



HELPING PATIENTS WITH ALCOHOL PROBLEMS Report

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

PROJECT ACTIVITIES

The main highlights, amongst the varied activities carried out by the Alcohol project since April 2006, were the AAPS and the work on the guidelines document.

AAPS

The official launch of the Alcohol Aware Practice Service Initiative (AAPS) was the main highlight from last year. Much time was spent completing the year long study and compiling the statistics in preparation for the launch in September. Martin Rogan, Director of Mental Health Services, HSE, launched the report at ICGP headquarters. The report itself was very well received and is available on the website: <http://www.icgp.ie/library/>. Credit was given by Mr Rogan for what he described as a refreshingly honest appraisal that included the positives and negatives in such an important initiative.

26 GPs and 8 counsellors as well as practice nurses participated in the initiative that involved screening and treating patients and family members for the range of alcohol problems that present in primary care. Patients who were deemed to be in the “harmful” and “dependent” categories, as well as some patients on the “hazardous” range, were able to avail of a professional counselling service on site, free of charge. Patients could be selected for screening randomly, or targeted for screening or they could present asking for help. As expected, and evidenced from a previous study, very few patients actually presented asking for help. This is due to the fact that the service has to become bedded-in and known to patients and this process usually takes a year or more.

The results were outstanding. Over 4,500 patients were screened. GPs and counsellors both reported that approximately one third of patients who followed-up made significant progress while another third made some progress. It must be remembered that these results were based only on a three month follow-up period and it is not clear if the results will be maintained over time. On the other hand it is likely that many patients who did not follow-up in the time frame of the initiative will follow-up at some time to avail of help in the future.

All the professional healthcare participants were asked to do an evaluation immediately after the training period, immediately after the end of the study (i.e. one year on) and one year after the completion of the initiative. These returns are currently being assessed.



Initial evaluation of the lasting effects of this initiative on the day to day practice of primary care indicates a high level of satisfaction with the initiative and evidence that the skills learned continue to be used in most practices one year after the end of the initiative. A very informative and revealing aspect of the report is in Appendix 8 where direct quotes from the participants are included. For example; re patient, “still drinking heavy but has reduced by 50%” and “BP now well controlled after three months”.

The negative aspects of the initiative included problems with the ease of electronic recording, practical difficulties and pressure on human resources within some of the practices and over-ambitious target numbers for screening.

Although some counsellors were able to continue in the practices after the ending of the funding due to the ability of individual practices to access separate funding, a big negative was the ending of the counselling services in most of the participating practices.

The positives far exceeded any small negatives and included the immediate and discrete help given to patients and their families, the easy integration of counsellors into the general practice team, excellent team work and more confidence in managing alcohol problems in primary care.

Most of the participants were shocked by the level of ignorance on alcohol amongst the general public. In particular there was misinformation evident regarding low risk drinking and gender differences vis-à-vis alcohol. We gleaned more useful information regarding consultation styles.

The need for such a service and the remarkable benefits for practices and patients are obvious. It is hoped that the success of the initiative will lead to a greater dissemination of this service throughout the country. The primary care teams seem like the ideal location and the logical progression for such an approach to alcohol problems. The HSE has included the report as part of a box set that has been distributed to all GPs.

Quality in Practice – Alcohol Guidelines Impact Document

In 2006, the Alcohol project was invited to develop an impact guidelines document on alcohol by the Chair of the Quality in Practice Committee, Dr Margaret O’Riordan. After many drafts, reconstruction and much work the document is now available to all primary care staff and will be a useful addition in the work to help patients with alcohol problems. Margaret and her Committee are thanked for their help and support in producing this document which will be officially launched at the 2007 AGM.

Other Activities

The Primary Healthcare European Project on Alcohol (Phepa) entered its second phase this year. The first phase produced a guidelines document and a training document which are available by accessing the Phepa website which is linked to the alcohol section on the ICGP website: <http://www.icgp.ie/alcohol>. The next phase involves the implementation of phase one in general and in specific the provision of two (one day) training days on brief interventions. The Irish team has been re-established and has met once since last April.

The alcohol reference group which is made up of GPs and one GP trainer from the training schemes has also met once during the year.

Lectures and workshops have been delivered for many ICGP projects and for outside agencies including the ICGP SCALES course, Methadone Training, Women’s Health, I-Quest Sunday Business Post Health conference, Mental Health module for Distance Learning, Student Health Annual Conference, North West Alcohol Forum and many more.

Numerous articles were written during the year for medical magazines and journals, national and local newspapers, interviews with other journalists, preparation for upcoming events, meetings with the Director of the PRC and with College Chief Executive, local and national radio and TV interviews and all the usual office commitments such as email, returning calls, responding to letters, giving advice etc.

PROJECT TIMETABLE

At the time of writing there are a number of specific targets for the project. They include development of specific modules on alcohol. A detailed plan for the year ahead has been submitted to the Director of the PRC and the Chief Executive of the ICGP. See future plans below.

FUTURE PLANS

Much work has been done on developing training modules for doctors and other primary care staff on all aspects of alcohol problems. There remains however, a great deal to be done. The ICGP propose that the funding of the Project Director continue for a further three years to ensure adequate planning and efficient use of resources.

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

- ^ The possible further development of Alcohol Aware Practice Service Initiative throughout the country. There remains a proposal in place for a similar initiative in the Shannonside region. 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 is clearly recommended.
- ^ The EU Phepa Project – part 2 which will involve the implementation of brief intervention strategies building on the development of materials in the first part of Phepa.
- ^ Development of the unfinished and remaining modules for use in primary care.
- ^ Continued participation at lectures, conferences, workshops etc.
- ^ The implementation of the guidelines document.
- ^ A specific training manual for trainee GPs – incorporating the guidelines document and other materials. It is hoped that alcohol will feature as an integral routine part of every training programme.
- ^ A longer term aspiration would be that training for behavioural change and the management of alcohol problems would be incorporated in every medical undergraduate training programme.
- ^ The provision of a brief intervention training courses for GPs and practice nurses at HQ and as requested around the country.
- ^ Development of computer aided screening systems and flagging of alcohol problems.

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

COMMENTARY

This project is a vital resource for primary care staff given the ongoing importance and proliferation of alcohol problems, and their consequences on the health and well-being of patients and families, in primary care. Despite annual targets and deliverables, hard work and sincere intentions, this project develops a life of its own every year and takes off in unpredictable ways. The coming year is unlikely to be any different!

I want to thank everyone involved in ICGP for their ongoing help and support. Specifically thanks are recorded to Gillian Doran, ICGP Librarian, and Dr Claire Collins, ICGP Research Director, for their excellent support during the course of the AAPS.

As in every year of the project to date, grateful thanks must yet again be recorded and acknowledged to Yvette for her ongoing support. She continues to do a superb job. The project would not be successful without the most pleasant, efficient help and back-up that she provides.

I also want to thank the HSE for funding the project this year.

Rolande J Anderson, Project Director, “Helping Patients with Alcohol Problems”

www.icgp.ie/alcohol



COGNITIVE BEHAVIOURAL THERAPY

Report

Cognitive Behavioural Therapy has been shown to be highly effective in the treatment of anxiety and depression. Research identifies the need for GPs to have effective training in applying strategies based on CBT Theory. This project is designed to meet those needs and provide training and support for GPs in implementing CBT strategies within the constraints experienced in today's busy GP surgeries.

BACKGROUND TO THE PROJECT

This programme developed from initial approaches made to the Project Director by some GPs to provide some form of training for GPs to satisfy a learning need amongst GPs for relevant psychotherapeutic skills.

A relevant course was developed over a series of meetings and the College awarded CME accreditations.

OTHER MEMBERS OF PROJECT TEAM

Dr Michael Boland, Director of Postgraduate Resource Centre.

Niamh Killeen, Administration.

PROJECT ACTIVITIES DURING PAST 12 MONTHS

- ^ The CBT project is now formally being developed as part of the ICGP. Enda Murphy has now been appointed Project Director.
- ^ Foundation Course in CBT in GP Clinical Practice continues to be very popular. Currently 262 GPs have completed same.
- ^ An advanced course leading to the awarding of a Certificate in CBT has been developed and the first class is due for completion in June 2007. This course is run as part of the Distance Learning Unit.
- ^ A research project has been started to look at best practice in CBT for use in GP clinical practice; cost effectiveness and attempting to replicate international findings in an Irish context.
- ^ Workshops and presentations continue to be well attended in various parts of the country.
- ^ The first Annual Workshop is due to be held at the ICGP AGM on Friday 11th May from 2.30pm – 6.00pm.

STATEMENT OF ACHIEVEMENTS TO DATE

Project commenced in September 2004. To date:

- ^ Foundation Course – 22 courses held, 262 GPs trained.
- ^ Advanced Course – first course to be completed in June 2007, six GPs due to complete; second course to start in September 2007 in Galway, 15 GPs due to participate.
- ^ Research project commenced to examine CBT and its use in GP settings.
- ^ Workshops: Four workshops run as part of CME.
- ^ First Annual Workshop to be run at 2007 ICGP AGM. This workshop is open to all GPs who have attended any of the CBT talks or courses. It is also open to any GP who has an interest in this area and would like to know more.
- ^ A number of books and resource material has been collated and can be accessed through the library or by contacting the Project Director.

FUTURE PLANS

A strategy for the development of this project has been devised.

- ^ Continuing provision of Foundation Course.
- ^ Continuing provision of Advanced Certificate Course.
- ^ Development of CBT Course to Diploma/Masters level in association with HETAC.
- ^ Annual Workshops to be held at ICGP AGM (first workshop on Friday 11th May 2007).
- ^ Research project to continue to look at CBT in GP clinical practice. The aims of this research is to look at:
 - o Best practice in cognitive behavioural strategies.
 - o Cost effectiveness.
 - o Replication of international findings in an Irish context.
- ^ Continuing provision of introductory workshops as part of Distance Learning Unit Summer School.
- ^ Study days to focus on the use of CBT in relation to specific conditions, e.g. adolescents, eating disorders etc.
- ^ Provision of refresher days to consolidate skills learnt during the foundation day.

Enda Murphy, Project Director



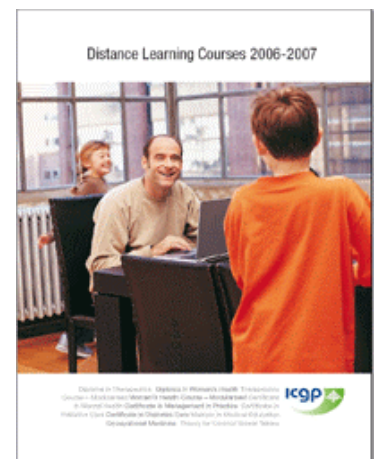
DISTANCE LEARNING UNIT

Report

SUMMARY OF UNIT PROGRAMME

The Distance Learning Unit is responsible for both developing and delivering relevant and up to date courses to ICGP members. In recent years we have also offered some courses to practice nurses and other health care professionals. In 2006/07 we delivered the following course:

- ^ Diploma in Therapeutics (1 year course and modular course).
- ^ Diploma in Women's Health (1 year course and modular course).
- ^ Certificate in Palliative Care.
- ^ Certificate in Diabetes Care.
- ^ Postgraduate Certificate in Medical Education (in collaboration with Queen's University, Belfast).
- ^ Theory Course for Cervical Smear Takers.
- ^ Occupational Medicine (in collaboration with the Faculty of Occupational Medicine).
- ^ Certificate in Mental Health.
- ^ Certificate in Management in Practice.
- ^ Advanced Course in Cognitive Behaviour Therapy.
- ^ Clinical Update Road Shows.



OTHER MEMBERS OF DISTANCE LEARNING UNIT

- ^ Louise Nolan, Distance Learning Unit Administrator.
- ^ Deirdre Collins, Distance learning Unit Administrator.
- ^ Gillian Doran, ICGP Librarian, available to unit and course participants on request.
- ^ Angela Byrne, IT, available to unit and course participants on request.

For the academic year 2006 – 2007 we facilitated 11 different courses of study which involved 17 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 from the Department of General Practice in UCC.

ICGP Sign Memorandum of Agreement with Faculty of Occupational Medicine of the Royal College of Physicians of Ireland.

From l-r: Dr Andrée Rochfort, Health in Practice Programme, Dr Ken Addley, Dean of the Faculty of Occupational Medicine, Dr John F Murphy, President of the RCPI, and Fionán O'Cuinneagain.



UNIT ACTIVITIES

The main tasks of the Distance Learning Unit are to:

- ^ Identify areas of greatest educational need for our members.
- ^ Develop up to date and relevant educational courses in response to members needs.
- ^ Deliver face to face workshops to course participants.
- ^ Deliver ICGP scripted modules to participants via the ICGP website.
- ^ Provide additional material where relevant.
- ^ Develop appropriate assessment tools.
- ^ Assess progress of participants.
- ^ Support and motivate course participants.
- ^ Provide constructive feedback to participants.
- ^ Continually develop new distance teaching methods.
- ^ Award ICGP diplomas and certificates on completion of courses.

UNIT TIMETABLE

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

Pictured l-r at the Distance Learning Unit Workshop January 2007 in the IMI, Sandyford are:

Dr David Courtney, Prof Colin Bradley, Mr Dermot Folan (Director of the ICGP MIP Programme), Dr Andrée Rochfort (Director of the ICGP HIP Programme) Mr Enda Murphy (ICGP CBT Project Director), Patricia Cremin, Dr Paul Cregan, Dr Emer Loughrey and Mr Nick Fenlon (ICGP DLU Director).



STATEMENT OF ACHIEVEMENTS/OUTCOMES TO DATE

The numbers of distance learning participants per year to date are:

	1999 -2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Diploma in Therapeutics	49	45	25	16	16	18	30
Diploma in Prevention	N/A	N/A	20	15	1	N/A	N/A
Certificate in Palliative Care	N/A	N/A	31	12	25	13	13
Diploma in Women's Health	N/A	N/A	N/A	46	38	16	23
Certificate in Diabetes Care	N/A	N/A	N/A	N/A	17	14	16
Postgraduate Certificate in Medical Education	N/A	N/A	N/A	N/A	20	23	21
Occupational Medicine Year 1	N/A	N/A	N/A	N/A	N/A	27	17
Occupational Medicine Year 2	N/A	N/A	N/A	N/A	N/A	N/A	23
Course for Cervical Smear Takers	N/A	N/A	N/A	N/A	N/A	145	134

Management in Practice	N/A	N/A	N/A	N/A	N/A	N/A	25
Masters in Medical Education	N/A	N/A	N/A	N/A	N/A	N/A	26
Mental Health	N/A	N/A	N/A	N/A	N/A	N/A	11
Advanced CBT	N/A	N/A	N/A	N/A	N/A	N/A	6
Clinical Update Road-Show	N/A	N/A	N/A	N/A	N/A	N/A	64
Total	49	45	76	89	117	256	409

In 2006/07 the following numbers of participants are studying with the Distance Learning Unit:

Course	No of Participants
Diploma in Therapeutics	30
Diploma in Women's Health	23
Certificate in Palliative Care	13
Certificate in Diabetes Care	16
Postgraduate Certificate in Medical Education	21
Masters in Medical Education	26
Occupational Medicine Year 1	17
Occupational Medicine Year 2	23
Course for Cervical Smear Takers	134
Management in Practice	25
Mental Health	11
Advanced CBT	6
Clinical Update Road-show	64
Total	409

FUTURE PLANS

For the academic year 2007/2008 we will be facilitating the first ever ICGP Summer School which will be held from June 25th to June 29th 2007 in Mount Juliet, Kilkenny. 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. There will also be an interesting parallel social calendar running throughout the week. We are also in the process of investigating the various ways in which our distance learning courses, and all college courses, can be academically accredited. One method is by gaining recognition by the National Qualifications Authority HETAC.

Nicholas P Fenlon, Director

www.icgp.ie/dlu



DRUG MISUSE Report

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

OTHER MEMBERS OF PROGRAMME

Administrative support: Niamh Killeen.

PROGRAMME ACTIVITIES DURING PAST 12 MONTHS

- ^ Revised Level 1 training programme.
- ^ Survey of all GPs participating in the MTP to assess satisfaction with operation of programme and training provided (results being processed).
- ^ Revision and update of Best Practice Guidelines (in progress).

Level 1 Training – 2006/2007

Venue:	Dates	Attendees
ICGP	21/09/06 & 19/10/06	31
Waterford	18/10/06	12
ICGP Winter Meeting - IMI	18/11/06	41
Navan	06/02/07 & 15/02/07	15
ICGP	27/02/07 & 27/03/07	15
Galway	08/02/07	11
Total		125

CME 2006/2007

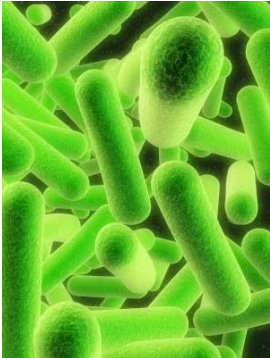
Date	Attendees
11/10/06	25
02/11/06	20
23/02/07	20
02/05/07	22
Total	87

FUTURE PLANS

Developing network of substance misuse tutors to resource Level 1 and Level 2 training on a regional basis (awaiting funding).

Dr Ide Delargy, Programme Director

www.icgp.ie/drugsmisuse



ELECTRONIC DISEASE SURVEILLANCE Report

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

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.

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.

PROJECT MILESTONES/DELIVERABLES/OUTPUTS

Whereas previously surveillance was carried out from week 40 to week 20 it has now been formally agreed that surveillance will take place throughout the entire year.

The increase in the population highlighted in the 2006 census illustrates that if we are to achieve 5% population coverage for influenza surveillance then we need to expand the number of participating practice again this year. It is hoped to increase the number of participating practices to 60. To this end in spring 2007 a number of publicity efforts were made to attract new practices to the network. There was a considerable amount of interest shown in joining the network. However, intriguingly, the number of practices that progress from an expression of interest to actual participation is small. This maybe for several different reasons but I do not fully understand why this should be so. Reassuringly, once a practice joins and has got to the point of making its first return they usually stay and become full active participants. The recruitment drive will continue during 2007.

ACHIEVEMENTS TO DATE

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

FUTURE PLANS

We hope to continue expansion of the number of participating practices during 2007 up to 60 practices which should give us the optimum recommended five percent coverage of the population.

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

Dr Michael Joyce, Project Director

www.icgp.ie/flu



GASTROENTERITIS IN IRISH GENERAL PRACTICE

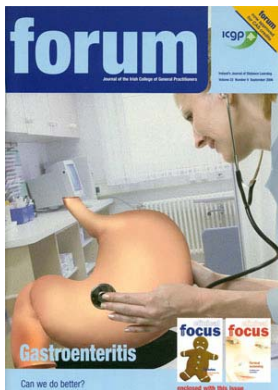
Report

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

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

PROJECT LEADER

Professor Philip Reilly, Queens University Belfast



Cover Article in the September 2006 edition of Forum – “Gastroenteritis: Can we do better?”



Cover Article in the April 2007 edition of Forum – “Notifiable Diseases: Are We Bovered?”

OTHER MEMBERS OF PROJECT TEAM

Dr Simon Morgan, Research Fellow, ICGP.

Dr Eddie O’Neill, Research Fellow, QUB.

PROJECT ACTIVITIES DURING PAST 12 MONTHS

- ^ Development and refinement of two practice-based assessment resources on gastroenteritis:
 - o Assessment Guide.
 - o Tips to Management.
- ^ Development and refinement of two patient information leaflets on gastroenteritis:
 - o Stool Sampling.
 - o Tips to Manage Diarrhoea.
- ^ Completion of five focus groups comprising GPs, public health specialists and microbiologists in Galway, Limerick, Cork, Carrickmacross and Tullamore – group size (4-9).
- ^ Development and delivery of a training workshop in the management of communicable diseases to GP trainees:
 - o Donegal Scheme (October) – 20 total.
 - o Sligo Scheme (February) – 9 total.
- ^ Ongoing liaison with medical schools seeking incorporation of resource material into undergraduate teaching.
- ^ Ongoing liaison with specialist training schemes seeking incorporation of resource material into GP training:
 - o Presentation of the project and material at the NAPD meeting, Birr (28/3/07).
- ^ Ongoing liaison with Irish Centre for Pharmacy Education (ICCPE) regards a collaborative approach on training material development.
- ^ Support for the provision of an effective clinical specimen collection service in the RoI.

- ^ Ongoing liaison with Dr Michael Joyce (ICGP sentinel practice surveillance program) in relation to incorporating other practices and registrars in training.
- ^ Publication of two articles in ICGP Forum:
 - o Tips in the Managing Gastroenteritis (Sept).
 - o Notification of Communicable Diseases (April).

FUTURE PLANS

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

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

Dr Simon Morgan, ICGP Research Fellow



GPIT TRAINING Report

The GPIT Training Programme was re-established in September 2006. Ten GPIT tutors and the programme director provide support and training to practices covering a wide range of issues. In most cases support is provided in the GP's surgery with follow up by phone and email. A total of 45 practices have applied to the programme for support, 39 have received support or are currently engaged with a tutor. Three have not yet received support while another three have deferred their engagement for reasons to do with their practice. The greatest number of requests (15) came from the HSE Dublin North East area, while the smallest number (8) came from HSE South area.

It is hoped this group of tutors can become a catalyst for change in relation to ICT issues both at a local and national level. Further engagement with the National GPIT management group, the HSE and GP software vendors will be required to achieve this. Particular priority areas for the group over the coming year are electronic messaging, primary care teams and chronic disease care.

GPIT TUTORS

Currently there are 10 tutors providing support to practices around the country. They are as follows:

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

BACKGROUND TO GPIT TRAINING PROGRAMME

The GPIT training programme was originally set up in 2001 to provide IT training and support for GPs who wished to switch from manual to electronic patient records. At the time there was a huge need for both basic IT skills training and more advanced training on the various tasks associated with using electronic patient records. GPs were recruited to act as IT tutors and run courses in suitable venues around the country. The courses were highly successful, but by 2005 it became obvious that GPs had moved on. Most of those interested had mastered the basic skill and with the support of the software vendors and the GPIT courses had achieved a certain level of computer usage.

Two national surveys of GPs in 2000 and again in 2003 revealed however that while the level of use of computers for administrative tasks such as generating repeat prescriptions and immunisation claims was high, the use for more clinical tasks which directly involved the GP was somewhat less impressive. With the support of the HSE therefore, the programme was re-launched in 2006 and now focuses on providing support and training directly to practices who request help. This is provided through a network of ten GPs who are all experienced in the area of IT and using electronic patient records in their own practices.

AIMS OF THE GPIT TRAINING PROGRAMME

- ^ To encourage GPs who are still using manual record systems to see the benefits of migrating to an electronic record system.
- ^ To assist these GPs in choosing the practice management system which best suits their own needs and those of their practice.

- ^ For practices who are using practice management systems, to increase their use of these in order to achieve greater efficiencies and improved patient care.
- ^ To assist GPs and practices who are experiencing difficulties with their systems or with their providers.
- ^ To set-up, encourage and support practice management software user groups.
- ^ To participate in local and national ICT initiatives to further the use and value of ICT at both primary and secondary care levels.
- ^ To act as an advocate for GPs experiencing difficulties with software and hardware providers.
- ^ To provide guidance and support to general practice on ICT infrastructure requirements.
- ^ To reflect back at national level concerns and issues which affect the uptake and usage of information technology by GPs.
- ^ To work with the GPIT management group to ensure an integrated approach to ICT development in primary care.
- ^ To work with the GPIT management group to formulate and implement national policies and guidelines on common ICT issues which affect general practice.

ACTIVITIES OVER THE LAST 9 MONTHS

A total of 45 practices applied for support following the launch of the programme in September 2006. Most of these applications followed a mail shot to all members in early September 2006 while a smaller number responded to a brief outline of the programme delivered at the ICGP Winter Meeting in November 2006. Table 1 provides a regional breakdown of applications. It is of interest that the highest number of applications came from the Dublin North East region and that 5 of these come from County Cavan. Table 1: Numbers of application by region and by tutor availability.

HSE Region	Number of Practices	Tutors
Dublin North East	15	2
Dublin Mid Leinster	12	2
Southern	8	3
Western	10	3
Total	45	10

Of the 45 practices who have applied to date, 39 have received support or are currently engaged with a tutor. Three have not yet received support while another three have deferred their engagement for reasons to do with their practice. The variety and nature of issues for which GPs requested support suggested a reasonably high level of sophistication among those who applied to the programme.

Table 2 lists the top reasons listed on the application form by GPs seeking support. About one fifth of those who applied wished to begin using their systems to recall patients for preventative disease activities or for chronic disease management purposes. Twelve percent wished to begin using electronic messaging to receive laboratory and other

results from their local hospitals. About 16% indicated that they wish to go paperless and begin recording all of their consultations on the computer.

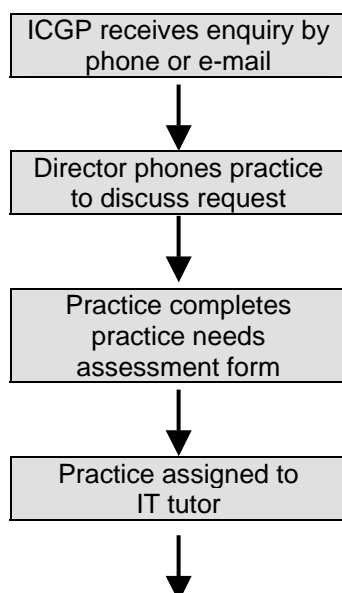
Tutors responded to these requests in a variety of ways. In most cases a visit to the practice was carried out by the tutor to assess the current set up of the practice in relation to ICT and to further discuss the aims and objectives of the practice. Sometimes this would lead to GPs deferring their plans to a period when the practice was less busy or when upgrades to software or hardware had been carried out. The tutor would then advise the practice on ways to achieve their objectives and provide advice and support while they did so.

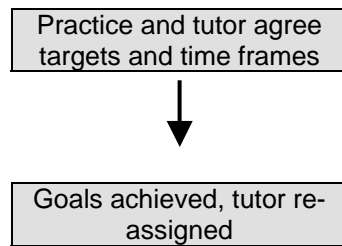
Task	Number	Percent
Recall for chronic disease, cervical smears, immunisations	17	20%
Electronic laboratory messaging	10	12%
Referral letter generation and templates	9	11%
Consultation notes	7	8%
Becoming paperless/scanning	7	8%
Use of Internet and e-mail	7	8%
Ante-natal visit recording and claims	7	8%
Other	20	25%
Total	84	100%

In addition to direct support to GP practices, tutors have facilitated and supported local user groups, contributed to local HSE electronic messaging initiatives and provided training on the IT aspects of the Heartwatch programme to practice nurses.

HOW THE PROCESS WORKS

Most applications for IT support arrive through the ICGP in the form of a telephone enquiry or e-mail. The programme director then contacts the GP by phone to discuss the request further. A practice needs assessment form is then posted or e-mailed to the practice to get more information about the practice and to establish a lead GP or contact person within the practice. Practices are then assigned to the tutors according to their location and the availability of individual tutors. The tutor then visits the practice and agrees some short term goals with the practice. After a period of engagement with the practice the tutor then moves to a new practice and provides feedback to the programme director.





FUTURE PLANS

It is expected that the number of practices seeking support will grow as knowledge of the programme increase. Recruitment of new tutors is therefore desirable over the coming years particularly in areas of the country where there are not tutors at present. Plans to recruit an IT tutor to cover the Cavan and Monaghan areas have so far proved unsuccessful. As a result a number of practices in this area are still waiting for support.

With the appointment of Dr Brian O'Mahony as National ICT programme manager earlier this year; there is great potential for co-operation between Brian and the GPIT tutors group to drive development forward in the area of primary care ICT. Already the tutors group has helped to formulate two national policy documents. These documents which are currently in draft form will provide guidelines to practices on the area of Internet use and the shredding of documents within a practice.

A higher profile for ICT issues is required. Tutors have presented at local and national GP meetings on IT issues and will also be presenting at the forthcoming ICGP AGM and ICGP Summer School. If there is enough interest at these meeting we hope to hold a national meeting dedicated to the area of ICT with guest speakers invited from abroad in October 2007. This meeting would help GPs to define the priorities and their vision of how developments in ICT should happen over the next number of years. Overseas speakers could feed into this debate with their experiences from abroad. The meeting would be open to GPs, practice nurses and others involved in primary care provision.

With the advent of many new primary care teams and multidisciplinary centres, there is an urgent need for dialogue both among GPs and between GPs and other health professionals on how to share electronic records and make the best use of ICT with this new model of primary care. The GPIT tutors group includes a number of GPs closely involved with the new primary care projects. It is hoped the tutor group can help shape the development of these primary care projects in relation to their ICT needs.

Chronic disease management is an area that can be greatly improved through the use of practice management software. From a brief analysis of our applications to date, there appears to be an appetite among GPs to learn more about this area (Table 2). It is our hope that with better training and support that practices involved in this programme can introduce monitoring and recall systems which lead to better patient outcomes in disease such as diabetes, hypertension and heart Failure.

It is a huge disappointment that the Heartwatch programme has not been expanded as originally envisaged. The tutors are willing and able to support the national expansion of this programme to all GPs and eligible patients and look forward to this development which is long overdue.

Dr Brian Meade, National GPIT Training Programme Director

www.gpit.ie



WOMEN'S HEALTH Report

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

PROGRAMME BACKGROUND

The Women's Health Programme has been running since the establishment of the PRC in 1998. As women's health constitutes a considerable proportion of the workload of general practice and there are constant developments in this area there is an ongoing need for educational support for GPs and practice nurses. The educational and policy agendas for the Women's Health Programme are set by a combination of formal and informal feedback from members and course participants, priorities set by Council and Executive and the introduction or roll out of women's health initiatives e.g. screening programmes.

From l-r: Dr Claire Collins (ICGP Director of Research), An Tanaiste and Minister for Health Mary Harney TD and Dr Ailis ni Riain (ICGP Women's Health Director) at the announcement of funding by the interim Health Information and Quality Authority for two ICGP research projects.



OTHER MEMBERS OF PROGRAMME GROUP

Geraldine Holland (Assistant Programme Director)

Naoimh Kenny (Assistant Programme Director)

Yvette Dalton (Administrator)

Rosina Ghuffar (Researcher)

Maria Wilson (SCALES Tutor)

Instructing Doctors in Family Planning (for Family Planning Certificate courses)

PROGRAMME ACTIVITIES DURING PAST YEAR

Women's Health Courses

- ^ Family Planning Certificate Part 1 Course (Theoretical) (two courses).
- ^ Family Planning Certificate Part 111 Course (Practical) (two courses).

Women's Health Conference

Second Annual Conference, Portlaoise.

Other Courses

- ^ SCALES (re-entry course for GPs) September 2006 – Mar 2007.
- ^ Diploma in Women's Health by Distance Learning (in collaboration with the Distance Learning Unit) September 2006- May 2007.
- ^ Theory Course for Cervical Smear takers by Distance Learning (in collaboration with the Distance Learning Unit) September 2006 – May 2007 (four courses).

Research

- ^ Care of Women after Abortion (Key Contacts Resource, to be launched at Women's Health Conference).

- ^ Cardiovascular Disease in Women (Impact Document, to be launched at Women's Health Conference).

Other Projects

- ^ Young People's Access to General Practice (Demonstration Projects).
- ^ Report on Development Potential of SCALES.

Work in Progress

- ^ Third National Conference on Women's Health – May 26th 2007.
- ^ Evaluation of Direct Access DEXA Scanning for GPs.
- ^ Intimate Partner Violence Project.
- ^ Sexually Transmitted Disease Course (under development).

Other Activities

(see milestones/deliverables for details)

- ^ Members' electronic inquiries service.
- ^ Publications.
- ^ Representation.

DETAILED PROGRAMME DESCRIPTION

Table: Women's Health Programme Activities - May 2006 – April 2007

Activity	Date	Number of Participants
Family Planning Certificate Course Part 1 (theory)	28th- 29th September 2006 1st - 2nd February 2007	30 28
Family Planning Certificate Course Part 111 (practical)	24th - 25th November 2006 22nd - 23rd March 2007	9 9
Women's Health Conference	27th May 2006	119
SCALES course	September 2006 - March 2007	27
Diploma in Women's Health by distance learning	September 2006 - May 2007	23
Theory Course for Cervical Smear takers by distance learning	September - December 2006 November 2005 - February 2007 January - April 2007 March - May 2007	134
Total		379

1. Women's Health Courses

(Project Lead: Geraldine Holland)

a. Family Planning Certificate Part 1 Course (Theoretical) (two courses)

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

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

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

2. Women's Health Conference

(Project Lead: Ailís ní Riain)

This conference was held in Portlaoise in May 2006 with national and international speakers on a range of issues of interest in women's health. One hundred and twelve healthcare professionals (GPs and practice nurses) attended. Initially intended as a once-off event, the feedback was so positive that a third conference is planned for May 2007.

3. Other Courses



2006/2007 SCALES Course Participants and Tutors.

a. SCALES (re-entry course for GPs) September 2006 – May 2007

(Course Tutor: Maria Wilson)

Twenty seven doctors enrolled for this programme (the seventh re-entry and refresher course in general practice) in September 2006 and twenty six participants were presented with certificates of completion in March 2007. The course tutor was Maria Wilson. The course format was further developed this year. The eight full days (each containing four educational sessions) were delivered at the ICGP at approximately three weekly intervals. Course teachers included a range of expert resources and additional tutorial support was provided by the Women's Health Programme team.

b. Diploma in Women's Health by Distance Learning (in collaboration with the Distance Learning Unit) September 2006- May 2007

(Course Tutor: Ailís ní Riain)

The Women's Health Programme collaborates with the Distance Learning Unit in updating clinical content, assessment and delivering workshops on this course. A major clinical content update was undertaken this year. Course participants include established GPs, GPs in training and practice nurses. The course is completed over one or two academic years and this year's participants include those undertaking the course over one year and also those on either Year 1 or Year 2 of the two year programme. Additionally the Diploma in Women's Health has been modularised and participants have the option of undertaking one or more modules on a stand-alone basis. Course assessment is undertaken by Anne Mulrooney, Fiona Graham and Ailís ní Riain.

c. Theory Course for Cervical Smeartakers by Distance Learning (in collaboration with the Distance Learning Unit) September 2005- May 2006

This sixteen week course has run on four occasions over the course of this academic year (see Table for details). The Women's Health Programme collaborates with the Distance Learning Unit in updating clinical content (Ailís ní Riain) and assessment on this course (Anne Mulrooney, Fiona Graham, Loyola Lowry).

4. Research

a. Key Contact Care of a Woman after Abortion

(Project Lead: Naoimh Kenny)

A key contacts document has been compiled to provide information on the health needs of women who have had abortions. This project was funded by the Crisis Pregnancy Agency and the report will be launched at the Women's Health Conference in May 2007.

b. Cardiovascular Disease in Women

(Project Lead: Naoimh Kenny)

An impact document has been produced that highlights the gender differences in risk factor assessment, presentation, diagnosis, treatment and outcome in cardiovascular disease. This document has been funded by the Women's Health Council, approved by the ICGP Quality Committee and will be launched at the Women's Health Conference in May 2007.

5. Other Projects

a. Young People's Access to General Practice (Demonstration Projects)

(Project Lead: Ailís ní Riain; Researcher: Rosina Ghuffar)

The aim of this project is to develop services for young people through the provision of grants to general practices who can show that they are offering services to young people in an accessible and effective way. More than forty practices applied to participate and eight projects were provided with a grant to support the development of a range of services for young people in a range of practice settings. This project has been funded by the Health Promotion division of HSE Population Health. The steering committee is composed of representative of HSE Health Promotion and the ICGP Women's Health Programme. Individual projects will be presented at the Women's Health Conference in May 2007. A composite report on the project will be published in the autumn. It is anticipated that this will inform the development of a larger project.

b. Report on Development Potential of SCALES

(Author: Ailís ní Riain)

SCALES (Short Course Aimed at Late Entrants) has been offered by the ICGP since 1999. A review of the lessons learnt in six years of the programme was undertaken and potential further development of this course to address the emerging requirements under the new Medical Practitioners Act, 2007 was explored. Funding for this review was provided by the HSE Medical Education, Training and Research unit. The report is currently under consideration by the ICGP Council.

6. Work in Progress

a. Third Annual National Conference on Women's Health – May 26th 2007

This conference will provide an update on women's health issues for primary healthcare professionals. International and Irish experts will address a wide range of issues (conference details at www.icgp.ie/whconference2007). The conference will be held in Tullamore.

Pictured from l-r at the 2nd National Conference in Women's Health in May 2006 in Portlaoise are:

Ms Yvonne Jacobson, Dr Edgar Mocanu, Dr Rita Galimberti, Dr Kate Ganter, Prof Fergal Malone, Dr Eva Orsmond, Dr Ailís ní Riain.



b. Evaluation of Direct Access DEXA Scanning for GPs

(Project Co-ordinator: Rosina Ghuffar)

HSE East Coast Primary Care Unit has recently introduced a direct access DEXA scan service for GPs in the East Coast Area. They have commissioned the ICGP Women's Health Programme to evaluate the effectiveness of this programme. The evaluation is overseen by a steering committee consisting of representatives of HSE East Coast, Stakeholders in the service, Health Economist and the ICGP. Evaluation tools have been designed and the service evaluation is ongoing. The project will be completed in autumn 2007.

c. The GP & Practice Nurse Project on Intimate Violence and Abuse

(Project Co-ordinator: Naoimh Kenny)

This project entails the development of a suite of educational resource material on intimate partner violence for GPs and practice nurses and a dissemination strategy for their use. It is a two year project which commenced in February 2007. It is undertaken in collaboration with the Eastern Regional Planning Committee on Violence against Women. It is jointly funded by the HSE and the Department of Justice, Equality and Law Reform and the Steering Committee includes representatives of all stakeholders.

d. Sexually Transmitted Disease Course (under development)

(Project Co-ordinators: Geraldine Holland and Naoimh Kenny)

GPs have indicated that there is a need for additional training in the area of providing sexually transmitted infection services for their patients. This course is under development and the first course will be offered in October 2007.

PROGRAMME TIMETABLE

Ongoing

PROGRAMME MILESTONES/DELIVERABLES/OUTPUTS

1. Courses, Meetings and Research

(as above)

2. Members Electronic Inquiries Service whqueries@icgp.ie

(Project Lead: Naoimh Kenny)

This email support service provides a quick response to difficult clinical situations which may arise in clinical practice. The service responds to theoretical and practical clinical questions. The service received about 25 queries between June and December 2006. These queries refer to all aspects of women's health, but the vast majority are on contraceptive issues, and usually a specific case scenario that the practitioner is faced with (e.g. whether antibiotic cover is required in a woman with a cardiac complaint, whilst inserting long-acting contraceptive device). To date there have been two separate queries on cervical screening – specifically, whether GPs can access alternative, recognised histopathology services so that their patients may avail of results sooner than the current lag-time. As these queries are not of a clinical nature the response has essentially re-iterated this and the fact that the WHQ service cannot make recommendations in this way.

Answers have largely been based on reading and literature search, aiming to give non-prescriptive advice and encouraging further queries as necessary. Often the response is accompanied by literature or a reference e.g. NICE guidelines or UK family planning guidelines. The practitioners often give positive feedback about the WH Queries service – commenting on the helpful and user-friendly service.

3. Publications

a. Key Contact Care of a Woman after Abortion, Naoimh Kenny and Ailís ní Riain. CPA/ICGP publication (launch May 2007).

b. Cardiovascular Disease in Women (Impact Document), Naoimh Kenny and Ailís ní Riain. WHC/ICGP publication (launch May 2007).

c. HPV Vaccine, Naoimh Kenny. Forum (December 2006).

STATEMENT OF OUTCOMES/ACHIEVEMENTS TO DATE

Note: Refers to 2006-7 activities for Women's Health Programme only:

- ^ Courses, meetings and research (as above).
- ^ Publications (as above).
- ^ Collaboration – internally with the Distance Learning Unit and other project directors and externally with agencies such as Crisis Pregnancy Agency, Women's Health Council, HSE Health Promotion and National Cancer Screening Services.
- ^ Representation (see table below).
- ^ Electronic availability – material / publications, course details and clinical inquiries service available on the ICGP website.

REPRESENTATION

Women's Health Council	Ailís ní Riain
National Steering Committee for Violence against Women	Ailís ní Riain
Joint Committee for Family Planning	Rita Galimberti, Fionnuala Loughrey and Geraldine Holland
National Cancer Screening Services Board	Ailís ní Riain
Consultative Forum for Crisis Pregnancy Agency	Naoimh Kenny
Health Protection Surveillance Centre Steering Group for Research Project on Chlamydia	Nuala O'Connor

Eastern Regional Maternity Services Group	Geraldine Holland
Medical Council	Ailís ní Riain

FUTURE PLANS

- ^ To continue ongoing activities.
- ^ Ongoing collaboration with outside agencies to represent the contribution of GPs to women's health services and to secure financial resources to support further activities.

Dr Ailis ni Riain, Programme Director

www.icgp.ie/womenshealth