

# Membership Committee

**AUTHOR | DR DARAGH O'NEILL, CHAIR**

## INTRODUCTION

The remit of the Membership Committee is to encourage, foster and co-ordinate membership growth, participation and activity at Faculty level. As the standing committee, the Membership Committee responds to the needs of members under the following programmes:

- Management in Practice (MIP).
- Health in Practice (HIP).
- General Practice Information technology Programme (GPIT).
- Network of Establishing General Practitioners (NEGs).
- The College's Faculty and Regional network(s).

In addition, it is the role of the Membership Committee to ensure that the College and its services are effectively marketed to members, to maintain high level of satisfaction among members and monitor this on an ongoing basis.

During these current times of turbulence and transformation in Irish healthcare, it will become very important for the ICGP to build on the success of the College from its inception 25 years ago and to help it evolve to reflect the changing demographics, qualitative standards and socioeconomic pressures of general practice in Ireland in 2010 and beyond. In order for the College to remain at the highest professional level, members must closely identify with their professional body and see it as meaningful throughout their professional lives and of practical value in day to day practice. There should be a sense of ownership and collegiality with a common purpose.

The required leadership of the College going forward, as in the past, needs to come from within and we must explore all avenues to ensure that members' current professional and educational needs are being served and consequently membership of ICGP remains something to be proud of, and also to provide direction and value in these times of economic uncertainty.

## COMMITTEE MEMBERSHIP

The Committee Membership is comprised of the following:

Dr Daragh O Neill - Chairman	Dr Mark Walsh – Chairman of Council	Dr John Ball – Corrigan
Dr Miriam Callanan – Limerick Faculty	Mr Dermot Folan - Assistant CEO, Director Management in Practice Programme	Dr David Hurley - West Cork Faculty
Dr Lynda Hamilton – West Dublin Faculty	Dr Brian Meade – GPIT Facilitator	Dr Sinead Murphy – Director NEG's Programme
Dr Andree Rochfort – Director Health in Practice Programme	Mr Nick Fenlon – Director E Learning and Education	Ms Maureen Dempsey – Administrator
Dr Abdul Bulbulia – Honorary Treasurer	Dr Gerard Cummins – Meath Faculty	Dr Tom Foley – Honorary Secretary
Dr Liam Lacey – President	Dr Ivan Martin – West Cork Faculty	Dr Brian Norton – Monaghan Faculty
Dr Eamonn Shanahan – Kerry Faculty	Dr Darach O’Ciardha - NEG's Steering Committee member (William Stokes Faculty)	Dr Shane McKeogh - NEG's Steering Committee member (Bray Faculty)
Dr Elizabeth Maxwell Donegal Faculty		

## ACTIVITIES

In 2007 the Committee was re-established with four main objectives under the headings:

1. Review of Current ICGP Structures – Suggested modifications to structures to better strengthen the services to our members.
2. Network of Establishing GPs Programme – Dr Sinead Murphy.
3. Management in Practice Programme – Dermot Folan.
4. General Practice IT – Dr Brian Meade.

It has taken some time to familiarise myself with the workings of the College and its structures. In 2009 a publication *Meeting Members Needs* was produced which outlined to members the comprehensive array of services provide as part of their membership. One of the issues that have become apparent in my time as Chair of Membership is the breath of activities covered by College and the amount of work that goes into

the management of these. It will be necessary to realign some resources to allow for more dedicated management and to allow more involvement and support to the Subcommittees reporting back to the Committee, in particular the NEG's Director.

In order to approach the outlined objectives the Membership Committee was reactivated after a prolonged dormant period in September 2009. It is envisaged that the Committee will meet twice a year, in autumn for a planning meeting and again in spring to report on progress and in order to report to the Executive and the AGM.

Currently, a review of the activities of the 37 faculties and the structures that exist in the active faculties that has proven successful. It is planned to put some supports in place through both administrative and electronic means to make reactivation of the dormant faculties possible for all members.

Active participation in the activities of the College, especially for newer members, has often been hampered by factors such as time commitments, distance and confidence issues. The NEG's report below includes reference to a survey which indicates that newer members of the College wish to show greater involvement and we are looking at means by which we can facilitate their support. The establishment of a Leadership Programme will be a new step in trying to bring localised ownership back to the regions.

I am fortunate that the Subcommittees/programmes of the Membership Committee are established and functioning to a very high standard. Health in Practice under the leadership of Dr Andree Rochfort, GPIT under leadership of Dr Brian Meade, Management in Practice Programme, Director Dermot Folan and Network of Establishing General Practitioners under current Director Dr Sinead Murphy. As can be seen from the respective reports each programme addresses the needs of members in each area in a practical and effective manner. The reputation of each programme is well established, a number have gained international comment and all credit is due to the directors.

I would like to thank Dermot Folan – Assistant CEO for his patience and time. I am very grateful to Niamh Killeen, Maureen Dempsey and Margaret Cunnane for their enduring support and patience with me during my period of 'indoctrination'.

# Management in Practice

**AUTHOR | DERMOT FOLAN, MIP DIRECTOR**

## INTRODUCTION

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

- **Training** - courses for general practitioners, practice managers and practice staff.
- **Information provision** through online publications and guidelines.
- **Direct advice and consultation** with individual members and practices – telephone advisory service and online information service/resource via [www.icgp.ie/mip](http://www.icgp.ie/mip).<sup>1</sup>
- **Practice Consultancy** - consulting with practices on a broad range of management issues including business planning and development, practice set up, practice continuity/succession planning, organisational review, human resource management, premises, health and safety and quality initiatives.
- **Mediation service** - provided both to practice partners and in relation to employer/employee issues.
- **Referral** - to external professional advisor net work and resources.
- Supporting the **occupational health** needs of GPs and practice personnel (refer to Health in Practice Programme Report).



## TRAINING COURSES

### Management in Practice Diploma Course: September 2009 – May 2010

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

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

Evaluation of feedback from past course participants indicates a very high satisfaction level among participants. (Refer to Appendix 1 on page 10).

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<sup>1</sup> Refer to request analysis table

Course Director: Mr Dermot Folan

Course Tutor: Mr Barry O'Brien, Practice/Business Development Manager, Abbey House Medical Centre.

Course Administrator: Margaret Cunnane

**Delivery:** The course is run over one academic year and consists of 14 units and is delivered through a combination of workshops, module reading and course assignments; these include 2 reflective learning portfolios, 4 short essay questions (SEQs), a *Quality Improvement* in the practice project and participation on the online discussion boards.

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

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

### General Practice Registrar - Management in Practice Certificate Course: September 2009 – May 2010

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

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

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

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

To date 51, 3<sup>rd</sup> and 4<sup>th</sup> year registrars have undertaken the course. We plan to offer the Management in Practice and the GP Registrar Certificate course again in September, 2010.

Course Director: Mr Dermot Folan

Course Tutor: Mr Barry O'Brien, Practice/Business Development Manager, Abbey House Medical Centre.

## Practice Staff Training Course

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

Two Practice Staff Courses were delivered in Dublin and one in Letterkenny between April, 2009 and April, 2010. 42 participants registered.

Delivery: The course is run over two weekends and consists of 12 units and is delivered through a combination of workshops, module reading and course assignments; these include two discussion board assignments and course project.

Course Tutor: Ms Romy Moloney, Practice Manager.

## CONTRIBUTION TO OTHER PROGRAMMES AND PROJECTS

### Network of Establishing GPs <sup>2</sup>

- Presentations and workshops for the 2<sup>nd</sup> Annual NEGs conference programme (November 2010). Support to the Programme in relation to employment, partnership, and State contract issues.
- Addressing the question of succession planning for established general practitioners and how this can link to the existing NEGs programme.
- Currently review of the provision of referrals to professional advisors, solicitors, accountants, broker's taxation specialists, mediators and other professional advisors.
- Updating of the Signposts to Success (2008) online publication.
- Quality Indicators Research Project.

The Management in Practice Programme has contributed to the work of this project and the review of the individual quality indicators developed as these relate to practice management.

## ON GOING ACTIVITIES (REFER TO SUMMARY IN APPENDIX 2)

### External Presentations/Training by Programme Director and Programme Personnel

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

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<sup>2</sup>Refer to ICGP Network of Establishing GPs Annual Report April 2010

### Undergraduate/Postgraduate

- UCD Medical Students – 5<sup>th</sup> Years.

### GP Specialist Training Programmes

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

### Presentation to GP Trainers Workshop

- TCD/HSE General Practice Specialist Training Programme.

### Conferences: AGM May 2009

#### Management in Practice

- Under the Mattress and Other Options – Financial Planning for the Future Workshop.

#### Summer School, June, 2009 - Management in Practice Workshops

- Partnership and Co-Ownership of the Practice.
- GPs Working Together—an Independent Advanced Primary Care Centre.
- Practice Management Updates.
- Review of Pension Status in Current Climate.
- Managing Feedback from Patients – for the Benefit of All.

### 2<sup>nd</sup> National Conference ICGP Network of Establishing GPs

*Bridging the Gap*, Athlone, November, 2009.

Workshops: Taxation and the Establishing GP – the self employed GP and Taxation and the Establishing GP – the employed GP.

Hot Topics: Practice Management Cutting the Costs.

### Faculty/CME Groups

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

## Human Resource Compliance

- Presentation – March, 2009.

## HSE/Professional Development Coordinators for Practice Nurses

- Facilitated practice management lecture on PN training course.

## Onsite Practice Consultancy

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

## Course Teaching

- Diploma in Management in Practice course 2009/2010.
- Certificate – Management in Practice for the GP Registrar 2009/2010.

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

## Human Resource Compliance for General Practice Service (HRC)

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

## PROPOSALS FOR FUTURE PROVISION

- GP/IT course designed to meet the needs of practice managers and other staff: Consideration is being given to the development of a training course on increasing IT uptake and efficiencies for all computer users in the practice – clinical and administrative.
- One day seminars: A number of one day modules/seminars are planned to update skills and knowledge of practice managers and other practice staff. It is hoped that these will be made available in the near future.
- A series of half day seminars/workshops on Managing the Practice in current adverse economic climate is being considered.

## Advisory/Information Service

### Direct Access advisory Service

College members continue to access the service daily by phone, fax and email on a wide variety of management issues. On average the unit receives 6 – 8 requests per day from members and analysis of requests is provided in table 1 below.

With the current economic climate the service has seen an increase in the number of employment and GMS related issues and in particular requests for advice on cost reduction in the practice.

**\* Table 1**

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

Enquiry Category	Number
Partnerships Material/Associate Material/Practice Formation	37%
Employment Issues	25%
Retirement Issues	10%
GMS	10%
Data Protection	5%
Medical Legal	5%
Health & Safety	5%
Practice Design	2%
Miscellaneous	1%

Table 2

Representative workload sample for a three week period of interaction/support with members.

MANAGEMENT IN PRACTICE PROGRAMME - MARCH/APRIL 2010 - SAMPLE REQUESTS/RESPONSES					
<b>Employment Issues</b>	<b>Partnerships</b>	<b>Practice Formation</b>	<b>Retirement</b>	<b>GMS</b>	<b>Revenue Issues</b>
Leave entitlements	Negotiation	Contracts	GMS Panel	GMS Entry	GP Status
Disciplinary Issues	Mediation	Models	Goodwill	Interview Preparation	Revenue Audit
Contracts	Termination	Professional Advice	Private Patients	Entitlements	Registration
Minimum Notice		Referrals	Premises	Claims	Rates
Performance Issues			Transfer of Business	Practice Support	Professional advice referrals
Occupational Health				Subsidies	
				eGMS	
<b>Premises Design/Development</b>	<b>Practice Take Over</b>	<b>Competition Authority</b>	<b>Medical Legal</b>	<b>Data Protection</b>	<b>Health &amp; Safety</b>
	Unplanned closure of practice (e.g. Sudden death)				
Purchasing			Reports	Management of Patient Records	Safety Statement
Leasing	Planned Closure	Regulations	Fees	Access	Regulations
Planning Permission		Pricing	Standby Issues	Shredding Records	Infection Control
Design		GP Training Numbers	Professional Witness	Transfer of records	Bullying
Funding					Audit
Consultancy					
Project Management Referral					
<b>Staff Health</b>	<b>Marketing</b>	<b>Financial Management</b>	<b>Mediation</b>	<b>HR Management</b>	<b>Consultancy</b>
Ethical Issues for GPs	Pricing	Systems	GP Employer - Staff	Systems Compliance	Off site
	Patient information	Software	GP - GP	Conflict	On site
	Advertising	Professional Referral		Statutory Duties & Rights	

Table 3

## Training Courses and Additional Services Activities

MANAGEMENT IN PRACTICE PROGRAMME - TRAINING COURSES					
Diploma in Management in Practice Course	Management in Practice and the GP Registrar Certificate Course		Practice Staff Training Course		
Delivered over one academ	Delivered over one academic year		This course is run over two weekends, not consecutive weekends, half day on a Friday and full day on a Saturday		
Practice Management for Undergraduates		Practice Management Teaching for Training Programmes		Practice Management for GP	Management for Practice Nurses
UCD - Medical School		Midland		TCD/HSE	
					Practice Nurse Professional Development Co-ordinators HSE - Practice Nurse Introductory Course
TCD - Medical School		TCD			
		RCSI			
Management in Practice Programme - Additional Services Activities					
Forum	GP/IT	Research Projects	Enquiries from General Public	Referrals to Professional Advisors	Enquiries from GP Advisors
Monthly column	Data Protection Commissioners	Quality Indicators	Copies of Medical Records	Accountants	Medical Indemnity
Commissioned Articles	Security		Doctor charges	Solicitors	Tax Status
			Entitlements	Tax Advisors	Incorporation of Company
				Project Managers	
				Architects	
The NEGs Programme	Core Curriculum	AGM/Summer School	HRC Compliance Service	Practice Personnel Recruitment	Leadership
Management in Practice	Assessment			GP Practices	
	Management in Practice	Workshops - MiP Topic	Ongoing Service	Managers	
				Classified Services onli	NEGS Training & Development

## FORUM

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

## WEB RESOURCES

Development and up-dating of the *Management in Practice* Section of College website is ongoing.

## HEALTH IN PRACTICE PROGRAMME

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

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

## MANAGEMENT IN PRACTICE PROGRAMME PERSONNEL

Mr Dermot Folan – Director.

Dr Andrée Rochfort – Director of the Health in Practice Programme.

Ms Margaret Cunnane – Administrator

Mr Barry O'Brien – Practice Management Course Tutor.

Ms Romy Moloney – Practice Staff Course Tutor.

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

I would like to express our appreciation for the assistance of Ms. Jean Hubbard, Practice Manager, Medical Centre Waterford.

Finally, I would like to acknowledge the dedication and professionalism of the programme's administrator Ms Margaret Cunnane.

## APPENDIX 1: DIPLOMA IN MANAGEMENT IN PRACTICE COURSE EVALUATION SUMMARY

### Presentation and Format of the Diploma in Management in Practice Course

The majority of participants rated the following formats as “Excellent” (when presented with a choice of Excellent, Very Good, Good, Fair, Average, Poor).

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

Selection of comments taken from Online Evaluation and Participant Reflective Learning Portfolios: -  
Course Participants 2008-2009<sup>3</sup>

“I have benefited hugely from the course both professionally and personally, so a big thank you”

“I thoroughly enjoyed the course and have had huge benefits in completing it. My communication skills have improved greatly and how to go about planning strategically rather than just reactive planning”

‘The Stress Management module, I feel was very worthwhile as it not only related to work but to personal stress also, as a result I feel I am more aware of what signs/symptoms to look for in a stressed employee and in myself. I gained more insight into how to manage stress in the practice and I feel I am beginning to develop my skills in this regard ‘

“The lectures/modules were all excellent. They were practical and so relevant to day-to-day work. They introduced me to concepts/ideas that I had not been aware of or thought of. They also provided me with clear structured information that would have taken me endless time trying to access.”

“After each session with the group, I feel more motivated to bring about change within our practice”.

“The SEQs have been beneficial in developing my analytical skills, report writing and building knowledge of many subjects including employment law, bookkeeping and business strategy.”

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<sup>3</sup> The 2009-2010 participants' evaluation will be available in June, 2010

# National General Practice Information Technology (GPiT) Group



**AUTHOR | DR BRIAN O'MAHONY, PROJECT MANAGER**

## SUMMARY OF PROJECT

The GPiT Group is collaboration between the Irish College of General Practitioners and the Health Service Executive. There are two parts to the group, an educational section headed by Dr Brian Meade with 10 GPiT facilitators around the country and a projects section with Dr Brian O'Mahony as project manager.

## PROJECT TASKS DURING PAST 12 MONTHS

- Certification of GP Practice Software Management Systems.
- Working with Healthlink and the National Cancer Control Programme on electronic cancer referrals from GP practice software systems.
- Working with the Health Information and Quality Authority (HIQA) on a GP Messaging Standard.
- Communicating the needs of GPs and primary care to developers of information systems throughout the health services.
- Promoting interoperability and health informatics standards in the health services.
- Writing monthly IT questions and answers for Forum, the Journal of the Irish College of General Practitioners, available at <http://www.gpit.ie/faq>.

## PROJECT DELIVERABLES

- Five GP practice software systems are now certified: Complete GP, Health One, Helix Practice Manager, medtech32 and Socrates.
- The certified GP practice software systems are developing the capability to send electronic referrals to the cancer centres; referrals for breast, prostate and lung cancer are planned for 2010.

- A range of publications and reports on topics such as information security, appropriate usage of the Internet and scanning are available on <http://www.gpit.ie>.

## FUTURE PLANS

- Continue to work with major national information systems, such as the National Integrated Medical Imaging System (NIMIS).
- Expand the range of electronic referrals available from GP practice software systems.
- Work to improve electronic communication between GPs and the health services.
- Continue to provide a certification process for GP practice software systems.

## ADMINISTRATIVE RESOURCE PERSON IN ICGP

Ms Niamh Killeen, email [Niamh.Killeen@icgp.ie](mailto:Niamh.Killeen@icgp.ie).

## FURTHER INFORMATION

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

# GPIT Programme

**AUTHOR | DR BRIAN MEADE, PROGRAMME DIRECTOR**

GPIT Tutors and Regions Covered	
Dr Donal Buckley: HSE Dublin/Mid Leinster	Dr Fergus McKeagney: HSE Dublin/Mid Leinster
Dr John Cox: HSE Southern Area	Dr Frank Hill: HSE Southern Area
Dr Kieran Murphy: HSE Southern Area	Dr Jack MacCarthy: HSE Western Area
Dr Barry O'Donovan: HSE Western Area	Dr John Sweeney: HSE Western Area
Dr Martin White: HSE Dublin/North East	Dr Anne Lynott: HSE Dublin/North East

## SUMMARY OF PROJECT

The GPIT training programme has been developed to provide IT advice and training to GPs and practice staff. In recent years the facilitator role has expanded to include a number of other roles including the participation in regional and national committees involved in the formulation of IT policy in primary care. Our aims are to promote the effective use of information technology in GP practices, to support GPs and practice staff to expand their use of information technology and to shape national IT policy to the benefit of GPs and their patients.

## PROGRAMME ACTIVITIES 2009/2010

- Facilitators continued to provide both on site and telephone advice to GPs on a range of IT topics.
- GPIT facilitators provided input into a number of ICGP courses including the Management in Practice Course, Practice Staff Training course and the ICGP Summer School.
- GPIT Facilitators provided training to GP trainees on the following GP Specialist Training Programmes.

<b>TCD/HSE GP Training Programme</b>	<b>HSE Dublin Mid Leinster/UCD GP Training Programme</b>
Midland GP Training Programme	Mid West GP Training Programme
Sligo GP Training Programme	Cork GP Training Programme
Southeast GP Training Programme	HSE West GP Training Programme
RCSI GP Training Programme	

- We also provided IT trainers for GP trainers on the TCD/HSE and Mid West training programmes.
- AH1N1 Flu Pandemic – During the recent H1N1 flu pandemic, GPs were asked to identify and vaccinate patients considered to be at high risk of complications from a swine flu infection. This led to an increased number of calls from GPs to facilitators. To assist GPs in identifying patients we provided step by step instructions for the five most popular GP software products. These were posted on the GPIT website and four were published in Forum magazine. The epidemic also led to an increased interest in disease coding and classification and to assist GPs in this area an advisory document entitled “Clinical Disease Coding and Classification – A guide for GPs” was produced and posted on the ICGP website.
- Regional and National Committees – GPIT Facilitators participated in a number of regional and national groups relevant to the development of information technology in primary care as follows.

<b>Purpose or Title of Committee</b>	<b>Responsible Organisation</b>	<b>Tutors Involved</b>
Neurolink Expansion	Health Link	Dr Kieran Murphy Dr John Sweeney
HIQA Working Group for Primary Care Messaging	HIQA	Dr Anne Lynott Dr Donal Buckley
HIQA Working Group for Lab and Radiology messaging	HIQA	Dr Martin White
National Maternal and Newborn Clinical Management System	National Maternity Hospital, Dublin	Dr Donal Buckley
Prostate and Lung Cancer Referral Forms	Healthlink/National Cancer Programme	Dr Jack MacCarthy
Diabetes Interest Group Cork	n/a	Dr Frank Hill
Health Ireland User Group Automated	HIUG	Dr Frank Hill

Computerised Diabetes audit		
Project to code and collect morbidity data by GPs	ICGP/HIQA	Dr Donal Buckley
Revised Data Privacy Guidelines for GPs	ICGP/Office of Data Protection Commissioner	Dr Anne Lynott Dr Brian Meade
Information Website for GPs re: dementia patients	ICGP/DSIDC	Dr John Cox

- Two national workshops involving GPIT facilitators were held on October 7<sup>th</sup> 2009 and March 24<sup>th</sup> 2010. As well as discussion on important issues affecting IT in general practice, the workshops included meetings with the following representative bodies:

<i>Health Information and Quality Authority</i> Prof Jane Grimson, Director of Health Information and Dr Kevin O'Carroll, Standards and Technology Manager	<i>National Cancer Control Programme</i> Ms Eileen Nolan and Dr Regina Codd, GP Advisor to NCCP
<i>Healthlink</i> Ms Orla Doogue, Acting Director	<i>Dementia Services Information and Development Centre</i> Prof Greg Swanwick, Consultant in Old Age Psychiatry ANMCH and Ms Patricia Hallahan, DSIDC

- GP Software User groups – these groups are a convenient way for GPs using the same GP software to expand their use of the application and to channel ideas for improvements back to the software company. Groups in Cork have been set up by the local tutor there three years ago and continue to function. User groups for three software packages have recently been set up in South Dublin and Limerick while more are planned in other regions over the next few months.
- National Cervical Screening Programme – The training programme provided step by step instructions for GPs on the use of their GP management software to identify women eligible for cervical smears and on the generation of invitation letters. These were posted on the ICGP website.
- Heartwatch – A small number of queries still arise from GPs involved in the Heartwatch programme. As most GPs now use their GP software to collect data on Heartwatch patients, problems are now handled by the support staff of these companies. A small number of GPs continue to use the “Interim Tool” software and tutors are assisting GPs in resolving difficulties with this application when they arise.

## FUTURE PLANS

We hope to develop more software user groups for GPs over the coming year as these have proved popular and successful in the areas listed above. We also hope to push for an expansion of the electronic referral letter model currently in use in the national cancer programme. As a first step in this direction we hope to develop a standard referral letter template which could be used nationally and replace the hundreds of different forms and templates currently in use.

# Health in Practice

**AUTHOR | DR ANDREE ROCHFORT, PROGRAMME DIRECTOR**



## SUMMARY OF PROGRAMME

ICGP Health in Practice (HiP) is a programme of customised confidential healthcare for general practitioners and their families, including all GP members of ICGP and GP trainees, registrars, GP locums & part-time GPs. Confidentiality is a cornerstone of the programme and ICGP HiP is committed to maintaining the privacy of any individuals who seek help. Details of callers and those who use the healthcare service are kept confidential with the individual they attend and are not entered on any central register. The medical community in Ireland is small and privacy is entitled to be protected.

## Other Members of Programme Team

Ms Margaret Cunnane – HiP Administrator.

Mr Dermot Folan, Assistant CEO ICGP.

Healthcare Networks (GPs, Psychiatrists, Counsellors/Psychologists/Psychotherapists and Occupational Health Physicians)

The aim of ICGP HiP is to:

- Support GP members and GP trainees in developing healthy personal health behaviours and attitudes in order to promote earlier identification of illness in themselves and colleagues. It is acknowledged internationally that being a doctor or a doctor's relative can impact negatively on the quality of healthcare expected and received from other doctors.
- HiP also aims to promote and maintain the quality of patient care by improving GP's health and wellbeing.

We can be grateful to the many professionals associated with ICGP HiP (GPs, psychologists, psychiatrists and occupational physicians) whose collaborative efforts have resulted in this programme and its range of services.

The service is delivered by doctors and psychological therapists with special interest in this target population (GPs and their families), who are supported by the programme with peer support, information and training. Earlier detection of problems and earlier interventions related to physical and psychological illnesses has been achieved, including GPs being more comfortable to attend their colleagues in a professional doctor-patient relationship for reasons such as cardiovascular screening, antenatal care and for simple advice, comfort and reassurance.

In addition, ICGP HiP provides health information and education in response to individual queries and group requests (see presentations below) which is an important means of raising awareness. Being both a health service and an information and education service it is proactive and reactive in its aim of improving patient care by improving doctors' health and wellbeing. All HiP services are delivered with regard to the Medical Councils Guide to Professional Conduct and Ethics (2009).

Direct access to confidential healthcare for GPs and their families is available by contacting any of the individuals on the Healthcare Networks. Their names, practice addresses and contact telephone numbers are freely available to members from a Directory on the College website [www.icgp.ie/hip](http://www.icgp.ie/hip) or on request from HiP Administrator, Ms Margaret Cunnane 01-6763705. Information about the service can be obtained from the HiP Helpline 087 7519307 as well as from the website above.

The majority of callers to ICGP HiP are seeking assistance in obtaining health advice and a clinical resource to assist them with their presenting problem. Any GP or GPs family member may contact HiP regarding the services available and may also access the programmes' services directly. The confidential HiP Telephone helpline (087 7519307) receives calls from GPs but also from colleagues, family members and other doctors who have GPs as patients who may also seek guidance or signposting.

## PROGRAMME ACTIVITIES/TASKS DURING PAST 12 MONTHS (2009-2010)

### Presentations, Lectures & Workshops

- ICGP AGM 2009: "Getting of the stress rollercoaster" workshop.
- UK NHS & National Clinical Assessment Service invited Dr Rochfort to provide a consultancy service to NHS Patient Safety Agency. She presented her work at a conference held at RCGP London concerning how the ICGP set up HiP programme. The NHS was seeking to roll out services to doctors from a pilot programme they had set up in London in Nov 2008.
- May – Naas, GP Trainers session.
- June - Summer School workshop.
- September - Wonca Europe 2009 Conference, Basel, Switzerland. I presented an oral paper on ICGP health in practice programme, and a workshop on "Quality issues in Complex Consultations – when the patient is a doctor" on behalf of EQuIP.
- October - International Society for Quality and Safety in Healthcare (ISQUA) held their international conference in Dublin's Burlington Hotel. Dr Rochfort delivered an oral paper on ICGP HiP to an international audience on "Designing Quality Improvement into Doctors own Healthcare". She was invited to chair a 90 minute workshop on Diabetes Care in Primary Care by the Danish Quality Unit at ISQUA 2009.
- October - European Association for Physician Health (EAPH) officially launched in Oslo with adoption of a constitution. The aim of the association is to foster links between individuals, organisations and medical colleges who contribute to services, research and/or education in the area of doctors' health and healthcare in Europe. ICGP is one of the founding partners for this new association. Dr Rochfort was elected an officer of the first Committee of the EAPH. She

presented “Doctors get Symptoms too!” which is hosted on the EAPH website. The website is kindly hosted by BMA; see [www.eaph.eu](http://www.eaph.eu) for how to become a member.

- October - Shannondoc AGM, Limerick. Joint presentation with Dr Reamoinn O’Donnchadha on “Managing the Consultation in Difficult (recessionary) Times”.
- November – UCD, 1<sup>st</sup> years and 4<sup>th</sup> years “Health & Healthcare for Medical Students”.
- November - HiP promotional stand at Wexford Faculty ICGP annual study day.
- November - Diploma in Management in Practice module and workshop on stress management in the practice.
- November - NEGs Conference Athlone facilitated a workshop on Doctors Health issues with grateful thanks to Dr Catherine O’Donoghue, (NEGs) presenter.
- December – Sligo Clinical Society “Personal Safety for GPs”.
- January – SE training programme session on stress management, Waterford.
- February – DCU. HSE course for the primary care team on mental health issues.
- February - UL 1<sup>st</sup> year’s annual lecture “Coping with Concern for Colleagues in Difficulty”.
- February - Video interview for RCSI/RCPI online course in patient safety which will be delivered to all Junior Hospital Doctors nationally.
- March - UCD Training Programme session “Getting a Grip on GP Stress”.
- March - Waterford Clinical Society “managing illness in ourselves, our families and our colleagues”.
- March - Midland trainee’s session “When the patient is a Doctor” & “GP Stress”.
- March - ICGP Diploma in Management in Practice: module and workshop delivered on “Protecting your Practice with Health and Safety”. The objective of this module is that all course participants will have an up to date H&S statement for their practice and be confident in creating or reviewing a practice H&S statement.
- March - Kildare Faculty of ICGP AGM “The Highs and Lows of Prescribing for Ourselves and our Families”.
- April - Wexford Clinical Society “A Doctors Might just Need to see a Doctor!”

## CONFIRMED ACTIVITIES FOR LATER IN 2010

### May

National Congress for GP Trainees in Netherlands meeting in The Hague, 900 trainees expected. I have been invited to present a workshop on “Helping Doctors to Help Patients” based on educating GPs about the importance of addressing personal health issues, early identification of illness, formal healthcare

arrangements with a personal GP and prevention of illness using stress management as part of overall personal and professional development, which if neglected can impact on quality of care.

## June

- ICGP Summer School “Difficult Patient Encounters”.
- ICGP Research & Education Conference.

## October

Faculty of Occupational Medicine RCPI joint meeting with Faculty of Occupational Medicine Northern Ireland in Newry; my presentation will be on “International Perspectives on Promoting Positive Mental Health in Doctors”.

Wonca Europe 2010

Two Abstracts have been submitted on behalf of ICGP (decision pending):

- SUBSTANCE MISUSE IN A DOCTOR – PROMOTING EARLY IDENTIFICATION AND EARLY INTERVENTION – abstract submitted for oral presentation based on ICGP document created by Dr Andree Rochfort and Dr Ide Delargy (2009).
- STOP STRESS IN GENERAL PRACTICE – PRACTICAL SKILLS DEVELOPMENT: abstract submitted for workshop presentation based on ICGP Health in Practice programme experience over eight years of stress management workshop presentations to GPs and GP trainees by Dr Andree Rochfort.

At Wonca Europe I will be involved in preparation and delivery of symposia on Teaching Quality Improvement in General Practice, and on Patient Safety in General Practice on behalf of EQUIP (European Association of Quality in General Practice, a Wonca Network organisation).

## November

Annual HiP Seminar for Networks; Theme of “*Substance Misuse: What to say and what to do*”, HiP in conjunction with the Sick Doctor Scheme.

## COMMITTEES ACTIVITIES 2009-2010

- Mental Health Forum meetings between ICGP and College of Psychiatry Ireland.
- December 2009- Garda HQ meeting with HSE and Mental Health Commission to improve communication on involuntary admission issues.
- ICGP Education Committee.
- Quality Committee (corresponding member) and also on Subcommittee dealing with Infection Control in General Practice.

- Sick Doctor Scheme Committee (ICGP representative).
- Education Committee of Faculty of Occupational Medicine RCPI.
- HSE Incident Review; I participated in a new HSE incident review of GP care using HSE methods of systems review and root cause analysis.

## Other Activities

The Health in Practice programme was pleased to endorse the first course for doctors in Ireland on Mindfulness Based Stress Reduction Techniques. The Health in Practice programme submitted a proposal for an online course in Personal and Professional Development to the ICGP Education Committee.

## Publications

Early interventions in cases of suspected substance misuse in doctors. Authors: Ide Delargy and Andree Rochfort. This has been sent to Medical Council for their review, comment, approval and endorsement prior to printing/distribution.

An Established Model of Healthcare for Doctors: the ICGP Health in Practice programme Swiss Medical Weekly 2009; 139 (suppl 175).

Links with Forum and other medical publications in Ireland.

## ICGP Health in Practice Links with Sick Doctor Scheme

Health in Practice is grateful for the healthy and efficient working relationship developed with the Sick Doctor Scheme over the years, in particular to the professional working relationship between HiP Director and Sick Doctor Scheme Chairperson. Those who have concerns about possible substance misuse in a GP are encouraged to link with either/both organisations. The role of GP care and follow up in management of GPs illness has been established as a factor which promotes recovery.

## Special Words of Appreciation to ICGP Health in Practice Networks

It is important that the ICGP membership recognises the crucial role of their colleagues who have given their time and energy to assist their colleagues. The ICGP HiP Network GPs have always emphasised that they are not an 'elite' group but simply a group of GPs who want to contribute to the betterment of their colleagues health, sometimes because they have had the experience of being a patient themselves, or simply because they recognise the deficiencies in healthcare accepted by some colleagues and they recognise that we also deserve high quality healthcare we deliver to our non-medically qualified patients.

Thanks are also due to Mr Dermot Folan, Management in Practice programme for his assistance in supporting members with practice organisational issues, a major source of occupational stress for some GPs. Thanks to Ms Margaret Cunnane, HiP Administrator ICGP for coordinating Networks emails correspondence.

# Network of Establishing GPs

**AUTHOR | DR SINEAD MURPHY, PROGRAMME DIRECTOR**

## SUMMARY OF NEGS PROGRAMME

The Network of Establishing GPs Programme was set up by the ICGP in 2004 to address the unique needs of general practitioners, post training, regarding establishing in professional practice. The aim is to identify how the College can directly address the needs of new members in an immediate and practical way. Parallel with this is the objective of fostering greater involvement of establishing GPs in College affairs which is seen as a vital investment in the future of the College making it more robust, dynamic and effective in its pursuit of future goals.

The programme has been very successful, with approximately 1,000 individuals included in the College's database 'special interest' category NEGs last year. The initial phases included needs assessment and developing the programme have been completed. Current and ongoing phases need to continue the existing levels of support for establishing GPs, while also dealing with new needs which arise on an ongoing basis. There remains a very strong need to continue the project and foster better links between establishing GPs and their senior colleagues, as well as helping to integrate new and establishing doctors into College structures and activities to better utilise their specialty body but also to contribute to the College and the profession.

## Members of Steering Committee at Year End

Current Steering Committee members: Dr Michelle De Brun (Dublin); Dr Mary Egan (Galway); Dr Mary Glancy (Midlands); Dr Shane McCarthy (Cork); Dr Jason McMahon (Tipperary); Dr Nick O'Keeffe (Cork); Dr Aisling Ni Shuilleabhain (Dublin); Dr Darach O'Ciardha (Dublin); Dr Cliona Ryan (Kildare/Dublin); Dr Sheila Stephens (Midlands).

## MAIN PROGRESS THIS YEAR

- Organised 2<sup>nd</sup> national NEGs conference November 2009.
- Developed ICGP Online Classifieds Facility.
- Survey of establishing GPs, summer 2009.
- Update and consolidation of NEGs database including exit points.
- Improving links with GPs nearing retirement.
- Launch of GP Leadership Programme (Dr John Mason Bursary).
- Developing 'GP Mentor Network' (ongoing).

## 1. 2<sup>nd</sup> National ICGP NEG's Conference, 27<sup>th</sup> – 29<sup>th</sup> November 2009 – *Bridging the Gap*

Following on from the success of the inaugural national NEG's conference in Wexford in September 2008, we held a 2nd national conference from 27<sup>th</sup> – 29<sup>th</sup> November 2009 in the Sheraton Hotel Athlone. We had an excellent turnout of 128 establishing GPs, with many established GPs and ICGP Executive members also present. A variety of very interesting clinical and supportive topics were included in the agenda. Feedback from delegates was very positive.

Highlights included the 'Think-Tank' on the Friday night between establishing GPs and a group of established GPs who were invited there to liaise with NEG's about a variety of issues. This was intended to help 'Bridge the Gap' between the two groups and generally improve communications, which it did very well. Topics discussed include advising on entry to partnerships, negotiations, practice succession options, as well as mentoring. A separate document relates to this and relevant points may later be used in the updating of the 'Signposts to Success' book and future NEG's conferences, aiming to progress relevant issues including partnership, mentoring, and part-time work.

The symposium on the Saturday addressed current threats to general practice in Ireland. Lively yet balanced debates took place with lots of input from younger GPs, alongside well-received responses from the ICGP Executive. Topics debated included: the perceived need to 'market' general practice better in Ireland; frustration re proposals to put GP services out to tender despite the fact that general practice works so well at present; discussion re exclusion of a GP from an out-of-hours co-op, resulting in an ICGP statement to provide co-op access to GPs in a fair and equitable manner; discussion welcoming more chronic care management to general practice, but only after relevant discussion, planning and funding. An article reporting back from the conference was published in Forum Jan 2010.

## 2. ICGP GP Classifieds Online Facility

As a result of the very successful Jobs threads on the NEG's discussion board of [www.icgp.ie](http://www.icgp.ie) and due to high demand to extend this to the national ICGP membership, a dedicated classifieds facility was established in October 2009 and launched on the College website at the NEG's conference on 28<sup>th</sup> November 2009. Angela Byrne (ICGP Web Manager) and I worked on this over the previous few months.

This facility allows all ICGP members to post their classified ad for free, whether they are looking for a job, or have a job to advertise. Non-members of the ICGP can also place ads for a fee. The facility may be expanded in the future to include practice staff jobs and articles for sale etc. There is also a section for 'Partnerships Wanted/Available' which is hoped will help address the difficulties older GPs have in accessing younger GPs to take over a practice and allow retirement planning. This is already proving to be a very valuable and high quality benefit of membership.

There are plans to further promote this service to the membership throughout the year, including a stand in the exhibition area at the ICGP AGM in May 2010 where GPs can express their interest in recruiting GPs or securing permanent positions, via the Classifieds facility.

### 3. Survey of Establishing GPs on ICGP NEG's Database

In August 2009 we sent emails to all establishing GPs on our database asking them to complete an online survey, with follow-up letters to non-responders. We had a very good response rate of approximately 62% of the NEG's database with over 600 replies. The aim was to get a clearer picture on issues relating to demographics, working conditions, doctor health, indemnity, use of ICGP structures (discussion board, CME, faculties) among other issues. Results will help to tailor future ICGP and NEG's meetings and projects. Some of the main points are as follows:

- Most respondents (70%) work 7-10 sessions per week and 2/3 do regular on call.
- 64.5% are female.
- 60% of NEG's don't have an employment contract.
- 22% hold a GMS contract while 29-33% hold other state GP contracts (child vaccination, mother & infant, social welfare).
- 23% of GP assistants have a partnership plan, while 29% said they 'possibly' have one, indicating the uncertainty many GPs have regarding their career prospects.
- 75% work from one practice but an increasing number work in 2 or more.
- 70% are working as a GP for <5 years, 16% for >9 years.
- Regarding type of work, the largest group (21.7%) are 'sessional' GPs followed by 20.4% working as full-time assistants. Just 1.7% are 'part-time principals' – may increase in the coming years.
- 70% have a GP, although only half of these admit to attending appropriately.
- 5% have used the ICGP Health in Practice Programme, 75% are aware of it but have not used it, and 20% are unaware.
- 45% took 0 sick days in the last 2 years; a further 31% took 1-2 days.
- 56.7% are on the general register of the Medical Council with just 34.7% on the specialist register and 8.6% on the trainee division.
- >90% are ICGP members, others cite main reasons for not being a member as cost (55%) and ineligibility (29%).
- 56% attend small group CME on a regular basis (>4/year), 71% know their CME tutor.
- 30% attend their local ICGP faculty on a regular basis (>4/year), 4.4% said they don't attend because their local faculty is inactive, 55% are too busy.

## Conclusions

The survey highlights the changing demographics of GPs in Ireland – an increasing female majority yet most still work full-time including out of hours work. ‘Sessional’ work is now the most popular type of work, closely followed by GP Assistants.

We have a high number (70-80%) of specialist-trained establishing GPs who are without state contracts or employment security, despite the reported GP manpower crisis in Ireland. This highlights the urgent need for more interaction between GPs nearing retirement or needing practice expansion and those entering the workforce.

Regarding Doctor Health: most GPs take little or no sick leave, a large number don’t attend a GP (but have been encouraged to do so); this information has been fed back to Dr Andree Rochfort, ICGP Health in Practice programme.

A significant number of GPs are working part-time but not as principals. As discussed at the ‘Think-tank’ at our recent NEGs conference, we encourage GPs to explore ways of facilitating part-time GPs who make the commitment to their patients to become permanent/partners within their practices.

## 4. Updating the College’s Database ‘Special Interest’ Category NEGs

The number of establishing GPs on the database was approaching 1000, partly due to the automatic inclusion of 4<sup>th</sup> year trainees and also due to the absence of an exit strategy. One of my tasks for the year was to update the database, in particular coming up with an exit point, and thus keep the membership of NEGs appropriate. There are now approximately 544 GPs on the NEGs database (approximately 20% of active ICGP membership), pending re-application of any GPs removed as detailed below.

Exit: It is now proposed that when a GP has been a principal or partner for a period of 3 years that they may be considered established and leave the database. The number of years that this may take varies significantly between GPs, taking into account periods spent in locum, sessional and assistant posts where there may not be long-term security, so it is difficult to say how many years a GP needs to be on the database. We propose to set a standard timeframe of 6 years from leaving a Specialist Training Programme (i.e. 7 years from joining NEGs at the start of 4<sup>th</sup> year on the scheme), but GPs may of course opt out sooner. At this point, members will be informed they will be removed from the database unless they feel it is still relevant in which case their inclusion can be extended by 2 years. To run efficiently, this requires monitoring on the College Membership Database QP system, which may need adjustment to cater for this.

Entry: There are now 2 methods of entry. 4<sup>th</sup> year GP registrars will continue to be automatically entered on the NEGs database (157/year from July 2010). Establishing GPs who are ICGP members can also apply to be on the database.

Removal of non-responders: We indicated on the survey that those who didn’t respond would be removed, on the assumption they are no longer interested, we also included an opt-out for those who had become established. Just a small number (30) opted out, but approximately 375 didn’t respond to the survey

despite repeated prompts so they have now been removed from the database. This includes a mix of ICGP members and non-members. Members who didn't respond may apply to be re-instated if they are still establishing. Non-members who apply to be re-instated can be issued the same letter which was sent to the non-members who responded to the survey (see below), i.e. apply for membership.

#### Removal of non-ICGP members from NEGs:

While the programme from its commencement had as its main objective the needs of new members it was also agreed that it would be inclusive where possible. No differentiation has up until now been made between members and non members of the ICGP in context of NEGs. The certification has reviewed the criteria for recognition of equivalent qualifications and also the Finance Committee has ensured that there is recognition of GPs in less than full time employment in the context of annual members subscription categories.

It had been decided previously that membership of the Network of Establishing GPs would now be viewed as part of membership of the College, acknowledging the NEGs facility as an integral part of College, the substantial time and money invested in the Programme by the College and the desire to encourage more GPs to join the ICGP. We recently sent a letter to all non-ICGP members who responded to last year's survey, indicating that from May 2010 the NEGs facility will only be accessible to ICGP members. For those who are eligible to join the ICGP, it is hoped they will do so without delay. For the group who may be ineligible to join, we have encouraged them to check this in the Membership section of the website. Rather than exclude these doctors, we would like to assist them if possible to gain eligibility. The College may need to look at appropriate options for including and accrediting doctors who are ineligible to join the ICGP, for Competence Assurance purposes as well as professional support and access to NEGs facility.

## 5. Strengthen Ties between GPs Nearing Retirement and Those Trying to Establish in Practice

This is an area where we are making progress but it still requires more attention. The 'Succession' debate at the ICGP AGM in May 2009 opened up a lot of the relevant issues including the difficulties many GPs have nearing retirement to try to find a successor, and conversely the difficulty many younger GPs have in trying to find secure employment. The lines of communication clearly need expansion and I have tried to achieve this in a number of ways: both the 'Think-tank' and 'Symposium' sessions at the national NEGs conference in November 2009 explored relevant issues among both groups; the online GP Classifieds facility - including partnership sections; also relevant areas in this year's AGM. These include a workshop on 'GP Vacancy' (tips on how to find a GP or a job) and 'Partnership Dilemmas' and a stand in the Exhibition area to promote the Classifieds and encourage new contacts between those planning retirement and those looking for work.

I feel the College should consider addressing a gap in support for GPs planning retirement, regarding practical issues involved and advice on how best to find a successor. It has been touched on at conference level but perhaps something more concrete, via the Membership Committee, could be considered.

## 6. Develop a Proposal for the ICGP Leadership Programme for GPs – Dr John Mason Bursary

I have assisted Mr Dermot Folan with progressing the idea for the Leadership Programme, made possible by the family of the late Dr John Mason, and with matching funding support from the ICGP. It is now envisaged that we will recruit the first ten GP participants in the coming months, after the formal launch at the upcoming ICGP AGM in May 2010 and final draft of what the programme will entail. They will enrol in a twelve-month programme, during which time they will develop their abilities in the areas of GP Leadership – including media skills, communication skills and organisational skills among others. Full details are on the formal proposal.

## 7. Progress the Plans for an ICGP ‘GP Mentor Network’

The need for some type of GP mentoring service has been well discussed over the years. We are nearing a formal plan for how best to approach this, but need input from the Membership Committee. Helpful discussions were had at the recent NEGs conference to assist with planning. There is a strong need for an advisory service for GPs who need help with a variety of non-clinical issues, particularly with regard to establishing in practice or in a new geographical area. We hope to establish a network of GPs who volunteer to provide this service when required, by email or phone. The list would be made available to members by logging in to the ICGP website.

GPs would be recruited for this service by a variety of means, including hopefully those who will have completed the new Leadership Programme down the road. Remit and boundaries need to be very clear. This is unlikely to include a GP mediation service initially (re legal partnership dilemmas etc) which would require separate training, but this may be an area to be looked at as the service progresses, as there is significant demand for it as well as pressure on the ICGP Management in Practice facility to provide the service (through Dermot Folan) at present.

## OTHER ACTIVITIES THIS YEAR

- Assisted in the organisation and hosting of the ICGP AGM May 2009 with NEGs steering committee, chaired the ‘Succession’ debate.
- Organised series of regional meetings Sept/Oct 2009 – topic ‘NEGs update and Taxation issues’; also in Feb/Mar 2010 – topic ‘Accessing and maximising state GP contracts’. Both are topics which have been in demand by establishing GPs. As I resourced all of these meetings myself (researched and circulated the presentations to each committee member to present), this took more time than anticipated.
- Completed a one-day course on Media Training Skills in the ICGP June 09 and a half-day follow-on course in November 2009.
- Presented to GP trainees on 3 occasions:

(‘Sign of the Times: Challenges posed by the Recession for Doctors’ at the NAGPT conference Oct 2009.

'Where to next?' (career planning) for Midlands GP Scheme Registrar group Feb 2010.  
'Progression to Establishment: Career planning for GPs' for Registrar group.

- Two modules of the Management in Practice GP Registrar Certificate Course, March 2010.
- Ongoing interaction with and joint moderation of NEG's confidential online discussion board; new board set up for NEG's steering committee January 2010.
- Discussions with the ICGP and IMO regarding aspects of the revision of the GMS marking schedule.
- Member of the ICGP Swine Flu Committee – participated in 15 x 1-hour weekly teleconferences regarding this as well as keeping up to date with all email correspondence for 4 months; presented the Galway swine flu update meeting 7<sup>th</sup> October 2009; Phone interview with The Examiner for article on swine flu.
- Interview for Forum October 2009 and other articles re NEG's national conference (January 2010) and part-time practice.
- Attended Council meetings May 2009, October 2009; attended 25<sup>th</sup> anniversary celebrations November 2009; attended reactivation meeting of the ICGP Membership Committee September 2009.
- Planning relevant events for ICGP AGM May 2010 including workshops on the Friday night on 'Setting up or expanding your practice', 'GP vacancy' workshop and exhibition stand.

## ADMINISTRATIVE SUPPORT

The NEG's project is very well supported within the College by a variety of personnel. Mr Dermot Folan, Assistant CEO, has been hugely supportive as ever and is heavily involved in overseeing, discussing, planning and contributing to all aspects of the project. Ms Orla Sherlock provides most of the administrative support and is central to the project, being the main contact person for establishing GPs and also central to the co-ordination of NEG's activities. She is also the primary person responsible for the organisation of the NEG's national conferences, with assistance from other college administrative staff.

Ms Angela Byrne as Website Manager has also contributed greatly to the NEGS programme - as moderator of the NEG's discussion board, creating ICGP online classifieds facility and creating NEG's 'welcome pack', among other work. Ms Gillian Doran, College Librarian was heavily involved in conducting and analysis of the NEG's online survey, as well as collating results for presentation at the conference in November.

Sincere thanks to all of the above and also to everyone in the ICGP who has been involved with and contributed to the success of the programme to date. A similar level of administrative support is likely to be required in future years of the Network of Establishing GPs.

## FUTURE PLANS

The NEG's project is a rapidly evolving one, possibly more so than many other aspects of the ICGP. There are many facilities and activities of NEG's ongoing and changing. In view of this, the post of Project Director of NEG's should be continued as follows:

### 1. Programme Director

I strongly recommend that the Programme Director post of the ICGP Network of Establishing GPs be continued indefinitely, and consideration be given to making it a 2-year position. I also feel it should now be referred to as a Programme rather than Project Director post, with stronger links to the Membership Committee. While the initial phases of needs assessment and developing the project have been successful, there will always be a need to co-ordinate supports for this evolving group of 600 or so GPs. We risk losing momentum and control by not having a Director in place. Some of the main areas to be addressed (along with those listed below) and which require a Director include: organising of regional meetings and national conference for NEG's, input into ICGP AGM, correlating with the needs of GPs nearing retirement for mutual benefit, planning changes required to secure the future of the College (regional/faculty services and other structures), moderation of discussion board, advisory capacity to trainees and new recruits, as well as ongoing issues arising.

### 2. Progress ICGP 'GP Mentor Network' and Leadership Programme

See above for details. Groundwork has been done on both of these projects but now this work needs to be developed into a user-friendly mentoring service for GP members and a Leadership programme as detailed already.

### 3. Membership Committee

I would suggest that in order to achieve stronger outcomes, and to direct the future of the College appropriately, the Network of Establishing GPs needs to be more involved/integrated with the reporting committee i.e. Membership Committee. I attended the first meeting of the 'new' Membership Committee this year but feel more regular meetings and direct reporting is needed. I acknowledge however, that the NEGS programme is one of several groups reporting to Membership.

There is potential for developing many good support services for members, including for GPs planning retirement (for mutual benefit of NEG's) as well as planning optimal provision of regional/faculty services.

The post of NEG's Programme Director can be somewhat isolated (particularly when not a joint post) which can make decision making more challenging. I would recommend more regular and formal interaction/exchange between both the Programme Director and the Steering Committee with the Membership Committee and Chair would be beneficial. While the support to date from the Assistant CEO and the CEO is very much acknowledged, more formal reporting structures with the standing committee will also facilitate the on going success of the programme.

## 4. ICGP Faculty Structures

We need to examine the best regional ICGP format for future ICGP needs. This was mentioned at the Membership Committee meeting in September 2009 and needs follow-up within that group. I have gathered useful information on current use of faculties, both from the survey and the NEG's conference. As mentioned above, just 30% of the 600 or so GPs who responded say they regularly attend faculty meetings. At the Think-tank in November 2009, with a mix of established and establishing GPs present, 38 GPs responded to the faculty info request. 30 of these 38 said their local faculty was active, 6 said it wasn't and 2 were unsure. The vast majority of those who attend find the topics relevant. The majority of meetings have pharmaceutical sponsorship and provide a meal. Notification of meetings is by a variety of combinations of post, text, email, and phone. Lots of other information was gathered at this meeting regarding the faculties and suggestions for improvement. This needs to be discussed within the Membership Committee to best address possible solutions.

Personally I think the faculty structure should be continued in a format which works – look to the most active and popular faculties for inspiration on this. Perhaps they need to be condensed into larger more viable geographical areas than currently exists, but still remain local and accessible to members. I think they need to be maximised as a means of encouraging collegiality and delivering information on best professional standards, with a certain amount of standardised delivery of topics where appropriate (e.g. new guidelines etc). The swine flu regional meetings were a good example of this.

## 5. NEG's Programme Steering Committee

The NEG's Steering Committee was helpful for regional meetings, teleconferences and for ideas at our meeting at the NEG's conference. There have been quite a few changes to the Committee this year so not all members know each other. Also, they have not been very involved, partly as I haven't looked for much assistance other than to deliver the regional meetings. Also the job was very busy so I didn't have much time to organise strategies to best utilise the Steering Committee, but I feel this should be done soon. This useful group should be harnessed within the Membership Committee to help with relevant changes. The new discussion board for the Committee has helped but has been underutilised to date. I propose that dates be set for meetings of the Steering Committee in advance with agendas and priorities listed, as well as adhering to more formal protocols for working committees.

## 6. Web Based Discussion Board

The NEG's discussion board has had an extremely busy year. I have been keeping up to date with the board on a daily basis where possible, contributing where necessary or appropriate.

I believe this board should be continued in its current format, but again I think the suggestion of an ICGP-wide discussion board should be explored – to allow broader discussion and access to more opinions across the spectrum, both on clinical and non-clinical matters. This of course would require an increased level of moderation which needs to be taken into account. Perhaps the GP mentor network could take on this role.

## 7. Cost

Unfortunately cost is a big factor for establishing GPs, both cost of membership and cost of attending courses and conferences. On the plus side, the cost of attending NEG's regional meetings is free, and cost of attending ICGP and NEG's annual conferences has been kept very low at €50. However this does not correlate with the high cost of attending ICGP courses, which is frequently cited as a deterrent to participation.

It was suggested by the last Directors of NEG's that a cost reduction for attending these courses in the region of 40% may be appropriate while GPs are in the early stages of their careers. I feel this should be looked at, to encourage participation by younger GPs in these valuable courses, as well as looking at the overall cost of providing these courses and whether it is possible to make reductions in the fees charged, or at least to further reduce the costs to members to incentivise ICGP membership.

The other area of subscription costs is also repeatedly mentioned by some NEG's members as felt to be excessively high, particularly among this group with limited financial security and high professional and personal costs. I propose that a sliding scale or other new structure be introduced to help with this burden and make these doctors feel understood by their College. There is a redundant fee category in existence (free membership for the first five years after full registration with the Medical Council – currently all trainees are free for the four years of training and the year after gaining MICGP), so perhaps a revised schedule could be considered.

## 8. Membership Advisory Services

The provision of names of professional advisors to general practitioners has been undertaken in the past by the Management in Practice Programme, this includes a listing of accountants and solicitors and other advisors who 'self-declare' that they have undertaken work for a GP clientele.. A more formal approach to assessing the knowledge and skills of professional advisors to general practice/general practitioners is to be recommended and this is supported by the Director of the Management in Practice programme.

This is an issue which the Membership Committee might look at.

For example - perhaps placing advertisements in the relevant media for any interested businesses to submit their details within specified criteria would be best, mainly targeting and favouring those firms/advisors with proven 'track record' of provision to existing GP clients. This is a service frequently requested by new GPs/members and one worth revisiting at this point.

## 9. ICGP AGM and NEG's Conference

The ICGP annual conference in May is a great opportunity to progress issues relating to GPs across the spectrum, particularly to progressing links between GPs of all groups. I think this opportunity should be used to full potential every year, by liaising with the NEG's Director and Steering Committee well in advance of agenda planning. The NEG's national conference provides an excellent opportunity to address the establishing GPs about a variety of relevant topics, including College structures and integration, so should also be continued indefinitely.

## DISCUSSION

2009-2010 has been a very busy year as Director of the Network of Establishing GPs. I have enjoyed this work and found it very rewarding. I welcome the launch of the GP Leadership programme and feel it would have been a great help to have had access to some such support before taking up the post, which was a bit daunting at times.

I have found the post to be more demanding of my time than I had anticipated. This is partly due to unforeseen issues, especially participation on the ICGP Swine Flu Committee, but also due to heavy workload, demands of organising conferences, meetings and presentations, not having any co-directors to share the work and general time management and prioritising of tasks on my end. I feel more could be achieved with more formal integration of the NEG's Steering Committee, the Director and the Membership Committee and more regular reporting will assist this.

One year is a short time in the post. My understanding of the workings of the College and the potential of the post has changed a lot as the year went on, such that I would likely achieve more in a second term than I did in the first. In this regard, I would suggest that the post as Director be considered over a 2-year period rather than one year. I feel a lot has been achieved although if I had more time I would like to have done more.

I received great support from the Assistant CEO Mr Dermot Folan, without whom the NEG's project would not be a fraction as successful as it is. His input is pivotal to the continuity of the facility.