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Academic General Practice Ireland, ASM

*“Renewing Vision”*

**3C Moderated Posters: Variety is everything (a)**

**Chair: Dr Aileen Barrett**



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# What motivates the general practitioners of the future: A qualitative study of Irish Trainees

## Introduction

Ireland is currently experiencing a substantial shortage of General Practitioners (GPs), with significant barriers to recruitment and retention (1). This is particularly affecting rural Ireland, with a predominantly older patient population. The Economic and Social Research Institute estimate an additional 521 GPs are needed to meet government policy for universal primary care (2).

## Objectives

The aim of the study is to explore the motivating factors and career aspirations of GP trainees in Ireland. Specific objectives include:

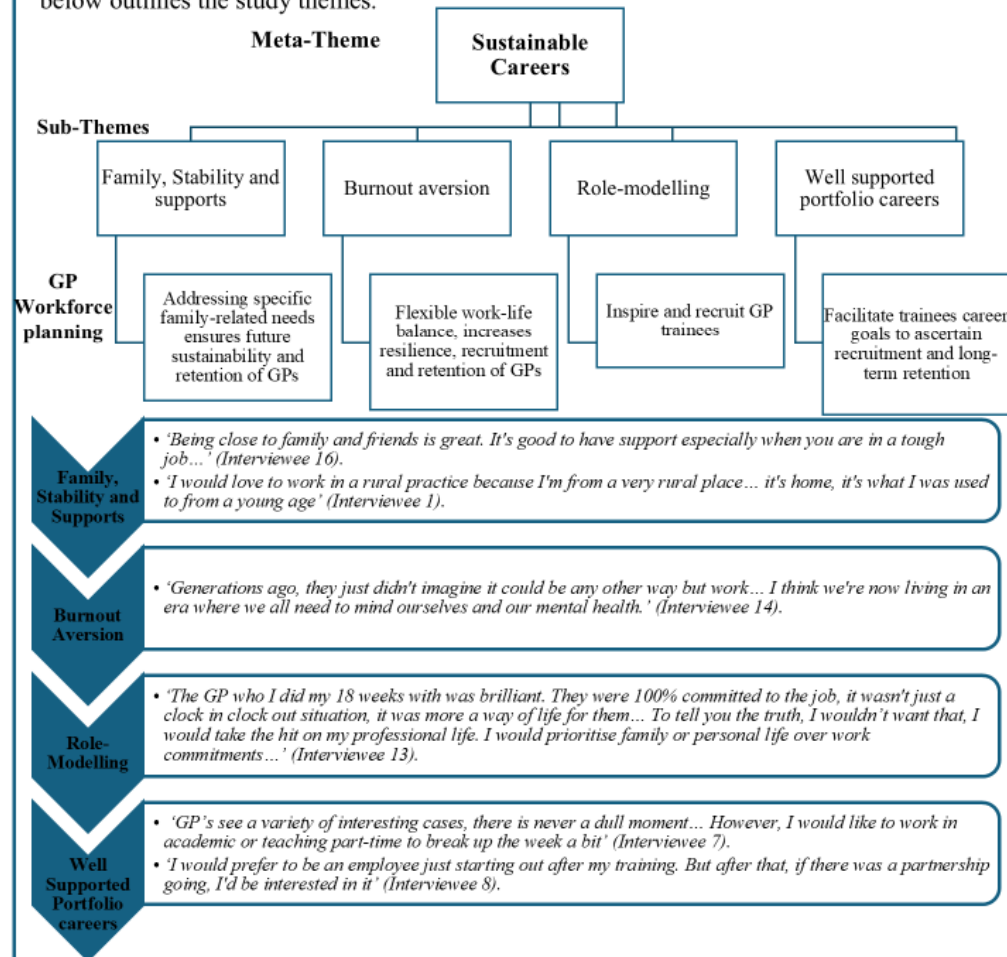
1. To deepen understanding of factors for choosing general practice
2. To explore what the 'ideal career' in general practice is like
3. To inform workforce planning by identifying solutions to the current GP shortage.

## Methods

The study employed one-to-one semi-structured interviews. The population included trainee doctors enrolled in Irish postgraduate general practice training programmes. An inductive approach to thematic analysis was deemed the most appropriate as it allowed an open approach to interpreting the data. Throughout the process, the research team met and discussed how to mitigate any subjective bias.

## Results

Data saturation (i.e. no new themes identified) was achieved by participant 17. The figure below outlines the study themes.



## Discussion

Trainees identified that work needs to be sustainable as part of a fulfilling life, this concept threads through the entire analysis. Trainees value support and stability provided primarily by family and planning for this should be a priority particularly for rural Ireland regions that are harder to attract GPs'. GP trainers are critical role models for future GPs- they inspire and encourage a career in general practice, while on the other, trainees are determined to learn from their trainers' experience and avoid career lifestyles that are all consuming and come at the expense of personal health and family life. Future GPs aspire to well-supported, portfolio-careers, the implication being that full-time single handed or rural GPs will continue to be a rarity.

## Conclusion

The current generation of GPs are inspired by but are different to their predecessors. Trainees recognise the dangers of burnout and view a career in general practice as part of a lifestyle that is sustainable. Heeding such insights and priorities from GP trainees, will allow us to adapt the role of general practice to them. Therefore, ultimately eliminating the workload crisis of GPs in Ireland, particularly, in underserved rural areas.

## References

1. L. Loughton C, Cooper A, Foster A, Edwards A, Joseph-Williams N. Effectiveness and safety of asynchronous telemedicine consultations in general practice: a systematic review. *BJGP Open*. 2024;8(1).
2. Cunniff S. Universal Primary Care in Ireland: Cost and Workforce Implications. In: *Wem M-A, editor.*



# How are direct healthcare professional communications (DHPCs) operationalised by General Practitioners (GPs) and community pharmacists in Ireland?

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## INTRODUCTION

Direct Healthcare Professional Communications (DHPCs) are communications issued by medicines regulators (i.e. European Medicines Agency or in Ireland the Health Products Regulatory Agency (HPRA)) to update healthcare professionals on novel important safety information in a timely manner. One of the challenges facing regulatory authorities is understanding why these regulatory communications are having less of an effect than anticipated in clinical practice (1). DHPCs now need to be repeated more often to have the desired effect (2) e.g. fluoroquinolone antibiotics (3) and sodium valproate updates (4). A recent review also demonstrated that DHPCs do not always translate into implementation in clinical practice (5).

### Study Aim:

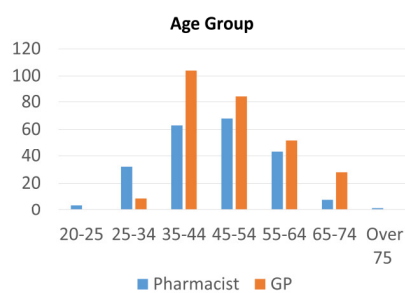
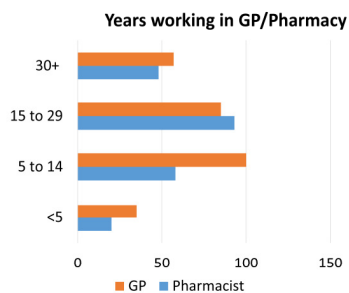
To explore how primary care healthcare professionals (General Practitioners (GPs) and Community Pharmacists) implement DHPCs in Ireland and their preferences for receiving medicines safety updates

## METHODS

- National cross-sectional survey of GPs and community pharmacists, developed in collaboration with the HPRA in Ireland, was conducted in June 2024.
- Practicing GPs were invited to participate via the Irish College of General Practitioners (ICGP) and community pharmacists via the Pharmaceutical Society of Ireland (PSI).
- A de novo survey was developed and piloted on a small number of GPs and pharmacists. The survey was then administered via Qualtrics.
- Data was analysed using R Studio with descriptive statistics conducted for each survey item.
- Responses to open-ended questions were analysed thematically.

## RESULTS

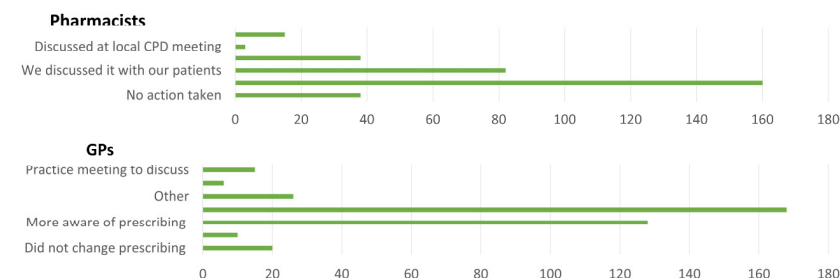
- A total of 277 GPs (6% of GPs invited) and 219 Pharmacists (4% of Pharmacists invited) completed the study
- A total of 227 (82%) GPs prefer to receive information on new important medicine safety updates via DHPCs rather than other methods compared with 196 (89%) Pharmacists



## RESULTS

- A total of 92 (33%) GPs prefer to receive important medicine safety related information via email compared with 116 (52%) of pharmacist respondents.
- Time constraints, perceived relevance and lack of electronic health record (EHR) software notifications were identified as barriers to implementation of DHPC recommendations.
- 75% of GPs and community pharmacists are interested in support from a GP/pharmacist delivered remotely to help implement recommended changes suggested by the DHPC.

### Actions taken following the HPRA DHPC regarding fluoroquinolones and fluoroquinolone prescribing issued in June 2023:



## DISCUSSION

This national survey found that both GPs and community pharmacists are satisfied with receiving medicines safety alerts via DHPCs. Regarding implementation of alerts recommendations, time constraints, perceived relevance and lack of EHR software notifications are barriers identified. However the vast majority of GPs and community pharmacists are interested in support from a GP/pharmacist delivered remotely to help implement recommended changes suggested by the DHPC.

## REFERENCES

- Goedecke T, Morales DR, Pacurariu A, Kurz X. Measuring the impact of medicines regulatory interventions - Systematic review and methodological considerations. *British Journal of Clinical Pharmacology*. 2018;84(3):419-33.
- Wilkinson J CP. Impact of Safety Warnings on Drug Utilization: Marketplace Life Span of Cisapride and Troglitazone. *Pharmacotherapy*. 2004;24(8):978-986.
- Baggio D, R Ananda-Rajah M. Fluoroquinolone antibiotics and adverse events. *Australian Prescriber*. 2021;44(5):161-4.
- Hughes JE, Buckley N, Looney Y, Kirwan G, Curran S, Doherty CP, et al. Awareness, knowledge and practice of healthcare professionals following implementation of a Pregnancy Prevention Program for sodium valproate in Ireland: a multi-stakeholder cross-sectional study. *Expert Opinion on Drug Safety*. 2021;20(8):965-77.
- Alharbi AB, Berrou I, Umaru N, Al Hamid A, Shebli NA. Factors influencing the implementation of medicine risk communications by healthcare professionals in clinical practice: A systematic review. *Research in Social & Administrative Pharmacy*. 2023;19(1):28-56.

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# Investigating Safety Perceptions in General Practice: A Mixed-Methods Study in General Practice Nurses



UNIVERSITY OF LIMERICK  
OLLSCOIL LUIMNIGH

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## 1. Introduction

General practice in Ireland is undergoing significant changes due to the increasing demand for primary care services and a shift away from hospital-based care. General Practice Nurses (GPNs) are essential in delivering primary healthcare services, including chronic disease management, preventative care, immunisations, and advanced practice consultations. With over 2,300 GPNs conducting more than 7.7 million consultations annually, their role is continuously expanding to meet evolving healthcare needs. The HSE Patient Safety Strategy (2019-2024) outlines commitments to improving patient safety, including empowering and engaging both patients and staff.

Considering the complexity of general practice and the critical importance of patient safety, understanding GPNs' attitudes towards safety is vital. Assessing their experiences and challenges can highlight strategies to enhance safety practices and maintain high-quality care in primary care settings.

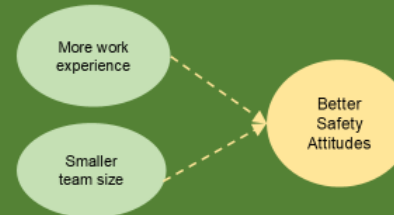
## 2. Methods

A survey was conducted among GPNs in Ireland using a modified version of the *Flight Safety Attitudes Questionnaire*, adapted for the GPN context. The questionnaire measured safety attitudes on a 5-point Likert scale and included eight open-ended questions to explore specific safety concerns. A total of 302 completed questionnaires were analysed using SPSS, Nvivo, and Microsoft Copilot.

## 3. Results

### 1. Demographic information & safety attitudes

Length of work experience as a GPN and smaller team size (GPs and GPNs in practice) is positively linked with safety attitudes among GPNs



GPNs who received regular operational briefings scored higher in their safety attitudes

Question 10. I receive operational briefing from the GP(s) on regular basis during a meeting							
	n	Mean	SD	t	df	p	Cohen's d
Positive	167	4.22	0.34	10.46	300	< 0.001	1.21
Negative	135	3.76	0.43				

### 2. GPN identified safety concerns within their practice

- High workload and clinical time constraints
- Unsystematic communication methods
- Insufficient and inconsistent communication
- Inadequate emergency training and preparedness
- Unsupportive teamwork

### 3. GPN identified safety needs within their practice

- Structured and formalised communication system
- Regular and organised operational briefings
- Frequent emergency training and clear emergency protocols
- Ensuring all staff, including GPNs, are heard and valued

## 4. Conclusion

By implementing safety strategies, general practice can enhance its safety culture, creating a safer environment for both staff and patients.

**Enhancing Training & Mentorship** can contribute to clearer role definition and more effective communication.

**Improving Communication Systems** by developing structured briefings and formal meetings can foster collaboration and preparedness, particularly within larger teams.

**Tackling Systemic Challenges** including workload management and role recognition to create a more supportive work environment

**Boosting Team Cohesion** to strengthen teamwork, especially in high-pressure and emergency situations

### Suggestions for further research

Further research should explore the long-term impact of these strategies on safety perceptions and the overall culture of practice.

# What impact does widening participation to medicine have on the medical workforce: a scoping review

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## 1. Introduction

- Widening participation in medicine refers to the recruitment policy of encouraging those who are traditionally under-represented in medical school.
- Whilst research in the UK has investigated the processes around improving participation through recruitment and selection to medical schools, there is less focus around the period after medical school and how students from widening participation backgrounds fare in the workforce.

## 2. Methods

- This study employed scoping review methodology to collate, map and summarise research in the field.
- Basic numerical analysis and thematic analysis were performed on the included studies.

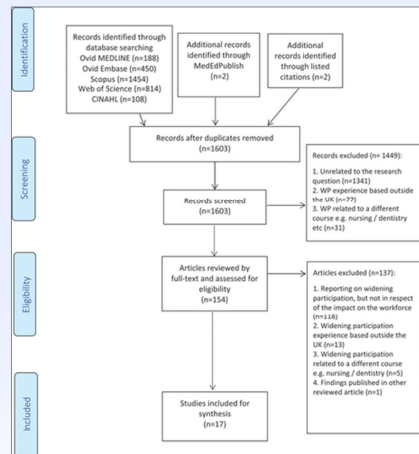


Figure 1. Flow diagram of study selection

## 3. Results

- A total of 17 studies were included in this scoping review.
- The majority of included studies were perspective pieces and cohort studies.
- There was a paucity of studies reporting around the impact of widening participation of doctors with a disability on the workforce.

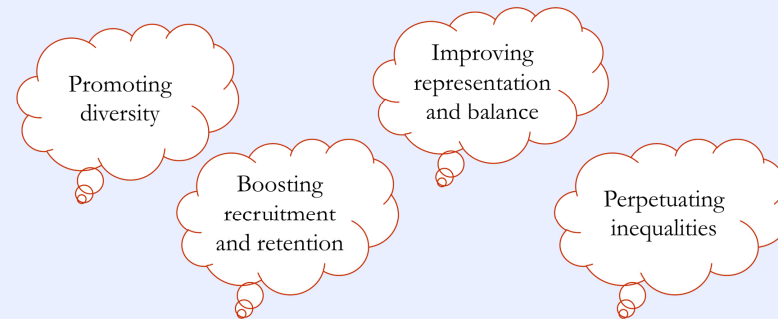


Figure 2. Four themes from the thematic analysis

## 4. Discussion

- This scoping review highlighted positive effects on the workforce of widening participation.
- Efforts should be undertaken to ensure widening participation students do not experience ongoing inequality in their subsequent careers on qualification from medical school.
- The research field would benefit from further study exploring the impact of disability on the medical workforce, and qualitative enquiry to better investigate the experiences of widening participation students in the workforce.



# Baseline data from a feasibility trial of a primary care intervention to reverse frailty and build resilience in people experiencing homelessness

Dr Thomas Cronin<sup>1,2</sup>, Dr Austin O'Carroll<sup>3</sup>, Professor Susan M Smith<sup>1</sup>, Dr John Travers<sup>1</sup>

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## 1. Introduction

- Increased levels of frailty have been identified amongst people experiencing homelessness (PEH).<sup>1</sup>
- Limited research has been conducted to target and treat frailty in this group.<sup>2</sup>
- Previous studies in older adults demonstrate exercise and nutritional interventions to be the most feasible and effective methods for managing frailty in the primary care setting.<sup>3</sup>
- This work presents baseline data collected from a feasibility study on reversing frailty and building resilience in PEH.

## 2. Methods

- We are assessing the feasibility of a two-month resistance exercise and nutritional intervention for PEH.
- Patients attending an Irish primary care service for PEH since August 2024 and meeting frailty criteria (>3 on the Clinical Frailty Scale {CFS} or >pre-frail on the SHARE frailty index) are being invited to participate (target sample size: 108).
- Baseline demographic, health and frailty status data has been collected and is presented using simple descriptive statistics.

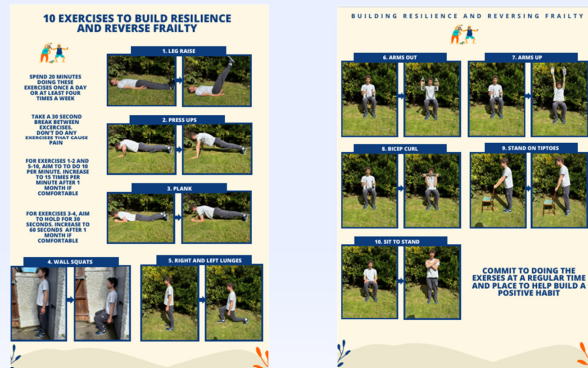


Figure 1. Exercise leaflet given to participants

## 3. Results

- A total of 108 participants were recruited over a 5-month period, representing an 87% acceptance rate.
- Mean age 42.2 (SD 8.8, range 24-62) and 27% (n=29) are female.
- 66% (n=71) left school early, whilst 69% (n=75) currently reside in a hostel and 14% (n=15) live rough.
- 95% (n=103) smoke cigarettes and 62% (n=67) are currently prescribed Opioid Agonist Therapy, whilst 53% (n=57) had used cocaine and 54% (n=58) had used street benzodiazepines in the last six months.
- Using the SHARE-FI scale 32% (n=34) were frail and 63% (n=68) were pre-frail, whilst the CFS identified 33% (n=36) as frail and 67% (n=72) as pre-frail.

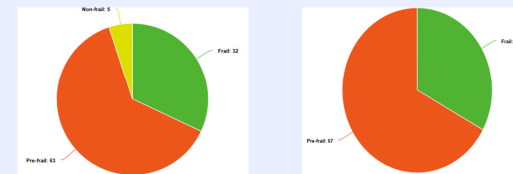


Figure 2. Proportions of frailty and pre-frailty according to frailty scale (SHARE-FI on left and CFS on right)

## 4. Discussion

- Participation and acceptance rates in our feasibility trial have been high.
- Pre-frailty and frailty are present in this cohort despite a relatively young age profile, supporting a concept of premature ageing amongst PEH.
- The data also indicates that negative determinants of health are highly prevalent in this group, including inadequate living circumstances, lower education levels, substance use and cigarette smoking, compared to the general population.

## 5. References

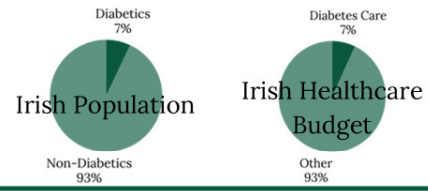
1. Mantell R, Hwang YI, Radford K, Perlovic S, Callen P, Withall A. Accelerated aging in people experiencing homelessness: A rapid review of frailty prevalence and determinants. *Frontiers in public health*. 2023 Mar 16;11:1086215.
2. Kennedy F, Ni Cheallaigh C, Romero-Ortuno R, Doyle SI, Broderick J. Outcomes of the LEAP feasibility trial—A low-threshold, exercise programme with protein supplementation to target frailty and poor physical functioning in people experiencing homelessness and addiction issues. *Plos one*. 2024 May 31;19(5):e0301926.
3. Travers J, Romero-Ortuno R, Langan J, MacNamara F, McCormack D, McDermott C, McEntire J, McKiernan J, Lacey S, Doran P, Power D. Building resilience and reversing frailty: a randomised controlled trial of a primary care intervention for older adults. *Age and ageing*. 2023 Feb 1;52(2):afad012.

# Healthcare Utilization Patterns and Clinical Characteristics of Patients over 70 Years with and without Diabetes Mellitus: A Retrospective Cohort Study

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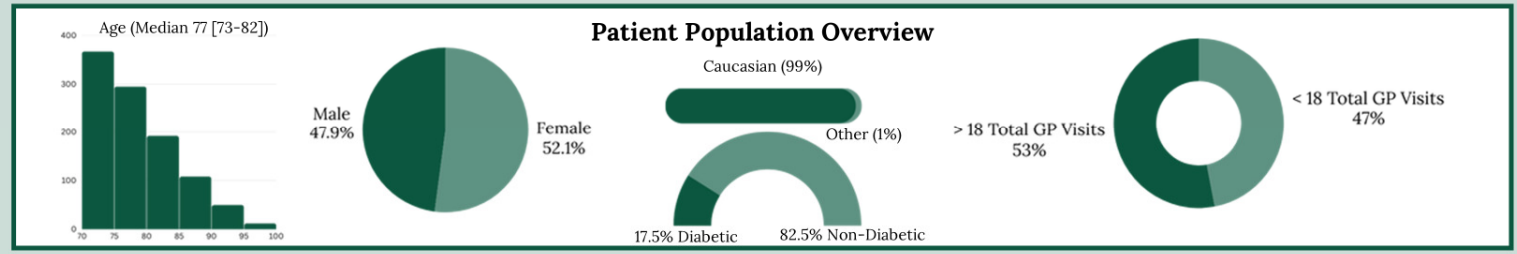
## Introduction

It is estimated that 6-7% of the Irish population has diagnosed diabetes mellitus<sup>1</sup>. Managing diabetes in Ireland is estimated to account for 6-7% of the annual health budget, with 65% of this directed towards complication management<sup>1,2</sup>. An understanding of healthcare utilization in diabetes in Ireland is essential to future resource planning.



## Methods

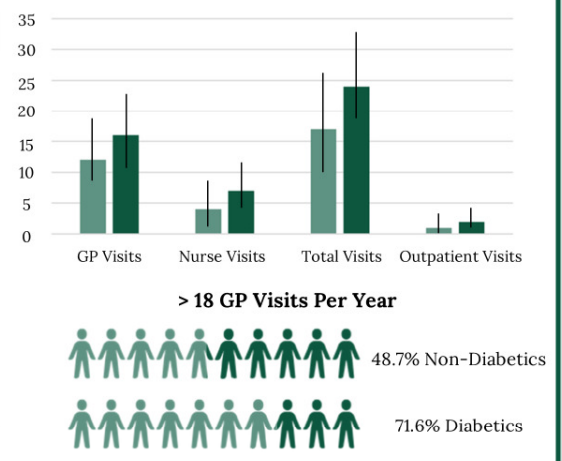
Using data collected from four GP clinics through the INSIGHT-GP Study (INquiry iNto Service usage, Gerontological Health and Multi-Morbidity in GP) we retrospectively analyzed clinical characteristics and healthcare utilization in primary, secondary and GP out of hours care over the previous 12 months in 1546 diabetic and non-diabetic patients aged 70 and older.



## Preliminary Results

Characteristic	Non-Diabetic (N=1275)		Diabetic (N=271)		P Value
	Median / Frequency	IQR / %	Median / Frequency	IQR / %	
BMI (median, IQR)	26.4	23.1-30.4	29.4	26 - 33.3	1.37E-13
Smoking (#%)	70.0	7.2	24.0	9.1	0.30873716
Alcohol Use (#%)	366.0	40.1	83.0	31.6	0.01171287
Comorbidities (median, IQR)	3.0	2 - 5	5.0	3 - 7	2.24E-24
Repeated Prescriptions (median, IQR)	6.0	3 - 9	10.0	7 - 14	2.01E-30
Chronic Kidney Disease (#%)	201	15.8	92	33.9	4.03E-12
Physical Activity Level					
None (#%)	60.0	5.5	29.0	10.9	0.00011913
Inadequate (#%)	85.0	7.7	51.0	19.2	1.42E-10
Some (#%)	187.0	17.0	78.0	29.4	2.15E-08
Adequate (#%)	168.0	15.3	48.0	18.1	0.0504822
Healthcare Utilization					
GP Visits (median, IQR)	12.0	7 - 19	16.0	11 - 24.5	5.32E-13
Nurse Visits (median, IQR)	4.0	2 - 8	7.0	4 - 11	1.00E-11
Total Visits (median, IQR)	17.0	10 - 27	24.0	17 - 33	1.16E-15
Out Patient Visits (median, IQR)	1.0	0 - 3	2.0	1 - 4	1.47E-09
Above Average Healthcare Utilization (#%)	621.0	48.7	94	71.6	7.31E-12

## Healthcare Utilization



Overall, diabetic patients in this study had statistically significantly higher BMIs ( $p < 0.001$ ), more comorbidities ( $p < 0.001$ ), increased incidence of chronic kidney disease ( $p < 0.001$ ), and increased healthcare utilization in GP, nurse visits, total visits, and outpatient visits compared to non-diabetics, with a significantly higher number of diabetics patients attending the GP more than 18 times in the previous 12 months ( $p < 0.001$ )

References  
1. Diabetes Ireland. (2019) 'Diabetes Ireland highlights escalating cost of treating diabetes complications to TDs on World Diabetes Day'. Available at: <https://www.diabetes.ie/diabetes-ireland-highlights-escalating-cost-of-treating-diabetes-complications-to-tds-on-world-diabetes-day/>  
2. Hex, N., Bartlett, C., Wright, D., Taylor, M. and Varley, D. (2012) 'Estimating the current and future costs of Type 1 and Type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs', Diabetic Medicine, 29(7), pp. 855-862