

# Education Committee

**AUTHOR | DR MARY FAVIER, EDUCATION COMMITTEE CHAIR**

Chairing the Education Committee for a third year has again been a rewarding and engaging activity. The role of the Committee is to provide a broad oversight of the educational activity of the College. At the twice yearly meetings of the full Committee, reports are received from those who work on or with educational projects for the College. In addition, support and guidance is offered and feedback given on current educational issues. Two new Committee members joined this year, Ming Rawat and Ray Mulready, and their input and new ideas are appreciated. A number of Subcommittees and informal groupings with co-options meet regularly and address significant task driven issues.

One of the most significant Subcommittees is the Quality in Practice Committee with a new Chair this year in Sheila Rochford. This Committee provides a vital resource to the College both in terms of the production of Impact Documents that are relevant to Irish general practice, and for the formal review as necessary of external guidelines with regard to their appropriateness to Irish general practice as it is currently structured and resourced.

The staff of the e-learning unit continues to facilitate and support an increasing number of courses and attendance at these continues to be maintained. The ICGP Summer School has changed scheduling this year to include a Saturday and has a new strand of a designated research and audit day. CME groups continue to increase in number and activity year on year, and remain central to GP continuing education. Full national coverage of CME tutors achieved for the first time last year has greatly facilitated this.

Competence assurance has yet to become a reality for College members but the necessary legislation has been signed in to law. This will give a lead time of one year to when it will become mandatory for all doctors. To this end a Subcommittee has been established under the Chair of Mary Sheehan, who is a former CME tutor and former Chair of the Education Committee. A substantial amount of preparatory work has already been undertaken by the College and this forms the basis for a busy year or two ahead to get all the necessary structures in place and running smoothly.

The role of education in the College is central. Feedback from members on any aspect of the education agenda is welcomed and encouraged.

# Professional Competence

**AUTHOR | DR AILIS NI RIAIN, PROJECT DIRECTOR**

## SUMMARY OF PROJECT

Maintenance of Professional Competence has become mandatory since Part 11 of the Medical Practitioners Act 2007 has commenced. The Act allows one year to deliver a fully operational Professional Competence Scheme. The key agencies and groups involved (Medical Council, Forum for Postgraduate Training Bodies, Department of Health and Children, the HSE, health sector employers) are working together on the Professional Competence Steering Committee to develop the framework for the Professional Competence Scheme. Each postgraduate training body will then develop and run its own scheme which will have to be accredited by the Medical Council. The compulsory components for the introduction of the scheme will be continuing professional development (CPD) and clinical audit (CA). The peer review component of the scheme is yet to be finalised. Multi-source feedback is under consideration in this context. This approach was piloted in the general practice setting in 2007-2008 and a second pilot is currently being carried out among hospital consultant.

## OTHER MEMBERS OF PROJECT

- Maureen Dempsey.
- Carol White.

## PROJECT ACTIVITIES/TASKS

- Establishing and supporting the ICGP Professional Competence Committee.
- Representing the Forum for Postgraduate Training Bodies and the ICGP on the Professional Competence Steering Committee of the Medical Council and the Forum Professional Competence Committee.
- Processing applications for CME /CPD accreditation.
- Supporting GPs who are enrolled in the current voluntary Competence Assurance Scheme.
- Reviewing the report on the Medical Council pilot projects with GPs on Performance Assessment and Professional Practice Review.
- Collaborating with other Training Bodies to develop potential common approaches e.g. to the accreditation of elearning courses.

## PROJECT MILESTONES/DELIVERABLES/OUTPUTS

- **ICGP Professional Competence Committee:** This Committee, under the chairmanship of Dr Mary Sheehan, has been established to develop and implement the ICGP Professional Competence Scheme. This will include developing criteria for the assessment and approval of appropriate CPD and CA programmes.
- **Review of Medical Council pilot study of multi-source feedback in general practice:** This review, which was undertaken by six GPs with contributions from the Professional Competence Committee and College Council, provides a detailed analysis of the pilot study, considers its implications in the GP context and makes recommendations about the role of multi-source feedback in the evolving professional competence scheme. It has been forwarded to the Medical Council.

Applications Processed for CME Accreditation								
	2003	2004	2005	2006	2007	2008	2009	2010
Total	275	362	324	311	229	284	293	97
- Pharmaceutical	114	165	121	156	96	121	115	41
- GPs	51	91	67	45	40	44	34	10
- Hospital/Clinics	21	29	22	22	30	45	60	22
- Societies	44	28	33	30	27	37	23	5
- Universities	24	17	23	16	4	12	19	4
- Health Boards	6	12	34	26	10	13	13	3
- Other	15	20	24	16	22	12	29	12
As at 1st April 2010								

GP Returns to voluntary Competence Assurance Scheme							
	2003	2004	2005	2006	2007	2008	2009
Summary sheet returns by GPs	84	190	199	187	145	77	86

## FUTURE PLANS

The likely introduction of the mandatory Professional Competence Scheme within the next year will result in a heavy workload for the College in developing the necessary structures to support GPs in fulfilling their requirements. In addition, we will collaborate with the Forum for Postgraduate Training bodies to develop a Professional Competence Scheme for those doctors on the General Division of the Medical Register who cannot register for any of the specialty schemes.

## ADMINISTRATIVE RESOURCE

Maureen Dempsey and Carol White.

# Quality in Practice Subcommittee

**AUTHOR | DR SHEILA ROCHFORD, QIP COMMITTEE CHAIR**

## MEMBERS OF COMMITTEE

Chairperson: Dr Sheila Rochford.

### Other Members of the Committee

Dr Anna Cunney (Project Officer), Dr Sorchá Dunne, Mr Dermot Folan, Dr Jason McMahon, Dr Seamus O'Baoighill, Dr Ray O'Connor, Dr Margaret O'Riordan, Dr Ben Parmeter, Dr Ailis Ni Riain, Dr Andree Rochford.

## SUMMARY

The ICGP Quality in Practice Committee which is a Subcommittee of the Education Committee was established in 2004. It produces impact documents and guidelines on clinical and non-clinical areas on topics of relevance to general practice in Ireland. In many instances these documents are produced in conjunction with outside bodies. The Quality in Practice Committee also supervises the competition for the annual ICGP Quality Improvement Award. In addition the Committee also looks at requests for the use of the ICGP logo in publications by external agencies.

## PROJECT/PROGRAMME ACTIVITIES/TASKS

- Chair of Committee: Dr Margaret O'Riordan stepped down as chair of the Quality in Practice Committee in September 2009 after 5 years of service. Dr Sheila Rochford has replaced Dr O'Riordan in this role.
- Project Officer: Dr Anna Cunney was hired as Project Officer to the Quality in Practice Committee. The post commenced on January 4<sup>th</sup> 2010 and provides for 2 sessions per week to support the Chair of the Committee in view of the increasing workload.
- National Cancer Control Programme Documents: Consultation was sought with the Quality in Practice Committee in relation to the development of the new skin cancer, lung cancer and family history of breast cancer guidelines and referral documents.
- Osteoporosis Management: An impact document on the management of osteoporosis is being developed by Dr Melissa Canny. This document is being produced in conjunction with the HSE.
- Perinatal Depression: Ms Rosemary O'Callaghan of the HSE Health Promotion Unit is in the process of developing an impact document on perinatal depression. The focus of the document is to raise awareness of perinatal depression and to give primary care staff practical guidance on management of same.

- Prostate Screening Impact Document: Dr Darach O’Ciardha has updated the Prostate Screening impact document to reflect the results of two large randomised controlled trials that have recently been published.
- Warfarin in General Practice: The impact document on Warfarin in general practice which was originally produced in 2006 was reviewed by Dr Margaret O’Riordan in December 2009 to include more information on the use of Warfarin in patients with mechanical heart valves, management of patients with head injury, dental extraction and the use of Warfarin and newer anticoagulants post-operatively.
- Evaluation Project: Ms Maria Leahy has undertaken to carry out the evaluation project on the use of impact documents by primary care staff. A questionnaire will be conducted initially and following that a focus group may be conducted to examine some issues in greater detail.
- Legal Rider and Review Dates: Following discussions relating to the legal status of guidelines issued by professional bodies the Committee have agreed that a legal rider and review dates are to be added to existing impact documents and will be added to all future documents as they are produced. All impact documents are now to be reviewed 3 yearly to ensure all information contained within is accurate and reflects current evidence.
- Website and Impact Documents: The ICGP website has been updated by Ms Angela Byrne, Ms Gillian Doran and Ms Patricia Patton and to make it easier to locate impact documents.

## MILESTONES/DELIVERABLES/OUTPUTS

### COPD in General Practice

An impact document on the Management of COPD in General Practice was launched at the ICGP AGM in May 2009.

### Haemochromatosis in General Practice

An impact document on the Management of Haemochromatosis in General Practice was launched at the ICGP AGM in May 2009.

### Psychosis in Primary Care

This impact document is expected to be launched at the ICGP AGM in May 2010. It has been developed by Dr Blanaid Gavin, consultant psychiatrist in conjunction with the Quality in Practice Committee.

### Quality Improvement Award

The annual ICGP Quality Improvement Award will be sponsored by Hibernian Aviva and will be presented at the ICGP AGM in May 2010. The marking grid and advertising material for the quality in practice prize was reviewed in 2009. Changes were made to the marking grid and a minimum standard

which has to be achieved was established. Information for entrants and judges was modified to reflect these changes.

## FUTURE PLANS

### Infection Prevention and Control Guidelines

A working group had been established with Dr Nuala O'Connor and Marie Courtney, HSE Professional Development Coordinator for Practice Nursing. An application has been made to the National Council for the Professional Development of Nursing and Midwifery to fund a Clinical Nurse Specialist in Infection Control to develop guidelines/advisory document on Infection Control in General Practice.

### Diabetes and Pregnancy

It has been proposed that we produce a one page document on diabetes in pregnancy for GPs. The focus will be on people at risk, picking up gestational diabetes, identification, and managing type 2 diabetics who want to become pregnant.

### Young People and Mental Health

Dr Blanaid Gavin of the Lucena Clinic has proposed the development of an impact document for GPs on the management of mental health problems in young people. She hopes to develop this in conjunction with Professor Fiona McNicholas and Professor Walter Cullen.

### Patient Held Medication Lists

Discussions are ongoing between the Quality in Practice Committee and the GPIT group in relation to developing a patient held medication list from the commonly used practice software packages. This list would be easily understood by the patient and would reduce the risk of medication errors.

### Algorithms

It has been proposed that the Quality in Practice Committee develop algorithms for the impact documents produced with a view to having them incorporated into practice software packages. This is proposed with a view to making the impact documents more readily useable in the GP surgery.

### Future Impact Documents

New impact documents under consideration by the Committee include ones on antibiotic prescribing and palliative care in general practice.

## ADMINISTRATIVE RESOURCE

Ms Pauline Tierney of the ICGP has recently taken over the role of administrative support to the Quality in Practice Committee. Prior to this Ms Yvette Dalton had provided administrative support to the Quality in Practice Committee.



# European Association for Quality Improvement in General Practice (EQuiP)



**AUTHOR | DR ANDRÉE ROCHFORD, IRISH DELEGATE**

## ABOUT EQUIP

EQuiP is one of Wonca Europe's network organisations. The name of the organisation is the European Society for Quality in Family Practice, acronym EQuiP.

The aim of EQuiP is to contribute to the achievement of high levels of quality of care for patients in general practice in all European countries. EQuiP will endeavour to achieve this by offering a structure for collaboration and exchange of expertise and methodology and by initiating projects on development and evaluation with regard to Quality Improvement (QI) and Quality Management and Quality Development which will be used here as the most comprehensive definition.

Quality development for general practice is a continuous process of planned activities based on performance review and setting of explicit targets for good clinical practice with the aim of improving the actual quality of patient care. This understanding of quality development focuses on a critical look at the actual performance of general practitioners and their practices rather than on competence alone. The members of EQuiP assume that this quality development should be the responsibility of the medical profession.

Members of EQuiP base their work on quality improvement as:

- A professional responsibility.
- A process.
- Covering all aspects of patient care.
- An integrated part of medical education.
- A routine part of daily practice.
- Patient centred.

- Appropriate use of medical services.
- Acknowledging the specific strategies of family medicine/general practice.
- Making decisions explicit.
- Non punitive.

## AIMS

This European group held its first meeting at the WONCA European Region Congress in Barcelona in 1990 and set down its objects:

- To promote collaboration between the organisations, associations and family practice colleagues of general practitioners/family doctors in Europe on the topic of quality development.
- To promote the exchange of experts and experience in quality development by organising workdays, drawing up positioning documents, distributing reports and creating collaboration projects.
- To enhance the creation of national networks of family doctors, educators and researchers in each country to aid in promoting and implementing EQuIP's results.
- To give an impulse to tuition on quality development during the pre-graduate period, continuous medical education and vocational training scheme.
- To initiate, support and supervise specific concerted actions concerning quality development.

## ICGP REPRESENTATION ON EQUIP

The ICGP delegate to EQuIP is Dr Andree Rochfort, who holds a post on the EQuIP Executive Board (Hon Treasurer). She is active in two working groups – Teaching Quality Improvement and Professional (GP) Health.

EQuIP working groups are active in the following areas:

- Quality indicators.
- Tools and methods.
- Teaching quality improvement.
- Research and quality improvement.
- Professional health.

## PROGRAMME OF EQUIP ACTIVITIES 2009-2010

### 2009

September: Wonca Europe Basel, Switzerland (attended).

Presented EQuIP workshop “Quality issues in Complex Consultations: when the patient is a doctor” with assistance from Dr Luc Lefebvre, President of Belgian Society of GPs.

November: EQuIP meeting Bled, Slovenia (attended).

### 2010

April – EQuIP meeting London (attended).

### Publication

The proceedings of EQuIP Quality workshop delivered in Wonca Europe 2009 by Dr Andree Rochfort and Dr Luc Lefebvre (President of Belgian Society of GPs) have been submitted for publication in a peer reviewed journal.

# European Academy of Teachers in General Practice (EURACT)

**AUTHOR | DR OWEN CLARKE (2009) AND BRENDAN O'SHEA (2010), IRISH REPRESENTATIVES**

## SUMMARY

EURACT is established in order to reflect on and disseminate good teaching/learning experience in general practice training throughout the European area. Established in 1992, it has developed into an extensive and representative network of GPs engaged in teaching at an undergraduate and postgraduate level. It draws members from the main body of EU GPs, as well as training programmes and University Departments of General Practice. Similarly to our own College, EURACT is organised into its members, a Council and an Executive.

## ACTIVITIES

The organisation of EURACT is arranged in order to facilitate collaboration and sharing of experience relative to GP teaching. Educational activities include an advanced Teaching Skills Workshop, held annually, open to all GP trainers. This is a 5 day residential course. Delegates attending this year's ICGP National Trainers Workshop will have experienced this indirectly through a very well received module delivered by Dr Gerry Wheeler and Dr Mary Sheehan at Tullamore (Feb 2010), based on their experience at a EURACT course. EURACT will also systematically examine issues topical to the area of GP training, and it is, for example, running a conference on selection criteria for entry to general practice training (April 2010). At a practical level, interaction between Council members facilitates the dissemination of national and regional trends in general practice training.

Further detail can be obtained at [www.EURACT.org](http://www.EURACT.org).

- Attendance at Spring Council Meeting in St Petersburg, Russia. (OC)
- Attendance at Autumn Council Meeting in Witten, Germany. (OC)
- Attendance at WONCA EUROPE in Basel Switzerland where Owen Clarke ran a workshop based on a survey undertaken by him throughout the EURACT member states. The workshop title was 'Training and Re-Training survey in GP/FM'.
- Also at WONCA Europe Owen Clarke participated as a co-author in an oral presentation on 'The European Performance Agenda in General Practice'.

Throughout the year participation in ongoing EURACT Council work in the following areas

- 'The European Performance Agenda' which is just about ready for publication.
- The Specialty Training Committee where the survey above was undertaken.
- Chair of a new working group established to identify the real member needs in EURACT countries.
- Domestically, maintenance of information flow to members.
- Maintenance and promotion of EURACT membership.

## PLANNED ACTIVITES

- Advanced Teaching Skills Course, Bled.
- Council/Executive Meeting, Bled April 2010.
- New Information Technologies in Medical Education, Bled September 2010.

# ICGP Nominee to Medical Council

**AUTHOR | DR RICHARD BRENNAN**

## FUNCTION OF THE MEDICAL COUNCIL

To protect members of the public in dealings with medical practitioners by:

- Assuring the quality of undergraduate education.
- Assuring the quality of postgraduate training of doctors.
- Registration of doctors.
- Disciplinary procedures.
- Guidance on professional standards and ethical conduct.
- Professional competence.

## ACTIVITIES

Preparation and participation in meetings of the Medical Council. Preparation and participation in meetings of following subcommittees and working groups:

- Chairman of Health Committee.
- Member of Standards in Practice Subcommittee.
- Member of Fitness to Practice Committee.
- Member of Research and Public Affairs Group.
- Monitoring group practice visits.

## MEDICAL COUNCIL MILESTONES 2009

- Transition and Implementation of Medical Practitioners Act 2007.
- Establishment of the new Council, with new governance, committee and subcommittee structures.
- Move to new premises in Kingram House, Dublin.
- Establishment of new Register.

- Publication of New Ethical Guidelines.
- New upgraded Website: [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

## FUTURE PLANS

- Continue the provision of a general practice perspective to all aspects of medical council business via membership of council and its subcommittees
- The section of the 2007 Medical Practitioners act dealing with competence assurance will be enacted, and it is anticipated that CA will be introduced this year.

## ACKNOWLEDGEMENT:

The Medical Council is a complex organisation with the necessary structures to enable it to fulfil its statutory functions. The scale of work is beyond the capacity of one individual. With the reduced number of medical practitioners on the new council, it is necessary for other general practitioners to contribute to the various working groups and subcommittees, such as the Health Committee, Fitness to Practice, Registration, Monitoring Group, external educational accreditation groups, and Competence Assurance.

I would like to acknowledge the contribution of these colleagues who contribute to this work, and also to Fionan and Dermot for their wisdom and support.

## FURTHER INFORMATION

Further information regarding the Medical Council can be obtained at [www.medicalcouncil.ie](http://www.medicalcouncil.ie).



**AUTHOR | DR LYNDA HAMILTON, IRISH REPRESENTATIVE**

## SUMMARY OF THE PROJECT

UEMO is a European umbrella organisation of general practitioners/family doctors representing national medical organisations. It links with other EMAs, and hopes to bring GP/FM influence both European, and national.

Dr Liam Lynch is Head of Delegation, on behalf of the IMO, and chairs the Ad-Hoc Committee. This has completed a pan-European patient satisfaction questionnaire, showing high level of satisfaction with GP/FM. Dr Annraoi Finnegan is stepping down after a four year stint as Vice President. He chairs the working group on CME/CPD. He submits his own report.

Dr Lynda Hamilton chairs the Standing Committee on Equal Opportunities, which is currently combined with the Working Group on Specific Training, as interested in mutual recognition of training, GP/FM as a recognised speciality, and rights to freedom of movement, considering patient safety, economic and ethical factors.

She contributes to Working Group on Preventative Activities, which has produced papers on Violence in Young Men and Families, Medications Safety for Children, and Quaternary Prevention, i.e. “disease-mongering” to the worried well, HELENA (teen nutrition) and PESCE (smoking cessation).

She contributes to Working Group on the Future of General Practice which is waiting for the results of a questionnaire on the use of “Practice Assistants”. This can be a salaried doctor, nurse, or in some countries a non-medical person, and this examines their scope, training and autonomy.

She contributes to the Working Group on Quality Assurance. The Netherlands have produced a lengthy document examining different methods in Europe, and IRL and UK have edited this for initial discussion at the next meeting. This paper refers to WHO and WONCA definitions, recognises the patient’s right to good quality care, the doctor’s right to good working conditions, and the “payer’s” right to a good quality service. It recommends the use of EUROPEP, (see M Riordan Equip), and considers P4P, with concerns on over performance, strategic behaviour, and local factors influencing outcomes.



# Education Unit

**AUTHOR | NICK FENLON, DIRECTOR OF  
EDUCATION**

## MEMBERS OF UNIT

Director: Nicholas P Fenlon.

Other members of E-Learning, Courses, Summer School:

- Louise Nolan, E-Learning Unit Administrator (Full time).
- Caitriona Finn, E-Learning Unit Administrator (Half time).
- Maureen Dempsey, E-Learning Unit Administrator (Half time).
- Margaret Cunnane, Administrator for the Diploma in Management in Practice Course
- Gillian Doran & Patricia Patton, ICGP Librarians – available to e-learning and course participants on request.
- Angela Byrne, Web & Communication Manager – available to e-learning and course participants on request.
- Niamh Killeen – Administrator for Minor Surgery Course.
- Dr Aisling Lavelle – Co-ordinator of the ICGP application for HETAC accreditation.

For the academic year 2009 – 2010 we facilitated 12 different courses of study which involved 19 assessors in our three-prong assessment process. We also have 14 clinical course tutors who are responsible for keeping the course material up to date, as well as academic support for our Diploma Course in Therapeutics from the Department of General Practice in UCC.

## SUMMARY OF UNIT PROGRAMME

### Educational Aims

The aim of the E-Learning Unit is to provide general practitioners and health care professionals with a practical update on identified course topics that are relevant and applicable to their everyday practice. It aims to provide these in a format that recognises the reality of the busy and stressful work of GPs and through the use of educational methodologies that match the learning styles of members.



The E-Learning and Courses project 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 and other health care professionals.

In addition to the E-Learning courses the need for short direct face to face courses was identified. In response to this we have developed and delivered a very successful 'ICGP Summer School' where members have the option to meet for a three day long series of educational sessions as well as social interaction. So far the College has hosted three very successful Summer Schools and will be hosting it's fourth one from June 17<sup>th</sup> to June 19<sup>th</sup> 2010.

## PROGRAMME ACTIVITIES/TASKS

In 2009/2010 we delivered the following courses:

- Diploma in Therapeutics.
- Diploma in Women's Health.
- Certificate in Palliative Care.
- Certificate in Diabetes Care.
- Certificate in Geriatric Medicine for General Practitioners.
- Postgraduate Diploma in Medical Education (in collaboration with Queen's University, Belfast).
- Masters in Medical Education (in collaboration with Queen's University, Belfast).
- Theory Course for Cervical Smear Takers.
- Occupational Medicine – leading to LFOM (in collaboration with the Faculty of Occupational Medicine).
- Certificate in Management in Practice.
- Certificate in Cognitive Behaviour Therapy.
- Minor Surgery for General Practitioners
- Musculoskeletal Examination and Injury Management (In collaboration with the Faculty of Sports and Exercise Medicine).
- 3<sup>rd</sup> Annual ICGP Summer School.
- First graduation with Masters in Medical Education – in Queen's University Belfast.

## PROGRAMME DESCRIPTION

Course / Educational Event	Number Attending	Participants
Diploma in Therapeutics	11	GPs
Certificate in Palliative Care	19	GPs
Diploma in Women's Health	8	GPs & Practice Nurses
Diploma Practice in Management	27	Practice Managers
Certificate in Diabetes Care	10	GPs
Certificate in Geriatric Medicine	15	GPs
Musculoskeletal Examination and Injury Management	21	GPs
Occupational Medicine Year 1	19	Multi disciplinary
Occupational Medicine Year 2	11	Multi disciplinary
Masters in Medical Education	40	Multi disciplinary
Course for Cervical Smear Takers	26	Practice Nurses & GPs
Minor Surgery	40	GPs
CBT	16	GPs
Therapeutics Update	13	
ICGP Summer School	120	GPs

## UNIT TIMETABLE

The unit has been operating since 1999. It is continuously developing and has been expanding annually. Our e-learning courses all start in October and end in May. The ICGP Summer School is a three day event which takes place during the last week of June. Participants have the option to partake in as many or as few sessions as suit their needs. The summer months are used to evaluate courses which have finished, collate course results and prepare the next year of courses by bringing all programmes up to date, launch new courses etc.

## PROGRAMME MILESTONES, DELIVERABLES & OUTPUTS

### Unit Milestones

- First course – Diploma in Therapeutics 1999/2000.
- A second course – a Diploma in Prevention 2002/2003.
- Certificate in Palliative Care 2002/2003.
- Diploma in Women's Health 2003/2004.
- Appointment of full time director 2003/2004.
- Certificate in Diabetes Care 2004/2005.
- Postgraduate Certificate in Medical Education in collaboration with QUB, 2004/2005.
- Introduction of online discussion rooms on some courses 2004/2005.
- Introduction of assessment 'feedback' via ICGP website, 2004/2005.
- Introduction of Masters in Medical Education 2005/2006.
- Introduction of Theory Course in Cervical Screening 2005/2006.
- New course in Occupational Medicine in collaboration with Faculty of Occupational Medicine 2005/2006.
- New Certificate Course in Practice Management 2006/2007.
- New Certificate Course in Mental Health 2006/2007.
- New Advanced Course in CBT 2006/2007.
- Launch of Clinical Update Road-Shows – 2006/2007.
- First ICGP Summer School June 2007.
- New Course in Geriatric Medicine 2008/2009.
- New Course in Minor Surgery 2009.
- New course in Musculoskeletal Examination and Injury Management in collaboration with Faculty of Sports and Exercise Medicine 2009/2010.

	1999/ 2001	2001/ 2002	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010
Diploma in Therapeutics	49	45	25	16	16	18	30	18	14	11
Diploma in Prevention	N/A	N/A	20	15	1	N/A	N/A	N/A	N/A	N/A
Certificate in Palliative Care	N/A	N/A	31	12	25	13	13	15	14	19
Diploma in Women's Health	N/A	N/A	N/A	46	38	16	23	29	18	8
Certificate in Diabetes Care	N/A	N/A	N/A	N/A	17	14	16	43	20	10
Certificate in Geriatric Medicine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	23	15
Postgraduate Certificate in Medical Education	N/A	N/A	N/A	N/A	20	23	21	15	47	N/A
Occupational Medicine Year 1	N/A	N/A	N/A	N/A	N/A	27	17	17	14	19
Occupational Medicine Year 2	N/A	N/A	N/A	N/A	N/A	N/A	23	11	12	11
Course for Cervical Smear Takers	N/A	N/A	N/A	N/A	N/A	145	134	121	94	26
Management in Practice	N/A	N/A	N/A	N/A	N/A	N/A	25	28	28	27
Masters in Medical Education	N/A	N/A	N/A	N/A	N/A	N/A	26	21	11	40
Mental Health	N/A	N/A	N/A	N/A	N/A	N/A	11	5	8	N/A
Advanced CBT	N/A	N/A	N/A	N/A	N/A	N/A	6	18	9	16
Minor Surgery	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	34	40
Musculoskeletal Examination & Injury Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	21
Clinical Update Road-	N/A	N/A	N/A	N/A	N/A	N/A	64	30	13	13

show										
ICGP Summer School	N/A	N/A	N/A	N/A	N/A	N/A	N/A	118	120	120

## STATEMENT OF ACHIEVEMENTS/OUTCOMES 1999 - 2009

- During the academic year 2009 – 2010 we had the first collaborative course in Musculoskeletal Examination and Injury Management. The first intake was 21 people. This course was delivered by both workshop and e-learning and we have received very positive feedback from participants.
- In December 2009 the first group of course participants graduated with a Masters in Medical Education in Queen's University Belfast.
- We ran a number of very successful courses in Minor Surgery which took place in Dublin and Cork.
- HETAC granted us Institutional Recognition Status for progression to Full Accreditation Status.

## FUTURE PLANS

We will be facilitating the fourth ICGP Summer School which will be held from June 17th to June 19th 2010 in the Lyrath Estate Hotel, Kilkenny. This is the first time we will be running the Summer School to include a Saturday. Building on the success of the last three years, this venture will consist of a broad range of short presentations with something to suit everyone. The Summer School will include topics from therapeutics, practice management, minor surgery, IT, legal and ethical issues, mental health, chronic disease, women's health, cancer care etc.

Other new ventures include:

- We have successfully achieved eligibility to proceed to the next stage of HETAC accreditation and are progressing towards course accreditation.
- We will be delivering the Minor Surgery course to three/four locations outside of Dublin in 2010.
- We are exploring alternative modes of delivery of College courses – this will be in the form of delivering stand alone modules from identified courses so that members can choose modules that best suit their needs and study in a less pressured way.

## ADMINISTRATIVE RESOURCES

The E-Learning Unit has one full time administrator, Louise Nolan, and two part time administrators – Caitriona Finn and Maureen Dempsey. Louise Nolan is also administrator for the ICGP Summer School. Niamh Killeen is administrator for the Minor Surgery course. Margaret Cunnane is administrator for the Practice in Management courses. All administrators have given hugely to the development and continued success of ICGP education delivery.

## FUNDING SOURCE(S)

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.

# CME Small Group Network

**AUTHOR | DR ANNRAOI FINNEGAN, DIRECTOR OF CME  
EDUCATION**

## REPORT FROM SEPT 2009 TO MARCH 2010

The Continuing Medical Education network of tutors continues to provide locally based, accessible, educational modules to general practitioners in a small group learning format. This form of education remains popular with GPs in established practice. The modules provided are relevant, allowing discussion and learning to take place in a trusted environment among peers.

There are thirty seven tutors in position and responsible for organising monthly meetings of small groups throughout the academic year. Most of these meetings take place as an 'out of hours' activity. It remains a tribute to the commitment of GPs to their desire for ongoing education that they continue to attend this voluntary activity in large numbers after a busy day seeing patients. Over two thousand GPs are registered as participants in the programme. The target audience for this educational activity is every GP in active practice in the Republic of Ireland.

Since the first of January 2009 the funding of the CME national tutor network has been taken over by the Health Service Executive. The ICGP has the oversight and governance role. It is noted that the College is in discussion with HSE-METR regarding the structure and governance of GP training under the legislated remit of the Irish Medical Council and the HSE. A meeting has taken place between Prof G Bury, Director of Medical Education, HSE, Ms MJ Biggs, Medical Education Training and Research [METR] unit, HSE, the National Director, GP CME schemes and the CEO, ICGP in March 2010. In the current financial situation all projects and schemes are being scrutinised. It was made clear that continuing funding of GP CME schemes will be in the context of the Department of Health and Children Patient Safety Commission agenda and the Professional Competence Scheme requirements of the Medical Council.

The Minister of Health and Children has signed section 11 of the Medical Practitioners Act 2007 on the first of May 2010. This will make it compulsory for all physicians on the Specialist Register to partake in regular CME and ensure their personal Continuing Professional Development [CPD]. Doctors will have twelve months to register with the Medical Council and their relevant training body. It will be a legal requirement to participate in a Professional Competence Scheme organised by the relevant training body. The ICGP, working with the Forum of Postgraduate Medical Training Bodies, the Medical Council and the HSE will work out the details of certification and how GPs on the Specialist Register can prove participation in professional competence and guarantee re-certification after a five year cycle. It is expected the national GP tutor network and the GP CME Schemes will have a significant role in facilitating individual GPs to meet their requirements.



## TUTORS

There are no new tutors appointed since the recruitment ban in the public service in 2008. The thirty-seven tutors in post continue to work organising and facilitating the local SGL meetings. The natural flow of retirements and replacements has kept vibrancy in the national tutor network. If the recruitment ban remains in place a situation will arise that tutors who wish to retire may remain in post simply to protect the local CME scheme, and GPs who aspire to become tutors will be denied the opportunity to do so. Every year there has been an induction day for new tutors but as no appointments have been made there has been no induction day in 2009/2010.

## NUMBER OF GROUPS

There are 125 small groups in the country. There are usually from 15 to 18 GPs on the mailing list of each group.

Membership of the ICGP is not a prerequisite for being a group member. Notifications of meetings are sent out in advance by the tutor. Participants in small group meetings will include established GPs, doctors working part-time or in sessional work in general practice and newly establishing GPs in an area. The average attendance at any particular meeting is eight doctors. Each group will meet at least seven times in the academic year. There is a demand for the establishment of new groups, particularly in urban areas.

## NUMBER OF MEETINGS

The last set of completed figures for an academic year was September 2009. There were 898 meetings held up to that time. As meetings are still taking place an accurate assessment of activity for 2009/2010 will not emerge until August/September 2010. Preliminary examination of returns would indicate a similar number of meetings and a similar number of participants for the year 2009/2010. The meetings are not sponsored by the pharmaceutical industry. The HSE is now the funding agency for this type of learning.

## LEADERSHIP

The groups are usually led by the tutor. All of the meetings are resourced by the tutors. The tutors learn the skill of leading small groups at the tutor workshops. Some tutors are assisted in the task of leading groups by locally-based group leaders. The small group meetings are facilitated by a tutor/group leader, are interactive and involve peer discussion. The number of group leaders has remained constant, there are 42 in position. These volunteers facilitate one or all meetings for an academic year. Some will work with the tutor in a consultative forum to plan topics and suitable methods. All of the leaders are briefed by the tutor in advance of the meetings. All have the responsibility to debrief after the meetings. The contribution of the group leaders is recognised by way of a grant administered by the ICGP.

## NUMBER OF PARTICIPANTS

The number of GP participants registered in a GP CME scheme is constant at 2,190. At the time of reporting participation in a small group learning meeting remains a voluntary activity. There are probably another 400 doctors who have decided at this time that they have no interest in this method of learning or

keeping up to date in this way. Now that Section 11 of the Medical Practitioners Act is signed it will mean that participation in external CME events will be compulsory. In this event there is likely to be a demand from current non-participatory GPs to be accommodated in existing or newly created small groups. This will be an extra workload on the tutor network, in the absence of new appointees. The impact of this cohort on the group dynamics of existing groups remains to be seen.

## SCHEME VISITS

Five evaluation visits have taken place over the course of this report. The aim of these visits is to ascertain that the GP CME scheme is being run efficiently and effectively and to make recommendations therein. The visiting team is composed of three GPs, one being an extern not connected with the tutor network. I would like to thank the externs for their time and input into the scheme visits. The team will usually meet the tutor, review the summary report provided, including attendance figures, topics covered, methods used, and action on previous recommendations. The team will also endeavour to meet local Faculty officers, group leaders and group participants to hear of their experiences as consumers of this type of education for GPs. All the visits to date have been deemed successful by the visiting panel. The visit to Dr M. Kearney, Kildare, is scheduled to take place on 11<sup>th</sup> May 2010.

## WORKSHOPS

There are usually three residential workshops held per annum. The workshops are organised by the National Director. There have been two workshops over the period of this report. One on 11<sup>th</sup>/12<sup>th</sup> September 2009 in Athlone and the other on 5<sup>th</sup>/6<sup>th</sup> February 2010 in Dublin. The topics covered are to be found in *Appendix 1*. The tutor topics are relevant to modern day general practice and often will be based on learning needs assessment carried out by a tutor with local participants. Tutors learn about preparation, presentation and leadership skills at the workshops. Every session has feedback on the group dynamics, the quality and style of the leadership. The topics are put on the ICGP website after each workshop for use by other tutors. The guest presenters usually speak and have an interactive exchange with the tutors on medical topics of current and national interest. The May workshop will be held on May 7<sup>th</sup> 2010, in Galway, in conjunction with the ICGP AGM.

## CONCLUSION

The GP CME Schemes continue to provide a locally based opportunity for GPs to keep up to date with medical developments relevant to general practice. The Small Group Learning model remains popular and one of its strengths is that peers can meet and review their actual performance in a confidential and trusted environment. Notwithstanding other forms of educational activity, the regular contact with colleagues is invaluable in promoting change at practice level.

It will be a challenge for the tutor network to continue to organise and supply a quality educational product with increased demand and limited resources. The effect of the provisions of the Medical Practitioners Act 2007 will mean more GPs will want to join small groups. In some areas this will mean an increase in group size while in others it will mean the creation of new small groups. The role and responsibility of tutors in relation to professional competence will need discussion and agreement over the next year. The professional competence process will be designed to identify poorly performing or under performing doctors. The responsibilities of the Medical Council, HSE and ICGP will need to be agreed

over the next year. Some doctors will need the provision of remedial courses to assist them meet requirements. It is not clear at this stage if the tutor network will be asked to have a role in this regard. The responsibility, if any, of the ICGP in relation to the competence of GPs to carry on their work will also be decided over the next year. At local level the change from voluntary participation to compulsory will have to be accommodated.

The tutor network has always been committed to imparting the knowledge skills and attitudes necessary so that GPs in active practice can be aware of relevant medical developments and implement change at practice level to ensure quality standards are maintained. This commitment to the implementation of quality and standards of practice is of benefit to patients.

Over the years a national network of GP CME Schemes has been developed. This structure has achieved high participation rates. The topics covered have and continue to be common, important and relevant to general practice. It is a challenge to prove successful outcomes from participation in small group learning meetings. In future audit of practice based activity in a peer review context may prove beneficial outcomes for patients.

## APPENDIX 1: PRESENTATIONS AT CME TUTOR WORKSHOPS

Date: 11<sup>th</sup> & 12<sup>th</sup> September 2009 Radisson Hotel, Athlone

Bids Presented	Presented by
Ethical Dilemmas in General Practice	Dr Tom Foley
Managing Pandemic H1N1 2009 in General Practice	Dr Sandra Tighe
Management of Dementia in General Practice	Dr Frank Hayes
Women's Health a Review	Dr Georgina Connellan
A Female Patient if for Life	Dr Cathy Cullen
Multicultural Ireland Issues of General Practice	Dr Donncha O'Cuill
Easily Missed Diagnosis	Dr Ken Harte
Childhood Obesity – Can we Help?	Dr Caitriona O'Cathain
Polypharmacy	Dr Mary Kearney
<b>Guests</b>	
Pandemic H1N1 Update	Dr Kevin Kelleher, Asst ND Health Protection HSE
National Cervical Screening Programme	Dr Marian O'Reilly, NCSS

Date: 5<sup>th</sup> & 6<sup>th</sup> February 2010 Hilton Hotel, Dublin

Bids Presented	Presented by
Contraceptive Overview	Dr Mary Davin Power
Evidence Based Medicine	Dr Scott Walkin
Chronic Fatigue	Dr Patricia McNicholl
Change your Lifestyle for Good	Dr Eamonn O' Shea
Suicide in the Practice	Dr Pat Harrold
Urinary Catheters & PSA	Dr Jeremy Cotter
Time Management in General Practice	Dr Conor Hanrahan
Infant Nutrition	Dr John Hunt
Journal Update	Dr Gary Stack
<b>Guests</b>	
Update on Educational Agenda of ICGP	Mr Nick Fenlon, Director of Education ICGP
Patient Safety	Dr Philip Crowley, Assistant Chief Medical Officer, Dept of Health & Children HSE

# Women's Health Programme

**AUTHOR | DR MIRIAM DALY, PROGRAMME DIRECTOR**

## PROGRAMME MEMBERS

- Programme Director: Dr Miriam Daly.
- Project Director, LARC Course: Dr Geraldine Holland.
- Tutor, Family Planning Certificate Courses: Dr Deirdre Lundy.
- Administrator: Yvette Dalton.

### Other Members of Programme Group

- Instructing Doctors in Family Planning.
- LARC tutors.

## SUMMARY OF PROGRAMME

The Women's Health Programme aims to provide educational support for primary care in women's healthcare and to contribute to the College's policy development in this area. Since its inception in 1998, the programme has evolved to cover a wide range of topics, using a variety of educational formats and has produced a series of publications using a multi-disciplinary approach.

## PROGRAMME ACTIVITIES

- A new project director, Dr Miriam Daly, was appointed and took up post on July 1<sup>st</sup> 2009.
- The Certificate in Family Planning is now awarded by the ICGP in association with the Joint Committee for Family Planning. A full review of the Certificate in Family Planning was undertaken.
- We ran a number of theory and practical courses for the Certificate in Family Planning, see below.
- We have organised a Masterclass in Contraception for both new and existing Family Planning Instructing Doctors.
- Undertook to review and update the list of Family Planning Instructing Doctors.
- The LARC pilot project ran very successfully this year.
- We corresponded with the National Cancer Screening Service, following feedback from our members about changes to Cervical Check Screening Programme.

- Represented the ICGP on the Human Papilloma Virus Testing Implementation.
- Group in the National Cancer Screening Service.
- Represented ICGP at a seminar run by the National Cancer Screening Service looking at community based initiatives designed to increase breast and cervical cancer screening uptake in 'hard to reach' and marginalised populations.

## Women's Health Courses: April 2009-May 2010

Course	Date	Number Attending
Certificate in Family Planning Theory Course	September, 2009	36
	January, 2009	82
Certificate in Family Planning Practical Course	October, 2009	10
	November, 2009	10
	February, 2010	10
	March, 2010	9
Long Acting Reversible Contraceptives Pilot Course	June 2008-June 2010	12
Masterclass in Contraception	May, 2010	Registration Open

## Women's Health Workshops

- ICGP Summer School (2009).
- Sessions at workshops for ICGP Diploma in Women's Health.
- Lectures at ICGP SCALES Course.
- Session on Urinary Incontinence at National Continence Foundation Annual Meeting October 2009.

## PROGRAMME MILESTONES/DELIVERABLES/OUTPUTS

- New updated Certificate in Family Planning programme handbook and application form in use by May 2010.
- New Family Planning Instructing Doctors trained by May 2010.
- Updated list of active Family Planning Instructing Doctors by June 2010.
- Family Planning Instructing Doctors will attend an update in Contraception in May 2010.

- LARC pilot project concluded by June 2010 and a completed report and recommendation by September 2010.

## FUTURE PLANS

- Women's Health News Bulletin in autumn 2010.
- Women's Health Clinical Update section on [www.icgp.ie/womenshealth](http://www.icgp.ie/womenshealth) with links and references to recent relevant articles of interest to GPs from medical journals.
- Updates in Contraception for Family Planning Instructing Doctors available on e-learning.

## ADMINISTRATIVE RESOURCE

Yvette Dalton, Irish College of General Practitioners.

# Helping Patients with Alcohol Problems

**AUTHOR | ROLANDE ANDERSON, PROJECT DIRECTOR**



## SUMMARY OF PROJECT

The project continues as an educational resource for general practitioners. It originally commenced in March 2000. At that time the problems of alcohol abuse and dependence had been very much neglected in most areas of medical training and practice. The project has gone through a number of phases in which it received funding from various outside sources. The current phase is being funded by the ICGP itself. The time commitment to ICGP for the project from its Director is now one and a half sessions per week. The main aim of this initiative is to provide primary care practitioners with up to date information on best practice in the field of alcohol interventions. Underpinning this aim is the philosophy that patients will benefit accordingly. The summary of the educational aims remain as follows:

- To educate and train GPs in brief interventions for alcohol problems.
- To encourage GPs to educate patients and their families about alcohol problems.
- To provide the necessary skills training to primary care staff.
- To develop guidelines and practical help for GPs to help patients.
- To encourage and support training programmes to develop alcohol modules.
- To generate public awareness and lobby for appropriate changes in legislation and attitudes towards alcohol use and abuse.

## Other Members of Project

Yvette Dalton, Administrator.

## PROJECT ACTIVITIES/TASKS

- Meetings with various bodies and pressure groups throughout the year regarding policy, treatment, prevention and supply of alcohol.
- Lectured at Occupational Health Doctor's Annual Conference in Cork.
- Conducted a workshop at ICGP Summer School.



- Participated in numerous local radio and national radio broadcasts as well as articles for medical and general press. Major involvement in drink driving legislation controversy at the end of last year.
- Delivered lecture on Therapeutics for E-learning.
- Conducted 2 one-day training courses on alcohol since last report. Very well attended, a total of 50 practitioners completed the course. Two more courses are scheduled for the coming year.
- Workshop in conjunction with Dr Ide Delargy on addiction for level two training for doctors.
- Ran half day workshop for Scales Course.
- Conducted training session for RCSI GP trainees.
- Lectured at Civil Service workshop on alcohol for HR managers.
- Delivered lecture at Irish Practice Nurse's annual meeting in Westport, "The Celtic Tiger Hangover".
- Conducted training workshops for HSE addiction staff in Dublin on brief interventions for alcohol problems.
- Lectured at Castleknock CME group.
- Spoke at Dun Laoghaire CME group.
- Conducted training session for GP trainees in UCD scheme.
- ICGP representative on National Drug Misuse Strategy Committee set up by the Government to incorporate alcohol into the National Drug Strategy 2009 – 2016. Will involve monthly meetings throughout 2010.
- Participated in MSc for Addiction Studies Course in TCD.
- Visited new treatment centre, "Promis" in Powerscourt.
- Gave workshop on alcohol for MSc course on Women's Health run by the RCSI.

## FUTURE PLANS

In these recessionary times and without any outside funding the project has been obliged to make some pragmatic changes. We have had to cut our cloth to suit our measure. We have cut back on the number of sessions provided by the Programme Director. Our deliverables are affected as a result and are by necessity more modest.

Nevertheless the project continues to have relevance for primary care and generates great interest. The ongoing culture of alcohol and drug misuse particularly amongst young people is of major concern within primary care and poses strains on the work of practitioners.

We are delighted that our one day training courses are continuing to attract large numbers. Unfortunately, we have not succeeded in bringing the course into country areas. The course held as part of the AGM in Galway, however, has bucked this trend and the idea of including the course as part of other ICGP events will be considered.

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

- Development of two impact documents on Alcohol; Alcohol and the Liver and Alcohol and Cancer. We are hoping that two eminent specialists will supervise each of these documents which we hope to publish in September of 2010.
- Continued participation at lectures, conferences, workshops etc as requested and as appropriate within the ICGP network of activities and outside of it.
- Another push to encourage specific training modules for trainee GPs – incorporating the guidelines document and other materials.
- A longer term aspiration remains that training for behavioural change via brief interventions and the management of alcohol problems would be incorporated in every medical undergraduate training programme.
- Participation as indicated in the National Drug Misuse Strategy to incorporate alcohol into that document.
- Development of computer aided screening systems and flagging of alcohol problems if possible.
- The project will need to update its guidelines document at the beginning of 2011.

We still cherish the hope that the Alcohol Aware Practice Service Initiative will be further developed throughout the country. It is hoped that this model of intervention for Primary Care will be rolled out through the Primary Care Teams in time thus reaching a far wider percentage of GPs who can provide a service that is more accessible to the general population. The integration of Alcohol Counsellors into general practice on a national basis remains a strong recommendation based on the results we achieved in this area in the past.

As we have clearly demonstrated that alcohol problems can be tackled effectively within primary care, it is hoped that financial commitment to brief intervention training will be forthcoming from the powers that be, even in these stringent times. The Scottish Government has shown the way in this regard in the last few years. It has provided substantial funding and resources to develop brief interventions in Primary Care in the belief that it is cost effective and that too much damage is being done to its population by alcohol. Minimum training and support for GPs in developing skills and intervention techniques are the keys to effectiveness in this area.

The project continues to be extremely busy and the new time commitment restraints mean that priorities will continue to have to be established, monitored and reviewed. The Project Director will continue to liaise with the CEO and the Educational Committee to direct activities and priorities.

## FINAL NOTE

Just like every other year of the project I can not finish without gratefully acknowledging my sincere appreciation and thanks to my colleague, Yvette, for her professional and most pleasant, dedication and commitment in supporting the work and aims of this project. It would simply not be the success that it is, were it not for her.

# Substance Misuse

**AUTHOR | DR IDE DELARGY, PROGRAMME  
DIRECTOR**



## OTHER MEMBERS OF PROGRAMME TEAM

Administrator: Niamh Killeen.

Audit Facilitator: Lynda Haran.

## NEW DEVELOPMENTS

In conjunction with the HSE Addiction Services, the ICGP is partnering a recruitment process for Level 2 GPs to work in addiction services throughout the country. This will be a major advantage to all family GPs as addiction treatment services should become more accessible in all areas. A day long seminar was delivered on March 2<sup>nd</sup> 2010.

## SUBSTANCE MISUSE NEWSLETTER

The electronic newsletter is now available online as well as in hard copy for all doctors on the Level 1 and Level 2 database. Its purpose is to continually update GPs on upcoming events and educational opportunities as well as new activities on our own SMP. There will be links to relevant research and publications.

## ON-LINE LEVEL 1 TRAINING

Nearly 100 candidates have completed the on-line course to date. Generally the feedback is very encouraging and any of the initial technical issues have now been addressed.

## ONLINE CME

The first two CME lecture have been recorded and are available on the Substance Misuse section of the ICGP website since October 2009. Prof Tom Fahey from the RCSI presented the first lecture in the series which has been received very well. Professor Hugh Garavan from the Neuroscience Department at Trinity College delivered this lecture.

## GP TELELINK

The pilot for GP Telelink (live consultations over a secure webcam) is up and running. We have had a number of successful consultations so far on the GP Telelink. The technical issues have been resolved and it is now running smoothly. To date we have a successful site in Kilkenny. We anticipate that we will be able

to provide GPs who are signed up to the TeleLink with live, interactive lecture for the purposes of CME as well as other many other patient support facilities.

## AUDIT

Lynda Haran, the recently appointed Audit Facilitator has been conducting audits and recommending modifications to the existing external audit process. The audit process as it is currently configured is very time consuming and this is a consideration due to the constantly increasing numbers of participants. The modifications are being considered by the Joint HSE/ICGP Audit Review Group.

## UPDATED WEBSITE

Our website ([www.icgp.ie/substancemisuse](http://www.icgp.ie/substancemisuse)) was recently updated to include the following subsections:

- Training and Accreditation: step by step instructions on how to become Level 1 and Level 2 trained.
- Audit: full explanation of the audit process including a sample of all audit forms.
- Useful Links and Helpful Patient Management Tools.
- Frequently Asked Questions.

## FUTURE PLANS

- Day workshop at the ICGP Summer School.
- “Think-tank” workshop on the Audit Process.

# Disease Surveillance Sentinel Practice Network Project Report

**AUTHOR | DR MICHAEL JOYCE, PROJECT DIRECTOR**

## SUMMARY OF PROJECT

The project involves running a computerised surveillance network for certain infectious diseases in the community and involves sixty sentinel practices spread throughout the country. This is an increase of six practices in the year. There is a particular emphasis on the surveillance of influenza. This year, with the emergence of swine flu, was the real test of the capacity of the network to deal with an influenza pandemic as it was designed to do. The results show that the network was able to perform its role perfectly.

### Other Members of Project

I run the project on behalf of the ICGP in collaboration with the Health Protection Surveillance Centre (HPSC) and the National Virus Reference Laboratory. The Health One User Group (HIUG) provides valuable technical support. Valuable assistance is provided by my practice nurse, Ms Olga Levis.

## 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 often 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 problem this project was set up in 2001. The aim was to recruit practices that had a high level of recording of computerised information in their practices already. This meant that when a GP saw a case with one of the index conditions he was recording it anyway and there was no need for any extra work on behalf of the GP to have the case recorded. Then at the end of the week a computerised search, which can be delegated to a staff member is run and the result is sent to the ICGP. The data is cleaned and forwarded to the HPSC.

The process was successful from the outset with very good return rates being achieved immediately and all the stake holders were very pleased. Initially there were twenty 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 sixty practices involved

including some practices using soft ware other than Health One. Measles mumps rubella and gastro-enteritis have been added to the conditions that are covered.

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

## EDUCATIONAL AIMS OF THE PROJECT

- Illustrates the use and application of computerised practice.
- Demonstrates the power of data available and collected in general practice.

## BENEFITS TO MEMBERS OF THE PROJECT

There is a wealth of data out there in general practice which will be sought after in increasing amount as time goes by. It is absolutely critical that general practice and the members of the ICGP remain in control of this data so that it is used for the general good and not used inappropriately. This project pilots a method for control and distribution of GP generated computerised data that can be built on in the future in different areas. The lessons learned have already contributed to the developments in Heartwatch and the Independent National Data Centre (INDC) and will continue to do so in the future.

## PROJECT ACTIVITIES

- Collection of incidence data for influenza measles mumps rubella chickenpox shingles and gastro-enteritis in the community.
- Cleaning and preparation of data.
- Forwarding of this data on behalf of the ICGP to the HPSC.
- Taking swabs from suspected cases of influenza to confirm cases and determine what type of influenza virus is circulation.

The results of the surveillance are available on the HPSC website at:

<http://www.ndsc.ie/hpsc/A-Z/Respiratory/Influenza/SeasonalInfluenza/InfluenzaSurveillanceReports/>

Although not technically a part of this ICGP project a significant number of the network participants have volunteered to take part in a pan European study of influenza vaccine effectiveness in conjunction with the HPSC during this 2009/2010 season.

## PROJECT MILESTONES/DELIVERABLES/OUTPUTS

Whereas previously surveillance was carried out from week 40 to week 20 it now takes place throughout the entire year. With sixty participating practices we now have the desired 5% population coverage. No further recruitment is currently planned.

## SWINE FLU

2009 saw a global influenza pandemic, so called swine flu. This was a true global influenza pandemic. In the context of this report the discussion of swine flu is restricted to the performance of the surveillance of swine flu in Ireland. The network was designed so that it could cope with monitoring a pandemic and this certainly provided the test. The network did indeed perform as designed throughout. Practices continued their normal processing and returning of data. No special measures or changes were required to keep pace with the pandemic. The network operated smoothly, without incident and provided the data to the HPSC to allow the pandemic to be monitored. We can now safely say that the surveillance network can monitor an influenza pandemic.

## ACHIEVEMENTS TO DATE

The project has achieved its goals of community surveillance of the specified conditions. The project needs to continue as it has become a cornerstone of surveillance particularly seasonal and pandemic influenza. Return rates well in excess of 90% continue to be achieved consistently.

## FUTURE PLANS

Continued surveillance is planned.

## FUNDING SOURCE

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



# General Practice Indicators of Quality (GPIQ) Project

**AUTHOR | DR AILÍS NÍ RIAIN, PROJECT DIRECTOR**

## MEMBERS OF PROGRAMME

Project Director: Dr Ailís ní Ríain.

Other Members of Project Group: Catherine Vahey (Researcher) and Conor Kennedy (Researcher).

## SUMMARY OF PROGRAMME

The primary aim of this project is to develop meaningful quality indicators that can be used by general practitioners and other practice staff to assess and improve the quality of their service. A secondary aim is that the indicators may be used by practices to provide evidence of high quality care to external assessors or regulators. This three year project started in July 2007 and is funded by a research grant from the Health Information and Quality Authority (HIQA). There are two phases to the study: phase one the development of the indicators (August 2007 – December 2008) and phase two the road-testing of the indicators (January 2009 – July 2010). Activity during the first two years of the project (reported in previous annual reports) included the literature review, establishment of the Advisory Committee and Indicator Working Group, compilation of possible indicators, recruitment of the Delphi panellists, completion of a two round Delphi process, compilation of the support material for the road test and the recruitment of thirteen practices to participate in the road test. This report focuses on activities from phase 2 that have taken place between May 2009 and April 2010.

## PROGRAMME ACTIVITIES/TASKS

- **Recruitment of practices for the road test:** 13 practices were recruited to participate in the road-test. These practices, of different sizes and from different settings, reflect the diversity of Irish general practice.
- **Road test:** The purpose of the road test is to evaluate the usability and merit of the indicator set as a quality improvement tool.
- **Evaluation:** The purpose of the evaluation is to determine whether the indicators are fit for purpose and to make changes as necessary to the indicator set and the GP-IQ materials.
- **Generation of final indicator set:** The final indicator set will aim to reflect both the decisions of the Delphi panel and feedback from the road test practices, ensuring that the GP-IQ is a meaningful and practical quality improvement tool.

## PROGRAMME MILESTONES/DELIVERABLES/OUTPUTS

- **Road test results:** This was completed over a six month period (April - September 2009). Each practice identified a project lead and sponsoring GP who co-ordinated the work. Involvement of all staff was strongly encouraged. The main components were to rate the practice against the indicators, draw up a quality improvement plan based on the ratings identifying five priority areas and to work to improve the identified areas. Practices were supported in this work by the ICGP research team.
- **Evaluation results:** A multi-modal evaluation was undertaken to include immediate and reflective feedback, the views of all practice staff, individual and collective input. We used surveys, telephone feedback, practice visits and focus group discussion. Detailed analysis of the output is ongoing.
- **Summary of findings:**
  - Practices reported that the GP-IQ was a useful motivating tool – The GP-IQ focused practices on aspects of care in need of improvement.
  - Practices were less in agreement regarding the GP-IQ's ability to accurately measure the level of quality care in the practice and reported that a greater level of assessment was required, for example, an external assessor to review the practice's participation in the process.
  - Overall the GP-IQ materials were considered useful and comprehensive. However, several suggestions were made as to how they could be improved.
  - The road test practices took varying approaches to the GP-IQ process. There is a need to assess each approach to determine which worked best and should be recommended as the standard approach.
  - The greatest challenge of the GP-IQ was time. All practices suggested that more time be allowed for the GP-IQ or that a modular approach be used.
  - The number of indicators was not seen as problematic but practices felt that several were not needed or that many indicators could be grouped together under themes.
- **Final indicator set:** The final indicator set is currently being prepared and will be informed by the evaluation of the GP-IQ road test.
- **Irish publications & presentations:**
  - *Developing and validating quality indicators for Irish general practice.* Abstract published in the National Institute of Health Sciences Research Bulletin, December, 2009.
  - 'Gaining an Insight: Why Patient Care Matters' by C. Kennedy published in *Forum*, March 2010.
  - *Validating a quality improvement tool for use in Irish general practice.* Health Services Quality and Safety Conference – abstract submitted, April, 2010.

## FUTURE PLANS

In the final three months of the project we will finalise the indicator set, the rating scale and the supporting materials. We will also compile a detailed project report for HIQA, including recommendations as to how these validated quality indicators might be incorporated into a quality improvement scheme for general practice.

## ADMINISTRATIVE RESOURCE

**Acknowledgements:** We would like to say thank you to all who have or continue to contribute to this project, particularly members of the Advisory committee, the Indicator Working Group and the Delphi panellists, staff of the volunteer practices and ICGP personnel.

# Mental Health in Primary Care

**AUTHOR | PEARSE FINEGAN, PROJECT DIRECTOR**

## OTHER MEMBERS OF PROJECT TEAM

- Dr Martina Kelly.
- Catherine Brogan, HSE.

## SUMMARY OF PROJECT

Support the Joint Forum of ICGP and Irish College of Psychiatry of Ireland (2009)

The Joint Forum is now operational for 18 months. Each College has 6 members on the Forum. The Forum has established 3 working groups; each group will complete its work by the end of the year and report back to each of the Colleges.

### Physical Health of People with Mental Ill-health

Membership: Dr John Delap (Convenor), Dr M Kelly, Dr J Thakore, and Dr M Wrigley.

Objective: How best to address the physical needs of those with chronic severe mental illness?

### The Mental Health Act 2001

Membership: Dr M Kelly (Convenor), Dr F O'Connell, Dr W Flannery, Dr K Holmes, Dr Mel Bates (TBC).

Objective: To identify the difficulties arising for GPs and Psychiatrists in terms of admitting a patient involuntarily under the Mental Health Act, 2001. To work together to overcome these.

### Shared Care and Quality Indicators Programme for Depression

Membership: Dr Margaret O'Riordan (Convenor) Dr Vincent Russell, Dr A Jeffers, Dr S Tighe, Dr A Rochfort.

Objective: To develop a shared care protocol for patients with depression, informed by international best practice.

## Dementia Online Resource Development

Project Title: Development of a web based resource to support GPs in planning pathways of care for patients with dementia:

- Needs analysis carried out.
- Scoping exercise completed.
- Approval for the Outline Proposal received from Education and Quality in Practice Committee.
- Meeting with the College IT group.

## Depression – Medication Compliance (March 2009 – March 2010)

Title of research: Depression – evaluation of collaborative care approach by trained practice nurses following medication administration.

A research proposal was submitted to the ICGP Research and Education Foundation on concordance with medication in the treatment of depression in primary care and approval was granted. The study will commence this summer. The study is in association with Dr Claire Collins.

## Teams Based Approaches to Mental Health in Primary Care

(Programme delivered at Dublin City University 2009/2010)

It became apparent in the context of recent policy changes to mental health care in Ireland. In 2001 the Irish Government launched a Primary Care a New Direction (DOHC 2001) which promoted an interdisciplinary approach to the provision care in primary healthcare. It also emphasised the inclusion of mental healthcare within these settings. The current Irish mental health agenda aims to re-orientate mental healthcare to local settings.

A Vision for Change' launched by the Irish Government (DOH C 2006) provides a comprehensive blueprint for the development of responsive and dynamic mental health services for all. This policy document emphasises the role primary care can have in addressing the mental health care needs of the local population. With the closure of the Mental Hospital and the delivery of psychiatric services in the community the role of mental health in primary care needs to defined and pathways of care for all patients presenting to general practice with mental health issues.

The module content seeks to address educational needs associated with preparing primary care practitioners to address the health and welfare of people with mental health care needs in primary healthcare settings.

- Needs analysis based on Mimi Coptý's research 2004.
- Programme design meetings held with stakeholders.

- Academic accreditation approved from DCU.
- Recognition from professional bodies.
- Commenced November 2009.
- 28 participants, From GPs to Physiotherapists, and many other professions within the Primary Care Team.

Other opportunistic initiatives:

- Participation in Research Proposal for the MHC on Mental Health in Primary Care.
- Working Group on Youth Mental Health.
- Alcohol and Drugs Services, Galway HSE.
- Was invited to be part of the review group.

## BACKGROUND

There are an extensive range of services responding to the complex and varied needs associated with alcohol and drugs misuse in Galway. These are delivered through GPs, Mental Health Addiction Counsellors, Regional Drugs Workers, the acute hospitals and residential services. Many of the elements of the service are currently functioning effectively. There are deficits in some areas and services are disjointed in places. Vision for Change, the new National Drugs Strategy 2009 – 2016 and the Western Health Boards Substance Misuse Strategy inform our thinking. The latter is a comprehensive document that has been partially implemented but now needs to be reconsidered in the light of health service reform and more stringent economic conditions. Our aims are to augment the service and enhance value for money.

- Meeting with CME groups in Galway to introduce the concept of Liaison Mental Health in Accident and Emergency at UCGH and how this could support general practice.
- CME South Tipperary to enhance the role of general practice in the delivery of mental health service in the reconfiguration of service in HSE Tipperary.
- Education through the Practice Nurses Association and Public Health Nurses on mental health issues in Primary Care.
- Member of the Committee for the International Initiative for Mental Health Leadership Conference Killarney May 19<sup>th</sup> – 20<sup>th</sup> 2010 see [www.iimhl.com](http://www.iimhl.com). IIMHL is a “virtual” agency that works to improve mental health services by supporting innovative leadership processes. IIMHL does not fund projects as such, but rather facilitates connections between leaders.
- Working Group on the Development of a National Protocol Farm Animal Welfare Advisory Council (FAWAC).

## PILOT PROJECT INITIATIVE

In view of the many social and human health issues that are sometimes associated with cases of animal welfare, FAWAC agreed that the HSE be contacted to explore ways in which the organisation could assist in the EWS initiative. Representatives from the HSE, DAFF, Department of Health and Children, National Service Users Executive (NSUE) and the Irish College of General Practitioners (ICGP) met to develop a strategy for an interagency response in dealing with cases where in DAFF's view animal welfare issues indicate other underlying issues such as human health/welfare issues. This group first met in October 2008 and 3 pilot sites namely Counties Sligo, Mayo and Offaly were identified and links fostered between the DVOs, HSE Local Health Managers and in Offaly the Offaly Local Development Company (OLDC) which operated the Local Development Social Inclusion Programme (from 2010 this will be known as the Local Community Development Programme LCDP).

To date this process, particularly the community development approach adopted by Offaly, has been successful and the Offaly model is now been explored as a template for use in other pilot areas. Because of the success of the community based approach Pobal was contacted with a view to supporting the expansion of the Offaly model to other parts of the country and to facilitate the involvement of other Integrated Local Development Companies.

## ADMINISTRATIVE RESOURCE

Michelle Dodd.

# SCALES Course

**AUTHOR | DR MARIA WILSON, COURSE TUTOR**

## SUMMARY OF THE COURSE

The key principle of this course is to focus keenly on what general practitioners actually do, and is primarily aimed at doctors who wish to update their knowledge after a career break from general practice as well as an orientation for those who have trained in other areas but who now wish to work part-time in general practice.

Over the years this course has attracted doctors who have never worked in a general practice setting and who are considering a future in general practice and also public health doctors as they feel quite distant from some clinical scenarios and wish to update their medical knowledge. The culmination of doctors from these various backgrounds lends to a wide range of expertise and opinions expressed in the group and interesting discussion.

## COURSE ACTIVITIES/TASKS

Each year there is always a high demand for a place on this course and unfortunately we are limited to taking 20 participants per course only. This year was no exception. To apply all applicants are required to complete a Needs Assessment and all applications are followed up by phone interview.

The course is run over 8 full days at the ICGP with a half-day practice visit. Each day comprises of a morning session delivered by the Course Tutor and a half day lecture from a range of guest speakers. These speakers are largely chosen from expertise within general practice and cover the second part of the day.

In addition to our core subjects; General Medicine, Therapeutics, Emergencies in General Practice, Women's Health, Men's Health, Paediatrics, Clinical Examination, we always leave free sessions to accommodate specific interests to cater for the needs of the group. Several past participants come back to run sessions on the course and these include Dr Shunil Roy on suturing techniques and Dr Elizabeth Healy on child protection issues a practical approach. We wish to thank our other guest lecturers who include. Dr Geraldine Holland, Dr Deirdre Lundy, Dr Susan Smith, Dr David Buckley, Dr Daragh O' Doherty, Dr Zita O' Reilly, Nurse Thelma Smith. Dr Dom Colbert, Dr Keith Perdue and Mr Rolande Anderson.

Course participants receive the majority of their course material in advance and are encouraged to read this in advance as all the sessions are interactive.

## ADMINISTRATIVE RESOURCE

Yvette Dalton.



# Promoting Partnership with Patients

**AUTHOR | DR AILÍS NÍ RIAIN, PROJECT DIRECTOR**

## MEMBERS OF PROJECT

Project Director: Dr Ailís ní Ríain

Other Members of Project Group: Maureen Dempsey

## SUMMARY OF PROJECT

The ICGP Strategic Plan 2008 – 2013 identifies patient involvement as a strategic area and identifies related actions to create opportunities for enhanced collaboration with patients, patient interest groups and consumer groups. The plan also recognises the need to advocate for best care for the patient at practice, local and national level and to focus on areas of specific need. This programme commenced in September 2008. Its aims are

1. To ensure that the views of patients are taken into account in the development of general practice.
2. To advocate for best care for the patient at national, local and practice level.
3. To promote patient involvement by creating opportunities for enhanced collaboration with patients, patient interest groups and consumer groups.
4. To encourage the inclusion of the patient perspective in ICGP projects.
5. To act as a conduit between GPs and patient/public representative organisations.

Initial consultation with patient/public representative organisations and GPs and a literature review informed the establishment of the programme.

## PROJECT ACTIVITIES/TASKS

- Ascertained the views and priorities of patients and public representative organisations and relevant health sector personnel by way of a series of meetings.
- Assessed the needs of ICGP groups and project directors by means of an electronic survey.
- Responded to requests from statutory and non-statutory bodies for nominations to committees, steering groups, advisory groups etc.

- Conducted a survey of existing College representatives to capture their views and suggestions and identify support needs.
- Identified and supported relevant people/agencies to facilitate workshops at ICGP events throughout the year.
- Promoted the patient and GP perspective in interactions with a range of statutory bodies, such as the HSE, Department of Health and Children and HIQA.
- Established linkages with UK and Northern Ireland Patient Participation Groups.

## PROJECT MILESTONES/DELIVERABLES/OUTPUTS

- **Consultation with Public/Patient Agencies:** We met with 11 patient/public representative organisations. These groups were selected to reflect common clinical conditions and advocacy groups in areas of specific need. All these groups welcomed the Promoting Partnership with Patients initiative and are eager to continue collaboration and dialogue with the College. Overall impressions of GPs were positive and the advocacy role that GPs already fulfil in many cases for patients was highly valued. Issues such as time in the consultation, clear communication and the need to develop a shared understanding of patients' conditions and concerns were identified as areas for further work.
- **GP Survey:** 150 GPs responded to an electronic survey about patient involvement in their practices. Two thirds of respondents saw the potential benefits of involving patients/patient groups in their work while just over one third had experience of involving patients, predominantly in the education of medical students or GP trainees. The main barriers to involvement were lack of knowledge and lack of time. The low response rate to the survey indicates that there is a low level of awareness of patient involvement at present.
- **Representation:** We have responded to more than 60 requests for ICGP representation from a range of statutory and voluntary agencies. All requests are considered on a case by case basis and we take advice from relevant College officers and staff. Responses are either accepted, declined or we offer a College member in a liaison role (i.e. in a limited representative role). All requests and responses are tracked in a single database. The review of current College representatives has identified the need for more links between representatives and relevant College Officers and staff.
- **ICGP Events:** We have supported a number of workshops at the 2009 ICGP Summer School which included speakers from Patient Focus, AKidWa and the Irish Cancer Society. We facilitated a workshop at the National Trainers Conference on Patients as Teachers.
- **National and International Presentations:** Presented at EuropaDonna Ireland AGM and 9<sup>th</sup> Pan European EuropaDonna Conference (Stockholm).
- Represented the ICGP view on HSE Service User Implementation Oversight Group and HSE Community Participation Working Group.

## FUTURE PLANS

Promoting Partnership with Patients will continue to develop expertise and resources to assist in promoting the patient perspective in College activities, to support GPs to increase patients' involvement in their teaching and practice development and to advocate on behalf of patients and general practice in interactions with the wider health system. Activities for the remainder of 2010 will focus particularly on older patients. We will continue to support College representatives. We also plan to establish a Patient Advisory Group which will report to Council.

## ADMINISTRATIVE RESOURCE

Maureen Dempsey (ICGP).