

Growing up with the ICGP – a personal reflection

Ray O'Connor



Ray O'Connor – We owe a huge debt to our inspirational and visionary colleagues

When the ICGP was formed in 1984, Ireland was a very different place to what it is now. We were a country with a long history of mass unemployment and emigration. General practice was a very different landscape, characterised by single-handed practitioners, working in isolation and in a spirit of fairly active competition. There was often a feeling of mistrust among colleagues locally.

GPs tended to work from poor quality premises often attached to their residence. Onerous rotas of up to one-in-two were common. Record systems were paper-based and often poorly-organised. All of these factors had a detrimental effect on the life of the average GP. Many saw a GP as a failed consultant. The notion of general practice as a speciality

would have been ridiculed. There was little corporate identity among GPs, little GP research and no university departments of general practice. CME for GPs often came from consultants.

When I returned from the UK in 1988 to start working as an assistant GP in a rural practice, the college had only just been established four years earlier and the first MICGP examination had just taken place.

I made contact with the local continuing medical education small group. This had started some years earlier under the auspices of the ICGP. It had the effect of bringing local GPs together. This in turn helped to build up trust and friendship among colleagues. Garrett Hayes, who chaired the ICGP council, at the time held the principle at the outset that they would “invest in people and not buildings”. This was one of the major spin-offs from such an enlightened policy.

Having sat the MICGP exam I became council representative for my local faculty. From this I became a member of the clinical standards committee led by Michael Coughlan. The aim was to produce guidelines for use in everyday practice in areas of clinical difficulty and uncertainty for GPs. The ICGP quality committee continues on this work today. The production of such evidence based documents is helped in no small part by the Trojan work of the ICGP library staff.

In 1990 I moved to my current GMS post in Limerick city. The local faculty was very welcoming and helped me to become established in one of the rotas. I became secretary of the Limerick city faculty in 1992. One of my first tasks was helping to organise the ICGP AGM along with faculty colleagues. This was achieved with great assistance from the College HQ. Then as now the college staff, led by Fionán, were always at hand to help and advise.

Shortly after this I was honoured, along with Rita Doyle from Bray to represent the college on the first National



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4: Limerick

Limerick prepares to host College AGM - on the double

In our monthly series of local profiles, Geraldine Meagan visits the Limerick Faculty, which has an unusually busy year in prospect

The major project on the Limerick Faculty's agenda this year is the organisation of the College's AGM in May under the chairmanship of West Limerick GP, Michael Tangery. This is the second time that the meeting has been held in Limerick - it was previously based in the Limerick Inn back in 1980 - and the emphasis will be on offering members the opportunity to acquire practical new skills and to participate in a social programme geared towards the whole family.

"Our basic attitude is that this is the members' day out so the meeting will be member-orientated", says Dr Tangery. On the Saturday, a number of designated sessions will be set up where members can try their hand at a range of skills. The formalisation will be kept brief at the banquet on the Saturday evening, with the serious College address being held over until the business session on Sunday.

It should prove a busy year for the faculty on a number of fronts as, in addition to the AGM, a range of activity, an active research programme is underway and a new vocational training scheme has been established in the area under the direction of Michael Griffin.

Structurally, 1992 could bring major changes for the faculty which evolved from the Limerick Clinical Society (which indeed is still in existence). Results of the national faculty survey are eagerly awaited as, according to faculty secretary, Ray O'Connor, there are mixed feelings on whether the faculty should be split in two because of the urban/rural divide. Faculty and monthly either in the city or in Adam, as it is felt that city GPs will not attend more than one meeting a month.

Two small groups meet regularly in the city under the CME banner. Dr Griffin, in the university and at the Limerick Regional. A monthly small group also operates in West Limerick, convened monthly by doctors in the area. This predates itself on being one of the first groups established in the country after the West Cork pilot scheme and has been active for six years.

According to Dr O'Connor, drawing up a programme which will suit both city and rural GPs can be a difficult task in both practical and geographical terms.

He himself is a relative newcomer to the city, having taken up a GME post over a year ago following self-structured GP training in England. He initially became involved with the College as the North Cork representative on Council and with the College's clinical review committee after he published a paper on the distasteful issue of drawing up guidelines on epilepsy, due to be published shortly.

As many faculty secretaries will undoubtedly concur, the job can be a difficult and thankless one, both in trying to liaise between Corrigan House and the ordinary members and also attempting to find out what members actually want from their faculty meetings.

In Limerick, the lecture format is favoured for faculty meetings, which are usually given by hospital consultants. This year GPs have been given a list of topics and asked to submit problems or case studies in order to make the meetings more of a two-way process.

Dr O'Connor feels that new College officers should be given a more comprehensive initiation. While the faculty officers guide is useful, he says, it tends to be a little didactic and what is needed is a workshop, perhaps as a half hour component of the AGM, where new officers could sit down with their experienced counterparts to discuss the realities of how to go about keeping members interested alive.

Officers would also have an opportunity to discuss issues such as how to deal with the necessary College documentation and the practicalities of drawing up an official journal programme for the year. The faculty officers meeting last autumn did address some of these questions but he feels that new officers need more assistance if they are to function efficiently.

Limerick is a very research orientated faculty. Limerick is a very research orientated faculty. Michael Tangery and Karen Murphy presented the results of their survey on attitudes to hepatitis B vaccination at the recent scientific meeting in Dublin. They are now involved in the Mal-West trauma study which has completed the data sub-



Photo: Peter St

Ray O'Connor - new officers should be given a more comprehensive initiation

lection phase and is due to be published next summer. This study sets out to look at the type of trauma which is dealt with in the general practice setting and over 75 GPs were invited to participate.

Dr Murphy has published papers on dispensing and prescribing and is to have a role in the College's national research project.

Another faculty member, Mel Fullan has published a number of papers on CME. He is on the Irish Council of the RCGP and is believed to be the first person to undertake an RCGP Fellowship by assessment.

John Loughrane, who is the current convener of the West Limerick small group has done a distance learning diploma in dermatology from the University of Wales and is currently doing another in mental care.

Michael Griffin wears a number of hats, both within the higher echelons of the College and in the Limerick area. He is CME tutor and programme director for the Limerick vocational training scheme. He is also the faculty's representative on Council and is currently a member of the College executive.

On the research front he was the College's representative on the Western Health Board's working party on manometry which is one of the major reference documents for the clinical review task force which is considering this area. Chairman of the faculty is Maurice Noonan, treasurer is John English and PRG is Dave Boylan.

Dr O'Connor is a firm believer in the concept of the College adopting a strong PR profile but feels that continuing education must be the backbone of such a policy. "It is vital for our image that we have the knowledge to deliver the goods", he says. "If we don't want to be considered mere court writers by the general public, we must promote our image and ensure that all GPs become involved in CME".

He gives the example of treatment of asthma, which

has been turned on its head in the past few years, as a prime reason why it is imperative that GPs must never let their learning slip behind as medicine and medical technology advances.

The importance of liaison between health groups has been highlighted within the faculty as a result of a series between local GPs and the Regional Hospital over admission policy.

"We recently had a meeting with the consultants and it was agreed that the problem stemmed from poor communications between the hospital and ourselves. The hospital is striving to be computerised and there have been difficulties with cutbacks. What was happening was that because of the system, patients who attended with letters were left waiting longer than those self-referring", he explains.

Ideally what the GPs want is direct access to a specialist opinion without patients having to be seen by a casualty officer. While the problems have by no means been resolved, communications have at least been improved and GPs now have some direct access to a specialist opinion.

In the meantime the faculty will be putting most of its energies over the next four months into putting together yet another successful College AGM and the hope is that some members being abroad may be attracted home for this year's event.

And on the subject of Limerick itself, it appears that some sensitive souls took our Limerick last month regarding 'braving the elements' for a visit to Limerick very much to heart. We were of course referring to the inclement weather which prevails at this time of the year, and not the *Scop* Saturday that we were talking about which understandably evokes local sensitivities. As a token of our best wishes, Forum looks forward to receiving congratulations when we travel to Limerick again for the AGM in the summer month of May!

Next month's Faculty Focus visits a Dublin facility

JANUARY 1992

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Immunisation Committee. I had just written the ICGP immunisation guidelines at the time and there was a lot of controversy about the pertussis vaccine in particular.

It became quickly apparent that although Rita and myself were not "experts", we were the only ones sitting on the committee who were involved in vaccination as part of our routine practice. Wearing our GP hats, we sought specific information relating to vaccines, eg. were MMR vaccines contagious? In November 1993 we were able to report the measles outbreak directly to the committee and get them to issue specific guidance for GPs on MMR vaccination in an epidemic situation.

At the time, childhood vaccines could be given by anybody and vaccines given were not registered centrally. As a result there were no national uptake figures. The ICGP argued for GPs to be given the responsibility for delivering the primary childhood immunisation schedule. We were supported in this call by the IMO.

In November 1995, the current GP-based childhood immunisation scheme was established. It has been a resounding success with national uptake rates approaching and in many cases exceeding 90%.

The college built upon this enthusiasm to resource GPs to provide a holistic health service to their patients. The

Heartwatch programme has been an excellent example of how we can do this. The current moves to base the management of other chronic diseases such as type 2 diabetes in GP-led primary care teams is to be welcomed. The college has rightly insisted however, that resources must follow the patient for this to be possible on a long-term basis.

WONCA '98

When a college team of enthusiasts led by Michael Boland won the competition to bring the WONCA conference to Dublin for 1998, few outside of the organising committee realised the enormous task that lay ahead. As the date came ever closer, no one was left in any doubt as to what had been taken on - 4,000 doctors and their families from all over the world descending on the city. There was no conference centre in Dublin at the time. The RDS had to undergo a Cinderella-like transformation from a show-jumping arena to a conference centre specifically for the event. It was really a matter of all hands on deck with any available members being pressed into service.

With the exception of a few minor glitches (the most notable of which was the poor sound quality at the RDS venue) the event was a complete success. The college encouraged ordinary members to undertake research in their practices and present it at the conference. It was my first time

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doing a poster presentation. I was honoured to do so to a very discerning audience which included my former GP trainer who travelled over from the UK, and Prof James McCormick.

The college continues to support Irish academic practice through WONCA and also through having representatives on nine international committees.

Education

My first encounter with GP education was through the ICGP-organised CME groups, initially in North Cork and subsequently in Limerick city. The small group format and the interactive nature of the meetings meant that one usually went away from the meetings with a few nuggets of knowledge and skill that one could use in practice.

It was also an important source of support for sharing ones troubles in a confidential environment.

I became involved in GP training in 2000 in the mid-west scheme. Again the support of my colleagues, especially Michael Griffin, in the scheme was very helpful in enabling me to settle into the teaching role.

The appointment by the ICGP of Margaret O'Riordan as National Director of Specialist Training along with the development of the criteria document and the core curriculum for postgraduate GP training (also by the ICGP) have helped enormously to bring the level of GP education in this country to a world class level.

In 2002 I became involved in supervising and correcting projects with the newly-established distance learning (now called e-learning) unit of the ICGP. Two years later I joined the first group to study for the Certificate in Medical Education. This was an innovative course jointly run by the ICGP and the medical education unit of Queens University, Belfast. It was my first time engaging in a university-sponsored course since graduation. Its highly practical nature appealed to me as did the reflective portfolio method of course assessment. We gelled very well as a group and the discussion forum on the ICGP website gave some fascinating insights into the material and a few laughs as well. The course was run very expertly by Nick Fenlon and Mairead Boohan.

My thesis on the developing a curriculum for the fourth year of GP training was a very practical way of exploring how we in the mid-west could build on the good work of other schemes that had paved the way for four-year GP training. It also sought the opinions of those schemes that were becoming involved in the process for the first time. Thankfully, it was accepted and I look forward to graduating with my education masters degree this year.

My practice manager has recently completed the ICGP practice management course. This has been enormously helpful to both the business and organisational sides of our practice.

It is heartening to see GPs become involved more and more with undergraduate medical education. As this is expanding, especially with the establishment of the new medical school at UL, one can see clearly that it is building on the solid educational foundation that has been developed by the ICGP and its members over the last 25 years.

The future

At the time of writing we are in one of the worst economic situations in living memory. The HSE is cutting back on all expenditure. However, the primary care sector, with well-organised and educated GPs at the forefront, is seen as the way forward for the health service. Primary care teams with local groups of GPs at their core are helping to make this aspiration a reality. In the coming years I look forward to working with the college and my primary care colleagues to help build on this promising foundation and help keep general practice in the centre of medical as well as educational matters.

Finally, I must acknowledge my wife Margaret O'Connor, without whose patience, support and forbearance few of my activities would have been possible.

It has been a fascinating 25 years. We owe a huge debt of gratitude to our inspirational and visionary colleagues who founded and developed the college into the respected multi-faceted organisation it is today.

An ICGP abú!