

2023 AUDGPI ICGP Joint ASM

3rd & 4th March 2023, University of Galway

#AUDGPI23

Welcome to Galway 2023!

Andrew W Murphy, Chair University of Galway Host Organising Committee

It is with great excitement that we are hosting this, the 9th Joint Annual Scientific Meeting of the Association of University Departments of General Practice in Ireland and the Irish College of General Practitioners. And how good it is to be back face-to-face again!

We had a record number of submissions – 96 in total – which augurs well for our discipline! The meeting does act as a ‘shop window’ for our educational, research and advocacy work. And what a lot we have to savour, learn and celebrate! A total of 5 workshops, 45 free standing papers, 30 posters and 9 Rapid Fire Ideas. Ranging from adverse drug reactions, to contraception trends, to palliative care education, the wonderful cornucopia of general practice is open to you! And three really important plenaries reviewing primary care management of COVID, childhood obesity and positive GP career choices.

Many thanks to our sponsors Medisec and the Health Research Board Primary Care Clinical Trials Network Ireland. And of course to our hardworking and ingenious Host Organising Committee – Monica Casey, Nóirín Fitzgerald, Eva Flynn, Aoife Jackson, Breda Kelleher, Maureen Kelly, Sinead Lydon, Patrick Murphy, Laura O'Connor, Una St John and Eileen Walsh. Laura and Eileen deserve special commendation for leading on abstract management, and presentation and brochure production respectively. And to our very own student GP Society who have provided such enthusiastic and able Student Ambassadors!

The ‘strapline’ for the AUDGPI is ‘Learn, Research, Engage’. We really hope you engage with the wonderful and exciting discipline of general practice during this conference. Enjoy!

Fintan Foy CEO, Irish College of General Practitioners

The ICGP is delighted to once again to collaborate with the AUDGPI. This is the 9th Joint AUDGPI ICGP Annual Scientific meeting and the breadth of the programme and the variety of keynote speakers are indicative of the broad scope of the daily work of general practice. During the conference, the joint AUDGPI ICGP publication will be presented and this represents another important co-operation between the two bodies to inform and shape the future of general practice in Ireland. There is a long history of collaboration between the ICGP, AUDGPI and the Universities which we hope will continue and will grow so that together we can inform the debate on issues relevant to general practice today. Research and audit enable GPs to contribute to the evidence base that underpins their discipline and to inform improvements in patient care. Events such as this are an important component in disseminating and discussing project findings and data generated within general practice.

We hope you enjoy the conference but most importantly, interact and learn from one another.

Welcome to Galway 2023!

Emma Wallace, Chair AUDGPI Executive Committee

On behalf of the Association of University Departments of General Practice in Ireland (AUDGPI), I would like to warmly welcome you to the 2023 AUDGPI/ICGP Annual Scientific Meeting (ASM) hosted by the Discipline of General Practice in the University of Galway.

The COVID-19 pandemic has resulted in huge changes to how we live and work. Every opportunity to come together is now to be savoured. This ASM has seen the highest number of abstract submissions ever; an incredible testament to the research and innovation ongoing in primary care even in this time of unprecedented challenges in clinical care delivery. The excellent two day programme includes parallel sessions focusing on clinical research and audit as well as medical education research and innovation. We have plenaries from international leaders in both primary care and public health research as well as the ICGP/AUDGPI working group's report Medical Student to General Practitioner: an urgent call to action.

On behalf of the AUDGPI executive, I would like to thank our 2023 ASM organisers ably led by Prof Andrew Murphy, Dr Maureen Kelly and Una St John in Galway and Claire Collins in the ICGP. I look forward to seeing you all in Galway.

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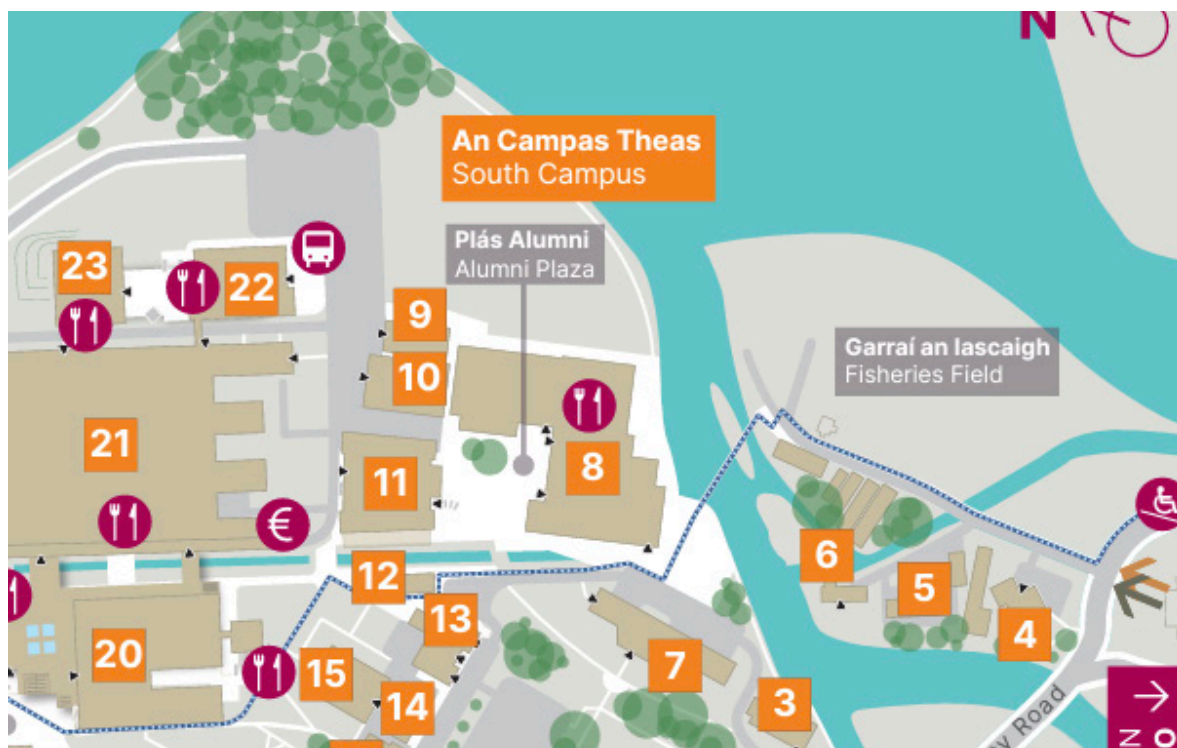
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VENUE & PARKING



The conference venue is the Bailey Allen complex, Áras na Mac Léinn—number 8 the map above, Eircode H91 RTR6

You can access the full map online [here](#)

Parking

There is very limited pay and display parking for visitors on campus, Monday to Friday from 8:30 to 17:30 and clamping is in operation on campus during these times.

The pay and display spaces in campus car parks are marked with blue lines. In addition, there are other private car parks within walking distance of the University. The Cathedral Car Park is 2–3 minutes' walk from the conference venue and the cost is approx. €6.50 per day.

No parking restrictions apply at weekends and visitors to campus can park in the on campus car parks free of charge.

On Friday, we suggest drivers arrive in plenty of time to locate a parking space, and recommend the Cathedral Car Park a short walk away. On Saturday there should be abundant free parking located right next to the venue.

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Venue & Parking	<p>Friday 3rd March 2023: External Credits : 6 GMS Study Leave: 1 day</p> <p>Saturday 4th March 2023: External Credits : 3.5 GMS Study Leave: 0.5 day</p> <p>There is a register for you to sign at the conference registration desk – you MUST sign in to get recognition!</p> <p>An individual CPDR code for each day will be disseminated through out the conference. This code allows you to upload your attendance and points from the conference directly for your own records.</p>
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PLENARY SPEAKERS



Friday March 3rd 1110-1200

Prof Chris Butler, Professor of Primary Care, University of Oxford

Title: A sea change in the design and delivery of clinical trials of acute therapeutics in primary care

He leads the Infections and Acute Research Group and is Clinical Director of the University of Oxford Primary Care Clinical trials Unit. He is also a professorial Fellow at Trinity College and Chair of the Longitude Prize Advisory Panel. As co-Chief Investigator of the PRINCIPLE and PANORAMIC adaptive, platform, randomised, controlled trials of community treatments for COVID 19, he has jointly led the recruitment of >38,000 participants and evaluated 9 medicines so far.

He trained in Medicine at the University of Cape Town, did doctoral work at the University of Wales College of Medicine, and studied Clinical Epidemiology at The University of Toronto. He was appointed Professor of Primary Care in the Nuffield Department of Primary Care Health Sciences at the University of Oxford in 2013.



Friday March 3rd 1415-1515

Dr Karen Matvienko-Sikar, University College Cork

Title: 'Interventions and outcomes in childhood obesity prevention trials in practice'

Dr Karen Matvienko-Sikar is a Lecturer and HRB funded Senior Research Fellow in the School of Public Health, University College Cork. Karen obtained her PhD in Applied Psychology from UCC and is Chair of the Psychological Society of Ireland Division of Health Psychology. Karen's research interests and expertise are in maternal and child health and well-being, with a particular focus on childhood obesity prevention and perinatal mental health.

PLENARY SPEAKERS

Saturday March 4th 0930-1015

Dr Maureen Kelly & Fintan Foy

Title: 'Medical Student to General Practitioner: An urgent call to action' a Report from the Association of University Departments of General Practice in Ireland and Irish College of General Practitioners



Fintan Foy joined the Irish College of General Practitioners as Chief Executive Officer in February 2017. Prior to his current role, he was Chief Executive Officer of the College of Anaesthetists of Ireland from 2011 to 2017. Prior to this post, Fintan worked for 18 years in the Royal College of Surgeons in Ireland and held a number of senior management roles there. Fintan has been an active member of the Forum of Postgraduate Training Bodies. In May 2015, Fintan was appointed as a government nominee to the

Council of the Pharmaceutical Society of Ireland and continues in that role to this date.

In his 5 years as CEO of the ICGP, the College has seen the transfer of full oversight and responsibility for GP training from the HSE to the College with a subsequent increase in employees and funding. Significant changes have also been seen in the overall governance of the College and structural and development changes at management level throughout the College. In the last five years, the College has also established an extensive overseas network including a 4-year GP training programme in Malaysia in partnership with RCSI/UCD and lheed.



Prof Maureen Kelly is a senior lecturer in General Practice with the Medical School University of Galway. She has over twenty years of experience as a clinical educator at undergraduate, postgraduate and faculty level. She is a former Assistant Programme Director of the Western Training Programme in General Practice, HSE West. She has a long standing interest in Civic Engagement. Her primary research interests are in the field of medical education with a particular focus on medical student selection. This expertise is internationally recognised.

SOCIAL PROGRAM



Friday 3rd March 1715-1800 O'Donoghue Theatre 2

Title: 'A practice of mindfulness meditation'

Dr. Eva Flynn works as a lecturer in the Discipline of General Practice in the College of Medicine, Nursing and Life Sciences at University of Galway since 2012. She also

works clinically as a general practitioner. She lectures in undergraduate and postgraduate education. Her area of interest in medical education is student wellbeing and the role this has on personal and professional development of a trainee doctor.

Since 2017, Eva has facilitated the delivery of an 8 weeks module in Mindfulness to fourth year medical students, the Mindfulness Special Study Module with Thubten Gelong. Eva is also a teacher of Mindfulness Based Stress Reduction and was trained with the Institute of Mindfulness Based Approaches in Germany. She delivers the 8 weeks programme of Mindfulness Based Stress Reduction to medical students within the School of Medicine. Most recently Eva co-developed the module Medicine and Compassion with Dr. David Shlim. Eva is a member of the Mindful Way@University of Galway initiative and delivers regular mindfulness shared practice on campus. You can join weekly weekly mindfulness practice through Mindful Way in the University of Galway: <https://www.universityofgalway.ie/mindfulway/>

Today Eva will deliver a practice of mindfulness meditation. This suitable for all, beginners, curious and experienced. It may well be of help after a busy day at this conference!

Friday March 3rd Ardilaun House Hotel
1930 Drinks Reception with music provided by players from the University of Galway Orchestra Society

2000 Three course dinner and presentation to Dr Genevieve McGuire
 Tickets costing €55, including reception and wine at dinner, must be pre-purchased.

Saturday March 4th
Fun Run & Swim *

***Please sign up in advance so we can organise transport**
<https://forms.office.com/e/cNiXtUvKuy>

- 0730 Fun run from Ardilaun House Hotel to Blackrock Diving Platform will be led by Caroline McCarthy and you will then join the ...
- 0800 Fun swim in Galway Bay led by Andrew W Murphy. Very weak tea bag immersion is absolutely fine!
- 0815 Cars will return those runners who have had enough to the Ardilaun! Otherwise you can race Liam and Caroline back home!

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Prizes	<p>Four prizes will be awarded during the conference:</p> <ol style="list-style-type: none"> 1. Prof William ‘Bill’ Shannon Prize for Best Trainee presentation: 2. Prof George Irwin Prize for Best Education presentation 3. Prof James McCormick Prize for Best Research presentation 4. Prize for Best Poster presentation <p>The process for selecting awardees commenced prior to the conference. All abstracts received were subject to duplicate review and scoring. Discrepancies in scoring were resolved through review by the conference chair. Subsequently, the five most highly scoring abstracts eligible for each of the four prizes were identified for review at the conference by a panel of judges. This five-person panel was assembled with consideration of representation by gender, profession, and professional experience. Throughout the conference, all presentations selected for review will be evaluated by a minimum of two of the judging panels using a pre-defined scoring rubric. Scores will subsequently be collated and reviewed to support the selection of an awardee for each prize. The prize-giving process is being overseen by Dr Sinéad Lydon (sinead.lydon@universityofgalway.ie).</p> <p>We encourage you to join us to celebrate these successes at the prize giving ceremony on Saturday at 1230!</p>
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PRIZES

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1. Prof William ‘Bill’ Shannon Prize for Best Trainee presentation:
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We encourage you to join us to celebrate these successes at the prize giving ceremony on Saturday at 1230!

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Venue & Parking	FRIDAY 3rd March	
CME Points	<p>10.00:Registration Bailey Allen 1</p> <p>11.00: Welcome Session Bailey Allen 2</p> <p>11.10: First Plenary Session Professor Chris Butler Bailey Allen 2</p> <p>12.00:Parallel Sessions & Workshop 1</p> <p>Quality Care for all Chair Prof Susan Smith BA1</p> <p>Cancer and Access to Diagnostics Chair Dr Patrick O'Donnell BA2</p> <p>Workshop - An introduction to complex intervention development ODT2 Health Behaviour Change Research Group (HBCRG)</p> <p>13.00:Lunch and networking Sult</p> <p>13.30:AGM Bailey Allen 2</p> <p>14.00:Fiona Bradley Award Ceremony Bailey Allen 2</p> <p>14.15: Second Plenary Session Dr Karen Matvienko-Sikar Bailey Allen 2</p>	<p>14.45:Parallel Sessions & Workshop 2</p> <p>Prescribing Chair Dr Donal Wallace BA1</p> <p>Equity in Care Chair Dr Andrew O'Regan BA2</p> <p>Workshop – Feedback for Learning Through Assessment Design Dr Karena Hanley ODT2</p> <p>15.45:Coffee break and poster viewing Bailey Allen 1</p> <p>16.15: Parallel Sessions & Workshop 3</p> <p>Research and Data in General Practice Chair Dr Paul O'Connor BA1</p> <p>Rapid Fire Presentations Chair Dr Mike O'Callaghan BA2</p> <p>Workshop - Exploring Implicit Bias Regarding Infant feeding Dr Sarah Brennan ODT2</p> <p>17.15: Day 1 Closes</p> <p>17.20: Mindful Meditation Dr Eva Flynn</p> <p>Conference dinner 7pm in Ardilaun Hotel</p>
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CME Points	07.30: Social activity Run and sea swim from Ardilaun hotel	11.40: Parallel Sessions & Workshop 5 Cardiac Care Chair Dr Peter Hayes BA1
Plenary Speakers	09.00: Registration Bailey Allen 1	Clinical Care 2 Chair Dr Eva Flynn BA2
Social Program	09.30: Welcome Session Bailey Allen 2	Workshop - Promotion of physical activity in general practice: applying evidence, theory and experience to the consultation Dr Roger O'Sullivan ODT2
Prizes	09.40: Third Plenary Session Dr Maureen Kelly and Mr Fintan Foy Bailey Allen 2	Teachers in GP Workshop 1 Delivered by: ICGP Western Training Scheme in General Practice ODT1
Program at a Glance	10.10: Parallel Sessions & Workshop 4 CME Chair Dr Sian-Lee Ewan BA1	12.40: Closing session and prizegiving Bailey Allen 2
Day 1 Full Program	Clinical Care 1 Chair Dr Maria McDermott BA2	13.00: Day 2 Closes
Day 2 Full Program	Workshop – CARA Dashboard for GPs Prof Akke Vellinga ODT2	
Posters	Teachers in GP Workshop 1 Delivered by: Dr. Noirin Fitzgerald and Dr. Ann Murray ODT1	
	11.10: Coffee break and poster viewing Bailey Allen 1	

Contents	<h1>DAY 1 / FULL PROGRAM</h1> <h2>FRIDAY MARCH 4</h2>		
Venue & Parking	TIME	DETAILS	LOCATION
	10:00	Registration opens	BA 1
CME Points	11:00	Welcome Session Martin O'Donnell	BA 2
	11:10	Plenary 1: Professor Chris Butler A sea change in the design and delivery of clinical trials of acute therapeutics in primary care	BA 2
Plenary Speakers	12:00	Parallel sessions and workshop 1. SHORT ORAL 1A Quality Care for All Session Chair Prof Susan Smith	BA 1
Social Program		12.00 Abstract Number 46. Joe Gallagher A Human Factors Approach to Childhood Pneumonia in Malawian Primary Care. Master Chisale ¹ , Balwani Mbakaya ² , Billy Nyambolo ³ , Chris Watson ⁴ , Joe Gallagher ⁵ 1 Mzuzu University, Malawi 2 University of Livingstonia, Malawi 3 Ministry of Health, Malawi 4 Queens University Belfast 5 University College Dublin	
Prizes		Introduction Pneumonia is one of the major causes of childhood mortality worldwide. Most of these deaths are readily preventable or treatable with proven cost effective interventions. The aim of this study is to investigate the assessment and management of childhood pneumonia in primary care in Malawi.	
Program at a Glance		Methods Semi-structured interviews were used to elicit accounts of the assessment, treatment and referral process as experienced by staff and caregivers in 10 health facilities in Northern Malawi. Staff members dealing with assessment of children under-five years of age (Doctors, Clinical Officers, Medical Assistants, Nurses, Nurse Midwife Technicians, Student Nurses and Health Surveillance Assistants) were included. It also involved policy makers from the area and caregivers of children presenting with pneumonia. Data was analysed using thematic analysis following the SEIPS 101 tools (task sequence, use of	
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technology and tools, and work system barriers and facilitators).

Results

69 interviews were undertaken. A process map of the flow of patients with pneumonia was created, showing the tasks undertaken and the interactions between staff and patients. In their interviews caregivers identified a number of barriers to appropriate care including insufficient education for caregivers on the management of sick children and distance to healthcare availability. The importance of traditional healers was identified in the process. Staff identified several organisational elements that served as barriers to the implementation of care. They included workload, lack of resources such as medications and batteries, uncertainty regarding markers of severity and need to give all antibiotics. The health passport system and effective teamwork and community were highlighted as being important facilitators.

Conclusion

This study provides information on the challenges and issues involved in managing childhood pneumonia in primary care in Malawi. These barriers included a lack of resources, staff and caregiver education and heavy workload. The ability to identify severe illness accurately and identify those who do not require antibiotics were highlighted as issues for health workers.

Keywords: Pneumonia, Malawi, Human Factors

12.10 Abstract Number 29. Dr. Muireann O Shea (presenter Prof Susan Smith)

An Evaluation of the Social Deprivation Practice Grant in Irish General Practice

Dr Muireann O Shea Royal College of Surgeons Ireland
Dr Bridget Kiely Royal College of Surgeons Ireland
Dr Patrick O Donnell University of Limerick
Prof Susan Smith Trinity College Dublin

Introduction

In accordance with the Inverse Care Law(1) availability of good medical care tends to vary inversely with the need for it in the population served. Current allocation of medical services in Ireland is based on population rather than need, therefore, GP practices in areas of deprivation receive similar funding to those in more affluent areas. In 2019 under an agreement reached between the Irish Medical Organisation, Health Service Executive and Department of Health funding was allocated to support GP services for communities with a high degree of social deprivation.

Aims

The aim of this study was to examine the implementation and impact of the Social Deprivation Practice Grant in Irish General Practice.

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Method

A mixed methods research approach was deployed with evidence drawn from quantitative (a general practice questionnaire) and qualitative (interviews) sources. A sequential convergent triangulation design strategy was utilised. Quantitative and qualitative data was collected through a GP questionnaire distributed to all practices in receipt of the grant, through HSE Primary Care and Deep End Ireland. The questionnaire responses were used to inform the design of the interview questions. The data were analysed separately, and the findings compared to examine the extent to which they converged or diverged.

Results

Numbers of practices in receipt of the payment is unknown, 25 practices responded to the survey and 9 volunteered to participate in interviews. Many practices utilised the grant to fund additional doctor hours (17/25). 100% of practices reported the grant was beneficial to their practice. The main themes from the qualitative data included improved healthcare delivery, benefits for the practice, barriers to implementing the grant, challenges to providing care in areas of deprivation.

Discussion

Delivery of healthcare in areas of socioeconomic deprivation presents unique challenges. There is higher demand for services, increased prevalence of multimorbidity and mental health issues, and more complex presentations (2,3,4). The social deprivation grant represents the first acknowledgement in the Irish health service of additional needs in these areas. Practices identified a need for further resourcing and additional doctor consultation time to address the challenges faced.

Conclusion

Implementation of additional resourcing for general practice in areas of deprivation may improve healthcare delivery.

References

1. Harte JT The Inverse Care Law The Lancet 1971 297;7696405-412
2. Mackay D, Sutton M Deprivation and volunteering by general practices: cross sectional analysis of a national primary care system British Medical Journal 2005; 331;4119
3. McLean G, Guthrie B, Mercer SW, Watt G General practice funding underpins the persistence of the inverse care law: cross-sectional study in Scotland British Journal of General Practice 2015; 65 (641): e799-e805
4. Crowley Health Inequalities and Irish General Practice in Areas of Deprivation Crowley Irish College of General Practitioners Dublin 2005

Keywords: 1. GeneralPractice 2. SocialDeprivation 3. Multimorbidity

12.20 Abstract Number 16. Daniel Butler

Levelling up or left behind? Are GP training opportunities in Northern Ireland widening or closing the gap on health inequalities?

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Prof Nigel Hart - Queens University Belfast (QUB)
Prof Diarmuid O'Donovan - Queens University Belfast (QUB)
Dr Jenny Johnston - Queens University Belfast (QUB)

Introduction

Increasing the GP workforce will not necessarily level up healthcare provision: instead increasing GP training numbers could worsen health inequity and inequalities. This is especially true if there are fewer opportunities to learn, train and build confidence in under-served, socioeconomically deprived areas. We investigated the representation of socioeconomic deprivation in postgraduate GP training practices in Northern Ireland (NI).

Methods

We compared the deprivation indices and scores of GP postgraduate training practices against general practice in NI by examining the representation of practices whose patients live in areas of blanket deprivation, higher deprivation and higher affluence.

Results

Of 319 practices in NI, 171 (54%) were registered as postgraduate training practices with a mean deprivation score of 3.02 (95% CI 2.91 - 3.12) compared with non-training practices' higher mean deprivation score of 3.2 (95% CI 3.01 - 3.33), p value <0.05. The proportion of training practices with blanket deprivation and higher levels of deprivation was underrepresented, with the current postgraduate GP training practices having more affluent populations.

Discussion

General practice recruitment runs the risk of widening the health inequity gap if prospective trainees do not receive the opportunity to experience healthcare in the most deprived communities. We know the direction of future careers is influenced by training opportunities. Deprived areas are underserved and this study shows they remain less likely to be a training environment for future GPs. Levelling up the workforce requires, as a minimum, proportionate representation of practices in the highest need areas. However, closing the gap on health inequalities will likely require a further move towards universal proportionalism, including equitable workforce supply.

Conclusion

Postgraduate training practices had a statistically significant lower deprivation score and did not fully reflect the socioeconomic make-up of wider NI general practice. The results, however, are more favourable than in other areas of the UK and better than undergraduate teaching opportunities in general practice. Health inequalities will worsen if the representation of general practice training in areas of greater social economic deprivation is not increased.

331 Words

Health inequities; General Practice; Medical Training & Education

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Venue & Parking	<div>12.40 Abstract Number 85. Liam Glynn</div> <div>Research, policy and action: The Limerick Declaration and Developments in Irish Rural General Practice</div>
CME Points	<div>Liam Glynn MD, Professor of General Practice and General Practitioner</div> <div>Andrew W Murphy MD, Professor of General Practice</div> <div>Robert Scully MD, Deputy Director, Scottish Graduate Entry Medical Programme (ScotGEM) / Honorary Senior Lecturer, University of St Andrews</div>
Plenary Speakers	<div>Roger Strasser MBBS, MCISc, FRACGP, FACRRM, Emeritus Professor of Rural Health, University of Waikato, New Zealand; Professor of Rural Health, Founding Dean Emeritus, NOSM University, Canada</div> <div>Diarmuid Quinlan MICGP, FRCGP, BSc, LLM, GP Glanmire, Cork, Ireland; Medical Director, Irish College of General Practitioners</div> <div>Jerry Cowley MRCGP, MICGP, LLB, BL, Chairman Rural Island & Dispensing Doctors of Ireland</div>
Social Program	<div>Peter Hayes MD, General Practitioner and Senior Lecturer in General Practice</div> <div>Patrick O'Donnell MB, BCh, BAO, MSc, Clinical Fellow in Social Inclusion</div> <div>Andrew O'Regan PhD, General Practitioner and Senior Lecturer in General Practice</div>
Prizes	<div>Shagun Tuli MBBS, MGHD, Student</div> <div>Marcela Araujo de Oliveira Santana MD</div> <div>Victoria M Sparrow-Downes MD, MSc, CCFP Family Physician at Pangnirtung Community Health Centre & Qikiqtani General Hospital; Clinical Assistant Professor of Medicine at Memorial University of Newfoundland</div>
Program at a Glance	<div>Ferdinando Petrazzuoli PhD, MD</div> <div>Shelley Nowlan MHM, BN, ACN (Fellow), Deputy Australian National Rural Health Commissioner Australia; Chief Nursing and Midwifery Officer, Queensland Health Australia</div> <div>Claire Collins PhD, Director of Research, Irish College of General Practitioners; Professor of Epidemiology and Public Health, Ghent University</div>
Day 1 Full Program	<div>Frank Fogarty MICGP, MRCGP, MMed Sc, FFSEM(Ireland), FFSEM(Malaysia), General Practitioner</div> <div>Anne MacFarlane PhD, Professor of Primary Healthcare Research; Director, Public and Patient Involvement Research Unit and WHO Collaborating Centre for Migrants' Involvement in Health Research</div>
Day 2 Full Program	<div>John Wynn-Jones BSc, MBBS, FRCGP, Senior Lecturer; Visiting Professor</div> <div>Alan Bruce Chater MBBS, FACRRM, FRACGP, DRANZCOG Adv, Mayne Professor of Rural and Remote Medicine</div>
Posters	<div>Introduction</div> <div>The 19th World Rural Health Conference 2022, hosted in rural Ireland and the University of Limerick, had over 650 participants from 40 countries and an additional 1,600 engaging online. The conference invited experts in rural health from all regions of the world co-authoring</div>

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the “Limerick Declaration” as a “Blueprint for Rural Health”. This declaration is designed to inform rural communities, academics, and policy makers about how to effectively deliver high quality health care in rural and remote areas.

Methods

The declaration was developed using a consensus approach. A team of experts in Rural Primary care authored the initial drafts which went through an iterative process of development throughout the conference using data from conference presentations and testimony from global experts in Rural Primary care.

Results

A final version of the “Limerick Declaration” has been published on the web after approval by an international authorship team and submitted for peer-reviewed publication. Following this, the ICGP Discussion paper on future workforce was rural proofed using the “Limerick Declaration” as a blueprint which has led to several new developments in Irish Rural General Practice:

1) The HSE have committed funding of€760,000 to support four two-year ICGP Rural Fellowships (posts in Irish rural general practice) to begin on July 1st, 2023 (60% clinical, 40% research). 2) An ICGP Clinical Lead in rural general practice has been proposed to advance research and advocacy efforts. 3) The ICGP in a recent address to the Joint Oireachtas Committee on Health has promised to form a Faculty of Rural General Practice to address the needs of rural GPs and rural communities. 4) The recently launched Non-EU GP Initiative for Rural General Practice will integrate physicians who have received training from abroad to rural general practice in Ireland. 5) A 1st ever Chair in Rural General Practice has been included in the 2023 recruitment plan of an Irish medical school.

Conclusions

It is crucial that the recommendations born from international conferences with global expert collaboration offer a clear, locally relevant, measurable and replicable plan that can inform immediate policy actions speaking to the success of such events.

Keywords: conference declaration, Irish rural general practice, rural research and policy

2. SHORT ORAL

BA 2

1B Cancer & Access to Diagnostics

Session Chair: Patrick O'Donnell

12.00 Abstract Number 99. Fintan Stanley

GP Enhanced Access to Diagnostic Imaging - an analysis of the impact on patient pathways

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- 1- ICGP/HSE/Sláintecare Research Hub
- 2- Affidea Diagnostics Ltd.
- 3- University College Dublin, School of Medicine
- 4- Irish College of General Practitioners
- 5- University College Dublin / Ireland East Hospital Group GP Research Network

Introduction

Since early 2021, GPs in Ireland have been able to refer patients for diagnostic imaging via a new pathway, funded by the Irish Health Service Executive (HSE) and provided by private radiology companies[1]. Prior to this scheme GPs were typically required to refer to a public outpatient clinic to gain access to these imaging modalities. Over the course of 2021, over 138,000 imaging studies were completed under the initiative [2].

Aims

This project aims to use data provided by participating private medical imaging providers and GPs to appraise the Health Service Executive (HSE) Enhanced Access to Diagnostics initiative. This initiative, in place since January 2021, allows GPs to refer patients directly for MRI, CT, DEXA and X-ray imaging.

Methods

The imaging provider aggregated and de-identified data for relevant referrals from participating GPs. GPs also supplied additional details on a random subset of their cases via a questionnaire. Preliminary results have been analysed using summary statistics. Data collection continues, up to date results will be presented at the meeting.

Results

In preliminary analysis of pilot data for over 80 encounters, having timely access to diagnostics led to: a reported 81% reduction in referrals to emergency departments or acute medical units, and a 58% reduction in referrals to outpatient clinics. While GPs reported increasing workload in over 50% of cases, participating GPs also reported that this initiative improved patient care in 4 out of 5 cases.

Conclusion

The ability for GPs to avail of timely imaging studies for patients appears to have had a considerable impact on care provision. Enhancing GP access to diagnostics appears to improve patient care and lead to more care remaining in the community, which is in keeping with Sláintecare goals for a more primary-care focused healthcare system.

References

1. HSE website. "GP diagnostics - How to access the additional radiology services". (accessed 2nd June 2022)
Available at: <https://www.hse.ie/eng/services/list/2/primarycare/community-healthcare-networks/gp-diagnostics/>
2. Sláintecare Progress Report 2021. 15th Feb 2022. Available at: <https://www.gov.ie/en/publication/9652b-slaintecare-progress->

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Venue & Parking	<p>12.10 Abstract Number 36.Orla O'Neill (presenter Dr Helen Reid) Awareness and experiences of referring younger patients with lower gastrointestinal symptoms suspicious for cancer: a qualitative study in UK primary care</p> <p>Orla M O'Neill (1,2), Helen G Coleman (1,3), Helen Reid (2,4)</p> <p>1 Cancer Epidemiology Research Group, Centre for Public Health, Queen's University Belfast, Northern Ireland 2 Dunluce Health Centre, Belfast, Northern Ireland 3 Patrick G Johnston Centre for Cancer Research, Queen's University Belfast, Northern Ireland 4 Centre for Medical Education, Queen's University Belfast, Northern Ireland</p> <p>Background The incidence of early onset colorectal cancer (EOCRC) in adults aged under 50 years has increased substantially in several Western nations. It is well documented that younger patients experience longer diagnostic delays than their older counterparts. National surveys have highlighted significant barriers to younger patients accessing timely care, which may be contributing to the relatively late stage of presentation amongst this population group.</p> <p>Aim To explore awareness of the increasing incidence of EOCRC, and to understand the potential barriers or facilitators faced by general practitioners (GPs) when referring younger adults to secondary care with features suspicious for EOCRC.</p> <p>Method Qualitative methodology, via virtual semi-structured interviews with 17 GPs within Northern Ireland. Reflective thematic analysis was conducted with reference to Braun and Clarke's framework.</p> <p>Results Three main themes were identified regarding awareness, diagnostic and referral challenges. An overarching theme of young women being particularly disadvantaged with regards to delays in diagnosis was highlighted, with a presumptive diagnosis of irritable bowel syndrome in young women and iron deficiency anaemia attributed to menstrual losses. Perceptions of CRC being a disease of the elderly as well as younger CRC patients being associated with hereditary cancer syndromes contributed to the awareness challenges. The commonality of lower GI complaints compiled with the overlap in symptomatology with benign conditions summarised some of the diagnostic challenges faced by primary care. Referral challenges centred around restrictions in age-based referral guidance and a GP guilt complex surrounding over-referral and burdening an over-stretched secondary care.</p>
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Conclusion

This novel research highlights some of the potential reasons for the diagnostic delays seen in patients with EOCRC and highlights many of the complicating factors that contribute to the diagnostic process. This research has the potential to be instrumental in altering practice through challenging longstanding perceptions, addressing areas of public and health care professional deficits of knowledge and awareness and acknowledging the unique diagnostic challenges faced by young women.

Keywords: Early-onset colorectal cancer, primary care, diagnostic delay

12.20 - Abstract Number 60. Amy Phelan
Impact of enhancing GP access to diagnostic imaging: A scoping review.

Amy Phelan¹, John Broughan², Geoff McCombe¹, Claire Collins³, Ronan Fawsitt^{4,5}, Mike O’Callaghan^{3,6}, Diarmuid Quinlan³, Fintan Stanley³, Walter Cullen¹

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- 4 Castle Gardens Surgery, Kilkenny, Ireland.
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- 6 University of Limerick, Limerick, Ireland

Introduction

Direct access to diagnostic imaging in General Practice provides an avenue to reduce referrals to hospital-based specialties and emergency departments, and to ensure timely diagnosis. Enhanced GP access to radiology imaging could potentially reduce hospital referrals, hospital admissions, enhance patient care, and improve disease outcomes.

Aims

This scoping review aims to demonstrate the value of direct access to diagnostic imaging in General Practice and how it has impacted on healthcare delivery and patient care.

Methods

A search was conducted of ‘PubMed’, ‘Cochrane Library’, ‘Embase’ and ‘Google Scholar’ for papers published between 2012–2022 using Arksey and O’Malley’s scoping review framework. The search process was guided by the PRISMA extension for Scoping Reviews checklist (PRISMA-ScR).

Results

Twenty-three papers were included. The studies spanned numerous geographical locations (most commonly UK, Denmark, and Netherlands), encompassing several study designs (most commonly cohort studies, randomised controlled trials and observational studies),

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and a range of populations and sample sizes. Key outcomes reported included the level of access to imaging serves, the feasibility and cost effectiveness of direct access interventions, GP and patient satisfaction with direct access initiatives, and intervention related scan waiting times and referral process.

Conclusions

Direct access to imaging for GPs can have many benefits for healthcare service delivery, patient care, and the wider healthcare ecosystem. GP focused direct access initiatives should therefore be considered as a desirable and viable health policy directive. Further research is needed to more closely examine the impacts that access to imaging studies have on health system operations, especially those in General Practice. Research examining the impacts of access to multiple imaging modalities is also warranted.

Keywords: Direct Access; Diagnostic Imaging; General Practice

12.30 - Abstract Number 81. Ben Jacob

Primary care-focussed early cancer detection research in Ireland: a protocol for a research prioritisation exercise.

Benjamin Jacob (Dept. of GP, RCSI), Surour Alneyadi (Dept. of GP, RCSI), Barbara Clyne (Dept. of GP, RCSI), Heather Burns (National Cancer Control Program), Richard Neal (University of Exeter), Patrick Redmond (Dept. of GP, RCSI).

Introduction

Cancer is a significant cause of morbidity, mortality, and economic loss in Ireland, while cancer funding is correspondingly significant. It is therefore important that cancer research funding is directed in accordance with the values of a wide variety of stakeholders, not just academics, so as to deliver tangible benefits to cancer patients. This study will identify the shared research priorities of patients, caregivers, healthcare professionals and academics in the early detection of cancer in primary care in Ireland.

Methods

A research priority setting exercise adapted from the James Lind Alliance (JLA) consensus framework will be used to enable patients/ carers, clinicians, policymakers, and academics to identify and prioritise research questions. This involves the following stages: (1) setting up a steering group and priority setting partnership, (2) gathering potential research questions via an online survey, (3) processing, categorising, and summarising these research questions, (4) identifying the unanswered research questions, (5) determining the top 10 research priorities via a consensus workshop.

Results

The following study outcomes will be reported: (1) a “Top 10” list of the most important research questions in early cancer detection in primary care; (2) a list of unanswered research questions which ranked outside of the Top 10; (3) a list of research questions which were proposed but

considered to be already answered by a panel of academics working in the field.

Discussion

The co-production of consensus derived research questions in early cancer detection will provide a platform for funders, researchers, and industry to focus on the issues most important to patients/carers and their doctors.

Keywords: Early cancer detection; research prioritisation; PPI

12.40 - Abstract Number 77. Ben Jacob
Overview of primary care-focused cancer research in Ireland – a bibliometric analysis and two-country comparison

Benjamin Jacob, Ahmad Aburezq, Rabwa Ahmed, Barbara Clyne, Patrick Redmond. (All affiliated with the Dept. of GP in RCSI)

Introduction

Primary care plays a significant role across the continuum of cancer care. General practitioners (GPs) are the initial point of contact for most patients presenting symptomatically with cancer, playing a lead role in prevention, screening, early detection, survivorship and end-of-life care. Understanding the breadth and quality of primary care-focused cancer research publications in Ireland may help in identifying underexplored areas and better targeting of future funding and research efforts. This study aimed to describe the quantity, quality and type of primary care-focused cancer research conducted in the Republic of Ireland (RoI) and Northern Ireland (NI).

Methods

A systematic review was carried out using MEDLINE, Embase, CINAHL, Cochrane Library, Web of Science, ProQuest Dissertation and Thesis Database, ClinicalTrials.gov, and the WHO International Clinical Trials Registry Platform. The search strategy was designed to include all primary research corresponding to the following themes: primary care, cancer, and Ireland. The title and abstract of all identified papers were screened; conflicts and uncertainties were resolved by discussion and consultation of the full text. Included papers were categorised by: (1) year, (2) country, (3) publication type, (4) study design, (5) cancer type, and (6) cancer continuum stage. The results were synthesised narratively.

Results

From 3,911 screened abstracts, we identified 62 journal articles, 37 conference abstracts, and two dissertation theses. 92% of papers were published after the year 2000. The number of studies from NI and the RoI was proportional to the population of each nation; a single cross-border study was identified. 27% of conference abstracts and 69% of journal articles described comparative research. Study designs were classified as experimental (3%), comparative observational (56%), non-comparative observational (24%), and qualitative (21%). The top five cancers, ranked by the number of

Contents	<p>studies, were cervical, breast, prostate, lung and colorectal.</p> <p>Discussion</p> <p>This review provides a summary of published primary care-focused cancer research in Ireland, highlighting underserved areas for future work. We also discuss characteristics of research associated with publication type (journal article versus conference abstract) and impact factor. A comparison between studies from NI and the RoI suggest differences which correspond to differences in population health priorities and research landscapes.</p> <p>Keywords: Primary care; Cancer; Research</p>
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CME Points	<p>3. WORKSHOP ODT 2</p> <p>An introduction to complex intervention development</p> <p>Presented by the Health Behaviour Change Research Group & HRB Primary Care Clinical Trials Network Ireland</p> <p>Dr Eimear Morrissey, Health Behaviour Change Research Group, School of Psychology, University of Galway & Primary Care Clinical Trials Network Ireland</p> <p>Prof Molly Byrne, Health Behaviour Change Research Group, School of Psychology, University of Galway</p> <p>Prof Andrew Murphy, Discipline of General Practice, School of Medicine, University of Galway & Primary Care Clinical Trials Network Ireland;</p>
Plenary Speakers	<p>Background</p> <p>Many interventions/programmes which seek to promote health are complex and dependent on effectively changing people's behaviour. Often, interventions fail because we do not take account of what is really causing the behaviour (or preventing behaviour change). Also, interventions are often developed without taking these factors into account.</p> <p>Behavioural science can be defined as the application of scientific methods to the study of human behaviour. Behavioural science has made significant advances within the last decade in developing useful tools which can be used by people developing behaviour change interventions.</p> <p>For success, intervention designers should:</p> <ul style="list-style-type: none"> • Use and develop a theoretical understanding of the behaviour they wish to change. • Systematically develop interventions using the best existing evidence and behaviour change theory.
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Contents		<ul style="list-style-type: none"> Clearly describe interventions to enable a greater understanding of how and why interventions work.
Venue & Parking		<p>Aims and Objectives</p> <p>In this workshop, delivered collaboratively by the Health Behaviour Change Research Group at NUI Galway and the Primary Care Clinical Trials Network Ireland, participants will have an opportunity to learn about, and practice using, innovative methods for designing and evaluating health behaviour change interventions. The workshop will focus specifically on intervention examples within a primary care setting. Some light pre-reading will be provided, but not required.</p>
CME Points		<p>Target audience</p> <p>Clinicians, researchers and PhD students in primary care.</p>
Plenary Speakers		<p>Deliverables</p> <p>On completion of the workshop, participants will have learned about:</p> <ul style="list-style-type: none"> Applying a structured, systematic approach to using behavioural theory for health behaviour change intervention development. Clearly specifying target health behaviours within interventions. Using the COM-B (capability, opportunity, motivation – behaviour) Model (Michie et al. 2011) and the Behaviour Change Wheel to design health behaviour change interventions “
Social Program		<p>Keywords: Behaviour change, complex interventions, health behaviours</p>
Prizes	13:00	<p>Lunch and networking</p> <p>Sult</p>
	13:30	<p>AGM</p> <p>BA 2</p>
	14:00	<p>Fiona Bradley Award Ceremony</p> <p>BA 2</p>
	14:15	<p>Plenary 2: Dr Karen Matvienko-Sikar</p> <p>Interventions and outcomes in childhood obesity prevention trials in practice</p> <p>BA 2</p>
Program at a Glance	14:45	<p>Parallel sessions and workshop</p>
Day 1 Full Program		<p>1. SHORT ORAL</p> <p>2A Prescribing in General Practice</p> <p>Chair Dr Donal Wallace</p> <p>BA 1</p>
		<p>14.45 - Abstract Number 22. Noirin O’Herlihy, Ciara McCarthy</p> <p>Trends in Contraception and HRT use in Ireland</p>
Day 2 Full Program		<p>Noirin O’ Herlihy ICGP</p> <p>Ciara McCarthy ICGP</p> <p>Fintan Stanley ICGP</p> <p>Mike O’ Callaghan ICGP, University of Limerick</p>
Posters		<p>Introduction</p> <p>GPs are the main prescribers of contraception and hormone replacement therapy in Ireland. The WHO advocates for high quality,</p>

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affordable sexual and reproductive health services. Information should be provided about the full range of family planning methods (1). Similarly, as women enter their post reproductive years they should have access to information on how to optimise their menopause transition.

This study demonstrates the changing trends in prescribing practices in Ireland over a 12.5 year period using data provided by the Health Service Executive Primary Care Reimbursement Services (HSE-PCRS) through the General Medical Service (GMS) scheme. As of December 2022, the GMS scheme provides 31% of the Irish population with free, or heavily subsidised, medical care (2)(3).

Since 2016, GPs have been able to claim additional reimbursement to resource fitting and removal of long-acting reversible contraceptive devices (LARCs) for patients with GMS (and Doctor-Visit Only) cards.

Aims

The study aims to analyse 12.5 years of dispensing data and 6 years of data relating to LARC reimbursement claims for GPs, to identify trends and service gaps.

Methods

Anonymised and aggregated data were obtained from the HSE-PCRS describing hormonal contraception and hormone replacement therapy dispensing records from 2010 to June 2022. Data for GPs claims for removing and/or inserting LARC devices were available from 2016 to June 2022.

Results

A total of 11.8m contraceptive and HRT medications were dispensed to patients with GMS entitlement over the study period (with projected figures used for 2022 based on items dispensed and LARC claims for the first six months of the year). Of these 10.1m were short acting contraceptives, 319k were LARC items, 303k were emergency contraceptive items, and 28k were rarer items used for other indications.

Finally, 1.1m were HRT preparations.

Use of short acting methods of contraception is reducing while use of safer progesterone only pills is increasing. Use of the contraceptive pill Dianette, which has a less favourable safety profile compared to other pills, is decreasing.

Use of LARC is stable, despite a reduction in insertions during the covid pandemic. HRT prescribing has increased dramatically since it received increased media attention in 2021 (prescriptions almost trebled between 2018 and 2022). Regional analyses of LARC use will be available for the final AUDGPI presentation.

Conclusion

This study provides valuable information on prescribing trends and

Contents	<p>demonstrates some geographical variation. This information is important for policy makers and educational institutions.</p> <p>1. WHO. FAMILY PLANNING A GLOBAL HANDBOOK FOR PROVIDERS Evidence-based guidance developed through worldwide collaboration . https://fphandbookorg/sites/default/files/WHO-JHU-FPHandbook-2022Ed-v221114bpdf. 2022;Updated 4th edition 2022.</p> <p>2. Primary Care Reimbursement Service (PCRS) Reporting and Open Data area, available under ‘Eligibility Reports’ at https://www.sspcrs.ie/portal/annual-reporting/</p> <p>3. Central Statistics Office. Press Statement, Census of Population 2022 - Preliminary Results. 23 June 2022. Available at: https://www.cso.ie/en/csolatestnews/pressreleases/2022pressreleases/pressstatementcensusofpopulation2022-preliminaryresults/ (accessed 15/12/22)</p> <p>Keywords: Contraception, Hormone Replacement Therapy, Prescribing</p>
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CME Points	
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Social Program	<p>14.55 - Abstract Number 23. Eoin Hurley GPs’ perceptions of pharmacists working in general practices in Ireland: a mixed methods survey study</p> <p>Eoin Hurley, Pharmacist, PhD candidate, Pharmaceutical Care Research Group, School of Pharmacy, University College Cork, Cork, Ireland, eoin.hurley@ucc.ie, ORCID iD: 0000-0001-6895-8061, Twitter: @eoinhurleyMPSI.</p> <p>Tony Foley, GP, Lecturer in General Practice, Department of General Practice, School of Medicine and Health, University College Cork, Cork, Ireland, tonyfoley@ucc.ie, ORCID iD: 0000-0003-3205-3871.</p> <p>Elaine Walsh, GP, Lecturer in General Practice, Department of General Practice, School of Medicine and Health, University College Cork, Cork, Ireland, elaine.walsh@ucc.ie, ORCID iD: 0000-0002-0718-4207.</p> <p>Stephen Byrne, Pharmacist, Chair of Clinical Pharmacy Practice, Pharmaceutical Care Research Group, School of Pharmacy, University College Cork, Cork, Ireland, stephen.byrne@ucc.ie, ORCID iD: 0000-0003-3141-7004.</p> <p>Kieran Dalton, Pharmacist, Lecturer in Clinical Pharmacy, Pharmaceutical Care Research Group, School of Pharmacy, University College Cork, Cork, Ireland, kieran.dalton@ucc.ie, ORCID iD: 0000-0003-1209-8079.</p>
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Day 1 Full Program	<p>Introduction</p> <p>Pharmacists are increasingly incorporated into general practice teams globally and have been shown to positively impact patient outcomes. However, little research has focused on determining general practitioners’ (GPs’) perceptions of practice pharmacists in countries yet to establish such roles.</p>
Day 2 Full Program	<p>Aims</p> <p>To explore GPs’ perceptions of integrating pharmacists into practices and determine if any significant associations exist between GPs’ perceptions and their demographics.</p>
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Methods

In June 2022, a survey was disseminated to GPs in Ireland via post (n=500), Twitter, WhatsApp, and an online GP support and education network (GP Buddy). Quantitative data were captured through multiple option and Likert-scale questions, and analysed using descriptive and inferential statistics. Qualitative data were captured via free-text boxes, with the open comments analysed using reflexive thematic analysis.

Results

In total, 152 valid responses were received (24.6% response to postal survey). Most agreed with practice pharmacists providing medicines information (98%) versus 47%, 42%, and 23% agreeing with practice pharmacists vaccinating, managing minor ailments, and independent prescribing respectively. The two most frequently agreed-with outcomes of having a practice pharmacist were improved access to medicines information (92%) and increased patient safety (90%). Most agreed they would partake in a practice pharmacist pilot (78.6%). Nearly half (48.6%) agreed that the potential outcomes of practice pharmacists justified the theoretical cost of employing them, whilst 24.7% disagreed. Most thought practice pharmacists being fully government-funded was most feasible (84.6%). GPs in large practices were more likely to select the optimal frequency of practice pharmacists as 1-2 days/week versus those in small/medium-size practices (70% versus 40/45%; p<0.05). Open comment themes included pharmacist role expansion given primary healthcare pressures and anticipated generally positive outcomes from practice-based roles, with an unclear impact on workload.

Discussion

GPs in Ireland were broadly welcoming and optimistic about future practice pharmacist roles. GPs perceived advisory roles for pharmacists (e.g. medication reviews) as more acceptable than roles such as independent prescribing. It would be prudent to consider how a practice pharmacist pilot programme would be implemented nationwide.

Conclusions

This study provides a deeper understanding of GPs’ perceptions of practice pharmacists , which may better inform future pharmacist integration into practices.

Keywords: Pharmacist, patient safety, survey.

15.05 - Abstract Number 26. Addiena Luke-Currier

European wide benchmarking of disease-specific quality indicators for outpatient antibiotic prescribing for respiratory infections: ESAC quality indicators applied to point prevalence audit surveys in 13 European countries

Akke Vellinga (1), Addiena Luke-Currier (1), Nathaly Garzón-Orjuela (1), Rune Aabenhus (2), Marilena Anastasaki (3), Anca Balan (4), Femke Böhmer (5), Valerija Bralić Lang (6), Slawomir Chlabicz (7), Samuel

Contents	Coenen (8), Ana García-Sangenís (9), Anna Kowalczyk (10), Lile Malania (11), Angela Tomacinschii (12), Sanne R van der Linde (13), Emily Bongard (14), Christopher C Butler (14), Herman Goossens (15), Alike W van der Velden (13)
Venue & Parking	
CME Points	<ol style="list-style-type: none"> 1. School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland. 2. Research Unit for General Practice, Department of Public Health, University of Copenhagen, Copenhagen, Denmark. 3. Department of Social Medicine, School of Medicine, University of Crete, Heraklion, Crete, Greece. 4. BALAN MEDFAM SRL, Cluj Napoca, Romania. 5. Institute of General Practice, Rostock University Medical Center, Rostock, Germany. 6. Department of Family Medicine, “Andrija Stampar” School of Public Health, School of Medicine, University of Zagreb, Croatia. 7. Department of Family Medicine, Medical University of Bialystok, Poland. 8. Department of Family Medicine & Population Health, University of Antwerp, Antwerp, Belgium. 9. Institut Universitari d’Investigació en Atenció Primària Jordi Gol (IDIAP Jordi Gol), Barcelona, Spain. 10. Centre for Family and Community Medicine, Faculty of Health Sciences, Medical University of Lodz, Poland. 11. National Center for Disease Control and Public Health, Tbilisi and Arner Science Management LLC, Tbilisi, Georgia. 12. University Clinic of Primary Medical Assistance of State University of Medicine and Pharmacy “Nicolae Testemițanu”, Chișinău, the Republic of Moldova. 13. Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Universiteitsweg 100, 3584 CG, Utrecht, the Netherlands. 14. Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK. 15. Laboratory of Medical Microbiology, Vaccine & Infectious Disease Institute, University of Antwerp, Antwerp, Belgium.
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Day 1 Full Program	<p>Background</p> <p>Up to 80% of antibiotics are prescribed in the community. Assessment of prescribing by indication will help to identify areas where improvement can be made.</p> <p>Methods</p> <p>A point prevalence audit study (PPAS) of consecutive respiratory tract infection (RTI) consultations in general practice in 13 European countries was conducted in January-February 2020 (PPAS-1) and again in 2022 (PPAS-4). ESAC quality indicators (ESAC-QI) were calculated to identify where improvements can be made.</p> <p>Results</p> <p>A total of 3,618 consultations were recorded for PPAS-1 and 2,655 in PPAS-4. Bacterial aetiology was suspected in 26% (PPAS-1) and 12% (PPAS-4) and an antibiotic was prescribed in 30% (PPAS-1) and 16%</p>
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(PPAS-4) of consultations. The percentage of adult patients with bronchitis who receive an antibiotic should, according to the ESAC QI, not exceed 30% which was not met by any country except Denmark and Spain. For patients (≥ 1) with acute upper RTI, less than 20% should be prescribed an antibiotic which was achieved by most countries, except Ireland (both PPAS), Croatia (PPAS-1) and Greece (PPAS-4). The same countries also exceeded prescribing ESAC-QIs (0-20%) for acute or chronic sinusitis. For pneumonia in adults, prescribing is acceptable for 90-100% and this is lower in most countries. Prescribing for tonsillitis (≥ 1) exceeded the ESAC-QI (0-20%) in all countries and was 69% (PPAS-1) and 75% (PPAS-4).

Conclusion

ESAC-QI applied to PPAS outcomes allow to evaluate appropriate antibiotic prescribing by indication and benchmark countries. Even though differences remain, the similarities in poor outcomes (in particular for tonsillitis and bronchitis) can guide targeted antibiotic stewardship.

Keywords: Quality in healthcare; Respiratory infections; Antibiotic prescribing

15.15 - Abstract Number 31. Dr Mike O’Callaghan Medication use in the Republic of Ireland - An analysis of 288m prescriptions from Primary Care Reimbursement Service (PCRS) Open Data 2017-2021

Dr Mike O’Callaghan

Introduction

Governmental spend on medication in the Republic of Ireland (RoI) is on the rise, with an 11% increase in cost to the taxpayer between 2017-2021. For a population 5.1m, the public healthcare system subsidised or paid for 84m prescription items in 2021, largely via the General Medical Services (GMS) scheme (63m), Long Term Illness (LTI) scheme (10m) and Drugs Payment Scheme (DPS) (10m). General practitioners (GPs) are the most commonly visited physicians in RoI, with almost three-quarters of patients attending a GP at least once a year, leading to over 22m consultations annually. The Irish Health Service Executive (HSE) primary care reimbursement service (PCRS) supports primary care contractors, including GPs and pharmacists, by providing reimbursement services nationally.

Aims

To examine prescribing patterns in general practice in the Republic of Ireland using publically available PCRS-held dispensing data.

Methods

Open data from the PCRS website were used to appraise the top 100 generic medicines (and their costs) dispensed to patients with GMS, LTI or DPS entitlement for the period 2017-2021 inclusive.

Results

Dispensing data records for 288m items, at a cost of €3.01b, were

analysed.

Progress by GPs was seen across several quality-of-care indicators, including falling rates of broad-spectrum antibiotic and benzodiazepine usage. The COVID-19 pandemic has had discernible effects also, with increased use of antidepressants and vitamin D by the GMS population since 2020.

Analyses of costs reveal that oral nutritional supplements, while approximately the 25th most commonly prescribed item, cost the taxpayer in excess of €40m per year, which is just over double that spent on the next most expensive item, the direct oral anticoagulant apixaban.

Discussion

Secondary use of PCRS data can highlight trends in GP prescribing for GMS patients and a subset of non-GMS patients, including our adoption of antibiotic prescribing guidelines, preferred drugs initiatives and other guidelines. These analyses could be improved by extending access for GP researchers to agents beyond the top 100 items, high-level patient demographics and some geographic identifier.

Conclusions

Secondary use of open data can form the foundation of quality improvement initiatives in general practice and have potential to lead to cost-savings and other benefits for the health service.
Note- Data for 2022 may be published online in time for the AUDGPI conference in early March 2023

Keywords: open data, GP prescribing, quality improvement

15.25 - Abstract Number 83. Ann Sinéad Doherty

Cumulative incidence and severity of adverse drug reactions and associated patient characteristics in older community-dwelling adults attending general practice – a six year prospective cohort study

Authors: Ann Sinéad Doherty; Fiona Boland; Frank Moriarty; Tom Fahey; Emma Wallace

Affiliations: Ann Sinéad Doherty: Department of General Practice, RCSI
Fiona Boland: Department of General Practice; Data Science Centre, RCSI
Frank Moriarty: School of Pharmacy and Biomolecular Sciences, RCSI
Tom Fahey: Department of General Practice, RCSI
Emma Wallace: Department of General Practice, University College Cork

Introduction

To date, research has focused on adverse drug reactions (ADRs) in secondary care and there is a paucity of studies that have prospectively examined ADRs affecting older adults in general practice.

Aim

To examine the cumulative incidence and severity of ADRs and

Contents	associated patient characteristics in a sample of community-dwelling older adults.
Venue & Parking	Methods Prospective cohort study of older adults (≥70 years, n=592) recruited from 15 general practices (GP) in the Republic of Ireland. Data collection involved a manual review of the participant’s GP electronic medical record, linked to the national dispensed prescription medicine database and a detailed self-report patient postal questionnaire. The primary outcomes were ADR occurrence and severity over a six-year period (2010-2016). Unadjusted and adjusted logistic regression models examined potential associations between patient characteristics and ADR occurrence.
CME Points	Results A total of 211 ADRs were recorded for 159 participants, resulting in a cumulative incidence of 26.9% over six years. The majority of ADRs detected were mild (89.1%) with the remainder classified as moderate (10.9%). Eight moderate ADRs, representing 34.8% of moderate ADRs and 3.8% of all ADRs, required an emergency hospital admission. ADRs were independently associated with female sex (adjusted OR: 1.83 [95% CI 1.17, 2.85; p=0.008]), polypharmacy (5-9 drug classes) (adjusted OR: 1.81 [95% CI 1.17, 2.82; p=0.008]) and major polypharmacy (≥10 drug classes) (adjusted OR: 3.33 [95% CI 1.62, 6.85; p=0.001]).
Plenary Speakers	Conclusions This first prospective cohort study of ADRs in general practice, shows that over a quarter of older adults experienced an ADR over a six year period. Polypharmacy is independently associated with ADR risk in general practice and older adults on ≥10 drug classes should be prioritised for regular medication review.
Social Program	Keywords: adverse drug reactions; older adults; prospective cohort study
Prizes	2. SHORT ORAL Equity in Care Chair Dr Andrew O’Regan
Program at a Glance	Uchizi Msowoya In what ways did health literacy shape migrants’ and refugees’ experiences of COVID-19: A scoping review
Day 1 Full Program	Uchizi Msowoya, Nino Burduladze, Jon Salsberg, Meghan Gilfoyle, Liz Dore, Anne MacFarlane, Kathleen Markey
Day 2 Full Program	1. MSc Public Health student, School of Medicine, University of Limerick 2. Senior Lecturer in Primary Healthcare Research, School of Medicine, University of Limerick 3. PhD Candidate, School of Medicine, University of Limerick 4. Librarian, Health Research Methods, Glucksman Library, University
Posters	

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- of Limerick,
- 5. Chair of Primary Healthcare Research, School of Medicine, University of Limerick
- 6. Lecturer, Department of Nursing and Midwifery, University of Limerick

Introduction

The promotion of health literacy is a fundamental health education intervention for primary care services and professionals working within these services, as it supports knowledge of; health, healthcare systems and the processing and use of health related information. This was very clear during COVID-19 as public health messaging was paramount to individual and societal health and safety. Refugee and migrant populations experienced specific and complex difficulties and risks during the pandemic and there is a need for a comprehensive understanding about how health literacy shaped their experience of COVID-19.

Aims

To examine the scope and nature of the existing evidence about the ways in which health literacy shaped refugee and migrant health during COVID 19.

Methods

Nine databases were systematically searched: PubMed, CINAHL, Scopus, Embase, MEDLINE-OVID, MEDLINE-FULL TEXT, PsycINFO, Cochrane Library and Web of Science. Additionally, to identify grey literature, Google scholar, Open Grey, Grey Literature Report, key websites (n-3) and pre-print sources (n-2), were also searched. Two reviewers independently screened firstly by title and abstract and then by full text. Conflicts were resolved by consensus or adjudication by a third reviewer. The PRISMA-ScR is used in the reporting of this review.

Results

1,644 records were screened and 47 met our inclusion criteria. Data was mapped to two aspects of Sørensen’s et al. (2021) health literacy; the antecedents (personal, situational, and societal and environmental determinants) and consequences of health literacy (participation, engagement, behaviour, health service use, health outcomes, health costs). Social and environmental determinants (n-35) was the most commonly reported antecedent. Influences on health behaviour (n-8) and the use of health services (n-7) were the most commonly reported consequences.

Discussion

This review highlights how culture and language as societal and environmental determinants play a critical role in influencing refugees and migrants’ health literacy during COVID-19. In particular, cultural differences and language barriers were the most commonly reported challenges that influenced refugees and migrants’ ability to access, understand, appraise and apply health information.

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Conclusion

Tailoring health education interventions to the needs of refugees and migrants during pandemics and other public health emergencies is paramount.

Keywords: Scoping review; Health literacy; Refugee and Migrants

Molly Manning
Presenter Roisin Leo

What are the experiences of Speech and Language Therapists and Culturally and Linguistically Diverse (CALD) communities on culturally responsive Speech and Language Therapy (SLT) practice? A systematic review and narrative synthesis of qualitative literature.

Authors: Ms Róisín Leo¹, Ms Annabel Ogbuagu², Dr Kathleen Markey^{2,3}, Prof Anne MacFarlane^{1,3}, Dr Molly Manning^{*3,4}
* Corresponding author

- 1 School of Medicine, University of Limerick (UL)
- 2 Department of Nursing and Midwifery, UL
- 3 Public and Patient Involvement Research Unit, UL
- 4 School of Allied Health, UL

Introduction

Speech and Language Therapists (SLTs) are central to managing a wide range of communication impairments and facilitating informed consent and healthcare access for primary and secondary care patients of all ages. SLT in the context of cultural and linguistic diversity is uniquely complex and lacks clear clinical practice guidelines, despite an urgent clinical need due to the rapidly rising numbers of refugees and migrants in resettlement countries. Implementing quality SLT practice entails understanding stakeholder perspectives. There is growing qualitative research in this field but no evidence synthesis to date.

Aims

To systematically search and synthesise qualitative research on SLT practice from the perspectives of SLT CALD service users and providers.

Methods

Comprehensive, systematic searching of 3 electronic databases targeting qualitative studies published 2012-22 with qualified SLTs and/or CALD service users (18+ years) on SLT. Title/abstract and full texts were independently double screened. Findings reported in the included studies were themed and reported narratively, based on the principles of narrative synthesis.

Results

Eleven studies were included: 7 reported perspectives of 76 SLTs; and 4 reported perspectives of 32 CALD individuals. Five key themes were generated.

Contents	<p>(1) SLTs perceived a lack of training and information.</p> <p>(2) SLTs perceived therapeutic rapport, cultural knowledge, culturally responsive resources, and family engagement as important.</p> <p>(3) CALD participants valued SLT services and perceived SLTs as culturally responsive.</p> <p>(4) CALD participants wanted home or remote SLT services.</p> <p>(5) CALD participants wanted SLTs to facilitate active decision making in their healthcare more generally.</p> <p>Discussion</p> <p>The findings suggest that implementing culturally responsive SLT practice requires supporting SLTs to increase confidence and self-efficacy via access to information and training; as well as equipping them with resources and structural working arrangements to implement the self-identified elements that are crucial for effective clinical working with CALD clients. Finally, CALD communities may prefer alternative service delivery models, which should be explored further.</p> <p>Conclusions</p> <p>This is the first systematic review of SLT service user and provider perspectives. The findings will have relevance for implementing culturally responsive SLT, and for supporting equitable health delivery in primary and secondary healthcare for refugee and migrant populations.</p> <p>Keywords: Refugee and Migrant Health, Systematic Review, Speech and Language Therapy</p> <p>Janourine Ossman</p> <p>Reducing readmissions in older adults through primary care interventions: a scoping review.</p> <p>Ossman J 1, McCombe G 1, Fawsitt R 2, Doran P 1, Queally M 3, Lyons D 2, Lynch T 1, Melin K 4, Cullen W 1</p> <p>1 School of Medicine, University College Dublin, Dublin, Ireland. 2 Ireland East Hospital Group, Dublin, Ireland. 3 Health Services Executive, Ireland. 4 University of Puerto Rico, Puerto Rico.</p> <p>Introduction</p> <p>Hospital readmission is an important challenge for health services and is associated with increased healthcare costs and adverse health outcomes. Older adults are at high risk of readmission and targeting interventions to reduce readmissions is a priority.</p> <p>Aims</p> <p>This review aimed to examine primary care interventions designed to reduce readmissions among older adults.</p> <p>Methods</p>
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Contents	<p>The scoping review utilised Arksey and O'Malley's six-stage framework. The search process was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Electronic database searches were performed on PubMed, the Cochrane Library and Google Scholar during June and July 2022. Thirty-four studies were considered relevant and included in the review. Interventions were grouped thematically based on the type of intervention used.</p>
Venue & Parking	
CME Points	<p>Results</p> <p>All the included studies involved an intervention aimed at older adults and patients with specific chronic diseases (most commonly congestive heart, COPD, and type II diabetes mellitus). A range of methodologies were used in the selected studies, most commonly randomized controlled trials. The most common interventions related to primary care physician visits, either pre- or post-discharge, and either clinic or home based.</p>
Plenary Speakers	<p>Conclusions</p> <p>While the review did have some positive findings regarding post-discharge visits, there is no definitive evidence suggesting which interventions have the most beneficial effect on lowering readmission rates. Further research in this area is warranted.</p> <p>Keywords: Patient Readmission; Older Adults; Primary Health Care</p>
Social Program	<p>Lily Qiu</p> <p>Equity oriented pain management for people who use drugs: a scoping review</p>
Prizes	<p>Qiu LR1, Narayan S2, Maclure M3, McCracken R2, Klimas J2</p>
Program at a Glance	<p>1 UCD School of Medicine, University College Dublin, Belfield, Dublin, Ireland</p> <p>2 Department of Family Practice, University of British Columbia, Vancouver BC, Canada</p> <p>3 Therapeutics Initiative, Department of Anesthesiology, Pharmacology and Therapeutics, University of British Columbia, Vancouver BC, Canada</p>
Day 1 Full Program	<p>Introduction</p> <p>The overdose health emergency continues to drive drug-related mortality and morbidity. The recent changes in prescribing guidelines recommended prescribing fewer opioid analgesics and increasing non-opioid/non-pharmacological approaches. However, people who use drugs (PWUD) have been disproportionately affected by adverse events (opioid-related emergency department visit or hospitalization, etc.) due to rapid reduction of opioids [1]. Furthermore, vulnerable groups, such as PWUD continue to experience barriers to accessing non-opioid pain management therapies. This scoping review identified the processes that limit access to the full spectrum of pain management therapies for PWUD.</p>
Day 2 Full Program	
Posters	<p>Methods</p>

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We followed the Arksey and O’Malley scoping review method [2]. We generated search criteria for PubMed (MEDLINE) related to chronic pain, analgesics, abuse and equity-related terms. Our inclusion criteria included studies published since 2016 whose population was adult PWUD seeking pain management.

Results

The electronic search identified 668 citations. After screening, 10 studies were included. Three major themes emerged from our scoping review 1) non-pharmacological treatments are effective, but barriers related to geography, physician knowledge, healthcare infrastructure, and most significantly cost exist; 2) The stigma of being a PWUD leads to poor patient-physician communication which led to denial of adequate prescription opioids; and, 3) Suboptimal pain management led to patients being their own pain management specialists and resulted in increased illicit drug use, propagating a cycle of inadequate pain management.

Conclusion

This review identified several barriers that prevent PWUD from accessing a full range of pain management. PWUD, who experience pain in higher rates than the normal population, must receive equitable healthcare.

3. WORKSHOP

ODT 2

Feedback for Learning through Assessment Design

Dr. Karena Hanley, ICGP
 Dr. Edward McSwiney, ICGP

Purpose of the workshop

1. To showcase a workplace based assessment system in which feedback drives learning.
2. To explore how to raise feedback literacy in a training community.
3. To discuss how best to incorporate feedback into assessment design in postgraduate training.

Background

“Feedback showed be viewed as a required element of any curriculum and central to student learning”(1). There has been intense interest in recent years in raising “feedback literacy”(2-4). The ICGP has developed software (ICGP EPA) to support a workplace based assessment structure which uses feedback occurrences as the driver and evidence for trainee progression(5-7). Feedback occurrences are recorded under areas of clinical focus called “Entrustable Professional Activities” (EPAs)

This exciting development, now in the early stages of implementation, is being embraced by learners and teachers. Based on authentic snapshots of clinical performance, it brings a richer, qualitative approach to assessment. We are keen to share our development experiences with Irish healthcare postgraduate faculty. The discussions in this workshop will feature self regulated learning, learner

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centeredness and the shift in medical education from fixed mindset to growth mindset learning, with evidence from the current literature in these areas.

Conduct of the workshop

First 15 min: Introductions, 10 min presentation on ICGP journey to date in making feedback central to workplace based assessment. Clarifications and answer of initial queries.

Next 25 min: Break up into two groups, participants allowed to choose their group of interest, each group resourced by one of the workshop facilitators.

Group themes

1. Workplace based assessment centered on feedback occurrences.
2. Where does feedback fit into programmatic assessment?
Each group to nominate a spokesperson who will bring back the three most important learning points from the group discussion
Final 20 min: Plenary with report back to the workshop. Discussion on any points raised. Final 5 minutes used to summarise learning and suggest next steps.

Workshop deliverables

- 1. Understanding of the increasing importance of feedback in learning clinical care.
- 2. Acquaintance with an assessment system designed to make feedback drive learning.
- 3. Exploration of supported self regulated learning.
- 4. Formation of future links in continuing development in this area

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Contents	Keywords: Feedback, PostGraduate Medical Education, Assessment		
Venue & Parking	15:45	Coffee break and poster viewing	BA 1
	16:15	Parallel sessions and workshop	
CME Points		1. SHORT ORAL	
Plenary Speakers		3A Research and Data in General Practice	BA 1
		Chair Dr Paul O'Connor	
Social Program		16.15 - Abstract Number 19. Caroline McCarthy	
		Recruiting general practitioners and older patients with multimorbidity to randomised trials; lessons from the SPPIRE trial	
Prizes		Authors: Caroline McCarthy, ¹ Ivana Pericin, ² Susan M Smith, ^{1, 3} Frank Moriarty, ^{1, 4} Barbara Clyne, ¹	
		1 HRB Centre for Primary Care Research, Department of General Practice, RCSI University of Medicine and Health Sciences, Dublin 2, Ireland	
Program at a Glance		2 School of Social Work and Social Policy, Trinity College Dublin, Dublin 2, Ireland	
		3 Department of Public Health and Primary Care, Trinity College, Dublin 2, Ireland	
Day 1 Full Program		4 School of Pharmacy and Biomolecular Sciences, RCSI University of Medicine and Health Sciences, Dublin 2, Ireland	
		Background	
Day 2 Full Program		Older patients with multimorbidity are under-represented in experimental research.	
		Objective	
Posters		To explore the barriers and facilitators to GP and older patient recruitment and retention in a cluster randomised controlled trial (RCT).	
		Method	
		This descriptive study uses qualitative and quantitative data from a cluster RCT, designed to evaluate the effectiveness of a medicines optimisation intervention. The SPPIRE cluster RCT enrolled 51 general practices and 404 patients aged ≥65 years and prescribed ≥15 medicines. Quantitative data was collected from all recruited practices and 32 additional practices who were enrolled, but unable to recruit sufficient participants. Qualitative data was collected from purposive samples of intervention GPs (18/26), patients (27/208) and researcher logs and analysed thematically using inductive coding.	
		Results	
		Enrolment rates for practices and patients were 37% and 25% respectively. Barriers to GP recruitment were lack of resources and to patient recruitment were difficulty understanding trial material and concern about medicines being taken away. GPs' primary motivation was perceived importance of the research question, whereas patients' primary motivation was trust in their GP. All general practices were	
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Contents	<p>retained. Thirty-five patients (8.6%) were lost to follow up for primary outcomes, mainly because they had died and 45% did not return patient reported outcome measures (PROMs).</p> <p>Conclusion</p> <p>Patient retention for the primary outcome was high, as it was collected directly from patient records. Patient completion of PROM data was poor, reflecting difficulty in understanding trial material. Recruiting older patients with multimorbidity to clinical trials is possible but requires significant resource and planning.</p> <p>Trial registration: ISRCTN Registry ISRCTN12752680.</p> <p>Keywords: Research design, Randomised controlled trial, Multimorbidity,</p>
Venue & Parking	
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Plenary Speakers	<p>16.25 - Abstract Number 59. Daniel Butler</p> <p>Are platform trials the future of primary care research? Reflections on Northern Ireland’s participation in the PANORAMIC study.</p> <p>Dr Daniel Butler Queen’s University Belfast (QUB) and Northern Ireland Clinical Research Network</p> <p>Prof Nigel Hart Queen’s University Belfast (QUB) and Northern Ireland Clinical Research Network</p> <p>Ms Claire Leathem - Northern Ireland Clinical Research Network</p>
Social Program	<p>Introduction</p> <p>PANORAMIC is a UK-based, four nation, multicentre, open-label, platform adaptive randomised controlled trial testing oral anti-viral drugs against COVID-19. Since opening in December 2021 there have been over 26,500 participants. During recruitment of the first arm of the study 1020 participants were recruited from Northern Ireland (NI), exceeding pro-rata participation by population.</p>
Prizes	<p>Aims</p> <p>Provide a narrative account of the overcoming of challenges and barriers for Northern Ireland’s participation in PANORAMIC.</p>
Program at a Glance	<p>Methods</p> <p>Platform trials take a disease specific approach, rather than the traditional intervention focus, looking for which treatment is most effective to answer the research question. The Platform Adaptive trial of NOvel antivRals for eArly treatMent of COVID-19 In the Community (PANORAMIC) was established to compare usual care and two different antiviral medications in a large multicentre, multinational trial. It has been the first of its kind to generate recruitment from all four UK nations.</p>
Day 1 Full Program	<p>Results</p> <p>The first results published in December 2022 showed that Molnupiravir did not reduce hospitalisations or deaths among higher risk, vaccinated adults with COIVD-19 in the community. It was however, associated with faster recovery time and reduced viral detections and load[1]. Locally, within NI 79% of GP practices had at least one</p>
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patient who registered in the first arm of the PANORMAIC trial.

Discussion

Despite a less-developed research infrastructure when compared to England, the NI Clinical Research Network team, capitalised on the momentum of a priority national trial to overcome many structural, governance and operational inertias to set precedent for future clinical trials in Primary Care. The NI PANORAMIC team have demonstrated that the use of central-recruiting models help protect the workload and pressure on frontline General Practice, whilst still facilitating unprecedented coverage of General Practice participation.

Conclusion

Whilst the results of PANORAMIC will help to inform treatment choices for COVID-19, a success of the trial has been to establish new norms for primary care research in Northern Ireland setting a benchmark for future large scale, community-based research studies. The challenge is to maintain the momentum and to continue to build on the developments of PANORAMIC.

342/350 words

Keywords: Primary Care Research, COVID-19, anti-viral

16.35 - Abstract Number 49. Jagtaj Matharoo

Refugee and migrants’ involvement in patient-centered outcomes research: responding to unanticipated priorities in a participatory US practice-based research network study

Prof. Joseph W LeMaster, University of Kansas School of Medicine, USA.

Dr. Cory Lutgen, American Academy of Family Practice, USA

Mr. Jagtaj Matharoo, BMBS Programme, School of Medicine, University of Limerick, Ireland

Prof. Anne MacFarlane, School of Medicine and Health Research Institute, University of Limerick, Ireland

Introduction

Increasing numbers of primary care practices are serving refugees and migrants. Patient centered outcomes research (PCOR) with these populations in US practice-based networks (PBRN) has been challenging. Completed research has led to culture-specific interventions approaches in local settings. These are not easily comparable or generalizable, limiting scope for systemic change in primary care services. There is a need for larger, more co-ordinated PBRN activity with these populations.

Aims

Explore whether researchers, clinicians and multi-ethnolinguistic patients across a PBRN would achieve consensus on: 1) a common set of clinical problems that were applicable across participating practices and cultures, 2) potential clinical interventions to address those problems to inform a large scale, multi-site PCOR study.

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Methods

Participatory health research qualitative study. Following purposeful sampling, seven primary care practices from six US States participated, each with at least 25% of patients from diverse ethnolinguistic groups. Twenty-three practice staff (clinicians, managers) and 45 refugees or migrants, representing fifteen ethno-linguistic groups, were recruited. Data were generated using Participatory World Café and Participatory Learning and Action research methods. Thematic analysis, based on Braun and Clarke, was conducted ‘on the spot’ during fieldwork by participants and retrospectively by the authors. Findings and interpretations were shared with participants to assess trustworthiness and authenticity.

Results

Clinicians and patients did not reach the desired consensus about a clinical research focus. Instead, they emphasised multiple problems with cross-cultural communication that disrupt shared decision-making, patient safety and access to healthcare. Negotiations with funders was required to incorporate exploration of this unanticipated priority into the study. Researchers, clinicians and patients subsequently reached consensus about the need for intervention to improve cross-cultural communication.

Discussion

The meaningful involvement of refugees and migrants and clinicians in this participatory health research project was essential for revealing unanticipated priorities about cross-cultural communication in this PBRN.

Conclusions

Flexibility and responsiveness from funders to unanticipated findings is a key structural support for participatory health research with refugees, migrants and other populations who experience marginalisation in primary care clinical settings. Multi-site patient centered outcomes research based on interventions to improve cross-cultural communication in US primary care are urgently needed.

Keywords: patient centered outcomes research; refugee and migrant health; participatory health research

16.45 - Abstract Number 47. Heike Vornhagen
CARA network: Identifying data needs of Irish GPs

Heike Vornhagen, Katarzyna Stasiewicz, Agustin Garcia Pereira - Data Science Institute, University of Galway
Nathaly Garzon Orjuela, Akke Vellinga - University College Dublin

GPs record health, treatment and prescription information about their patients through patient management software systems. These software systems focus on the individuals, which makes it difficult for GPs to understand how their practice compares to other practices or national targets. The CARA Network set out to develop a data sharing platform which will allow GPs to visualise their own patients

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data and compare this anonymously with other practices. In collaboration with GPs, we explored what type of information GPs require and what methods would encourage them to visualise and understand their practice data (research questions).

In six interviews with 6 GPs we explored challenges and barriers when accessing and examining their data. These interviews focused on current information sources, information needs and user experience design. Data was analysed using Reflexive Thematic Analysis which centres on the interaction of the researcher with the data, the need to construct meaning from a dataset and the guidance provided by research questions.

Seven themes were identified: Context (Dashboard design needs to dynamically adjust to the user’s context), Sense-making (Information presented must be understandable), Audits (Support to carry out audits), Relevancy (The dashboard must be relevant to its users), Action (The dashboard needs to have a clear message and support / encourage users to take action), Engagement (Users motivations and ongoing engagement needs to be supported) and Ease of Use (Using a dashboard needs to be easy and efficient and cater for all levels of users).

The results of the analysis were discussed with the wider CARA team and dashboard developers and a prototype dashboard was constructed using the information.

This prototype was tested with the same cohort of GPs, other GPs and Design Experts to ensure identified themes have been addressed. Next steps include a more longitudinal study to observe engagement and the integration of testing data to generate visualisations.

Keywords: data dashboards, visualisations, sense-making

16.55 - Abstract Number 6. Louise O’Grady
Supporting GPs and people with hypertension to maximise medication use to control blood pressure: Protocol for a pilot cluster RCT of the MIAMI intervention

Prof. Andrew Murphy, University of Galway
Prof. Gerry Molloy, University of Galway
Dr. Patrick Murphy, University of Galway
Dr. Eimear Morrissey, University of Galway
Louise O’Grady, University of Galway

Background
A landmark study of twelve high income countries from 1976-2017 concluded that hypertension ‘control rates have plateaued in the past decade, at levels lower than those in high quality hypertension programmes’. International comparisons suggests that in Ireland there are relatively low levels of awareness of hypertension and relatively poor levels of control and suboptimal treatment. Recent international guidelines have stated that ‘poor adherence to treatment

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– in addition to physician inertia - is the most important cause of poor blood pressure (BP) control’. The ‘Maximising Adherence, Minimising Inertia’ (MIAMI) intervention, which has been developed using a systematic, theoretical, user-centred approach, aims to support general practitioners (GP’s) and people with hypertension to maximise medication use. The Behaviour Change Wheel and Collective Intelligence methodology were used in development.

Purpose

To provide feasibility data to allow us to (1) refine the MIAMI intervention, and (2) determine the feasibility of a definitive RCT.

Method

A pilot cluster RCT with an intervention arm and a control arm. The intervention arm is the MIAMI intervention and the control arm is usual care. Eligible patients are those aged over 65 years with a confirmed diagnosis of hypertension, on at least two hypertensive medications and whose blood pressure readings are not at target.

Results

Five out of six general practices have been recruited and patient recruitment to a target of 60 patients has now begun. As of December 2022, data collection has commenced with patients in the first GP practice. Preliminary results will be available at the conference.

Conclusion(s)

This feasibility study will inform the decision as to whether a full definitive trial is both warranted and feasible.

Keywords: Hypertension, Medication Adherence, Physician Inertia

2. Rapid Fire Presentations

BA 2

Chair Dr Mike O’Callaghan

4.15 - Abstract Number 2. Shagun Tuli

Early-career professionals’ engagement and representation at international conferences; student ambassador integration at the World Rural Health Conference, WONCA 2022

Dr. Shagun Tuli MBBS, MGHd, University of Global Health Equity, Rwanda, University of Limerick, Ireland
 Dr. Victoria M Sparrow-Downes MD, MSc, CCFP, Clinical Assistant Professor of Medicine, Department of Family Medicine, Memorial University of Newfoundland, Newfoundland, Canada; Family Physician at Pangnirtung Community Health Centre & Qikiqtani General Hospital, Nunavut, Canada
 Dr. Marcela Araujo de Oliveira Santana MD, Federal University of Uberlândia, Uberlândia, Minas Gerais, Brazil
 Dr. Robert Scully Honorary Senior Lecturer, University of St Andrews School of Medicine, Scotland
 Dr. Patrick O’Donnell MBBCh, BAO MSc MICGP PhD, Clinical Fellow, School of Medicine, University of Limerick, Ireland
 Dr. Peter Hayes Mb BAO Bch, MMedEd, MD (res.), MICGP, School of

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Medicine, University of Limerick, Ireland
Prof Liam Glynn MD, MICGP, FRCGP, FRCOI, FFSEM, Professor of General Practice, School of Medicine, University of Limerick; General Practitioner and Chair North Clare Primary Care Team, Ballyvaughan, Co Clare, Ireland

Context

International conferences offer an excellent opportunity for career development and have been viewed as globalized academic opportunities to foster educational and professional growth. Given the pedagogical nature, potential for cultivating research interest, and opportunities for long term mentorship, the engagement of early career professionals (ECPs) at these events requires focused support and attention. While online models have been proposed as solutions to the financial and geographical constraints, they are limited in their ability to curate the human experience of meeting in-person and networking. The World Organization of Family Doctors (WONCA) now offers a new forum for advancing research through vertical collaborations at the annual World Rural Health Conference. In this paper we describe the novel student ambassador project and implications of its integration to the World Rural Health Conference 2022 held at the University of Limerick in Ireland in June 2022.

Student Ambassador Project

The student ambassador project had the stated vision of offering cross-country collaborative opportunities to ECPs with a passion for rural medicine. The ambassadors selected represented diverse nationalities, ethnicities and professional backgrounds, and each participant had differing vision for rural medicine. All three ambassadors identified as female and were recent graduates from medical schools in India, Brazil and Canada. They were all working or living in rural areas and were at different stages of their career. The ambassadors bore no personal cost for travel, transport or accommodation relating to the conference. Directly prior to the conference, the ambassadors spent a week with an expert rural general practitioner in the conference host country who also provided mentorship throughout the conference. The ambassadors were integrated with the larger working party of the WONCA group through the council meetings and were encouraged to collaborate on the final conference declaration.

Lessons Learned

The cross collaboration generated actionable policy implications as is evidenced by the co-authorship of the ambassadors in the “Limerick Declaration” (a significant policy article outlining the future of Irish Rural Healthcare). Further, the combination of formal and informal interactions and mentoring opportunities with global thought leaders in rural healthcare, encouraged the ambassadors to develop early-career leadership skills. The project also ensured global representation and gender equity by design and reinforced the much-needed efforts required to reach gender parity in global delegations. Though sponsorship for larger initiatives remains a challenge, this project highlights the importance of actively including student and early career

Contents	<p>healthcare professionals at major international conferences. We call upon WONCA and other representative member organizations to prioritize diversity and equity through ECP engagement as a policy and prerequisite for successful bids to hold international conferences in the future.</p> <p>Keywords: Early career professionals, conference representation, vertical integration</p>
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CME Points	<p>4.20 - Abstract Number 11. Uzair Shabbir</p> <p>Crisis in General Practice: Irish general practitioners’ vision for the future of the profession and how to get there</p> <p>Dr Uzair Shabbir General Practitioner, Clinical researcher, University of Limerick</p> <p>Dr Joe MacDonagh Chartered Psychologist Member- Research Ethics Board, St James’s Hospital and Tallaght University Hospital Lecturer at Technological University Dublin Member - Life and Health Sciences committee- Royal Irish Academy</p> <p>Dr Ray O’Connor General Practitioner Assistant Scheme Director, Mid-West Specialist Training Scheme in General Practice, University of Limerick. Adjunct Associate Clinical Professor University of Limerick School of Medicine, Associate Editor BMC Primary Care,</p> <p>Dr Andrew O’Regan General Practitioner Senior Lecturer in General Practice</p>
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Program at a Glance	<p>Brief bio of how your life ties to the topic to be discussed.</p> <p>I am a recently qualified GP from the Southwest Kerry scheme. Research on Irish general practice shows clear evidence that general practice in Ireland is reaching a crisis point with insufficient capacity, personnel shortages, rural practices closing, high numbers of retirements and insufficient numbers of younger general practitioners (GPs) available to replace them; the net effect is that patients throughout Ireland are unable to access quickly and safely.</p> <p>Explain why this talk is novel and special.</p> <p>In October 2022, ICGP proposed various initiatives to combat the ongoing GP workforce and workload crisis. The ICGP proposed initiatives to deal with this complex crisis are very welcome. However, many of the same initiatives rolled out in Britain have not been enough to ameliorate this crisis. Therefore, we propose to examine the possible impediments faced by GPs in implementing the initiatives proposed by the ICGP and others to address the shortage of GPs in Ireland and their increasing workload.</p>
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What is the core idea?

We are planning to undertake a study to explore the perspectives of Irish GPs on the current state of general practice in this country, their vision for the future of the profession and what is needed to achieve this.

Specific objectives include:

- 1. To gain an insight into the current state of general practice in Ireland, specifically the barriers to effective patient treatment;
 - 2. To understand Irish GPs’ vision for the future;
 - 3. To investigate how Irish GPs believe this vision can be achieved.
- The study used a qualitative design, utilising semi-structured online interviews with practising GPs. All GPs provided informed consent prior to the recorded interviews. This study will be reported in line with the Consolidated criteria for Reporting Qualitative research (COREQ) (Tong et al., 2007).

This study will provide contemporaneous data on the current challenges, barriers and experiences of GPs in Ireland. It will provide rich qualitative data that will be triangulated with quantitative data from surveys in this area

Takeaway message?

This research will provide a novel understanding of Irish general practice, and its potential and it will inform future health planning.

Keywords: 1.General practice ,Patient experience ,Qualitative research

4.25 - Abstract Number 17. Peter Hayes
Developing Emotional Honesty in Medical Students via Devised Theatre Workshops/Modules

Peter Hayes Senior Lecturer GP University of Limerick

Despite many calls to support the development of student-doctors as people too, many curricula are still characterised by the traditional emphasis on teaching /learning via predefined knowledge, skills and attitudes. These learning outcomes are typically formulated by healthcare professionals and academics, and are often limited in what a student-doctor should, or could achieve, beyond basic safe competences.

Special study modules (SSMs) were introduced to ensure students had an opportunities to grow and learn outside of a typical classroom or bedside environment. We have had success in introducing students to drama, as a way of exploring the profession of medicine, their own emotional honesty, and their development as doctors. Here is how to do it, pitfalls, and what you need to do it !

Keywords: Devised Theatre, Emotional Honesty, Rapid Fire

4.30 - Abstract Number 30. Paula Greally
The influence of general practice based Longitudinal Integrated

Contents	<p>Clerkships (LICs) on medical school alumni Paula Greally, School of Medicine, University of Limerick, Plassey, Limerick, Ireland</p> <p>Brief bio of how your life ties to the topic to be discussed. I am a general practice tutor with the University of Limerick, and I am completing a MSc in Health Professions Education, also with the University of Limerick. I am currently completing my dissertation on the influence of general practice based Longitudinal Integrated Clerkships (LICs) on medical school alumni.</p> <p>Explain why this talk is novel and special. Numerous studies have looked at medical student, preceptor, and faculty experiences of LICs. However, there is little knowledge on how the LIC experience carries through to medical school alumni's post-graduate practice. A recent quantitative study by Glynn et al. (2021) explored the career destinations of graduates who had completed an 18-week general practice based LIC placement as part of their medical training. They found that 43% of University of Limerick Medical School Alumni from years 2001 to 2013 had chosen General Practice as a career destination. Some questions remain however, whether general practice based LICs influence alumni to make the decisions they make post medical school graduation.</p> <p>What is the core idea? Medical students form strong relationships during general practice based LICs, develop a self-directed and experiential learning style and are autonomous in their learning. General practice based LICs can facilitate medical student's professional identity formation and this influence can extend post-graduation. My dissertation aims to evaluate qualitatively if the positive benefits of LIC placements are carried through to graduate's professional lives and if their experiences influence their decisions post-graduation. I will be presenting the data analysed to date.</p> <p>Takeaway message? Can general practice LICs influence alumni professional identity formation and career direction? In an era where there is a shortage of general practitioners, does a general practice LIC influence alumni to move towards or away from a career in general practice?</p> <p>Keywords: General Practice, Longitudinal Integrated Clerkship, Career Choice</p> <p>4.35 - Abstract Number 37. Conor Byrne Physical activity in older adults with multi-morbidities; perspectives of Irish General Practitioners. A qualitative study.</p>
Venue & Parking	<p>Peter Hayes, School of Medicine, University of Limerick, Plassey, Limerick, Ireland</p> <p>Andrew O'Regan, School of Medicine, University of Limerick, Plassey, Limerick, Ireland</p> <p>Sarah Hyde, School of Medicine, University of Limerick, Plassey, Limerick, Ireland</p>
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Conor Byrne, Dr. Andrew O'Regan, Ibak Baky

Background

Physical activity has been regarded as a “best-buy” in medical management of patients in recent times. Ireland possesses an ageing population, with an increased burden of multi morbidities amongst patients. Increased levels of physical activity amongst this patient cohort is advisable, but research to date suggests its attainability is more complex.

Objective

The aims of this study were to explore the perspectives of Irish GPs on the nature of physical activity engagement amongst older patients with multi-morbidities, their level of engagement,and determinants of engagement.

Design

This study comprised of 28 semi-structured qualitative interviews, utilising thematic analysis for data extraction and analysis.
Setting and participants:10 Irish GPs were interviewed remotely via Microsoft Teams. Participants were recruited through the U-LEARN GP network.

Results

Physical activity garners a multitude of health benefits for patients, in particular older patients with multi-morbidities. There exist many barriers to this cohorts engagement, and ranging from intrinsic patient barriers, to a lack of resources, and community organisation. GPs

Conclusion

Irish GPs regard physical activity as fundamental to the medical care of older adults with multi-morbidities. A tailored approach to their activity engagement, with increased supports and future planning is needed for sustained future engagement in physical activity.

Keywords: general practitioners, physical activity, older adults, multimorbidity.

4.40 Abstract Number 91. Alison Bourke

Views on social prescribing to increase physical activity levels among migrant groups: a qualitative study using normalisation processing theory

Alison Bourke, University of Limerick School of Medicine
Ibak Baky, University of Limerick School of Medicine
Conor Byrne, University of Limerick School of Medicine
Dr Andrew O'Regan, University of Limerick School of Medicine

Introduction

Migration is frequently associated with an increased risk of developing substance misuse disorders, mental health issues, and chronic conditions such as type 2 diabetes and ischaemic heart disease. Physical activity (PA) and sports participation are recognised mechanisms for preventing and treating health conditions and

promoting social integration. General practice has been a key part of efforts to address health inequalities among migrant populations and General Practitioners (GPs) are ideally placed to encourage PA. Social prescribing can help GPs in their efforts to support PA among migrant populations by connecting their patients with community-based initiatives that offer them the necessary supports. Uncertainties remain about how migrant groups navigate barriers to engage in PA. In addition, there is a literature gap concerning GPs and social prescribing for migrants to increase PA. The aim of this research is to address these knowledge gaps by exploring experience and perspectives of key stakeholders in Ireland through the lens of normalisation processing theory.

Methods

This is a qualitative study that will explore the perspectives of key stakeholder, including members of migrant groups and GPs who work with these groups. Purposive sampling with snowballing will be used to recruit participants. One-to-one semi-structured interviews with GPs and focus groups interviews with migrant groups will used for data collection; interviews will be digitally recorded and transcribed. Data will be coded and analysed through a thematic analysis approach.

Findings

Based on the principle of data saturation and previous experience with this, it is anticipated that at approximately 20 individual interviews and 4 focus group sessions will be conducted. Themes will be developed, collapsed and merged into major themes relating to the research question.

Discussion

The findings will provide a deeper understanding of this important health issue for a vulnerable group in society. The use of accepted theory and methodological rigour will ensure that findings are generalisable. The outcomes will be relevant to policy makers and practitioners involved with the care of migrant peoples.

Keywords:Physical Activity, Migrant Health, Social Prescribing

4.45 Abstract Number 96. Ben Jacob
Tapping the GP Hive Mind

Benjamin Jacob & Patrick Redmond (Dept. of GP, RCSI)

GPs regularly have bright ideas about how things might be improved in General Practice, but it’s only by high-quality research that we can test which ideas work. However, serious research takes a lot of time and resources, so a GP who has a bright idea will never be able to test it by themselves. A single-practice audit may be a good start, however without the collaboration of multiple GP practices, too many good ideas die a premature death in the concept stage. PACT (“Primary care Academic Collaborative”) is a UK-wide network of primary health care professionals, trainees and students that collectively design and take part in “high impact research”. Members

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submit their ideas, and between them, they decide on the best ones. These ideas are then taken forward, and the members agree to collect data in their own practices, which is combined to answer a research question.

We propose that an Irish branch of PACT could help to harness the insights of working GPs, closing the perceived gap between GPs “on-the-ground” and “ivory-tower” academics, and catalysing the evolution of an idea into a research protocol, and evidence into policy. We further suggest that such an endeavour, if it delivered real outputs, could boost morale and reduce burnout.

Keywords: GP; research; collaboration

4.50 Abstract Number 24. Raymond O’Connor
Is Pay for Performance Promoting Reverse Inequality?

Dr Eoin Kyne, GP Registrar. Dr Sarah Linnane, GP Registrar
Mid-West General Practitioner Training Scheme, Limerick

Bio

GP for 35 years. I have published extensively on chronic disease management, pay for performance (PFP) and the need for adequate GP resourcing to manage chronic disease.

Why novel and special?

Under the Chronic Disease Management (CDM) programme, resources have been secured for only one patient group i.e. those eligible for free care at the point of delivery (eligible patients) while ignoring ineligible private patients (PPs). This may result in reverse inequality where PPs are ignored by busy clinicians resulting in poorer chronic disease management.

What is the evidence?

Literature shows generally good levels of effectiveness of pay for performance (PFP) initiatives on the management of chronic diseases being paid for. Personal experience in busy practice indicates resources are being targeted to those eligible for CDM enrolment and payment.

2 small audits conducted recently appear to support this view. An audit of 69 patients with Chronic Obstructive Airways Disease (COPD) in a group urban practice and their vaccination status for influenza (flu), pneumococcus (PCV) and Covid shows patients in the CDM group had a higher percentage of uptake for flu and PCV vaccination. Covid vaccination uptake, which is free to all showed a more even level of uptake. In another audit in a different group urban practice, patients on Direct Oral Anticoagulants (DOACs) were found to be sub optimally monitored if not on CDM. 50 patients were randomly selected from an initial list of 94 patients. Of these:

- 35 (70%) patients were registered for CDM Programme. 65.7% of these patients were monitored in line with guidance.
- 15 (30%) patients were not registered for CDM. 40% of these patients

Contents	<p>were monitored in line with guidance.</p> <p>Core idea Limiting PFP to eligible patients only promotes inequality. This deserves further study.</p> <p>Takeaway message We argue that all patients irrespective of income with any CDM condition should be eligible for CDM status. We plan to conduct a more comprehensive retrospective audit among 10 Mid-West practices looking at the standards of management of eligible patients compared with PPs for all CDM conditions.</p> <p>Research ethics approval is being applied for.</p> <p>Keywords: Chronic Disease Management; Pay for Performance; Inequality</p>
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Plenary Speakers	<p>4.55 Abstract Number 12. Ibak Baky General Practitioners and Physical Activity; A qualitative study of personal and professional perspectives</p> <p>Ibak Baky (1st), Conor Byrne (2nd), Alison Bourke (3rd), Andrew O’Regan</p> <p>Background Physical activity is an important health behaviour and General practitioners [GPs], are often the first to counsel patients on its benefits and yet General practice is still a sedentary profession. The impact that sedentary behaviour has on health is clear and therefore GPs perspectives on physical activity [PA] along with their engagement is important to ascertain to see what impact it plays in patients’ lives.</p> <p>Objective This study aims to explore the habits and perspectives of GPs on PA in their personal lives and their professional practice.</p> <p>Design This qualitative study included 10 semi-structured interviews. Data were analysed using a thematic analysis.</p> <p>Setting and participants Interviews were conducted with GP members of the ULEARN- GP network group. Interviews were concluded over Microsoft Teams.</p> <p>Results All of the GPs interviewed were aware of the importance of PA and were well informed of guidelines but fell short of their own aspirations for PA. Their perspectives had an impact on the promotion that occurred in the professional practice.</p> <p>Conclusion Numerous barriers and facilitators to engagement in PA were identified.</p>
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Contents	Addressing these factors could improve both the GPs' health and patients' health simultaneously.
Venue & Parking	Keywords: General practitioners, Perspectives, physical activity
CME Points	<div> <div>3. WORKSHOP</div> <div>ODT 2</div> <div>Exploring Implicit Bias Regarding Infant feeding</div> </div> <div> <p>Ali Usama Drs. James Connolly Ian Stewart (PhD) Dr. Sarah Brennan (MD)</p> <p>Background Rational Implicit bias refers to unconsciously held attitudes regarding a topic. Implicit biases are the product of learned associations and social conditioning. The majority of people are unaware they may hold them. This workshop aims to introduce the concept of implicit bias, and suggest how such bias can influence the thinking/actions of various populations with respect to infant feeding choices, problems and their physicians' suggested management.</p> <p>Research demonstrates that health care professionals hold biases, explicit and implicit, which influence practice {Chapman et al. 2013, Thomas 2018}. This workshop will focus on health professionals' implicit attitudes regarding infant-feeding, and subsequently their medical practice when working with mother infant dyads. Through enhancing awareness of implicit bias and its impact, this workshop will aid us in understanding why current initiatives are failing to improve breastfeeding rates.</p> <p>Deliverables 1. To aid participants gain an awareness and understanding of implicit bias – both in themselves and in their clients. 2. To educate populations regarding the tool we are using to assess implicit bias in infant feeding – the Implicit Association Test [IAT] 3. We will also aim to provide an enhanced understanding as to how this may be used to help improve practice and infant feeding choices.</p> <p>Intended audience for workshop Health care professionals that deliver care to women and men for preconception, pregnancy and post-partum care. Those interested in learning about implicit-bias and exploring their own biases towards infant feeding and how this may influence care delivery.</p> <p>Brief Outline Pre workshop material – participants will be emailed a link to complete the interactive Infant feeding Implicit association test (IFIAT). Introduction to Implicit Bias and tools used to detect such bias. Ali Usama, Post Graduate Student / Ian Stewart, Behavioural Psychologist – 10 minutes Research and evidence that Implicit Bias Exists – Sarah Brennan – 10</p> </div>
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Contents	minutes The WHO international CODE of Marketing of Breast Milk Substitutes and its impact on reducing advertisement that aims to create and promote Implicit Bias – Baby Feeding Law Group representative – 10 minutes		
Venue & Parking	Talking Tables Discussion - 10 minute provide flash cards with discussion points around infant feeding biases and how may impact practice Closing discussion on experiences, issues and potential for international collaborative research around Infant feeding and Implicit Bias Research Capacity Building: 10 minutes		
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	17:20	Mindful Meditation - Dr Eva Flynn	ODT2
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	09:00	Registration opens	BA 1
	09:30	Welcome session Emma Wallace and Tom O'Dowd	BA 2
Social Program	09:40	Plenary 3: Dr Maureen Kelly and Mr Fintan Foy Medical Student to General Practitioner: An urgent call to action' a Report from the Association of University Departments of General Practice in Ireland and Irish College of General Practitioners	BA 2
	10:10	Parallel session and workshops 1. SHORT ORAL 3B Clinical Care 1 Chair Dr Maria McDermott	BA 2
Prizes		10.10 - Abstract Number 43. Dr. Stephanie McCarron In a delicate condition: A scoping review on the insights into promoting uptake of antenatal vaccination Dr. Stephanie McCarron Queens University Belfast	
Program at a Glance		Introduction Pertussis and influenza infections cause significant morbidity and mortality in pregnancy and the neonatal period. Maternal vaccination in pregnancy would significantly reduce this, but vaccine uptake rates show regional variation across the island of Ireland, United Kingdom and there is scope for improvement.	
Day 1 Full Program		Aims This scoping review aimed to understand reasons for and approaches to non-uptake of pertussis and influenza vaccinations in pregnant women in the UK and Ireland.	
Day 2 Full Program		Methods MEDLINE, EMBASE, Web of Science and CINAHL databases were searched in June 2021. Search limits were applied to extract articles published within the preceding 10 years and in English language. Sources were selected in accordance with guidance from Joanna Briggs Institute on scoping reviews. Data was extracted and charted in Microsoft excel and results were presented in descriptive form. The	
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same search strategy was applied to update the review with records published since June 2021 to October 2022.

Results

Five themes emerged from the literature that encompassed reasons for and approaches to non-uptake of pertussis and influenza vaccinations in pregnancy in the UK and Ireland. Acceptability as well as organisational and awareness issues were overarching themes in regards to reasons for and approaches to non-uptake of the vaccines respectively. Other themes included healthcare provider factors, information interpretation and pregnancy related factors.

Discussion

There are many reasons for and approaches to non-uptake of both pertussis and influenza vaccinations in pregnancy in the UK and Ireland. Women need clear, comprehensible information, ideally provided by their healthcare provider, in a way that is meaningful and addresses their circumstances and risk perceptions. Local and national public health awareness campaigns should focus on the target groups identified in this review.

Conclusions

Pregnant women should have their vaccine information needs met in a meaningful and timely way. Achieving this may facilitate uptake of maternal vaccination and help minimise morbidity and mortality associated with both diseases for pregnant women and their infants. The findings of this review may form a basis to target intervention in the antenatal timeline which could provide a generalisable solution to other areas.

Keywords: Pregnancy, pertussis, influenza

10.20 - Abstract Number 15. Caroline Burke

General Practitioners attitudes towards and experiences of using the DermaBuddy health app for the management of patients with dermatological conditions- a descriptive cross-sectional study

Caroline Burke
Cork GP training scheme and UCC Dept of Public Health (Masters student- MPH online)

Introduction

The digital health space is growing in investment, revenue and in usership numbers. Doctors utilise mobile Health apps for referencing, communicating and for clinical decision-making. Dermatological presentations are common in primary care but exposure during training can be variable. Access to specialists is challenging for socioeconomically-deprived patients. Dermabuddy is a secure mobile health app by which information and expertise around skin problems can be shared among a group of medical professionals with the aim of finding the best treatment and management plan. The mHealth usability questionnaire is a validated tool and was developed in 2019 specifically for mobile health apps.

Aims

The primary aim of this study is to assess the utility of the DermaBuddy health app for General Practitioners and associated trainees in Ireland. The objectives are to gain insight into the attitudes and experiences of users with regard to the ease of use, satisfaction levels with the app and its interface and the usefulness of the app with regard to delivery of care, as a learning resource, for managing patient care and accessing services.

Methods

This is a descriptive cross-sectional study surveying General Practitioners experiences of using the dermatology mobile application Dermabuddy.

Results

203 members took this questionnaire (13.5% response rate). 96% responding to “This app was easy to use” agreed it was easy or very easy. 87% of those who responded to “I would use this app again” agreed they would. 58% of those who responded to “This app is useful for my healthcare practice” gave it a 5 star rating. 56% of those who responded agreed the app improved access either a great deal or a lot. The content of 36 comments included advice for improvement and positive feedback.

Discussion

The Dermabuddy app is well received by participants in this study. Across all sections of the questionnaire looking at the aspects of the app including ease of use, interface and satisfaction and usefulness there was a positive response.

Conclusions

The mobile health apps such as Dermabuddy may provide alternative solutions to meet the rising challenge of managing patients with Dermatological conditions optimally in primary care.

Keywords: Mobile Health applications. Dermatology. Inverse care law.

10.30 - Abstract Number 63. Dr James Farrell

Joint and soft tissue injections in Irish primary care: a survey of general practitioners’ attitudes and practices.

James Farrell¹, John Broughan², Walter Cullen¹

1 School of Medicine, University College Dublin, Dublin, Ireland.
2 Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland.

Background

Musculoskeletal conditions are common in primary care, causing significant morbidity. Intra-articular and soft tissue corticosteroid injections are commonly performed by general practitioners (GPs) internationally. It is unknown how commonly they are performed by Irish GPs.

Aims

To determine the frequency and type of joint and soft tissue injections performed by general practitioners (GPs) in Ireland and investigate factors affecting their use.

Methods

A cross-sectional online questionnaire based on previous international research was devised for completion by GPs practicing in the Republic of Ireland, and administered electronically. Participants were recruited via email and online GP forums.

Results

147 of 204 GPs (72.0%) had performed an intra-articular or soft tissue injection in the preceding year. The mean self-reported yearly number of injections among those who actively injected was 44.1. GPs who were principals, male, or worked in a rural/mixed practice setting were more likely to perform these procedures. The most common injection sites were the shoulder, knee, subacromial space and lateral epicondyle. Participants were confident about performing joint and soft tissue injections. 80.4% of GPs surveyed had received prior training in this treatment modality, most commonly during their GP training programme.

A prolonged wait for secondary care intervention, symptom duration and symptom severity were factors which increased the likelihood of performing injection. Difficulty maintaining skills and medicolegal concerns were common barriers to performing joint and soft tissue injections.

Discussion

To the authors' knowledge, this was the first study to investigate the use of joint and soft tissue injections by GPs in the Republic of Ireland. The findings of this study were consistent with similar studies internationally, including the United Kingdom, with regard to the proportion of GPs performing injections, practitioner demographics most likely to inject, and perceived barriers to the use of this intervention.

This study highlighted areas for further training and service provision initiatives.

Conclusions

Most GPs surveyed carried out joint and soft tissue injections, most commonly injecting the shoulder and knee. Irish GPs experience many of the same barriers to performing intraarticular injection as experienced internationally.

Keywords: Injections, Intraarticular; physicians, general practice; Physicians, Primary Care

10.40 - Abstract Number 65. John Broughan
Exercise Prescribing for Patients with Mild to Moderate Depression: A Qualitative Study of the Views and Opinions of Irish General

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Redmond S 1, Broughan J 2, McCombe G 1, Cullen W 1

1School of Medicine, University College Dublin.
2Clinical Research Centre, School of Medicine, University College Dublin.

Introduction

Exercise is an effective treatment for mild to moderate depression and has been incorporated into guidelines as part of first-line management.

Aims

This study aims to explore the opinions of Irish General Practitioners (GPs) regarding prescribing exercise in the treatment of mild to moderate depression and provide clarity on facilitators or barriers experienced by GPs when engaging in exercise prescribing.

Methods

This study utilises a qualitative approach with one-to-one in-depth semi-structured interviews with nine practicing GPs in Ireland. Recruitment took place until theoretical saturation was reached by purposive sampling from the professional network of the primary researcher. The interviews were transcribed verbatim and analysed with reflexive thematic analysis.

Results

Four main themes were generated from the data: (1) GPs believe exercise is a valid medical tool, (2) there is a role for exercise in the treatment of depression, also exploring the role of the GP, (3) the intention is there but the knowledge is not, highlighting the lack of education and training impacting confidence and engagement and, (4) prescribing exercise is harder than it looks, exploring GPs suggestions to make it more accessible in everyday practice.

Conclusions

GPs responded positively to exercise as a medical tool in the treatment of depression but currently do not give written prescriptions. A major barrier identified was the lack of education or training in exercise prescribing. A simple webinar on the usual educational platform for GPs would have excellent reach and could begin closing the knowledge gap.

Keywords: Exercise prescribing; General practice (GP); Depression

10.50 - Abstract Number 14. Helen O’Leary
“You’re stuck in the middle here” A qualitative study of GPs’ experiences of managing knee pain attributed to degenerative meniscal tears

1.Helen O’Leary, Post-doctoral Research Fellow, School of Allied Health, Limerick & Physiotherapy Department, University Hospital Kerry
2.Karen McCreesh, Assistant Professor in Physiotherapy School of

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Allied Health and Health Research Institute, University of Limerick
 3.Katie Robinson, Senior Lecturer and Course Director in Occupational Therapy, School of Allied Health and Health Research Institute, University of Limerick
 4.Liam Glynn, Professor of General Practice, Graduate Entry Medical School and Health Research Institute, University of Limerick
 5Brian Lenehan, Chief Clinical Director UL Hospitals Group and Consultant Orthopaedic Surgeon
 Orthopaedics and Trauma Department, University Hospital Limerick, Limerick

Background

Exercise is the recommended first-line therapy for a degenerative meniscal tear (DMT). Despite this, knee pain attributed to DMTs is a common presentation to specialist orthopaedic clinics. In the primary care setting, the general practitioner (GP) plays a central role in managing middle-aged patients with knee pain, but their perspective has not been previously explored in relation to DMTs. This study explored GPs’ experiences of managing people with knee pain attributed to a DMT.

Methods

A qualitative research design was adopted and practices in the South and Mid-West of Ireland were contacted via recruitment emails circulated through professional and research networks. Interested GPs contacted the researchers via email, and purposive and snowball sampling was used for recruitment. Semi-structured interviews were conducted online or over the telephone. Interviews were digitally recorded and transcribed. Data was analysed using an inductive approach to thematic analysis. Ethical approval was granted by the Irish College of General Practitioners (ICGP_REC_21_0031).

Results

Seventeen semi-structured one-on-one interviews were conducted. Three main themes were identified with related subthemes: 1) GPs’ experiences of relational aspects of care, 2) GP beliefs about what constitutes best care for patients with a DMT, and 3) how GP practice is enacted within the current healthcare setting. GPs described the challenge of maintaining a strong clinical alliance, while managing perceived patient expectations of a ‘quick fix’ and advanced imaging. They reported slowing down clinical decisions and feeling ‘stuck’ with limited options when conservative treatment had failed. GPs believed that exercise should be the core treatment for DMTs and emphasised engaging patients in an active approach to recovery. Some GPs believed arthroscopy had a role in circumstances where patients didn’t improve with physiotherapy. Limited access to public physiotherapy and orthopaedic services hampered GPs’ management plans and negatively impacted patient outcomes.

Conclusions

GP beliefs around what constitutes best care for a DMT generally aligned with the evidence base. Nonetheless, there was sometimes tension between these beliefs and the patient’s own treatment

Contents	<p>expectations. The ability to enact their beliefs was hampered by limited access to conservative management options, sometimes leading to early escalation of care.</p>
Venue & Parking	<p>Keywords: degenerative meniscal tear, qualitative research, attitude of health personnel, family practice</p>
CME Points	<div> <div>2. SHORT ORAL</div> <div>BA 1</div> <div>4A Continuing Medical Education</div> <div>Chair Dr Sian-Lee Ewan</div> </div>
Plenary Speakers	<div> <div>10.10 - Abstract Number 21. Carlotta Boselli</div> <div>Electrocardiograms, Education, General Practice</div> </div>
Social Program	<p>Dr Carlotta Boselli, Dr Joseph Gallagher, University College Dublin (UCD)</p> <p>Electrocardiograms (ECGs) are a widely used tool in general practice. Accurate ECG interpretation is important in order to provide high quality patient care. However, General Practitioners (GPs) and GP trainees continue to find the interpretation of ECG traces in their everyday practice a challenge.</p> <p>Why can ECG interpretation be so challenging for family physicians? In this study we conducted a systematic review aimed at determining whether there are existing curricula for ECG interpretation for general practitioners in training and which methods have been used for postgraduate GP training in ECG interpretation. We also examined the effectiveness of these methods.</p> <p>Following the systematic review we conducted a survey among 3rd and 4th year GP trainers and trainees in the South East GP Training Scheme, using the Delphi Method, a systematic and transparent method of integrating different opinions of informed respondents. The survey was aimed at determining which ECGs are considered essential for GPs in their daily practice - participants were asked to assign a score from 1 (Not at all important) to 5 (Extremely important) to a list of 36 ECG traces - and the results will be used to develop an ECG curriculum for GP Trainees and an educational intervention.</p> <p>This systematic review proved that there are currently no existing curricula for ECG interpretation for general practitioners in training. With regards to the educational methods used for ECG interpretation and their effectiveness, none of them involved a structured teaching approach in the course of postgraduate training. The results of the survey, reached after two rounds of the Delphi method, allowed the authors to compile a curriculum of 24 ECGs that should be considered essential knowledge for GPs.</p> <p>We suggest that an educational intervention is needed in the post-graduate scene of General Practice and that our curriculum, delivered possibly through the use of a flashcard-type methodology, could be of value to both GPs and GP trainees and would improve significantly</p>
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Contents	<p>their confidence in ECG interpretation in daily practice.</p> <p>Keywords: Electrocardiograms, Education, General Practice</p>
Venue & Parking	<p>10.20 - Abstract Number 50. William Hutch</p> <p>Dementia palliative care education and training for healthcare professionals: A scoping review</p> <p>William Hutch^{1,2}, Trish O’Sullivan³, Tony Foley⁴</p> <p>1Department of General Practice, School of Medicine, University College Cork, Ireland and 2 Irish College of General Practitioners (ICGP), 4/5 Lincoln Place, Dublin 2. ORCID ID: 0000-0003-3988-1506</p> <p>3Discipline of Physiotherapy, School of Clinical Therapies, University College Cork, Ireland. ORCID ID 0000-0002-9363-1877</p> <p>4Department of General Practice, School of Medicine, University College Cork, Ireland. ORCID ID 0000-0003-3205-3871</p>
CME Points	
Plenary Speakers	<p>Background</p> <p>Dementia is a progressive, incurable life-limiting syndrome. Evidence suggests that the delivery of palliative care for people with dementia is deficient. Proactive palliative care, delivered by multidisciplinary healthcare professionals (HCPs), can offer significant benefits to this vulnerable population. However, there is a paucity of evidence as to what constitutes effective education and training for HCP’s working in dementia palliative care.</p>
Social Program	
Prizes	<p>Objective</p> <p>The aim of this scoping review was to explore and map the evidence around education and training in the area of dementia palliative care for multidisciplinary HCPs.</p>
Program at a Glance	<p>Methods</p> <p>The Joanna Briggs Institute (JBI) methodology was implemented for this scoping reviews. Palliative care educational interventional studies for HCPs caring for patients with dementia were included. Study designs included quantitative, qualitative, mixed method studies, and case studies. The following databases were searched: CINAHL, ERIC, Medline, SocIndex, PsycINFO. Grey literature searched included Google Scholar and Open-Grey. Studies that met the inclusion criteria were assessed by two independent reviewers and data was extracted using a data extraction tool in line with the JBI framework. The Kirkpatrick’s four level training evaluation model was used.</p>
Day 1 Full Program	
Day 2 Full Program	<p>Results</p> <p>Seventeen articles met the inclusion criteria for the review. Most originated from Canada or the United Kingdom and were qualitative in nature. The most common setting for delivery of palliative care education and training was in residential care/nursing homes. Nurses were the most common HCPs that undertook training. Other HCPs were widely included. The main learning outcomes evaluated were knowledge, communication skills, attitudes, and confidence. Post-intervention scores showed an improvement in knowledge,</p>
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communication skills and confidence outcomes, however no study found an improvement in attitudes. The majority of studies achieved Kirkpatrick Level 2, which evaluated learning. Multimodal delivery for educational interventions differed across the studies but this approach did seem to enhance learning with the use of active participation of HCPs and direct patient involvement.

Conclusion

Taking into account the heterogeneity of the intervention design and evaluation across these studies, interactive workshops were identified as the most common components of educational interventions identified that led to positive outcomes. However, not all studies detailed their interventions and this review highlights the need for more robust and well-designed studies specifically outlining the components of their educational interventions. Our findings highlight the need to develop new be-spoke educational interventional programmes specifically for HCPs working with people with dementia approaching end of life.

Keywords: Dementia, Palliative Care, Education & Training, Healthcare Professionals

10.30 - Abstract Number 54. Dr. Joanna Peart

What promoting and/or hindering influences on their professional development do General Practice trainees report from their hospital placements? A qualitative study

Dr. Joanna Peart, ICGP
 Dr. Karena Hanley, ICGP
 Dr. Cian Dolan, ICGP
 Dr. Helen Fitzpatrick, ICGP

Background

The clinical learning environment is important in GP specialty training and has impact on professional development(1-3). Uniquely for GP trainees about half of periods of their training occur in a hospital environment, which is not their final workplace(4, 5). There is still little understanding how hospital-based training influences GP’s professional development(6).

Objectives

To seek the views of GP trainees of how their hospital experience contributes to their professional development as a GP.

Methods

This international and qualitative study, led by Ireland, seeks the views of GP trainees from Belgium, Ireland, Lithuania, and Slovenia. Semi-structured interviews were performed in the original languages. A joint thematic analysis in English language resulted in key categories and themes.

Results

Four themes by which the hospital experience influences development, were identified: 1) the quality of supervision, 2) the attention towards

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teaching activities, 3) the tension between service delivery and learning, and 4) the differing secondary care/primary care paradigms. We describe positive and negative experiences of the trainees in each of these categories, including unique new findings such as GP trainees shouldering a disproportionate amount of administrative work, and the opportunity provided by GP trainees in hospitals to educate hospital doctors about general practice.

Conclusion

GP trainees experience additional challenges on top of the service provision/education tensions which are common to all hospital trainees. Despite these, the hospital rotation component of GP training is valued by trainees. A strong finding of our study is the need to ensure that learning from the hospital placements within GP training programmes is placed firmly in the context of General Practice. This is achieved by having GP placements prior to or parallel with the hospital placements, having educational activities resourced by GPs during the hospital experience and encouraging hospital teachers to have greater awareness of the specific educational needs of GPs, preferably with an awareness of the GP training curriculum.

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Keywords: Post-graduate GP training, hospital learning environment, professional identity formation

10.40 - Abstract Number 55. Emer O'Brien

General Practitioner preferences and use of evidence in clinical practice: a mixed methods study

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Introduction

General practitioners (GPs) aim to provide patient centred care combining clinical evidence, clinical judgement and patient priorities. Despite the widespread availability of clinical guidelines and the need for translation of evidence to support patient care, there exists specific barriers to guideline use in general practice. Determining what evidence based guidance GPs require, and how they would like this disseminated has the potential to bridge the evidence to practice gap and support clinical decision making.

Aims

1) To ascertain the needs and preferences of Irish GPs regarding evidence-based guidance to support patient care 2) To prioritise content for future evidence-based guidance and to optimise guidance structure, presentation and dissemination.

Methods

This was a mixed methods study. A national GP survey was administered to 3900 GPs through the Irish College of General Practitioners in December 2020 and GP focus groups were conducted in April/May 2021 using snowballing recruitment. Integration of the quantitative and qualitative findings was undertaken at the interpretive level.

Results

A total of 509 GP respondents completed the survey representing a response rate of 13.1%. A total of seven focus groups were undertaken with 40 GP participants. The survey indicated that prescribing updates, interpretation of results, chronic disease management and older person care were the preferred topics for future evidence based guidance. Study participants indicated they require quick access to up to date and relevant evidence summaries online for use in clinical practice. Access to full reviews of topics for the purpose of continuing education and teaching was also a priority. Multiple modes of dissemination via email alerts, podcasts, videos and webinars were suggested to increase uptake of guidance in practice.

Discussion

This study reports that Irish GPs want quick access to online,

integrated and up to date evidence-based resources for use in practice. GPs require specific evidence-based guidance that reflects the disease burden of the population they care for. A multifaceted approach to dissemination of evidence to GPs is required.

Conclusions

Future work should focus on ways to develop evidence based guidance on the prioritised topics and how best to disseminate this to GPs using a multimodal approach.

Keywords: 1. Clinical practice guidelines 2. Patient care 3. Evidence based practice

10.50 - Abstract Number 70. Nia Clendennen General Practice and Family Medicine Career Intentions: A Baseline Cross-Sectional Study

N Clendennen - University College Dublin
J Safieh- University College Dublin
G McCombe - University College Dublin
P Harkin - University College Dublin
S Donnelly - University College Dublin
W Cullen - University College Dublin

Background

Recruiting medical professionals to work in general practice (GP) is a priority in Ireland. This is due to factors such as workforce shortages, an ageing population, increasing workload and healthcare policy that promotes a shift in care provision towards primary care 2 . In order to produce medical graduates who are willing to pursue a career in general practice, it is necessary to promote the discipline at medical schools.

Aim

The aim of this study is to determine general practice career intentions among medical students and examine the factors which determine their intentions.

Method

Cross sectional study involving all students from UCD School of Medicine. Students (n= 1225) were invited to complete a brief online questionnaire examining their current career intentions and the factors that influence this.

Results

292 students completed the survey (23.8% response rate). A total of 241 (83%) students had an opinion on career choice; the most ranked field of preference amongst respondents was hospital medicine (129, 44%), followed by general practice (63, 22%), and surgery (49, 17%). The most ranked factor students reported as ‘very important’ when in choosing a specialty was ‘job satisfaction’ (207, 71%), ‘enthusiasm / commitment’ (166, 57%) and ‘lifestyle choice’ (131, 45%). Other contributing factors included ‘work that allows for family commitment’ (117, 40%), ‘capacity to develop clinical interest’ (114, 39%).

Conclusion

22% of respondents participating in the study considered general practice as their first career choice. By emphasizing the characteristics of a career in general practice that students rank highly as factors that influence career decisions, medical education has the capacity to influence student career intentions. Moreover, given that ‘experience as a medical student’ was a highly rated factor across all group divisions, by creating spaces for positive experiences for medical students.

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Keywords: Career intentions, general practice, medical education

3. WORKSHOP

ODT 2

CARA dashboard for GPs *
Prof Akke Vellinga

* Must sign up in advance and bring laptop
<https://forms.office.com/e/8QuHZSBU1L>

Akke Vellinga
Lukasz Porwol
Agustin Garcia Pereira
Heike Vorngahen
Kasia Katarzyna
Nathaly Gazon-Orjuela
Doaa Amin
Sana Parveen

Purpose

This workshop will demonstrate the working of the CARA dashboard to GPs. They will be able to explore the dashboard, ask questions of the CARA team and acquire an understanding of how the dashboard can support learning and audit.

Background (Aim & Objectives)

CARA is a HRB funded project in which the CARA team aims to provide GPs with a tool to visualise and audit their own practice data. Through graphs and other visualisations, GPs can explore their own practice population, information on prescribing or conditions using filters to

Contents		select specific groups or compare to other (similar) practices. GPs will also be offered audit tools to identify areas for improvement and compare their practice data before and after quality improvement initiatives.	
Venue & Parking		CARAconnect is the data extraction tool which will upload practice data anonymously and securely. Upon registration with CARA, each GP practice will have secure access to the dashboard. Only data from their own practice can be viewed while comparisons with other practice data is fully anonymous.	
CME Points		Target Audience General practitioners and primary care researchers in Ireland	
Plenary Speakers		Workshop Plan <ul style="list-style-type: none"> • Demonstrate data extraction through CARAconnect • Display working of the CARA dashboard • Invite GPs to use and explore the CARA dashboard and give feedback 	
Social Program		Deliverables <ul style="list-style-type: none"> • gain a better understanding of the CARA dashboard through exploration and guided demonstration; • illustrate the benefits of best practice data sharing; 	
		Keywords: Data exploration, interactive dashboards, audits	
Prizes		4.GPT WORKSHOP	ODT 1
Program at a Glance		Teachers in GP workshops: The Undergraduate General Practice Case Report Delivered by: Dr. Noirin Fitzgerald and Dr. Ann Murray	
Day 1 Full Program		This GP Case Study allows students to understand the narrative of the lived experience of patients’ illnesses from the biological, social and psychological viewpoint. It is a profound learning experience for our students. Based on this appreciation of the patients’ narrative, our students investigate and explore the GP management of patients’ conditions in the community and the resources available to them in Primary Care.	
Day 2 Full Program		The aim of this workshop is to assist General Practitioners involved in our Placement program to support students in the GP Case Report process. We will also facilitate discussions around the recruitment of suitable patients from your practice , in addition to a brief overview of the Case Report assessment process.	
Posters	11:10	Coffee break and poster viewing	BA 1
	11:40	Parallel session and workshops	
		1. SHORT ORAL 4B Clinical Care 2 Chair Dr Eva Flynn	BA2

Contents	<p>11.40 - Abstract Number 5. Manvir Parmar</p> <p>Why do some individuals with diabetes fail to attend diabetic retinal screening?: A systematic scoping review of the global literature.</p> <p>Manvir K. Parmar, BSc, BN (Lead Author), University of Limerick School of Medicine</p> <p>Anvi Mistry, MSc (Co-Author), University of Limerick School of Medicine, Limerick</p> <p>Dr. Peter Hayes (Corresponding/Supervising Author), University of Limerick School of Medicine</p> <p>Introduction</p> <p>Diabetic retinopathy (DR) is one of the leading causes of vision loss and preventable blindness globally and affects one third of diabetics. Regular diabetic retinopathy screening (DRS) can prevent blindness through early detection of pathological changes, and timely referral for treatment. While annual screening programs are somewhat successful, non-attendance remains a major issue, and is associated with poorer health outcomes for some. The aim of this scoping review is to examine the global scientific literature relating to non-attendance at DRS.</p> <p>Methods</p> <p>A search strategy was created using key words/boolean operators and relevant articles were identified from multiple databases (Medline, PubMed Central, Embase, and Scopus). To also include articles in this review from the low- and middle-income countries-where the burden of diabetes is accelerating, we also examined the ‘grey’ literature. The Arksey O’Malley Framework for scoping reviews and the Preferred Reporting Items for Systematic reviews and Meta-analysis extension for Scoping reviews (PRISMA-ScR) checklist were both utilised.</p> <p>Results</p> <p>A total of 280 articles were initially identified, and after the removal of duplicates, there were 217 articles available to screen. In all, 180 articles were then deemed irrelevant, leaving 37 articles to be assessed for full-text eligibility and 26 articles were selected for final review-from 9 different countries. Qualitative and observational studies dominated the literature. Identified factors associated with non-attendance at DRS were fear and anxiety to attend DRS (8), forgetfulness of DRS appointments (2), lack of motivation to attend DRS (2), the financial burden of attending DRS (8), lack of knowledge of DRS (9), and health systems failures regarding DRS (4).</p> <p>Discussion & Conclusion</p> <p>There are few randomised controlled trials examining interventions to improve attendance at DRS, but the factors associated with non-attendance are well described. It could be argued that well-powered randomised controlled trials are needed to help increase attendance rates at DRS and limit morbidity. The scientific literature on DRS is poorly evident in lower- and middle-income countries, where diabetic retinopathy is already an emergent global health phenomenon.</p>
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Contents	Keywords: Diabetes, Chronic Disease Management, Public Health Screening Programs
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CME Points	11.50 - Abstract Number 8. Harmeet Gill Assessing prognosis in a cross-sectional cohort of patients identified as having a previous stroke or transient ischemic attack in Irish general practice (2019-2021)-a feasibility study. Harmeet Gill1*, Eimear Ryan1*, Róisín Doogue1, David McCann2, Andrew W Murphy2,3, Peter Hayes1,4 1 School of Medicine, University of Limerick, Limerick, Ireland 2 Department of General Practice, University of Galway, Galway, Ireland 3 HRB Primary Care Clinical Trial Network Ireland, University of Galway, Galway, Ireland 4 Health Research Institute, University of Limerick, Limerick, Ireland *Joint first authors
Plenary Speakers	
Social Program	
Prizes	Introduction Stroke has devastating consequences for survivors. Hypertension is the most important modifiable risk factor, and its management largely takes place in primary care. However, most stroke-based research does not occur in this setting. Ongoing hypertension and a risk of further stroke is a major concern for both patients and their general practitioners.
Program at a Glance	Aims We aim to assess whether it's feasible to assess prognosis in persons, with a previous stroke or transient ischemic attack (TIA), in general practice, and whether a well -powered observational study is possible.
Day 1 Full Program	Methods We performed a search of the electronic health record of individuals previously identified as having had a stroke or TIA, to assess prognosis over 3 years. Feasibility was assessed by meeting 5 criterion: 1) all general practices approached participated, 2) greater than 90% of patient records were accessible, 3) all study outcomes were available to review, 4) that the collection of data was less than 15 minutes per patient, and 5) a power calculation for a planned observational study could take place.
Day 2 Full Program	Results All six general practices approached participated, and 193/196 patients' files were re-identified (98.5%). Twenty-eight cardiovascular events were recorded- most commonly a repeat TIA or ischemic stroke. Data collection took on average 5.5 minutes per file and a power calculation for a planned observational study was completed.
Posters	

Contents	<div> <div>Conclusion</div> <div> <p>This study demonstrates that the proposed methodology for a full cohort study within general practice of patients post-stroke/TIA is both acceptable to practices and feasible. An adequately powered, ‘time to event’ study is possible.</p> <p>Keywords: Hypertension, Stroke, Feasibility</p> </div> </div>
Venue & Parking	
CME Points	<div> <div>12.00 - Abstract Number 53. Emer O’Brien</div> <div> <p>A scoping review of evidence-based guidance and guidelines published by General Practice professional organisations</p> <p>*Emer O’Brien¹, Seamus Duffy¹, Velma Harkins², Susan M. Smith^{1,4}, Noirin O’Herlihy², Aisling Walsh³, Barbara Clyne¹, Emma Wallace^{1,5}</p> <p>1 Department of General Practice, Royal College of Surgeons in Ireland, University of Medicine and Health Sciences, Dublin, Ireland. 2 Irish College of General Practitioners, 4/5 Lincoln Place, Dublin 2, Ireland. 3 Department of Public Health and Epidemiology, Royal College of Surgeons in Ireland, University of Medicine and Health Sciences, Dublin, Ireland. 4 Discipline of Public Health and Primary Care, Trinity College Dublin, Dublin, Ireland. 5 Department of General Practice, University College Cork, Cork, Ireland</p> </div> </div>
Plenary Speakers	<div> <div>Introduction</div> <div> <p>General Practitioners (GPs) need robust, up-to-date evidence to deliver high-quality patient care. There is limited literature regarding the role of international GP professional organisations in developing and publishing clinical guidelines and/or evidence based guidance to support GPs clinical decision making.</p> </div> </div>
Social Program	<div> <div>Aims</div> <div> <p>To identify evidence-based guidance and clinical guidelines produced by GP professional organisations and summarise their content, structure, and methods of development and dissemination.</p> </div> </div>
Prizes	<div> <div>Methods</div> <div> <p>Scoping review of GP professional organisations following Joanna Briggs Institute (JBI) guidance. Four electronic databases were searched and a grey literature search was conducted. Studies were included if they were; i) evidence-based guidance documents or clinical guidelines produced de novo by a national GP professional organisation, ii) developed to support GPs clinical care and iii) published in the last 10 years. GP professional organisations were contacted to provide supplementary information. A narrative synthesis was performed.</p> </div> </div>
Program at a Glance	<div> <div>Results</div> <div> <p>Six GP professional organisations and 60 guidelines were included. The most common de novo guideline topics were mental health,</p> </div> </div>
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cardiovascular disease, neurology, pregnancy and women’s health and preventive care. All guidelines were developed using a standard evidence-synthesis method. All included guidance was disseminated through downloadable pdfs and peer review publications. GP professional organisations indicated that they generally collaborate with or endorse guidelines developed by national or international guideline producing bodies.

Discussion

This scoping review has highlighted clinical topics covered in de novo guideline production by GP professional organisations worldwide. There was some variation in chosen clinical topics, however, there was substantial overlap in the method of production and publication of the guidelines. Multiple dissemination strategies were used to promote uptake of the evidence in practice.

Conclusions

The findings of this scoping review can support collaboration between GP organisations worldwide thus reducing duplication of effort, facilitating reproducibility and identifying areas of standardisation in the development of clinical guidelines and evidence based guidance.

Keywords: 1. Clinical practice guidelines 2. Evidence based practice 3. Clinical decision making

12.10 - Abstract Number 84. Melissa O’Neill Knowledge of and Barriers to the use of Long Acting Reversible Contraception

Dr. Melissa O’Neill, GP, Cork, completed this research as part of Masters thesis with School of Public Health UCC
 Dr. Martin Davoren, Researcher, School of Public Health, UCC and Director of the Sexual Health Centre, Cork
 Dr. Serena Fitzgerald, University Lecturer, Catherine McKaulay School of Nursing and Midwifery, UCC

Background

Long acting reversible contraception (LARC) includes contraceptive methods such as intrauterine contraception and the contraceptive implant. These methods are by far the most effective at preventing pregnancy (1,2,3). However, uptake remains suboptimal (4,5). Barriers to further uptake of LARC include lack of knowledge (6-12) and cost factors (13-17). This study aimed to look at what barriers might be stopping women in Ireland from availing of LARC.

Aims

1. Assess what factors are important to women in Ireland in relation to contraceptive choice
2. Examine women’s knowledge of the two main LARC methods (contraceptive implant and intrauterine contraception)
3. Determine barriers to use of each LARC method

Methods

A cross-sectional study was performed of women aged 18 to 45 years attending six General Practice surgeries in Ireland. A questionnaire was distributed, with questions based on two previously published questionnaires (6,18). Statistical analyses were performed using SPSS version 25 for Windows.

Results

A total of 195 women completed questionnaires, with 4 being excluded due to incomplete consent forms. Efficacy at preventing pregnancy was the most important factor in choosing a contraceptive – 91% of women rated this as most important. Women with higher levels of LARC knowledge were more likely to have used or considered LARC methods ($p= <0.005$). Those with medical cards, for whom LARC insertion is covered free of charge, had higher rates of LARC use ($p= <0.001$). Other perceived barriers to using LARC included fear of pain and worry around side effects and effects on fertility.

Conclusion

Despite rating efficacy at preventing pregnancy as most important, most women in this study had not used LARC. Lack of knowledge, misperceptions and cost are some of the major barriers to using LARC. The findings of this study point to a need for better education around LARC methods. Consideration should also be given to subsidising LARC for the whole population. Since this research was carried out, the Government of Ireland have launched a free contraception scheme for women aged 17 to 25 (19). Future research should assess how this impacts uptake of LARC and assess the feasibility of expanding this scheme to the entire population.

References - available on request

Keywords: Contraception Knowledge Barriers

12.20 - Abstract Number 27. peter hayes Physical Activity and Hypertension-Reviews in Cardiovascular Medicine

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Aim

Hypertension and physical inactivity are leading causes of premature mortality. While both are modifiable risk factors for cardiovascular disease, their prevalence remains high. As populations grow older, they are more likely to develop hypertension and to become less physically active. Scientific advances have contributed to understanding of how physical activity improves blood pressure

and the clinically relevant ambulatory blood pressure, but this is not reflected in hypertension guidelines for clinical management of hypertension. The aim of this paper is to clearly present up to date knowledge from scientific studies that underpin the role of physical activity in hypertension management.

Methods

Literature Review of the most up-to-date evidence for clinicians and academics

Results

Longitudinal studies in this review demonstrate a protective effect of higher physical activity levels as well as higher levels of cardiorespiratory fitness. Interventional studies report improvements in blood pressure associated with aerobic, resistance and concurrent exercise; the improvements in some studies were greatest among participant groups with established hypertensions; the effect was observed for groups with treatment-resistant hypertension also, a clinically important subgroup. The most recent research provides evidence for the synergy between physical activity and pharmacotherapy for the treatment of hypertension, providing an opportunity for clinicians to promote physical activity as an adjunctive treatment for hypertension as well as a preventative strategy.

Conclusions

This review critiques the evidence and summarises the most up to date literature in the field of physical activity and hypertension.
<https://www.imrpress.com/journal/RCM/23/9/10.31083/j.rcm2309302>

Keywords: hypertension, physical activity, review

2. SHORT ORAL

BA 1

5A Cardiac Care

Chair Akke Vellinga

11.40 - Abstract Number 67. Emma Grady

Clinical effectiveness of general practice based self-management support among patients at high risk of cardiovascular disease: a scoping review.

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- 1 School of Medicine, University College Dublin, Dublin, Ireland.
- 2 Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland.
- 3 Irish Heart Foundation, Dublin, Ireland.

Introduction

Cardiovascular diseases (CVD) are the leading cause of mortality worldwide, yet many of the risk factors that contribute to this mortality are modifiable. General practice (GP) and primary care-based interventions have demonstrated promise in enabling patients to self-

Contents	<p>manage CVD risk.</p> <p>Aims</p> <p>However, knowledge regarding the clinical effectiveness of these interventions is limited and this review aims to address the gap.</p> <p>Methods</p> <p>A six-stage scoping review framework developed by Arksey and O'Malley with revisions by Levac et al was used. The search process was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses – Extension for Scoping Reviews (PRISMA-ScR).</p> <p>Results</p> <p>Thirty-four studies were included. The studies investigated GP or primary care-based interventions to reduce patients' CVD risk and / or mitigate the impact of CVD risk factors (uncontrolled diabetes mellitus, hypertension, hyperlipidaemia, and lifestyle factors such as diet, physical activity levels, smoking and alcohol consumption). Studies examined the efficacy and/or structure of the interventions. Clinical effectiveness was determined by improvement in systolic blood pressure, reduction in HbA1C levels and LDL cholesterol. Interventions involved nurse-led or lay personnel delivered initiatives, follow-up care, patient education, motivational interviewing and goal setting, medication adherence, accessibility of patient information leaflets, and access to additional supports such as smoking cessation or dietitian services.</p> <p>Conclusions</p> <p>Despite noted improvements in some of the studies, most of the results of these interventions thus far have not been statistically significant. Further large-scale and long-term studies are required to adequately assess the impact of these supports on high-risk patients.</p> <p>Keywords: Cardiovascular diseases; General Practice, Self-management support</p>
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Program at a Glance	<p>11.50 - Abstract Number 89. Emils Sietins</p> <p>Effectiveness of a general practice-based behaviour change program for patients at risk for cardiovascular disease: preliminary findings.</p> <p>John Broughan 1, Emils Sietins 2, JT Treanor 3, Ka Yuet Emily Siu 2, Geoff McCombe 2, Janis Morrissey 3, Sarah Freeley 2, Mary Casey 4, Orla Doyle 5, Patricia Fitzpatrick 6, Timothy Frawley 4, Sarah O'Brien 7, Tim Collins 3, Walter Cullen 2</p> <p>1 Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland. 2 School of Medicine, University College Dublin, Dublin, Ireland. 3 Irish Heart Foundation, Dublin, Ireland. 4 School of Nursing, Midwifery, and Health Systems, University College Dublin, Dublin, Ireland. 5 School of Economics, University College Dublin, Dublin, Ireland. 6 School of Public Health, Physiotherapy, and Sports Science, University College Dublin, Dublin, Ireland.</p>
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7 Health Service Executive, Dublin, Ireland

Introduction

Cardiovascular disease (CVD) is the leading cause of death globally, with estimated 18 million people dying from this condition annually. People with high blood-pressure, elevated cholesterol levels, lack of physical activity, diabetes and/or belonging to a disadvantaged community are at a higher risk to develop CVD. Several studies show that behavioural health interventions based in primary care or general practice can have positive effects on the health of the population at risk. The Irish Heart Foundation (IHF), in partnership with the Health Service Executive (HSE), and the UCD School of Medicine developed the pilot behaviour change ‘High Risk Prevention Programme’ (HRPP). It is delivered at GP services and targets patients in disadvantaged communities who are at an increased risk for CVD.

Aim

The aim of this study is to assess the effectiveness of the HRPP. The project is still ongoing and preliminary findings will be presented.

Methods

Six general practices were selected based on geographical location, and practice size. The HRPP intervention involved a two-arm pre-post design whereby eligible patients attended either a practice nurse (PN) or health promotion professional (HPP) led six-week one-to-one consultation programme focusing on self-management of health behaviours. Patients were assessed prior to the commencement of the intervention and 12 months after the completion of the program. Routine tests and interviews examining patients’ self-reported health behaviours, mental health, health knowledge, and motivation to be healthier were administered.

Results

As of November 2022, 72 out of 243 participants had completed the follow-up assessment. Based on the results from these 72 participants, statistically significant improvements were observed in the following outcomes: blood pressure, BMI, weight, waist circumference, and mental health. We also observed improvements in health behaviours (diet, exercise, and cigarette smoking). There was no statistically significant difference in the effectiveness between the PN and HPP delivered interventions.

Conclusions

This study’s findings indicate that general practice interventions aimed at changing patients’ health behaviours can have a positive effect on health, thus reducing cardiovascular risk.

Keywords: Cardiovascular diseases, General Practice, Self-management support

12.00 - Abstract Number 86. Jiaran Gao (presenter Dr Geoff McCombe)

Preventing Cardiovascular disease: A qualitative evaluation of the High-Risk Prevention Programme.

Contents	Jiaran Gao 1, Geoff McCombe 1, John Broughan 2, JT Treanor 3, Janis Morrissey 3, Mary Casey 4, Orla Doyle 5, Patricia Fitzpatrick 6, Timothy Frawley 4, Sarah O'Brien 7, Tim Collins 3, Walter Cullen 1
Venue & Parking	1 School of Medicine, University College Dublin, Dublin, Ireland. 2 Clinical Research Centre, School of Medicine, University College Dublin, Dublin, Ireland.
CME Points	3 Irish Heart Foundation, Dublin, Ireland. 4 School of Nursing, Midwifery, and Health Systems, University College Dublin, Dublin, Ireland. 5 School of Economics, University College Dublin, Dublin, Ireland. 6 School of Public Health, Physiotherapy, and Sports Science, University College Dublin, Dublin, Ireland. 7 Health Service Executive, Dublin, Ireland
Plenary Speakers	Introduction The Irish Heart Foundation, in partnership with the HSE, recently developed and piloted a 'High Risk Prevention Programme' (HRPP) in six general practices in the Ireland East region. Over the course of a six-week programme involving one-to-one ongoing support from Practice Nurses (PN) and / or a Health Promotion Professional (HPP), the HRPP aimed to promote cardiovascular health among high-risk individuals living in socio-economically deprived areas.
Social Program	Aims To investigate staff and patient views and experiences of the HRPP intervention.
Prizes	Methods In-depth semi-structured interviews were conducted with participating patients and healthcare providers (i.e., GPs, PNs, a HPP, Practice Managers (PM) to examine their experiences of the HRPP programme. Interviews were conducted remotely via telephone and were transcribed and anonymized prior to thematic analysis and dissemination. The conduct, analysis, and reporting of the study was informed by the Standards for reporting qualitative research: a synthesis of recommendations (SRQR) guidelines.
Program at a Glance	Results Interviews were conducted with 28 participants across all six participating practices. These participants included four GPs, four PNs, one PM, one HPP, and 18 patients. Four themes were identified in the interviews with patients, these being: (1) Motivation to change health behaviours, (2) Practical benefits for patients, (3) Challenges experienced by patients, and (4) Lifestyle management and healthcare supports. Four themes also emerged from interviews with healthcare providers. These included: (1) Positive experience of the programme and its benefits, (2) Logistical challenges, (3) Patient engagement, and (4) Programme management.
Day 1 Full Program	Conclusions The findings suggest that despite considerable logistical challenges imposed by the COVID-19 pandemic, patient engagement with the
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HRPP programme was high. The programme was a positive experience for patients and healthcare providers, with both groups indicating that the programme was rewarding and that it enhanced patients’ motivation and capacity to adopt healthier lifestyles. Scaling up of the HRPP is essential if its potential is to be fully understood and realised.

Keywords: Cardiovascular Diseases; Health Promotion, Qualitative Research

12.10 - Abstract Number 32. Sarah McErlean
A PILOT STUDY TO EVALUATE THE QUALITY OF CARE IN ORAL ANTI COAGULANT AND ANTIPLATLET USE IN PATIENTS WITH PERMANENT ATRIAL FIBRILLATION IN PRIMARY CARE

Authors :
 S McErlean, J Gallagher, J Broughan, G McCombe, R Fawsitt, W Cullen
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 University College Dublin
 Belfield, Dublin 4

Worldwide, atrial fibrillation (AF) is the most common sustained cardiac arrhythmia in adults and poses a significant burden to patients, physicians and healthcare systems. AF increases a person’s stroke risk five-fold. Despite its prevalence, management of AF remains sub optimal. The aim of this pilot study is to determine the pattern of oral anticoagulant (OAC) and antiplatelet use in patients with permanent AF in general practice.

A descriptive, cross- sectional observational study was undertaken. Proportionate sampling was used across 11 practices from the Ireland East practice-based research network. The GPs completed a report form on each patient provided by the research team by undertaking a retrospective chart review.

11 practices participated with a total number of 1855 patients with AF. We received data on 153 patients.

The main findings from this pilot project are that:
 1. 12% of patients were undertreated with OAC
 2. 20 % of patients were on an incorrect NOAC (Novel OAC) dose
 3. 28 patients (18%) were inappropriately prescribed dual anti- thrombotic therapy (DAT)

Undertreatment and under dosing of OAC exposes patients to higher risk of thromboembolic events, bleeding and all – cause mortality.¹ Prolonged DAT is associated with serious increased risk of bleeding with no additional stroke protection. ² This pilot project highlights several gaps between guidelines and clinical practice. By identifying these areas we hope to develop a targeted quality improvement intervention using the electronic health records in general practice, and the chronic disease management programme to improve the care that those with AF receive.

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Keywords: Atrial Fibrillation, Chronic Disease, Novel Oral Anti-Coagulant

12.20 - Abstract Number 33. Sarah McErlean

A PILOT STUDY TO EVALUATE THE QUALITY OF CARE IN THE MANAGEMENT OF PERMANENT ATRIAL FIBRILLATION IN IRISH GENERAL PRACTICE

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Introduction

Worldwide, atrial fibrillation (AF) is the most common sustained cardiac arrhythmia in adults and poses a significant burden to patients, physicians and healthcare systems. We know that adherence to guideline directed therapy can improve outcomes in AF and yet there are wide variations in compliance to these guidelines.

We developed a quality of care score based on the Atrial Fibrillation Better Care (ABC) pathway recommended by the European Society of Cardiology and the European Heart Rhythm Association guidelines. This is a 14-point score that we have termed the MAGIC score (Management of Atrial Fibrillation in Integrated Care and General Practice).

Aim

The aim of this pilot study is to develop and test a quality of care score for patients with permanent AF in general practice, and identify the patterns of quality of care using this score.

Methods

A descriptive, cross- sectional observational study was undertaken. Proportionate sampling was used across 11 practices from the Ireland East practice-based research network. The GPs completed a report form on each patient provided by the research team by undertaking a retrospective chart review.

11 practices participated with a total number of 1855 patients with AF.

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We received data on 153 patients.

Results

The main findings from this pilot project are that:

1. 86% of patient were on an OAC
2. 20 % of patients were on an incorrect NOAC (Novel OAC) dose
3. No patient met all 14 guideline based recommendations
4. Mean MAGIC score was 11.3
5. Creatinine – Clearance and HAS-BLED most commonly not recorded

Discussion

Our MAGIC score showed that the main indices not recorded on these patients were the HAS-BLED score and Creatinine Clearance. Using a bleeding risk assessment tool such as HAS-BLED allows the physician to identify those at higher risk of bleeding who may need closer follow up and to focus attention on modifiable bleeding risk factors. Creatinine clearance is necessary information to ensure these patients are on the correct dose of OAC.

Conclusion

The MAGIC score has highlighted some key areas that can be targeted with intervention to improve quality of care. Decision support tools, educational interventions and visual summaries such as dashboards have all been shown to be effective QI strategies and will help inform future work.

Keywords: Chronic Disease, Quality , Atrial Fibrillation

3. WORKSHOP

ODT 2

Promotion of physical activity in generalpractice:
applying evidence, theory and experience to the
consultation
Roger O’Sullivan

Prof Roger O’Sullivan* and Dr Andrew O’Regan**

*Institute of Public Health, Ulster University, Belfast , United Kingdom
**University of Limerick School of Medicine”

Background

In Ireland, less than 50% of adults achieve the minimal physical activity targets for health. Physical activity can prevent and treat chronic conditions, and the prevalence of these conditions is rising. With most chronic disease management taking place in general practice, there is significant potential for physical activity promotion in this setting. However, prior consultation with and training of interested general practitioners is necessary and important.

Purpose of the workshop

The overall aim of the workshop is to engage general practitioners in the promotion of physical activity by sharing evidence from recent physical activity and chronic disease research, behaviour change

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theory familiar to general practitioners, and clinical experience.

Specific objectives are to:

1. Highlight the role of physical activity for health and well being and chronic disease management
2. Identify barriers to physical activity promotion in general practice.
3. Identify techniques to facilitate physical activity promotion in a time-limited environment.
4. Put theory into practice by actively engaging GPs in simulated cases.
5. Provide attendees with a tangible and practical toolkit.

Conduct of the workshop

The workshop will be managed as follows

1. Introduction involving all attendees and icebreaker (10 minutes)
2. Goal setting (5 minutes)
3. Display of clinical scenarios (5 minutes)
4. Small group discussions on specific objectives 1 and 2 above (20 minutes)
5. Moderated brainstorming of ideas from small group discussions (15)
6. Interactive introduction of physical activity promotion tool kit – knowledge and skills for physical activity promotion in the consulting room (15 minutes)
7. Consultation roleplaying of three cases (3 × 10 minutes)
8. Plenary and take home (15 minutes)

Deliverables

Attendees will develop their knowledge of the research underpinning physical activity for chronic conditions and their understanding of how to apply behaviour change theory (corresponding to objectives 1&2 above). Attendees will be taught the skills of how to assess adults for their suitability to a physical activity intervention, to deliver a brief intervention, e.g. an exercise prescription, and how to provide continued support (corresponding to objective 3 above). Finally, attendees will receive a toolkit developed by the workshop facilitators and based on evidence, theory and clinical experience for use in their consultations.

Keywords: physical activity, behaviour change, multimorbidity

4. GPT WORKSHOP

ODT 1

Teaching on the Run; tips, tricks and avoiding the trips.
Delivered by ICGP Western Training Scheme in General Practice

The ‘medical apprenticeship’ model is at the heart of teaching and training in general practice in Ireland- clinicians in practice provide learners with opportunities to engage with patients, share their experience and mastery, and foster development of appropriate

knowledge, skills and attitudes. This clinical educator role is satisfying and rewarding, but not without its challenges, particularly in the context of current clinical practice environments. Harnessing opportunities for meaningful educational events, providing experiential

Contents		<p>practice in a safe and appropriate manner for both learners and patients, and allowing space for reflection and feedback that facilitate a learner’s development can seem like theoretical idylls rather than realistic goals. This collaborative learning session will explore ways in which we can support ourselves and our learners in achieving these goals in ‘the real world’ of day to day clinical general practice.</p>	
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ICGP Quality and Safety in Practice Awards 2022-2023

The ICGP Quality and Safety in Practice Awards highlight the high quality, innovative leadership that GPs demonstrate in their day-to-day practice. We invite GPs to share their practical, novel quality improvement initiatives that have been introduced in practices across Ireland.

Projects should demonstrate a quality Improvement initiative across any aspect of General Practice.

Enter using the short entry form available on our website. https://www.icgp.ie/go/in_the_practice/quick_reference_guides/quality_safety_in_practice_award

Closing date for entries is Monday, 20 March 2023 at 5pm

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