EQuiP

European Association for Quality and Safety in General Practice/Family Medicine

62nd EQuiP Conference

12-13 May 2023

A Spotlight on Quality of Care in European Family Medicine

– Programme Book –

Table of Contents

Programme

Friday, 12 May 2023

08:30 - 09:30	**Registration** Location: EQuiP Room 1 Informal gathering as members arrive
09:30 - 10:00	**Opening Ceremony of the conference** Location: EQuiP Room 1 • Welcome to the delegates from ICGP • Greeting from Prof Shlomo Vinker, President WONCA Europe • Greeting from Prof José M Valderas, Head of Dept Family Medicine NUHS Singapore, Chair WONCA World Working Party Quality & Safety • EQuiP Past to Present 1991-2023 • The Future begins now
10:00 - 11:00	**Workshop 1** Location: EQuiP Room 1 • Insights from Primary Care Practice during the COVID-19 Pandemic: Informing the Development of an EQuiP Position Statement for Advancing the Health Sector - Sara Willems
11:00 - 11:30	**Coffee Break** Location: Concourse
11:30 - 12:30	**Symposium 1: Safety in General Practice** Location: EQuiP Room 1 • Addressing events or situations or circumstances with potential harm for patients in quality circles - Adrian Rohrbasser • Exploring Local Rationality and Performance Influencing Factors:Analysis of clinical negligence claims and complaints against GPs to the Irish Medical Council - Suzanne Creed • ICGP Survey on Domestic Violence and Abuse (DVA) in General Practice - Noirin O' Herlihy
11:30 - 12:30	**Symposium 2: Medication Management** Location: EQuiP Room 2 • Improved primary care follow up for patients with atrial fibrillation with or without anticoagulant treatment. - Camilla Berggren • Improving antibiotic prescription in urinary tract infections - Guido Schmiemann • Interprofessional cooperation in optimisation of medication management in cases of polypharmacy with the involvement of clinical pharmacists in Upper Austr ian primary care units.OMEPP-ÖGK Study (Optimierung des Medikationsmanagements bei Polypharmaz - Erika Zelko • Trends in contraception and HRT use in Ireland - Ciara Mccarthy
12:30 - 13:00	**Launch of Glas Green Toolkit** Location: EQuiP Room 1 • Engaging With Sustainability Guidance And Tools Within The Primary Care Setting - Sean

	Owens • Aoife Benton (Presenter)
13:00 - 14:00	**Lunch + Walk**
14:00 - 15:00	**Symposium 3: Planetary Health** Location: EQuiP Room 1 • Advocating for policies and actions for a healthy and sustainable diets in the Irish Context - Sean Owens • Appropiate antibiotic use in Early Childhood. A successful Regional intervention. - Jose-Miguel Bueno-Ortiz • Guideline on climate conscious prescription of inhaled medication - Guido Schmiemann • Implementing deprescription as a patient safety tool in primary care. - Jose-Miguel Bueno-Ortiz
14:00 - 15:00	**Symposium 4: Knowledge Transfer** Location: EQuiP Room 2 • General Practitioner preferences and use of evidence in clinical practice: a mixed methods study - Emer O'brien • How and why do Quality Circles work for General Practitioners - a realist approach_development in Switzerland - Adrian Rohrbasser • Two sides of the same coin - Trainee and Trainer: Collaborative medical education - Abraham Thomas
15:00 - 16:00	**Symposium 5: Doctors Health & Wellbeing** Location: EQuiP Room 1 • A National Survey to gather GPs opinions on Improving Healthcare for Doctors - Andrée Rochfort • Construction of first-response guidelines and teams to aid medical professionals after critical incidents - Ronen Bareket • Gender analysis of the Spanish National Questionnaire on behaviors and attitudes of doctors towards their own illness and the management of sick colleagues (CAMAPE) - Ines Sebastian-Sanchez • Physicians' health in Upper Austria – A survey of the health status of physicians working in Upper Austria - Erika Zelko
15:00 - 16:00	**Symposium 6: Improving Services** Location: EQuiP Room 2 • A Ringing Cell Phone as a Driver for Quality Improvement - Raluca Zoitanu • Establishing a Menopause Clinic in Primary Care - Louise Fitzgerald • Health Service Management and Patient Safety in Primary Care during the COVID-19 Pandemic in Kosovo - Sara Willems • Qua vadis family medicine in Estonia? - Katrin Martinson
16:00 - 16:15	**Take Home Messages Day 1+Refreshments** Location: EQuiP Room 1
16:15 - 16:30	**Yoga & Mindfulness break with Refreshments** Location: Concourse
16:30 - 17:30	**EQuiP Council Assembly Part 1** Location: EQuiP Room 1

	Elections to EQuiP EB Organisational issues: Finance, membership, website. Items not covered transfer to Part 2 Delegates not on Council: Project work (breakout room)
19:00 - 00:00	**Social Event**

Saturday, 13 May 2023

09:00 - 10:15	**EQuiP Council Assembly Part 2** Location: EQuiP Room 1 • **Organisational Issues** • **Reports from WGs, Member organisations, and EQuiP Liaison Representatives** Reports to the EQuiP Council meeting are welcome from all EQuiP members about QI activities in their WONCA Europe Member Organisation and Institutions, and from EQuiP representatives on External Committees. • **Planning for future events** WONCA Europe Brussels 2023; WONCA Europe Dublin 2024; WONCA World Lisbon 2025; EQuiP Zagreb September 2023; Summer Schools Next EQUIP Spring Conferences 2024, 2025 and 2026
10:15 - 11:00	**Group Work** / **Project Work** Location: EQuiP Room 1
10:15 - 11:00	**ICGP Conference Keynote Lecture** Location: Main Hall
11:00 - 11:30	**Refreshments** / **Stretch break** Location: Concourse
11:30 - 12:30	**Symposium 7: Measuring Quality – Tools and Methods** Location: EQuiP Room 2 • How we survey Estonian family doctors for quality - Elle-Mall Sadrak • Romanian Family Doctors' Barometre - a Survey on Satisfaction and Performance - Raluca Zoitanu • Sepsis and documentation of vital signs: A retrospective study in GP 'Out-of-Hours' - Diarmuid Quinlan
12:30 - 13:00	**Conference statement & Closing Session of EQuiP Conference** Location: EQuiP Room 2 Summing up and actions-to-do Conference Statement Conclusion and goodbyes
13:00 - 14:00	**Lunch**
14:00 - 15:30	**Optional Group Hop-on-Hop-off Guided Bus Tour of Dublin city**

Workshop / No Preference

Insights from Primary Care Practice during the COVID-19 Pandemic: Informing the Development of an EQuiP Position Statement for Advancing the Health Sector

Pierre Vanden Bussche, Sara Willems[1], Esther Van Poel[1], Claire Collins[2], Andree Rochfort[3], Kathryn Hoffmann, Jonila Gabrani, Benoît Pétré, Cécile Ponsar, Sanda Kreitmayer[4], Radost Asenova, Zlata Ožvačić, Neophytos Stylianou, Bohumil Seifert, Anne Holm, Ulrik Bak Kirk[5], Katrin Martinson[6], Merja Laine, Païvi Korhonen[7], Hector Falcoff, Emmily Schaubroeck, Stefanie Stark, Athina Tatsioni, Zoltán Lakó-Futó, Péter Torzsa, Emil Lárus Sigurðsson, Limor Adler, Ferdinando Petrazzuoli, Gazmend Bojaj[8], Bernard Tahirbegolli, Sandra Gintere, Cindy Heaster[9], Liubovė Murauskienė, Raquel Gomez Bravo[10], Jean Karl Soler, Giulia Delvento, Ala Curteanu, Curocichin Ghenadie, Peter Groenewegen, Maria Vanden Muijsenbergh, Kiril Soleski, Torunn Bjerve Eide, Frode Fadnes Jacobsen, Adam Windak, Katarzyna Nessler, Bruno Heleno, Pedro Pita Barros, Carmen Busneag, Milena Šantrić Milićević, Zalika Klemenc Ketiš, Sara Ares, Maria Pilar Astier Peña[11], Eva Arvidsson[12], Karin Blomberg, Mats Eriksson, Sven Streit, Christian Mallen, Pemra Unalan, Ali Yazkan, Canan Tuz Yilmaz, Victoria Tkachenko

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7. University of Turku
8. Heimerer College
9. Riga Stradins University
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12. Futurum, Region Jönköping County

Keywords: primary healthcare, general practice, quality of care, COVID-19, preparedness, infectious diseases

Introduction:

The COVID-19 pandemic was a huge challenge for primary care (PC), its organisation and processes, the people working there and its interfaces with the wider healthcare system. The fight against COVID-19 has emphasised the critical role of PC: to serve as the first, and for most patients, the only point of contact with healthcare professionals during a pandemic surge.

Mid-2020, an international research consortium led by Ghent University set up the PRICOV-19 study to research how PC practices in 37 European countries and Israel were organised during the COVID-19 pandemic to guarantee safe, efficient, effective, patient-centred, and equitable care. Also, the shift in roles and tasks and the wellbeing of staff members were researched. PRICOV-19 also aimed to study the association with practice- and healthcare system characteristics. In total, more than 5,000 PC practices filled in an online survey, making PRICOV-19 the largest and most comprehensive study on this topic ever done in Europe.

The findings derived from PRICOV-19 have the potential to guide policymakers, politicians, national primary care colleges, and institutes tasked with training future General Practitioners (GPs) in enhancing the preparedness of primary care systems throughout Europe for the post-COVID-19 era, as well as for any future outbreaks of infectious diseases. The insights generated from this study can also be utilized to bolster primary care systems in mitigating the deleterious health effects of COVID-19 (or other future epidemics), easing the strain on hospitals, and supporting the implementation of effective vaccination and public health measures. It is worth noting that strengthening primary care is increasingly important given the mounting challenges posed by factors such as population ageing, the increasing burden of chronic diseases, and persistent societal inequities.

Method:

Presentation of the draft EQuiP position statement
Interactive discussion about the different statements in the document:
When the number of participants allows, the group will be divided into smaller groups, each focusing on one or two statements including the following themes:
• The infrastructure, workforce and research
• The role of telemedicine and digitalisation
• The cooperation and communication between public health and primary care
• The provision of equitable care and collaboration to deliver integrated care
• The safety of care delivered
• The well-being of the health workforce
• Training of doctors and students within the practice
Plenary reporting of the discussion in the small groups
Formulating amendments to the text

Ideally, the workshop should be scheduled in the morning to allow the primary authors to make any necessary revisions in the hours immediately following the session. Later in the afternoon, the updated text will be presented to all attending EQuiP members, and appropriate measures will be taken to ensure that the document is approved as an official EQuiP position statement.

Aim:
The objective of this workshop is to foster consensus among the current members of EQuiP regarding the insights gained from the PRICOV-19 data, specifically in relation to the organization and quality of primary care, and to develop recommendations for enhancing future preparedness in this field. By facilitating this discussion, the workshop aims to make a meaningful contribution to the ongoing refinement of the existing draft version of the EQuiP position statement. Ultimately, the insights and recommendations generated through this workshop will be instrumental in securing the statement's final approval and acceptance by conference attendees.

Presentation on 12/05/2023 10:00 in "Workshop 1" by Sara Willems.

Symposium 10 minutes / No Preference

Addressing events or situations or circumstances with potential harm for patients in quality circles

Adrian Rohrbasser

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Keywords: patient safety, Quality Circles

Introduction:
A Critical Incident Reporting System (CIRS) is an important instrument for improving patient safety. Based on the analysis of reported events and situations, health care professionals can discuss problem areas and define improvement measures defined. With the help of a CIRS, health care professionals can systematically identify medical errors or circumstances that favour their occurrence. This offers the opportunity to proactively eliminate risks.

Method:
A prerequisite for active error management is a trusting learning environment. Discussions of CIRS events are special case discussions that require careful preparation, including staff that were personally involved.

Aim:
This workshop is based on a manual developed in Switzerland and aims to provide a basis for facilitators to discuss and analyse CIRS cases in quality circles and to formulate measures.

Presentation on 12/05/2023 11:30 in "Symposium 1: Safety in General Practice" by Adrian Rohrbasser.

Symposium 10 minutes / No Preference

Exploring Local Rationality and Performance Influencing Factors:Analysis of clinical negligence claims and complaints against GPs to the Irish Medical Council

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Keywords: Human Factors, Patient Safety General Practice, Clinical Negligence Claims & Complaints

Introduction:
Approximately 2-3% of General Practice (GP) consultations result in a Patient Safety Incident (PSI). Severe patient harm occurs in 4% of PSIs. Irish GP has 29 million consultations annually. It is likely that there is significant, potentially avoidable, patient harm occurring in this setting. Learning from PSIs is key to delivering high-quality safe patient care. Understanding local rationality (exploring the complex care system situation and focus of attention at that time), and applying a systems approach to analysing PSIs are promoted as a more meaningful way to understanding PSIs in complex systems. This may improve related learning and avoid unwarranted individual clinician blame.

Method:
A systems-based documentary analysis of randomly selected, clinical negligence claims and complaints in Irish GP from 2019 was undertaken, informed by the Systems Engineering Initiative for Patient Safety(SEIPS) framework.Aims
1. Explore the extent to which Local Rationality and Performance Influencing Factors (PIFs) are considered in clinical negligence claims and Irish Medical Council complaints against GPs
2. Illustrate how the application of a ‘Systems Thinking’ approach to analysing clinical negligence claims and complaints could potentially enhance learning, improve patient safety and reduce clinician risk.

Results:
Local rationality was not explicitly explored in claims or complaints. Patient factors were considered in all 19(100%) claims and 14(100%) complaints. The GP qualifications and training were considered in 3(16%) claims and 7(50%) complaints. Most other PIFs were not routinely captured.

Conclusions:
Understanding human behaviour and local rationality supports a richer understanding of PSIs. This may reduce hindsight bias, while promoting, supporting and embedding a ‘just culture’. Local rationality is not routinely captured in claims or complaints. Embracing systems thinking is fundamental to providing meaningful insight into understanding PSIs in a complex system. This may enhance patient safety, improve clinician learning and reduce clinician risk.

Presentation on 12/05/2023 11:30 in "Symposium 1: Safety in General Practice" by Suzanne Creed.

Symposium 10 minutes / No Preference

ICGP Survey on Domestic Violence and Abuse (DVA) in General Practice

Noirin O' Herlihy, Ciara Mc Carthy, Ivana Keenan, Gillian Doran, Helen Mcveigh

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Keywords: Domestic Violence and Abuse, General Practice

Introduction:
DVA is recognised as an important topic for GPs.
People who experience DVA often have regular contact with their GP and identify doctors and nurses as professionals from whom they would like to receive support . GPs play a critical role in identifying DVA.

Whilst both men and women may experience incidents of DVA, women are considerably more likely to experience repeated and severe forms of abuse, including sexual violence. Young Women and women from marginalised groups are more at risk.

Levels of DVA are increasing but it remains under recognised.

The aim of the study is to provide an overview of how GPs approach DVA and what support GPs require to allow improvement.

Method:
The study comprised an online survey distributed to members of the Irish College General Practitioners(ICGP)

Results:
The survey was completed by 251 ICGP members(6.7%response rate)

The majority of the respondents were female (70.1%), age range 40-59 (61.2%)working 7+ sessions/week (56.8%) located in group practice (88.7%).

65% of GPs suspected DVA in their patients less that once in the previous months. GPs suspected DVA in 4.3 patients on average in the last 6 months and confirmed DVA in 2.9 patients on average in the last 6 months. GPs expressed concern that DVA was under recognised.

The majority of GPs admit to lacking confidence to ask patients about DVA. GPs require supports to improve their confidence to ask about DVA as follows 1) Urgent access to support workers2) Longer consultation time for DVA victims 3) In person training. Clear referral pathways are critical.

75% GPs surveyed had no education or training in DVA in the past year. GPs identified time constraints and difficulty accessing educational resources as the main barriers.

Conclusions:
GPs are aware of the under detection of DVA and requested further education and support to enable better management.

Presentation on 12/05/2023 11:30 in "Symposium 1: Safety in General Practice" by Noirin O' Herlihy.

Symposium 5 minutes / No Preference

Improved primary care follow up for patients with atrial fibrillation with or without anticoagulant treatment.

Camilla Berggren

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Keywords: Atrial fibrillation, anticoagluants, follow-up.

Introduction:
Many people use Non-vitamin-K oral anticoagulants (NOAK) today such as apixaban (in Sweden sold under the name Eliquis) instead of warfarin. Mostly patients with atrial fibrillation (AF) use it for stroke prophylaxis. But how well do we follow-up patients as recommended by the Swedish National Board of Health and Welfare? The aim was to evaluate the need for improved care of patients with atrial fibrillation on anticoagulants.

Method:
A data system called MedRave, that automatically is updated with key indicators from patient records, during the last 18 months, such as diagnosis, medications, kidney function, and date for last visit, was used to extract information for further analysis.

Results:
181 patients out of approximately 10,000 patients listed at the health centre had the diagnosis atrial fibrillation, of these 94% was treated with anticoagulants (NOAK).
22 % of patients (30 people) had not been followed up with blood tests or visit to the general practitioner (GP) for over a year, of which half of patients was older than 80 years and 9 out of 10 patients suffered from comorbidity with at least two chronic diagnoses. In general, there was an inconsistency in recording of BP, ECG, and blood-tests in most patients with the diagnosis atrial fibrillation. 78% had their BP taken, 55% ECG, 45% BMI, 59% glucose-test, eGFR 83%, Hb 76%. Only 17% of AF patients had CHA2DS2-VASc Score recorded in their patient records.

Conclusions:
There is a need for improved recording of BP, BMI, blood-tests, CHA2DS2-VASc Score and bleeding anamnesis. It was agreed that patients 80+ of age, should be offered follow up twice a year, one visit to the nurse and one visit to the GP. CHA2DS2-VASc Score, should be recorded. Patients who had not been followed up properly duringhe last 12 months, were contacted immediately for a visit.

Presentation on 12/05/2023 11:30 in "Symposium 2: Medication Management" by Camilla Berggren.

Symposium 5 minutes / No Preference

Improving antibiotic prescription in urinary tract infections

Guido Schmiemann, Kathrin Jobski, Falk Hoffmann, Axel Hamprecht, Jutta Bleidorn, Gagyor Ildikó, Greser Alexandra, Heintze Christoph

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Keywords: antibiotic stewardship; health services research; resistance rates

Introduction:
Urinary tract infections are among the most common reason for encounter and subsequent antibiotic prescriptions. Due to the risk of collateral damage and increasing resistance rates, explicit recommendations against the use of fluoroquinolones in uncomplicated urinary tract infections have been issued. It is unclear, a) to what extent these recommendations were followed and b) what is the optimal method to reduce a high share of fluorquinolone prescriptions.

Method:
Prescription data from a local statutory health insurance (SHI) company were used to describe antibiotic prescription rates for urinary tract infections between 2015 – 2019 in Bremen, Germany.
A multimodal intervention (information on guideline recommendations, regular feedback on prescription rates including benchmarking and provision of regional resistance rates) was tested in a RCT in 128 practices in four regions in Germany.

Results:
According to routine data fluoroquinolones were most often prescribed (26.3%), followed by fosfomycin (16.1%). During the study period, shares of fluoroquinolones decreased from 29.4% to 8.7% in females and from 45.9% to 22.3% in males.
A multimodal intervention resulted in a significant decrease in second line antibiotics

Conclusions:
While routine data showed a clear trend toward a more guideline adherent prescription pattern, there is still room for improvement regarding the use of second-line antibiotics especially fluoroquinolones. Individual feedback and provision of regional resistance data seem to be effective in reducing the amount of second line antibiotics.
doi: 10.1186/s12875-022-01816-6 ; DOI: 10.1186/s12879-021-06660-0

Presentation on 12/05/2023 11:30 in "Symposium 2: Medication Management" by Guido Schmiemann.

Symposium 10 minutes / No Preference

Interprofessional cooperation in optimisation of medication management in cases of polypharmacy with the involvement of clinical pharmacists in Upper Austr ian primary care units.OMEPP-ÖGK Study (Optimierung des Medikationsmanagements bei Polypharmaz

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Keywords: Interprofessional cooperation, polypharmacy, family medicine, clinical pharmacist

Introduction:
With increasing age, the likelihood of comorbidities and the number of prescribed drugs taken increase. In more than half of older chronically ill people who visit general practitioner (GP) practices, the prescription of potentially inadequate medicine (PIM) deviates from the internationally recognized recommendations. This increases the risk of adverse drug events. The aim of our Study is to evaluate the cooperation of GPs with clinical pharmacists (CPs).

Method:
A prospective longitudinal study with intervention and control groups will be conducted to optimize the quality of drug prescriptions in primary health care units in Upper Austria. To support patient recruitment for the intervention and control groups, cooperation with the Austrian Insurance Company (ÖGK) will be established. Patients who are older than 18 years and have been prescribed seven or more than seven drugs (excluding acute medication) will be included in the study. The control group will be created from the electronic health record (ELGA) patient system for the period of 2022–2024.
The comparability of the patients in both groups will be checked according to the age, gender and medication type of drugs received in order to perform a 1:3 matching. Considered exclusion criteria will be: patients with malignant tumours, dialysis requirement, substitution requirement, alcohol/drug abuse, life expectancy <12 months, guardianship, and language limitations.

Results:
This study aims to demonstrate the potential of interdisciplinarity in the field of medication management and could lead to the establishment of a sustainable network of CPs, GPs and pharmacies in Upper Austria, working together for the benefit of patients.

Conclusions:
Regular medication discussions between CPs and patients in a sustainable community of care between doctors, patients and CPs should lead to a reduction in interactions, side effects, and hospitalization rate in the case of polypharmacy. This could increase adherence to medication and improved quality of life for the patients.

Presentation on 12/05/2023 11:30 in "Symposium 2: Medication Management" by Erika Zelko.

Symposium 15 minutes / No Preference

Trends in contraception and HRT use in Ireland

Noirin O' Herlihy, Ciara Mccarthy, Fintan Stanley, Mike Icallaghan

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Keywords: Contraception, hormone replacement therapy

Introduction:
GPs are the main prescribers of contraception and hormone replacement therapy in Ireland. The WHO advocates for high quality, 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 subsided, medical care (2)(3).

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

Method:
Anonymised and aggregated data were obtained from the HSE-PCRS describing hormonal contraception and HRT dispensing records from 2010 to June 2022. Data for GPs claims for removing/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 LARC is stable, despite a reduction in insertions during the covid pandemic. HRT prescribing has increased (prescriptions almost trebled between 2018 and 2022).

Conclusions:
This study provides valuable information on prescribing trends.

Presentation on 12/05/2023 11:30 in "Symposium 2: Medication Management" by Ciara Mccarthy.

Symposium 15 minutes / No Preference

Engaging With Sustainability Guidance And Tools Within The Primary Care Setting

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Keywords: Sustainability, Toolkit, Climate, Carbon

Introduction:
All healthcare professionals, globally, have a role to play in planetary health, including in primary care. The healthcare sector must be sustainable into the future, so that it continues to have capacity to respond to healthcare needs, and to promote and maintain the health of people and the planet. It is imperative for all to act now to increase self-awareness that healthcare activities have their own carbon footprint and to mitigate same where possible and where it is safe to do so. As one of the first primary care colleges to endorse the new and evolving concept of planetary health, Irish general practice is ideally placed to demonstrate leadership within the medical profession and in partnership with the general population.
In April 2023 the Irish College of General Practitioners published a Green (or Glas in the Irish language) toolkit to better demonstrate where the carbon footprint may be found in daily delivery of primary health care. The toolkit contains evidence-based information on the activities that GPs and the practice team can undertake to improve the sustainability of their activities in the practice. It also includes ideas and templates for clinical audits and quality improvement projects e.g., guidance on rational prescribing and disposal of inhalers, antibiotics, and medication reviews.
Prevention and reversal of medical conditions such as obesity, hypertension, hyperlipidaemia, anxiety and depression through evidence-based lifestyle changes and incorporating wellbeing activities into patients' lives takes effort, time and needs a multidisciplinary team approach and educational resources. Part of the challenges post publication of this toolkit will be educating practitioners how to implement some of the ideas in this toolkit within their consultations and working day. Recent changes in Irish general practice such as the structured "Chronic Disease Management" Programme addresses long-term conditions through lifestyle changes, self-management plans and active management of prescribing and referral to community supports and hospital services. This is one example where existing primary care works in tandem with the core tenets of planetary health.
Hence there is an opportunity to demonstrate to GPs and practice nurses that planetary health is not something new, rather asking us to practice evidence based and patient centred medicine. This workshop aims to demonstrate how the time poor and busy practitioner can make subtle changes in their consultations to great effect from a planetary health point of view.

Method:
Attendees will be welcomed and reminded of the context of planetary health i.e., the most recent IPCC and biodiversity reports, Ireland's legally binding plans to achieve reductions in emissions and the worrying declining trends of Ireland's general health (Healthy Ireland report) (5mins). The ICGP Glas toolkit will then be formally launched (5mins) and a workshop with willing participants will be run. A mock afternoon surgery will be run with one of the presenting team acting as a doctor and either a willing participant (or another presenter) as the patient. A typical scenario will be played out that is thereafter broken down with the aid of the toolkit to see where the opportunities arose to act upon planetary health. Existing published audits and other resources will be utilised to show how the toolkit may be woven seamlessly into daily practice for a multitude of patient, planet and practitioner benefits. There will be time for 2-3 scenarios (10mins each) with protected time for discussion and exchange of ideas and future challenges thereafter (20 – 30 mins). A scribe will take notes to feedback to the ICGP toolkit authors and also to write-up the workshop.

Aim:
Attendees will be reminded of the pressing need to act now to mitigate the worst predictions of the climate

crisis and to see what their role might look like in their working lives. Attendees will become familiar with the layout and content of the Glas toolkit e.g., where it is located online, how to use it, how sample audits may be used, how to engage. Furthermore attendees from other European colleges will be given a chance to engage and cross pollinate ideas going forward. Feedback will be incorporated into future versions of the toolkit and challenges explored will better inform the future). A scribe will take notes to feedback to the ICGP toolkit authors and also to write-up the workshop to better inform future roll-out of green health initiatives.

Presentation on 12/05/2023 12:30 in "Launch of Glas Green Toolkit" by Sean Owens.

Symposium 10 minutes / No Preference

Advocating for policies and actions for a healthy and sustainable diets in the Irish Context

Sean Owens, John Allman

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Keywords: Sustainable, Diet, Planetary, Prevention

Introduction:
The food system we have today was created with the primary aim of avoiding mass starvation in a booming global population. However as the “green revolution” of exponential food production has grown to meet global demand for food, there has been a concurrent rise in diet-related chronic diseases, morbidity and mortality including cardiovascular disease, type 2 diabetes and obesity. The triple burden of pandemics - obesity, climate change and malnutrition - are all interrelated in a global ‘syndemic’ that shares common underlying societal and political drivers, for example, powerful commercial engineering of food overconsumption, weak political governance systems and unchallenged pursuit of economic growth. The Irish Climate and Health Alliance is made up of a range of medical, health and social care professional organisations and believes that every person in Ireland, irrespective of the place or socioeconomic circumstances they live in, has a right to a life free from avoidable death, from malnutrition and from diet-related chronic diseases caused by their food environment.

Method:
The presentation will demonstrate the need for a food system transition for the benefit of human health, planetary health and equality. It will discuss the 6 major challenge areas that must be addressed to adequately transform our food system.

Results:
The six challenge areas that must be addressed are as follows. 1- ending the junk food cycle. 2- Promoting the transition to a plant based diet. 3- Harnessing the power of international and national guidelines. 4- Reducing food waste. 5- Improving agricultural practices and land use 6- Utilizing policy to affect behavior change.

Conclusions:
In this presentation, the Climate and Health Alliance presents two sets of recommendations. The first set serves to inform individuals who wish to make individual-level dietary changes towards a healthier, more sustainable diet, and also to inform future updates to the Irish food-based dietary guidelines.

Presentation on 12/05/2023 14:00 in "Symposium 3: Planetary Health" by Sean Owens.

Symposium 5 minutes / No Preference

Appropiate antibiotic use in Early Childhood. A successful Regional intervention.

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Keywords: antibiotic use, early childhood, overprescribing, deprescribing

Introduction:
Spain had one of the largest antibiotic prescription rates to treat acute respiratory tract infections among children in Europe.
PURAPI (Rational Use of Antibiotics in Early Childhood Program) is a Program implemented in 2017 in Region of Murcia - 1.5 M inhabitants- (Spain), which was designed to improve the use of antibiotics (A) in children under the age of three. PURAPI has been aimed at paediatricians, physicians from both Primary Care and hospital emergency services, pharmacists and the general public.
Objective To analyse the evolution of A consumption in Primary Care in the paediatric population, as well as the effectiveness of the program after its implementation in each one of the 9 Health Areas of the Region of Murcia.

Method:
Qualitative research carried out helped to identify the needs of both health care professionals and the community. Health interventions implemented were: i) Training seminars and workshops on responsible use of A aimed at healthcare professionals and families, ii) Development of guidelines for families on childhood illnesses to address the most prevalent diseases in infants, iii) Production of algorithms to tackle the most common diseases in early childhood, iv) Development of a regional antimicrobial therapeutic guide in paediatrics.
The Defined Daily Dose (DHD) per 1,000 inhabitants, as A consumption measure, from the onset of the implementation Program to the present, was analysed in children under three years of age. The data were extracted from The Murcia Region Health Service Business Intelligence Portal (PIN).

Results:
Significant decrease in A consumption in the paediatric population, resulting in a 45% reduction in A use in all Health Areas of Murcia Region from 2017 to 2022.

Conclusions:
PURAPI success was due to the greater awareness in the appropriate use of A among not only health professionals involved but also the population

Presentation on 12/05/2023 14:00 in "Symposium 3: Planetary Health" by Jose-Miguel Bueno-Ortiz.

Symposium 5 minutes / No Preference

Guideline on climate conscious prescription of inhaled medication

Guido Schmiemann, Doerks Michael

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Keywords: climat change, inhaler,

Introduction:
In Germany, the health care system is responsible for about 5 % of CO2 emissions.
The biggest share in the carbon footprint caused by Primary Care is the prescription of medicines, followed by emissions from mobility (patients and staff) and heating.
For the therapy of asthma/ chronic obstructive pulmonary disease different types of inhalers are used. The extent to which these inhalers contribute to climate changes varies depending on their mode of action. Essentially inhaled medicines can be divided into metered-dose inhalers (DA) and powder inhalers (DPI).
Due to their propellants DA have a high damage potential for the atmosphere (global warming potential - GWP). For example in the UK metered dose inhalers are responsible for 3.5 % of the greenhouse gas emissions of the entire UK health system.
Switching to more climate-friendly DPIs can led to a substantial reduction in greenhouse gas emissions without adverse effects on asthma control. Aim of the project is to provide support for a change in the prescribing pattern of inhaled medicines and thereby to reduce the CO2 footprint of the health care system by formulating a practice based guideline.

Method:
Expert panel and systematic search of guideline recommendations

Results:
In 2022 the guideline was issued by the German College of General Practitioners and Family Physicians. An english version was issued to increase visibility. As a next step an update as an interdisciplinary guideline together with further specialists (paediatrics, pulmonology, pharmacy) is under way.

Conclusions:
Addressing the impact of medication on global carbon footprint can be an example to discuss the environmental impact in daily practice

Presentation on 12/05/2023 14:00 in "Symposium 3: Planetary Health" by Guido Schmiemann.

Symposium 10 minutes / No Preference

Implementing deprescription as a patient safety tool in primary care.

Jose-Miguel Bueno-Ortiz[1], Maria-Pilar Astier-Peña[2], Andrée Rochfort[3], Jose-Maria Valderas-Martínez[4], Joel Lehmann[5], Albina Zharkova, Sara Ares-Blanco, Ana Cebrian

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Keywords: deprescription, deprescription, patient safety

Introduction:
The major aim of Deprescribing (D) is to purge the drug (s) considered inappropriate in a given patient, especially in the Elderly Patients (EP) with multiple comorbidities or in those suffering from chronic disease. Current guidelines have limited applicability to EP with comorbid conditions, the efficacy and safety of many drugs is unknown or questionable and there is evidence that taking more than ten drugs simultaneously cause adverse events. The differential diagnosis of any sign or symptom in the EP should always include the question "Could this be caused by a drug?". GP's role in promoting a safer use of medications in EP is paramount. However, in daily clinical practice, it is not easy to implement and sustain deprescribing over time

Method:
Target group: Front line Family Doctors
Didactic Method: Short theoretical introduction followed by small groups work on frequent clinical situations. Discussion, proposals and take-home messages for daily practice.

Results:
Objectives:
1) Introduce the concept of D and why it is important for patients and doctors;
2) Define the concepts of therapeutic cascades and D ascents;
3) Provide an overview of the evidence to stop unnecessary or potentially harmful medications and point out specifically good examples of common drugs which would be appropriate to D
4) Provide GPs resources to help to tackle these issues with EP and to empower them to consider D on a regular basis

Conclusions:
Very rewarding experience from the workshops run till now. Less time should be devoted to theory and more to day-to-day practical examples. Participants should be active most of the time.

Presentation on 12/05/2023 14:00 in "Symposium 3: Planetary Health" by Jose-Miguel Bueno-Ortiz.

Symposium 10 minutes / No Preference

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

Emer O'brien[1], Aisling Walsh, Fiona Boland, Claire Collins[2], Velma Harkins, Susan Smith, Noirin O'herlihy, Barbara Clyne, Emma Wallace

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Keywords: Clinical Practice Guidelines, Evidence Based Practice, Mixed methods, Patient-centred care, General Practice (Primary healthcare/Family Practice)

Introduction:
General practitioners (GPs) aim to provide patient-centred care combining clinical evidence, clinical judgement, and patient priorities. Despite availability of clinical guidelines and a recognition of the need to translate evidence to support patient care, barriers exist to the use of evidence in practice.
The aims of this study were to: 1) ascertain the needs and preferences of GPs regarding evidence-based guidance to support patient care, 2) prioritise content for future evidence-based guidance and 3) optimise evidence-based guidance structure and dissemination.

Method:
This was a convergent parallel mixed methods study. A national GP survey was administered to 3496 Irish GPs through the GP professional body (Irish College of General Practitioners) in December 2020 and GP focus groups were conducted in April/May 2021. Integration of the quantitative and qualitative findings was undertaken at the interpretive level.

Results:
A total of 509 respondents completed the survey representing a response rate of 14.6%. Seven focus groups were undertaken with 40 GP participants. Prescribing updates, interpretation of results, chronic disease management and older person care were the preferred topics for future evidence based guidance. GPs reported that they require quick access to up-to-date and relevant evidence summaries online for use in clinical practice. Access to full reviews 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.

Conclusions:
To support the implementation of evidence based clinical practice, GPs require rapid access to online, up-to-date, summarised evidence-based resources. They require evidence-based guidance that reflects the disease burden of the primary care population they care for and multifaceted approaches to dissemination. Our findings support development and implementation of evidence-based guidance on prioritised topics and the use of multimodal approaches for dissemination.

Presentation on 12/05/2023 14:00 in "Symposium 4: Knowledge Transfer" by Emer O'brien.

Symposium 10 minutes / No Preference

How and why do Quality Circles work for General Practitioners - a realist approach_development in Switzerland

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Keywords: Quality Circle, Quality Improvement

Introduction:
To understand how and why general practitioners in quality circles (QC) reflect on and improve routine practice over time. To provide practical guidance for participants and facilitators to implement and for policy makers to organise this complex social intervention. Extension of this tool to other health care professionals in Switzerland

Method:
We collected data in four stages to develop and refine the programme theory of QCs: 1) co-inquiry with Swiss and European stakeholders to develop a preliminary programme theory; 2) realist review with systematic searches in MEDLINE, Embase, PsycINFO, and CINHAL (1980-2020) to extend the preliminary programme theory; 3) programme refinement through interviews with participants, facilitators, tutors and managers of quality circles; 4) consolidation through interviews and iterative searches for theories enabling us to strengthen the programme theory.

Results:
Requirements for successful QCs are governmental trust in GPs' abilities to deliver quality improvement, training, access to educational material and performance data, protected time, and financial resources. Group dynamics strongly influence success; facilitators should ensure participants exchange knowledge and generate new concepts in a safe environment. Peer interaction promotes professional development and psychological well-being. With repetition, participants gain confidence to put their new concepts into practice.

Conclusions:
QCs can improve practice, promote professional development, and psychological well-being given adequate professional and administrative support.Development in Switzerland include a broad spectrum of health care professionals

Presentation on 12/05/2023 14:00 in "Symposium 4: Knowledge Transfer" by Adrian Rohrbasser.

Symposium 10 minutes / No Preference

Two sides of the same coin - Trainee and Trainer: Collaborative medical education

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Keywords: medical education

Introduction:
Purpose: Peer support medical education and pastoral support

Why: To help registrars to pass RCA and AKT. To share reliable resources. To support each other through the pandemic and build a network of professionals nationally. To liaise with specialists and involve them in GP teaching.

Method:
We use the Facebook, Telegram and Whatsapp platforms to discuss cases and answer queries about the exams, share resources, and offer peer support with qualified GPs and specialists. Since Feb 2021, we have had over 1500 doctors across 3 social media platforms. We've had 30,000 messages on one WhatsApp group alone. We get between 20-100 messages a day forming a team to deal with these queries to add to the peer support. Smaller study groups are created from the main group.

Results:
Since Feb 2021, thousands of trainees around the UK have passed the MRCGP exams using our teaching and support. The peer support network takes the onus away from a single medical educator and collates a vast amount of information from multiple medical educators/trainers; thereby creating a digital library of information for all trainees - exam related or otherwise. This free service makes it very attractive; and they remain anonymous to each other, thereby creating an honest platform for open discussion. The feedback has been overwhelmingly positive from all trainees and word of mouth has spread rapidly, growing the groups exponentially. Trainees add colleagues to the groups and often stay after they pass their exams to 'give back' to their fellow trainees.

Conclusions:
Good education doesn't need to be expensive! Creating a network of thousands of doctors is far more effective than learning from a few experts. This methodology of creating a network can be applied to medical education in any domain and can be applied to a wide range of other areas of primary care

Presentation on 12/05/2023 14:00 in "Symposium 4: Knowledge Transfer" by Abraham Thomas.

Symposium 5 minutes / No Preference

A National Survey to gather GPs opinions on Improving Healthcare for Doctors

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Keywords: Doctors health. Doctors healthcare. Medical Education. GP Training.

Introduction:
In May 2023 members of the ICGP, GPs and GP Trainees, received an email invitation to participate in a national survey on doctors' health and doctors' healthcare. The purpose of the survey is for all ICGP members to have an opportunity to give their opinion on the relevance of a range of doctors' health and wellbeing topics for GP Training and for continuing professional development for GPs. Training and CPD is focussed on supporting GPs to treat patients; this survey gives members a say on what medical education can help GPs who provide healthcare to patients who are doctors, and to help doctors as patients.
The health and wellbeing of the medical workforce is a key factor in retention of the medical workforce itself. Several factors are associated with intention to leave, early retirement on health grounds and burnout. On the other hand, healthy happy doctors are great ambassadors for the profession, and can improve recruitment.

Method:
The survey is conducted by ICGP in conjunction with Prof Walter Cullen, Department of General Practice, UCD. It was launched nationally online one week ago on 4th May.

Results:
Results will be available in 2023

Conclusions:
Doctors Health and Wellbeing is important in terms of influencing the human factors that govern patient safety and quality of care. The health and healthcare of others depends on the health and healthcare of doctors. For high quality medical care, we need to optimise work performance of doctors by encouraging good work-life balance and access to timely objective healthcare from another doctor when they, as humans, need to avail of healthcare for themselves.
This research project gives every college member an input into how we can improve healthcare for doctors by gathering information on doctors as patients and doctors who treat doctors.

Presentation on 12/05/2023 15:00 in "Symposium 5: Doctors Health & Wellbeing" by Andrée Rochfort.

Symposium 10 minutes / No Preference

Construction of first-response guidelines and teams to aid medical professionals after critical incidents

Ronen Bareket

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Keywords: harm burnout

Introduction:
This workshop will address the critical issue of supporting medical professionals in the aftermath of adverse events, including medical errors or patient harm. MEUHEDET has undertaken a project to build first-response guidelines and teams that can recognize the needs of medical professionals and provide timely support. The teams will include medical managers, risk management, and mental health personnel. The planning phase of the project has included interviews, questionnaires, and a workgroup. During the workshop, we will present the progress made in the planning phase and engage in a discussion on what else needs to be considered to ensure the solution is effective. Attendees will have the opportunity to share their experiences and insights on the topic and contribute to the development of this critical project.

Presentation on 12/05/2023 15:00 in "Symposium 5: Doctors Health & Wellbeing" by Ronen Bareket.

Symposium 10 minutes / No Preference

Gender analysis of the Spanish National Questionnaire on behaviors and attitudes of doctors towards their own illness and the management of sick colleagues (CAMAPE)

Ines Sebastian-Sanchez[1], Maria Pilar Astier-Peña[2], Barbara Marco-Gomez, Alba Gallego-Royo, Oscar Urbano-Gonzalo, Candela Perez-Alvarez, Maria Teresa Delgado-Marroquin, Rogelio Altisent-Trota

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Keywords: Illness behaviors;Sick role;Physicians;Gender;Medical ethics

Introduction:
Physicians' health is a key element for quality healthcare. Treating sick colleagues can be a complex process. Studies show differences by gender in dealing with their own health, the impact on work, and treating other colleagues.

Method:
Online 56 questions survey for Spanish registered doctors (residents, practicing and retired doctors). Bivariate analysis by sex was performed.

Results:
4,308 registered doctors (1,858 men and 2,450 women) answered.
Women were on average younger, single, and worked mainly in non-surgical specialties in the public sector while men were older, married, and worked more frequently in public-private practice.
The majority of doctors would invite a sick colleague to talk about their personal health problem in their surgery, treating them as any other patient. However, many female doctors treating a sick colleague would feel as taking an exam and felt unprepared to help a sick physician. Female doctors referred to hesitate more frequently on warning a sick colleague. More than half of the participants stated that they would prefer that sick doctors introduced themselves as doctors. Women tended to be registered with a GP and visited their GPs more often than men. A high percentage of doctors agreed that sick doctors should be treated by trained specialists and, particularly women, felt that heads of services should be involved in their management. Most doctors agreed that teamwork was essential for clinical safety. Nearly all doctors, especially women, agreed to state recommendations regarding doctors' healthcare in the Spanish Medical Association's Code of Deontology and Medical Ethics.

Conclusions:
Doctors, particularly women, request training and deontological recommendations about doctors' health and dealing with sick colleagues. More studies with a gender perspective are needed to address these realities to improve the health of the medical profession.

Presentation on 12/05/2023 15:00 in "Symposium 5: Doctors Health & Wellbeing" by Ines Sebastian-Sanchez.

Symposium 5 minutes / No Preference

Physicians' health in Upper Austria – A survey of the health status of physicians working in Upper Austria

Erika Zelko[1], Theresa Purk

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Keywords: Physician health, Austria, working condition, lifestyle

Introduction:
Physicians' health is necessary for efficient and high-quality patient care. Several studies indicate, that in terms of patient safety and satisfaction the health of physicians is vital. In order to satisfy their status as role models, doctors need to embody a healthy lifestyle.Due to the fact that there is hardly any current research concerning the health - particularly the physical health and the lifestyle - of physicians in Austria, it is essential to conduct a survey. Based on the results potential deficiencies can be identified. A following study could identify reasons for possible shortcomings for the purpose of finding practicable solutions. The efficiency of the taken measures could be analysed by conducting another survey similar to the first one and comparing the results.

Method:
A cross-sectional study will be conducted among physicians working in Upper Austria. On that account an online questionnaire will be sent out by the Upper Austria Medical Chamber or by other medical associations (like Oberösterreichische Gesundheitsholding GmbH and OBGAM) to all doctors working in Upper Austria at the time of data collection, which should take three months starting in September. The questionnaire is structured in the following five sections: "Personal data", "Working conditions", "Health status and disease behaviour", "Lifestyle" (including questions about diet, physical activity, sleep habits and quality, alcohol consumption, smoking, drug consumption) and "Effort reward imbalance" and was conducted in cooperation with Portugal, Irland and Germany.

Results:
The expected results of this study is to acquire data about the current health status and lifestyle of physicians working in Upper Austria and to identify possible deficiencies.

Conclusions:
Health of physicians is an important topic, but often overseen. The research of Physician counselling have shown that there is a strongly relation between one's own health practices and health promotion counselling at the practice.

Presentation on 12/05/2023 15:00 in "Symposium 5: Doctors Health & Wellbeing" by Erika Zelko.

Symposium 10 minutes / No Preference

A Ringing Cell Phone as a Driver for Quality Improvement

Raluca Zoitanu[1], Daniel Stan

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Keywords: digital health, practice software, patient access

Introduction:
During the covid pandemic, the constant ringing of the cell phone in a GP practice in Bucharest, Romania led to the creation of a digital tool that optimizes the communication between doctors and their patients using traditional channels familiar to them, such as telephone, email and web.

Method:
The system consists of two main components: a virtual IVR telephony system and an online portal for information and appointments. Other channels can be added, such as Whatsapp, Facebook Messenger or SMS. The goal is to reduce the number of telephone calls by converting them to online appointments or by informing the patient directly through the doctor's personal info portal.
The idea behind it is that much of a doctor's or a nurse's time in solo GP practices in Romania is wasted over the phone taking appointment requests, offering simple information such as working hours and services available or repetitive communication about flu and COVID19. As much as one hour per day can be saved just by optimizing the non-medical communication.

Results:
Femyo, the first digital tool of its kind co-created by a Romanian GP and a tech start-up, is now used by more than 100 doctors starting with early 2020, covering 22 counties from all regions of Romania. Over 150,000 patients currently have access to the system.
Interviewed doctors have reported between 10% and 40% conversion of patients that used to call the practice to patients that use online appointments. This is linked to how much is the doctor willing to enforce the system and how disciplined he is in avoiding to use communication channels that don't go through the system (most often the doctor's personal phone number).

Conclusions:
The system is successful in reducing the non-medical workload, with some limitations in analyzing the data. Patients are very satisfied with the new system.

Presentation on 12/05/2023 15:00 in "Symposium 6: Improving Services" by Raluca Zoitanu.

Symposium 5 minutes / No Preference

Establishing a Menopause Clinic in Primary Care

Louise Fitzgerald

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Keywords: Menopause Perimenopause BMS HRT

Introduction:
The menopause transition can have a significant impact on women. A personalised approach is key to ensure individualised care, specific to their needs.

This is emphasised in the RCGP curriculum which states “women centred life course approach” where every contact throughout a women’s life matters. The perimenopause and menopause is part of this.

We established a person centred dedicated menopause clinic in our primary care practice in August 2022, guided by the British Menopause Society (BMS) guidelines for Menopause Practice.(1) (Published July 2022)

Are we delivering menopause care in line with evidence-based recommendations on best menopause practice? How can we improve this care for the individual?

Method:
A retrospective audit of case-notes of women attending for menopause and perimenopause, before and after the establishment of a person centred dedicated menopause clinic was undertaken using the BMS guideline as the audit standard, we focused on standard 1, 4 and 5. Including appropriate use of blood hormone testing, treatment of review genitourinary symptoms (GUS) and review at 3 months.(1)

Results:
27 case notes reviewed prior to establishment of the menopause clinic showed:
- 66% of women presenting had a diagnosis menopause involving their symptoms with an appropriate use of blood tests.
- 40% of women were asked regarding GUS and appropriate treatment discussed.
- 91% of women were offered a 3 month review after initiating treatment.

27 case notes reviewed after establishment of the menopause clinic showed:
- 81% of women had a diagnosis of menopause involving their symptoms with an appropriate use of blood tests.
- 92% of women were asked regarding GUS and appropriate treatment discussed.
- 92% of women were offered a 3 month review after initiating treatment.

Conclusions:
The establishment of a person centred menopause clinic has improved how we diagnose, treat and follow up our patients going through the menopause.

Presentation on 12/05/2023 15:00 in "Symposium 6: Improving Services" by Louise Fitzgerald.

Symposium 10 minutes / No Preference

Health Service Management and Patient Safety in Primary Care during the COVID-19 Pandemic in Kosovo

Gazmend Bojaj[1], Gazmend Bojaj, Petrit Beqiri, Ilirijana Alloqi, Esther Vanpoel[2], Sara Willems[2], Nderim Rizanaj, Ilir Hoxha

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Keywords: COVID-19; primary health care; PRICOV-19; quality of care; infection prevention and control; patient safety; family medicine; infectious diseases

Introduction:
Several changes must be made to the services to ensure patient safety and enable delivering services in environments where the danger of infection of healthcare personnel and patients in primary care (PC) institutions is elevated, i.e., during the COVID-19 pandemic. Objective: This study aimed to examine patient safety and healthcare service management in PHC practices in Kosovo during the COVID-19 pandemic

Method:
Between December 2020 and April 2021, data were collected from Kosovar PC practices. Through the use of email, we distributed the questionnaire to 105 PC practices randomly selected from all seven regions of Kosovo (Prishtina, Mitrovica, Peja, Prizren, Ferizaj, Gjilan, and Gjakova). The questionnaire in the electronic form was not required to answer all of the questions when submitted.In this cross-sectional study, data were collected using a self-reported questionnaire among 77 PHC practices

Results:
Our main finding reveals a safer organization of PC practices and services since the COVID-19 pandemic compared to the previous period before the pandemic. The study also shows a collaboration between PC practices in the close neighborhood and more proper human resource management due to COVID-19 suspicion or infection. Over 80% of the participating PC practices felt the need to introduce changes to the structure of their practice. Regarding infection protection measures (IPC), our study found that health professionals' practices of wearing a ring or bracelet and wearing nail polish improved during the COVID-19 pandemic compared to the pre-pandemic period. During the COVID-19 pandemic, PC practice health professionals had less time to routinely review guidelines or medical literature. Despite this, implementing triage protocols over the phone has yet to be applied at the intended level by PC practices in Kosovo.

Conclusions:
Primary care practices in Kosovo responded to the COVID-19 pandemic crisis by modifying how they organize their work, implementing procedurefor infection control, and enhancing patient safety

Presentation on 12/05/2023 15:00 in "Symposium 6: Improving Services" by Sara Willems.

Symposium 15 minutes / No Preference

Qua vadis family medicine in Estonia?

Katrin Martinson

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Keywords: QBS development and auditing, Primary Care health centers, mentorship for family doctors, development plan for primary care until 2035, building patient safety culture in family medicine

Introduction:
Qua vadis, primary care medicine in Estonia?
Imperceptibly the coronavirus-pandemic years have passed and life seems to be as normal as possible. Where are we and what has been done in these years in Estonian family medicine?
In my presentation I will try to give You an overview of things happened in Estonian family medicine, the main acitivities of Estonian Society of Family Doctors (ESFD).

Method:
overview - what is done?

Results:
1.There are 60 PC Health Centers for 01.01.2023, appr. 62000 patient get their service in them.
2. The QBS has changed and auditing of all practices started in 2022. All the practices and primary care health centers will be audited for the end of 2023 .
3. Mentorship for family doctors was started in 2021 and continued in 2022. 19 pairs of mentee - mentors were meeting eaach other in 2022.
4. Implementation plan for Quality Guide for Estonian Family Doctors was made in 2021.
5. Building the patient safety culture started.
6. Development plan „ Primary Care until 2035“ is started in 2022 and in process.

Conclusions:
The life goes on in family medicine in Estonia. And so do we.

Presentation on 12/05/2023 15:00 in "Symposium 6: Improving Services" by Katrin Martinson.

Symposium 15 minutes / No Preference

How we survey Estonian family doctors for quality

Elle-Mall Sadrak

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Introduction:
In Estonia we have two separate quality systems.
We have around 450 family doctors practices with around 780 patient lists.
Every year we survey by on-site visits around 100 of them, in 2022 and 2023 we will survey all of them for the first time.
I'd like to give an overview what do we measure, survey and how do we do it.

Conclusions:
I believe we have a system that works very smoothly and when we started quality systems the progress has been quite impressive and therefore I believe this could be interesting for others to learn from.

Presentation on 13/05/2023 11:30 in "Symposium 7: Measuring Quality – Tools and Methods" by Elle-Mall Sadrak.

Symposium 15 minutes / No Preference

Romanian Family Doctors' Barometre - a Survey on Satisfaction and Performance

Raluca Zoitanu[1], Diana Nemeș, Vlad Florin Chelaru, Răzvan Mircea Cherecheș, Sandra Adalgiza Alexiu[2], Marius Ionuț Ungureanu, Daniel Enescu

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Keywords: satisfaction, performance, survey

Introduction:
Family doctors are the must trusted and first point of contact for patients in the Romanian health care system. This research aimed to provide an overview of their specific professional and personal needs and identify priority action areas.
The study was carried out by Daedalus Medical together with Babes-Bolyai University, was supported by the Bucharest-Ilfov Family Physicians Association and was financed by the Romanian Commercial Bank.

Method:
We collected data from 305 Family Doctors based on a 20 minutes self-administered online survey in June-July 2022. The sample was balanced by region and urbanization degree. The general objective of the survey was to identify the needs of family doctors and the opportunities to increase their satisfaction. Specific objectives included measuring the state of family doctors on job satisfaction, burnout, work-life balance; measuring GPs' satisfaction with: relationship with patients, training and personal development, available resources and facilities, financial aspects, administrative aspects, relationship with authorities and image/status of the GP profession; identifying priorities for action to increase the satisfaction of family physicians.

Results:
Overall, Romanian family doctors rated their health as good and their work-life balance decent. 83% of family doctors feel satisfied with their patient relationship. Nevertheless, these aspects tend to be eroded by the high frequency of stressful situations and by the administrative burden, both of them correlated (negatively) with their work satisfaction. We have identified four areas of priority based on the attributes that are important but generate high dissatisfaction among Family Doctors: (1) Importance given to FDs in the health system; (2) Efficiency of current rules and regulations; (3) Payment for services; and (4) Relationship with the authorities.

Conclusions:
While Romanian family doctors feel satisfied about their work and patient relationship, the administrative burden and disrespect from authorities pushes the job towards insignificance. Improved feedback from authorities and real dialogue is needed.

Presentation on 13/05/2023 11:30 in "Symposium 7: Measuring Quality – Tools and Methods" by Raluca Zoitanu.

Symposium 5 minutes / No Preference

Sepsis and documentation of vital signs: A retrospective study in GP 'Out-of-Hours'

Diarmuid Quinlan, Ellen Hayes

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Keywords: Sepsis GP Out of Hours

Introduction:
Sepsis is increasing in incidence. To enhance early detection of sepsis, UK guidelines recommend GP assessment of vital signs. This study assessed GP documentation of clinical vital signs in patient records of non-pregnant adults with Lower Respiratory Tract Infection (LRTI) and/or Urinary Tract Infection (UTI) attending a GP Out-of-Hours (GP-OOH) service.

Method:
Retrospective study of 4,872 patient records, from four days in one GP-OOH service in Ireland, in 2016.

Results:
447 (9%) of patient files met the inclusion criteria relevant to the study. The temperature was documented in 31% (n=139), heart rate in 25% (n=112) and respiratory rate in 11% (n=47) of these patient files. The mental state of the patient was obvious in 100% of files. All four vital signs (mental state, temperature, heart rate, respiratory rate) were recorded in 7% (n=31) of patient files.

Conclusions:
Clinical records of 93% of adult patients presenting with LRTI/UTI to GP-OOH did not have all four vital signs documented. Development and implementation of sepsis guidelines in GP may improve detection, referral and outcomes in patients with possible sepsis.

Presentation on 13/05/2023 11:30 in "Symposium 7: Measuring Quality – Tools and Methods" by Diarmuid Quinlan.

Author Index


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