

# **Reports of College Officers & Standing Committees**

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## Report from the Chief Executive

This has been a difficult year for general practice and the health services. The HSE has yet to become fully operational and clearly the changeover from the old system will take time to settle. From the College perspective there is a distinct gap in communication and direction which makes it difficult to plan future developments. Hence, it is very pleasing to be associated with this report which outlines in some detail the level of activity and services achieved during the past year. I wish to thank and congratulate all involved.



*Fionan O'Cuinneagain  
Chief Executive*

In his report, the Chairman refers to the difficulty in attracting member participation at national and local levels. This is a common problem faced by many organisations as the tradition of volunteerism is very much in decline. However, irrespective of the investment in IT and the increasing use of telecommunication, the personal input by individuals is essential if the College is to continue as a vibrant and relevant organisation.

This issue will be a priority during the next year, but, in the meantime if you have any inclination to become involved do feel free to contact me or any officer. Your call will be most welcome.

**Fionan O'Cuinneagain**  
**Chief Executive**



*Professor Brendan Drumm, Chief Executive Officer of the  
Health Service Executive, delivering the Keynote Address at the  
ICGP Winter Meeting 2005.*

## President's Report

This past year has been a momentous one – reflecting change on several fronts. During the year Tess and I represented the College at many important and enjoyable events. One which stands out was the College Annual Keynote Lecture by Dr Iona Heath at the National Gallery in October, 2005. Iona's Lecture 'The Future of General Practice in a world of Specialists' is outlined on the College website and should be compulsory reading for every member. She succinctly describes the true nature of general practice.

I have had a lifelong interest and involvement with general practice training. The expansion now taking place is long overdue. However, there will have to be some new and innovative thinking brought to bear in establishing the infrastructure across both the hospital and general practice training sectors if the necessary capacity is to be attained and standards maintained.

The year also brought some sadness. I refer in particular to the death of our first President and my practice partner, Dr John Mason. May John, and all our deceased members, rest in peace.

It has been a privilege to represent the College as President.



*Dr Michael Flynn  
College President*

**Michael J Flynn  
College President**



*The Annual Keynote Lecture took place on Friday 7th October in the National Gallery. Dr Iona Heath, MRCGP, presented an excellent paper titled 'The Future of General Practice in a World of Specialists'.*

## Chairman's Report

### Chairman's Report

In this, my second report as Chairman of Council of College, I would like to report on the challenges the College has faced in this last year, particularly in the areas of medical politics and the ongoing struggle to increase the number of training places.



*Dr Eamonn Shanahan  
College Chairman*

Before coming to my report, I would like to let you know about the sterling work the members of the Executive have carried out in the course of the last year. As President of the College, Dr Michael Flynn has been an able ambassador for the College. However, with his great wealth of experience as an educator, he has been a mentor to me as we have grappled with subjects such as the extension and expansion of specialist training and in the knotty areas of determining eligibility for College membership. Dr Joe Martin continued as Treasurer up to the winter meeting of Council, at which stage Dr Abdul Bulbulia took over. We have in Abdul another pair of very safe hands to look after the finances of the College. We continue however to be challenged by our very success, as we will shortly need additional accommodation for the College staff. Abdul has been very active in looking for this accommodation and has made a number of practical suggestions.

With its core function as the representative organisation on education, standards and training in general practice we have been well served by Dr Roddy Quinn as Chair of the Postgraduate Training Committee, Dr Walter Cullen as Chair of Research and Dr Mel Bates as Chair of Education. It is important also to record and recognise the work of the membership of these Committees. At a time when it is increasingly difficult to find those who will work with and for the College, their contribution must be gratefully acknowledged. Dr Fiona Graham, as honorary secretary, and Dr Niall Cleirigh, as Chair of Communications, have both worked hard in their posts. I would like also to give special recognition to the work of Dr Deirdre Burns. She has worked tirelessly over the last two years travelling around the country, meeting with the new and establishing GPs and taking note of and representing their views. It is important that the work that has been carried out by Deirdre be carried forward. For this reason amongst others, it is important that we have a vibrant Membership Committee.

That said the post of Chair of Membership has remained vacant for this year. At the meeting of the Council in November 2005, it was decided that the Membership Committee would be re-established with four main tasks:

- § To review the structures of the College.
- § To implement the recommendations of the Network of Establishing GPs.
- § To oversee the provision of the Management in Practice Programme.
- § To oversee the development of information technology for general practice.

We had hoped particularly that the Chair would come from the younger members and perhaps from the Network of Establishing GPs. Unfortunately as of this time there have been no takers. In the case of younger members this is of course understandable in that they have other priorities such as establishing in practice and in many cases family commitments.

The task of finding replacements for members of the Executive is proving more difficult as the years go on. As I speak, there are a number of other posts in the Executive which need to be filled; despite direct approaches we have not yet been able to fill them. Being on Executive does involve some commitment, but much of the business of College and the Executive is now carried out on the College website. I would once again ask that members allow their names to go forward for consideration for of these vital posts.

### General Practice Specialist Training

I wish to report that there has been further increase in the number of training places in the last year. I had reported last year, that our initial aim was to increase the number of training places to 150 per year by 2007.

This target has proved elusive. In January of this year, I chaired a meeting which drew together the course directors for nearly every training scheme in the country, representatives of the trainers, trainees and a significant delegation from the Health Services Executive, including Mary O'Connell, the National Primary Care Manager. At this meeting we established an interim National Steering Committee. While we had hoped to increase the number of training places by another 22, it was clear even at this initial meeting that if we are going to have the necessary infrastructure with programme directing teams, administrators, trainers and training practices all operating to the highest standards, that a huge amount of work would have to be carried out. Such increases as we achieved this year, represent an organic growth of some of the existing schemes and the establishment of what is in effect a new scheme in the Midlands.

I would like to put on record, the hard work the various training schemes carry out all the time, but in particular those schemes that have grown in the last few years. Having seen the business and educational plans the schemes that expanded had to put forward, it is apparent there is still a significant amount of work being carried out, often in excess of the sessional time allowed. John Farrell and his colleagues on the Assessors Sub-committee also put in a lot of extra time, ensuring that these new training places will meet the required standard. It is also gratifying to recognise that some members of the Health Services Executive have an appreciation and understanding of the complexity of specialist training and were also able to overcome some of the bottlenecks that were holding back some of the schemes.

That said we are still some way short of target. I note with interest, that one of our political parties has taken note of the need to increase medical manpower, particularly in general practice. We will shortly reconvene the National Steering Committee, as the work needs to be done now if we are to increase the training numbers further in 2007. There will continue to be organic growth of some of the existing schemes, but if we are to achieve the numbers we need one or more new schemes will have to be established. We are fully committed to increasing training numbers, and I hope that the funding will be made available to allow this to happen.

I do recognise the real and significant hardship there is to graduates who cannot get on GP training schemes in Ireland. As evidence of this, we had nearly 275 applicants for the training places available this year. All of those doctors who applied and are not successful are offered support and encouragement. These applicants are eligible for associate membership of the College for the duration of their training at zero cost. The College's website now has a section which provides a substantial amount of information on what the options for the unsuccessful candidates are. It is our sincere wish that these candidates will be able to apply for membership of the College in due course of time.

## The Future of General Practice

As of this time, the negotiations on a new contract for general practice continue. What the final outcome of these negotiations will be is not clear. The possibilities run from minor modifications of the existing contract, through to a completely new contract with new ways of working. It is important once again for the record, to clearly state that, the Irish Medical Organisation is our union and represents us in matters to do with terms and conditions of working. The College and the IMO have worked closely together over a long period of time. The College does have an important advisory capacity in this process.

It is important to me that in speaking to the IMO, that we should do so on behalf of all the membership. As many of you are aware we undertook a major consultation exercise over the course of the last winter. With the assistance of the CME tutor network, time was put aside to discuss the future of general practice. This has resulted in a mass of information which is being collated and is to be shortly fed back to the membership and also to the IMO for their consideration. It is my hope that this information will help the IMO leadership in their deliberations.

In parallel with this exercise, but going on for a much longer period of time, there has been a debate about the future of general practice. This particular process started about five years ago and has been expressed in the past in the *Joint ICGP/IMO Vision Document* and again in the recent document by Council, *A Time to Reflect and Debate*. I have no doubt that this has been widely read by the membership; those of you who have not yet had an opportunity to read this document should do so. This document reflects a number of years of discussion and its opinions reflect the synthesis of many views. At a time when the HSE nationally is in negotiations with the IMO, but the HSE locally is directly engaging with many of us, it is important that there be a clarity of vision and a unity of purpose in all our interactions with the Health Services Executive.

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General practice and primary care are **not** synonymous. General practice is very successful at what it does. We should keep the best and improve on the rest.

### Drugs and Therapeutics Bulletin

Over a year ago, a unilateral decision was made by the HSE to cancel the national subscription for the Drugs and Therapeutics Bulletin. This was done without warning and certainly with no significant consultation with the profession. This is seen by many within the profession as symptomatic of the cavalier attitude of sections of the HSE to general practice. During the course of the last year I have made many attempts to have this decision reversed. For a long time, both I and the editorial staff of the Drugs and Therapeutics Bulletin were not given the courtesy of a reply from certain officials within the HSE. I eventually raised the matter directly with Professor Drumm who was able to assist me in some respects. I had believed that the matter was being dealt with, but there have been delays in the resolution.

For their own part, Drugs and Therapeutics undertook substantial market research which showed overwhelmingly the relevance and importance of this publication to Irish general practitioners. This appears to have been given scant regard by the relevant officers of the HSE. We will continue to press this matter.

### Other Events

The winter meeting was once again a success. It was heavily attended and the subject of the Primary Care Strategy was well aired. The winter meeting held both a promise and a challenge to us all; Dr Darach O'Ciardha showed that there are young doctors who are prepared to put their heads above the parapet and get involved in College activities; on the other hand Dr Rita Doyle again challenged us to make the College more accessible to our female members.

Unfortunately, the Annual Keynote Lecture was not as well attended. This is intended for the College membership, but it was also intended to help educate those outside of the profession that we interact with, such as administrators, civil servants and so on. Those who did not attend missed a seminal lecture by Dr Iona Heath from London, who gave an illuminating lecture. Amongst the gems she imparted to us include "in hospital, the diseases stay and people come and go; in general practice, the people stay and disease come and go".

### Finally

I wish again to put on record my personal thanks to Fionan, Dermot and all the staff at Lincoln Place for their ongoing hard work and dedication. I would also like to thank Michael, Margaret, Ailis and Claire for continuing to raise the standards for the rest of us. I would like to thank my partners Brian and Pauline for allowing me the time to attend at the College, and to Margaret, Bríd and Niall thanks for your love and support.

**Dr Eamonn Shanahan**  
College Chairman

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## Honorary Treasurer's Report

It was a great honour for me to be elected honorary treasurer of the College in the autumn of 2005 and hence this is my first report to the College members and Annual General Meeting. Before reporting on the College accounts, I would like to pay tribute to my predecessor Dr Joseph Martin for the work undertaken by him in the course of his term of office. It is a hard act to follow but, with the support of my Executive colleagues and College staff, I have no doubt that we shall continue to manage the financial affairs prudently.

At last year's AGM, an operating deficit of €100,000 was reported and it was agreed that this trend should be closely monitored. I am pleased to report a positive turnaround this year with the accounts for the year 2005 showing an operating profit of €36,426. This was achieved by increased income and relative control of expenditure. The main source of income for the College is the annual subscription which showed an increase of €140,000. However, the amount of outstanding subscriptions still remains very high at €350,000. At the autumn Council meeting (November 2005) it was agreed to introduce a late payment fee to be applied to all subscriptions remaining outstanding at the end of year 2006 and each year thereafter. This was notified to all members in the College Newsletter in November last year. It simply is not fair that 86% of members remain up to date with their annual subscription with a further 14% in constant arrears.

Another area which showed a significant increase in income related to College courses which showed an increase just short of €300,000 for the year. You will see from other sections of the 2006 Annual Report the wide and ever increasing range of courses and services being provided to members with a particular emphasis on distance learning and web based activity. Indeed an increasing volume of College activity is now undertaken online with, for example, the number of Executive meetings halved to four per annum.

In looking to the future there will be an ever increasing demand for new courses, services and information which must be resourced. A further issue is the need to come to a decision on new premises for the College. The premises at Lincoln Place can now only facilitate 50% of activity and a decision in this connection will have to be taken in the coming months.

**Dr Abdul Bulbulia**  
**Honorary Treasurer**



## Education Committee

The Education Committee had another successful year and the sub-committee structures continue to serve the membership of the College well.

### Quality in Practice Sub-Committee

The Quality in Practice Sub-committee aims to produce two guidelines/impact documents a year. A *Drugs in Sport* document was published towards the end of 2005 and is available on the College website as well as in print. Guidelines for authors of future impact documents and College guidelines were also produced. The Quality in Practice Awards are in their second year and the finalists will present at the College AGM this year. Another impact document on *Warfarin in General Practice* is due to be launched at this year's AGM.

### CME Sub-Committee

The CME Sub-committee has done great work in setting up the process whereby every educational activity the College is involved in is assessed annually in a systematic way. Thus, the appropriateness of a particular course to meeting the needs of the membership is reviewed as is the timescale of a particular project. A publicity drive to the membership was undertaken asking for suggestions for particular projects. This will inform the direction of future projects the College puts time and money into, and will also rely on individual members being champions to drive the process forward.

### Competence Assurance Sub-Committee

The Competence Assurance Sub-committee have continued to emphasise the educational role the College has in supporting its members in satisfying the requirements of competence assurance. It has also highlighted the considerable costs to individual members and to the College who employ a full-time member of staff to handle the volume of work generated by CAS. Little progress will be made until the Medical Practitioners Bill is passed, hopefully later this year.

### Education Committee

The Education Committee itself has met once in the last twelve months. The aim of this annual meeting will be to brainstorm and come up with new ideas and directions which will be implemented with the help of the Sub-committees. In order to keep everyone updated with progress throughout the year a new secure pages area (specifically dedicated to the workings of the Education Committee) has been developed within the College website. With this facility we hope to help committed members, who would otherwise have to travel long distances, to add their voices and opinions to what the committee is trying to achieve.

The College staff have been very supportive of my efforts in the past year and I would particularly like to thank the Chairs of the Sub-committees, Margaret O'Riordan, Prof Colin Bradley and Sorcha Quigley who work so hard on our behalf. Both Fionan and Eamonn have shared their wise council with me on many occasions and our decisions have been the better for their contributions. Finally, I'd like to thank Yvette Dalton and all the College staff who contribute so much to the running of the College.

**Mel Bates**  
Education Committee Chairperson

## Competence Assurance

### Competence Assurance Structure Summary 2003-2006

	2003	2004	2005	2006	Totals
Number on Specialist Registrar included in CAS	191	304	97	44	636
<b>Applications Processed for CAS/CME Accreditation</b>					
	2003	2004	2005	2006	Totals
<b>Total</b>	<b>275</b>	<b>362</b>	<b>324</b>	<b>90</b>	<b>1051</b>
<b>External</b>					
Pharmaceutical	114	165	121	45	445
GPs	51	91	67	17	226
Hospital	21	29	22	6	78
Societies	44	28	33	7	112
Universities	24	17	23	6	70
Health Boards	6	12	34	8	60
Other	15	20	24	1	60
<b>Internal</b>					
CME Small Group	811	752	880	N/A	2,443
Other - ICGP Faculty Meetings - ICGP Courses and Conferences					

## Quality in Practice Committee

### Chairperson

Dr Margaret O'Riordan.

### Committee Members

Dr Mel Bates, Ms Maria Leahy, Dr Elizabeth Maxwell, Dr Ailis ni Riain, Dr Seamus O'Baoighill, Dr Ray O'Connor and Dr Ben Parmeter.

### Summary of Committee

The ICGP Quality in Practice Committee (a Sub-committee of the Education Committee) was established two years ago and has been working on various quality initiatives in the interim.

### Statement of Achievements/Outcomes to Date

- § Quality Improvement Award (sponsored by the Irish Society for Quality and Safety in Healthcare).
- § Patient Empowerment Leaflet (in conjunction with the Irish Society for Quality and Safety in Healthcare).
- § ICGP Guide to the Development of Guidelines and 'Impact' Documents.
- § *Avoiding Pitfalls in Repeat Prescribing – a Practical Approach* (Impact document).
- § *Drugs and Doping in Sport – Guidelines for General Practitioners*.
- § *Warfarin in General Practice* (Impact document).
- § Review of patient information leaflets.

### Detailed Committee Description

#### Quality Improvement Award

Eleven entries have been received for the 2006 Quality Award. Entries detailed improvements or innovations implemented in a general practice setting in Ireland, whether of a clinical or practice management nature. All general practice staff including non-clinical were eligible to enter the competition. The Irish Society for Quality and Safety in Healthcare has agreed to sponsor the award once again. The same procedure will be followed as for last year – entries will be short listed and the four finalists will be asked to present at a workshop at the ICGP AGM in May 2006. The judges are Dr Mel Bates, Dr Claire Collins, Dr Ben Parmeter, Dr Margaret O'Riordan and Ms Marie Keogh (President ISQSH).

#### Patient Empowerment Leaflet

The Committee collaborated with the Irish Society for Quality and Safety in Healthcare, the Patients Association, the Caring for the Carers Association, the Office of the Ombudsman, the Clinical Indemnity Scheme, the Patients Council of Beaumont Hospital and the Wheel in the production of a patient empowerment leaflet entitled 'Let's talk'. Copies of 'Let's talk' can be found on the Irish Society for Quality and Safety in Healthcare website <http://www.isqsh.ie/>.

#### ICGP Guidelines and 'Impact' Documents

It is envisaged that, from now on all proposals for new ICGP guidelines should be considered by the QIP Committee prior to their development. The QIP Committee should decide if the topic is appropriate for further development and should advise regarding content. Therefore, there was a need for the Committee to draw up a generic guide for potential guideline authors. Members also felt that a generic guide to so called 'Impact' documents should be produced. An Impact document is essentially a short document designed to facilitate a change in behavior resulting in a quality improvement in practice. Such documents will be by their

nature succinct with a narrow focus – the most likely source for development of such a document would be in response to a critical incident analysis at practice level. This guide is available on the College website.

### **Avoiding Pitfalls in Repeat Prescribing – a Practical Approach**

The Committee has produced a document to assist members in analysis of their current repeat prescribing methods and for ongoing review. It is a practical document with clear implementation guidance and consequent benefits for both practice personnel and patients. It has been distributed through the CME tutor network and the GP training programmes.



### **Drugs and Doping in Sport – Guidelines for General Practitioners**

The revised 2005 edition of the ICGP *Drugs and Doping in Sport Guidelines* by Dr Aidan O'Colmain was reviewed by the Committee and will be of particular relevance to all GPs with an interest in sports medicine. This guide is available on the College website.



### **Warfarin in General Practice (Impact Document)**

Dr Phillipa Kildea-Shine and Dr Margaret O'Riordan produced a draft document on the management of patients on warfarin in the general practice setting. Following consultation with the QIP Committee members, international guidelines on warfarin prescribing were consulted and an evidence base was added in order to produce an impact document. This document will be launched at the ICGP AGM 2006.

## **Future Plans**

The Committee are currently working on documents relating to alcohol misuse and quality improvement in diabetes care.

## **Administrative Resource**

Ms Yvette Dalton ICGP provides a very high standard of administrative support to the Committee.

**Dr Margaret O'Riordan**  
Quality in Practice Sub-Committee Chairperson



*Michael Brophy, Vice President of the Irish Society for Quality and Safety in Healthcare presenting the 2005 Quality Award to Ms Roisin Doogue practice nurse from Monasterevin, Co Kildare*

## EQuIP (European Association for Quality in General Practice/Family Medicine)

The WONCA European Association for Quality in General Practice/Family Medicine is a European body with representatives from twenty-eight countries sending one or two representatives to the biannual meetings. Individual country representation continues to grow particularly with increasing input from Eastern Europe. Approximately forty delegates attend each meeting. As this is a relatively small group, effective working relationships are quickly established. I am currently treasurer and a member of the executive of EQuIP and European representative to the World WONCA Working Party on Quality in Family Medicine.



Individual members of EQuIP have had several publications in relation to quality in healthcare in various journals, and regularly run workshops at WONCA conferences. The group has produced three books on quality development namely *Tools and Methods for Quality Improvement in General Practice*, *Patients Evaluate General/Family Practice* (The EUROPEP instrument) and most recently *Improving Patient Care in Primary Care in Europe* (June 2004).

Specific topics related to quality development are progressed by working groups made up of individual EQuIP members. There are four active subgroups at present addressing the following topics:

### Dealing with Uncertainty in Primary Care

I am a member of a group working on the subject of dealing with uncertainty in primary care. There is a vast amount of medical literature devoted to uncertainty, ranging from uncertainty affecting clinical decision making to management and health service provision. GPs encounter a vast range of problems, often presenting in an undifferentiated way, in contrast to the caseload of most of their hospital colleagues. It could be argued that the ability to cope with uncertainty is a core competency for all doctors but particularly for GPs. The group hopes to produce a review article on dealing with uncertainty in the near future and to have it published in a peer review journal.

### Quality Indicators

A subgroup is working on a paper on how to choose an appropriate set of quality indicators for improving general practice in individual health care systems.

### Integrated Quality Improvement

Another group is working on an integrated model to illustrate the relationship between different stakeholders (patient, professional, organisation, system etc.) and the structure, process and outcomes of quality improvement initiatives.

### TOPAS Europe

A new group, TOPAS Europe, has grown out of EQuIP and functions as its main research and development arm. TOPAS's purpose is to develop quality improvement tools and instruments and ensure that they are continuously updated and marketed. Most importantly, TOPAS will also function as a repository for Europe-wide data collected as a result of using the instruments which can be used for benchmarking purposes and to influence policy.

TOPAS is constitutionally separate from, but closely linked to EQuIP. There is considerable overlap between the membership of the two bodies and EQuIP members produce ideas for TOPAS, advise on progress, and pilot and disseminate products. TOPAS is led from Nijmegen University and is managed by an executive, comprising members from Heidelberg and Manchester. It is a not-for-profit organisation which raises funds for tool development or updating from project grant applications and from instrument users.

Quality improvement tools currently available from, or under development by, TOPAS include:

- § The EPA QI tool for evaluating organisation and management in general practice.
- § EUROPEP for evaluating patient satisfaction and experience.
- § The Maturity Matrix for evaluating organisational development in general practice.

In addition, the collaboration is at an early stage of developing or testing instruments relating to disease prevention, practice culture, professionalism and patient safety.

Further information on EQuIP can be obtained at their website <http://www.equip.ch/> or in the communications section of the European Journal of General Practice.

**Dr Margaret O’Riordan**  
**EQuIP Executive Member**

## ICGP Library & Information Service Staff

### Members of Staff

Ms Gillian Doran, Mrs Terri Jones (May 2005 – December 2005) and Ms Patricia Patton (December 2005 – to date).

### General

Once again the ICGP Library has been actively involved in many aspects of College activities throughout the year May 2005 – April 2006. The ICGP Library and Information Service has continued to grow and handle the variety and volume of information demands over the last few years.

Due to the departure of Mrs Terri Jones who had been employed as a part-time Assistant Librarian we have now appointed Patricia Patton, and due to increased demand she is employed in a full-time capacity. I wish to formally acknowledge and express thanks for the contribution Terri made to both the ICGP Library and the College itself.

### Users of the ICGP Library & Information Service 2005- 2006

The users of the ICGP Library and Information Service are varied, as can be seen from the list below. Their information needs are also as diverse covering personal interest, clinical, educational and professional areas:

- § ICGP members (including CME tutors, trainees and trainers).
- § ICGP course participants.
- § ICGP project directors.
- § ICGP staff.
- § Other Irish general practitioners.
- § Health Service Executive staff.
- § Healthcare professionals.
- § Irish Health Sciences Libraries around the country.
- § Students from universities conducting general practice research.
- § General public.
- § National media.
- § Pharmaceutical companies.

### General Services Provided by the ICGP Library

- § Answering telephone, fax and email requests for information.
- § Conducting literature searches on specific topics for private research, clinical queries, theses etc.
- § Ordering of materials i.e. articles/reports/books for requesters.

### Presentations

I had many requests to present at a range of College meetings throughout the year.

- § I presented at the NAPA meetings in both October 2005 and April 2006. In October I demonstrated the College website and some of the information resources that we hope are of interest to the administrators. In April 2006, due to a request from the administrators, I took part in a discussion with them regarding cataloguing to try to identify if a catalogue system would suit their requirements. This idea is being considered on an individual basis by each of the administrators.

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- § I travelled to Mullingar in October 2005 to participate in the MICGP examiners meeting. I demonstrated the library aspects of the College website. I explained how I could assist the examiners with their information needs for the MICGP and I showed them some useful resources online.
  - § I returned to the trainers' workshop in February 2006. I gave a brief overview of some of the web developments that have taken place throughout the previous year.
  - § I held a session for the small group CME tutors in February 2006. I am due to attend the next small group CME tutor meeting with Angela Byrne (Web Content Manager ICGP) to discuss the bids process with them again in May 2006 to move these issues on further.
  - § I presented at several of the Distance Learning Unit workshops over the last year. In September I gave an overview of what services the Library and Information Service can provide to assist them with their studies/research. I also gave a brief overview in October 2006 to the Certificate in Medical Education.
  - § Following on from the September/October sessions I was asked to deliver a more detailed demonstration of how to perform a literature search. I provided the results of examples of a variety of sources to the Distance Learning course participants. After giving examples to the various groups including Women's Health and Therapeutics, I was also asked to give another session to the LFOM course participants.
  - § Finally, in April 2006 I was asked to deliver a detailed presentation to the Masters in Medical Education.
  - § I produced presentations on request from trainers. These primarily dealt with the ICGP Library resources on the web and also another presentation on the newly launched *GP Registrar Handbook*.
  - § I provided bespoke handouts and resource materials for all the presentations listed above and received very positive feedback from the general practitioners and other course participants.

### Irish Journal of Co-operative Organising Committee

In January 2006 I became a volunteer member and secretary to the Irish Journal Co-operative Organising Committee.

The remit of this Committee is:

- § To manage the Irish Health Care Libraries Journals Holdings through:
  - Decision-making in relation to membership and criteria for membership.
  - Decision-making regarding content and discipline.
- § Copyright issues.
- § Group inter-lending statistics.
- § Collation, production and reporting and website management.

So far I have represented the ICGP on the Committee at three meetings. The networking opportunities and my participation in the committee are valuable in terms of professional development of the ICGP Library.

According to the HSLG statistics for the year January 2005 to December 2005 the ICGP Library supplied 53 articles to other members of the co-operative. The ICGP Library received 163 articles on behalf of ICGP members/course participants.

### Cochrane Collaboration

Both Patricia and I have applied for the upcoming Cochrane courses due to be held in June/July 2006. This required completing a detailed application form stating why we wanted to do the course and we also had to provide brief résumés. We hope to be accepted so that we can further develop our understanding of systematic reviews and thereby further support the GPs who are undertaking such research.



The Cochrane Collaboration is holding their annual conference in Dublin. We will review the conference programme and if there are any topics relevant to the ICGP Library service we will attend.

Patricia attended a SWETS meeting in Dublin in March 2006. She gained useful knowledge regarding online journal access and this is an area we will be looking at in the future.

Patricia organised membership of another online document delivery service (Subito). This new addition to our article request service will increase our access and efficiency in document supplying. We have retained our membership of the British Library Document Supply Service and the Irish Health Sciences Libraries Group.

We believe our active participation with these outside bodies will assist us with our aim of facilitating the research process for ICGP members. We shall continue to work closely with GP members, ICGP project directors, ICGP staff and others to further promote the ICGP Library and Information Service and help enhance the body of research regarding general practice in Ireland.

### **ICGP Website**

The ICGP website continues to grow and I have worked throughout the year with Angela Byrne, the Web Content Manager, to expand the range of materials available online to ensure that the Library content is kept current and relevant for members.

I have provided web links to useful online resources. New additions to the Library homepage include a link to the index of the Drugs and Therapeutics Bulletin and the newly launched HSE Library site. This site provides access to Department of Health reports/publications as well as former Health Board publications.

Any suggestions/feedback regarding the Library content on the ICGP website can be sent to Gillian or Patricia.

### **Catalogue**

An online ICGP Library catalogue was the main achievement over the last year. I designed and developed the system with our web developers (Odyssey Internet Portals) and Aine Walsh worked on entering the data into the catalogue. The catalogue will hopefully prove to be a vital tool for all GP members as well as the general public in locating and referencing general practice related information.

Aspects of the catalogue that are available include searching, browsing and for ICGP members full-text access to ICGP publications including ICGP clinical guidelines. Forum has also been indexed on the site from the year 2000 to date. This allows users to search for Forum articles by author, title/keyword and to be brought to the electronic copy of the article if available electronically on the College website.

So far there are approximately 1,000 entries including books, reports, and word files detailed on the catalogue and we hope to increase this over the summer months. Screen notes on how to use the Library Catalogue are being developed and will be provided throughout. However, anyone with queries can contact Gillian or Patricia directly.

### **Research Listing**

I have worked with Dr Claire Collins (Research Director ICGP) and Angela Byrne (Web Content Manager ICGP) on developing a research listing. This will allow researchers around the country to submit basic details regarding their work. This will hopefully allow other interested parties to view researchers' contact details and abstracts if available. Ultimately it is hoped that this will be a useful resource for those undertaking general practice related research around Ireland.

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### Alcohol Aware Practice Initiative

I worked with Mr Rolande Anderson (ICGP Alcohol Project Director) and Yvette Dalton on the pilot Alcohol Aware Practice Initiative. I provided the survey documentation for participants and assisted with some of the training. I also provided support for queries throughout the year.

### Future Plans

- § To continue to develop the Library Catalogue and to promote its usage by general practitioners and their staff.
- § To continue developing the research listing and to promote its usage by general practitioners and other researchers.
- § I am collaborating with the Midlands training programme to establish how I can best assist the GP trainees with their research projects. I intend to visit the training programme later in the year. I will schedule an appointment with each trainee, to discuss and also perform a brief literature review for each of their topics. If this pilot is successful we may consider expanding the service to the other training programmes.
- § I am commencing a website of the month on the ICGP Library homepage. In this new initiative I will give my opinions regarding websites from a librarian's perspective and any tips for best searching/navigating the site.
- § Patricia and I intend to participate in some Continuing Professional Development Courses, run by the Irish Health Sciences Libraries Group during the coming months. Courses we hope to attend include copyright, supporting systematic reviews, managing electronic resources and marketing of a library service.

**Gillian Doran**  
**ICGP Librarian**

## ICGP Website

### Project Leader

Angela Byrne – Web Content Manager.

### Other Members of Project

- § Odyssey Internet Portals (OIP), the College's web development company.
- § Sandra Rooney, SMR Consulting – provides consulting and project management of web projects requiring integration with the College's membership database.



### Summary of Project

The web development project is responsible for the development and management of the ICGP website – <http://www.icgp.ie/> - in line with the strategic direction of the College:

- § Creation of a comprehensive content resource.
- § Dissemination of information to members and wider audience.
- § Making communication and interaction with the College more convenient and efficient.
- § Decreasing the amount of administration effort required across the College and streamlining tasks.
- § Marketing and promotion of the College.

### Website Audience

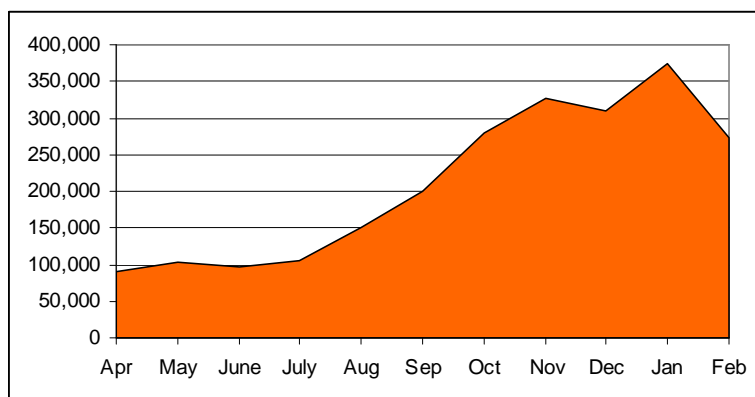
The College website has the challenge of addressing the needs of a wide and diverse audience:

- § ICGP staff (including committee members, project leaders etc).
- § ICGP members & other Irish general practitioners.
- § Healthcare professionals.
- § Practice staff (including nurses, managers and administration staff.
- § GPs and healthcare professionals abroad.
- § Research interest groups.
- § National and international media groups.

### Website Traffic

#### General Statistics: April 2005 – March 2006

2005 - 2006	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB
<b>Hits</b>	384,050	421,246	407,761	481,848	N/A	667,830	N/A	945,650	752055	1,101,821	845,295
<b>Page Views</b>	91,162	103,508	96,974	104,778	N/A	200,281	N/A	325,951	309950	375,238	274090
<b>Visits</b>	18,861	19,911	17,955	20,847	N/A	24,583	N/A	32,893	31759	46,112	47576
<b>Unique Visitors</b>	6,002	6,169	5,858	6,366	N/A	6,923	N/A	8,983	7,495	11,246	10718



Web traffic to the site has increased from **114,614** page impressions in January 2005 to **375,238** in January 2006. Most of this increase took place in the months September 2005 – January 2006. This raise can probably be attributed to the following:

- § Associate trainees given access to member only areas of the ICGP website in September 2005.
- § New discussion boards and secure areas launched for a number of College groups.
- § Increase in distance learning courses in September 2005.
- § GP training programme intake 2006 which took place entirely online during January 2006.
- § MICGP examination intake 2006 which took place entirely online during the months November 2005 – January 2006.

Figures are not available for August and October due to a problem with servers.

### Technical Definition of a Hit

Each file sent to a browser by a web server is an individual hit.

### Technical Definition of a Page View

A page view is each time a visitor views a webpage on a site, irrespective of how many hits are generated. Pages are comprised of files. Every image in a page is a separate file. When a visitor looks at a page (i.e. a page view), they may see numerous images, graphics, pictures etc. and generate multiple hits. For example, if you have a page with 10 pictures, then a request to a server to view that page generates 11 hits (10 for the pictures, and one for the html file or page view). A page view can contain hundreds of hits. This is the reason that hits are not a reliable way to measure website traffic.

### Technical Definition of a Visit

A visit happens when someone visits a website. It consists of one or more page views/hits. One visitor can have many visits to a website.

### Most Popular Pages

1. Homepage <http://www.icgp.ie>
2. MyICGP – when a user logs in
3. Find a GP
4. Distance Learning Unit
5. GP Training
6. Library & Publications
7. Courses
8. Contact Us
9. About Us
10. Management in Practice

Our aim for the coming year is to increase this traffic. We intend to implement a range of marketing and promotional activities. See Marketing & Promotions section.

### Project Activities/Tasks

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

### Current Status

There have been a number of developments during the year:

#### Secure Areas and Discussion Boards

Since the successful pilot of the website's secure document area and discussion boards with the College Executive, the service was rolled out to a number of College and outside groups. These features allow users to discuss and collaborate on confidential documents in a secure and password protected area of the site.

DISCUSSION BOARDS	
<b>Live</b>	
Assessment Co-ordinators	approximately 12 participants
Distance Learning Courses	approximately 150 participants
CME Tutors	35 participants
Distance Learning Assessors Group	approximately 12 participants
GP Co-op Discussion Area	21 participants
GP Trainees	330 participants
National Association of Programme Directors	approximately 50 participants
NAGPT Committee	approximately 12 participants
Network of Establishing GPs	466 participants
Research Ethics Committee	13 participants
UCD East Coast Training Programme	29 participants
<b>In progress</b>	
Donegal Training Programme	approximately 30 participants
Education Committee	approximately 30 participants
SECURE AREAS	
<b>Live</b>	
Officers and Executive	15 participants
Research Ethics Committee	13 participants
NAPD	approximately 50 participants

## Distance Learning Unit

- § Two new courses were added to the distance learning curriculum in 2005/2006 - Theory Course for Cervical Smear Takers and Course in Occupational Medicine Leading to LFOM. In addition, a number of enhancements were made to the online interface for those doing courses. This has enabled the Distance Learning Unit to become a paper free project.
- § Students can login and download their assignments, upload their completed work, access discussion groups and view marks and feedback from tutors.
- § Assessors also login and view the number of assignments submitted, download and mark assignments, give grades and comments and mentor students using discussion boards.
- § Only 2 Workshops are held each year. All other interaction takes place online.

## GP Training Programme Intake 2006

In January 2005 the 2005 GP training programme intake took place entirely online. Over 200 applicants used the system and the College noted a significant reduction in the amount of administration effort to manage the application process.

## MICGP Examination Intake 2006

This year the MICGP examination application process was conducted entirely online via the College website. This has proved to be very efficient process and the feedback from examination candidates has been very positive. The closing date for the receipt of applications for the MICGP examination was Tuesday 7th February. The projected figure of candidates who will sit the MICGP examination 2006, based on the online applications is 287.

## Online Library Catalogue

A number of enhancements have been made to the Library and Publications section culminating in the creation of an online library catalogue. The online catalogue is due to go live in summer 2006 and will include the following features:

- § All publications catalogued.
- § Electronic publication request.
- § Improved search facility.
- § Purchase and payment for publications online.
- § Saved search strings.
- § Email alerts

## Online Publications

A new ICGP publication - *GP Registrar Handbook* - is available on the GP Training section of the website since February 2006. Written by Dr Emma Kilgariff, GP and former GP registrar with the western training programme, it addresses the practicalities of working and training as a GP registrar. The handbook is an online dynamic information source and practical reference for GP registrars during training in the GP training practice. It also 'sign posts' links to other websites of interest to the GP registrar.



The handbook is only available online, thereby significantly reducing the publication costs of printing and distribution. In addition, the publication is updated every 6 months ensuring that content is always updated and relevant. The *MICGP Examination Handbook 2006* is also an online publication. It is hoped that other publications will be updated during the year and made available using the College website.

## Future Plans

Project/Task	Status	Completion Date
<b>Discussion Boards &amp; Secure Areas</b> <ul style="list-style-type: none"> <li>§ Create administrators to create and manage specific discussion boards.</li> <li>§ Add more than one attachment to messages.</li> <li>§ Edit all messages on a discussion board.</li> <li>§ Improve search facility.</li> <li>§ Enable administrators to delete categories.</li> </ul>	In progress	May 2006
<b>Calendar &amp; Find a GP</b> <ul style="list-style-type: none"> <li>§ Changes to way calendar information is presented. Add County and CME field and search.</li> <li>§ Add Find a GP search to homepage.</li> <li>§ Add Event Calendar to CME/CAS area &amp; Conferences Area.</li> </ul>	In progress	June 2006
<b>Distance Learning</b> <ul style="list-style-type: none"> <li>§ Courses to be modularised.</li> <li>§ New courses for 2006-2007.</li> </ul>	Gathering requirements	July 2006
<b>Website Access</b> <ul style="list-style-type: none"> <li>§ Users able to change PIN number via website.</li> <li>§ User section of website merged with roles in Quercus.</li> </ul>	Gathering requirements	October 2006
<b>Site Search</b> <ul style="list-style-type: none"> <li>§ Highlight member-only content.</li> <li>§ Search by date of publication.</li> <li>§ Sort results - date, alphabetically, relevance.</li> <li>§ Search only current content.</li> </ul>	Gathering requirements	July 2006

## Marketing & Promotions

During 2006, a considerable effort will be put into improving the profile of the College website among members, College sub-groups and outside bodies.

### In-house Marketing

- § Web articles in Forum.
- § Placing website link on all material.
- § Creation of niche content for sub-groups and Committees.
- § Providing website functionality to groups to allow them to improve communications and reduce administrative efforts.
- § Creation of intranet or internal website for ICGP staff.

- § Creation and dissemination of newsletters to various sub-groups.
- § Demo website to various groups.

### **Outside Marketing**

- § Placing website link on all material.
- § Creation of reciprocal links with equivalent organisations and health-related agencies.
- § Search engine registration.
- § Registration with online directories.
- § Creation of meta-tags (keywords placed on each page to maximise hits from search engines)
- § Collaboration with public relations department and publicising of all new developments on the website.

**Angela Byrne**  
**Web Content Manager**



## Director of Research

### Research Director

Dr Claire Collins.

### Other Members of Committee

ICGP Research Committee and Ms Carol White, ICGP.

### Summary of Committee

A dedicated research section was established in the ICGP in 2004 with the appointment of Dr Claire Collins as Director of Research. The main purpose of this role is to promote and support good methodological research in primary care.

### Activities/Tasks during past 12 Months

While priority in 2004 was given to establishing research policies and procedures, activities in 2005 concentrated on building research partnerships and generating resources for GPs conducting research. The training and education activities commenced in 2004 were expanded in 2005 with monthly 'how-to' articles in Forum and regional research workshops. Late 2005/early 2006 has concentrated on initiating research projects and seeking external funding for same.

### Director of Research Timetable

Three year contract of five sessions per week – started June 2004.

### Milestones/Deliverables

- § The facilitation of GP research through the provision of guidance and training.
- § Development of a web-based research listing.
- § Collaboration with external agencies on research projects.
- § Applications for external funding for research.
- § The provision of data analysis services to other programme directors and advice to external GP researchers.

### Statement of Achievements/Outcomes to Date

#### Research Workshops and Training

A series of three regional workshops were held during 2005, in collaboration with AUDGPI. The objectives of these workshops were to identify primary care health professionals who are active in or are interested in participating in primary care research, to increase the skill level of primary care professionals in initiating and conducting research and to provide feedback to primary care professionals on specific research ideas. A research workshop was also held for GP trainees as part of their national meeting in 2005. A workshop on qualitative research methods was organised and delivered in association with the Irish Hospice Foundation.

Monthly research methodology articles were written for Forum and a series of 'how-to' guidelines are now available on the ICGP website.

Assisted with the planning and developing the research component of the Distance Learning Unit's Medical Education Masters Programme.

## Development of a National Clearing House

The design of web-based listing of research projects being undertaken in general practice and by general practitioners has been finalised in conjunction with the ICGP Librarian and Web Content Manager. This will provide a resource for researchers to identify collaborators and to review projects completed and in progress.

## Collaboration with External Agencies

### *Irish Primary Care Research Network*

In association with the AUDGPI, an application was completed and submitted to the Health Research Board under its 'Information Systems to Underpin R&D for Health Infrastructure Grants'. The aim of the IPCRN is to improve care through research by equipping and supporting primary care workers in carrying out primary care research, and carrying out important and worthwhile primary care research. A call to primary care practitioners to declare their interest in participation in such a network was issued in March 2005 and 75 GPs declared such an interest.

### *National Project of Morbidity and Epidemiology in General Practice*

The design of a national project on morbidity and epidemiology in general practice was researched and written in conjunction with Dr Walter Cullen (Chair ICGP Research Committee) and Professor Colin Bradley (UCC Department of General Practice). Funding applications were submitted to the HRB and iHIQA in respect of this project.

### *EGPRN and Related EU Developments*

Requests for expressions of interest in European-wide projects have been responded to and it is hoped that in the coming years sufficient capacity will exist to participate in these projects.

## Collaborative Projects

Two collaborative funding proposals were successful and resulted in the establishment of two temporary posts:

- § A research fellow to conduct a needs assessment among general practitioners on the early detection and follow-up of cancers as a result of joint funding from the Irish Cancer Society and the ICGP; and
- § A research fellow to implement the key recommendations of the previous study 'Acute Gastroenteritis in Ireland, North and South; a study of general practitioners, 2004' as a result of Safefood funding.

A proposal was prepared, and ethical approval received, to conduct a national telephone survey to estimate the uptake of influenza and pneumococcal vaccine in conjunction with the Health Protection Surveillance Centre.

A proposal was developed and funding received from the ICGP to conduct an investigation of friedreich's ataxia in Ireland in association with Dr Mary Kearney and the National Centre for Medical Genetics.

Representation on the scientific committee of a number of projects being conducted on general practice has been secured – National Federation of Voluntary Bodies' Informing Families project; HSE North-Western Area Child Development Project.

A collaborative proposal to further analyse and study the diabetic population within the HeartWatch population was developed with the UCD School of Population Health and submitted for HRB funding.

## Research Funding

In addition to the external funding applications mentioned elsewhere, assistance has been provided to four other applicants applying for iHIQA grants and an application was prepared in conjunction with the INDC for the Department of Health and Children's Heart Health Bursaries. Proposals for funding in respect of the implementation phase of the Early Detection and Follow-up of Cancer project have also been submitted to the ICS and ICGP.

Also represented the ICGP on the Health Research Board 'Building Partnerships for a Healthier Society' review panel.

## Research Assistance & Data Analysis

Extensive support has also been provided to ICGP project directors, the ICGP Independent Data Centre and to other GP and GP trainee researchers in terms of the design and conduct of projects in addition to the data analysis of research results. For example:

- § Questionnaire design advice, analysis of data and review of report for 'Health Inequalities and Irish General Practice in areas of Deprivation' and 'Women's Health Services in General Practice'.
- § Analysis of data for the 'BreastCheck' survey, the Alcohol Awareness Programme, ICGP exam results and practice salary survey.
- § Design advice on evaluations being conducted by a number of programme directors.
- § Participation in the INDC data management sub-group and active participation in the analysis of data and the preparation of the second HeartWatch clinical report and a series of research papers for peer-reviewed publication.
- § Design advice to almost 30 external researchers conducting research in or on general practice.

## Current Activities

- § Organising the second year of regional research workshops.
- § Supervision of the ICS/ICGP research fellow and seeking of funding for the implementation phase of the project.
- § Planning the projects on influenza and friedreich's ataxia.
- § Finalisation of the second HeartWatch report and preparation of a paper for publication.

## Future Plans

The focus for 2006/2007 will be on obtaining research funding, conducting research projects (where possible on a national scale) and on advancing national research capacity-building initiatives such as the IPCRN, a national research workshop/conference and a research mentoring programme.

## Administrative Resource

Ms Carol White, ICGP.

**Dr Claire Collins**  
ICGP Director of Research

## ICGP Research Committee – Chairperson Report

Developing research capacity and supporting original research in general practice continue to be the priority activities for the Research Committee of the ICGP. This report aims to describe the work of the Research Committee under these two broad areas: developing research capacity and supporting original research.

### Developing Research Capacity

#### Development of a National Primary Care Research Network

In collaboration with the Association of University Departments of General Practice in Ireland (AUDGPI), the ICGP has been involved in preliminary planning, feasibility evaluation and initial recruitment of general practices, and it is hoped this work will form the basis of Ireland's first national research network in primary care. It is proposed that such a network would facilitate GPs and other primary care health professionals in Ireland to become involved in initiating and conducting research, ultimately leading to improved patient care. Potential avenues for funding are currently being explored.

#### Research Training

In response to feedback from members and specialist training programmes, the College now offers substantial support to GPs or GPs in training undertaking research. An inaugural series of regional research training workshops was held during 2006. The workshops were held in Galway (co-hosted with the Department of General Practice at NUI Galway), Cork (co-hosted with the Department of General Practice at UCC) and in Dublin (co-hosted with the Department of Public Health and Primary Care at TCD, the Department of Family Medicine and General Practice at RCSI and the UCD School of Medicine and Medical Science). Over 50 GPs and GPs in training attended the series of workshops, initial feedback has been uniformly positive and the ICGP has committed to supporting this programme moving forward into 2006-2007. The College wishes to express its sincere appreciation to the university departments who supported this initiative and in particular Colin Bradley, Mary Byrne, Peter Cantillon, Joe Moran, Andrew Murphy, Susan Smith and David Whitford for their direct support and leadership.

#### Web Resources

Since late 2005, the research section of the College website has been a comprehensive and dynamic one-stop shop of web and text based research resources. In 2006, a database of research and researchers has been added to this portfolio of resources.

#### Research at National Meetings

Research is now an integral and prominent constituent at the College's two national meetings. The AGM continues to feature a session in which GPs in training are invited to present original research in moderated poster format, while the College winter meeting continues to feature a session in which all GPs are invited to present their research in the same format.

### Supporting Original Research

#### Collaboration with External Agencies

The ICGP continues to develop strategic links with agencies involved in primary care research. In addition, it continues to operate a standard operating policy that informs ICGP policy on involvement in, and collaboration on, external research activity. This has been developed in response to representations from members indicating the number of requests to become involved in research has become unmanageable. This has limited the number of requests that ICGP members receive to participate in research to the most worthwhile projects.

**Early Detection of Cancer in General Practice**

Dr Helena Daly has been leading on this important work since her appointment to the post of ICGP/Irish Cancer Society Cancer Research Fellow. Her initial work, consisting of focus groups with GPs, has helped refine this project and the College extends its sincere appreciation to members who participated in this important work.

**Primary Care Epidemiology**

The ICGP has also progressed substantial preliminary work examining morbidity and epidemiology in primary care and is at present exploring potential funding streams to begin this work in 2006-2007.

**Recognition of Excellence in Original Research by GPs / GPs in Training**

The College continues to recognise excellence in original research by awarding educational bursaries to the principal investigator of the best research projects presented at the winter and Annual General Meetings respectively. In 2005, it also awarded additional bursaries to ICGP members or GPs in training to support their participation at the European General Practice Research Network.

As it moves into its final year, the Research Committee of the ICGP has made considerable progress in the programme of work it undertook in September 2004. The expansion in the College's research portfolio has been in no small part to the active involvement and constructive engagement of our colleagues on the Research Committee. As in previous reports, I also wish to express our sincere appreciation to Angela Byrne, Gillian Doran, Dermot Folan, and Fionan O'Cuinneagain whose work has supported many of the initiatives described in this report, to Michael Boland and Carol White who continue to directly advise and support the ICGP's research activities and finally to the College's National Director of Research, Claire Collins who has been central to and led on most of the initiatives described in this report.

**Walter Cullen**  
**Research Committee Chairperson**

# **Postgraduate Training Committee**

## Chairperson's Report

The Postgraduate Training Committee is one of the standing committees of the ICGP. It is charged with overseeing all matters relating to the postgraduate training of general practitioners in the Republic of Ireland. It met three times in 2005-2006. Most of its work is carried out through its five sub-committees.



*Dr Roddy Quinn  
PGTC Chairperson*

### Assessors Sub-Committee (Chairperson – Dr John Farrell)

Guidelines governing procedures to be undertaken by programmes wishing to expand, create satellite programmes or by new programmes wishing to establish themselves were adopted by the PGTC. This proved useful later in the year with the release of money from the Department of Health & Children for new training places, and the subsequent need to put these in place, rapidly. There are 114 places for GP trainees starting on 1st July 2006, an increase of 16 on last year's figure. Further dramatic increases will take place in the next year.

The Mid-Western and South Eastern programmes were visited in May 2005 and both programmes were approved for another five years subject to progress being made on 'A' recommendations in each case. The RCSI, Donegal and East Coast/UCD training programmes are being visited in 2006.

The Assessors Sub-committee is to be congratulated on its continued and increasing professionalism both in visiting existing programmes and in ensuring standards are not compromised in the expansion process.

### Examination Sub-Committee (Chairperson – Dr John Delap)

The objective structured clinical examination (OSCE) was held as part of the MICGP examination for the last time in 2005. The reason it is being discontinued is, in the main, due to its unreliability as an examination tool. It is aimed to replace those things it set out to examine in the revamped Certificate of Satisfactory Completion of Training procedures.

The MICGP examination preparatory course was not held in 2005 or 2006 - it was felt that adequate preparation could be secured via the examination information available on the College website, and through arrangements in individual training programmes.

Six new examiners joined the examination panel in 2005. The examiners as a whole continue to have an annual two day workshop to oversee all aspects of the examination. There continues to be on going liaison between the examiners and the teachers (National Association of Programme Directors) in the form of an annual meeting.

The extern's (Professor Frank Sullivan) contract has been renewed for a further year. Possible successors to him are being identified. The examiners are to be congratulated on their continuing professionalism as regards the content and status of the examination.

### Curriculum Development Sub-Committee (Chairperson – Dr Margaret O'Riordan)

This Sub-committee's work is starting to pay dividends. Its objective is to provide an agreed curriculum for general practice training to which assessments can then be tailored. Initially eleven core competencies were identified. These were then translated into desirable learning objectives and these were separated out and defined for each stage of training.

A fellow (Ms Maria Leahy) was appointed to help the task through its final stages with the result that a first draft of the overall curriculum has now been produced and will be unveiled, initially to an invited audience, at the ICGP AGM in 2006.

Close liaison, through representation on the Sub-committee, takes place with the Association of University Departments of General Practice of Ireland and the Certificate of Satisfactory Completion of Training Sub-committee of the PGTC.

### **Certification Sub-Committee (Chairperson – Dr Paul Stewart)**

The following criteria were proposed by the Certification Sub-committee (and subsequently adopted by the PGTC and the ICGP Council) regarding the equivalency of GP training/standards where some or all of an applicants training had taken place outside the EU:

1. Completion of a recognised general practice training programme (minimum of 3 years) as confirmed by a Certificate of Satisfactory Completion from an accredited training programme/recognised training authority including an accredited summative/end point assessment in general practice.

And

2. Completion of one year full time or equivalent part time in a general practice (ROI). This experience must include at least 6 months in a GMS practice.

And

3. Completion of MICGP examination or a recognised equivalent general practice examination.

These criteria are important when it comes to eligibility to apply for GMS posts etc. A list of recognised equivalent examinations needs to be compiled and that task is being undertaken.

Another group is being established under the aegis of this Sub-committee to look at membership of the College by equivalent qualifications. This group will:

- § Review the criteria for membership by equivalent qualifications.
- § Explore alternative routes to membership of the College including equivalent qualifications/ experience/practice assessment and assess their implications and,
- § Bring proposals to the PGTC/Council for discussion.

The sub-committee continues to deal with individual cases, bringing the more complex and contentious ones (few in number) to the PGTC and, if necessary, to Council. The creation and adoption of criteria to govern various situations should simplify the work of the sub-committee in the long run.

### **Certification of Satisfactory Completion of Training (CSCT) Sub-Committee (Chairperson – Mr Nick Fenlon)**

This Sub-committee is now getting down to its work of implementing the new agreed criteria for the CSCT in the existing eleven training programmes. It is doing this through the assessment co-ordinators (one for each programme) who make up the Sub-committee membership. It is aimed to move fairly rapidly through this process, in a concentrated way, so that it will be complete within one year, and after that it will be a matter of maintaining consistency in the application of the criteria in programmes and overseeing their introduction in new programmes. Virtually all of the work will be web-based, with the Sub-committee meeting just once a year, but reporting to the PGTC on a regular basis.

An appeals mechanism for the new CSCT procedures is being created.



## Other Highlights

### Reports from the National Director of Specialist Training

Each PGTC meeting considers verbal or written reports from the National Director of Specialist Training in General Practice, Dr Margaret O'Riordan. She oversees and attends various regular meetings during the year including those of programme directors, trainers, trainees and programme administrators.

More recent developments have been the creation of a network of advanced trainers to cater for those few doctors who fail to achieve a CSCT and a pilot training day for hospital consultant teachers. There have also been workshops for new trainers and new programme directors.

The concept of flexible (part-time) training has been considered also – it will need to be provided as an option, perhaps by a limited number of programmes.

### Planned Expansion of GP Training

The PGTC felt that there were certain important principles which should be borne in mind when the current phase of expansion of GP training places is taking place. These are:

1. That training places for 2007 are allocated in the areas of greatest need. The PGTC strongly endorses the suggestions made in Dr Philip Crowley's paper on primary care in deprived areas, that training places be concentrated in areas of deprivation, both rural and urban.
2. The PGTC would also urge that individual schemes are not allowed to become too large. It suggests that 12 should be the maximum annual intake in any one scheme.
3. It should be mandatory that when new places are established, either in existing, satellite or new schemes, that professional training is put on an equal footing with service work i.e. it should be built into posts, whether in hospital or the community; that release to professional training is treated with the same status as work, and not an 'extra'.

The National Interim Committee for GP Training Expansion was informed of the PGTC's deliberations.

### Associate Trainee Membership

Doctors gaining a place on an Irish GP training programme are now given automatic associate membership of the ICGP. Doctors who apply but fail to gain a place on an Irish GP training programme are now offered free associate membership of the ICGP on application. Assistance to such doctors has been increased both via web based frequently asked questions and the establishment of a help line.

### PGTC Terms of Reference

Changed terms of reference for the PGTC (principally to reflect changes in the functions of the CSCT Subcommittee) were adopted by Council.

### Undergraduate Links

The concept of more formal links between undergraduate and postgraduate GP training will be explored at the AGM in May 2006.

### Nomenclature for Doctors

Dr Margaret O'Riordan is preparing a paper for the PGTC on the nomenclature for doctors at various stages of GP training.

## GP Register Handbook

A GP Registrar handbook has been created to aid those doctors entering the community phase of training.

## Increasing Training Places

The PGTC affirmed that efforts to dilute the quality and quantity of training as a solution to the national shortage of general practitioners should be resisted, and that the solution lies in increasing the number of training places, and that this is being delivered.

Finally, as this is my last report (I retire as Chairperson at the AGM in May 2006), I thank all the members of the Committee for their unstinting support over the last three years in the Committee's work, which is crucial to the future of general practice and the quality of care it can deliver, which is ultimately what our specialty's worth will be judged by. I specifically thank Martina McDonnell at the ICGP for all her support and expertise, and also Fionan O'Cuinneagain and Dermot Folan of the College staff.

**Dr Roddy Quinn**  
**Chairperson Postgraduate Training Committee**

## Members of the PGTC 2005-2006

Dr Roddy Quinn (PGTC Chairman)  
 Dr John Farrell (Chairman, Assessors Sub-committee)  
 Ms Maria Leahy (Assessors Sub-committee)  
 Dr John Delap (Chairman, Examination Sub-committee)  
 Dr Matt Lynch (Examination Sub-committee)  
 Dr Margaret O'Riordan (Chairman, Curriculum Development Sub-committee & National Director of Specialist Training in General Practice)  
 Dr Paul Stewart (Chairman, Certification Sub-committee)  
 Mr Dermot Folan (Certification Sub-committee)  
 Mr Nick Fenlon (Chairman, Certification Satisfactory Completion of Training Sub-committee)  
 Dr Michael Griffin (Certification Satisfactory Completion of Training Sub-committee)  
 Dr Velma Harkins, (Trainers Representative)  
 Dr Darach O'Ciardha (Trainee Representative)  
 Dr Shane McKeogh (Trainee Representatives)  
 Dr Genevieve McGuire (Chairperson, NAPD)  
 Dr Marie Hogan (Council Representative)  
 Dr Dermot Halpin (Council Representative)  
 Dr Marie McGrath (Council Representative)  
 Dr Mary Sheehan (Council Representative)

## Specialist Training in General Practice

### Director

Dr Margaret O'Riordan.



*Dr Margaret O'Riordan  
National Director of  
Specialist Training*

The National Director of Specialist Training for General Practice has a role in supporting and assisting the main groups involved in Irish GP training namely the National Association of Programme Directors, the National Association of GP Trainers, the National Association of GP Trainees, staff and steering Committees of GP training programmes, the ICGP assessors group and the MICGP examiners group.

National conferences are organised for GP trainers, GP trainees and GP training programme administrators. Liaison with external regional, national and international organisations involved or concerned with training for general practice is also undertaken.

### Programme Activities/Tasks during past 12 Months

#### Courses/Conferences

- § Participation and presentation at National Association of Programme Directors (NAPD) meetings in October 2005 and March 2006 and NAPD executive meetings September 2005 and February 2006.
- § Organisation of new GP trainers workshop October 2005.
- § Organisation of and participation in:
  - National GP trainers workshop, February 2006.
  - Training day for advanced trainers resulting in establishment of panel of advanced trainers, December 2005.
  - National Association of General Practice Trainees (NAGPT) conference, October 2005.
  - National Association of Programme Administrators (NAPA) workshops, November 2005 and April 2006.
  - First course for new programme directors, February 2006.
  - First update on teaching skills day for consultants involved in GP training, March 2006.

#### Committees

- § Chair ICGP Curriculum Development Committee.
- § Chair ICGP Quality in Practice Committee.
- § Member of the ICGP Postgraduate Training Committee.
- § Member of the ICGP Education Committee.
- § Member of the NAPD Executive Committee.
- § Member of Interim National Steering Committee for GP Training.
- § Member Postgraduate Medical and Dental Board.
- § Member of National Implementation Group for the European Working Time Directive.
- § Member of the Medical Education and Training Group of the Department of Health and Children.
- § Member of the Joint Committee for Postgraduate Medical Education.
- § Extern to the Malta College of Family Doctors Specialist Training Programme in Family Medicine.

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- § ICGP representative and executive member of EQuIP (European Working Party on Quality in Primary Care).
  - § European representative to World WONCA Working Party on Quality in Family Medicine.

### Research/Publications

- § O'Riordan M, Mulrooney A. 'What is the Ideal Educational Environment for GP Registrars?' Education in Primary Care 2006 (in press).
- § O'Riordan M, ní Riain A. *Rational use of Laboratory Tests – a General Practice Perspective*, submitted for publication to peer review journal.
- § O'Riordan M, Skelton J. 'Heartlift Patients – Sources of Joy in General Practice' *ongoing research*.
- § O'Riordan M, Dahinden A. 'Dealing with Uncertainty – a Core Competency for General Practice' *ongoing review*.

### Liaison

- § Liaison activities with the Department of Health and Children, the HSE, the IMO and the Medical Council.

### Future Plans

Expansion of the GP training schemes is the major challenge for the year ahead. The annual trainee intake increased to 114 this year. This was due to an increase in training places and the development of satellite schemes in established training programmes. There will be a need for new training schemes as numbers continue to rise. The ICGP is negotiating with the HSE with a view to increasing the intake to one hundred and fifty on an annual basis. The establishment of a National Steering Committee for GP Training has facilitated this development.

### Administrative Resource

I would like to acknowledge the consistently high standard of administrative support provided by Ms Pauline Tierney ICGP over the past year.

### Funding Sources

Funding was obtained from the Medical Education and Training Group of the Department of Health and Children to support the training and development of the advanced trainers group.

**Dr Margaret O'Riordan**  
**National Director of Specialist Training in General Practice**

## ICGP Curriculum Development Group

### Chairperson

Dr Margaret O’Riordan.

### Committee Members

Dr Gerry Cummins, Dr Fiona Graham, Dr David Hannon, Dr Ursula Keegan, Dr Gerard Kidney, Dr Darach O’Ciardha, Mr Fionan O Cuinneagain and Dr Paddy Ryan.

### Curriculum Development Fellow

Ms Maria Leahy.

### Extern

Ms Mairead Boohan, Queens University Belfast.

### Summary of Committee

The ICGP curriculum development committee have been working on a core curriculum for Irish GP training over that past two years. Initially the committee focused on modifying the European definition of general practice (EURACT 2002) to meet the needs of Irish general practice and the final version was launched at the 2004 ICGP AGM.

Following this the group has worked on educational outcomes to match the competencies outlined in the definition. This has facilitated the production of the first draft of the curriculum and associated assessment portfolio for four year training.

### Statement of Achievements/Outcomes to Date

- § Definition of Irish general practice launched at ICGP AGM 2004.
- § Consultative forum with representatives of all stakeholders in GP training 2005.
- § Learning outcomes for definition and associated core competencies agreed 2005.
- § Learning outcomes for accident and emergency, dermatology, ear, nose and throat, medicine, ophthalmology, paediatrics, palliative care, practice management, psychiatry, rheumatology and women’s health 2005-2006.
- § Development of assessment tools to match curriculum on conjunction with Assessment fellows 2006 ongoing.

### Future Plans

A meeting of all interested parties in GP training similar to that held in February 2005 will be held on the Friday afternoon of the ICGP AGM in Galway – May 12th 2006. Attendance is by invitation only. Representatives of programme directors, GP trainers, GP trainees, undergraduate general practice departments, CME tutors, MICGP examiners, assessment co-ordinators, assessors group, Department of Health and Children, HSE, and the Postgraduate Medical and Dental Board have been asked to attend.

The purpose of the meeting will be to keep everyone involved in GP training up to speed with developments and allow them to feed into the process as the work develops. Dr Ailis ní Riain will act as facilitator on the day.

### **Administrative Resource**

Ms Pauline Tierney ICGP provides invaluable administrative support to the Committee.

### **Funding Sources**

Funding was obtained from the Medical Education and Training group of the Department of Health and Children to support a curriculum development fellow and Ms Maria Leahy was appointed to the post in October 2005.

**Dr Margaret O’Riordan**  
**Curriculum Development Chairperson**

# **Postgraduate Resource Centre**

## Postgraduate Resource Centre

### Director's Report

It is nine years since the establishment of the Postgraduate Centre at the ICGP. During that time we have seen a growing number of activities, using many different methods to increase the quality of GP services available to patients.

Fourteen projects are reported individually and are listed in table 1.

Projects vary greatly in scale. For example 'GP CME' is a long established programme involving over 1,000 GPs throughout the country.



*Dr Michael Boland  
PRC Director*

Similarly Distance Learning includes up to 250 GPs in seven distinct courses often involving participants in a substantial personal time commitment of more than 150 hours per course. The model has proved to be highly effective and convenient.

Some projects take the form of service initiatives. For example, these include screening patients in relation to their patterns of alcohol use with a view to advising those who may be drinking in a hazardous or harmful manner. Part of that project involved the employment of alcohol counsellors on a sessional basis to follow up patients identified in the screening phase. Similarly, the Drugs Misuse Programme, now running for eight years, provides the training, audit and specific CME for the doctors involved in caring for addicted patients in Dublin, and increasingly around the country.

Another project involves intensive training in a relatively new GP model of consultation and treatment, based on the theories of Cognitive Behaviour Therapy. As a form of treatment CBT has been found to be as effective, or more effective, than medication in the treatment of most mild and moderate depressive illness, and in the management of obsessive compulsive symptoms and other behavioural problems. Courses have now been held in almost all parts of the country, using intensive training methods over a number of weekends.

Amongst the most interesting and durable initiatives is SCALES. This began as a service to doctors wishing to return to general practice after a break and those switching from another discipline. Such is its reputation that the course now also includes GP participants in active practice wishing to attend a short global refresher course in general practice and other doctors in non-clinical roles wishing to refresh and update their knowledge base. The course is now held over eight very full days.

The Women's Health Programme has proved to be another flagship course for the PRC. Here again the Programme includes a variety of activities: the diploma course in women's health, and the theory course for cervical smear-takers (both by distance learning), the practical and theoretical courses in family planning, and the highly successful national conference in women's health held in Cork. (The 2nd Annual Conference will be held on 27th May 2006). Finally an innovative email support service is now available for women's health questions: [whqueries@icgp.ie](mailto:whqueries@icgp.ie).

Mental Health in Primary Care, originating in a joint ICGP/South Western Area Health Board initiative, has project aims 'to review the current state of mental health service delivery in primary care settings'.

The Disease Surveillance Sentinel Practice Network continues to use IT to record and transmit information on key infectious diseases in collaboration with the Health Protection Surveillance Centre. For example, the GP Gastroenteritis Project, in collaboration with Queens University Belfast, is exploring how patients, GPs, laboratories, and public health personnel can work together to generate better information systems, prevention and treatment for gastroenteritis.

The project General Practice in a Multicultural Society started in 2002 when numbers of immigrants peaked, and when GPs were in danger of being overwhelmed by the problems of helping them to assimilate. Since then the need has declined and many of the difficulties have resolved. The project will be reviewed to assess current and future needs of our multicultural society.



Management of patients with chronic illness in general practice will become a major challenge for all of us in the coming decade. WHO has identified chronic illness as a major global challenge. Heartwatch has been developed as a template for chronic illness management. Its clinical and cost effectiveness are now proven beyond doubt. There is an urgent need to agree a way forward for chronic disease management generally, and for Heartwatch in particular.

The Independent National Data Centre (INDC) has been developed to enable national gathering of chronic disease and other clinical information from primary care/general practice. It is an invaluable resource for informed policy going forward and currently involves 470 GPs in 300 practices (approximately 20% of total) participating on a voluntary basis for the purposes of Heartwatch. It has the capacity to inform decision making in general practice in a manner acceptable to GPs and practices.

**Table 1**  
**Projects Individually Reported 2005/2006**

'Alcohol Aware Practice' Project	Pilot Project - 10 practices & 30 GPs
Alcohol Awareness Project	Learning effective interventions
Cognitive Behaviour Therapy in GP	An introductory GP model
Disease Surveillance Projects	Sentinel Practice Network
Distance Learning Unit (7 Courses)	See above
Drugs Misuse Programme	Methadone learning and audit
Gastroenteritis in Irish General Practice	
GP CME	See above
GP Consultation on the Future of GP	Up to 150 group responses
GP in a Multicultural Society	See above
Heartwatch	Outcomes report
Mental Health in Primary Care	Education for common problems
SCALES (Late Entrants) Course	Refresher for entering practice
Women's Health Programme	Many chances to keep current

A further 10 projects are completed, are at an advanced stage, are under review pending next phase, or are in the development/early planning phase. Some have completed the review process and are ready for re-launch. Others have been reported and are complete (see table 2).

GP training programmes to spend an additional two years in developing their proficiency in research, teaching and practice. It has achieved its objectives in creating such a model in Galway and in also bringing together the GPTP, the University Department of General Practice and the Academic Practice itself – in particular its own teaching and research programmes.

**Table 2**  
**Other Projects in Progress/Completed 2005/2006**

Minor Surgery Re-launch	Resuming September 2006
IT Tutor Network/GPIT	Re-launch underway
Cancer in General Practice	Phase 1 almost completed - review
Academic Practice Project	For review end 2006
Nutrition & Health Foundation	In development
Stroke Council Initiative	In development
Global Action on Respiratory Disease	In development
CAS Projects	Medical audit/peer review – reported
Nursing Homes – GP Guidelines	Draft in preparation
Best Health for Children Project North West	Completed & reported

Given the scale of activity in the Postgraduate Resource Centre it is increasingly difficult to summarise even in the most general terms the wealth of opportunities it now offers to College members.

I have avoided naming the very many people – College leadership and members, the project leaders, and particularly the College staff without whom none of this activity would happen.

**Michael Boland**  
**Director, Postgraduate Centre**

## GP CME Small Group Network

General practitioners (GPs) in active general practice continue to attend and support small group learning as their preferred method of CME, organised by local CME tutors and funded by the Postgraduate Medical and Dental Board (PGMDB).

- § There are a total of 33 tutors appointed. These tutors organise seven or eight monthly meetings per annum for each of three or four local groups of GPs.
- § There are a total of 119 such small groups.
- § The tutors have a target population of 2,014 doctors in active general practice.
- § These doctors find the small group learning method a popular and effective way of keeping up to date with the many changes occurring in medical practice.
- § There were 6,976 attendances by GPs at small group meetings in 2004/2005.
- § There were 880 separate meetings held with an average attendance of eight doctors at each meeting.

As most of these doctors are members of the ICGP, this participation level is by some margin the most popular educational activity engaged in by College members. It is important to point out that the programme is not exclusive to ICGP members but is available to all GPs in active practice in a given geographical area.

The tutors in their now established role as education officers to their faculties of the Irish College of General Practitioners (ICGP) assist each faculty board in devising the educational programme of faculty events, study days (often in liaison with a local hospital) and co-ordination of College or HSE educational activities.

The CME scheme has continued to grow in strength and numbers. There is no doubt there is an increasing demand for this type of learning by GPs. There is a requirement to recruit new tutors for:

- § Mayo (second).
- § Cork city.
- § Tipperary north.

And to re-establish funding for:

- § William Stokes/Mount Carmel faculty.

The impact of the Medical Council's CAS requirements has put an additional workload and responsibility on CME tutors. The tutors have agreed to facilitate the individual GP meet his/her requirements under CAS by

- (a) Producing and signing a Certificate of Attendance for each meeting.
- (b) Compiling and keeping a register of attendance of CME meetings. The tutors do this work on a part-time basis, and most have a full clinical commitment.

It can take two sessions to prepare a meeting: one session to attend a meeting (usually four groups per month) and one session post meeting (reporting to the National Director of CME). Some tutors have to brief/debrief a group leader if they do not attend the meeting themselves.

The tutors must attend three residential training workshop weekends per year.

In turn, they are expected to act as assessors on visits to CME schemes. Leadership training workshops are resourced and run by tutors on occasion depending on local demand.

The tutors are now recognised as the contact point for access to large numbers of GPs by the ICGP, hospitals, HSE and pharmaceutical companies, if an educational meeting is being planned by any of these

groups. Important public health campaigns will often be coordinated through the tutor network e.g., changes in immunisation schedules, GP response to avian flu etc.

To recruit and retain tutors adequate resourcing of the tutor network is vital.

**Dr Annraoi Finnegan**  
**National CME Director**

## Alcohol Awareness Project

### Project Director

Rolande Anderson.

### Other Members of Project

Yvette Dalton, Administrator.



*Rolande Anderson  
Alcohol Awareness  
Project Director*

### Summary of Project

The project is mainly an educational resource for general practitioners. It involves the education and dissemination of best practice in the field of alcohol interventions for patients who attend primary care practitioners.

### Project Activities

The table below sets out the main educational/training activities since April 2005 (Note: AAPS = 'Alcohol Aware Practice Service' Initiative)

Date	Type of session (W) = Workshop (L) =Lecture	Attendance All Approx.	Target Group	Comments
9/04/05	Meeting with Dr Margaret O'Riordan, National Training Coordinator ICGP, to develop initiative in training scheme.			An 'oven-ready' module for use by trainees in the specialist training schemes will be developed.
6/4/05	Training for AAP Initiative.	26 doctors and 8 counsellors.		Has been a major undertaking. A template is available for future initiatives in other areas.
19/5/05, Oct 05 & Jan 06	(L) Methadone Training Course (UCD).	15 trainees approx each time.	GPs.	
11/5/05 & 20/5/05	Alcohol Action Ireland meeting.	10	Health professionals.	Pressure group to lobby for change re alcohol awareness, policy etc.
May & Nov 05, Jan & Mar 06	AAPS Management Committee meetings.			Committee set up to review the progress and address any snags in the workings of the AAPS.
25/5/05	IQuest Conference (L).	45	Participants from various disciplines.	Health Conference organised annually by the Sunday Business Post. Lecture on binge drinking.
1/6/05	Launch of Alcohol and Growing Older modules.	100	The public & relevant professionals.	Launched by Junior Minister, Mr Sean Power TD. Modules for use in general practice published.

July/Aug 05	AAPS first practice visits.			
3/8/05	Roscrea.			Meeting between ICGP, Thomas Lyndon Foundation and AlJeff to agree proposal for new AAP in Shannonside.
08/05 & 13/12/05 & 03/06	Counsellors (AAP) meetings.	10	Counsellors and Dr Boland.	Meetings of AAPS counsellors to assess progress, help with issues etc.
9/9/05 & 21/1/06	Distance Learning Courses.	30 + 20	GPs.	Managing lifestyle changes & promoting healthy lifestyles.
14-17/9/05	Brief Intervention Conference, Muenster.	100	Health professionals.	Presented Irish team view from Phepa Study.
7/10/05	ICGP Annual Lecture.			Attended.
15/11/05	Ryan Tubridy Show.		The general public.	Talk show interview on binge drinking.
Nov 05	(W) Women's Health RCSI.	20	GPs & health professionals.	Course run by Dr Mary Condrón. Workshop on women and alcohol.
23/11/05	(L) Waterford Institute of Technology.	90	Students, journalists, lecturers, college staff.	Launch DVD on alcohol for use with young people. Also chaired a student debate on the same day re binge drinking among students.
1/12/05	Afternoon Show RTE.		The general public.	Guest interviewee on talk show re women and alcohol.
Dec 05 & Jan/Feb/Mar 06	Final Practice Visits AAPS.			Last part of the support service for AAPS initiative.
25/1/06	(L) Managing Alcohol Problems in Primary Care.	50	GPs, practice nurses, other health professionals and the general public.	Launch of Proposal for AAPS Shannonside. Speakers: GP, practice nurse, counsellor, HSE regional drug co-ordinator and ICGP project director.
7/2/06	(W) Scales Course.	17	GPs, other health professionals.	Annual event.
22/2/06	AAPS 'Think Tank'.	10	GPs and counsellors and practice nurses.	Participants from AAPS to iron out advantages and disadvantages of initiative with Dr Michael Boland.

15/3/06	Alcohol Action Ireland.	100	Mixed group of professionals, journalists.	Launch of 'Time for Action'. Attended.
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## Notes

In addition to above:

- § Numerous articles for medical magazines and journals.
- § National and local newspapers.
- § Interviews with other journalists.
- § Preparation for upcoming events.
- § Meetings with Director of PRC and with CEO.
- § Local and national radio interviews and all the usual office commitments such as email, returning calls, responding to letters, giving advice etc.

The commitment to ICGP for the project is 2.5 days per week.

## Project/Programme Timetable

The following are scheduled at the time of writing:

- § Second Phase of Phepa (EU) Study.
- § Final report on AAPS.

## Project Deliverables & Dates

Item	Date
<b>Educational Programmes</b>	
CME tutors group - delivered by CME tutor	When required
CME tutors group	As requested
Training workshops	As requested
CME small groups	As requested
Clinical skills courses – to include training for practice nurses	X 3 per year on regional basis
Information leaflet for GPs/practice nurses	July 2006
Clinical guidelines for GPs	July 2006
Modules:	
- Alcohol and Women	Ready – just finishing touches
- Alcohol and the Workplace	Part ready - August 06
- Alcohol and Older People	Completed
- Alcohol and Crisis Intervention (new module)	?
- Alcohol and Co-Morbidity	?
- Alcohol and Physical Complications	?
- Alcohol and the Homeless	?
- Alcohol and Legal Issues	?
- Alcohol and Other Drugs	?
Information leaflet for patients - elderly	Available
Lectures to other groups (e.g.) Practice Nurses, Rural Doctors, Trainers etc	As requested
Video resource for GPs in practice (focus on the consultation)	?
Involvement in Training Programmes	As requested and developing over-ready module – July 06
International Conference	?
Module Booklet	?
<b>Public and Medical Awareness</b>	

Regular articles in Forum and other medical publications	Every year throughout the project
Articles for the general media	Every year throughout the project
Participation at international conferences	Every year throughout the project
Participation in ICGP AGM	Every year throughout the project
Liaison with other Colleges and Fellows (e.g.) Women's Health, Asylum Seekers, Suicide etc.	Every year throughout the project
Computerised diagnostic and screening prompts for GPs	Development throughout the project
Broadcasts	As requested every year
<b>Alcohol Aware Practice Study (Phase 2)</b>	<b>April 2005 – March 2006</b>
<b>Results</b>	May/June 2006
<b>Quality Mark</b>	?

## Notes

Many of the question marks regarding deliverable dates are due to the uncertainty at time of writing regarding the continuation of the project. The hope is that the project will continue for at least another five years but this will depend on funding. If funding is secured the deliverable dates can be confirmed.

## Statement of Achievements/Outcomes to Date

The project has been an outstanding success. It has been very successful in raising awareness among the medical profession as well as with the general public.

The commencement and completion of the new Alcohol Aware Practice Pilot Service Initiative has been one of the highlights of the year. In late 2004, the HSE agreed to fund a new Alcohol Aware Practice Service Initiative in the eastern region. This was to build on the success of the previous pilot. The service initiative began in April 2005 and was finished at the end of March 2006. 26 Doctors (including the original two doctors from Baltinglass) are took part.

The 'sites' were based on the old ERHA areas and included practices in Arklow, Baltinglass, Bray, Coolock, Fairview, Finglas, Inchicore, the Liberties, Mountjoy Street and Sundrive Road. The full report will be ready at the end of May 2006. Over 4,700 patients have been screened and treated/advised/encouraged as appropriate. This initiative used a web based recording form which remains in experimental form. The cost of this project was approximately €10,000 per participating doctor. The initiative has been very helpful to patients and there is universal acceptance and approval of the counsellor part of the initiative. The AAPS initiative was overseen by a management committee made up of representatives from the HSE and the ICGP.

We are very proud to have published the three documents for the 'Alcohol and Growing Older' module. These documents were produced in conjunction with the National Council for Ageing and Older People. They consist of a main module for primary care staff, a shorter leaflet for quick reference for primary care staff and a leaflet for patients. The three documents were launched by the Junior Minister for Health, Mr Sean Power, TD, in June 2006 and were distributed to all GPs. The documents are available on the College website.

The project is in the forefront of media consultation on alcohol related issues. We have demonstrated that alcohol problems can be tackled effectively within primary care.

## Future Plans

Much work has been done on developing training modules for doctors on all aspects of alcohol problems. There is however, a great deal to be done.

*The ICGP propose that the funding of the Project Director continue for a further five years thus creating phase 3 of the project.*



Over the next phase of the project the following activities will provide the focus:

- § Final results and report on the Alcohol Aware Practice Service Initiative. There is also a proposal in place for a similar initiative in the Shannonside region. It is clear that brief intervention works and that GPs can make a significant difference in reducing alcohol related harm. Using this approach they can help about one third of their patients with alcohol problems, with a minimum of training and back-up support. This is a vital component in the primary prevention of alcohol problems and in secondary prevention by helping patients and their families from suffering unnecessarily. It is also a relatively low cost form of intervention and will help patients to avoid costly out-patient and specialist treatment. Practical 'glitches' still need to be ironed out and improvements in the area of computerised records are essential in order to make screening and recording easier in the day to day work of GPs. It is hoped that this model of intervention for primary care will be rolled out to the whole country in time thus reaching a far wider percentage of GPs who can provide a service that is more accessible to the general population.
- § The EU Phepa Project – part 2 which will involve the implementation of Brief intervention strategies building on the development of materials in the first part of Phepa.
- § Development of the unfinished and remaining modules for use in primary care.
- § Continued participation at lectures, conferences, workshops etc.
- § A specific training manual for trainee GPs - while significant inroads have been made within the various training networks it is hoped that alcohol will feature as an integral part of every training programme.
- § A guidelines document that is relevant to Irish primary care.
- § A longer term aspiration would be that training for behavioural change and the management of alcohol problems would be incorporated in every medical undergraduate training programme.
- § The integration of alcohol counsellors into general practice on a national basis is clearly recommended.

The project has become extremely busy and the half-week commitment means that priorities will need to be established and discernment required in choosing specific activities/targets.

### Administrative Resource

Yvette Dalton, Administrator.

### Funding Sources

DoHC, HSE.

### Commentary

Despite annual targets and deliverables, hard work and sincere intentions, this project develops a life of its own every year and takes off in unpredictable ways. The past year has been dominated by the new Alcohol Aware Practice Service Initiative and the 'Growing Older with Alcohol' module. The alcohol project could easily develop into a full time project. A major concern is whether or not the project will continue to be funded beyond August 2006. There will continue to be a need for strategic planning in conjunction with the CEO and Director of the PRC to prioritise targets.

I want to thank everyone involved in ICGP for their ongoing help and support. Specific grateful thanks must yet again be recorded and acknowledged to Yvette for her ongoing support. She continues to do a superb job. The project would not be successful without the most pleasant, efficient help and back-up that she provides.

I also want to thank the DoHC for funding the overall project and the HSE for funding the AAPS.

**Rolande J Anderson**  
**Alcohol Awareness Project Director**

## Cognitive Behavioural Therapy

### Project Title

Cognitive Behavioural Therapy in GP Clinical Practice – The GP Model.

### Project Director

Mr Enda Murphy RGN, RPN, CCRN, MICBT, MICP, Cognitive Behavioural Therapist.

### Other Members of Project

Dr Michael Boland, Director of Postgraduate Research Centre ICGP, and Niamh Killeen, Administrator.

### Summary of Project

To provide training in practical cognitive behavioural therapy techniques for use in dealing more effectively with the common mental health issues which occur in everyday consultations.

### Project Activities/Tasks during past 12 Months

Number of courses run: 10

Total number of GPs trained: 109

Locations where courses held:

- § Dublin x 3
- § Galway x 2
- § Limerick x 2
- § Kilkenny x 2
- § Cork x1
- § CME Accreditation – 52 CAS Credits, 6 CME Sessions

### The GP Model

All theories and interventions used in the course have been rationalised into a single model of CBT specifically designed for GPs. This model is to be launched as 'The GP Model of Cognitive Behavioural Therapy' at the 2006 AGM. This launch will include the introduction of a workbook/guide for use during the course. Using rational emotive behaviour therapy as its foundation the model also take skills from cognitive therapy, dialectical behaviour therapy and behavioural modification therapy. The models aim is to simplify complex psycho dynamics into a jargon free format which is easily understood by GP and patients and provide a simple framework whereby complex problems can be identified and treated.

### Project Timetable

Location	2005	2006
<b>Galway</b>	Part 1: 10/09/05	Part 1: 11/02/06
	Part 2: 24/09/05	Part 2: 25/02/06
	Part 3: 08/10/05	Part 3: 11/03/06
<b>Cork</b>		Part 2: 01/04/06
		Part 2: 22/04/06
		Part 3: 20/05/06
<b>Limerick</b>	Part 1: 22/10/05	Part 1: 08/04/06
	Part 2: 05/11/05	Part 2: 06/05/06

	Part 3: 19/11/05	Part 3: 27/05/06	
<b>Kilkenny</b>	Part 1: 12/11/05	Part 1: 18/02/06	
	Part 2: 26/11/05	Part 2: 04/03/06	
	Part 3: 10/12/05	Part 3: 25/03/06	
<b>Dublin</b>	Part 1: 14/09/05	Part 1: 21/02/06	Part 1: 22/02/06
	Part 2: 21/09/05	Part 2: 28/02/06	Part 2: 01/03/06
	Part 3: 28/09/05	Part 3: 07/03/06	Part 3: 08/03/06
	Part 4: 12/10/05	Part 4: 14/03/06	Part 4: 15/03/06
	Part 5: 19/10/05	Part 5: 21/03/06	Part 5: 22/03/06
	Part 6: 26/10/05	Part 6: 28/03/06	Part 6: 29/03/06

### Project Milestones/Deliverables/Outputs

- § Course commenced in September 2004.
- § To date 18 courses have been held.
- § To date 212 GPs trained.
- § Three workshops held at 2005 AGM.
- § Two workshops held at 2005 ICGP/NAGPT.
- § One workshop held at ICGP Distance Learning Unit, introductory workshop day.

### Future Plans

#### The GP Model

Launch at 2006 AGM. Further development to include further requests for skills in tackling borderline personality disorder, psychosis, oppositional and conduct disorders in adolescents.

#### Advanced Course

Due to overwhelming demand by participants, an advanced course is been designed. This course will expand on skills learned during the basic course and it hoped to be launched in September 2006. Development of a module in CBT for the Distance Learning Unit. Further study days for participants who have completed the foundation course.

**Enda Murphy**  
CBT Project Director



*Enda Murphy delivering a CBT seminar at the ICGP/NAGPT Annual Conference 2005*

## Disease Surveillance Sentinel Practice Network Project

### Project Leader

Dr Michael Joyce.

### Other Members of Project

I run the project on behalf of the ICGP in collaboration with the Health Protection Surveillance Centre (formerly the National Disease Surveillance Centre) and the National Virus Reference Laboratory. The Health One User Group (HIUG) provides valuable technical support.

### Summary of Project

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

### Background to the Project

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

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

The process was immediately successful with very good return rates being achieved immediately and all the stakeholders were very pleased. Initially there were 20 practices involved, all using Health One software and the conditions covered were influenza, chicken pox and shingles. Health One was chosen in particular because of its suitability for this type of project. Now there are 46 practices involved including some using GP Clinical. Measles, mumps, rubella, and gastroenteritis have been added to the conditions that are covered.

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

### Project Activities

- § Collection of incidence data for influenza, measles, mumps, rubella, chickenpox, shingles and gastroenteritis in the community.
- § Cleaning and preparation of data.
- § Forwarding of this data on behalf of the ICGP to the Health Protection Surveillance Centre.
- § Taking swabs from suspected cases of influenza to confirm cases and determine what type of influenza virus is circulating.

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## Project Milestones/Deliverables/Outputs

During 2005 the project successfully undertook surveillance during the summer months which was not previously part of the agreed protocol. This was carried out through monthly reports and is desirable because the potential for a flu pandemic is present during the summer as well as the winter.

There was an increased interest in this project this year because of the occurrence of avian flu in the world bird population. There is a fear that this avian flu may become the source of the next human flu pandemic, and consequently the importance of flu surveillance in humans has received increased attention. As a result of this increased attention, it was agreed that we should expand the number of practices involved from thirty seven last year to fifty if possible, and we are already well on the way to achieving this target.

## Achievements to Date

The project has achieved its goals of community surveillance of the specified conditions. The project needs to continue as it has become a cornerstone of surveillance and is required as part of the early warning system for an influenza pandemic. Return rates well in excess of 90% are now being achieved consistently.

Preliminary unofficial results indicate that the 2005/2006 season saw the second biggest spike in influenza activity since the project started. It also seems to show a steep rise in incidence in the week or two before the peak in A&E activity in February, March 2006 which got so much media coverage. This would appear to confirm the ability of the flu surveillance network to predict hospital activity peaks secondary to influenza that it is designed to do.

## Future Plans

In 2006 it is hoped to move to weekly all year round reporting. The World Health Organisation (WHO), in its recommendations on planning for the next influenza pandemic, recommends that surveillance be carried out all year round. Although not formally agreed yet this year it is hoped we can achieve weekly reporting during the summer as opposed to the monthly summer reporting that occurred last year.

We hope to continue expansion of the number of participating practices during 2006 up to 50 practices which should give us the optimum recommended five percent coverage of the population.

It is hoped to integrate the data coming from the disease surveillance network into the INDC in the coming seasons. There is currently no progress to report in this area.

## Funding Source

Funding is provided on an agreed annual budget basis by the Health Protection Surveillance Centre.

**Dr Michael Joyce**  
**Electronic Disease Surveillance Project Director**

## Distance Learning Unit

### Director

Nicholas P Fenlon.



*Nick Fenlon  
Distance Learning Unit  
Director*

### Other Members of Distance Learning Unit

§ Louise Nolan (Distance Learning Unit Administrator), Maureen Dempsey (Distance Learning Unit Administration Officer) and Angela Byrne (Web Content Manager), available to unit and course participants on request.

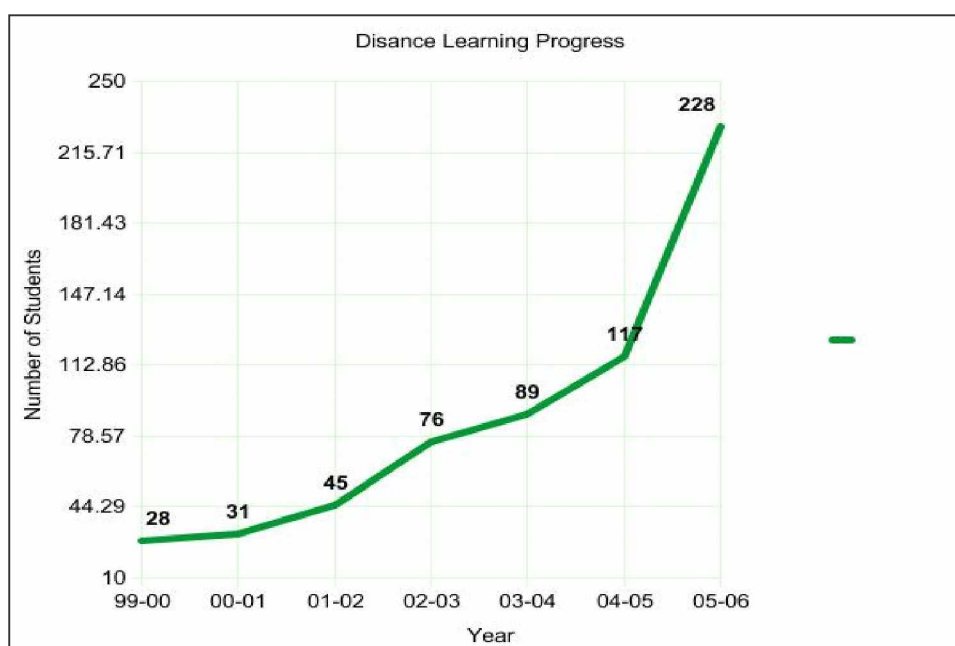
For the academic year 2005 – 2006 there are 10 assessors\* involved in our three-prong assessment process. We also have 9 clinical course tutors who are responsible for keeping the course material up to date.

\*Assessor names are not for publication in ICGP annual report as it is important that their anonymity is kept from course participants.

### Summary of Unit Programme

The Distance Learning Unit is responsible for both developing and delivering relevant and up to date courses to ICGP members. In recent years we have also offered some courses to practice nurses. In 2005/06 we delivered the following courses:

- § Diploma in Therapeutics.
- § Diploma in Women's Health (open to GPs and health care professionals).
- § Certificate in Palliative Care.
- § Certificate in Diabetes Care (open to GPs and health care professionals).
- § Postgraduate Certificate in Medical Education (In collaboration with Queen's University, Belfast).
- § Occupational Medicine leading to LFOM (In collaboration with the Faculty of Occupational Medicine).
- § Theory Course for Cervical Smear Takers.



\* A further 37 participants have started on the fourth Theory Course for Cervical Smear Takers since this graph was drawn up – bring the total to 265 studying in 2005/06.

The majority of course participants to date have been members of the ICGP. There have also been a number of practice nurses participating on the courses. In 2005/06 the course in Medical Education also had participants from psychiatry, surgery and dentistry.

### Unit Activities during past 12 Months

The main activities of the Distance Learning Unit are to:

- § Identify areas of greatest educational need for our members.
- § Develop up-to-date and relevant educational courses in response to members needs.
- § Deliver face to face workshops to course participants.
- § Deliver ICGP scripted modules to participants via the ICGP website.
- § Provide additional material where relevant.
- § Develop appropriate assessment tools.
- § Assess progress of participants.
- § Support and motivate course participants.
- § Provide constructive feedback to participants.
- § Continually develop new distance teaching methods.
- § Award ICGP diplomas and certificates on completion of courses.
- § In January 2005 Maureen Dempsey was appointed as administrator.
- § A new Extern was appointed to the Distance Learning Unit – Dr Maureen Crawford, Northern Ireland Medical and Dental Training Agency.
- § In March 2005 the distance learning Unit ran its First Annual 'Update Conference' for past participants of the therapeutics Course. The theme for this first conference was 'Safe Therapeutic Prescribing'.
- § In 2005 we also introduced a further 2 new courses:
  1. Course in Occupational Medicine leading to Licentiate of the Faculty of Occupational Medicine (LFOM) – in collaboration with the Faculty of Occupational Medicine.
  2. Theory course for cervical Smear Takers – in cooperation with ICSP – 12 week course run 4 times per year.

### Courses Delivered in 2005/06

- § Diploma in Therapeutics.
- § Diploma in Women's Health.
- § Certificate in Diabetes Care.
- § Certificate in Palliative Care.
- § Postgraduate Certificate in Medical Education.
- § Course in Occupational Medicine Leading to LFOM.
- § Theory Course for Cervical Smear Takers (X 3).

### Other new Ventures Include

- § In 2004 we piloted online discussion groups in three courses. This was advanced to include a further two courses in 2005. We will be continuing to provide this facility on selected courses and make adjustments to the discussion rooms as a result of feedback.
- § A three person assessment group was set up to monitor assessment under the headings of reliability, validity and transparency. The members are Dr John Cuddihy, Dr Anne Mulrooney and Nick Fenlon. This group have met a number of times during the year and are responsible for two training workshop for assessors and tutors in Athlone 2005 and Dublin 2006.
- § We are in the process of investigating the various ways in which our distance learning courses can be academically accredited and are seeking guidance from the National Qualifications Authority.



- § In order to recognise and support those who work part time the ICGP has committed to part sponsoring a limited number of places on courses in 2006/2007.
- § Over the past two years the Distance learning Unit has introduced course participants to the use of technology in education. All course material is provided in CD ROM format. It is also available on the protected area of the ICGP website. All assignments are submitted electronically and results and feedback are also provided electronically. We have almost become a paper free project and have taken a very important position on the ICGP website.

### Unit Timetable

The unit has been operating since 1999. It is continuously developing and has been expanding annually. The core of our work, i.e. our distance learning courses, all start in September and end in May. Some members opt to complete their studies over a two-year period. The summer months are used to evaluate courses which have finished, prepare the next year of courses, bring all programmes up to date, launch new courses etc.

### Unit Milestones

- § First course – Diploma in Therapeutics 1999.
- § A second course – Diploma in Prevention 2002.
- § Certificate in Palliative care 2002.
- § Diploma in Women's Health 2003.
- § Appointment of full time director 2003.
- § Certificate in Diabetes Care 2004.
- § Postgraduate Certificate in Medical Education in collaboration with Queens University Belfast, 2004.
- § Introduction of online discussion rooms on some courses 2004.
- § Introduction of assessment 'feedback' via ICGP website, 2004.

### Statement of Achievements/Outcomes

The numbers of distance learning participants to date are:

	1999 - 2001	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006
<b>Diploma in Therapeutics</b>	49	45	25	16	16	17 (10 on year two)
<b>Diploma in Prevention</b>	N/A	N/A	20	15 all Maltese GPs	1	0
<b>Certificate in Palliative Care</b>	N/A	N/A	31	12	25	14
<b>Diploma in Women's Health</b>	N/A	N/A	N/A	46	38 (18 are Maltese GPs)	15 (8 on year two)
<b>Certificate in Diabetes Care</b>	N/A	N/A	N/A	N/A	17	14
<b>Postgraduate Certificate in Medical Education</b>	N/A	N/A	N/A	N/A	20	24
<b>Occupational Medicine</b>	N/A	N/A	N/A	N/A	N/A	27
<b>Theory Course for</b>	N/A	N/A	N/A	N/A	N/A	36, 30, 33



<b>Cervical Smear Takers</b>						
<b>Total</b>	<b>49</b>	<b>45</b>	<b>76</b>	<b>89</b>	<b>117</b>	<b>265</b>

## Current Activities

In 2005/06 the following numbers of participants are studying with the Distance Learning Unit:

	<b>Studying over 1 year (2005 - 2006)</b>	<b>Studying over 2 years beginning 2004 (2004 - 2006)</b>	<b>Studying over 2 years beginning 2005 (2005 - 2007)</b>
<b>Diploma in Therapeutics</b>	17	4	6
<b>Diploma in Women's Health</b>	15	2	6
<b>Certificate in Palliative Care</b>	14	N/A	N/A
<b>Certificate in Diabetes Care</b>	14	N/A	N/A
<b>Postgraduate Certificate in Medical Education</b>	24	N/A	N/A
<b>Occupational Medicine</b>	27 (year 1 or a 2 year course)	N/A	N/A
<b>Theory Course for Cervical Smear Takers</b>	99; 3 courses completed; 37 on current course	N/A	N/A
<b>Total</b>	<b>247</b>	<b>6</b>	<b>12</b>

## Future Plans

For the academic year 2006/2007 we will be introducing two new courses by distance learning and further advancing an existing course to the status of Masters:

- § A new course in Mental Health will be launched at the ICGP AGM 2006. First intake to this course will be September 2006. This course has been developed in collaboration with Mimi Coptly, Project Director of the ICGP Mental Health in Primary Care project.
- § A new course in Management in Practice will also be launched at the AGM. This course will be delivered in collaboration with the Dermot Folan, Director of the ICGP Management in Practice Programme.
- § Following on the success of the Postgraduate Certificate in Medical Education, the distance learning unit will be continue to work in collaboration with Queen's University, Belfast. In 2006/07 we will deliver a Masters level course in Medical Education.
- § The successful format of both the Diploma in Therapeutics and the Diploma in Women's Health has resulted in requests from a number of general practitioners and practice nurses to undertake elements of these course that are specifically relevant to their needs, without necessarily completing the entire course leading to the Diploma. The Distance learning Unit will be delivering a 'modular format' for these courses, this will allow for a flexible approach. Both courses will comprise of six modules and modules can be taken at different times during the year. We have outlined all options in the 2006/2007 prospectus.
- § The use of IT has been core to our development and helped us to make our courses user friendly. Over the next year we will continue to work with Angela Byrne the ICGP Web Content Manager. Developing the use of technology and creating a virtual learning class room has been a very costly exercise but also one of the most important developments. It has helped us to engage in the further education of GPs from all parts of Ireland and from abroad. The potential for further development is great and we will be asking the College Executive to continue to consider the importance of this aspect of our work and assist us in such developments.

§ Over the next academic year the Distance Learning Unit will be exploring ways of securing academic support for course content material from the Departments of General Practice in University College Cork and National University of Ireland Galway.

### **Administrative Resources**

The Distance Learning Unit now has two full time administrators, Louise Nolan and Maureen Dempsey. Louise has worked in the unit for the past five years while Maureen Dempsey was appointed to the post in January 2005. Louise continues to be a key contact person and Maureen's primary responsibilities include support to course participants as well as support to tutors and assessors. Both have been great assets to the unit.

### **Funding Sources**

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

**Nicholas P Fenlon**  
**Distance Learning Unit Director**

## Drug Misuse Programme

### Programme Director

Dr Ide Delargy.

### Other Members of Programme Team

Miss Lorraine O'Shaughnessy (Audit Nurse), Niamh Killeen (Administrator).



*Dr Ide Delargy  
Drug Misuse  
Programme Director*

### Summary of Programme

The programme has been running since 1998. Aims of the programme: to provide training and continuing medical education for GPs willing to take part in the Methadone Treatment Programme.

### Programme Activities/Tasks during past 12 Months

- § Report into strategies for preventing opiate related deaths.
- § Submissions to the Irish Medicines Board regarding introduction of Buprenorphine as an alternative opiate substitute for Methadone.
- § Developing a protocol and training surrounding the introduction of Buprenorphine.
- § Limited audit review (pending funding from the HSE).
- § Review of the level 1 training format.
- § Reorganisation of programme to include distance learning.

### Level 1 Training – 2005

Venue	Dates	Attendees
ICGP	3 May & 24 May	10
ICGP	5 October & 2 November	15
Limerick	9 November	19
Galway	8 November	11
<b>Total</b>		<b>55</b>

GP Registrars	Dates	Attendees
UL Limerick	9 November	16
RCSI	12 October & 4 January	7
UCD	19 April & 17 May	18
<b>Total</b>		<b>41</b>

CME 2005	Date	Attendees
	10 February	15
	29 September	12
	19 October	21

National Conference 12th March 2005: 103

### Future Plans

- § Developing network of substance misuse tutors to resource Level 1 and Level 2 training on a regional basis.
- § Develop national best practice guidelines for Buprenorphine treatment.
- § Update best practice guidelines for Methadone treatment.

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## Administrative Resource

Niamh Killeen, ICGP.

## Funding Source

HSE (awaiting further details).

**Dr Ide Delargy**  
**Drug Misuse Programme Leader**



*Dr Clare Gerada (Director Drug Misuse Programme, RCGP, London), Dr Ide Delargy (Director Drug Misuse Programme, ICGP) and Ms Kay Roberts (Lead Pharmacist, Certificate Training Programme in Drug Misuse, RCGP) at the first Training Seminar on Use of Buprenorphine for Opiate Dependent Patients*

## Gastroenteritis in Irish General Practice

### Project Director

Professor Philip Reilly, Queens University Belfast.

### Other Members of Project Team

Dr Simon Morgan, Research Fellow, ICGP, Dr Eddie O'Neill, Research Fellow, Queens University Belfast.

### Summary of Project

The GP Gastroenteritis project is a cross-border project funded by Safefood, the Food Safety Promotion Board. The project aims are:

- § To improve the clinical and public health management of food-borne disease and infectious gastroenteritis by general practitioners in the Republic of Ireland and Northern Ireland.
- § To enhance the communication between general practice and the public health system, and general practice and the laboratory services, in relation to gastrointestinal and other infections in the ROI and NI.
- § To consider the implication of the project outcomes in relation to other communicable diseases.

### Background to the Project

In 2002, Safefood undertook a study of the clinical and public health management of gastroenteritis by Irish general practitioners, both North and South<sup>1</sup>. Gastroenteritis is a common presentation in the general practice setting in Ireland, accounting for almost 1 in every 20 consultations, or an average of 7 consultations weekly for each GP in full time practice.

The research found that the majority of GPs appropriately asked about exposure, requested stool specimens selectively, and correctly advised patients on the benefits of continued feeding and extra fluids. However, it also identified a number of areas where practice could be improved, including poor identification of occupations with high potential for transmission e.g. food handlers, relative over-prescription of antibiotics and infrequent notification to the appropriate public health agency.

In 2004, Safefood agreed to fund an extension to the initial research project in order to implement the many recommendations listed in the final report. This involved the employment of two GP research fellows, one from the Republic and employed by the ICGP (Dr Simon Morgan) and another from Northern Ireland employed by Queens University Belfast (Dr Eddie O'Neill).

### Project Activities/Tasks during past 12 Months

- § Definition of project aims and objectives, and methodology.
- § Ethical approval.
- § Literature review.
- § Development of a draft practice-based assessment resource involving:
  - Review of current available guidelines.
  - Early consultation with microbiologists and public health specialists.
  - (Planned GP input during focus groups in May 2006).
- § Review of available information material on gastroenteritis.
- § Development of draft public information leaflets on stool sampling.

<sup>1</sup> Safefood. Acute Gastroenteritis in Ireland, North and South: A Study of General Practitioners, 2003.

- § Development of methodology and materials for focus groups.
- § Presentation of the project and GP recruitment at:  
  - § NAPD meeting, Athlone (12/10/05).
  - § National GP Trainers Workshop (10/2/06).
- § Formal recruitment of GPs for focus groups.
- § Development of draft training material for use in specialist GP training schemes.
- § Investigation of an approach to the provision of an effective clinical specimen collection service in the Republic of Ireland.
- § Liaison with Irish Centre for Pharmacy Education (ICPE) regards a collaborative approach on training material development.
- § Liaison with Dr Michael Joyce (ICGP sentinel practice surveillance program) in relation to incorporating other practices and registrars in training.
- § Paper presentation at the Safefood IID conference, Belfast (19/1/2006).
- § Publication of an article in ICGP Forum, and HPSC (RoI) and CDSC (NI) newsletters.

## Detailed Project Description

### Specific Project Objectives

#### 1. *Development of Guidance*

To improve the knowledge, skills and attitudes of GPs in the clinical and public health management of gastroenteritis.

- § Action: to produce a user-friendly guide for GPs.
- § Action: to ensure that the guidelines are acceptable and fulfil the requirements of key stakeholders by consulting with GPs, public health doctors, clinical microbiologists and medical scientists.

#### 2. *Communication*

To increase the two-way communication and liaison between public health medicine, laboratory services and general practice, in relation to gastrointestinal infections and other infectious diseases.

- § Action: conduct focus group discussions with representatives from each group to identify key issues of information and communication.
- § Action: develop effective mechanisms of communication.

#### 3. *Patient Information*

To increase access to, and uptake of, public education material on gastroenteritis, including stool sample collection.

- § Action: produce a leaflet on stool collection with consideration of needs of specific groups e.g. ethnic minorities, those with sensory impairment, Travelling community etc.
- § Action: conduct a consultation process with patient representative groups to ensure the utility of material.

#### 4. *Dissemination of Guidance and Public Information*

- 4.1 To seek incorporation of the guidance into programs for continuing professional development for GPs.

- § Action: Discuss with CME small group co-ordinator (ROI), Director of Postgraduate General Practice Education NIMDTA and GP trainers.

4.2 To seek incorporation of the guidance into the curriculum for GP specialist training.

§ Action: meet with National Association of Programme Directors (ROI) and GP Director of Postgraduate GP Education (NI), GP trainers and GPs supervising undergraduate medical student placements.

4.3 To seek incorporation of guidance into undergraduate medical curricula.

§ Action: make approach to relevant undergraduate curriculum committees, university public health and epidemiology staff.

4.4 To consider the production of a multimedia CD to aid in dissemination of the guidance above.

§ Action: cost and produce a proposal to Safefood for the production and dissemination of such a CD.

4.5 To consider the production of decision support software for use in clinical consultation.

§ Action: cost and produce a proposal to Safefood for the production and dissemination of such software.

4.6 To seek media coverage to aid dissemination.

§ Action: Produce a press release/media material and forward it to appropriate media outlets.

4.7 To liaise with the ICGP, RCGP, IMO and the BMA to seek assistance with guideline dissemination.

§ Action: to meet with and engage the relevant bodies.

4.8 To seek publication of editorials/papers in GP literature.

§ Action: make contact with editorial staff, produce and submit appropriate material for publication.

4.9 To seek co-operation from public health doctors, microbiologists, environmental health officers, nurses, pharmacists and any other relevant professional groups for the dissemination of guidance.

§ Action: make contact with professionals working in the areas outlined and seek their assistance to disseminate/implement guidance.

4.10 To seek assistance from representative groups in the dissemination of any public information leaflets produced.

§ Action: make contact with appropriate patient representative groups, conduct appropriate equality impact assessment and liaise with NALA.

## **5. Additional Activity for the Republic of Ireland**

5.1 To improve the accuracy and reliability of surveillance data on gastroenteritis in the ROI by the establishment of an enhanced surveillance system.

§ Action: seek to increase the number of GPs and practices who participate in enhanced sentinel surveillance of gastroenteritis.

5.2 To investigate a clinical specimen collection service in the ROI for GPs.

- 
- § Action: commence discussions and develop a proposal on the way forward for an effective clinical specimen collection service in the ROI.

### Project Timetable

The project commenced in July 2005 and will run for 24 months.

### Project Milestones/Deliverables/Outputs

- § Practice based resource - August 2006.
- § Information leaflets on stool sampling - September 2006.
- § Newsletter template for public health and laboratories - September 2006.
- § Training material - February 2007.
- § Proposal for multimedia CD - January 2006.
- § Proposal for decision support software - January 2006.
- § Enhanced surveillance in ROI - May 2007.
- § Proposal on collection services - May 2007.
- § Final report - June 2007.

### Statement of Achievements/Outcomes to Date

See section entitled project activities/tasks during past 12 months.

### Future Plans

In addition to fulfilling the stated objectives as listed (including evaluation), there are a number of other possible future developments resulting from the project. These include:

- § Application of practice-based and training materials to other communicable diseases (e.g. STIs), particularly in relation to notification and surveillance.
- § Development of an 'off-the-shelf' training package on 'swabs, slides and specimens – what to order when'.
- § Development of Irish antibiotic guidelines for general practice.
- § Development of a study of pharmacist practice in managing gastroenteritis using same methodology as GP survey.
- § Establishment of an educational program for GPs in pathology.
- § Exploring better support for GP notification.

### Administrative Resource

Administrative support for the project is received through the ICGP.

### Funding Source

The project is fully funded by Safefood, the Food safety Promotion Board.

**Dr Simon Morgan**  
**Gastroenteritis Research Fellow**



## General Practice in a Multicultural Society

### Objectives of the Project

The project was set up in October 2002 to address the training and education needs of general practitioners in relation to the provision of services to refugees, asylum seekers and migrant workers. The project has been funded by the Department of Justice (Reception and Integration Agency) and the Department of Health and Children.

### Initial Phase

The initial phase of the project involved meeting groups who had experience in this area to date namely:

- GPs both in Dublin and regionally who were working with asylum seekers, refugees and migrant workers.
- Voluntary organisations who were working with asylum seekers, refugees and migrant workers.
- The Department of Justice, Reception and Integration Agency.

A literature review was carried out including literature on training approaches to ethnic minority health. Data was collected on screening/surveillance in reception centres and on the type and incidence of infectious diseases amongst foreign nationals in Ireland.

### Issues Identified from Initial Contact with Members

The issues identified as problematic by initial contact with members in Dublin and regionally included:

1. A perceived lack of information about what screening had been carried out on asylum seekers in reception centres.
2. Communication difficulties (language and cultural barriers).
3. Initial increased workload for practices when asylum seekers first join and a lack of remuneration to reflect this.
4. A personal lack of experience in managing tropical/infectious diseases.
5. Uneven distribution of asylum seekers throughout the country.

### Project Development in Relation to Problems Identified

A survey of 1,000 members was carried out to assess the needs identified above in a more formal way. The results of the survey were consistent with those mentioned above.

I sat on the Health Screening Review Group of the Reception and Integration Agency to address issues such as informing GPs in advance of the arrival of asylum seekers in their community, providing them with information on screening tests carried out, their results and the need for follow up where necessary.

I also sat on the ERHA Ethnic Minorities Health Strategy Committee and, more specifically, the Interpreting Sub-committee. This role was used to lobby for interpretation services for GPs which has been successful to date with the current pilot available to all GPs on the HSE Eastern region and is planned to become available nationally.

A *Multicultural Health Information Pack* was produced and is available on the ICGP website. This covers a wide range of topics including definitions, entitlements, infectious disease information and screening information.

A *Guide to Interpretation Services and Cultural Competency* was produced and distributed to GPs in the interpretation pilot and is available on the College website.

An email address for members' queries was established ([ethnichealth@icgp.ie](mailto:ethnichealth@icgp.ie)) and has been running since November 2005.

Educational material has been disseminated through CME.

Educational workshops were delivered in response to requests from:

- CME groups in Drogheda and Dundalk.
- Dublin South West ICGP Faculty.
- GPs in the HSE North Eastern Area through Annual Study Day.
- National Women's Health Conference.
- UCD Masters in General Practice.
- RCSI Practice Nurses Degree Course.
- Sligo GP Training Scheme.
- Cairde Ethnic Minority Health Care Workers Course.

The project and its development were presented through conferences such as the IMO conference, ICGP AGM, Irish Refugee Council and the GP trainee annual conference.

### Project Profile & Publicity

The profile of the project was raised through multiple radio broadcasts, a television appearance, interviews in medical journals and press releases in medical journals, and the ICGP's Forum and website.

### Multicultural Health Project Currently

#### Have the aims of the project been met?

College members have been working with increasing numbers of ethnic minority patients for over a decade now. The peak influx of asylum seekers into Ireland was in 2002 when the Multicultural Health Project began and figures for 2005 are the lowest in 9 years. While the number of migrant workers is steadily increasing, migrant workers, because of their different circumstances, attend GPs less frequently and with generally less complex issues.<sup>2</sup>

The project has been running for three years now and this is a good opportunity to review the most efficient and effective way for the project to progress.

1. Has the project fulfilled its mandate?
2. Is there any ongoing work to be done?
3. Is there enough ongoing work to justify funding and resourcing a project director?

As project director, my reflections on the current situation are as follows.

#### 1. Has the Project Fulfilled its Mandate?

Resources are available to all members in relation to the areas identified as problem areas namely: language, culture, remuneration and infectious/tropical diseases. These can be accessed through the *Multicultural Pack*, the disseminated CME material, the *Interpretation and Cultural Competency Booklet* and, for more specific or complex problems, the email address.

<sup>2</sup> The number of asylum seekers coming to Ireland in 2005 was the lowest since 1997 at 3927 to the end of November 2005. (ORAC statistics). The number of migrant workers is still increasing with over 150,000 PPS numbers issued to accession country members since May 2004 and 25,671 work permits issued for the year 2005. (Department of Enterprise Trade and Employment Dec 2005)

Remuneration issues have improved with one off payments for all newly registered asylum seekers. More needs to be done in this area with regards to possible STC payments for consultations requiring interpretation, but these remuneration issues are more the remit of the IMO than the ICGP.

The interpretation pilot is addressing the language barrier and it is highly probable that this will go national. (Interestingly the uptake of the pilot has been very low to date with less than 5 GPs using it since September).

## **2. Is There any Ongoing Work to be Done?**

It is important to reflect on why there has been a low uptake on initiatives such as the interpretation pilot (less than 5 users since September) and email address (2 users since November).

I have put these questions informally to members that I have come in contact with through the project to establish if it is because of a lack of knowledge about the resources or a perceived lack of need for them.

It appears that members are aware of the resources but have expressed that either they don't need them (e.g. they have no asylum seekers or migrant workers on their lists) or that they have not yet needed to use them (e.g. they have a lot of ethnic minority patients and therefore a lot of experience in the area at this stage).

The question then is do the resources need to be available at all? I believe the answer is yes for several reasons. A lot of members have been working with patients from ethnic minorities for over decade now and are well experienced while others may have no practical experience at all. The resources need to be available for GPs who have little or no experience so that if their practice population changes to include either asylum seekers or migrant workers they know where and how to get help.

Even GPs with a lot of experience will still find themselves in a situation where they cannot communicate with a patient. This is a rights based issue for patients with limited English so even if the service is not used often it needs to be available for those times when it is required.

If the college decides that the project should continue I have listed below the ongoing work required.

- § The *Multicultural Information Pack* will need to be periodically reviewed to update statistics, resources and clinical information. This would be sufficient annually with perhaps more frequent smaller changes as the need arises.
- § The email address will need to be responded to but since it began in November 2005 only two members have used it and if this rate continues this will generate very little work.
- § The interpretation pilot needs to be followed through as it becomes national and further resources are needed to support it such as translated patient information for waiting rooms. This work is underway and is not labour intensive from the ICGP perspective as the translation will be carried out by professional interpreters.
- § There is a need for ongoing advocacy and liaison role with the voluntary and Statutory Bodies working in this area.

## **Is There Enough Ongoing Work to Justify Funding and Resourcing a Project Director?**

As project director, I am very happy to continue the work described above if the College sees fit but for the coming year I don't feel there is enough work to justify the appointment of a project director currently. This may be a temporary or permanent decrease in workload but I think this would be an opportune time to review the Project. I would welcome the colleges view on this and would like to make the suggestion that a possible option for the future could be to incorporate the ongoing work required above into the Health Inequalities Project as ethnic minority groups are one of the many groups who experience health inequality.

**Dr Ciara McMeel**  
**Multicultural Health Project Director**

## Heartwatch

Heartwatch: The National Programme in General Practice for the Secondary Prevention of Cardiovascular Disease in Ireland.



### The National Programme Centre (NPC), the Independent National Data Centre (INDC) and Regional Support Personnel

National Programme Manager: John Leahy  
NPC Administration Officers: Fiona Brophy & Caitriona Finn

### Regional HW GP Coordinators

East Coast Area: Dr Brian Meade  
South Western Area: Dr Barry Boland  
Northern Area: Dr David Reilly  
Midlands Area: Dr Niamh Collins (Currently Vacant)  
Mid Western Area: Dr David Boylan  
North Eastern Area: Dr Martin White  
North Western Area: Dr Eileen Coyne  
South Eastern Area: Dr John Cox  
Southern Area: Dr Ronan Boland  
Western Area: Dr Sinead Armstrong

### Regional HW Nurse Facilitators (Employed by Health Services Executive)

East Coast Area: Netta Williams  
South Western Area: Rita Lawlor  
Northern Area: Mary Brosnan (Currently Vacant)  
Midlands Area: Mairead Walshe  
Mid Western Area: Mary O'Halloran  
North Eastern Area: Celine McCabe  
North Western Area: Claire Hennigan  
South Eastern Area: Fionnuala Killalea  
Southern Area: John Greaney  
Western Area: Siobhan Woods

### Summary of Heartwatch Programme

The Heartwatch Programme sets out to tackle the problem of cardiovascular disease in Ireland by establishing a strategic national approach to the implementation of internationally recognised cardiovascular prevention guidelines ('Prevention of Coronary Disease in Clinical Practice 1998' Second Joint Task Force of European and other Societies on Coronary Prevention.)

The overall aim of Heartwatch is to reduce the morbidity and mortality of patients of the programme.

The interim objectives of the programme are:

- § To examine the baseline levels of risk factors and therapeutic interventions relevant to secondary prevention and their trends over time.
- § To examine the processes involved in implementing the programme including the referral process and patient retention.
- § To record the incidence of cardiovascular events in patients participating in the programme.

The setup of Heartwatch commenced in September 2002 with first patients seen in March 2003. It is currently funded for 20% of the population and now involves 460 general practitioners throughout Ireland.

The programme implements continuing care, including secondary prevention, of patients who have had a Myocardial Infarction, Coronary Artery Bypass Graft, or Percutaneous Transluminal Coronary Angioplasty. Diabetes patients from the HSE – Midland Area Diabetes Structured Care Programme are also included under the Heartwatch Programme.

### **Detailed Programme Description**

Data on 90% of patients and quarterly continuing care visits is sent electronically from the practice to the Independent National Data Centre which was established in 2003 specifically for the programme (10% of practices return data via paper returns which is then input electronically). Now in its fourth year the Heartwatch Programme has well established infrastructures in place.

#### **National Steering Committee**

The National Steering Committee oversees the implementation of the Heartwatch Programme and is chaired by Professor John Feely, Department of Pharmacology and Therapeutics, Trinity College Dublin. This committee is made up of representatives of all of the major stakeholders which includes the Department of Health and Children, the Health Services Executive, the Irish College of General Practitioners, the Irish Heart Foundation, the Irish Medical Organisation and the Irish Practice Nurse Association.

#### **Data Management Committee**

The Data Management Committee is chaired by Professor Jane Grimson, Health Informatics, Trinity College Dublin and includes representatives from the Health Services Executive, the Irish College of General Practitioners and the Irish Medical Organisation. This committee oversees the activities of the INDC and reports to the National Steering Committee.

#### **National Programme Centre (NPC)**

The Heartwatch National Programme Centre is located at Cumberland Street, Dublin 2. The programme centre was set up to implement and operate the programme nationally. It coordinates all aspects of the programme, linking in with the regional teams throughout the country and dealing with practices directly on a daily basis.

#### **Independent National Data Centre (INDC)**

The Independent National Data Centre is also established at Cumberland Street with the main server located at a secure co-location facility based at Parkwest, Dublin. The INDC receives the data from the participant GP practices and is responsible for the data management aspects of the programme including the production and dissemination of anonymised relevant data/data reports as may be approved by the Data Management Committee. Protocols and systems are in place to ensure that patient and GP confidentiality is maintained.

#### **GP Coordinators & Nurse Facilitators**

The GP Coordinator (GPC) and Nurse Facilitator (NF), based in each of the ten HSE Areas provide valuable support and assistance to each Heartwatch practice on a local regional level which is coordinated from the National Programme Centre.

## **The Irish Heart Foundation**

The Irish Heart Foundation was responsible for initial nurse training and also for the production of health promotion literature packs for distribution to practices via each Health Board.

## **HSE Shared Services – Primary Care Reimbursement Service (formerly GMS Payments Board)**

The HSE Shared Services – Primary Care Reimbursement Service (HSE – PCRS) issues the monthly payments to participant GPs for the Heartwatch Programme. To facilitate this process, the INDC provides a monthly report to the HSE – PCRS and online payment reports are available to Heartwatch practices.

## **HSE Areas – (formerly the Health Boards)**

The HSE Area services are actively involved in this programme. Many have set up specific secondary prevention teams who meet regularly with the Heartwatch nurse facilitator and GP co-ordinator to progress the various aspects of the programme. The availability of services such as dieticians, smoking cessation officers and physical activity officers to the patients enrolled in Heartwatch, vary from region to region.

## **Health Informatics Association - Software Suppliers**

The main software suppliers which make up the Health Informatics Association have produced a Heartwatch System Module for GP users to integrate with their current practice software.

## **Data on Patient Care**

Heartwatch has now established the largest database on cardiovascular disease within primary care in Ireland, with over 13000 patients now registered to the programme and data collected on 80,000 GP/patient consultations.

Apart from the various analyses projects conducted by the programme, a number of external academic and medical research organisations have been successfully approved by the Data Management Committee to access this rich source of data and are currently conducting a number of research projects on this basis.

## **Programme Milestones May 2005 to April 2006**

### **INDC System Development**

The development of Phase 2 of the INDC data system was completed in 2005 and features:

- § Full automation – data processing.
- § Additional query functionality.
- § Additional online facilities for HW participants and INDC administration.
- § Financial reports.
- § Standard GP and National Clinical Reports.
- § Customised GP and National Clinical Reports.

One of the most important and innovative of these developments is that GPs/practice users can now access Heartwatch demographic and clinical data for their own patients as well as regional and national information automatically, once they go online to the INDC system.

### **Child Development Pilot Project**

A similar system was subsequently developed for the pilot Child Development Project which was operated from general practice in the North West area under an ICGP/NWHB joint initiative. In this instance, data on the patients (6 week baby check) was uploaded to the INDC from the participant practices. An evaluation report on this project is due to be available in the near future.

## International Presentations

- § General practice conference, Prato, Italy.
- § E-Health conference – EHTEL.
- § EGPRN conference.
- § CEE conference.
- § ISGP conference.
- § Collaborative submission published in Australian Royal College of GPs Journal, citing Heartwatch as a model of disease management for potential introduction to Australia.

## Linkages

- § Socio – Economic Dataset Workshop.
- § National Cardiovascular Information Systems (NCIS).
- § BHFC development project.
- § Co-application project proposals to iHIQUA.

## Heartwatch Database

The Heartwatch database has been provided to a number of research bodies who were successful on application to the Data Management Committee.

## Heartwatch Evaluation & Formation of Heartwatch National Steering Analyses Sub-Group

The Capita Evaluation report which was commissioned by the Department of Health and Children (DoHC) and was conducted in 2004 is to be made available by the Department within the near future. The National Steering Committee formed a sub-group to coordinate a comprehensive independent external and up to date analysis on the Heartwatch programme. The main elements of the analysis will:

- (i) Examine changes in risk factor and treatment uptake levels over the first two years of the programme, and GP variations in treatment uptake.
- (ii) Compare uptake of preventive therapies in GMS patients in the Heartwatch programme with all GMS patients registered with Heartwatch and non-Heartwatch GPs.
- (iii) Model the data to estimate the lives and life years gained from the programme, and associated cost-effectiveness.

This report (Heartwatch Report, 2006) is due to be completed shortly.

## Statement of Achievements/Outcomes to Date

### Patient Care

The most important stakeholder within the Heartwatch Programme is the patient. Patients involved in the Heartwatch programme have shown significant improvement in the control of certain risk factors. The data analysis has shown statistically significant improvement in the control of systolic blood pressure, diastolic blood pressure, total cholesterol, LDL cholesterol and smoking.

The afore-mentioned Heartwatch Report (2006) will further inform on patient outcomes including, savings in mortality and life years gained and associated cost-effectiveness.

### General Practice

The gains to general practice include a more efficient and effective management of patient care with the benefits of individual practice feedback on this management, from the data findings now available from the INDC.

The experience and learning from the managed care and ICT dynamics of this programme will also benefit practices greatly, in terms of future structured care programmes and ICT oriented initiatives. The INDC system now includes online detailed clinical patient feedback to each individual participant GP.

### **Heartwatch Database**

The largest database on cardiovascular disease within primary care in Ireland has been established and is providing a rich source of information to the programme and other research organisations.

### **Independent National Data Centre (INDC)**

With the establishment of the INDC and ICT systems, there is significant potential to capitalise on economies of scale. The existing central ICT infrastructure could cater for 100% of the population without significant additional costs to the programme in its current form and has already demonstrated its potential to cater for other patient care programmes.

### **Future Plans**

As can be seen patients involved in the Heartwatch programme have shown significant improvement in the control of certain risk factors. The data analysis has shown statistically significant improvement in the control of systolic blood pressure, diastolic blood pressure, total cholesterol, LDL cholesterol and smoking. Taking into account the age demographics and co-morbidity, as expected, the areas of body mass index, waist circumference and physical activity require a team approach on a more prolonged timescale to increase improvement.

Following the independent reviews of the data from Heartwatch patients who have attended initially and the need for the strategic approach being implemented in the Heartwatch Programme, the benefits which can be achieved at such a relatively early stage in the life of the programme are evident. There is an urgency to address the need to extend this programme to the whole population and ensure that equity and access to this service is available to all patients and practices.

It is hoped that during the coming year agreement can be achieved by all stakeholders which will enable proposals to expand the programme to be achieved.

### **Administrative Resources**

#### **ICGP funded by Heartwatch Programme**

- § NPC and INDC personnel.
- § 10 Heartwatch GP Co-ordinators - each HSE Area.

#### **Employed by Health Services Executive**

- § 10 Heartwatch Nurse Facilitators – each HSE Area.

### **Funding Source**

The Heartwatch Programme has been funded by the Department of Health and Children, (Health Promotion Section). The Health Services Executive is now the budget holder for the programme and the budget for 2006, excluding accruals is three million euros.

### **Acknowledgements**

Our thanks to Mr Fionan O'Cuinneagain (Chief Executive), Dr Michael Boland (Director PRC), Dr Sean McGuire, Dr Brian Meade, Ms Fiona Brophy, Ms Caitriona Finn, other ICGP personnel, Dr Claire Collins,



SCRC, GP Coordinators, Nurse Facilitators, GPIT Tutors, the Steering Committee, the Data Management Committee, HSE (former Health Board) Programme Teams, Irish Heart Foundation, the Department of Health and Children, the HSE Shared Services – Primary Care Reimbursement Service (former GMS Payments Board), the Data Protection Commissioner and the Health Informatics Association. We would also like to acknowledge the enthusiasm and efforts of the many GPs and practice nurses who are participating in the Heartwatch Programme.

**John Leahy**  
**Heartwatch Programme Manager**

## Mental Health in Primary Care

### Project Director

Mimi Coptý.



*Mimi Coptý  
Mental Health  
Project Director*

### Other Members of Project

Mental Health in Primary Care Steering Committee with representation from the Irish College of General Practitioners and the Health Service Executive.

Four Sub-committees:

- § Clinical Guidelines Sub-committee.
- § Communications Sub-committee.
- § Outreach Programs Sub-committee.
- § GP Training/Education Sub-committee.

The National Working Group on Mental Health in Primary Care consisting of several Consultant Psychiatrists, a General Practitioner, Clinical Psychologist, Counsellor, Psychiatric Nurse, Pharmacist, Primary Care Managers, and Mental Health Planners.

Two Sub-committees:

- § Counselling in Primary Care Sub-committee.
- § Mental Health Shared Care Models Sub-committee.

### Project Description

The Mental Health in Primary Care Project is a joint project between the ICGP and the HSE South Western Area. The purpose of the study is to review the current state of mental health service delivery in primary care settings.

The project operates in two phases:

(1) Research and needs assessment phase. This phase consisted of the administration of quantitative and qualitative research tools. The views and perspectives of the three involved parties: GPs, mental health professionals and service users were examined. Phase one resulted in the development of the *Mental Health in Primary Care Report* which was launched by Minister Tim O'Malley in February 2004.

(2) Pilot program and implementation phase. This phase consisted of the development and piloting of clinical guidelines, the standardisation of communication processes between primary and secondary care, the development of mental health training modules for GPs, and enhancing communication channels and information dissemination between service providers.

### Educational Aims of Project

- § Phase I: To identify training and support needs for GPs.
- § Phase II: To address the identified needs by developing clinical guidelines and pathways of care, and by enhancing mental health training of GPs.

### Project Activities/Tasks

- § Manage national working group, a Steering Committee as well as several Sub-committees.

- § Report to the project's stakeholders including the ICGP and the HSE.
- § Developing a series of status reports on the delivery of mental health in Ireland for the HSE.
- § Developing clinical guidelines on depression and anxiety disorders and evaluating their impact in general practice.
- § Piloting clinical guidelines in several GP practices.
- § Standardising communications and interface processes between primary and secondary care.
- § Liaise with the mental health voluntary agencies and support groups to formulate outreach strategies for GPs.
- § Managing the development of a distance learning course on mental health.
- § Managing the development and the delivery of mental health workshops.

### Project Timetable

- § Phase I: Evaluation and Needs Assessment (Completed).
- § Phase II: Pilot Program and Implementation (Will be completed in June 2006).

### Project Milestones

- § Launched the *Guidelines for the Management of Depression and Anxiety Disorders in Primary Care*.
- § Provided a copy of the Guidelines to all GPs and other Primary Care Providers in Ireland in January 2006.
- § Contributed to the development of *A Vision for Change – Report of the Expert Group on Mental Health Policy* that was launched in January 2006.
- § Developed a Distance Learning Course on Mental Health in Primary Care that will be rolled out in September 2006.
- § Developed standard forms for referral, follow up and discharge of patients to be used by both GPs and mental health providers.
- § Launched a *Mental Health in Primary Care Report* in 2004.
- § Managed the development of mental health training modules covering the complete spectrum of mental health conditions to be used as a distance learning course.
- § Managed the development and delivery of a series of mental health workshops in 2005 and early 2006 as follows:

Workshop Title	Date of Workshop
Simple Time Efficient Relaxation Techniques/Breathing Techniques	August 29, 2005
Eating Disorders	August 30, 2005
Child and Adolescent Psychiatry	August 31, 2005
Depression and Somatisation	September 1, 2005
Implementation of Mental Health Act 2001 - Update/Guidance for GPs	September 5, 2005
Anxiety Disorders	September 6, 2005
Introduction to Cognitive Behavioural Therapy	November 9, 2005
Anxiety Disorders	November 16, 2005
Child and Adolescent Psychiatry	November 22, 2005
Psychiatry and Old Age	December 12, 2005
Suicide Prevention and Bereavement	February 28, 2006

## Statements of Achievements/Outcomes to Date

- § Carried out first nationally recognised research study on mental health in primary care.
- § Developed the first ever guidelines in Ireland for the management of depression and anxiety disorders.
- § Authored a report entitled *Mental Health in Primary Care* that was launched by the Minister of State Tim O'Malley in 2004.
- § Authored two articles for the Irish Journal of Psychological Medicine that were published in 2005.
- § Designed protocols and standardised processes that enhanced communication channels between primary and secondary care.
- § Evaluated the delivery of mental health services in general practice.
- § Contributed to the development of outreach strategies to enhance communication channels between GPs and voluntary agencies and support groups.
- § Delivered presentations to GPs, psychiatrists and voluntary agencies to increase mental health awareness in the community.
- § Presented to the SWAHB Board of Directors and other Board members of the ERHA.
- § Represented the ICGP on the National Working Group on Mental Health, Mental Health leaders Working Group, Mental Health Expert Group, the Mental Health Primary Care sub-group, voluntary agency groups and other mental health groups.

## Future Plans

- § Roll out the distance learning course on mental health in September 2006.
- § Continue delivering training workshops on mental health and expanding the courses to other parts of the country.
- § Dissemination of the referral, follow-up and discharge forms to all GPs and mental health professionals in Ireland.
- § Evaluate and update the *Guidelines for the Management of Depression and Anxiety Disorders*.
- § Implement and evaluate mental health shared care models between primary care providers and secondary care specialists.
- § Develop clinical guidelines on other mental health conditions.
- § Continue to contribute to the development of mental health policies in Ireland.

## Funding Source

The HSE.

**Mimi Copty**  
**Mental Health in Primary Care Director**

## Women's Health Programme

### Programme Director

Ailís ní Riain.



*Dr Ailís ní Riain  
Women's Health  
Programme Director*

### Other Members of Programme

- § Rita Galimberti (Assistant Programme Director May 2005 – Jan 2006).
- § Yvette Dalton (Administrator).
- § Maria Wilson (SCALES tutor Sept 2005 – May 2006).
- § Instructing Doctors in Family Planning (for Family Planning Certificate courses).
- § Mary Dillon (Researcher on BreastCheck evaluation).

### Summary of Programme

The agenda of the Women's Health Programme is to provide educational support for primary care in women's health care and to contribute to the college's policy development in this area. This has evolved since its inception in 1998 to cover a wide range of topic areas, a variety of educational formats and a series of publications with a multi-disciplinary approach. (More details available in previous annual reports)

### Programme Activities/Tasks

NOTE: Activities/tasks for year May 2005 – April 2006 only

#### Women's Health Courses

- § Family Planning Certificate Part 1 Course (Theoretical) (four courses).
- § Family Planning Certificate Part 111 Course (Practical) (three courses).
- § Instructing Doctors Course (one course).

#### Women's Health Conference

- § First Annual Conference, Cork.

#### Other Courses

- § SCALES (re-entry course for GPs) Sept 2005 – Apr 2006.
- § Diploma in Women's Health by Distance Learning (in collaboration with the Distance Learning Unit) Sept 2005- May 2006.
- § Theory Course for Cervical Smeartakers by Distance Learning (in collaboration with the Distance Learning Unit) September 2005 – May 2006 (four courses).

#### Research

- § Women's Health Survey 2004 Report - to be launched at Second Annual Women's Health Conference (May 2006).
- § BreastCheck Evaluation Report – submitted to BreastCheck.

#### Work in Progress

- § Second National Conference on Women's Health – May 27<sup>th</sup> 2005.
- § Procedural Skills Course under development.

**Other Activities (see milestones/deliverables for details)**

- § Members' electronic inquiries service.
- § Publications.
- § Presentations.
- § Representation.

**Detailed Programme Description**

Table: Women's Health Programme Activities May 2005 – April 2006

Activity	Date	Number of Participants
<b>Family Planning Certificate Course Part 1 (theory)</b>	2-3 June 2005	7
	15-16 September 2005	18
	14-15 October 2005	21
	9-10 February 2006	26
<b>Family Planning Certificate Course Part 111 (practical)</b>	10-11 June 2005	11
	23-24 September 2005	9
	9-10 April 2006	10
<b>Instructing Doctors Course</b>	24 March 2006	6
<b>Women's Health Conference</b>	25th June 2005	112
<b>SCALES Course</b>	October 2005 – May 2006	17
<b>Diploma in Women's Health by Distance Learning</b>	September 2005 – May 2006	23
<b>Theory Course for Cervical Smeartakers by Distance Learning</b>	September – December 2005	36
	November 2005 – February 2006	30
	January - April 2006	33
	March – May 2006	37
<b>Total</b>		<b>366</b>

**Women's Health Courses***a. Family Planning Certificate Part 1 Course (Theoretical) (four courses)*

This one-and-a-half day course was run on four occasions (see Table for details). Course participants included those who had previously undertaken some training for the Family Planning Certificate but had not completed the requirements as well as those undertaking the Certificate course for the first time. Course evaluation by participants was positive.

*b. Family Planning Certificate Part 111 Course (Practical) (three courses)*

This intensive course was run on three occasions (see Table for details). This course has been developed over this year, incorporating evaluation and feedback from the participants, the instructing doctors and the actors.

*c. Instructing Doctors Course (one course)*

This one day course was delivered on 24th March 2006 in Dublin (see Table for details). Course evaluation was positive.

## Women's Health Conference

This conference was held in Cork in June 2005 with national and international speakers on a range of issues of interest in women's health. One hundred and twelve healthcare professionals (GPs and practice nurses) attended. Initially intended as a once-off event, the feedback was so positive that a second conference is planned for May 2006.

## Other Courses

### *a. SCALES (re-entry course for GPs) October 2005 – May 2006*

Seventeen doctors enrolled for this programme (the sixth re-entry and refresher course in general practice) in October 2005 and all participants will be presented with certificates of completion on 2nd May 2006. The course tutor was Maria Wilson. The course format was altered this year and now involves eight fully days at the ICGP – one each month, where previously it had run over 16 weekly evening sessions over the academic year. Evaluation of the altered format is awaited.

### *b. Diploma in Women's Health by Distance Learning (in collaboration with the Distance Learning Unit) Sept 2005- May 2006*

Twenty three healthcare professionals are studying for the Diploma in Women's Health September 2005 – May 2006. Fifteen of these are intending to complete the Diploma over one academic year. Two are completing year 2 of the Diploma, having enrolled in September 2004 and six are on year 1 of the two year Diploma, having enrolled in September 2005. The Women's Health Programme collaborates with the Distance Learning Unit in updating clinical content, assessment and delivering workshops on this course.

### *c. Theory Course for Cervical Smear takers by Distance Learning (in collaboration with the Distance Learning Unit) Sept 2005- May 2006*

This sixteen week course has run on four occasions over the course of this academic year (see Table for details). The Women's Health Programme collaborates with the Distance Learning Unit in updating clinical content and assessment on this course.

## Research

### *a. Women's Health Survey*

A national survey of a 30% stratified random sample of Irish GPs was undertaken in 2004 to investigate which women's health services are provided in general practice, which ones are not (and why) and referral patterns for services not provided. The survey also included a training needs analysis. In-depth interviews were subsequently undertaken with ten GPs to explore key findings from the questionnaire survey. This project was funded by the Crisis Pregnancy Agency and the report will be launched at the Women's Health Conference in May 2006.

### *b. BreastCheck Evaluation*

This questionnaire survey of a random sample of the GPs in the areas covered by Phase 1 of BreastCheck (formerly ERHA, NEHB and MHB) explores their perceptions and experiences of the national breast screening programme. The report is in final draft form and has been submitted to BreastCheck.

## Work in Progress

### a. Second Annual National Conference on Women's Health – May 27<sup>th</sup> 2006

This conference will provide an update on women's health issues for primary healthcare professionals. International and Irish experts will address a wide range of issues (conference details at [www.icgp.ie/whconference2006](http://www.icgp.ie/whconference2006)). The conference will be held in Portlaoise.

### b. Procedural Skills Course

There is a demand for training in the skills associated with providing women's health services, particularly IUCD and implant fitting. A proposal for this course has been approved in principle by the Joint Committee for Family Planning and awaits the appointment of an Assistant Director to progress this course.

## Programme Timetable

Ongoing.

## Programme Milestones/Deliverables/Outputs

1. Courses, meetings and research (as above).
2. Members' electronic inquiries service [whqueries@icgp.ie](mailto:whqueries@icgp.ie).

An email support service has been set up by the Women's Health department to provide a quick response to difficult clinical situations which may arise in clinical practice. The service responds to theoretical and practical clinical questions. We received just over 50 queries between June and December 2005. They covered a wide range of women's health topics, with the majority on contraception. These addressed areas such as a patient with a specific medical disease, a specific medical interaction between drugs and contraceptives or an unusual clinical symptom in a patient on a contraceptive. Some queries covered wider issues like confidentiality, consents before procedures and what advice to give patients regarding specific risks of contraception.

Outside of contraception, the majority of the remaining questions addressed menopause issues including osteoporosis. The answers were based on clinical experience for the most part, with evidence based references being provided where such were available.

### 3. Publications

- a. *Women's Reproductive Health Services in General Practice in Ireland: the National Picture in 2004*. Ailís ní Riain, Rita Galimberti, Sinead Burke, Claire Collins and Mary Dillon. ICGP publication (launch May 2006).
- b. *The Interaction Between General Practitioners, Their patients and BreastCheck*. Mary Dillon, Ailís ní Riain and Claire Collins. Report submitted to BreastCheck.
- c. *Current thinking on DMPA*. Rita Galimberti. Forum (March 2006).

### 4. Presentations

- a. Menopause and Osteoporosis (2 seminars). Rita Galimberti in collaboration with the ICCPE provided a joint CME opportunity for GPs and community pharmacists in North Dublin and Donegal.
- b. Symptomatic or Screening Service? Ailís ní Riain 8th March 2006 at BreastCheck Annual Clinical Conference, Dublin.



## Statement of Achievements/Outcomes to Date

1. Courses, meetings and research (as above).
2. Publications (as above).
3. Presentations (as above).
4. Collaboration – internally with the Distance Learning Unit and other project directors and externally with agencies such as BreastCheck, Irish Cervical Screening Programme and Crisis Pregnancy Agency and Health Protection Surveillance Centre.
5. Representation (see table below).
6. Electronic availability – material/publications, course details and clinical inquiries service available on the ICGP website.

Representation	
Women's Health Council	Claire McNicholas (to December 2005) Ailís ní Riain (March 2006)
National Steering Committee for Violence against Women	Ailís ní Riain
Joint Committee for Family Planning	Mary Condren, Fionnuala Loughrey and Rita Galimberti
National Expert Advisory Group on Cervical Screening	Maria Wilson
Consultative Forum for Crisis Pregnancy Agency	Ailís ní Riain
ERHA Committee on Violence against Women	Rita Galimberti (to January 2006)
Health Protection Surveillance Centre Steering Group for Research Project on Sexually Transmitted Infections	Ailís ní Riain & Mary Favier
Medical Council	Ailís ní Riain

## Current Activities

Many of the activities outlined above are ongoing.

## Future Plans

- § To continue ongoing activities.
- § To appoint assistant programme directors with responsibilities for courses and resources.
- § Ongoing collaboration with outside agencies to represent the contribution of GPs to women's health services and to secure financial resources to support further activities

## Administrative Resource

Yvette Dalton at the ICGP.

## Funding Sources

1. Course fees from participants.
2. Crisis Pregnancy Agency (research grant for National GP Survey).

3. Irish Cervical Screening Programme (development funding for Theory Course for Smeartakers by Distance Learning).
4. BreastCheck (educational grant for BreastCheck seminars and research grant for GPs' evaluation of breast screening)

### Acknowledgement

Rita Galimberti completed two years as Assistant Programme Director in January 2006 and has left us to further develop her clinical responsibilities. She made a considerable contribution to the programme in her short time with us, particularly in developing courses, organising the conference and supporting the clinical queries service. We thank her for the enthusiasm and expertise she brought to the programme and wish her all the best.

**Ailis ní Riain**  
**Women's Health Programme Director**

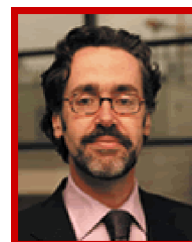
# **Management in Practice Programme**

## Management in Practice Programme

The business management and organisational needs of general practice have increased due to patient demand/expectation, new regulations and increased competition. The changing needs of patients and the on-going changes in health service planning necessitate that practices find new solutions to existing problems and be prepared for new challenges.

The Management in Practice Programme continues to support GPs in the management of their practices under the following functional areas:

- § Training - courses for GPs, practice managers and practice staff.
- § Information provision through publications and guidelines.
- § Direct advice and consultation with individual members and practices – telephone advisory service and online information service/resource via the College website.
- § Onsite consultancy.
- § Supporting the occupational health needs of GPs and others working in the practice.



*Dermot Folan  
MIP Director*

### Training

#### Management in Practice Course

The course addresses the business management skills required of the general practitioner/owner/manager and also of the employed practice manager.

The course currently runs over a six month period consists of 14 units and is delivered through a combination of workshops, module reading and assignments. The course includes formal assessment of course work and certification of completion. The Management in Practice course utilises the technology provided on [www.icgp.ie](http://www.icgp.ie) including discussion boards and online provision of course modules.

Course development is ongoing, reflecting the changing needs of practices and it is planned to offer this course as a Distance Learning Certificate course in September 2006. Diploma status and external accreditation is also being considered. Over the year two courses have been delivered with a total of 39 participants.

#### Practice Staff Training Courses

Four courses have been delivered over the year in Dublin, Cork and Kilkenny to a total of 42 participating practice staff. The course is designed to give practice staff an opportunity to develop their functional role and increase their contribution to the practice. Positive feedback from both GP employers and course participants alike remains consistent. The course will be delivered again shortly in Athlone and at a number of other venues around the country commencing in September.

#### Practice Staff Training for New or Prospective Staff

Consideration is been given to developing a new course designed to meet the needs of people who wish to work/or who are about to commence work in general practice as practice secretaries, receptionists, and administrators. Further market research will be conducted to gauge the demand for this training. An online booking facility for the programme's courses will shortly be available.

### External Presentations/Training

The programme director has made presentation/training sessions to the following groups over the period:

- 
- § First year students and fifth year medical school undergraduates, UCD.
  - § Third year and fourth year GP registrars – Eastern Regional General Practice Training Programme.
  - § Second and third year GP trainees – North Eastern General Practice Training Programme.
  - § Network of establishing GPs.

Other GP training programmes have been supported by the programme in sourcing educational resources in practice management.

## Publications

The College website [www.icgp.ie](http://www.icgp.ie) is an effective vehicle for the Management in Practice Programme to provide members with immediate access to a wide range of practice management information. The information is formatted as guidelines, protocols, relevant web links and frequently asked questions and covers the full spectrum of business functional areas from finance to HR management.

### New Publications

#### *GP Registrar Handbook – A Guide for GP Registrars*

Published as a web resource on the GP training section of the website, the Handbook provides a ready reference point, information source and guidelines on the practicalities of working and training as a GP registrar. It addresses the 'practice management' training needs of the GP registrar working in the training practice and provides advice and information on establishing in practice after graduation. The Handbook is a practical reference for both GP registrar and trainer alike.

#### *Practice Nurse – a Guide for GPs and Practice Nurses*

The existing publication is currently being updated and will be available in June as a web information resource and reference on the College website.

#### *The GP as Employer*

A comprehensive information resource on all aspects the employment and management of practice is provided on the website.

#### *Managing Health and Safety in General Practice*

The publication *Managing Health and Safety in General Practice* is currently being updated in line with recent legislative changes. The Management in Practice Programme has made a substantial contribution to the production of a 'Health and Safety training DVD training and education pack' for practices. This will increase awareness and motive changes in context of health and safety in GP practices. This resource should be available within the next two months.

## Forum

A monthly Management in Practice - Questions and Answers column highlights practical management issues occurring in everyday practice. The programme director regularly commissions articles from experts on a variety of management topics and also contributes articles directly to Forum. Recent articles included STC/GMS online, insurance, pension, SSIsAs, company formation, partnerships, competition law, premises design and disability access.

### Forum - Distance Learning Modules

The Programme Director has also contributed to Forum Distance Learning series on computerisation in the practice, human resource management and premises design.

## Management in Practice Unit - Advisory/Information Service

### Direct Access Advisory Service

College members access the service daily by phone, fax and email on a wide variety of management issues. On average 8-10 substantial practice management related inquiries are processed per day and approx 21 member enquiries are processed weekly by the unit. The following table illustrates the category and the level of demand in each category:

Enquiry Category	Number
Partnerships Material/Associate Material	30%
Employment Issues	33%
GMS	10%
Medical Legal	9%
Health & Safety	5%
Data Protection	8%
Practice Design	4%
Miscellaneous	1%

### Consultancy

A limited amount of **direct** consultancy work was provided to 20 practices during the year. An input and support was provided on a variety of issues with these practices including: establishment of practice, partnership and group formation, practice reorganisation, staffing and employment issues, retirement/succession planning, change management and business planning. There is an increasing demand for on-site consultancy however, extended involvement and support is limited by the available resources.

### Referral

The programme also makes referrals to a variety of professional advisors with expertise and knowledge of business management and general practice. A list of professional advisors with a stated expertise in assisting general practitioners is provided on the website.

### External Professional Advisors

The Programme utilises outside resources and experts including accountants, psychologists, practice managers, lawyers and other professionals as appropriate. A considerable reference resource has now been built up.

### New Initiatives Pilot Project Practice Manager/Business Development Manager

The programme has developed a joint initiative with Abbey House Medical Centre, Navan - on the appointment of a practice/business development manager. This has facilitated access to practice based information, skills and management competencies. A key objective is the development of management models and standard operating procedures on key management areas. The appointment has also enabled direct contribution to Management in Practice training programmes and information research and solution provision to members.

### Human Resource Compliance for General Practice Service (HRC) (On site/in practice assistance and support to college members/practices)

General practice like all other businesses is subject to increasing regulation. This is true of all areas but in particular, the area of employment regulation. The programme will, in conjunction with CMG HR Consultants, launch a Human Resource Compliance Service at the forthcoming the College AGM in May. This will further enhance the existing service provided by the programme to GPs in the area of staff

employment. This new initiative will provide on site/in practice support and advice to enable GPs to become fully compliant with their legal obligations and to improve human resources management in the practice.

The Human Resource Compliance service was piloted in a number of GP practices in July, 2005. As a result the Management in Practice Programme is in a position to offer a people management service, specifically tailor to the needs of general practitioners and their practices.

## **New Developments/Proposals**

### **GP/IT Course for Practice 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.

### **External Providers**

Initial proposals have been received from a number external management service providers. Consideration is being given to proposals at present.

### **Library Service**

The availability of the Library Service and the assistance of Gillian Doran and Trish Patton have further expanded our capacity to search, retrieve and deliver management information to members.

## **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 Andrée Rochfort. There is ongoing direct collaboration on a number of practice specific areas including stress management, health and safety in the practice and retirement planning.

The Director of the Management in Practice Programme also fulfils the dual brief of **Assistant CEO of 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, 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. In particular, I would like to acknowledge the assistance of Ms Jean Hubbard, Practice Manager, Medical Centre Waterford, Ms Anna Davenport, the Sheehan Practice, Dun Laoghaire Co Dublin and Ms Bernadette McKenna, Practice Manager, Cavan.

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

**Dermot Folan**  
**Management in Practice Director**

## Health in Practice Programme

### Programme Director

Dr Andrée Rochfort



*Dr Andrée Rochfort  
HiPP Director*

### Other Members of Programme Group

- § Margaret Cunnane – HiPP Administrator.
- § Healthcare Networks (see below).
- § Management Committee (1 representative from each network above).
- § Mr Dermot Folan, Assistant CEO and Director of Management in Practice.

### Summary of Programme

Health in Practice is a confidential system of healthcare and health information for doctors that began in 2000. It is an optional alternative to self diagnosis and treatment and other informal types of healthcare so often accepted by doctors in the past. HiPP acknowledges that doctors have specific needs in terms of healthcare. The service is both proactive and reactive to members needs in that it provides healthcare for doctors when ill while it also optimises the health of doctors by encouraging good personal health and occupational health and wellbeing. The confidential services of HiPP are also available for GPs family members. Feedback is actively encouraged from persons who use it and from those who provide the service.

### Programme Activities/Tasks

- § Provision of information and advice through individual queries from GPs/practices/GP families/publications/college website/workshops and presentations.
- § Provision of personal healthcare and occupational healthcare through the Healthcare Support Networks.
- § Health education and health promotion.

### Detailed Programme Description

The target audience includes:

- § GP members and their families (full-time, part-time, locum, sessional, young, established, GPs in training and retired GPs) as patients and
- § Supporting the Healthcare Support Networks of HiPP.

There are two interrelated branches to HiPP:

#### 1. HiPP Education and Information Service

This provides information and training on many personal and work-related health issues, e.g. stress management, appropriate self care for the doctor, health promotion and occupational health & safety for the GP and practice staff. Much information is delivered through workshops, presentations, media articles, website and publications. Other routes include responses to individual calls and queries.

#### 2. HiPP Healthcare Support Networks.

These four networks provide a confidential system of both occupational health and personal healthcare dedicated to the needs of GPs. The Healthcare Support Networks are facilitated by but independent of the college. The networks provide healthcare for GPs within an independent, therapeutic and confidential relationship. The Networks currently consist of 51 GPs, 20 occupational



physicians, 12 psychiatrists and 32 counsellors/psychologists and psychotherapists. ICGP members may access all networks directly (with the exception of psychiatrists which should be by formal referral from a GP).

### Programme Timetable/Milestones

2000 – Project director appointed, workshop at AGM, literature reviews, communication with others interested in doctors health initiatives.

2001 – Members Needs Assessment Survey, publication of *Managing Health and Safety in General Practice*, literature reviews, education and information service began.

2002 – Advertising, appointment and induction of four Networks (GPs for GPs, psychiatrists, counsellors and occupational physicians. Launch of active Networks.

2003 – Support of Networks and evaluation of Network activity. First annual HiPP seminar. Rise in queries from GPs and GP families, publications, presentations and workshops.

2004 - Support of Networks and evaluation of Network activity, second annual HiPP seminar, reorganisation and restructuring of role of Management Committee to advise on scope of future HiPP activity; continuing publications, presentations and workshops.

2005 – First National Conference on the Health of Doctors jointly hosted by ICGP and the Medical Council. Third HiPP Seminar held on the theme of 'Stress Management Strategies for GPs'.

### Programme Milestones/Deliverables/Outputs

- § Provision of education and information service.
- § It is HiPP's goal to encourage more GPs to use the HiPP model of high quality care within a confidential formal doctor-patient relationship for their personal healthcare.

### Statement of Achievements/Outcomes to date

As per annual reports to date, see timetable/milestones above.

#### For 2005 – 2006

- § Presentations and workshops at ICGP meetings, SCALES course, GP trainee meetings. External presentations and workshops to other institutions including Irish Centre for Continuing Pharmaceutical Education (the structured CME programme for pharmacists, MPSI); RCSI MSc in Women's Health; UCD medical students first years and fifth years. Venues for presentations in the past year included Dublin, Galway, Waterford, Dundalk, Tralee, Sligo, Cork and Belfast.
- § Attended a BMA seminar: 'Doctors in Difficulty – disciplinary and litigation issues' by kind invitation of the British Medical Association, where there was considerable interest shown in the HiPP model of healthcare for doctors.
- § Presented an overview of the HiPP model of healthcare for doctors to the RCGP Northern Ireland Council in Belfast at their invitation.
- § Created and maintained other national and international links for ICGP/HiPP.
- § Third annual HiPP seminar, June 2005, with presentations from Dr Abbie Lane (Consultant Psychiatrist, Director of Dublin County Stress Clinic) and from Ms Patricia Murray (Organisational Psychologist and HSA Inspector, Health and Safety Authority).

Other activities and representations include:

- § September 2005 saw the start up of the ICGP/Faculty of Occupational Medicine of RCPI distance learning course in occupational medicine which prepares candidates for the LFOM

- (licentiate) examination of FOM of RCPI. 27 doctors are currently enrolled on this two year course with an annual intake. I am course tutor.
- § Member of Education Committee of the Faculty of Occupational Medicine of the Royal College of Physicians in Ireland.
  - § ICGP representative on the Committee of Sick Doctor Scheme. The Sick Doctor Scheme facilitates treatment of doctors from all medical specialties who develop problems of substance misuse and addiction.
  - § ICGP Representative on National Working Party on mental health in primary care. This year we finalised the *Guidelines for the Management of Depression and Anxiety Disorders in Primary Care*. I produced one of the modules (on the topic of suicide) for the planned distance learning course on mental health in primary care. I co-presented a workshop on Suicide and Bereavement by Suicide with Ms Catherine Brogan.
  - § ICGP Representative on the HSE Mental Health Act Implementation project. The Mental Health Commission circulated a large folder to all GPs during the year. Succinct summaries are due to be circulated to GPs closer to the go-live date for Part II of the Mental Health Act 2001.

## Current Activities

- § Review and update of ICGP Publication *Managing Health and Safety in General Practice* (2001) in line with the 2005 Safety, Health and Welfare at Work Act, plus expanding previous topics and insertion of new information. This new publication will be available online on ICGP website with links to articles and other websites of interest in the area of occupational health for doctors. It is planned to launch this at ICGP AGM 2006 - *Managing Occupational Health and Safety in General Practice*.
- § The HiPP Director made a substantial contribution to the production of a 'Health and Safety DVD training and education pack' for practices. This will increase awareness and motivate change in context of health and safety in GP practices. This resource should be available within the coming months.
- § Ongoing support of HiPP Healthcare Networks on request, with network newsletter, network activity questionnaires and annual HiPP Seminar and through individual requests and contacts.
- § Ongoing input to Education and Information Service. I wish to personally thank Ms Angela Byrne, Web Content Manager for ICGP for her assistance in redesigning the HiPP pages on the ICGP website. We have much more information to go online in the coming months.
- § Ongoing representation on behalf of College on Committees

## Future Plans for 2006-2007

Broadly:

- § Promoting HiPP and continue to build on our success and recognition to date. Increasing the awareness of the importance of appropriate self care for the GP include expanding the HiPP pages on the College website is one avenue.
- § Ongoing need for education with regard to doctors' health risks and for creating confidence and trust in GPs and their families to use these supports available to them.
- § More proactive in delivery of HiPP services regionally through the HiPP networks.

Specifically:

- § Submissions to international conferences on physician health in Canada and Australia and submission of articles for publication in peer review journals.
- § Input into the follow up of outcomes from the first National Conference on Doctors Health in February 2005, as doctors health and healthcare issues are relevant for all medical specialties, and not just general practitioners.
- § Feedback from members along with the experiences of HiPP Networks and Information and Educational activities indicate a need to concentrate HiPP services in the short term on specific areas such as GP education on stress management and prevention of stress, provision of formal emotional and psychological peer support like mentoring and Health Promotion for

doctors. Possible collaboration with some of the activities of the ICGP Management in Practice Programme is under consideration.

- § Collegiality and being able to respond to individual requests for advice or assistance is an important role for HiPP. HiPP's strength is its proactive and reactive approach to members needs.
- § Continued input into the external activities and representations as outlined above.

### **Administrative Resource**

Internal ICGP, mainly Ms Margaret Cunnane, Ms Michelle Dodd and myself personally.

### **Funding**

This programme is jointly funded by ICGP and HSE.

### **Acknowledgements**

I wish to acknowledge the administrative assistance of Ms Margaret Cunnane and Ms Michelle Dodd and Ms Angela Byrne of the ICGP for her website expertise.

**Dr Andrée Rochfort**  
**Health in Practice Programme Director**

## Network of New & Establishing GPs (NEGs)

### Project Leader

Dr Deirdre Burns.



*Dr Deirdre Burns  
NEGs Project Leader*

### Other Members of Project

Steering Committee: Dr Lisa O'Neill, Dr John Ball, Dr Sinead Murphy, Dr Aine Moran, Dr Sorcha Dunne, Dr Amelia Barwise and Dr Cliona Ryan.

ICGP support: Mr Dermot Folan, Ms Pauline Tierney and Ms Angela Byrne.

### Summary of Project

- § To clarify needs of establishing GPs.
- § To make recommendations as to how these needs could be catered for by ICGP and to begin implementing recommendations.
- § To identify barriers to younger GPs participating in the College.

### Project Activities during Past 12 Months

The activities of the project reflect the three stated aims of the network:

1. To provide **support** for establishing GPs.
  2. To seek **representation** for establishing GPs at decision making level.
  3. To debate and lobby where necessary on **issues** particular to establishing GPs.
- § A NEGs web page was introduced onto ICGP website.
  - § A confidential chat room facility available to both members and non members via ID and PIN numbers was set up in August 2005.
  - § The Friday forum at the ICGP 2005 AGM was devoted to the topic of 'Manpower, Aspirations, Delivery'. The presentations by both establishing and established GPs led to debate on the differing perspectives of both groups.
  - § Network of Establishing GPs held a closed meeting at the AGM and it was decided to continue to provide support, information & allow networking through regional meetings. It was decided to endeavour to hold two series of regional meetings with topics to be based on the previous year's needs assessment findings.
  - § Regional meetings: Oct/Nov 2005. The theme of meeting was 'IMO and the Establishing GP'. Six meetings were held around the country and IMO representatives were invited to address a number of issues which had been voiced throughout the first year of the project. The meetings were attended by 120 establishing GPs.
  - § Regional meetings: March/April 2006. The theme of the meeting was '10 Things an Establishing GP should know about the GMS and other State Contracts'. A series of six meetings were held. Speakers were sourced through local GP units and through the knowledge of practice managers. Speakers were given a brief covering 10 aspects of the topic and asked to make a presentation/act as a resource for the meetings. 100 establishing GPs attended these meetings and feedback was good. A summary of presentations will be posted on the NEG webpage of ICGP and a summary of questions (& answers) raised at meetings will also be posted.
  - § Intermittent information newsletters were sent to all database members of NEGs.
  - § One member of the network went forward and was successfully elected onto the IMO GP Committee to represent establishing GPs. A further member of NEGs was co-opted onto the committee.

- 
- § NEGs representatives have had several subsequent meetings with the chairman of the IMO GP Committee. The IMO scheduled a section of its conference 'The Future Development of General Practice in Ireland' to 'Issues Facing Establishing GPs'. A presentation was made by a network member followed by a discussion.

## Progress Report

- § The initial needs assessment has been carried out and recommendations have been made and submitted to Council.
- § The process of implementing recommendations has begun in some areas.
- § A lot of importance is placed by network members on facilitating face to face meetings. The organisation of regional meetings is time consuming and involves a certain financial outlay in terms of venues, refreshments and IT support. We have discussed at committee meetings and at AGM meetings the 'value' of these meetings and members feel they are a useful means of networking and support and should be developed also as a source of information to establishing GPs.
- § To date the chat room has been underutilised. I feel a high degree of motivation is needed to access the chat room as one needs to have both PIN and ID numbers to hand. I wonder whether a credit card sized membership card could be issued with PIN and ID number, which could be kept in a wallet for ease of access. This would improve use of website by all members.

The ICGP has repeatedly requested that the network would focus on 'non contractual, ICGP relevant aspects'. Having reflected on this and on the needs assessment carried out in the first phase of this project, it is apparent that the establishing GPs concerns are overwhelmingly in the practical areas of setting up/establishing in practice. I do not see that these are not 'ICGP relevant aspects'. These GPs have just finished 10 years of clinical work and study and find that clinical excellence does not readily translate into career prospects and security.

The project was born through the **needs** of establishing GPs. The ICGP set out to **listen**. The ICGP must now take a position and address the needs as stated by establishing GPs to support them through this stage of their career. Establishing GPs will then progress to other stages of career where other more traditional ICGP aspects will come to the fore.

## Future Plans

- § The network would hope to continue to organise two series of regional meetings per year and expand if possible to other regions.
- § It would also hope to hold an annual meeting at the ICGP AGM.
- § The network would support the continuance of the NEG web page and chat room.
- § Further implementation of recommendations arising from needs assessment report.
- § Development of a handbook of information relevant to establishing GPs
- § Possible development of mentoring facility for establishing GPs.
- § Ongoing links with the IMO with regard to new contract negotiations and representations therein.

**Dr Deirdre Burns**  
**Network of Establishing GPs Director**

# Appendix

**Registration number 100456**  
**Charity number CHY 6751**

**The Irish College of General Practitioners Limited**

**(A company limited by guarantee, not having a share capital)**

**Directors' report and financial statements**

**for the year ended 31 December 2005**

## **The Irish College of General Practitioners Limited**

### **Company information**

<b>Directors</b>	The names of the persons who are directors for the Council term 2005/2006 are as listed in Appendix II.
<b>Secretary</b>	Fionan O'Cuinneagain
<b>Company number</b>	100456
<b>Charity number</b>	CHY 6751
<b>Registered office</b>	4/5 Lincoln Place, Dublin 2.
<b>Auditors</b>	OCMC, Cian House, Cian Park, Drumcondra, Dublin 9.
<b>Business address</b>	4/5 Lincoln Place, Dublin 2.
<b>Bankers</b>	AIB Bank plc., 1 Lower Baggot Street, Dublin 2.  Ulster Bank Ireland Limited, Ulster Bank Group Centre, George's Quay, Dublin 2.  First Active plc., First Active House, Central Park, Leopardstown, Co. Dublin.
<b>Solicitors</b>	McDowell Purcell, 4 Richview Office Park, Clonskeagh, Dublin 4.



**Profit and loss account (Statement of financial activities)  
for the year ended 31<sup>st</sup> December 2005**

		<b>Continuing operations</b>	
	<b>Note</b>	<b>2005</b>	<b>2004</b>
		<b>€</b>	<b>€</b>
<b>Income</b>			
Subscriptions received		1,460,058	1,325,705
Course income and fees		720,786	432,642
M.I.C.G.P. Examination		270,749	254,790
Grants: Post Graduate Medical & Dental Board		88,475	84,015
Sundry income		66,964	87,855
		-----	-----
	<b>2</b>	<b>2,607,032</b>	<b>2,185,007</b>
		-----	-----
<b>Expenditure</b>			
Establishment		58,371	65,461
Administration		1,873,022	1,761,427
Courses		583,414	396,382
Financial	<b>4</b>	55,799	62,581
		-----	-----
		<b>2,570,606</b>	<b>2,285,851</b>
		-----	-----
<b>Operating result for the year</b>		<b>36,426</b>	<b>(100,844)</b>
Interest receivable and similar income	<b>5</b>	9,790	9,650
		-----	-----
<b>Results on ordinary activities before taxation</b>		<b>46,216</b>	<b>(91,194)</b>
Tax on ordinary activities		-	-
		-----	-----
<b>Retained result for the year</b>		<b>46,216</b>	<b>(91,194)</b>
Retained reserves brought forward		449,510	540,704
		-----	-----
Retained reserves carried forward		<b>495,726</b>	<b>449,510</b>
		-----	-----

There are no recognised gains or losses other than the profit or loss for the above two financial years.

The financial statements were approved by the board on 24<sup>th</sup> April 2006 and signed on its behalf by

**Dr. Abdul Bulbulia**  
Director

**Dr. Eamonn Shanahan**  
Director

The notes on pages 8 to 19 form an integral part of these financial statements.

**The Irish College of General Practitioners Limited**

**Balance sheet  
as at 31 December 2005**

		<b>2005</b>		<b>2004</b>	
	<b>Notes</b>	<b>€</b>	<b>€</b>	<b>€</b>	<b>€</b>
<b>Fixed assets</b>					
Tangible assets	<b>9</b>		<b>2,599,926</b>		2,718,475
Financial assets	<b>10</b>		<b>3</b>		4
			<u><b>2,599,929</b></u>		<u>2,718,479</u>
<b>Current assets</b>					
Debtors	<b>11</b>	<b>516,371</b>		407,081	
Cash at bank and in hand		<b>798,015</b>		788,137	
		<u><b>1,314,386</b></u>		<u>1,195,218</u>	
<b>Creditors: amounts falling due within one year</b>	<b>12</b>	<b>(2,298,678)</b>		<b>(2,227,323)</b>	
<b>Net current liabilities</b>			<u><b>(984,292)</b></u>		<u><b>(1,032,105)</b></u>
<b>Total assets less current liabilities</b>			<b>1,615,637</b>		1,686,374
<b>Creditors: amounts falling due after more than one year</b>	<b>13</b>		<b>(1,119,911)</b>		<b>(1,236,864)</b>
<b>Net assets</b>			<u><b>495,726</b></u>		<u>449,510</u>
<b>Capital and reserves</b>					
Revenue reserves			<b>495,726</b>		449,510
<b>Shareholders' funds</b>	<b>14</b>		<u><b>495,726</b></u>		<u>449,510</u>

The financial statements were approved by the board on 24<sup>th</sup> April 2006 and signed on its behalf by

**Dr. Abdul Bulbulia**  
Director

**Dr. Eamonn Shanahan**  
Director

The notes on pages 8 to 19 form an integral part of these financial statements