

Creating new templates

Ailís Ní Riain

The appointment of a new director of women's health

at the ICGP provides a timely opportunity for the former director to reflect on the development of the Women's Health Programme over the past 10 years or so. Clinical developments, societal evolution and legislative change have ensured that this has never been boring!

Women's health in the 1980s and into the 1990s focused on reproductive health issues for the most part. This has always been a challenging issue for Irish society although the nature of the challenge has evolved over the past quarter of a century and will likely continue to do so. A 1993 review of family planning in Ireland concluded that the provision of contraception at that time was "...at best patchy and at worst totally inadequate". At that time many believed that family planning and STD services should only be provided in specialist clinics.

Women's health has been a high priority for the ICGP, practically since its foundation. This was first manifested by the establishment of a women's health task group. In response to the Regulation of Information (Services Outside the State for Termination of Pregnancies) Act, 1995, the college courageously published a training programme and information for general practitioners.

The approach taken in this task outlines the college's

approach at its best: a contentious issue, a request from the Minister of Health of the day, a redefinition of the task to address the holistic approach of the GP, an inclusive taskforce and ICGP council approval of a high quality publication which delivered what it promised and whose contents has stood the test of time.

Younger readers may not fully realise how difficult this issue was for the nation and how courageous and forward-thinking the college's response was. In 1998, the college decided to appoint a dedicated skills fellow for women's health on a two sessions a week commitment in the first instance. And recklessly appointed me to that post!

This appointment clearly signalled the college's emphasis on supporting GPs as the primary providers of women's health care. As I was the first skills fellow to come to work in the new building in Lincoln Place there was really no template to follow. This provided the opportunity and the challenge to shape and develop the Women's Health Programme (as it became). The achievements of the programme result from the tremendous support from GPs and practice nurses, those who enrolled for courses and projects and those who have worked on various initiatives with me over the years.

The tolerance of the experienced GP trainers who signed up for that first Instructing doctors' course I delivered was

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exceptional. They never once complained about or laughed at my feeble attempt. I certainly learnt much more from them during those two days than they learnt from me. My first responsibility on a policy issue was to draw up ICGP response to the 'Women and crisis pregnancy report' written by Evelyn Mahon and her colleagues.

It started with the daunting task of summarising a 550 page document and identifying the key issues for general practice. One of the most nervous moments of my professional life was presenting the subsequent report at the college AGM. Obviously I wasn't the only one who was nervous about how it would be received, as the chairman of the day stepped in at the last moment to chair the debate. This was my first experience of being publicly supported by college council and executive, but certainly not my last.

Developments in the Women's Health Programme were informed by the two national needs assessments conducted in 1998 and 2004. These sequential surveys built on earlier college surveys dating back to 1987 and provide a fascinating view of the evolution of women's health services in general practice, tracking the mainstreaming of contraception services across general practice and identifying structural and learning needs to address emerging issues.

Arising from the 1998 survey we introduced the Women's Health Roadshows, a series of interactive workshops around the country. Concerns were initially expressed about the format we introduced. There were those who felt that GPs would not be receptive to joint workshops with practice nurses back then. But we tried it anyway and happily it worked. And it is gratifying to see that this interdisciplinary approach is now routine in many college activities.

Other women's health projects provided opportunities to involve a variety of statutory and voluntary bodies in projects, workshops and courses and their contributions have enriched the experience for those participating and served to build understanding about the nature and limitations of general practice amongst external bodies.

Each of the three assistant directors at the Women's Health Programme and the tutors and researchers who have been involved through the years brought their own individual skills into the programme and are largely responsible for the quality of the educational experience for those who attended workshops, courses and conferences.

The introduction of the annual women's health conferences



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five years ago allowed us to expand the definition of women's health beyond obstetrics and gynaecology to address gender-related differences in common conditions such as cardiovascular disease and stroke.

Although my principal responsibility between 1998 and 2008 was to women's health, working at the ICGP has given me the opportunity to be involved in many other seminal developments when personal circumstances dictated that I give up my clinical commitment to general practice.

The introduction of distance learning by the college in 1999 was one such milestone. I was fortunate to be in the right place at the right time to allow me to be involved from an early stage.

It was only when presenting our approach as an assignment for my MBA in Healthcare Management in 2002 that I fully realised that the ICGP was in the forefront of innovation again!

E-Learning is now everyone's buzz word and the high quality of college's contribution in this area continues to be recognised by GPs as they enrol in numbers for the ever-increasing range of courses.

My involvement with SCALES, the refresher and re-entry course for general practice, came about almost by accident. In response to an approach from one determined individual, we started this course in 1999 and it too has happily stood the test of time and is now ripe for further development to help support GPs requirements in meeting the requirements of the Medical Practitioners Act 2007.

As ICGP nominee on the Medical Council for nine (long) years I had the privilege and responsibility to contribute to the regulation of our profession.

As the college celebrates its 25th anniversary I move in to my second decade working here with optimism.

Despite the general economic sense of gloom and doom and the seeming unending reforms of healthcare past experience suggests that the college will take this in its stride and continue to innovate to support general practice in responding to evolving responsibilities and challenges.

Within women's health, the new director will bring a fresh approach to the next set of challenges.

I am aware that optimism is not fashionable at present but my optimism is firmly based on daily interactions with GPs across the career spectrum, ranging from aspiring GPs through those in training or recently graduated to those who have been in the business much longer than me.

While all are concerned about the difficulties we face, the determination to preserve and develop general practice has not changed. The level of involvement and enthusiasm with GPIQ, our quality indicators project, exemplifies this dedication.

I have deliberately avoided naming individuals throughout this short reflection because it could simply have resulted in my version of the litany of the saints.

It has been my good fortune to have worked with and been supported by visionary GPs and practice nurses who have not been reticent in providing reality checks when they were needed; presidents and chairmen who have dedicated themselves to continuous improvements in general practice; members of the executive and council who have and continue to work to make that vision a reality; and staff at the college who continue to educate me on a daily basis (and haven't given up on me yet!).

On a purely personal basis, one individual above all has moulded my professional development but he would be most unhappy if I named him, so I won't make an exception in your case Fionán!

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