ICGP conferences, ICGP courses (Diploma in Management in Practice) and other educational events (ICGP Annual Conference and Winter Meeting).

Good practice management, governance and leadership together are one of the core eight themes of the HIQA standards which apply to all healthcare facilities, including every GP practice. To assist general practice in interpreting the National Standards for Safer Better Healthcare (see www.hiqa.ie), the ICGP developed a suite of electronic tools and methods which are hosted on the ICGP website as a repository of resources for GPs to use or to adopt for their own practice management needs. These tools and methods aim to support GPs in their implementation of the national standards and to guide GPs in producing the practice documentation required of every practice. See www.icgp.ie/nationalstandards.

Acknowledgements

Thanks to all the ICGP staff who have active roles in the different areas of my work and internal college committees, in particular Jantze Cotter, Patricia Patton, Gillian Doran, Laura Smyth, Niamh Killeen, Orla Sherlock, Louise Dent, and Yvette Dalton.

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29. ICGP EQuiP Representative's Report

Author: Dr Andrée Rochfort, ICGP Director of Quality Improvement / ICGP Representative at EQuiP

Summary

Dr Andrée Rochfort is the ICGP representative at EQuiP (the European Society for Quality and Safety in General Practice) and is a member of its executive board. Andrée holds the position of honorary secretary of EQuiP, and is the current EQuiP representative on the Wonca Europe Executive Board.

EQuiP aims to promote quality improvement and safety in general practice in European general practice. It addresses this aim through working groups, collaborative projects, the dissemination of information and educational activities on its website and through events hosted by Wonca Europe and national colleges and societies of general practice.

Activities and outputs in 2015

Andrée's work with EQuiP is focussed on the following topics:

- Professional health (doctors' personal and professional health).
- Patient empowerment for the self-management of chronic conditions.
- Patient safety in general practice.
- Teaching quality and safety curriculum for general practice.
- Tools and methods in quality and safety in general practice.

The outputs from these activities include the following:

- Participation on behalf of the ICGP in collaborative European GP projects.
- Involvement in EQuiP working groups.
- Workshop presentations and publications.

EQuiP quality experts develop these outputs to share with all European GPs, and encourage the dissemination and further development of EQuiP outputs at national and regional levels by other GPs, including in Ireland. For a summary of activities in 2015, see the EQuiP newsletter [here](#).

Publication in 2015

Patient Empowerment for Self-Management in Chronic Conditions. A. Rochfort.

The World Book of Family Medicine 2015.

Author of the first article of a 100 article book which was published to commemorate the 20th anniversary of Wonca Europe. This contains a compilation of key topics in family medicine over the previous 20 years worldwide.

The article is available [here](#).

Free online access to the book is available [here](#).

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Patient Empowerment for Self-Management in Chronic Conditions (three year project) – Wonca Europe

This project (2012-2015) was sponsored by a special 20th Anniversary Fund by Wonca Europe. See [here](#).

EQuIP Working Group on Professional Health

EQuIP believes that the health and wellbeing of GPs is an important factor in the delivery of high quality safe patient care. It recognises that there are challenges to be addressed in delivering high quality healthcare to doctors by doctors, and that aspects of the GP job can have a negative impact of GP health. See [here](#).

EQuIP workshops on using CME quality circles to address antimicrobial resistance

CME Groups (called quality circles in the rest of Europe) can be used as a means to translate knowledge into practice. ‘Quality Circles at a Glance – Use of Antibiotics in General Practice’ was delivered as a workshop in 2015 by Dr Christina Svanholm and Andrée at the Wonca Europe Conference in Istanbul in October 2015 (with acknowledgement to Dr Nuala O’Connor for her slides). See [here](#).

Future plans

- EQuIP European Curriculum for Teaching Safety & Quality to GP Trainees. This curriculum will include a module on professional health (GP health) and will be developed in 2016/2017 in collaboration with EURACT.
- ICGP involvement in EQuIP has also translated into activities on the domestic front. Andree Rochfort and Claire Collins, ICGP, published a chapter in a book on patient empowerment in primary care which will be published in 2016.
- The ICGP has been invited to participate in April 2016 in a HSE working group on patient empowerment in chronic conditions. Dr Andrée Rochfort will represent the ICGP.
- ‘Patient safety in general practice’ is the theme for the 2016 EQuIP spring conference in Prague. The conference will be hosted by the Czech College of GPs. Andrée Rochfort will co-present a workshop on keeping practices safe while managing GP illness and sick leave. See [here](#).
- It is hoped that the next annual EQuIP spring conference will take place in Dublin, its theme will be ‘patient safety in general practice’ and that it will be linked with an ICGP national conference on patient safety in 2017.

For more information on EQuIP, see [here](#).

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30. College Website Report

Authors: Dermot Folan, COO; Laura Smyth, Web Editor; Niamh Killeen, ICT & Web Services Project Manager

Introduction

The College website (www.icgp.ie) is developed and managed in line with the strategic direction of the College. The aim is to create a comprehensive content resource enabling the dissemination of information to members and the wider audience. The College website enables members to make communication and interaction with the College more convenient and efficient, and markets and promotes College activities.

Service providers

Ionic, the College’s web maintenance and development company

SMR Consulting which provides consulting and project management of web projects requiring integration with the College’s membership database

Website developments in 2015

- **API – single sign** in between icgp.ie and icgp-education.ie. This allows ICGP members in good standing to log in to the elearning modules hosted on icgp-education.ie via icgp.ie.
- **Mobile ePortfolio**
Development to allow users to register attendance and upload certificates to their ePortfolio using a quick code at an ICGP event.
- **GP training reimbursement**
Online application process that allows GP trainees to make applications for specialist funding.
- **GP training application and interview process**
Development of online GP training application including application scoring, using specialised survey software for the interview scoring process.
- **Website & database server upgrades** – upgrade of servers due to Microsoft server 2003 going to end of life in July 2015 globally.

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31. Communications and Public Relations Report

Author: Dr Mark Murphy, Chair of the Communications Committee

The chair of communications role is concerned with the formation and delivery of ICGP communications activity.

The ICGP’s communications activities in 2015 included:

- Representation/lobbying
- Advocacy
- Media engagement
- Member communications
- Social media management
- Supporting ICGP member events and activities

Representation/Lobbying

General practice provision in Ireland is disproportionately influenced by government health policy as over 40%-45% of the population’s general practice health care costs are provided via the State run General Medical Services Scheme. The decision taken during the recent period of financial austerity in Ireland to reduce these payments by 38% had a detrimental impact on the provision of general practice in Ireland. In addition to fee reductions for GMS patients, general practitioners private patient business has also been reduced in recent years following the decision to introduce State funded general practice services free at the point of use, for all children under six years of age and all patients over 70. Both policies had an immediate effect on general practice providers without any prior warning or contingency planning.

ICGP warnings about the possibility for unplanned policies to have an adverse impact on the availability of general practice in Ireland became more obvious in 2015. The effect of these twin health policy changes has been to create uncertainty about the sustainability of general practice in Ireland among existing and graduating general practitioners, many of who are choosing emigration rather than to establish practices in Ireland. In rural Ireland, the negative impact of these policies has been to create shortages of full time general practitioners, a situation which the ICGP believes will only worsen in the future. In areas of deprivation (urban and rural), the lack of support for the unique circumstances of patients is having a detrimental impact on service provision.

In 2015, the ICGP highlighted through communications activities – media relations and social media activities, as well as through direct engagement with members – the impact of these policies on members, patients and the standard of healthcare in general practice.

The Regulation of Lobbying Act 2015 was signed into law on Wednesday 11 March 2015 by President Michael D. Higgins. As the ICGP qualifies as a lobbying body under the Act, the ICGP is registered on www.lobbying.ie and will publish quarterly returns on its activities from now on as required under the Act.

Media engagement

ICGP receives a high volume of media queries per month. There is usually a mix of public policy, medical information and ICGP specific queries received. Whereas a number of years ago media queries were typically from specialist medical press and medical correspondents, more recently, given the high profile nature of health issues, particularly

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in relation to free GP care and the availability of rural general practitioners, media queries are received from a broad base of national and regional media. International media feature less often although the ICGP is occasionally contacted by media outside the state. For example, the ICGP was contacted by a Canadian publication looking for information on Irish medical graduates in Canada.

The ICGP is also contacted from time to time by student publications from the third level medical and university sector.

All media queries received by ICGP, whether print, broadcast, or online are responded to, generally on a same day basis.

A representative sample of monthly media engagement is listed below. The following are queries received in June 2015.

- National media query regarding the potential impact of unavailability of consultation on OPD
- National media query regarding prescribing incentives and minor surgery programme
- Medical publication query regarding GP contract
- Medical publication query regarding GP training and SLA agreement
- National media query regarding medical condition (asthma) and prescribing of inhalers
- National media query regarding prescribing of benzodiazepines
- Medical publication query regarding GP management of palliative care
- Medical publication query regarding ICGP immunisation elearning platform
- National media query regarding childhood overweight
- National media query regarding data for the supply of GPs in rural Ireland
- National media query regarding sudden cardiac deaths

See www.icgp.ie/InTheNews for links to online media articles referencing the ICGP.

Member communications and supporting ICGP member events and activities

Across ICGP membership, over 222 GPs participate in 12 ICGP committees, working groups and College activity. Members represent the ICGP on international bodies including WONCA, EGPRN, EURACT, EQuIP, and UEMO. Over 50 GPs represent general practice on external bodies with State and representative agencies.

The ICGP aims to keep members informed of the range of activities relevant to them through its online calendar events (www.icgp.ie/events), the College’s quarterly ezine, and social media alerts on Twitter which publicise ICGP activities and events, for example the Winter Meeting and Annual Conference.

If the College publishes a particularly significant research report or policy position, members are informed by email.

Social media management

@icgpnews has proven a very effective method for GPs to communicate with each other and for the ICGP to keep members aware of activity and forthcoming events. We see the level of engagement and support on @icgpnews to be a very positive development for the ICGP and encourage members to use this platform where possible. Our Twitter

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statistics indicate that this medium is growing in popularity among our members. It is a very convenient platform for GPs to see breaking news at a glance and to forward information to their own contacts.

Notable ICGP announcements, statements and publications in 2015

- *IBTS notification about recent blood donations*
- *The Future of General Practice: ICGP Member Survey 2015*
- *Winter Meeting 2015 press release*
- *Beyond 2020 - Statement of Strategy 2016-2021*
- *European Antibiotic Awareness Day 2015*
- *Health organisations tackle the global health risk of antibiotic resistance as antibiotic misuse threatens all our futures*
- *Publication of ‘Irish General Practice - Working with Deprivation’*
- *ICGP pre-Budget submission 2015*
- *Report on 2015 national survey of GP trainees and recent GP graduates*
- *Launch of ‘ICGP Vision for the Future of Irish Rural General Practice’*
- *ICGP AGM 2015: General practice - delivering patient centred care*
- *Rural communities face possibility of a future without a GP*
- *ICGP supports Yes vote in the forthcoming marriage equality referendum*
- *ICGP response to the publication of the GP contract for the provision of free GP care to children under six*
- *HSE launches new Healthmail service for GPs*
- *ICGP highlights to Minister for Health need for focus on chronic disease management in general practice*

Future plans

The publication of the ICGP statement of strategy “Beyond 2020” sets the agenda for communications activity for the ICGP. We will continue to advocate for members and patients and for appropriate resources for the continuation of a robust general practice sector in Ireland.

A core value of the ICGP includes “advocacy for the centrality of general practice in the delivery of an effective and equitable healthcare system designed to meet the needs of patients including acute, chronic and continuing care”. One of the six strategic goals is “to promote the role of general practice in Irish society and develop our relationships with all stakeholders in the health services so that general practice is understood, respected and supported to deliver the highest quality of care to patients and our communities”. We have a clear implementation plan to enact this goal, which the board will assess at each meeting throughout 2016.

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32. Library and Information Service Report

Author: Patricia Patton, Assistant Librarian/Information Officer

Overview

The ICGP library is staffed by Gillian Doran, Librarian, and Patricia Patton, Assistant Librarian/Information Officer. The ICGP Library & Information Service is a key benefit of membership, offering access to both evidence-based medicine resources and information specialists.

Library Services and Resources

The ICGP Library and Information Service provides the following support:

- Answers to information queries
- A customised literature search service
- Access to general practice-related professional journals
- Articles held by other libraries via our inter-library loan service
- Individualised training sessions/presentations based on user needs
- Access to an online information skills module
- Access to evidence-based resources on the library section of the ICGP website

Other core services include:

- An online repository of documents related to general practice via the College’s online library catalogue so that all users can locate documents quickly and easily.
- Liaison with various College groups (administrators, project directors, committees, etc.) and management of each group’s information needs.
- Project management of library developments.
- Keeping up-to-date with developments in our area and advising relevant College personnel of same.

Support for members

Answering information queries and undertaking literature searches

The service deals with an average of 1,000 queries on an annual basis. Requests include locating guidelines on a clinical topic, referencing an article, searching for an article in Forum, etc. and more in-depth literature searches on a particular topic.

Access to online journals

www.icgp.ie/journals

The ICGP library subscribes to 16 journals, a selection of general practice related journals, on behalf of ICGP members. This ensures immediate access to full-text articles on a 24/7 basis. The top 3 most utilised journals in 2015 are the BMJ, Drugs and Therapeutics Bulletin and the British Journal of General Practice. We continue to review usage to ensure value for money. Usage of the journals for 2015 is indicated in the table overleaf.

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Table 1. Number of full-text article requests by journal

JOURNAL	F/T ARTICLES 2015
BMJ	6,109
Drugs and Therapeutics Bulletin	792
British Journal of General Practice	692
Occupational Medicine	245
Medical Education	204
Family Practice	101
Education for Primary Care	99
Medical Teacher	88
Irish Journal of Medical Science	62
Evidence Based Medicine	58
European Journal for General Practice	33
BMJ: Quality and Safety	26
Clinical Teacher	16
Journal of Palliative Care	1
New Zealand Medical Journal	No stats available
Practitioner	No stats available
TOTAL	8,526

NOTES: ¹These figures were compiled from various journal publishers’ reports – BMJ; Wiley; Taylor & Francis; Informa; IngentaConnect; SpringerLink; Oxford.

²With regards to ‘European Journal of General Practice’ and ‘Medical Teacher’, the statistics for 2014 and 2015 are incomplete as there was a change in publisher in 2015 so this accounts for the loss in access to the reports. Therefore, it only provides statistics for 4 months for 2015 and 8 months for 2014 so these figures would be higher if we had the whole year available.

*Statistics Only available from Sep-Dec 2015 (4 months) – Change of publisher

**Statistics Only available from Jan-Aug 2014 (8 months) – Change of publisher

³Two of the journals don’t have usage statistics reports available – ‘New Zealand Medical Journal’ and ‘Practitioner’.

Inter-library loan service

The inter-library loan service provides a vital service for material not available through the library. We are part of the Irish HSLG (Health Sciences Libraries Group) journals co-operative and we also can avail of articles via Subito, a document supply company, ensuring wider access to journals.

Training presentations

The library service contributed to several College meetings and events during the year, for example the Midlands Training Scheme 4th year registrars visit to the ICGP and the SCALES course.

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Information Skills Module

This elearning module, developed in association with CPD Sessions and offered via the ICGP-Education website, on information skills training is an introduction to the lifelong information skills necessary for all general practitioners to help in daily clinical practice and to assist in maintaining professional competence. The new and updated version went live in March 2014. The Library Information Skills module continued to be very popular with 185 completions in 2015.

Negotiated discounts on educational resources for members

The library service negotiated discounts on educational resources including BMJ Learning, BMJ Best Practice & CKS/Prodigy on behalf of members. All members were notified in May and flagged in the September issue of the ICGP ezine and the news section of the September issue of Forum. This offer is still available for 2016 and will be reviewed annually subject to uptake.

Feedback from ICGP members

Feedback from members regarding the service is very positive.

Facilitating and supporting ICGP staff

Help and assistance is provided to all ICGP staff to meet their information needs. As well as offering all the usual services including undertaking literature searches, supplying articles and assisting with referencing for presentations, guidelines and keeping staff up to date in their areas of interest, the ICGP Library also partners with departments to offer support and assistance in carrying out specific projects that may arise during the year.

ICGP publications

- In 2015, referencing assistance was provided for the following QIP quick reference guides:
- Diagnosis and Management of Adult Coeliac Disease: Quick Reference Guide
 - Drugs and Doping In Sport: Guidelines For General Practitioners Quick Reference Guide

Literature review for the following ICGP publications:

- ICGP Vision for the Future of Irish Rural General Practice.
- Irish General Practice: Working with Deprivation
- Transition: Retirement Planning for the General Practitioner
- Bridging the Gap – How GP Trainees and Recent Graduates Identify Themselves as the Future Irish General Practice Workforce

Online surveys and evaluations

The library hosts SurveyMonkey, an online survey software, and co-ordinates all online surveys and evaluations on behalf of the College. The majority of ICGP courses and conferences are currently evaluated online. Examples of other surveys undertaken in 2015 include the WONCA Europe Survey of Migration of GPs within Europe and the Career Intentions of GP Trainees.

History Project

Assistance was provided to the Retired GPs group regarding a publication on the history of the ICGP and an exhibition of Doctor’s Bags in association with the RCPI. Discussions were held with the RCPI librarian and archivist regarding exhibition space for 2017.

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NIVEL (Netherlands Institute for Health Services Research) Project

A literature review was undertaken searching the grey literature in Ireland for information on off-label prescribing for an EU study commissioned by NIVEL.

eBook

The feasibility of turning the NEGs publication Signposts to Success into an eBook was investigated.

Library profile and awareness

The marketing and promotion of the ICGP library is of vital importance to ensure users are aware of the services we offer and resources available to them. This is done through various media available including Forum, the web, training sessions, presentations and information pages in ICGP conference booklets.

Did you know?

We continued this series of short ads highlighting aspects of the library service in Forum, including:

- **Did you know? (Forum, Jan 2015)**
You can access all the Quality in Practice quick reference guides and search for ICGP publications and Forum articles through the ICGP library catalogue available at www.icgp.ie/library.
- **Did you know? (Forum, Feb 2015)**
The ICGP library provides links to useful newsletters such as the National Medicines Information Bulletin and HCAI / AMR Newsletter, among others. Check out www.icgp.ie/library for details.
- **Did you know? (Forum, March 2015)**
The ICGP library highlights Irish research articles from reputable journals on a monthly basis. Check out the Library news at www.icgp.ie/library for details.

Articles published

‘Getting the most out of the online journals’ by Patricia Patton, and published in the January 2015 issue of Forum.

Networking and external representation

It is important for us to keep up-to-date with library developments and as such the library staff are both active on committees of the Health Science Libraries Group (HSLG) and other professional bodies. Patricia is a member of the Lenus (Irish health Repository) User Group.

Future plans

We will continue to support ICGP members and staff to deliver healthcare of the highest possible standard to patients and communities by offering a well-resourced library and professional information service.

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33. Research Programme Report

Author: Dr Claire Collins, Director of Research

Members of the programme

- Director of Research: Dr Claire Collins
- ICGP Research Committee Chair: Professor Andrew Murphy
- Research Officer: Ms Marié T. O’Shea
- Administrator: Ms Sally Anne O’Neill
- ICGP Research Committee

Summary of the programme

The main aim of the ICGP Research Programme is to develop and support research and audits 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 programme

The ICGP’s commitment to research in primary care is evident in its Strategy 2015-2020. The ICGP research strategy “aims to create a knowledge based health service in which clinical, managerial and policy decisions are based on sound information about research findings and scientific developments”.

Programme activities in 2015

The following projects were completed in 2015:

- Trainee Career Intentions Survey 2015 with Gerard Mansfield (Director of GP Training).
- Graduate Career Survey 2015 with Gerard Mansfield (Director of GP Training) and Kieran Ryan (CEO).
- Out of hours mental health consultation with Pearse Finegan (Director of Mental Health) and Caredoc.
- ICGP Strategy Survey (Membership and Trainees) on behalf of the ICGP Board.
- Collaboration with EGPRN colleagues on how dementia is managed in primary care across Europe.
- PECC work package 3 – evaluation of WONCA template elearning module with Andree Rochfort and three EU collaborators.
- Flu vaccination effectiveness study 2014/15 5th European-wide study on influenza vaccine effectiveness with HPSC.
- AAI Post Placement Inter-Country Adoption: A survey of Irish general practitioners with the Adoption Authority of Ireland.
- A survey of GP experience with the work of the NCCP and their views in relation to services priorities with the National Cancer Control Programme.
- Methadone Treatment Programme Survey with Dr Ide Delargy.
- STI survey of attitudes with Dr Miriam Daly.
- Gonorrhoea – qualitative study on GP experience with Dr Miriam Daly.
- Domestic Violence – a survey of GP experience with Dr Miriam Daly.
- Access to Cancer Diagnostics – a survey of GPs with the Irish Cancer Society.

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Other activities undertaken:

- Travel bursaries – 5 provided in 2015 (total €2,500).
- Research and Education grants to the value of €19,829 approved in 2015.
- IPCRN management.
- Oversight of the Heartwatch Programme.
- Other ICGP programmes and directors were supported via advice and collaboration (Women’s Health, Substance Misuse, Mental Health, Health in Practice, GP Training and Education, Quality in Practice Officer).
- Fast-track ethical review process of trainee projects.
- Participation in the full review activities of the Research Ethics Committee in addition to additional pre-submission advice to applicants.
- Oversight and administration of the Research and Education Foundation grant scheme.
- The fifth ICGP Research and Audit Conference, sponsored by MEDISEC.
- Creation of new audit examples for the Professional Competence Scheme and chairing of the Professional Competence Scheme audit sub-committee.
- Submission of articles for publication.
- Presentation of research findings at conferences.
- Responding to queries related to research, ethics, grants and audit.
- Reviewed submissions for the QIP awards.
- English language editing of EGPRN abstracts for EJGP.
- Liaison with HRB and AUDGPI to support the development of clinical academic career pathways.
- Liaison with HRB re. the co-funding of health professional research grants.
- External commissioned review of College research focusing on the future – The Pringle Report. Actions based on the recommendations commenced and ongoing including change to R&E grants, creation of Career Support Grant, and collaboration with AUDGPI.
- Co-applicant on HRB funded Irish Primary Care Research Trials Network – PI Professor Andrew Murphy, NUIG.

Publications

- M O’Riordan, G Doran, C Collins. *Access to Diagnostics in Primary Care and the Impact on a Primary Care Led Health Service*. Irish Medical Journal Vol. 108 No. 2, February 2015.
- Ailis Ni Riain, Catherine Vahey, Conor Kennedy, Stephen Campbell, Claire Collins. *Roadmap for developing a national quality indicator set for general practice*. International Journal of Health Care Quality Assurance Vol. 28 No. 4, 2015 pp. 382-393, DOI 10.1108/IJHCQA-09-2014-0091.
- Daly M, Collins C. *Testing for STIs in General Practice in Ireland*. NIHS Bulletin Vol 7 Issue 2.
- O’Brien JG, Ni Riain A, Collins C, Long V, O’Neill D. *Irish GPs’ Experience of Dealing with Elder Abuse*. NIHS Bulletin Vol 7 Issue 2.
- Rochfort A. *Patient Empowerment for Patient Self-Management: Wonca Europe 20th Anniversary Project 2015*. Chapter in WONCA, Wonca World Book of Family Medicine – European Edition 2015. [http://www.woncaeurope.org/sites/default/files/world book 2015.pdf](http://www.woncaeurope.org/sites/default/files/world%20book%2015.pdf)
- Collins C. *Health Needs Assessment*. Chapter in WONCA, Wonca World Book of Family Medicine – European Edition 2015. [http://www.woncaeurope.org/sites/default/files/world book 2015.pdf](http://www.woncaeurope.org/sites/default/files/world%20book%2015.pdf)

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Representations

During the past year, Dr Claire Collins represented the ICGP on the following:

- National group regarding the creation of a common ethics form for non-clinical trials and the IT sub-committee.
- 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.
- ICGP representative for HSE/HRB/RCPI steering group on Research Collaboration on Quality and Patient Safety.
- One of two ICGP representatives on the HSE Manpower Planning Committee.

Programme milestones and outputs

- Publications
- The ICGP Research and Audit Conference, entitled ‘Access to Healthcare’, was held on Saturday 27 June 2015 at Mount Wolseley Hotel, Co. Carlow.
- Support of members in terms of professional competence audit requirements.
- Research grants obtained – 11 proposals submitted; 9 secured and commenced in 2015; one secured to commence in 2016; one outcome unknown as of yet.
- Support of training schemes and trainees in terms of ethical guidance and review.
- Collaboration with external parties.
- Support of College programmes and provisions of internal data/research requirements.
- Establishment of the new Careers Support Grant for GPs undertaking a PhD, MD or Masters by research.

Future plans

- The action plan for 2016 focuses on internal and external collaboration, raising the profile and impact of research in the ICGP and promotion and support of GP registrar research.
- Joint AUDGPI/ICGP Scientific Conference to be held in 2016.

Funding source(s)

ICGP, HSE, Pharma, EU Commission via NIVEL, Irish Cancer Society, Adoption Authority of Ireland, National Cancer Control Programme.

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34. Research Ethics Committee Report

Chair: Dr Kieran Doran

Committee members

Professor Colin Bradley, Dr Claire Collins, Dr Walter Cullen, Dr Kieran Doran, Dr Philippa Kildea Shine, Dr Teresa Maguire, Dr Cliona McGovern, Ms Gina Menzies, Mr Kieran Ryan and a patient representative (varies) as required.

Summary of the committee’s roles and activities

The committee’s main function is to consider research proposals involving GP or in general practice and to determine whether there are ethical issues to be addressed before the study can proceed.

It was initially established to provide ethical advice and approval for studies in general practice as a benefit to College members. The Committee also has a remit to offer general advice on ethical aspects of research and to develop College policy in this area. It is approved under the Clinical Trials Act to approve therapeutic clinical trials.

Activities in 2015

The Committee had five regular meetings in 2015 during which 50 applications were considered. In addition, it held one dedicated Trainee Meeting during which we processed 19 trainee applications using the fast-track process introduced in 2012. There were also three clinical trials to process (within the terms of the Clinical Trials Act). Furthermore, new amendment and clarification forms were introduced to facilitate the review of same for both researchers and committee members.

Consideration was also given to both the new EU legislation and the proposed HIQA Committee structure for non-clinical trial research. Dr Claire Collins attended meetings and presentations from the Department of Health and HIQA in this regard. At this point, it is considered that the ICGP will not apply to be an approved committee under HIQA but will continue to review projects under its current remit.

Future plans

The committee plans to continue to offer our ethical review and approval process for members, trainees and others undertaking research in general practice in Ireland. A review of implications of the new European Clinical Trials legislation will continue.

Administrative support

Ms Sally Anne O’Neill

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35. Post Graduate Training Committee Report

Author: Dr Karena Hanley, Chair, PGTC Committee

Membership of the PGTC Committee

- Dr Karena Hanley, Chair
- Dr Naomi Johnson (Network of GP Trainees)
- Dr John Brennan (Network of GP Trainees)
- Dr Maria Moran (Network of GP Trainees)
- Dr Molly Owens (Chairman, MICGP Examination Sub-Committee)
- Dr Roddy Quinn (Chair, National Committee for Co-ordination of Training)
- Dr Richard Brennan (Chair, AR Steering Committee)
- Dr Declan Matthews (Accreditation Sub-Committee)
- Dr Michael Griffin (Accreditation Sub-Committee)
- Dr Velma Harkins (NATIGP Representative)
- Dr Kevin Quinn (Alternative Routes Committee)
- Dr Gerard Mansfield (National Director Specialist Training)
- Dr Paddy Ryan (Chair, NAPD)
- Dr Eamon Shanahan (Chair, Certification Sub-Committee)
- Dr John Cox, Chair, Curriculum Sub-Committee
- Prof Fergus O’Kelly (ICGP Council Member)
- Dr Daragh O’Neill (ICGP Council Member)
- Dr Margaret O’Riordan (Medical Director, ICGP)
- Mr Dermot Folan (Chief Operating Officer, ICGP)
- Mr Kieran Ryan (Chief Executive Officer, ICGP)

The Post Graduate Training Committee is the body that oversees quality in Irish general practice training. In addition, it has a responsibility to advise on equivalence of training from other jurisdictions.

The principle funder of GP training since inception has been the government health services, at first through the Health Boards and then through the HSE. In the last five years, the HSE have made it increasingly clear that they desire a major reform of Irish GP training; to provide national standardisation, centralisation and efficiencies. The ICGP has been involved in consultation and negotiation, which is ongoing, on the shape of this reform.

Throughout this busy year, the PGTC continues the quality assurance role through the sterling work and commitment of its subcommittees. These subcommittees include the Examination, Accreditation, National Committee for Co-ordination of Training, Curriculum, Certification and Alternative Routes sub-committees. The role of the GP Training Unit in central college has become increasingly important. A massive volume of valuable work in the past year has been accomplished by four staff members: the National Director of Training, Dr Gerry Mansfield; Ms Martina McDonnell; Ms Pauline Tierney and Ms Sylvia Browne.

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Committee activities in in 2015

Achievements/outcomes:

- The graduation of 142 GP trainees by MICGP Examination in 2015. Twenty two members achieved membership through the MICGP alternative route and 20 members were elected to membership by equivalent qualifications in 2015.
- Securing future investment in quality GP training: In the summer of 2015, concern with regard to sustaining standards of training prompted the ICGP to contact the Irish Medical Council. The Medical Council, while sympathetic to the worries about GP training, saw their principle role as that of monitoring the training body. They approved of negotiation with the HSE and National Doctors Training and Planning Unit (NDTP) (formerly METR) as the best way forward. Negotiations on plans for the future funding of GP training with these two groups began in earnest in August. These negotiations have come to a point where there is clarity on what type of structure the HSE is willing to fund. Engagement by the ICGP has positively influenced the shape and resourcing of the reform.
- The National Committee for the Co-ordination of Training (NCCT) has evolved into a hardworking committee, tackling issues such as family friendly training, supervision policies, requests for inter-scheme transfer and guidance on leave of all types. Chairman, Dr Roddy Quinn, has facilitated this harmonious work ethic and the committee is a vital link between the schemes and policy formation and interpretation.
- Eighteen clinical chapters and six non clinical chapters (e.g. practice management and professional development) make up the new curriculum which is planned for launch at the ICGP AGM this coming May. Introductory case vignettes make each chapter more realistic and relevant. These are then considered according to the curricular domains, e.g. person centred care, specific problem solving skills, and this is followed by specific learning outcomes for each chapter. Dr John Cox has chaired the Curriculum Sub-Committee and Dr Niamh O Carroll has fulfilled her responsibilities exceptionally well as Fellow. The College has benefitted from having two such able leaders and hard-working dedicated curriculum committee members.
- A drop in applications for recognition as specialist general practitioners who trained outside the EU has occurred due to a change in Medical Council rules for these applicants. This has reduced the workload of the Certification Committee, but not the vigilance of experienced Chairman, Dr Eamon Shanahan.
- The significant changes to recruitment to GP training in 2014 were embedded and developed in 2015. Again, huge gratitude is expressed to the recruitment leads in the GP training schemes who were involved in this work, and they worked well with the college GP Training Unit such that the 2016 recruitment process has so far been relatively smooth. A technical issue which arose in 2015 will be avoided in the future by the adoption in 2016 of the TRAX computer system for the rank and matching of candidates.
- Reaccreditation visits to the Dublin Mid Leinster, Dublin North Inner City, Mid Western, South East, RCSI and South West schemes were conducted in 2015. The 2015 ICGP Criteria for Accreditation of GP Training document has been ratified and will be used as the basis for visits in 2016. Dr Declan Matthews has generously given four years to the role of chair of accreditors, with wise stewardship in difficult times. He has been replaced by the very experienced Dr Genny McGuire.
- The biggest news in College examinations has been the introduction of the Clinical Competency Test. A huge logistical challenge, the smoothness of the first year of running is a credit to the Examination Sub-Committee. The Manager of the MICGP Examination, Ms Muriosa O'Reilly, on behalf of Dr Molly Owens (Chair, Examinations Committee), restates their appreciation of the commitment and professionalism of the members of the Exam Subcommittee and Examiner Group. This dedication is to be thanked.

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- The work of the Alternative Route Committee is nearing completion. It is expected that about 140 doctors will be admitted to MICGP through this process by the finish date. Dr Kevin Quinn, Project Director, MICGP-AR, is expected to give his final report to the September PGTC meeting. Again, gracious contribution has been readily forthcoming from this committee and its project director.
- A college policy on support for the trainee who has been contacted by the Medical Council was completed in early 2016. This document can be found on the ICGP website.
- Ongoing engagement continues with the Forum of Post Graduate Training Bodies. It is our national director, Gerry Mansfield, and our CEO, Kieran Ryan, who represent the College at this meeting.

The future

The activities of the last year have confirmed the ICGP as the preferred provider of training by the HSE, so long as agreement can be reached on how training is delivered. This is not easy, and change is inevitable. It is a central objective of all involved that change will not be disruptive to the training of doctors who are progressing through their training in the implementation phase and early years of a new system. The ICGP has insisted on the continuance of essential features of Irish general practice training: an interactive curriculum based in Irish general practice, one to one mentorship of the GP trainer, day release, small group learning and adult orientated problem based learning that is evidence based, relevant and flexible.

Acknowledgements

The GP Training Unit in the ICGP: Dr Gerry Mansfield, Ms Martina McDonnell, Ms Pauline Tierney and Ms Sylvia Browne. The productivity and high standards of this team continue to be phenomenal.

Our CEO, Mr Kieran Ryan, has been dynamically and crucially involved in the positive developments in GP training throughout the last year. His ability in tricky situations has served the College extremely well.

Dr Gerry Mansfield, Mr Kieran Ryan and Ms Martina McDonnell have also been present at all of the many negotiation meetings. This has been a significant time commitment on top of the demanding day to day work.

Every member of every subcommittee has pulled their weight diligently and unstintingly in the last year. This work is often not visible to the wider College membership, yet it is the basis of the development of our policies and interpretations at every stage in GP training or training evaluation. The chairs of each of the subcommittees fulfil their duties at PGTC as well as on their own committees. This important contribution is acknowledged.

It is unlikely that any previous Board of College has had to work as hard as the current board. This is as a result of the huge challenges which have occurred in GP training in the last year. Frequent early morning teleconferences, along with the usual day long Board meetings have been generously supported by the Board members. The wisdom, experience and good sense of the Board has been a very important influence. A design team, a subcommittee of the Board, headed by Dr Sheila Rochford, has been an invaluable resource in this process also. Dr Mary Sheehan, Chair, and Prof Fergus O’Kelly, President, have been intricately involved in the negotiation meetings. This has been a very valuable contribution by these officers whose effects will likely benefit the College for decades to come.

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36. Specialist Training in General Practice Report

Author: Dr Gerry Mansfield, National Director of Specialist Training in General Practice

Other members of the ICGP GP Training Unit

- Ms Martina McDonnell, GP Training Unit Manager
- Ms Pauline Tierney, GP Training Unit Administrator
- Ms Sylvia Browne, GP Training Unit Administrator

Summary of the unit

The purpose of the unit is to support trainees, trainers and GP specialist training schemes on educational and training issues, and to liaise with the Department of Health, HSE/NDTP and other bodies such as the Forum for Postgraduate Training Bodies and Medical Council on issues pertaining to general practice training.

Activities in 2015

- Publication of Bridging the Gap – How GP Trainees and Recent Graduates Identify Themselves as the Future Irish General Practice Workforce which was informed by a national study of GP trainees and recent graduates.
- Recruitment 2015:
 - Two sessions were held at the Forum/HSE Careers Seminar in Dublin Castle on 20 September 2014. Over 200 registered for the presentations on GP training. Presentations were made by Dr Rukshan Goonewardena (current trainee) and Dr Mark Murphy (former trainee) and the national director.
 - An information day for recruitment to GP training 2015 was held on Saturday 8 November 2014 in the Marker Hotel, Dublin, with an attendance of 140 delegates.
 - A total of 295 online applications were received for the 2015 intake which closed on 24 November 2014.
 - Recruitment leads were appointed on each of the 14 training schemes to facilitate the co-ordination of the recruitment process across all schemes.
 - The support of the online marking system, using the nationally agreed marking schedule. A total of 287 eligible applications were marked online by a panel of 28 markers from the schemes.
 - The central co-ordination of the recruitment process for the 2015 intake of 159 trainees into GP training.
 - Work continued on the planning and refinement of the recruitment process for 2015 with a number of recruitment leads workshops and teleconferences held in 2014/2015.
- Conferences
 - National Trainee Conference held on 15-16 October 2015, Kilkenny. Over 330 delegates were in attendance.
 - National Trainer Conference, 12-13 March 2015, Kilkenny. A record of 182 delegates attended the conference.
 - Administrative support is also provided to the Postgraduate Training Committee (PGTC), National Committee for Co-ordination of Training (NCCT), Accreditation Sub-Committee and Curriculum Development Sub-Committee.
 - An online application system for the specialist training fund for third and fourth year registrars opened in December 2014.

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- Ongoing liaison with the HSE on a number of issues pertaining to training including recruitment, trainer numbers and resources.
- Monthly documentation of available GP training sites, and GP trainees due to return from extended leave from each of the 14 training schemes.
- Representation on the Forum for Postgraduate Training Bodies.
- Ongoing liaison with the Medical Council.

Future plans

- Work on the development and refinement of the recruitment process will continue following an appraisal of the 2015 process.
- The College will be liaising with the National Doctors Training and Planning (former HSE MET Office) on relevant GP training issues.
- A follow up survey on work force planning will be issued shortly to all current trainees and those who have graduated in the last five years.
- Work is continuing on the new curriculum. The project director, Dr Niamh O’Carroll, in partnership with colleagues of the Curriculum Subcommittee, continues the optimisation of content. Simultaneously, the education planning for curriculum utilisation, by all relevant parties, will be planned and implemented. The electronic platform to host the curriculum will begin as an IT development project.
- A greater role for trainers in national governance of GP training remains an important issue and is being addressed at both the NCCT and PGTC.
- GP trainees have formalised their national network and are supported by the ICGP GP training unit.

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